

DELEGATIONS

Algeria
Burundi
Central African
Republic
Chad
Congo, Democratic
Republic of the
Eritrea
Ethiopia
African Union
Guinea
Liberia
Libya

Mali
Mauritania
Morocco
Niger
Nigeria
Rwanda
Somalia
South Sudan
Sudan
Uganda

REGIONAL DELEGATIONS

Abidjan
Antananarivo
Dakar
Harare
Nairobi
Pretoria
Tunis
Yaoundé

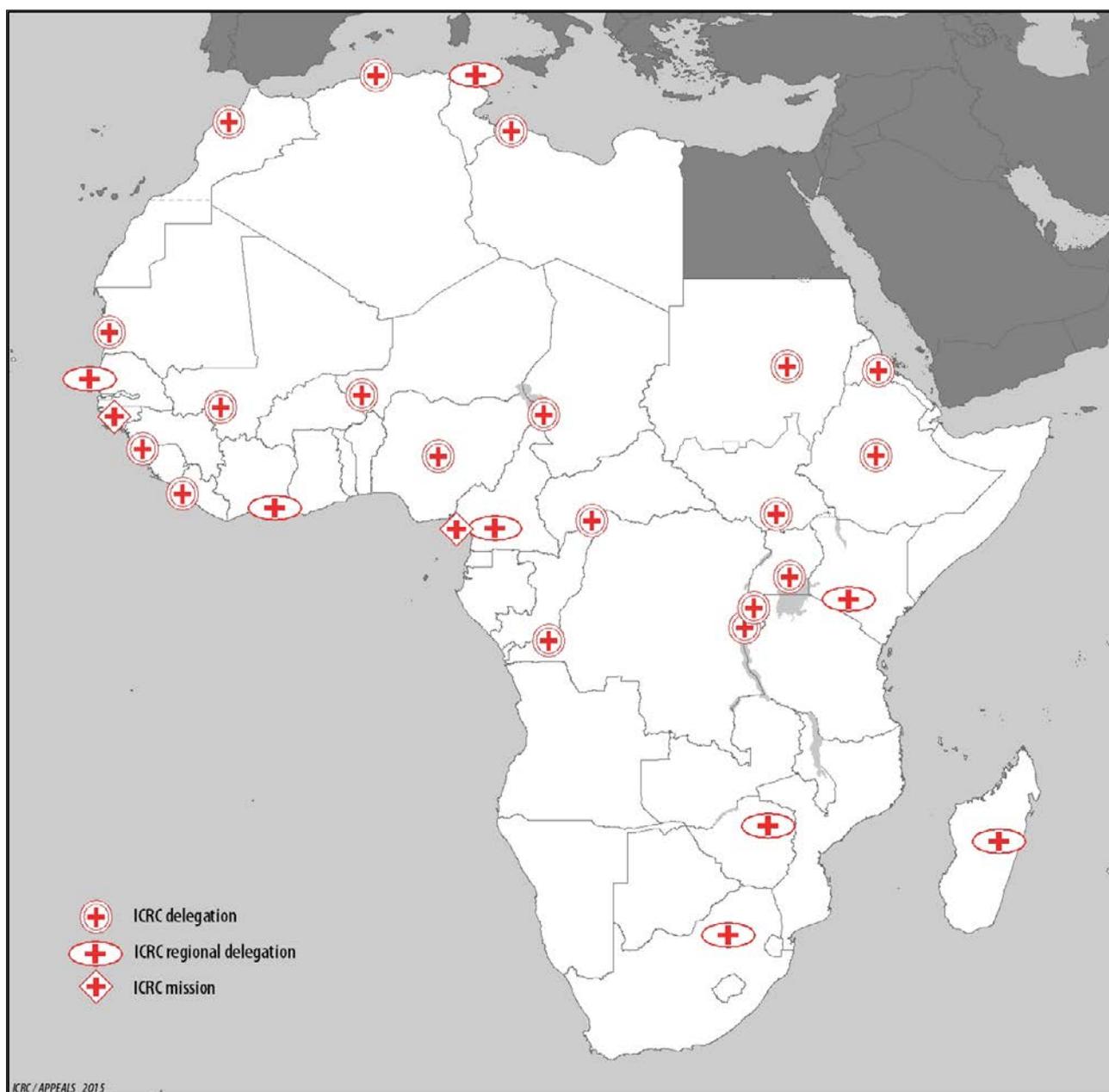
BUDGET IN KCHF

Protection	80,096
Assistance	378,002
Prevention	54,536
Cooperation with National Societies	36,860
General	3,466
Total	552,960
<i>Of which: Overheads</i>	<i>33,611</i>

PERSONNEL

Mobile staff	789
Resident staff (daily workers not included)	4,417

AFRICA





© Jonathan Pease/ICRC

Juba, South Sudan. People line up to access drinking water at a camp hosting displaced persons in Juba. The ICRC and the South Sudan Red Cross Society built and set up this water distribution system.

MAIN TARGETS FOR 2015

- ▶ authorities and weapon bearers across Africa facilitate access by all populations affected by armed conflicts or other situations of violence to medical and other humanitarian aid and comply with IHL or other relevant norms
- ▶ sick and injured people, including victims of sexual violence, have access to timely medical treatment at ICRC-supported hospitals, primary health-care facilities and/or physical rehabilitation centres
- ▶ minors formerly associated with fighting forces and other people traumatized by violence receive psychosocial support from health workers and National Society volunteers trained by the ICRC
- ▶ vulnerable communities meet their immediate needs and build their resilience to the effects of conflict/violence, thanks to a combination of emergency response, livelihood support and infrastructure rehabilitation activities
- ▶ detainees benefit from measures to improve their treatment and living conditions, including access to health care, implemented by the authorities on the basis of findings from ICRC visits and, in some cases, with ICRC support
- ▶ family members separated from each other, including unaccompanied children, reconnect and/or reunite through family-links services carried out by the National Societies and the ICRC

ASSISTANCE		Targets (up to)
CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	803,000
Essential household items	Beneficiaries	677,500
Productive inputs	Beneficiaries	1,275,500
Cash	Beneficiaries	265,090
Vouchers	Beneficiaries	62,500
Work, services and training	Beneficiaries	1,000,975
Water and habitat activities	Beneficiaries	3,445,400
Health		
Health centres supported	Structures	103
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	20
Water and habitat		
Water and habitat activities	Number of beds	2,071
Physical rehabilitation		
Projects supported	Structures	24
Patients receiving services	Patients	15,750

HUMANITARIAN NEEDS AND RESPONSES

Working from 29 delegations across Africa (excluding Egypt, see *Middle East*), the ICRC will continue to respond to the immediate and longer-term needs of people affected by armed conflicts and other situations of violence. It will step up its activities in places worst hit by crisis, while seeking to address the residual effects of past conflicts or violence in other contexts.

In particular, the ICRC will scale up its emergency response in the Central African Republic (hereafter CAR), Nigeria and South Sudan, notably to help communities cope with harsh living conditions and access health care amid continued insecurity. In the face of persistent armed conflict in the Democratic Republic of the Congo (hereafter DRC), Mali and Somalia, ICRC operations in these countries will remain among its largest worldwide. In contexts where the security situation is more stable, such as Chad, Côte d'Ivoire and Uganda, the ICRC will focus on helping the authorities build their capacities to provide essential services independently, scaling back its assistance programmes while staying ready to respond to emergencies. The new delegation in Morocco will bolster efforts to advance the implementation of IHL in the country.

The ICRC's dialogue with parties involved in armed conflicts or other situations of violence on their responsibilities under IHL or other applicable law will remain essential in promoting the protection of vulnerable populations and in securing access to them. The ICRC will make confidential representations to the authorities and weapon bearers concerned on reported abuses, such as sexual violence and attacks against health workers and infrastructure, urging them to respect and protect people not or no longer involved in the fighting and allow medical/humanitarian workers to assist them. These representations will be backed by dissemination sessions on IHL and other norms on the conduct of hostilities and law enforcement operations for national and international security forces and armed groups. Public campaigns, some in relation to the Health Care in Danger project, will promote policies and measures to ensure the safe delivery of life-saving care.

With their local networks enabling the Movement to reach more people in need, the National Societies will continue to be the ICRC's primary partners. They will receive guidance, training, funds and logistical back-up to enhance their operational capacities, management and financial autonomy. Guidance on applying the Safer Access Framework will aim to help them respond to emergencies safely. To maximize their impact, ICRC activities will be coordinated with those of other Movement components, UN agencies and other humanitarian actors.

The ICRC will adapt its working and monitoring methods according to access and security constraints, implementing assistance programmes in partnership with local communities and organizations and National Society personnel. In Libya, for example, given the deteriorating security situation and following the murder of an ICRC delegate in June 2014, the ICRC will reduce its activities and support the National Society's efforts to respond to the population's urgent needs. Where there are government-imposed restrictions on humanitarian work, the ICRC will engage in dialogue to gain the authorities' acceptance of its neutral, impartial and independent humanitarian action. It will seek, for example, to widen its access to people affected by past conflict in Eri-

trea and, following the lifting of a seven-month suspension of its operations in Sudan, make arrangements to resume the full range of its activities in the country.

Using a multidisciplinary approach and working with National Societies where feasible, the ICRC will combine emergency response – which aims to ensure timely access to food, water, health care and other basic services – with initiatives to help communities build their resilience to the effects of conflict/violence. Whenever possible, these activities will be designed to help people mitigate their exposure to violence-related risks, notably by reducing their need to search for sustenance in unsafe areas or pursue livelihood activities in weapon-contaminated zones.

Distributions of food and household items, including in the CAR, Mali, Niger and Somalia, will help IDPs and other vulnerable people sustain themselves and improve their living conditions. In South Sudan, food rations will be distributed for an initial period of six months to up to 150,000 people, particularly where the risk of malnutrition is high. Where market conditions permit, as in the DRC, Nigeria and Somalia, food vouchers or cash will be distributed. In drought-prone regions or where water-supply systems are damaged by fighting, the ICRC will work with water boards and community members to install/repair water points, including in the CAR, Guinea, Mali, Niger, Nigeria, Somalia and South Sudan, and train them to maintain these structures. In the DRC, for example, the rehabilitation of water networks will benefit up to 870,000 people. To minimize disease risks, National Society/ICRC teams will also work with communities to build sanitation facilities and promote good hygiene.

Health services in a number of contexts have been weakened by protracted conflict or constrained by attacks on medical staff and infrastructure, prompting the ICRC to boost its efforts to ensure that the wounded and sick receive treatment. First-aid training and the evacuation of casualties will help the injured or ill, especially in remote areas, access treatment. The ICRC will help medical facilities respond to emergencies and, in some cases, bolster their capacities to independently provide services that meet national and international standards. Hospitals and primary health-care structures, including in the CAR, the DRC, Mali, Nigeria, Niger, Somalia and South Sudan, will benefit from regular and ad hoc assistance in the form of supplies, training and, in some facilities, infrastructure rehabilitation to enhance standards of care. In some cases, as in the CAR, the DRC, Nigeria and South Sudan, ICRC surgical teams will work alongside local staff to help them cope with emergencies and hone their skills.

Victims of abuses such as sexual violence will receive specialized medical care, psychosocial support and/or other appropriate assistance. Information sessions will be organized to spread awareness of the negative consequences of sexual violence and the medical services available to the victims. Support will continue to be provided for health/social workers and National Society volunteers conducting counselling sessions for children formerly associated with fighting forces and other people traumatized by conflict (for example, in the CAR and the DRC), to help them reintegrate into society.

With the International Federation, the relevant National Societies and other humanitarian stakeholders, the

ICRC will assist the authorities to address the impact of the Ebola epidemic on ill-equipped health-care systems in West Africa. In Liberia, for example, it will provide financial assistance to households affected by Ebola, including those who lost their belongings owing to disinfection operations; it will provide daily meals to patients at several Ebola treatment centres while supporting clinics with staff training, protective equipment, medical supplies and funds to help them maintain the availability of basic health care. In Guinea and Liberia, the ICRC will give technical support and equipment to National Society volunteers to reduce their health risks, for example, while conducting disinfection procedures.

People with disabilities caused by fighting or mines/explosive remnants of war can avail themselves of physical rehabilitation services in ICRC-supported centres in south-western Algeria, Burundi, Chad, the DRC, Ethiopia, Guinea-Bissau, Mali, Niger and South Sudan. The ICRC will provide expertise and materials/equipment to help bolster the centres' self-sufficiency to furnish quality limb-fitting and physiotherapy services. It will continue to sponsor the education of selected staff to expand the pool of qualified technicians, including in Burundi and Sudan.

The ICRC will continue to support community efforts to restore/strengthen their self-sufficiency. Where agricultural production has declined, as in parts of the CAR, the DRC, Eritrea, Ethiopia, Mali, Niger, Nigeria, Somalia and South Sudan, distributions of seed, support for agricultural/livestock services and/or other productive inputs will enable communities to augment their food security. Cash grants and/or training will help vulnerable households launch/restart small businesses; these households include those that have lost their main breadwinners (for example, in Ethiopia and Nigeria). In the DRC, sexual violence victims will receive support to help them regain their autonomy and provide for their families. Where possible, innovative resilience-building methods will be implemented. For example, environment-friendly solar-powered water pumps will help Eritrean and Senegalese households obtain an adequate water supply for irrigation or livestock. Programmes to rehabilitate rainwater catchments and/or other vital infrastructure in the CAR, Mali, Niger and Somalia or to reforest illegally logged areas in the Casamance region of Senegal will provide opportunities for community members to earn an income.

People separated by an armed conflict, detention, migration or other crisis will receive help communicating with their relatives through phone calls, RCMs and other family-links services run by the National Societies and the ICRC. As a priority, unaccompanied children/minors, including those formerly associated with weapon bearers, will be re-connected, and, where appropriate, reunited with their relatives. The ICRC will also support local initiatives to provide answers to people seeking news of relatives unaccounted for as a result of an armed conflict or other situation of violence. In Côte d'Ivoire and Uganda, it will support the development of legislative/administrative measures for addressing the needs of the families of missing persons. It will lend expertise to forensic experts, as in Kenya and Libya, and provide training in managing human remains. With

a view to clarifying the fate of people still missing from the 1975–91 Western Sahara conflict, the ICRC will facilitate, as a neutral intermediary, the exchange of information between the Moroccan human rights council and the "Sahrawi Red Crescent".

The ICRC will continue to visit detainees in accordance with its standard procedures, to help ensure that they are afforded treatment and living conditions that meet internationally recognized standards, including respect for judicial guarantees. It will closely monitor the status of security detainees and/or vulnerable inmates, such as women, minors, foreigners and the sick or disabled. The ICRC will share its findings and recommendations with the authorities confidentially. It will advise the authorities on measures to address pressing concerns such as overcrowding; for example, in Tunisia, it will encourage the use of alternative sentences. It pursues efforts to (re)gain access to all detainees, including POWs, within its purview, as in Eritrea and Libya.

In places where it has access, the ICRC will help the authorities enhance the inmates' well-being. The construction/upgrade of water and sanitation facilities in several prisons will aim to improve detainees' living conditions. Penitentiary and health authorities will be reminded of the need to ensure detainees' access to national programmes to prevent the spread of diseases, including Ebola, in places of detention. They will receive training and material/financial support to increase inmates' access to health services, notably in Algeria, Burundi, Chad, Guinea, Mauritania and Rwanda. Where malnutrition is prevalent, such services can include supplementary food rations. Agricultural inputs donated to prison farms in Mali and Zimbabwe will enable detainees to start/boost food production. Prison authorities in Côte d'Ivoire, Madagascar and Rwanda will receive support to generate biogas energy from waste in selected prisons, so as to lower fuel costs and promote environmental sustainability.

The ICRC will support mechanisms to foster respect for IHL throughout Africa, discussing policies and humanitarian concerns with the African Union, the Intergovernmental Authority on Development, the South African Development Community and other regional economic communities, and co-organizing regional events. Government representatives will benefit from technical guidance on the ratification and implementation of humanitarian instruments, such as the Arms Trade Treaty. In some countries, the ICRC will collect relevant legislative practices to update its study on customary IHL. Meanwhile, military/security forces, including the African Standby Force, will receive support to integrate IHL and international human rights law more fully into their training, doctrine and operations.

To promote broad acceptance of humanitarian principles, IHL and the Movement, the ICRC and the National Societies will endeavour to enlist the support of influential civil society agents. IHL conferences, workshops and other events will aim to stimulate dialogue and IHL study in religious and academic circles, encourage accurate media coverage of humanitarian issues, and strengthen cooperation with organizations working in fields of mutual interest.