

# MEXICO CITY (regional)

COVERING: Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama



ICRC regional delegation ICRC mission ICRC-supported prosthetic/orthotic project

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Nearly 59,000 vulnerable migrants eased their difficult journey at National Society/NGO-run facilities, where some accessed drinking water, food, accommodations and means to contact their families.
- ▶ Disabled people regained some mobility owing partly to physical rehabilitation at ICRC-supported centres. Amputees among migrants and mine victims made use of prosthetic/orthotic devices.
- ▶ Detainees, including migrants and those held in relation to violence, had ICRC visits. In El Salvador and Honduras, feedback/advice helped health and penitentiary authorities jointly enhance health services.
- ▶ In Guatemala's Polochic regions, Honduras' Bajo Aguán and Panama's Darién, violence-affected people benefited from health care provided by National Societies or local health authorities, and other aid.
- ▶ Some 1,000 police/military instructors and officers, and 3,250 military personnel in law enforcement roles strengthened their understanding of international norms on the use of force in law enforcement operations.
- ▶ In Guatemala, people were reunited with relatives separated from them by the past conflict there, and families, with ICRC financial assistance, buried their dead relatives in a dignified manner.

## EXPENDITURE IN KCHF

Protection	6,001
Assistance	7,280
Prevention	2,541
Cooperation with National Societies	1,249
General	45
<b>Total</b>	<b>17,116</b>
<i>Of which: Overheads</i>	<b>1,045</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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## PERSONNEL

Mobile staff	39
Resident staff (daily workers not included)	124

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of persons affected by organized violence and of vulnerable migrants; monitors detainees' conditions; and endeavours to ascertain the fate of missing persons. It helps integrate IHL into armed forces' doctrine and into academic curricula, and human rights norms applicable to the use of force into the doctrine, training and operations of security forces. The delegation hosts the regional advisory service on IHL.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	2
RCMs distributed	48
Phone calls facilitated between family members	33,731
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	46,728
Detainees visited and monitored individually	45
Number of visits carried out	139
Number of places of detention visited	46
<b>Restoring family links</b>	
RCMs collected	47
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2015 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	11,385	
Essential household items	Beneficiaries	11,473	
Cash <sup>1</sup>	Beneficiaries	1,291	
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	64,000	69,610
<b>Health</b>			
Health centres supported	Structures	16	
<b>WOUNDED AND SICK</b>			
<b>Physical rehabilitation</b>			
Projects supported	Structures	7	7
Patients receiving services	Patients	500	10,901

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

Communities throughout the region continued to suffer the effects of persistently high levels of armed violence, which included high rates of homicide and other crimes. Clashes occurred: in Mexico, particularly in Guerrero and Tamaulipas states; and in El Salvador, between armed gangs and the government, with growing frequency after detained gang leaders were transferred to a maximum security prison. Military troops deployed in law enforcement operations along with police forces, though they often lacked specific law enforcement training and equipment. The region's prisons have among the highest incarceration rates worldwide.

The region's forensic services were hard-pressed to process an increased caseload of people missing in relation to the above-mentioned situation, migration and past conflict; many families awaited news of missing relatives.

Migrants heading for/deported from the United States of America (hereafter US) risked abuse and other dangers along their route, particularly in violence-prone areas.

In Honduras' Bajo Aguán and Mosquitia region, bordering Nicaragua, and Guatemala's Polochic region, tensions due to land tenure and socio-economic concerns persisted/worsened. In Panama, State agencies had difficulty maintaining basic services in Darién region, bordering Colombia.

## ICRC ACTION AND RESULTS

The regional delegation in Mexico City focused on protecting and assisting communities affected by armed violence, migrants/deportees, as well as the families of missing persons. Parties concerned, were briefed on the humanitarian situation and the needs of people affected by violence, to prevent abuses and raise support for humanitarian activities in their favour.

Thousands of migrants throughout the region found relief from their difficult journey with basic health care, drinking water and hygiene items available at National Society/NGO-run facilities along migration routes; they were given information on safety risks and assistance points. Vulnerable deportees travelled home with financial assistance. Unaccompanied children in Honduras received food, and wounded and/or disabled migrants were referred for suitable care. Thousands of disabled people, including migrants, obtained physiotherapy at ICRC-supported centres; amputees, including migrants and mine victims, made use of assistive devices.

Families separated by armed violence, migration and other circumstances maintained/regained contact through Movement family-links services. Migrants made phone calls to their relatives at the above-mentioned facilities along migration routes. In Guatemala, people reunited with relatives separated from them during past conflict, or arranged/attended the burial of deceased relatives. Helping increase the likelihood of people receiving news of their missing relatives, forensic personnel across the region were supported with training and technical advice; for example, some facilities began using the ICRC's data management software.

Detainees in El Salvador, Honduras, Mexico and Panama – including migrants in retention centres, people held in connection with violence and some inmates in Mexican federal prisons – received visits in accordance with standard ICRC procedures. Provided with confidential feedback from these visits, the detaining authorities

took steps to improve detainees' treatment and living conditions. The Honduran and Salvadorean authorities continued drawing on the ICRC's support to enhance penitentiary services: each created four inter-ministerial working groups on infrastructure, health/sanitation, prison management and judicial guarantees, and established mechanisms for coordinating health services between health and penitentiary authorities. In addition, the penitentiary authorities of both countries worked with the ICRC to upgrade prison infrastructure, easing detention conditions for thousands of inmates.

Violence-affected communities in Honduras, Guatemala and Panama, people better protected themselves against diseases thanks to upgraded water/sanitation infrastructure and primary health care provided with National Societies or the Panamanian health ministry. Weapon-wounded people were more likely to receive appropriate/life-saving care, on-site or in hospitals, after hundreds of medical workers were trained to treat injuries from gunfire and explosives. Medical workers were reminded of their rights and duties in connection with the Health Care in Danger project. Psychosocial support helped migrants, minors, victims of violence and other vulnerable people cope with emotional distress; in Mexico, schoolchildren and teachers received care from psychologists, as part of the "creating humanitarian spaces" (CHS) project. Some initiatives came to an end: the CHS projects in Guerrero and Honduras were taken over by the authorities concerned.

Police/military officers deployed in law enforcement operations learnt more about international norms governing the use of force; instructors were assisted, via training, to spread knowledge of these norms and refine educational programmes. States, helped by their national IHL committees/the ICRC, furthered understanding of IHL among military personnel in the region, through regional events, for instance; they also advanced implementation of IHL and contributed to the Strengthening IHL process. Through meetings, initiatives with the media and other means, actors of influence were urged to support National Society/ICRC activities.

National Societies strengthened their capacities with ICRC support; training in the Safer Access Framework helped volunteers work more safely in violence-prone areas. Meetings in the region and abroad helped Movement components coordinate their activities.

## CIVILIANS

The situation of violence-affected communities, migrants/deportees, and families of missing persons was shared by the ICRC with authorities in the countries concerned, to prevent the recurrence of abuses and encourage humanitarian action for victims of violence.

In Mexico, migrants in the north – repatriated/deported from US territory – reported their needs to Mexican Red Cross volunteers equipped with tablets; findings were shared with US agencies (see *Washington*). The interior ministry and two universities, with ICRC support, launched a study, with a view to broadening awareness of migrants' difficulties in obtaining health care; staff at two hospitals were briefed on the afore-mentioned issue. In line with the Health Care in Danger project: briefings were held for 165 health workers, notably medical students bound for social service in violence-affected areas; and a university in Guerrero began updating its medical curriculum.

## Vulnerable migrants ease their journey with emergency aid and family-links services

Along migration routes in Guatemala, Honduras and Mexico, some 58,900 migrants obtained drinking water at National Society-run

facilities; some of them received basic health care and hygiene items. Unaccompanied children in Honduras received food, and wounded/disabled migrants had their hospital care paid for or were referred to physical rehabilitation services (see *Wounded and sick*). In Mexico, migrants: purified drinking water with ICRC-provided tablets; sheltered at 12 NGO-run facilities equipped with water heaters and purifiers, hosting up to 1,353 people a day; and/or applied good hygiene practices discussed at briefings.

Migrants were informed of safety risks and available assistance points at the above-mentioned facilities, and through leaflets and radio spots produced with National Societies and a Mexican university. At Guatemalan centres receiving/processing returning deportees, minors could ease their distress with the help of staff trained in psychosocial care and identifying signs of sexual abuse.

Migrants updated their relatives on their situation through over 33,700 phone calls made at the above-mentioned facilities. With financial assistance: 973 deportees returned to Guatemala and Honduras, and 180 families rejoined their unaccompanied children in Guatemalan transit shelters. In Guatemala, migrants/deportees could temporarily stay at a National Society dormitory, constructed by the ICRC.

#### Families of people missing in relation to migration/past conflict cope with uncertainty with ICRC aid

In Guatemala, in relation to past conflict, people, using ICRC technical/financial assistance, rejoined 51 relatives separated from them as children and arranged/attended 654 burials, held in a dignified manner, for their deceased relatives; 1,125 families were helped to follow the State's progress in processing the cases of missing family-members. NGOs involved in clarifying the fate of missing people continued working with a common database, and added 5,642 cases to it. After a landslide, forensic services and National Society volunteers processed the remains of 280 people, with ICRC material/staffing/technical support.

Guatemalan, Honduran, Mexican and Salvadorean forensic agencies streamlined ante/post-mortem data collection and identification, with staff training and technical support; for example, Mexican agencies – including 32 public prosecutors' offices – and the central morgues in Guatemala and Honduras began using the ICRC's data-management software. In Mexico, five morgues established offices/systems for receiving information from families; data collected on some 1,000 cases helped the authorities identify some remains. Three Guatemalan morgues were upgraded, and, in Honduras, a morgue and 120 burial niches were constructed.

Some forensic personnel had ICRC-funded psychological care, or trained in providing it.

In Mexico, ICRC-facilitated dialogue between associations of missing persons' families and the authorities in Coahuila state contributed to the identification of the remains of five people and the adoption of a state-wide human-remains management strategy. A government working group's assessment of the compatibility of international norms with federal legislation, funded by the ICRC, contributed to a law pertaining to missing people (see *Actors of influence*). Guatemalan and Honduran authorities and NGOs created working groups on missing migrants.

#### Violence-affected communities obtain primary health care from ICRC-supported services

In Bajo Aguán, Honduras, 3,900 people recovered from/avoided diseases partly through health services from the Honduran Red Cross/ICRC; by November, the National Society was managing this project unassisted. In Polochic, Guatemala, the Guatemalan Red Cross/ICRC provided health care for 2,200 people; some people had better access to food and health care after the authorities, encouraged by the ICRC, had extended assistance programmes to their communities. Four health ministry/ICRC brigades provided health care in seven communities in Darién, Panama; the ICRC opened a health post at year's end, to cover the needs of 600 people in three communities.

People were at less risk of water-borne illnesses following: the renovation of water/sanitation systems; the distribution of mosquito nets, jerrycans and drinking water; and, in Panama, hygiene-promotion sessions by National Society volunteers and teachers.

#### Violence-affected people and others relieve emotional stress with psychological care

As part of the CHS project in Mexico: students learnt stress-reduction techniques from 76 ICRC-trained teachers in 32 schools in Chihuahua; and 1,918 students and some teachers were counselled by 26 National Society psychologists, and 370 had advanced care; and in Iguala city, psychosocial support from Red Cross youth volunteers and activities commemorating 43 students who disappeared in 2014. In El Salvador, violence-affected youth continued learning vocational skills at two ICRC-supported computer schools, and enjoyed time in music/sports facilities.

In Guatemala, 44 families of missing persons and 60 victims of armed violence, including sexual violence, had counselling from the National Society/ICRC. Three were referred to physical rehabilitation services.

CIVILIANS		Guatemala	Honduras	Mexico	Panama
<b>Economic security</b>					
Food commodities	Beneficiaries	311	11,074		
Essential household items	Beneficiaries	384	11,074	11	
Cash <sup>1</sup>	Beneficiaries	1,276	3	8	
<b>Water and habitat</b>					
Water and habitat activities	Beneficiaries	493	3,951	40,295	2,769
<b>Health</b>					
Health centres supported	Structures			12	4
Average catchment population				31,157	4,609
Consultations	Patients			21,988	5,503
	<i>of which curative</i>			21,988	5,302
	<i>of which ante/post-natal</i>				201
Immunizations	Doses				1,181
Referrals to a second level of care	Patients			165	41

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Some psychosocial-support initiatives were concluded, notably, the CHS projects in Guerrero and Honduras, taken over by the authorities concerned.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Detainees across the region, including transferees in Honduras and migrants, receive ICRC visits

Detainees in El Salvador, Honduras, Mexico and Panama received visits conducted according to standard ICRC procedures. People held in connection with violence and foreigners and other vulnerable inmates were paid special attention. Confidential feedback based on visits and direct support helped the detaining authorities improve detainee treatment and living conditions, particularly regarding respect for judicial guarantees and detainee health care.

In Mexico, migrants in seven retention centres run by the National Migration Institute, and minors in three centres run by the Family Development Department, received ICRC visits. Some personnel trained to provide basic psychological care to vulnerable migrants in their care.

The Mexican authorities and the ICRC discussed formalizing the organization's access to detainees in federal prisons.

Detainees made use of Movement family-links services to contact their families.

### Honduran and Salvadoran authorities improve prison services with sustained ICRC support

The Honduran and Salvadorean authorities each created four inter-ministerial working groups on infrastructure, health/sanitation, prison management and judicial guarantees. In

Honduras, members of the working groups and the ICRC discussed improvements to the above-mentioned areas, and redefining minimum detention standards. Some ICRC recommendations, notably a new registration system for detainees, were slated for implementation in three prisons.

Mechanisms for coordinating the health services provided by health and penitentiary authorities were established in El Salvador and Honduras. In one Salvadorean prison, detainees accessed care from the ICRC-supported prison clinic. In Panama, penitentiary authorities assessed prison health services and held a workshop for health personnel on best practices and tackling ethical issues. Penitentiary authorities requested and received the ICRC's recommendations regarding their newly built maximum security prison.

### Detainees in Honduran and Salvadoran prisons have better living conditions with ICRC support

In Honduras, over 5,300 detainees had better hygiene/living conditions, following repairs to water systems, kitchens and other infrastructure in seven prisons. In one prison, 217 inmates were better protected against fire after alarm/electrical systems were renovated and staff honed fire-fighting skills; inmates slept more comfortably on ICRC-provided beds. Several people throughout the region were given hygiene kits and wheelchairs.

In El Salvador, prison authorities designed water, electrical and ventilation systems for eight prisons housing 11,075 detainees. In some of these prisons, infrastructure was upgraded; 1,500 detainees in one prison benefited from better ventilation and lighting. Some 8,300 inmates had better hygiene conditions following the rehabilitation of waste-management systems. Vocational-training facilities for up to 800 detainees were also upgraded. Thousands of

CIVILIANS	El Salvador	Guatemala	Honduras	Mexico	Panama
<b>Red Cross messages (RCMs)</b>					
RCMs collected				2	
RCMs distributed	4	19	11	14	
Phone calls facilitated between family members		10,442	12,463	10,804	22
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered	1			4	
<i>of whom minors at the time of disappearance - boys</i>				2	
Tracing cases still being handled at the end of the reporting period (people)	5	1	4	15	1
<i>of whom women</i>	3		1		
<i>of whom minors at the time of disappearance - girls</i>				1	
<i>of whom minors at the time of disappearance - boys</i>				1	

PEOPLE DEPRIVED OF THEIR FREEDOM	El Salvador	Honduras	Mexico	Panama
<b>ICRC visits</b>				
Detainees visited	23,059	7,878	4,609	11,182
<i>of whom women</i>	3,956	433	959	
<i>of whom minors</i>	34	6	516	
Detainees visited and monitored individually		9	24	12
<i>of whom women</i>			3	
Detainees newly registered		3		
Number of visits carried out	67	37	26	9
Number of places of detention visited	12	9	21	4
<b>Restoring family links</b>				
RCMs collected	4		43	
RCMs distributed	4		15	
Phone calls made to families to inform them of the whereabouts of a detained relative			1	
Detainees visited by their relatives with ICRC/National Society support		2	7	
People to whom a detention attestation was issued		1		

detainees used ICRC-provided books and writing materials for recreational purposes.

## WOUNDED AND SICK

### Thousands of disabled people, including migrant amputees, regain some mobility

Disabled people across the region – 5,700 in Honduras, 5,000 in Guatemala, and a few migrants in El Salvador and Mexico – accessed care at seven ICRC-supported physical rehabilitation centres; amputees, including migrants and mine victims, received assistive devices. Staff used ICRC-provided supplies and equipment and advanced their skills at workshops on: managing lower-limb amputees, for 14 Guatemalan, 23 Honduran and 5 Salvadorean technicians; using polypropylene technology, for 4 orthotist-prosthetists; and regulating production costs, for 5 managers.

A Salvadorean university agreed to ICRC help in training physiotherapy students; the five above-mentioned Salvadorean technicians trained at this university.

In Honduras, 30 patients reintegrated into their communities more easily with psychosocial support and help in establishing small businesses.

### Honduran and Mexican medical workers hone skills to treat people wounded by gunfire/explosives

Medical workers attended ICRC-backed seminars/workshops by local medical faculties/hospitals, and a conference abroad (see *Colombia*). Participants included: from Honduras, 30 medical residents and 450 students and from Mexico, 40 surgeons from Guerrero, and 25 medical residents and 100 students from Chihuahua. Hosting institutions expanded their capacities: Tegucigalpa University Hospital staff trained/worked with three ICRC surgeons, and upgrades to the emergency room were begun; the Mexican Academy of Surgery, one university in Chihuahua, and another in Tegucigalpa, updated their medical curricula. Health workers and National Society first-aiders had ICRC help in accessing violence-prone areas (see *Civilians* and *Red Cross and Red Crescent Movement*).

These efforts contributed to weapon-wounded people receiving appropriate/life-saving care, on-site or at hospitals.

## ACTORS OF INFLUENCE

### Military/police troops reinforce their grasp of law enforcement norms and IHL

At briefings, some 900 senior officers from the Guatemalan, Honduran, Mexican, Panamanian, and Salvadorean police/militaries, and 3,180 military troops deployed as law enforcement in Guatemala, Honduras, and Mexico were reminded of international norms governing the use of force during arrests and detention. At workshops, instructors from the Mexican navy, and the Honduran, Guatemalan, and Salvadorean militaries trained in spreading knowledge of these norms.

Security forces, advised/encouraged by the ICRC, took steps to improve education on internationally recognized law enforcement standards. The Mexican federal police held training on teaching and updating doctrine/manuals for 39 instructors, and began consolidating the best practices of instructors trained by the ICRC in previous years. The Mexican *gendarmerie* revised the training curriculum for its officers; the Honduran police forces also began to do so.

States, backed by the ICRC, furthered understanding of IHL among the region's militaries: in Guatemala's UN-certified regional peacekeeping centre, 75 troops deploying abroad were briefed on IHL applicable to peacekeeping operations; in El Salvador, officers from nearby countries learnt more about the differences between IHL and international human rights law; and at a regional conference in Cuba, 22 Bolivian, Cuban, Ecuadorean, Nicaraguan and Venezuelan officers discussed the practical application of IHL. Senior officers from Guatemala, Honduras and Mexico attended an advanced workshop abroad (see *International law and policy*).

### States work to strengthen IHL-related laws, notably arms control

States in the region and the Inter-American Court on Human Rights contributed technical input to the process of reinforcing

WOUNDED AND SICK		El Salvador <sup>1</sup>	Guatemala	Honduras	Mexico
Physical rehabilitation					
Projects supported	Structures		3	2	2
Patients receiving services	Patients	9	5,099	5,763	30
	<i>of whom women</i>	3	73	2,648	6
	<i>of whom children</i>		487	514	
New patients fitted with prostheses	Patients	1	38	85	8
	<i>of whom women</i>		3	26	1
	<i>of whom children</i>		17	2	
Prostheses delivered	Units	2	86	151	8
	<i>of which for women</i>		6	32	1
	<i>of which for children</i>		20	6	
	<i>of which for victims of mines or explosive remnants of war</i>		36		
New patients fitted with orthoses	Patients		491	315	
	<i>of whom women</i>		27	62	
	<i>of whom children</i>		445	192	
Orthoses delivered	Units		672	419	
	<i>of which for women</i>		27	54	
	<i>of which for children</i>		603	330	
	<i>of which for victims of mines or explosive remnants of war</i>		18		
Patients receiving physiotherapy	Patients		85	4,495	30
Crutches delivered	Units		62	90	3
Wheelchairs delivered	Units		21	11	3

1. Subsidized patients

IHL compliance and legal protection due to detainees, at two Strengthening IHL meetings in Switzerland.

At an international conference in Mexico, government officials from around the world exchanged views on the implementation of the Arms Trade Treaty, and their respective measures for regulating the use/trade of arms. The Honduran National Council of Defence and Security drew on the ICRC's expertise to prepare a draft law on the use of force, as did the Mexican interior ministry to draft a law covering the needs of missing people and their families. Both awaited the approval of their governments.

National IHL committees, with the ICRC's help, continued efforts to foster support for, and advance, the implementation of IHL in their countries. In Mexico, the IHL committee promoted respect for the emblems protected by IHL and ratification of the Hague Convention on Cultural Property. The region's National IHL committees sent representatives to a conference abroad (see *Colombia*). The Panamanian authorities took steps to revive the national IHL committee.

#### **The authorities, beneficiary communities and others learn more about ICRC/Movement activities**

Meetings and themed events helped spread awareness of humanitarian issues such as the Health Care in Danger project and of Movement activities. Government officials and senior political figures, including the president of Cuba, met with the ICRC's president during his visits to Cuba and Mexico. Government officials, members of the media, NGO representatives, health/medical workers and others were urged to support National Society/ICRC activities, particularly those undertaken for migrants and people in violence-prone areas. Beneficiaries learnt more about these matters through online platforms and print/audiovisual materials (see *Civilians*).

Academics, including members of think-tanks, learnt more about specialized IHL/humanitarian topics notably through: speeches given by the ICRC's president at universities in Cuba and Mexico, taken up by major media outlets; the *International Review of the Red Cross*, introduced to lecturers and students at launch events in several universities; and academic debates in Costa Rica, Cuba, Mexico and Nicaragua. At the invitation of a Nicaraguan university, an ICRC legal expert served as a judge at a moot court competition.

## **RED CROSS AND RED CRESCENT MOVEMENT**

With Movement/ICRC support, the region's National Societies provided family-links services and assisted migrants/violence-affected people (see *Civilians* and *Wounded and sick*), and strengthened their organizational structure/statutes and capacities.

National Societies had ICRC help to work in violence-prone areas, for example: training in the Safer Access Framework for some 280 volunteers responding to election-related violence in Guatemala, and 1,200 in violence-affected Mexican states; and advice in developing safer-access strategies for the Costa Rica Red Cross and contingency plans for elections for the Mexican and Salvadorean National Societies. Mexican National Society volunteers in Tamaulipas better coped with violence-induced trauma with counselling by ICRC/National Society psychologists/staff.

Representatives of the Nicaraguan Red Cross, Red Cross Society of Panama and Salvadorean Red Cross Society exchanged best practices with Cuban health personnel at the fourth annual Health in Emergencies in Large Populations course, held in Cuba. Mexican National Society first-aiders had ICRC-provided supplies and equipment at hand.

The Costa Rican and Panamanian National Societies assisted Cuban migrants in their countries, drawing on joint assessments with the ICRC.

Regular meetings and regional events such as the Inter-American Red Cross Conference, and the 32nd International Conference, helped Movement components coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		2			
RCMs distributed		48			
Phone calls facilitated between family members		33,731			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		5			2
Tracing cases still being handled at the end of the reporting period (people)		26	4	1	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		46,728	5,348	556	
			Women	Girls	Boys
Detainees visited and monitored individually		45	3		
Detainees newly registered		3			
Number of visits carried out		139			
Number of places of detention visited		46			
<b>Restoring family links</b>					
RCMs collected		47			
RCMs distributed		19			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		9			
People to whom a detention attestation was issued		1			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	11,385	20%	20%
Essential household items	Beneficiaries	11,473	15%	15%
Cash <sup>1</sup>	Beneficiaries	1,291	26%	12%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	69,610		
<b>Health</b>				
Health centres supported	Structures	16		
Average catchment population		90,746		
Consultations	Patients	27,880		
	<i>of which curative</i>		5,127	4,900
	<i>of which ante/post-natal</i>		201	
Immunizations	Doses	1,181		
Referrals to a second level of care	Patients	207		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	3,423		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	25,558		
<b>Health</b>				
Number of visits carried out by health staff		30		
Number of places of detention visited by health staff		13		
Number of health facilities supported in places of detention visited by health staff		1		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported	Structures	7		
Patients receiving services	Patients	10,901	2,730	1,001
New patients fitted with prostheses	Patients	132	30	19
Prostheses delivered	Units	247	39	26
	<i>of which for victims of mines or explosive remnants of war</i>	36		
New patients fitted with orthoses	Patients	806	89	637
Orthoses delivered	Units	1,091	81	933
	<i>of which for victims of mines or explosive remnants of war</i>	18		
Patients receiving physiotherapy	Patients	4,610	2,448	14
Crutches delivered	Units	155		
Wheelchairs delivered	Units	35		

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