HUMANITY IN ACTION
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HUMANITY IN ACTION
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MESSAGE
FROM THE PRESIDENT

As 2018 drew to a close, a paradox became more starkly evident: although overall the global population is healthier, wealthier and better connected than ever, progress has not necessarily led to peace.

Conflicts raging in particularly vulnerable parts of the world continue to have a massive impact on local people and neighbouring countries, often fuelling regional instability. In these conflicts we have seen regular breaches of international humanitarian law, disproportionate attacks in urban areas and the targeting of civilians, civilian services and humanitarian workers. Men, women and children have suffered not only the immediate impact of death and injury but the destruction of their homes, schools and livelihoods.

Today, it is the combination of threats – violence, “terrorism”, anti-terrorist measures and policies, together with developmental deficits, injustice, exclusion and climate change – that is driving people further into need.

In 2018 the ICRC made a difference in people’s lives in over 90 countries, with our biggest operations taking place in Syria, Iraq, Yemen, the Horn of Africa, the Lake Chad Basin and the Sahel, Afghanistan, Myanmar and Bangladesh. In some protracted conflicts, we have been operating for decades; in other places, we increased our activities in response to fresh emergencies.

Everywhere we worked, we upheld the principles of neutrality, impartiality and independence. With increasing restrictions placed on humanitarian action, this approach was challenging in many countries, requiring us to gain acceptance through negotiation and diplomatic efforts to reach people in need and to protect humanitarian methodologies. We prioritized staying close to those who needed our support and, in so doing, demonstrated the unique value of our approach.
The terrible images of the devastation in Eastern Ghouta, the eerie landscape of Rakhine and the drawings of children in the camp in Kaga Bandoro stayed with me throughout the year – and so did the dedication of our colleagues, who put the humanitarian spirit into practice in the face of adversity every day.

As every year, we stepped up when crisis struck – the Ebola outbreak in the Democratic Republic of the Congo, renewed fighting in the Gaza Strip, the migration crisis in Central America – often with the support of our partners in the International Red Cross and Red Crescent Movement.

In many places, from South Sudan to Ukraine, we maintained our capacity to act as a neutral intermediary. In the Astana and Stockholm processes for Syria and Yemen, the ICRC was recognized as having the legitimacy and expertise to speak about humanitarian concerns regarding detention and missing people. The humanitarian forensic project we carried out in the Falkland/Malvinas Islands, which involved exhuming and identifying soldiers buried there, not only brought real relief to the families but also showcased a creative model of humanitarian action.

The generous support of our funding partners signalled continued trust and confidence in the ICRC. We are grateful for their contributions, which helped us cover our expenses in 2018 (1.93 billion Swiss francs, which represents an implementation rate of 94%), and are hopeful that the downward trend of flexible funding – so critical to the delivery of neutral, impartial, independent humanitarian action – will be reversed.

Despite this, the humanitarian funding ecosystem still needs to improve the way it functions and to transition to a new business model – one where the needs of communities trapped in protracted conflicts are addressed through a wider lens, by breaking down silos in our approach through partners and reinforcing the sustainability of the ICRC’s activities, which in turn will allow us to support the resilience of the communities we want to serve. We need to be innovative if we want to bridge the steadily growing gap between people’s needs and what we are actually able to deliver to address those needs.

The ICRC’s new Institutional Strategy 2019–2022 has identified key priorities for the coming years. Given the challenging dynamics of today’s conflicts, it focuses on areas such as strengthening protection and prevention, ensuring a sustainable humanitarian impact, digital transformation and partnering with others. The strategy has been well received by our donors and supporters, and I am confident that it will help us to meet the humanitarian challenges ahead.

In this respect, our ability to create partnerships and collaborate in new and different ways will be key. No single sector can respond alone to the depth and breadth of humanitarian crises: progress will require strong support from States, international organizations and civil society at large.

While the neutral, impartial and independent humanitarian space is still the best place to reset lives and reconcile, humanitarian actors can spearhead efforts at front lines and guide others through the landscape of fragmented societies, security challenges and multifaceted needs.

In the coming years, we will continue to work with our partners, relying on their skills, expertise, resources and financial contributions to make an impact. Thank you to all who championed the work of the ICRC in 2018. I look forward to your continued support into the future.

Peter Maurer
ICRC President
WHO WE ARE

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.

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.

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. 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.

Henry Dunant appealed to the local people to help him tend the wounded, insisting that soldiers on both sides should be treated equally.
For over 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.
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16,632 field staff worked in more than 90 countries in 2018.
## THE PEOPLE WE HELPED: 2018 IN FIGURES

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>People received food</td>
<td>7,399,899</td>
</tr>
<tr>
<td>People received clean water, proper sanitary facilities or better living conditions</td>
<td>35,220,959</td>
</tr>
<tr>
<td>People had their incomes boosted</td>
<td>789,931</td>
</tr>
<tr>
<td>Hospitals received supplies and other assistance</td>
<td>399</td>
</tr>
<tr>
<td>People received farming tools, livestock, seed or other support to produce food</td>
<td>5,065,945</td>
</tr>
<tr>
<td>People were trained in first aid</td>
<td>136,677</td>
</tr>
<tr>
<td>Primary-health-care facilities received support</td>
<td>464</td>
</tr>
<tr>
<td>Patients had their hospital costs covered</td>
<td>502,382</td>
</tr>
<tr>
<td>People, including children, were vaccinated</td>
<td>3,002,306</td>
</tr>
<tr>
<td>Physical rehabilitation projects received ICRC support, benefiting 487,700 people</td>
<td>189</td>
</tr>
</tbody>
</table>

1 Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.
1,352 places of detention holding 1,020,088 detainees were visited by ICRC delegates.

1,006 people, including 840 children, were reunited with their families.

1,002,856 phone calls were made, and 150,709 Red Cross messages delivered, between family members.
FINANCIAL INFORMATION 2018

Sfr* 1.71 billion

Field expenditure in 2018

93.5% of every donation goes to the field

6.5% of every donation is used at headquarters

TOP TEN OPERATIONS IN TERMS OF EXPENDITURE

<table>
<thead>
<tr>
<th>Operation</th>
<th>SFR Thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syria</td>
<td>183,284</td>
</tr>
<tr>
<td>South Sudan</td>
<td>127,192</td>
</tr>
<tr>
<td>Iraq</td>
<td>119,473</td>
</tr>
<tr>
<td>Yemen</td>
<td>104,703</td>
</tr>
<tr>
<td>Nigeria</td>
<td>88,864</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>78,056</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>72,168</td>
</tr>
<tr>
<td>Somalia</td>
<td>68,073</td>
</tr>
<tr>
<td>Ukraine</td>
<td>60,419</td>
</tr>
<tr>
<td>Myanmar</td>
<td>53,043</td>
</tr>
</tbody>
</table>

*Swiss francs

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
- Forensics
- Deprived of freedom
- 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 raising livestock, 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

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2 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.
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)³
• 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 (i.e. grants, business skills training)
• training (e.g. for farmers or livestock owners)

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 2018

7,399,899 people received food

5,065,945 people received farming tools, livestock, seed or other support to produce food

789,931 people had their incomes boosted

³ Most often combined with food, cash or vouchers to tide families over until the next harvest.
Every morning at 8am, Fatuma Ibrahim prepares to trek from house to house selling baati and garbasaar – traditional Somali cotton dresses and head scarves. This has been her routine for more than two years, since she first set foot in the Kalkal camp for displaced people in Mogadishu, Somalia.

The camp is home for close to 800 people who fled their homes because of conflict and drought. “I was a farmer in a town called Golweyn in Lower Shabelle. Then clan fighting broke out, and my children and I had to flee,” says Fatuma, a mother of eight.

After she arrived at the Kalkal camp, where most of the women are widows or single mothers, Fatuma received 255 US dollars from the ICRC to help her make ends meet and develop her small business. “I can feed my children now,” she says.

The camp’s go-to henna artist, Sahra Adhan, also received a cash grant. The 39-year-old and her neighbours came to Kalkal from Balcad, Middle Shabelle, two years ago because of clan violence and a drought that killed their livestock and left their farms dry. Now Sahra – a single mother – uses her henna-painting skills to support her family and send her children to school.

“I started by practising on my daughters and their friends, but now I have real clients,” Sahra says. “Usually it’s for a wedding, but sometimes they just want to look beautiful.”
WATER AND HABITAT

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

To provide access to water, improve hygiene levels and protect the environment, we carry out a range of activities.

AROUND THE WORLD IN 2018

35,220,959
people got clean water, proper sanitary facilities or better living conditions

WATER

We help construct or repair all types of water-supply systems, 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.

We also seek to ensure that the community can manage any new or renovated infrastructure. We provide tailor-made training, often for specially created water committees, and provide 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 sanitary facilities is therefore essential and a high priority. This may involve building latrines or repairing sewage plants.

We also run hygiene-promotion programmes to encourage behaviour that will help prevent water- 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. We might therefore upgrade existing sanitation systems and other facilities. We 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

We restore or maintain power supplies to essential facilities such as hospitals, water treatment plants and water distribution networks by repairing electric grids, generators and hydroelectric plants.
In South Sudan, cattle raids and clan fighting have destroyed property and endangered livelihoods in rural areas, forcing people to seek relative safety in nearby towns.

Rumbek is one such town. The unprecedented increase in its population has put pressure on existing infrastructure, especially water pumps. To bring people safe drinking water, the ICRC renovated the Akuach water yard. At the water yard, a pump draws up water from a deep borehole to be stored in a tank and distributed around town. It was built by a development agency in 2012 but fell out of use in 2014 when rising fuel prices made it too expensive to run. The community had to depend on hand pumps that pulled water from shallow boreholes, some very far away from where people lived.

Now the generator is solar-powered, and enough clean water for 15,000 people is distributed to 15 kiosks so that people can collect water close to home. “We’ve repaired the broken water kiosks and added solar panels, so it costs less to run the system. The water is also cleaner,” says Akhol Henry Kamcill, an ICRC water engineer in Rumbek.

Rebecca, a resident of Rumbek, says that the difference is noticeable: “When I’d leave water from the borehole in a pot overnight, I could see dirt collected at the bottom of the pot the next morning. The water from the water kiosk is clean. My children are healthier.”

Yar, another resident, adds, “This water means a good life for us.”
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 these through its work in mental health and psychological support.

AROUND THE WORLD IN 2018

464 primary-care facilities received medical supplies and other support; at these facilities:

- 5,645,453 medical consultations took place, including
- 446,266 for pregnant women
- 3,002,306 people, including children, were vaccinated
Olivia Hill, a British midwife, looks back on her year-long mission with the ICRC in Myanmar:

Any mother will tell you that being pregnant while on the move is difficult at the best of times. Being pregnant while fleeing violence is another matter entirely.

This was the reality for many women in Rakhine State, Myanmar. When violence flared in August 2017, thousands of people fled, making the arduous journey to neighbouring Bangladesh. Most headed for the coast, where living conditions quickly deteriorated. The ICRC provided shelter materials to protect people from the scorching sun. We also supplied clean water, temporary toilets and hand-washing facilities to prevent disease.

For pregnant women, the stress of a situation like this can result in premature labour. Some women we met complained of abnormal pains and fever. One woman gave birth on the beach – fortunately the delivery was without complication. But physical conditions only told part of the story. People had witnessed horrific acts of violence and bore deep emotional scars.

And what of those left behind?

Rakhine State suffers from widespread poverty and poor infrastructure – many people simply cannot afford to get to a health centre. Cultural norms and movement restrictions also limit access. People across all communities do not get the medical care they need.

Working closely with the Myanmar Red Cross, the ICRC has been plugging these systemic gaps with mobile health units. Small teams of medical professionals travel to villages and provide basic health care, identify communicable diseases and refer patients for follow-ups. Between January and December, a single mobile clinic provided curative and preventive health care to over 10,000 people in the two townships of Maungdaw and Buthidaung.

While the mobile health units offer medical care that people would otherwise struggle to get, they are only a short-term solution. People need a far more comprehensive health-care system. Until then, we will carry on plugging the gaps.
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 the 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 it, we deploy our own specialist teams to work alongside local hospital staff.

It is difficult, and often dangerous, to perform operations in the midst of armed conflict. 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 gun-shot 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. In some cases, we send mobile surgical teams to strengthen local capacity.

The ICRC’s support for hospitals can include:

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

AROUND THE WORLD IN 2018

136,677*
people were trained in first aid

399
hospitals were given supplies and other assistance

72 hospitals were monitored directly by ICRC staff; at these hospitals:
- 159,813 operations were carried out
- 2,507,756 consultations took place

* Aggregate of monthly figures, which may include repeat trainees.
In July 2018, Samir entered the emergency room of Rafik Hariri University Hospital in Lebanon suffering from unbearable stomach pain. Normally, he would have been hard-pressed to get help: Samir was a Palestinian refugee who had been living in Syria before fleeing to a Lebanese refugee camp, and he could not afford treatment.

Many vulnerable people in Lebanon like Samir cannot pay for primary health care and wait too long before seeking help, so they arrive at the hospital severely – if not urgently – ill. And once admitted, some patients leave against the doctors’ orders because they cannot afford preliminary tests or treatment. They know they need medical help, but what other options are there?

To help patients in Lebanon get quality hospital care, the ICRC and the Avina Foundation partnered with Rafik Hariri University Hospital to launch a multi-year project to provide health care for those who need it most, renovate the hospital’s facilities and build the capacities of its medical staff. In addition, the ICRC and Lebanese University run a course at the hospital to train surgeons to treat patients wounded by weapons.

But emergency treatment is not all the hospital provides. The ICRC’s holistic approach covers the continuum of health care, meaning that patients like Samir also get psychological care and referrals for further support.

When Samir arrived at the emergency room, doctors performed a life-saving procedure to treat an ulcer. When they noticed that he showed signs of mental distress, they referred him to a psychiatrist, who treated him for depression. He was discharged after recovering fully and received 250 US dollars from the ICRC over a six-month period to help him make ends meet while he looked for a stable job. And when ICRC social workers heard that Samir had lost contact with his family, they helped him to reunite with his nephew.
Physical rehabilitation is a way of helping people with disabilities reintegrate into society. 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 that other members of society enjoy.

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 vaccinations or treatment.

- 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 technology we developed ourselves to produce high-quality polypropylene prosthetic and orthotic devices at low cost, reducing the financial burden of 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’ administration, 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.

**AROUND THE WORLD IN 2018**

| 189 | physical rehabilitation centres, component factories and training institutions received ICRC support |
| 487,700 | people benefited from these projects 4 |
| - 457,050 received physical rehabilitation services | - 26,226 were referred for economic support |
| - 1,146 took part in educational programmes | - 2,710 engaged in sports |
| - 568 received vocational training |

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4 Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.
The doors have just opened for the morning at the ICRC-supported physical rehabilitation centre in Gao, Mali, and already patients are arriving, some on crutches, others in wheelchairs.

Ahmed Sah, assistant physiotherapist, is there to receive them. “We are over-stretched,” he says. “There are very few qualified prosthetist–orthotists and physiotherapists in Mali, especially where there are conflicts, and few incentives to become one. But I have my own incentive.” Ahmed contracted polio as a child, which he says has given him a special understanding of the challenges people with disabilities face.

The first patient is Aichatou Seydou. The widowed mother of six was riding a bus when it drove over a landmine, and she lost both of her legs. “I’m still struggling to adapt, physically and mentally,” she says. Oua Sangaré, an ICRC physiotherapist, helps Aichatou put on her prostheses, custom-made at the centre. She takes a few steps, leaning heavily on crutches. “She’s definitely making progress,” says Oua. “But it can take a long time.”

People with disabilities are among the most vulnerable in Mali and are often stigmatized. Adequate physical rehabilitation services are scarce. Armed conflict and growing insecurity have made accessing health care particularly difficult. Some travel hundreds of kilometres to reach this centre.

The ICRC currently supports four physical rehabilitation centres throughout the country. But with needs clearly outstripping capacity, a new centre is planned in central Mali as part of the Programme for Humanitarian Impact Investment, launched in 2017 by the ICRC along with private-sector partners. The ICRC will build and equip the centre, train staff and support operations for two years.

The aim is to build the capacity of those who will ultimately be responsible for the centre and ensure its long-term sustainability. ICRC construction project manager Emilie Schmid, who designed the centre, calls it “a good example of how the ICRC helps to address longer-term needs in the area between humanitarian relief and development work”.

S. Diarra/ICRC
WEAPON CONTAMINATION

Weapons do not only kill and maim people and block access to basic necessities, such as water supplies 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 Societies and national authorities build their capacity to deal with conventional weapon contamination and chemical, biological, radiological and nuclear agents.

AROUND THE WORLD IN 2018

51 countries or territories around the world benefited from activities to reduce the impact of weapon contamination.
Mines, bombs and shells left over from conflicts kill countless people every year, mostly civilians. But in Pakistan, many remain unaware of how dangerous unexploded ordnance is. To help keep people safe, the ICRC and the Pakistan Red Crescent have launched the Community-Based Risk Education programme (CBRE). The CBRE team holds regular risk-awareness sessions aimed at boosting public understanding of the dangers of unexploded ordnance and promoting safe habits.

When Muhammad Idrees discovered a mortar shell embedded in his roof in Rashakai, Bajaur District, he brought it up at a risk-awareness session. The CBRE team alerted the Pakistani Frontier Corps, and the shell was safely removed. Now, other community members have volunteered to educate their neighbours about unexploded ordnance and help them connect with authorities to have possible weapons disposed of safely.
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 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 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 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, 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 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.

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

AROUND THE WORLD IN 2018

| 1,002,856  | 1,006 |
| phone calls were made between family members | people, including 840 children, were reunited with their families |
| 150,709   |  |
The financial, psychological and social costs of searching for someone who has gone missing in a conflict are immense yet often overlooked. Five years into the crisis in eastern Ukraine, an estimated 1,500 people are still missing. While their whereabouts remain unknown, the toll the uncertainty has taken on their families is clear.

In 2016 and 2018, ICRC staff in Ukraine interviewed some of these families to understand their day-to-day struggles and needs, and then compiled a report. “The report gives a voice to the families, who are in the best position to express what they need and expect from their communities and from authorities,” says ICRC deputy protection coordinator Cleber Kemper.

On a snowy morning in Kyiv in December, thirty-five of the interviewees once again met with ICRC and Ukrainian Red Cross Society representatives. At the meeting, family members were updated on the report and on developments in the search process. They also received information about events and groups for families of the missing, including a community organization based in Dnipro.

At the same time, the meeting was an important opportunity for people to share their stories and experiences with others also looking for loved ones. “Mothers without their children are like birds without their wings,” says one woman whose son disappeared. “But we carry on. We help each other.”
FORENSIC SCIENCE

It is a sad truth that when people die in a war or natural disaster or when migrating in search of a better life, their deaths may go unrecorded, their bodies not given a proper funeral and their families left in the dark.

The ICRC is the only organization that puts forensic science to use for exclusively humanitarian purposes so that grief-stricken families have answers, helping to fulfil their right to know what happened to their loved ones.

Locating and analysing human remains can be difficult, especially when bodies have been buried in unmarked graves; analysis and identification are made even more difficult when the number of unidentified remains is in the hundreds. Even where forensic facilities are highly developed, this may be more than local authorities can cope with. For that reason, we provide advice, support and training to local authorities and forensic practitioners to help them search for, recover, analyse, identify and manage human remains. We also carry out these forensic activities when no one else can step in.

Our forensic work may draw on:
- anthropology
- archaeology
- pathology
- fingerprint analysis
- dentistry
- genetics, including forensic DNA analysis.
The 1982 war between Argentina and the United Kingdom on the Falkland/Malvinas Islands was brief, but it has been a source of intense pain for many families. Over 900 people died, including three civilians. Some disappeared in the fury of battle or were laid to rest without being identified. More than 200 Argentinian soldiers – 122 of them unnamed – were buried on the islands at Darwin Cemetery.

To give the Argentinian soldiers their identities back and help their family members to cope with their grief, an ICRC forensic team of fourteen experts from around the world went to the Darwin Cemetery to examine the unidentified remains.

At the start of the exhumations, in June 2017, a priest blessed the site. After carefully removing grave markers, the forensic team delicately unearthed the bodies. Then they documented identifying information (e.g. gender, age, height, dental work, old broken bones) and collected small samples for DNA profiling.

To the relief of surviving family members, the team was able to identify 90 of the bodies.

The challenging working environment was compounded by harsh weather conditions, including freezing temperatures, strong winds and snow storms. “But,” says project head Morris Tidball-Binz, “it was worth the effort. Everyone has the right to be identified after death, including those who die on the battlefield.”

Immediately after the examination, the bodies were placed in new coffins and, with the utmost care and dignity, reburied where they had rested for the previous 36 years. In March 2018, more than 200 family members visited Darwin Cemetery to pay their respects.

In the coming years, more cases could be solved as other families join the identification process.
DETAINEES

Every day, men, women and children held in detention are exposed to dangers such as forced disappearance, torture and summary execution. 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 systems and infrastructure in general, detainee management, access to health care and respect for judicial guarantees.

AROUND THE WORLD IN 2018

1,352 places of detention holding 1,020,088 detainees were visited by ICRC delegates
16,201 detainees were visited by relatives as part of our family visit programme
365,869 detainees benefited from improvements to prison facilities, including water-supply projects and hygiene-promotion campaigns
Three years ago, the waste situation was out of control in La Joyita prison in Panama. Recycling is still not the norm in the country, and in prisons this public-health problem is magnified.

“The cell blocks were strewn with rubbish and infested with insects and rats. The inmates led their daily lives surrounded by filth,” says Lise Lehongre, who worked on detainee welfare for the ICRC in Panama.

Fed up with the situation, the prisoners themselves came up with a solution.

“We turned the problem into an opportunity,” says Franklin Ayón, one of the founders of the EcoSólidos recycling initiative. “Our motto is the four Rs of recycling: reduce, reuse, recycle and – our addition – resocialize. We’ve adopted a salamander as our logo because salamanders regenerate, like us.”

Nothing is wasted in La Joyita. Around 90% of the prison’s waste is transformed and reused by the prisoners themselves. Plastic and metal are sorted, crushed and sold. Food waste becomes high-quality fertilizer used in the prison’s gardens to grow fruit, vegetables and trees native to Panama for reforestation.

EcoSólidos helps “resocialize” prisoners by allowing them to practise their professions or learn new trades in the recycling plant and nurseries, a kind of occupational therapy. Prisoners working on the project may also get their sentences reduced.

“As well as advising Panamanian prison authorities on prison conditions, hygiene, maintenance and infrastructure, the ICRC advises them on how to optimize the recycling plant and the benefits to its workers,” says Giuseppe Renda, head of the ICRC’s mission in Panama. “We also provide supplies to keep the project running.”

Overcrowding, poor ventilation and moisture make prisons ideal breeding grounds for disease, and waste only exacerbates that risk. Cleaner prisons mean fewer illnesses and a better quality of life for prisoners. Panamanian authorities and the ICRC plan to replicate this project in other detention facilities, for the benefit of more detainees and the society at large.
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 2018

18 public conferences on international law and policy were organized at ICRC headquarters, bringing together 2,500 participants.
The ICRC has acknowledged the importance of understanding the Islamic laws of war since the 1950s and has actively engaged with Islamic institutions and scholars since the 1990s. Today, approximately two-thirds of its current operations centre on armed conflicts in predominantly Muslim regions, where Islamic law can provide useful references and insights to help protect people affected by violence.

From 29 to 30 October 2018, the first global expert workshop on IHL and Islamic law in armed conflict took place in Geneva. The workshop brought together around 30 of the world’s leading experts in Islamic law and IHL, who exchanged views on specific challenges in contemporary armed conflicts.

Discussions focused on the conduct of hostilities, the protection of health care, detention in armed conflict, special protections for children, and proper and dignified treatment of the dead. The workshop highlighted areas where humanitarian and Islamic law clearly converge. For instance, each provides protection for civilians and non-combatants – both against direct targeting and during detention. They also share a central challenge: how to ensure that the existing rules are implemented and respected.

The discussions underlined the importance of the ICRC engaging with religious circles to provide protection and assistance successfully, and they offered many avenues for future cooperation. Several participants stressed their commitment to develop research in the field and establish courses on IHL and the Islamic law of armed conflict at their universities.
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. So, in countries affected by armed conflict, the National Societies and the ICRC very often mount joint operations to mitigate the victims’ suffering.

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:

In August 2018, just one month after the ministry of health of the Democratic Republic of the Congo declared that the Ebola outbreak in Équateur Province was over, another struck in North Kivu Province.

Within a week, a multidisciplinary team of experts from the ICRC, the Red Cross Society of the Democratic Republic of the Congo and the International Federation of Red Cross and Red Crescent Societies (IFRC) arrived in Beni, near the epicentre of the outbreak in the nearby town of Mangina. The team included specialists in safe and dignified burials, water and sanitation infrastructure, and community engagement.

Dr Fatoumata Nafo-Traore, the IFRC’s regional director for Africa says, “Ebola is most infectious directly after someone dies, so safely handling the bodies of those suspected to have died from Ebola is crucial to halting its spread. But to be effective, we must be attuned to local cultural beliefs and norms and engage with communities in a way that builds trust.”

Local Red Cross volunteers are critical to curbing the spread of Ebola and have received support from the specialist team to carry out their work safely, such as training and supervision for safe and dignified burials, and community outreach about Ebola. The team’s work also includes improving water and sanitation systems in Beni prisons and helping local hospitals and other health facilities with infection prevention and control measures.

Ebola is not the first hardship for the region: Nicolas Lambert, deputy head of the ICRC’s delegation in the Democratic Republic of the Congo and its Ebola response team leader, says that people in North Kivu have been affected by armed conflict for two decades, making the team’s work all the more critical for these already-vulnerable communities.
SUPPORT FROM DONORS

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 90 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.

Though the ICRC once again faced enormous challenges last year, thanks to the support of our donors, we came to the aid of millions of people worldwide.

To all those who stood in solidarity with us: thank you. We could not have done it without you.
We help people around the world affected by armed conflict and other violence, doing everything we can to protect their lives and dignity and to relieve their suffering, often with our Red Cross and Red Crescent partners. We also seek to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

People know they can count on us to carry out a range of life-saving activities in conflict zones and to work closely with the communities there to understand and meet their needs. Our experience and expertise enable us to respond quickly and effectively, without taking sides.