

TASHKENT (regional)

COVERING: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan



+ ICRC regional delegation
 + ICRC mission
 + ICRC office
 * Dushanbe structure also supports ICRC operations in Afghanistan

The ICRC has been present in Central Asia since 1992. In Kyrgyzstan and Tajikistan, it works to protect and assist vulnerable populations suffering the consequences of conflict/other violence, in cooperation with the National Societies. In Kyrgyzstan, it helps the authorities improve detainees' treatment and conditions, especially with regard to health-care access. The ICRC assists the region's National Societies in building their capacities, particularly in emergency preparedness, restoring family links and promoting IHL. Throughout the region, it supports the implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The Kyrgyz authorities, together with the ICRC, completed renovations at 1 penal institution, enabling the centralized treatment of TB-affected detainees, in line with strict infection-control requirements.
- ▶ Hundreds of medical professionals, armed/security personnel and National Society staff/volunteers in the region honed their trauma-management, weapon-wound surgery or first-aid skills at ICRC-backed courses.
- ▶ In Tajikistan, families of missing persons met some of their needs via ICRC-supported projects run by a local NGO and the National Society. Mine-affected households eased their situation with ICRC cash grants.
- ▶ The Turkmen authorities and the ICRC continued to discuss a draft agreement regarding ICRC visits to detainees. Dialogue with the Tajik authorities, on the possible resumption of such visits, was maintained.
- ▶ A NATO military training centre in Kazakhstan, drawing on ICRC advice, developed a mandatory course on IHL provisions applicable to peacekeeping operations.

EXPENDITURE IN KCHF

Protection	2,594
Assistance	7,664
Prevention	2,488
Cooperation with National Societies	1,630
General	94
Total	14,470

Of which: Overheads **883**

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	29
Resident staff (daily workers not included)	197

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4
RCMs distributed	17
Phone calls facilitated between family members	25
People located (tracing cases closed positively)	16
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	8,262
Detainees visited and monitored individually	255
Number of visits carried out	136
Number of places of detention visited	44
Restoring family links	
RCMs collected	7
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	30
Cash	Beneficiaries	990
		1,529
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
		3
Water and habitat		
Water and habitat activities	Number of beds	200
		935

CONTEXT

Tensions related to border demarcation, competition for natural resources and ethnic discord persisted in the region, occasionally leading to violence in enclaves/border areas. Economic difficulties, especially in Kyrgyzstan and Tajikistan, continued to propel migration.

In Kyrgyzstan and Tajikistan, some families remained without news of relatives who went missing in relation to past conflict, other situations of violence or migration. Communities along Tajikistan's borders with Afghanistan and Uzbekistan were exposed to the risks of mines/explosive remnants of war (ERW). Tajikistan was beset by floods in July; Tajikistan and Kyrgyzstan were struck by earthquakes in November and December, respectively.

Geopolitical issues of interest to countries in the region included the drawdown of international troops from Afghanistan and the prevailing situation in Ukraine, as well as refugee influxes and the potential spillover consequences of the conflict in Afghanistan. Central Asian countries engaged with such multilateral bodies as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States (CIS) and NATO.

ICRC ACTION AND RESULTS

Helping the authorities respond to the humanitarian needs of detainees, enhancing local emergency preparedness/response capacities and encouraging the authorities to address the needs of people affected by past conflict and other situations of violence remained priorities for the ICRC.

In Kyrgyzstan, the ICRC visited detainees held by the internal affairs ministry, the State Committee for National Security (GKNB), the State Service for the Execution of Punishments (GSIN) and the State Drug Control Service, and continued to seek access to all detainees. Following these visits, it provided the authorities with confidential feedback, including recommendations on ensuring that detainees' treatment and living conditions conformed to internationally recognized standards. The ICRC also maintained its extensive support to the GSIN and the health ministry in managing TB, including multi-drug-resistant (MDR) strains, in the penitentiary sector. It helped complete construction/maintenance work at Penal Institution (PI) 31, enabling the centralized treatment of TB-affected detainees, in line with strict infection-control requirements, and established TB-screening/management procedures at a pre-trial detention centre in Bishkek. The ICRC helped ensure access to primary health care for detainees held at five police stations, as part of a pilot project with the authorities.

On the basis of a cooperation plan on addressing humanitarian issues, including those related to detention and IHL promotion/implementation, the Turkmen authorities and the ICRC sustained dialogue on ICRC visits to detainees; a draft agreement in this regard remained under discussion. Dialogue with the Tajik authorities continued to cover the possible resumption of ICRC visits to detainees. The ICRC facilitated family visits for detainees in Kyrgyzstan, Tajikistan and Uzbekistan.

The ICRC kept up its efforts in helping ensure the availability of adequate medical/surgical services during emergencies. In Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan, medical professionals improved their trauma-management or weapon-wound surgery skills during ICRC courses, organized with each country's respective authorities and National Society. Doctors in

Kyrgyzstan benefited from courses led by their ICRC-trained peers, who also supported the courses held in Kazakhstan. Members of violence-prone communities and security officers in Kyrgyzstan, defence and interior ministry representatives in Tajikistan, and interior ministry officials in Uzbekistan received first-aid training. With ICRC technical, financial or material support, the region's National Societies bolstered their first-aid and other emergency preparedness and response capacities by, for example, participating in a regional course in Turkmenistan.

To promote the protection of vulnerable people, especially during emergencies, the ICRC facilitated IHL training/dissemination sessions for armed/security personnel, including senior officers and military instructors, in all the countries covered. It provided advice to a military training centre in Kazakhstan, which developed a mandatory IHL course for peacekeepers. The ICRC supported the national IHL committees of Kyrgyzstan and Turkmenistan in their work. Dialogue with the Kazakh government focused on cooperation on humanitarian issues related to the use of nuclear weapons.

The ICRC continued to encourage the authorities to address the needs of people affected by past conflict or other situations of violence, while directly assisting the most vulnerable among these people. It discussed the subject with the Kyrgyz and Tajik authorities, and gave input on developing legislation on the rights of missing people and their families. In Tajikistan, the ICRC extended technical support to projects run by a local NGO and the National Society to help people with missing relatives obtain psychosocial and other assistance. It continued providing families of mine/ERW victims with cash grants to start income-generating activities or meet other needs.

The authorities, weapon bearers and members of civil society, such as traditional/religious leaders and journalists, were engaged through dialogue and training events, at times with the Kazakh Red Crescent Society, the Red Crescent Society of Kyrgyzstan, the Red Crescent Society of Tajikistan, the Red Crescent Society of Turkmenistan or the Red Crescent Society of Uzbekistan. These efforts helped build acceptance of humanitarian principles, IHL and other pertinent norms, and the Movement.

CIVILIANS

Through dialogue with the authorities in Kyrgyzstan, and with the National Society and other local actors in Tajikistan, the ICRC monitored the situation of residents in tension-prone areas, especially along the border. Some violence-affected people in Kyrgyzstan (see *Context*) coped with their circumstances with ICRC-donated household essentials.

Dialogue with the Kyrgyz authorities also sought to facilitate the ICRC's access to enclaves/border communities and encourage the development of emergency-preparedness/response measures (see below and *Wounded and sick*). The Uzbek authorities and the National Society/ICRC discussed how to update the countrywide emergency plan.

Separated family members reconnect

In Kazakhstan, Kyrgyzstan and Tajikistan, dispersed relatives, including about 280 migrants held at a retention centre in Astana city, Kazakhstan, restored/maintained contact through RCMs/phone calls facilitated by the National Societies/ICRC. Some of these migrants eased their situation with National Society-provided essential household items.

In Kyrgyzstan, refugees without valid identification papers received, with the authorities' approval, ICRC travel documents, facilitating their resettlement abroad through IOM/UNHCR programmes. One foreigner reunited with his mother in the country through the National Society/ICRC.

So that relatives separated by violence, other emergencies or migration could reconnect, community leaders in Kyrgyzstan learnt more about helping restore family links through National Society workshops, as did national disaster-response team members, who, additionally, trained in human-remains management (see also below). The National Society endeavoured to improve its family-links services by exchanging best practices with the Armenian Red Cross Society and the German Red Cross. In Tajikistan, some 140 local officials increased their knowledge of Movement family-links services during National Society-conducted dissemination sessions.

Through a National Society social-integration project that it supported, the ICRC monitored the situation of five people resettled in Kazakhstan, following their release from the US internment facility at Guantanamo Bay Naval Station in Cuba. One passed away in May, owing to poor health.

Relatives of missing persons meet some needs

The Tajik authorities received the results of a 2014 National Society/ICRC assessment of the needs of families of missing persons; recommendations for improving the legal framework on the rights of missing people and their kin were followed up. The Kyrgyz authorities, notably national IHL committee members, worked to develop their own such legislation, drawing on a study conducted by a government research institute with ICRC support. They were reminded to update the families concerned of the status of the search for people still missing in connection with the June 2010 events.

In Tajikistan, some 100 families of missing persons obtained psychosocial support – including individual counselling for 230 people – and referrals to service providers for their other needs through projects carried out by a local NGO and the National Society, with ICRC technical support. A few such families in Kyrgyzstan received ICRC referrals to providers of legal/administrative services.

To facilitate the recovery/identification of the remains of people who perish during emergencies, representatives of key ministries and first responders in Kyrgyzstan and Tajikistan attended human-remains management workshops, in the region or abroad. The Tajik defence ministry received ICRC-donated forensic equipment. The Kyrgyzstan Red Crescent studied domestic legislation regarding human-remains management, to help identify gaps.

In Kyrgyzstan and Tajikistan, people lodged tracing requests for missing relatives.

Mine/ERW-affected households improve their living conditions

In Tajikistan, some 1,500 households (1,500 people) headed by mine/ERW victims started income-generating activities or covered such needs as medical care or house repairs, using ICRC cash grants. These were provided based on ongoing assessments by National Society staff/volunteers, some of whom honed their data-collection/management skills at a workshop organized with the Tajikistan National Mine Action Centre (TNMAC).

Residents of mine/ERW-contaminated areas, including school-children, learnt safer behaviour during National Society/ICRC dissemination sessions and other activities, coordinated with the TNMAC.

The TNMAC, with ICRC support, held a regional workshop on addressing weapon contamination.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Kyrgyzstan receive ICRC visits

In Kyrgyzstan, about 8,260 detainees in facilities under the internal affairs ministry, the GKNB, the GSIN and the State Drug Control Service received ICRC visits, conducted according to the organization's standard procedures; 255 potentially vulnerable inmates – security detainees, life-sentenced detainees, women, minors and foreigners – were followed up individually. The authorities received confidential feedback afterwards, including recommendations on ensuring that detainees' treatment and living conditions conformed to internationally recognized standards (see below). Discussions towards facilitating the ICRC's access to all detainees continued.

CIVILIANS	Kyrgyzstan	Tajikistan	Uzbekistan
Red Cross messages (RCMs)			
RCMs collected	2	2	
RCMs distributed	2	8	7
Phone calls facilitated between family members		25	
Reunifications, transfers and repatriations			
People reunited with their families	1		
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	30	167	
<i>of whom women</i>	10		
<i>of whom minors at the time of disappearance - girls</i>	5		
<i>of whom minors at the time of disappearance - boys</i>	1	7	
People located (tracing cases closed positively)	13	3	
Tracing cases still being handled at the end of the reporting period (people)	94	179	
<i>of whom women</i>	16		
<i>of whom minors at the time of disappearance - girls</i>	9		
<i>of whom minors at the time of disappearance - boys</i>	10	8	
Documents			
People to whom travel documents were issued	12		

Tajik and Turkmen authorities maintain dialogue with the ICRC on visits to detainees

The Turkmen authorities approved a cooperation plan with the ICRC on humanitarian issues, including those relating to detention and IHL promotion/implementation (see *Actors of influence*). Discussions on a draft agreement regarding ICRC visits to detainees were ongoing. Interior/justice ministry officials learnt more about internationally recognized detention standards, at a round-table, and the ICRC's work in managing TB in prisons, at a seminar.

Discussions with the Tajik authorities continued to cover the possible resumption of ICRC visits to detainees. Senior officials better acquainted themselves with the ICRC's humanitarian activities for detainees during a field visit to Kyrgyzstan.

Detainees see their confinement eased through the Kyrgyz authorities' efforts

Detainees at five police stations in Kyrgyzstan accessed preventive care through a pilot project based on a 2013 agreement between the health/interior ministries and the ICRC. Under this project, health staff at the stations, which had been renovated/equipped by the ICRC in 2014 and 2015, continued to receive advice/training, particularly in diagnosing/treating common diseases; prison guards joined National Society-run first-aid courses. Over 70 detainees benefited from additional ICRC-led infrastructural repairs/upgrades at two of the stations, in line with the authorities' upgraded standards for detention conditions, notably for people held in protracted detention. Dialogue, backed by a status report, encouraged the authorities to ensure detainees' health-care access in all temporary-detention centres by applying lessons learnt from the project. Five more pilot sites were identified in this regard.

The G SIN also drew on ICRC support to improve the living conditions of detainees under its jurisdiction. It evaluated detainees' health-care needs, enabling it to contribute to the government's strategy for health-related reforms in prisons. G SIN representatives attended a seminar, where they furthered their understanding of ways to improve the situation of life-sentenced detainees. Following assessments by the G SIN and the ICRC, three detention centres received construction materials and eight underwent renovation, leading to improved water access and sanitation for some 7,130 detainees. Based on an agreement between the G SIN, the Organization for Security and Co-operation in Europe and

the ICRC, construction work at a pre-trial detention facility in Jalal-Abad was completed; some detainees were set to be transferred there, towards alleviating the situation in other southern Kyrgyzstan temporary-detention centres.

Some 7,230 particularly vulnerable detainees received household/hygiene and educational/recreational items.

TB-prone/affected detainees receive suitable care

The G SIN and the health ministry continued to tackle the serious threat to detainees from TB, particularly MDR TB.

Newly arrived detainees at a pre-trial detention centre in Bishkek, a key entry point into Kyrgyzstan's penitentiary system, were screened as part of an ICRC TB-management initiative. At PI 31, construction/maintenance work to enable centralized treatment of up to 1,850 detainees with various forms of TB, in line with strict infection-control requirements, was completed. At the pre-trial detention centre and PI 31, health personnel received daily on-site support, and trained maintenance teams ensured the proper functioning of all facilities, particularly the centre's laboratory. A planned study tour to Azerbaijan for medical staff was cancelled, owing to logistical constraints.

The penitentiary authorities, with ICRC technical/material input, maintained an electronic database for monitoring/evaluating the country's prison TB-management programme. The national/inter-provincial TB reference laboratories strengthened their services, with ICRC support: for instance, the national laboratory maintained/repaired key equipment and sent smear samples for testing abroad. Working groups covering various aspects of TB management continued to draw on ICRC advice.

About 270 TB-affected detainees were enrolled in a treatment regimen; 80 had completed it by end-2015. The ICRC continued promoting a holistic model of care, which included psychosocial support.

Detainees receive family visits

Discussions with the Kyrgyz detaining authorities emphasized the importance of ensuring that detainees could restore/maintain contact with their relatives; about 190 detainees received family visits. Dozens of detainees in Tajikistan and Uzbekistan likewise reconnected with relatives, some of whose transport/lodging costs the ICRC covered.

PEOPLE DEPRIVED OF THEIR FREEDOM		Kyrgyzstan	Tajikistan	Uzbekistan
ICRC visits				
Detainees visited		8,262		
	<i>of whom women</i>	608		
	<i>of whom minors</i>	103		
Detainees visited and monitored individually		255		
	<i>of whom women</i>	14		
	<i>of whom boys</i>	11		
Detainees newly registered		81		
	<i>of whom women</i>	7		
	<i>of whom boys</i>	7		
Number of visits carried out		136		
Number of places of detention visited		44		
Restoring family links				
RCMs collected		7		
RCMs distributed		2		
Phone calls made to families to inform them of the whereabouts of a detained relative		8		
Detainees visited by their relatives with ICRC/National Society support		197	36	58

WOUNDED AND SICK

Local actors boost their capacities to provide life-saving care

Defence and interior ministry representatives in Tajikistan, interior ministry officials in Uzbekistan, and members of violence-prone communities and security officers in southern Kyrgyzstan joined National Society/ICRC first-aid courses. Kyrgyz border guards, with ICRC support, refurbished a health facility serving remote communities. The region's National Societies reinforced their first-aid/related capacities, including through ICRC train-the-trainer seminars (see also *Red Cross and Red Crescent Movement*).

Some 190 doctors in Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan enhanced their trauma-management capacities during ICRC courses. These courses involved each country's health ministry and National Society; in Kazakhstan and Uzbekistan, medical universities also took part. In Kyrgyzstan, 76 surgeons and anesthesiologists participated in similar courses led by ICRC-trained doctors, who autonomously organized one course and supported others held in Kazakhstan. Fifty-four doctors in Tajikistan and Uzbekistan honed their weapon-wound surgery skills at seminars. At all these events, participants, including defence ministry representatives, also learnt more about the goals of the Health Care in Danger project.

People had access to adequate care at ICRC-supported facilities. In Tajikistan, two facilities received medical supplies, following floods (see *Context*); in tension-prone areas, two hospitals underwent renovation and three others obtained medical/surgical equipment or spare parts/tools. One primary-health-care centre and one hospital's operating theater in southern Kyrgyzstan were repaired; the centre received basic medical supplies.

ACTORS OF INFLUENCE

Influential actors were engaged by the ICRC, at times with the National Societies, through dialogue/events to promote the protection of, and facilitate humanitarian activities for, vulnerable people (see above). Such activities also built acceptance of humanitarian principles, IHL/other pertinent norms, and the Movement.

Security forces further their grasp of IHL

Kazakh and Kyrgyz senior officers deepened their IHL expertise during a workshop in Algeria (see *International law and policy*), as did Kazakh and Turkmen military officials at a course in San Remo. In Turkmenistan, 20 senior military instructors updated their IHL knowledge during workshops; armed/security personnel attended National Society-run dissemination sessions. In Kyrgyzstan, 32 senior defence officials participated in an advanced IHL seminar and 350 military personnel, including border guards, in information sessions. Over 400 representatives of Tajikistan's defence/interior ministries received briefings on IHL/international human rights law, in line with renewed agreements with these ministries. Based on a similar agreement, 50 Uzbek defence officials joined workshops. Some events involved first-aid training (see *Wounded and sick*).

In Kazakhstan, the defence ministry maintained dialogue with the ICRC on cooperation in IHL-related matters. National Society volunteers trained in IHL dissemination. A NATO military training centre, with ICRC advice, developed a mandatory IHL course on peacekeeping operations; 20 officers joined the pilot run.

The Kyrgyz military sought ICRC input on IHL for a training exercise. Discussions with Kyrgyz defence officials, on ICRC-facilitated predeployment briefings for personnel bound for UN peacekeeping missions, were ongoing.

CIS and CSTO Member State representatives engaged with the ICRC on IHL-related issues at various events (see *Moscow*).

Authorities reinforce their understanding of IHL implementation

The Kyrgyz and Turkmen national IHL committees drew on ICRC support. The Geneva Conventions and their Additional Protocols were translated/published in Turkmen. The Uzbek authorities continued to elicit ICRC advice on forming a national IHL committee. Officials across the region learnt more about IHL implementation through their ICRC-facilitated participation in conferences abroad (see, for example, *Moscow*). Some discussed the Strengthening IHL process with the ICRC, in connection with the 32nd International Conference. Kyrgyzstan formally acceded to the Environmental Modification Convention.

The Kyrgyz and Tajik authorities received ICRC input on missing-persons legislation (see *Civilians*) and the Arms Trade Treaty. The Turkmen authorities incorporated sanctions for IHL violations in their criminal code, as part of ongoing revisions. The Kyrgyz authorities maintained discussions with the ICRC regarding their own such code, on including penalties for war crimes.

Dialogue between the Kazakh government and the ICRC covered cooperation regarding humanitarian issues linked to nuclear weapons. At a round-table, State authorities, diplomats and academics exchanged views on these issues. The Kazakh authorities also discussed the legal framework for providing official development assistance with the ICRC. The organization's efforts to promote the ratification of an agreement on its presence in Kazakhstan continued.

Civil society representatives learn more about humanitarian issues

In Kyrgyzstan and Tajikistan, traditional/religious leaders were met regularly by the ICRC, towards developing dialogue on matters of mutual interest, notably the issue of missing persons and the similarities between IHL and Islamic law. Official clerics in Tajikistan attended seminars to this end.

Military, law and journalism students in Kyrgyzstan enhanced their understanding of IHL and the Movement during National Society-conducted dissemination sessions. A Kazakhstan university and the ICRC formalized an agreement on mounting academic events in 2016, on the legal prohibition of nuclear weapons.

Journalists in Kyrgyzstan and Tajikistan were periodically briefed on ICRC activities; those in Tajikistan also learnt more about the protection IHL affords them. In Uzbekistan, ten journalists who covered the National Society's activities received awards from the National Society/ICRC.

All five National Societies enhanced their information-resource centres and organized media campaigns/public events on Movement-related matters. The Kyrgyzstan Red Crescent held sports activities for young people.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies undertake humanitarian work with ICRC support

The region's National Societies helped address the needs of vulnerable people, built their/other actors' emergency preparedness/response capacities, enhanced their family-links

services and promoted IHL and the Movement (see above). The Tajikistan Red Crescent received ICRC financial/technical input towards ensuring the sustainability of its operations; staff/volunteers honed their management/fundraising skills. The Kyrgyzstan and Tajikistan National Societies aided earthquake victims (see *Context*). One Turkmenistan Red Crescent branch produced linens, for distribution during emergencies.

The staff/volunteers of all five National Societies deepened their understanding of the Safer Access Framework, including during a workshop in Turkmenistan, where a Ukrainian Red Cross Society volunteer provided insight. At seminars in Kazakhstan,

Kyrgyzstan, Turkmenistan and Uzbekistan, National Society personnel learnt to instruct others in psychosocial care, from Red Cross Society of Belarus trainers. Kyrgyzstan Red Crescent representatives trained in water/camp management during emergencies, and received pertinent equipment. The five National Societies, with the Afghan Red Crescent Society, met to discuss strengthening coordination/cooperation.

The Kazakhstan, Kyrgyzstan and Uzbekistan National Societies continued consolidating their legal bases with ICRC support. The Turkmenistan National Society worked on its proposed amendments to the domestic emblem law.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		4			
RCMs distributed		17			
Phone calls facilitated between family members		25			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		197	10	5	8
People located (tracing cases closed positively)		16			
Tracing cases still being handled at the end of the reporting period (people)		273	16	9	18
Documents					
People to whom travel documents were issued		12			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		8,262	608	103	
			Women	Girls	Boys
Detainees visited and monitored individually		255	14		11
Detainees newly registered		81	7		7
Number of visits carried out		136			
Number of places of detention visited		44			
Restoring family links					
RCMs collected		7			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		8			
Detainees visited by their relatives with ICRC/National Society support		291			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	30	7%	
Cash	Beneficiaries	1,529	26%	49%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	7,230		
Cash	Beneficiaries	67		
Water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	7,138		
Health				
Number of visits carried out by health staff		343		
Number of places of detention visited by health staff		12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Water and habitat				
Water and habitat activities	Number of beds	935		

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.