

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo



ICRC / AR, 2015
 + ICRC regional delegation + ICRC sub-delegation + ICRC office/presence
 △ ICRC regional logistics centre

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed/security forces to respect that law and visits detainees, working with the authorities to improve conditions for detainees. It works with and supports the development of the region's National Societies. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by armed conflicts and other situations of violence in the greater region.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Security detainees across the region, including those held in relation to the 2015 coup attempt in Burkina Faso, continued to receive ICRC visits to ensure that their treatment complied with applicable norms.
- ▶ Ivorian officials continued to work on improving prison services, notably, by implementing a standard menu and by training prison staff in budget/stock management to ensure adequate nutrition for detainees.
- ▶ Some projects in western Côte d'Ivoire – such as support for people's mental-health and psychosocial needs – were wrapped up. Lessons from this project were shared with the authorities and medical staff.
- ▶ People displaced by conflict or violence met their immediate needs via aid distributions and other interventions conducted with the Burkinabé Red Cross Society and the Red Cross Society of Côte d'Ivoire.
- ▶ Thousands of Beninese, Burkinabé, Ivorian and Togolese military/gendarmerie officers boosted their knowledge of IHL at ICRC information sessions and briefings.

EXPENDITURE IN KCHF

Protection	2,383
Assistance	4,856
Prevention	1,850
Cooperation with National Societies	1,538
General	55
Total	10,683
<i>Of which: Overheads</i>	652

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	36
Resident staff (daily workers not included)	186

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	388
RCMs distributed	355
Phone calls facilitated between family members	1,104
People located (tracing cases closed positively)	34
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	16,848
Detainees visited and monitored individually	247
Number of visits carried out	127
Number of places of detention visited	48
Restoring family links	
RCMs collected	116
RCMs distributed	42
Phone calls made to families to inform them of the whereabouts of a detained relative	329

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 500	1,710
Essential household items	Beneficiaries 1,000	1,741
Cash	Beneficiaries 900	456
Services and training	Beneficiaries 36,000	6,000
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 33,500	80,194
Health		
Health centres supported	Structures 4	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

In Côte d'Ivoire, the government continued granting provisional releases to detainees, but overcrowding in prisons persisted. In the west, attacks by armed elements and clashes over land tenure caused injury, death and the internal displacement of hundreds; arrests by security forces were also reported. Borders with countries affected by the Ebola epidemic (see *Liberia*) remained closed, but in December, the UNHCR-facilitated voluntary repatriation of Ivorians that had fled to Liberia in connection with the 2011 conflict resumed. In Ghana, thousands of Ivorian refugees remained.

In September, a coup attempt in Burkina Faso led to scores of casualties, a few deaths and several arrests. Thousands of Malian refugees – including the newly displaced (see *Mali*) – remained in UN camps or host communities in the north. The strain on limited resources fueled communal tensions, and the alleged cross-border activities of armed groups further undermined the security situation.

Elections peacefully took place in Benin, Burkina Faso, Côte d'Ivoire and Togo, with few reported casualties.

ICRC ACTION AND RESULTS

In Côte d'Ivoire, Burkina Faso, and Togo, detainees received ICRC visits conducted in accordance with the organization's standard procedures. Security detainees were paid special attention. They included: people arrested in relation to the 2011 conflict and attacks in western Côte d'Ivoire; people detained in relation to the 2014 protests and the 2015 coup attempt in Burkina Faso; and people held in connection with the 2009 coup attempt and 2013 market fires in Togo. After these visits, the authorities received confidential feedback to help them improve detainees' treatment and living conditions.

In Côte d'Ivoire, the penitentiary authorities drew on ICRC advice to continue implementing system-wide reforms to prison services, particularly in terms of nutrition and health care; for example, they worked to implement a standard menu and trained prison staff in budget/stock management. The Ivorian authorities also continued to monitor detainees' health with ICRC material/technical support. Malnourished inmates benefited from supplementary/therapeutic feeding programmes, while sick and injured detainees received care at ICRC-supplied infirmaries. Detainees had better living conditions after the ICRC distributed household essentials and built/improved infirmaries, kitchens and water/sanitation facilities in several prisons. Infrastructure projects also took place in Burkina Faso and Togo.

Health, livelihood, and water infrastructure projects in western Côte d'Ivoire were concluded by year-end. Prior to this, people benefited from the Red Cross Society of Côte d'Ivoire/ICRC's efforts to help them recover from the effects of past conflict. For instance, they obtained preventive/curative care from ICRC-supported facilities, and basic psychosocial care from ICRC-trained staff or peer-support groups managed by ICRC-trained facilitators. Lessons learnt from these projects were shared with the authorities, to ensure people's continued access to such care. People had access to water via ICRC-upgraded/installed facilities, which helped reduce tensions in communities hosting IDPs; they also learnt ways to reduce their risk of sanitation-related/water-borne diseases through National Society/ICRC information sessions. With ICRC support, widows launched small businesses to supplement their income; to help them ensure their business' sustainability, they were provided with information on ways to access micro-credit.

To prevent the recurrence of abuses in western Côte d'Ivoire, allegations reported to the ICRC were shared with the parties concerned. After such representations, people's access to health-care facilities improved.

The ICRC responded to emergencies with the pertinent National Societies, while supporting them in this regard. Displaced people in Burkina Faso and Côte d'Ivoire coped with their situation through National Society/ICRC relief distributions. Herders in northern Burkina Faso maintained their livestock's health through free vaccinations carried out by the authorities and the ICRC. During the coup attempt in Burkina Faso, casualties received first aid/were evacuated and children were reunited with their families by the Burkinabé Red Cross Society with ICRC support.

Dispersed families, including Malian refugees, maintained/restored contact with each other through Movement family-links services. However, reunifications in Côte d'Ivoire were stalled by the closure of the border with Liberia for most of the year. To help it clarify the fate of people missing in connection with the 2011 conflict, the Ivorian medico-legal institute was provided with support, including protective equipment for workers conducting exhumations. The Ivorian authorities, in consultation with the ICRC, continued to work on updating the legal framework applicable to the families of missing persons.

Throughout the region, the ICRC sought to reinforce support for IHL and humanitarian action. During information sessions, thousands of military/security officers learnt more about IHL; Ivorian and Togolese military IHL instructors drew on ICRC advice to update/review their training materials. Government officials worked to ratify/implement IHL-related treaties with ICRC support, as Côte d'Ivoire, Ghana and Togo ratified the Arms Trade Treaty. Academics, journalists and community leaders broadened their understanding of IHL at workshops and other events organized with the National Societies concerned.

To maximize impact and avoid duplication, the ICRC coordinated its activities with government bodies, UN agencies, Movement partners, and other humanitarian organizations.

CIVILIANS

In western Côte d'Ivoire, people reported abuses to the ICRC. These allegations – related to sexual violence, attacks on villages, and military operations, for example – were shared with the parties concerned to prevent their recurrence. Notably, patients had better access to health-care facilities after the ICRC and other humanitarian organizations made representations to the authorities. Regular coordination with UN agencies, NGOs and the Ivorian National Society ensured consistent monitoring of possible humanitarian concerns.

Malian refugees reconnect with their families using Movement family-links services

Through phone calls and RCMs facilitated by the Burkinabé National Society/ICRC, Malian refugees in Burkina Faso maintained or restored contact with their families. In Côte d'Ivoire, some people used family-links services to stay in touch with relatives among the refugees in the region; however, reunifications had to be put on hold because of the closure of the border with Liberia for most of the year (see *Context*). Volunteers from the Burkinabé and Ivorian National Societies trained in providing family-links services (see *Red Cross and Red Crescent Movement*).

To help it clarify the fate of people missing in connection with past conflict, the Ivorian medico-legal institute was provided with support to strengthen its services: its director exchanged views and best practices with his peers at a forensic conference abroad (see *Nairobi*), and its staff used ICRC-provided protective equipment during exhumations. While an in-depth assessment of the needs of families of the missing was cancelled, the Ivorian authorities, in consultation with the ICRC, continued working to update the legal framework applicable to families of missing persons.

People in western Côte d'Ivoire cope with common illnesses and psychological distress

In western Côte d'Ivoire, people recovered from or reduced their risk of contracting illnesses after receiving care from seven ICRC-supported facilities, and a mobile health unit that one of them operated as part of its vaccination campaign. Among these facilities were two hospitals that received medical supplies and technical advice on, *inter alia*, implementing Ebola-prevention measures prescribed by the health ministry. They also included five community health centres – including one that served people in isolated areas of northern Bloléquin – which widened their coverage through ICRC funding. People in some remote areas, including children, were better protected against polio and other contagious diseases through vaccination campaigns. Young children and pregnant women needing secondary care were referred to regional hospitals and had their transport facilitated by the ICRC.

Health staff in these facilities were trained in providing mental-health and psychosocial support, and were advised on integrating these into their work. This helped ensure that patients suffering from emotional distress – particularly, in relation to post-conflict trauma or violence, including sexual violence – were accurately diagnosed and treated; 66 patients received basic psychological care and/or were referred to specialized institutions. In four communities, people shared their experiences at peer-support groups managed by ICRC-trained facilitators, which were set up in 2014. Through door-to-door information sessions, community-based health workers encouraged over 15,000 people to refer prospective patients for further care. In addition, community-based protection mechanisms based on local customs were jointly developed by the health workers and

communities. With a view to ensuring that communities had continued access to psychosocial care, the ICRC regularly met with the authorities and health staff to share its experiences in this regard, including the challenges it faced and the results it achieved.

Some 31,000 people in rural areas of western Côte d'Ivoire, including those displaced from protected forest areas, had better access to clean water via wells and hand pumps upgraded/installed by the ICRC; this also helped reduce tensions in communities hosting IDPs. Through National Society/ICRC information sessions, nearly 39,000 people learnt ways to reduce their vulnerability to sanitation-related and water-borne diseases. In Burkina Faso, almost 1,500 people attended similar sessions.

Using ICRC-provided cash grants and management training, 76 vulnerable Ivorian women – who had lost their husbands in past conflict – established small businesses to help them regain self-sufficiency and support their families (over 450 people in all). To contribute to these businesses' sustainability after the conclusion of this support, the women were provided with information on ways to obtain micro-credit.

Displaced people in Burkina Faso and Côte d'Ivoire obtain access to sanitation facilities

People affected by outbreaks of violence and other emergencies had some of their urgent needs addressed by the pertinent National Societies and the ICRC.

Over 9,200 people in northern Burkina Faso, including Malian refugees, and some 600 people in a temporary IDP camp in Côte d'Ivoire – set up by the Ivorian National Society and other humanitarian organizations – were able to maintain their hygiene using ICRC-constructed water/sanitation infrastructure, including latrines and showers.

Around 300 households (1,700 people) in Burkina Faso and 35 households (200 people) in western Côte d'Ivoire eased their displacement with National Society/ICRC-distributed food and household essentials. In northern Burkina Faso, over 6,000 households (36,000 people in all) including Malian refugees, maintained

CIVILIANS	Burkina Faso	Côte d'Ivoire	Ghana	Togo
Red Cross messages (RCMs)				
RCMs collected	189	192		7
<i>including from UAMs/SC*</i>	1			
RCMs distributed	133	221		1
Phone calls facilitated between family members	1,102	2		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	1	13	4	3
<i>of whom women</i>		1	1	1
<i>of whom minors at the time of disappearance - girls</i>		2	1	
<i>of whom minors at the time of disappearance - boys</i>		3		
<i>including people for whom tracing requests were registered by another delegation</i>		3		
People located (tracing cases closed positively)	11	21		2
<i>including people for whom tracing requests were registered by another delegation</i>		4		
Tracing cases still being handled at the end of the reporting period (people)	38	141	4	5
<i>of whom women</i>	3	19	1	1
<i>of whom minors at the time of disappearance - girls</i>	3	12	1	
<i>of whom minors at the time of disappearance - boys</i>	1	17		1
<i>including people for whom tracing requests were registered by another delegation</i>		31		
UAMs/SC*, including demobilized child soldiers				
UAM/SC* cases still being handled at the end of the reporting period	10	2	7	1
<i>of whom girls</i>	7	1	2	

*Unaccompanied minors/separated children

the health and productivity of their herds thanks to free vaccinations for 290,000 animals carried out by the authorities/ICRC.

During the coup attempt in Burkina Faso, 90 casualties were treated/evacuated and 18 children were reunited with their families by the Burkinabé National Society with support from the ICRC, which provided medical supplies/equipment and lent vehicles. Patients referred to one hospital were treated with the help of ad hoc material support from the ICRC. In northern Togo, people injured in connection with protests against a nature reserve project received treatment at health facilities that received one-off donations of medical supplies.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees in Côte d'Ivoire, Burkina Faso and Togo receive ICRC visits

Across the region, nearly 17,000 detainees were visited by the ICRC in accordance with its standard procedures, to ensure that their treatment and living conditions complied with applicable international norms; 247 security detainees and other particularly vulnerable inmates were monitored individually. In Côte d'Ivoire, they included: inmates in solitary confinement; people arrested in relation to the 2011 conflict – including detainees extradited from Liberia – and attacks in the west; and detainees held by intelligence services and the armed/security forces, including those under interrogation or in preventive detention. Political figures and people detained in relation to the 2014 protests and the 2015 coup attempt in Burkina Faso, and people held in connection with the 2009 coup attempt and market fires in 2013 in Togo were also visited.

After these visits, the detaining authorities received confidential feedback, which helped them take steps to improve detainees' treatment and living conditions and address chronic problems related to overcrowding.

Detainees restored/maintained contact with their families via ICRC family-links services. Foreign inmates notified their consular representatives of their situation through the ICRC.

Ivorian authorities work with the ICRC to sustain system-wide reforms

In Côte d'Ivoire, the ICRC's findings were shared with the penitentiary authorities every month, to help facilitate their timely

response to emergencies. They also drew on ICRC technical advice in their efforts to sustain reforms related to nutrition and health care in prisons. For example, prison directors strengthened their ability to manage their budgets and penitentiary services at an ICRC seminar. During a workshop co-organized with the health ministry, prison health staff drafted recommendations, which were relayed to the pertinent authorities. Officials were advised on the revision of the penitentiary health information system. To help ensure that detainees had adequate nutrition, the authorities worked to implement a standard menu – developed in 2014 – in all prisons, and trained stock managers and kitchen personnel in proper food storage and distribution.

In Ivorian prisons, inmates reduce health risks from malnutrition and hygiene-related ailments

With ICRC material and technical support, the Ivorian authorities continued to monitor detainees' health. More than 1,000 acutely malnourished detainees were treated through therapeutic/supplementary feeding programmes. In six prisons, over 2,000 inmates benefited from vitamin/mineral supplements to maintain their health, and around 800 detainees with vitamin-deficiency illnesses received appropriate treatment. Detainees recovered from other ailments and from injuries with the help of medicines donated to infirmaries on an ad hoc basis.

Detainees in Côte d'Ivoire, including minors, had better living conditions because of ICRC initiatives; some of them benefited from multiple projects. Over 11,000 inmates received hygiene items, sleeping mats, and other items distributed by the ICRC; those who previously had to hold food using their clothes used ICRC-donated cups and plates, and recreational items enabled some to ease the monotony of incarceration. Infirmaries, kitchens and water/sanitation facilities were also built/improved for 7,700 detainees in nine prisons. However, the construction of a system to produce biogas from waste at one prison was postponed to 2016 because of other priorities. More than 1,400 people had more hygienic surroundings, following fumigation campaigns conducted with the authorities.

In Burkina Faso, nearly 900 detainees had better access to fresh air after a prison yard was renovated. In Togo, around 2,500 inmates in three prisons were at lesser risk of contracting hygiene-related illnesses following improvements to water/sanitation infrastructure.

PEOPLE DEPRIVED OF THEIR FREEDOM	Burkina Faso	Côte d'Ivoire	Togo
ICRC visits			
Detainees visited	2,529	11,967	2,352
<i>of whom women</i>	60	287	87
<i>of whom minors</i>	91	301	2
Detainees visited and monitored individually	31	203	13
<i>of whom women</i>		4	1
<i>of whom boys</i>		3	
Detainees newly registered	31	93	2
<i>of whom women</i>		1	1
<i>of whom boys</i>		2	
Number of visits carried out	8	115	4
Number of places of detention visited	5	41	2
Restoring family links			
RCMs collected		114	2
RCMs distributed		40	2
Phone calls made to families to inform them of the whereabouts of a detained relative	100	228	1
Detainees visited by their relatives with ICRC/National Society support		1	
People to whom a detention attestation was issued		1	

ACTORS OF INFLUENCE

Beninese, Burkinabé, Ivorian and Togolese military/gendarmerie officers bolster their IHL knowledge

In Côte d'Ivoire and Togo, nearly 2,300 *gendarmes* and soldiers learnt more about IHL at ICRC-organized information sessions. Similarly, in Benin, Burkina Faso, Côte d'Ivoire and Togo, over 2,600 members of the military and *gendarmerie* bound for missions abroad broadened their awareness of IHL principles applicable to peacekeeping, and were encouraged to facilitate ICRC activities in their countries of deployment, including Mali and Sudan. In Côte d'Ivoire, troops, particularly those manning roadblocks, were reminded of their responsibility to facilitate access to health care. Through ICRC briefings, 60 police officers from rapid-response units – often the first to respond to incidents of violence – strengthened their understanding of internationally recognized standards for the use of force.

Ivorian and Togolese military instructors began revising IHL manuals and developed case studies with ICRC support, with a view to boosting the quality of their IHL instruction. Beninese and Togolese military instructors attended a train-the-trainer workshop, and senior officers from Côte d'Ivoire, Togo, Burkina Faso and Benin furthered their understanding of IHL through advanced courses in Algeria (see *International law and policy*) and in San Remo, Italy.

Côte d'Ivoire, Ghana and Togo ratify the Arms Trade Treaty

The authorities in the covered countries worked to ratify/implement IHL-related treaties with ICRC support: notably, Côte d'Ivoire, Ghana and Togo ratified the Arms Trade Treaty. Ivorian and Togolese parliamentarians also drew on ICRC expertise to draft a law that incorporated key provisions of arms-related treaties, including a regional convention on small arms, in national legislation. They were also advised on the inclusion of sanctions against IHL violations in their respective penal codes, which were both under review. However, in Côte d'Ivoire, little progress was made in passing a draft bill regarding the protection of the emblem. At an ICRC seminar, Togolese officials learnt more about the Hague Convention on Cultural Property and were encouraged to promote its ratification.

Government officials, academics, journalists and community leaders learn more about IHL

Members of civil society capable of facilitating humanitarian action or encouraging others to do so – notably, journalists and community/religious/youth leaders – gained a better grasp of the Movement's neutral, impartial and independent approach through National Society/ICRC events and briefings. The authorities, health professionals and the ICRC regularly discussed the incorporation of mental-health care in national programmes and the issues covered by the Health Care in Danger project. Students in Benin, Burkina Faso, Côte d'Ivoire and Togo added to their knowledge of IHL and the ICRC's mandate through information sessions. Some Ivorian students participated in national and regional (see *Niger*) moot court competitions.

Islamic scholars from Benin and Burkina Faso discussed the similarities between IHL and Islam at an ICRC conference abroad (see *Niger*).

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC training and support, the National Societies of Burkina Faso, Côte d'Ivoire and Togo reinforced their capacity to assist people affected by conflict/violence and other emergencies. Notably, the Burkinabé and Ivorian National Societies undertook activities with the ICRC (see *Civilians*) and received support for upgrading three offices/branches, while the Togolese Red Cross replenished their supplies for treating wounded people and trained moto-taxi drivers in first aid. At a workshop in Abidjan, National Societies from the wider region strengthened their ability to provide family-links services during emergencies; they also discussed the Movement's strategy in this regard, including in relation to the needs of people separated by migration.

Drawing on recommendations from the International Federation and the ICRC, the Burkinabé National Society strengthened its legal base, while the Ivorian and Beninese National Societies initiated management reforms and elected new officials.

At Movement events, all five National Societies encouraged greater support for neutral, impartial and independent humanitarian action and volunteerism among the general public.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		388	1		
RCMs distributed		355			
Phone calls facilitated between family members		1,104			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		21	3	3	3
<i>including people for whom tracing requests were registered by another delegation</i>		3			
People located (tracing cases closed positively)		34			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		188	24	16	19
<i>including people for whom tracing requests were registered by another delegation</i>		31			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		20	10		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		16,848	434	394	
			Women	Girls	Boys
Detainees visited and monitored individually		247	5		3
Detainees newly registered		126	2		2
Number of visits carried out		127			
Number of places of detention visited		48			
Restoring family links					
RCMs collected		116			
RCMs distributed		42			
Phone calls made to families to inform them of the whereabouts of a detained relative		329			
Detainees visited by their relatives with ICRC/National Society support		1			
People to whom a detention attestation was issued		1			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	1,710	30%	50%
Essential household items	Beneficiaries	1,741	9%	14%
Cash	Beneficiaries	456	50%	25%
Services and training	Beneficiaries	6,000	30%	50%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	80,194	30%	40%
Health				
Health centres supported	Structures	8		
Average catchment population		245,306		
Consultations	Patients	70,930		
	<i>of which curative</i>		12,973	39,180
	<i>of which ante/post-natal</i>		13,332	
Immunizations	Doses	42,509		
Referrals to a second level of care	Patients	729		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items ¹	Beneficiaries	5,130		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries	14,723		
Health				
Number of visits carried out by health staff		80		
Number of places of detention visited by health staff		19		
Number of health facilities supported in places of detention visited by health staff		12		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.