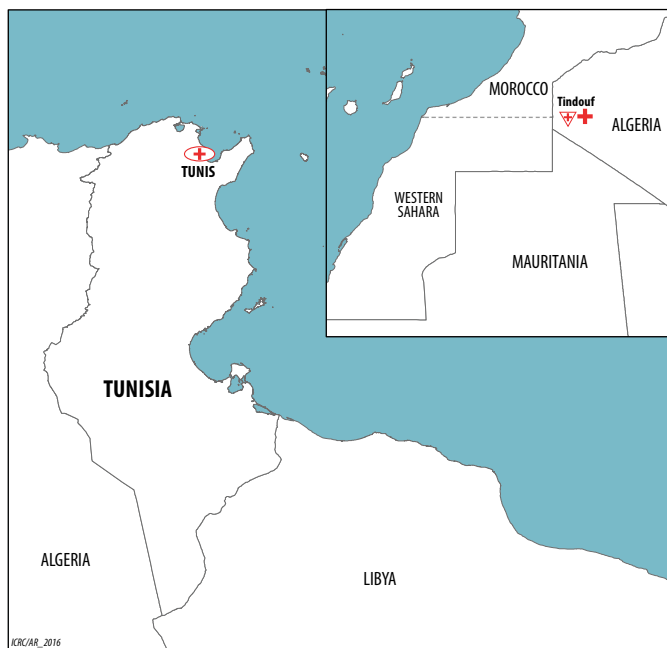


# TUNIS (regional)

COVERING: Tunisia, Western Sahara



ICRC/AR\_2016  
 ○ ICRC regional delegation + ICRC presence ▽ ICRC-supported physical rehabilitation project

The regional delegation based in Tunis, which has been operating since 1987, visits people deprived of their freedom in Tunisia, monitoring their treatment and conditions of detention. It promotes awareness of IHL among the authorities, armed forces and armed groups, as well as implementation of that law. The ICRC supports the Tunisian Red Crescent in building its capacities. With the Polisario Front and Sahrawi organizations, it works to address issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It helps Sahrawi refugees with disabilities obtain physical rehabilitation services.

## YEARLY RESULT

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

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Detainees in Tunisia benefited from the authorities' efforts to improve their access to health care; for instance, they refurbished a laboratory to help health staff in two prisons address medical issues better.
- ▶ People separated from their families by armed conflict, detention or migration – notably people rescued off the Tunisian coast – kept in touch with their relatives through Tunisian Red Crescent/ICRC family-links services.
- ▶ Medical professionals in Tunisia, including several affiliated with the military, expanded their skills in war surgery and their understanding of medical ethics in relation to IHL by attending training courses with ICRC support.
- ▶ Disabled Sahrawi refugees, including mine victims, regained some mobility through services and assistive devices provided at an ICRC-supported physical rehabilitation centre.
- ▶ Military and police officers in the region, including instructors from the Tunisian police and national guard, learnt more about IHL and/or international law enforcement standards at ICRC briefings and lectures.

## EXPENDITURE IN KCHF

Protection	1,579
Assistance	2,372
Prevention	898
Cooperation with National Societies	338
General	28
<b>Total</b>	<b>5,216</b>
<i>Of which: Overheads</i>	<i>318</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	98%
---------------------------	-----

## PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	39

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	69
RCMs distributed	106
Phone calls facilitated between family members	726
Tracing cases closed positively (subject located or fate established)	6
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	15,680
Detainees visited and monitored individually	372
Number of visits carried out	44
Number of places of detention visited	15
<b>Restoring family links</b>	
RCMs collected	105
RCMs distributed	95
Phone calls made to families to inform them of the whereabouts of a detained relative	129

ASSISTANCE	2016 Targets (up to)	Achieved
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Projects supported	Projects	1
Patients receiving services	Patients	870

## CONTEXT

In Tunisia, major attacks by gunmen in 2016 – for instance, in Ben Guerdane near the Libyan border – wounded and killed people, including some civilians. State forces continued to target armed groups reportedly operating in the region and within Tunisia – particularly along the borders with Algeria and Libya. Many arrests were made, specifically under anti-terrorism legislation adopted in 2015. Massive protests and violent demonstrations in early 2016 – linked to widespread unemployment and wage-related issues – also contributed to the fragility of the political situation in the country. The situation was calmer in the second half of the year – after more security measures were taken – and no major incidents were reported.

Thousands of people fleeing armed conflict or instability in the region continued to seek refuge in Tunisia or pass through it on their way to their home countries or Europe.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The UN Mission for the Referendum in Western Sahara (MINURSO) was extended to 2017. Hundreds of people continued to wait for news of relatives missing since the 1975–1991 Western Sahara conflict. Families in Western Sahara remained at risk from mines and explosive remnants of war (ERW). Tens of thousands of Sahrawis lived in refugee camps near Tindouf, Algeria.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Tunis focused on meeting the needs of people deprived of their freedom in Tunisia, and of vulnerable people separated from their families, in cooperation with government bodies and Movement partners in the region.

In Tunisia, the ICRC visited thousands of detainees in accordance with its standard procedures. Special attention was paid to people held on security-related charges and to foreigners. Dialogue with the ICRC, on improving detainees' treatment and living conditions, encouraged detention authorities to make essential items such as hygiene kits and clothes available to detainees. Joint health ministry and ICRC pilot health projects continued to make good-quality health care available to detainees at the Borj El Amri and Mornaguia prisons. A laboratory was refurbished to help health staff in both prisons address medical issues better. The ICRC provided technical support to the ministries and penitentiary authorities concerned with the government-mandated handover of responsibility for health care in prisons from the justice to the health ministry.

Members of families dispersed by armed conflict, detention or migration restored or maintained contact through Movement family-links services. Tunisian forensic authorities drew on the ICRC for advice on improving their methods of managing human remains; forensic professionals attended courses and workshops on the subject. Polisario Front authorities, organizations such as the "Sahrawi Red Crescent" and the Moroccan and Sahrawi human rights committees, and the ICRC had discussions on ascertaining the fate of people missing since the past conflict.

To help ensure that wounded people could receive adequate treatment, the ICRC helped Tunisian military and civilian doctors to expand their capacities in war surgery, and Tunisian Red Crescent volunteers to develop their ability to administer first aid.

The "Sahrawi Red Crescent" updated its first-aid manual with ICRC assistance.

Disabled Sahrawi refugees living near Tindouf, Algeria, including mine victims, regained a measure of mobility through treatment and prosthetic/orthotic devices provided to them at the ICRC-supported physical rehabilitation centre in Tindouf or during outreach activities.

The ICRC helped 140 families to rebuild their houses, which had been damaged by the floods that struck the refugee camps in Tindouf in 2015; there were disabled people among these families.

The ICRC gave the Tunisian interior ministry expert advice for improving the treatment of people in police custody, and support for training its personnel in international law enforcement standards. It also provided guidance and the necessary materials for instructors from the Tunisian police and national guard to incorporate IHL-related training in their work. Sahrawi and Tunisian authorities, weapon bearers, media professionals, and others capable of advancing the humanitarian agenda learnt more about IHL and the ICRC's work through information sessions and courses held locally or abroad.

## CIVILIANS

The Tunisian Red Crescent and the ICRC enabled migrants rescued at sea, or intercepted by Tunisian authorities at the border with Libya, to phone their families; these migrants included asylum seekers and refugees. Families in Tunisia also used Movement family-links services to restore or maintain contact with relatives detained or interned in the country or abroad.

Tunisian families requested the ICRC's help in finding relatives said to be involved in the conflicts in Libya or the Syrian Arab Republic or who had gone missing in Lebanon. The families of migrants who had left Libya by boat made similar requests; some of these migrants were among the people rescued by the Tunisian coast guard or among those whose bodies washed ashore in Tunisia.

Forensic authorities in Tunisia and the ICRC discussed the ICRC's analysis of the authorities' methods of managing human remains, with a view to setting up a working group in this connection. With ICRC financial support, forensic professionals in the region expanded their capacities in managing human remains: one doctor from Tunisia attended a training course abroad; and 30 medical personnel, representatives of Tunisian government agencies, and National Society volunteers from Libya and Tunisia participated in an ICRC workshop on the subject. The Tunisian authorities turned down the ICRC's proposal to exhume and identify the remains – found in 2014 – of a group of migrants.

The National Society, together with the ICRC, began an evaluation of its capacity in restoring family links.

Polisario Front authorities, and organizations such as the "Sahrawi Red Crescent" and the Moroccan and Sahrawi human rights committees, had discussions with the ICRC on ascertaining the fate of people missing since the past conflict. The ICRC reminded all parties of its readiness to serve as a neutral intermediary.

Sahrawi authorities were given technical and financial assistance to educate people about the threat of mines and ERW: they developed and distributed reference materials and conducted information sessions for some 2,500 people.

The ICRC helped 140 refugee families to rebuild their houses using local construction techniques; the houses had been damaged by the floods that struck the refugee camps in Tindouf in 2015; there were disabled people among these families.

## PEOPLE DEPRIVED OF THEIR FREEDOM

In Tunisia, over 15,000 detainees held by the justice ministry and some 430 by the interior ministry received visits conducted in accordance with standard ICRC procedures. Particular attention was paid to vulnerable women, minors, people held on security-related charges and foreigners. Over 370 detainees were followed up individually.

Several cases of foreign detainees – some of whom faced possible deportation in violation of the principle of *non-refoulement* – were referred to UNHCR, the IOM or other organizations for specific assistance.

The ICRC shared with the prison administration recommendations drawn from its prison visits. Detention authorities and the ICRC maintained their dialogue on improving detainees' living conditions and treatment, which included preventing and responding appropriately to cases of ill-treatment. At the ICRC's encouragement, the authorities allocated a budget for essential items such as hygiene kits and clothes for detainees, particularly for migrants in prison and at a migrant retention centre, and for vulnerable female inmates.

Information sessions enabled some 150 prison guards and other staff to familiarize themselves with the ICRC's work for detainees and its standard procedures for prison visits. Two prison directors benefited from attendance at a prison management course. At a three-day seminar organized by the ICRC, prison doctors and other health staff strengthened their grasp of the ethical issues associated with health care in places of detention.

A multi-sectoral working group – created by penitentiary authorities in 2015 – met regularly to discuss ways to tackle overcrowding. It drew on ICRC expertise to draft recommendations for submission to the justice ministry; the recommendations included proposals for revising the penal code.

A number of detainees, particularly foreigners, maintained contact with their relatives through Movement family-links services; the ICRC informed several families of their relatives' detention.

### A refurbished laboratory helps health staff in two prisons better address medical issues

During follow-up visits, ICRC delegates checked the medical condition of several detainees in places of temporary and permanent detention, and of people being held at a migrant retention centre – some of whom were on hunger strike or had been victims of ill-treatment.

Inmates at the Borj El Amri and Mornaguia prisons continued to benefit from good-quality care through pilot health projects run jointly by the health and justice ministries. The capacities of prison health staff were strengthened by the training of two laboratory technicians and the ICRC-sponsored refurbishment of the laboratory at the Mornaguia prison; the laboratory was intended to serve both prisons. The ICRC donated computers and other office equipment and supplies, and presented detention health authorities with electronic forms, to help staff at both prisons manage medical data more efficiently.

Two doctors in places of detention managed by the interior ministry attended a training session in Switzerland, where they learnt more about public-health issues in prisons.

The government announced that responsibility for health care in prisons would pass from the justice to the health ministry; the ICRC offered technical support as the two ministries and other penitentiary authorities discussed the handover.

### Detainees have better living conditions after prison infrastructure is upgraded

Fumigation campaigns carried out by Mornaguia prison staff with ICRC support helped curb the spread of disease.

Some 700 detainees stood to benefit from the ICRC-funded construction of a new kitchen in the Kasserine prison. Around 6,100 inmates in the Mornaguia prison had better living conditions after improvements were made to the prison's reception areas and laundry. No progress was made in talks with detention authorities about forming a technical committee to oversee the renovation and construction of prisons.

A project to rehabilitate five places of temporary detention and provide training for police officers was cancelled owing to the authorities' lack of interest.

## WOUNDED AND SICK

The "Sahrawi Red Crescent" developed its first-aid capacities with ICRC material and technical support. It reviewed and updated its first-aid manual, and held refresher training for its volunteers.

Medical professionals in Tunisia strengthened their ability to provide adequate treatment, with ICRC help: 26 surgeons expanded their war-surgery skills at a seminar held in Tunisia, and two military doctors attended a similar seminar abroad. The ICRC also provided technical support for a workshop on war surgery that the military organized for its surgeons.

Over 20 medical professionals, mainly from emergency services and one military hospital, learnt how to improve their response to mass-casualty incidents at the first emergency trauma management course held in Tunisia. During a joint visit to the Ben Guerdane hospital after it was attacked (see *Context*), Tunisian health ministry officials and ICRC delegates reviewed the hospital's mass-casualty contingency plan.

To advance their understanding of medical ethics in relation to IHL, health personnel affiliated with the military attended a course held in Tunisia and three forums in Switzerland on the subject. Police officers, emergency-room doctors, surgeons and members of the public learnt more about the issues covered by the Health Care in Danger project at information sessions.

### Disabled Sahrawis obtain physical rehabilitation services at the Rabouni hospital

Some 870 disabled people living near Tindouf, including mine victims, regained some mobility through treatment and prostheses/orthoses provided to them by the ICRC-supported physical rehabilitation centre at the Rabouni hospital. Women and children made up nearly half of the beneficiaries. Among those who benefited from physiotherapy, over 180 were mine victims. Some 130 devices were repaired at the centre. Disabled people were able to participate in social activities after receiving wheelchairs and walking aids.

The centre maintained or improved the quality of its services with the ICRC's help. Some 20 local staff, volunteers and apprentices, including from the health authorities, developed their skills in prosthetics/orthotics and physiotherapy through on-site supervision and at training sessions organized by ICRC technicians.

The centre conducted a dozen outreach visits, to promote its services, and to treat patients unable to travel easily. During these visits, some people availed themselves of the services offered or learnt more about caring for children with special needs. Public events and media campaigns helped broaden awareness of the centre's services.

### ACTORS OF INFLUENCE

Authorities and weapon bearers in the region, and individuals capable of facilitating humanitarian activities for vulnerable people and detainees, or of persuading others to do so, furthered their understanding of IHL and Movement action through ICRC publications, information sessions and discussions with delegates. At an IHL course in Arabic organized by the League of Arab States and the ICRC in Tunisia, 50 lawyers, judges, government officials and NGO leaders from throughout the region, including two Tunisian military judges, added to their knowledge of IHL and its links to Islamic law, refugee law and international human rights law. At other ICRC presentations, government officials, Tunisian military personnel – including 200 commanders – and some foreign troops undergoing training in the country, learnt more about IHL and the ICRC's neutral, impartial and independent humanitarian action.

#### **Tunisian military officials increase their ability to take IHL into account in their decision-making**

Two senior military officers learnt more about taking IHL into account in their operational decision-making at a workshop in Switzerland (see *International law and policy*); one military judge added to his knowledge at a course in San Remo. Military doctors exchanged views on protection for medical workers and facilities at training/information sessions (see *Wounded and sick*).

At ICRC training sessions, some 60 officers from the police and the national guard strengthened their grasp of international standards for law enforcement, particularly those covering the use of force, arrests, detention and interrogation. Instructors from both the police and the national guard were given technical guidance and the materials necessary to incorporate elements of the training sessions in their work.

The interior ministry drew on ICRC expertise to improve the treatment of persons in police custody (see also *People deprived of their freedom*); the ministry's working group on this matter received ICRC-facilitated training in law enforcement standards and project management.

Four law professors – including those set to teach a newly established graduate course in IHL – and four judges, including one affiliated with the national IHL committee, attended IHL courses held locally (see above) or abroad (see *Lebanon* and *Yaoundé*). Academics and students from an Islamic university in Tunisia discussed the common ground between IHL and Islamic law at two conferences. University students and teachers tested their knowledge of IHL at a moot court competition.

#### **Polisario Front officials add to their knowledge of IHL**

Officials from the Polisario Front and from Sahrawi organizations advanced their understanding of IHL, other international norms, and humanitarian principles at various ICRC events. In particular: a Sahrawi judicial police officer and a judge attended a training session on international human rights law (see *Algeria*); a military official from the Polisario Front took an advanced course in San Remo; and a representative of the principal Sahrawi organization dealing with cases of missing persons participated in a course for humanitarian professionals (see *Dakar*). Some 60 officers from the Sahrawi armed forces and military tribunals and members of civil society learnt more about humanitarian issues at information sessions.

ICRC-facilitated camp visits gave media professionals first-hand experiences and information on which to base their reports on ICRC activities in the Tindouf refugee camps. Journalists, including 20 people covering southern Tunisia, learnt more about ICRC's activities through briefings or workshops. Audiovisual materials published by the ICRC – for instance, a short film on mine victims in Western Sahara – helped to broaden public awareness of humanitarian issues and the Movement's work.

### RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent continued to develop its capacities with financial, material and technical assistance from the Movement. It strengthened its staff and volunteers' ability to safely assist people in need through training sessions on the Safer Access Framework, which 60 volunteers from 14 regions attended. First-aid supplies from the ICRC strengthened the National Society's services. It conducted first-aid training sessions for volunteers at local branches, and exchanged ideas with first-aid specialists and instructors from 17 other National Societies, from francophone African countries, at a regional meeting it hosted with the ICRC. With ICRC support, it held workshops to strengthen its volunteers' ability to conduct assessments during emergencies. It evaluated its response to the recent attacks in Tunisia and identified areas for improvement.

The Tunisian Red Crescent, with ICRC assistance, organized briefings for local authorities, particularly in areas affected by migration and violence, to help increase their understanding of its role and the Movement's activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			UAMs/SC		
RCMs collected		69			
RCMs distributed		106			
Phone calls facilitated between family members		726			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		48	6	7	8
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		187	14	13	17
<i>including people for whom tracing requests were registered by another delegation</i>		57			
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		15,680	537	168	
			Women	Girls	Boys
Detainees visited and monitored individually		372	40	3	6
Detainees newly registered		173	29	3	6
Number of visits carried out		44			
Number of places of detention visited		15			
<b>RCMs and other means of family contact</b>					
RCMs collected		105			
RCMs distributed		95			
Phone calls made to families to inform them of the whereabouts of a detained relative		129			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	6,814	68	
<b>Health</b>				
Visits carried out by health staff		52		
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported	Projects	1		
Patients receiving services	Patients	870	217	175
New patients fitted with prostheses	Patients	1		
Prostheses delivered	Units	43	3	1
<i>of which for victims of mines or explosive remnants of war</i>		37	1	
New patients fitted with orthoses	Patients	31	8	3
Orthoses delivered	Units	82	26	13
<i>of which for victims of mines or explosive remnants of war</i>		9		
Patients receiving physiotherapy	Patients	851	212	175
Walking aids delivered	Units	265	71	14
Wheelchairs or tricycles delivered	Units	134	59	18