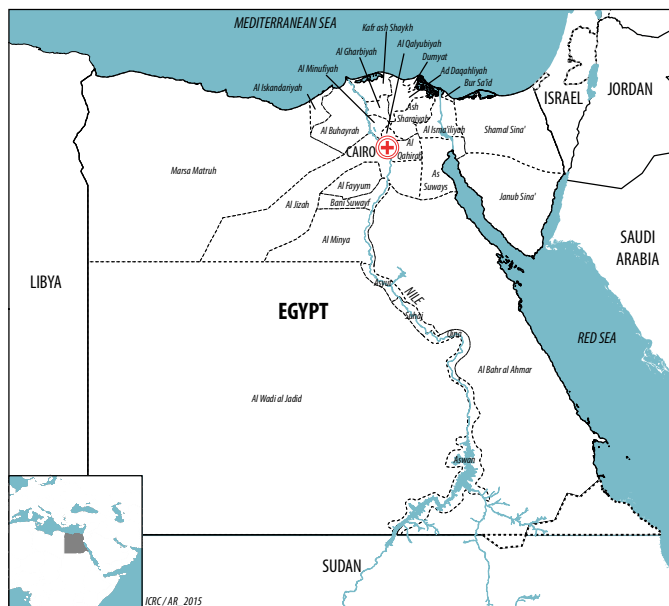


EGYPT

COVERING: Egypt, League of Arab States



ICRC delegation

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

The ICRC has been in Egypt, with some interruptions, since the beginning of the First World War. It works with the Egyptian Red Crescent Society and other health-care providers/institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides support to people fleeing conflict/violence abroad. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL into domestic legislation, military training and academic curricula throughout the Arab world.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Vulnerable people met some of their needs with Egyptian Red Crescent Society/ICRC aid, such as vouchers for stranded Yemenis and ad hoc support for IDPs in Sinai and Egyptian returnees from Libya.
- ▶ Patients were treated at a hospital in Sinai with supplies donated by the ICRC via the National Society. The Egyptian Ambulance Organization drew on ICRC advice to refine its guidelines and procedures.
- ▶ Despite discussions with the authorities on the ICRC's potential contribution to their efforts to ensure detainees' welfare and protect people affected by the situation in Sinai, access to both groups was not granted.
- ▶ Over 1,800 migrants, including refugees and asylum seekers, were issued ICRC travel documents to facilitate their resettlement/repatriation.

EXPENDITURE IN KCHF

Protection	567
Assistance	3,381
Prevention	1,052
Cooperation with National Societies	765
General	59
Total	5,824
<i>Of which: Overheads</i>	355

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	53

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	7
RCMs distributed	17
Phone calls facilitated between family members	210
People located (tracing cases closed positively)	84
People reunited with their families	3

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	8,000
Essential household items	Beneficiaries	1,000
Cash	Beneficiaries	1,137
Vouchers	Beneficiaries	5,000
		5,017

CONTEXT

Bombings and attacks continued to occur, particularly in Sinai, where security forces carried out operations against armed groups and evacuated residents to create a buffer zone near the eastern border. These operations reportedly resulted in arrests and casualties; restrictions on humanitarian organizations limited the assessment of impact on and access to people. Elsewhere, there were fewer demonstrations than in previous years.

Thousands of Egyptians were repatriated by the Egyptian authorities from Libya, where the situation continued to deteriorate (see *Libya*). Yemenis were stranded in Egypt following developments in their country (see *Yemen*). Egypt remained a transit/destination country for migrants, including refugees and asylum seekers; among them were people fleeing the Syrian Arab Republic (hereafter Syria) (see *Syrian Arab Republic*).

Three years after Egypt's legislature was dissolved, parliamentary elections were concluded in December.

Egypt conducted air strikes in Libya, and was part of a Saudi Arabia-led military coalition in Yemen.

Cairo hosted the headquarters of the Arab Inter-parliamentary Union (AIPU) and the League of Arab States (LAS).

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Egyptian Red Crescent Society and other local organizations, continued to address humanitarian needs arising from the situation in Egypt and conflict in the region. However, it did not obtain access to people in Sinai and to detainees.

Palestinians from Syria met some of their needs through vouchers distributed quarterly by the National Society/ICRC; the initial target was not met as some of them had already left the country. The ICRC also partially covered the expenses of Syrian and Palestinian children attending an educational centre. Aid was extended to vulnerable groups where necessary. Egyptian returnees from Libya, for example, benefited from phone services, emergency relief and medical assistance provided by the National Society with ICRC funding.

Egyptians and migrants, including refugees and asylum seekers, restored/maintained contact with relatives through Movement family-links services, including ICRC travel documents, which facilitated their resettlement/repatriation.

The ICRC strengthened support for local health-care providers in handling emergencies. Together with other organizations, the ICRC organized courses for civilian/military doctors to help boost their ability to treat injuries. The Egyptian Ambulance Organization (EAO) drew on ICRC advice to refine its guidelines and procedures. Health facilities, including a Sinai hospital, treated patients using supplies donated by the ICRC via the National Society on an ad hoc basis. Elsewhere, casualties were given first aid or evacuated by the National Society's emergency action teams (EATs) using ICRC-provided supplies/equipment. With ICRC guidance, the National Society expanded training for EATs to include basic care for victims of sexual violence and basic human remains management. Building on dialogue initiated in 2014, the ICRC supported forensic professionals' participation in regional/

international courses on managing human remains. During events and meetings with health professionals and armed/security forces, the ICRC promoted the protection due to those providing or seeking medical care.

In parallel, discussions continued with the authorities on the ICRC's potential contribution to their efforts to ensure that detainees' treatment and living conditions were in line with internationally recognized standards; however, permission for ICRC visits was not obtained. A round-table discussion on the subject was postponed, owing to other government priorities.

No dialogue was established with the authorities on protecting people during situations of violence; the ICRC nevertheless continued to indirectly monitor the situation in Sinai. It documented the concerns of people who had fled Syria and forwarded these to the ICRC delegation there for discussion with the parties concerned. It also maintained contact with organizations working to prevent sexual violence.

Efforts to bolster security forces' knowledge of international norms and to promote the incorporation of IHL in military training, doctrine and operations were initially stalled by the security situation, but gathered pace in the second half of the year. Through ICRC workshops, army personnel, including peacekeepers, learnt more about IHL and other relevant norms, and security forces furthered their understanding of internationally recognized standards for law enforcement. Officers attended advanced courses abroad.

Activities related to IHL integration were hindered by the political situation; despite this, the national IHL committee reviewed draft laws with ICRC advice. Judges and prosecutors learnt more about IHL through ICRC lectures and publications. Interaction with State-authorized Islamic groups and other organizations helped further their understanding of the similarities between IHL and Islamic law. The ICRC promoted awareness of humanitarian issues and Movement activities through information materials for the media. Journalists enhanced their knowledge of IHL and the protection it affords them at seminars organized with local associations.

Regionally, the ICRC pursued partnerships with the AIPU and the LAS to promote/monitor IHL implementation, by supporting national IHL committees and co-organizing IHL-related events.

The ICRC's regional resource and communication centre in Cairo supported the organization's efforts to increase knowledge of and respect for IHL throughout the Arabic-speaking world by producing written/audiovisual materials and updating the ICRC's Arabic-language website.

CIVILIANS

People in Sinai remain inaccessible to the ICRC, owing to the security situation

The ICRC capitalized on opportunities – for example, during IHL sessions attended by government officials (see *Actors of influence*) – to reiterate its offer to help the authorities and weapon bearers ensure the protection of people during situations of violence. However, the ICRC remained without direct access to people in Sinai because of security constraints and other restrictions (see *Context*). Nevertheless, it continued to indirectly monitor possible humanitarian concerns through contact with the National Society.

During field visits elsewhere, the ICRC assessed the needs of people who had fled Syria, particularly Palestinians, and monitored their concerns, including those connected with the principle of *non-refoulement*. Some of them reported the alleged arrests of their relatives in Syria; at their request, these allegations were forwarded to the ICRC delegation there (see *Syrian Arab Republic*), which submitted representations to the parties concerned whenever possible. However, none of the information gathered led to the location of people being sought by enquirers in Egypt.

With a view to reducing people's risk of becoming victims of sexual violence, the ICRC exchanged information with the Egyptian Red Crescent, the LAS and international organizations during workshops and meetings. The National Society included basic care for victims of sexual violence in training its EATs (see *Wounded and sick*).

Over 1,000 children from Syria attend an educational centre, with partial support from the ICRC

People affected by conflict in the region and the situation in Egypt benefited from assistance provided in cooperation with other organizations.

Nearly 900 Palestinian households (over 3,000 individuals) were given vouchers – distributed quarterly by the National Society/ICRC – exchangeable for food, clothes and other items at local supermarkets. This was done in coordination with the Palestinian embassy and Egyptian authorities. The initial target, however, was not met because of operational constraints; some Palestinians, for example, had already left Egypt. Over 1,000 Syrian and Palestinian children – more than twice the targeted number – attending an educational centre run by the Syria Al-Ghad Foundation had their expenses partially covered by the ICRC.

The ICRC also provided support for people during emergencies. In December, some 200 families from Syria (over 800 individuals) – who were no longer receiving assistance from another organization, owing to funding problems – covered their basic needs with vouchers for food and winter-related items, distributed with the assistance of Syria Al-Ghad. Over 330 Yemeni families (close to 1,100 individuals) in Egypt who were unable to return home (see *Context*) met some of their needs for two months using ICRC-provided vouchers.

Some 2,000 displaced households in Sinai (8,000 individuals) and thousands of Egyptian returnees from Libya received food and other items from the National Society, which was reimbursed by the ICRC.

Nearly 1,900 foreign nationals use ICRC travel documents for their resettlement/repatriation

Egyptians and migrants, including refugees and asylum seekers, restored/maintained contact with or sought relatives through National Society/ICRC family-links services. Egyptian returnees from Libya made some 4,200 phone calls – facilitated by the National Society with financial support from the ICRC – upon their return; where necessary, they also received medical assistance (see *Wounded and sick*), and food and other items (see above).

Egyptians exchanged news with relatives detained abroad through RCMs/oral messages; two families got in touch with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba and at the Parwan detention facility in Afghanistan through phone/video calls.

Travel documents were issued to almost 1,900 foreign nationals, enabling them to be resettled in third countries or repatriated in coordination with the IOM, the UNHCR and their respective embassies.

In cooperation with the ICRC delegation in Damascus and with Egyptian authorities, three Syrian minors were reunited with their families in Egypt. Unaccompanied foreign minors participated in psychosocial/educational activities conducted by St. Andrew's Refugee Services with ICRC funding.

Stakeholders convene at a round-table on managing human remains during emergencies

With ICRC support, representatives from Cairo University, the EAO and the Egyptian Forensic Medicine Authority (EFMA) exchanged best practices with their peers at regional and international courses on human remains management and forensics, including one in Saudi Arabia (see *Kuwait*). The parties involved in managing human remains during emergencies – including the EAO, the National Society, and the health and interior ministries – convened at a round-table organized jointly by the EFMA and the ICRC, with a view to improving coordination among them. EAO staff and National Society volunteers had basic training on human remains management at ICRC workshops.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees still do not receive ICRC visits

Discussions continued with detaining authorities to clarify the humanitarian nature of the ICRC's activities for people deprived of their freedom and to raise awareness of its potential contribution to their efforts to ensure that inmates' treatment and living conditions are in line with internationally recognized standards. Permission for ICRC visits to detainees, however, was not secured. Owing to other government priorities, including parliamentary elections (see *Context*), a round-table with the interior and justice ministries and other relevant actors on the subject was postponed.

At the request of families, the ICRC followed up on the alleged arrest of nine people in Egypt with a view to ascertaining their whereabouts, but none of the cases were resolved via the ICRC's efforts.

Three repatriated Egyptian nationals formerly held at the Guantanamo Bay internment facility were given vouchers to help them ease their post-release situation.

WOUNDED AND SICK

The ICRC continued working with local health-care providers/institutions, undertaking joint initiatives to help them strengthen their ability to provide quality medical care to casualties in Egypt. It also provided the National Society and other organizations with funding and material support to treat victims of emergencies. However, people in Sinai could not be reached directly (see *Civilians*).

ICRC presentations during meetings and events with the authorities and other stakeholders (see *Actors of influence*) promoted the need to respect and protect people providing/seeking medical care.

Local ambulance-service staff strengthen their ability to handle mass casualties

Over 120 civilian and military doctors/surgeons improved their ability to treat conflict/violence-related injuries through a weapon-wound surgery seminar and emergency-room trauma courses,

including one for trainers. These events were co-organized by the ICRC with the Suez Canal University, the health ministry and, for the first time, the defense and interior ministries.

The EAO, one of the largest ambulance services in the country, bolstered its capacity to deal with mass-casualty situations, with ICRC support. With advice from ICRC consultants, it continued to identify gaps in its set-up and to revise its operating procedures, training programmes and guidelines – for example, on the standardization of equipment. The EAO used illustrated ambulance booklets and first-aid manuals in Arabic and English provided by the ICRC to train its staff; EAO personnel were sent to an emergency response workshop arranged by the Suez Canal University. EAO members also had their psychosocial support needs assessed by an ICRC expert, with a view to launching EAO/ICRC initiatives in this regard.

Discussions continued with the Egyptian Fellowship Board on the inclusion of a module on weapon-wound surgery in its training. During ICRC lectures at an institute affiliated with the Arab Medical Union, health professionals taking a course on disaster management also learnt more about the goals of the Health Care in Danger project, among other matters.

Casualties of violence are treated by local health-care providers with ICRC support

Patients were treated with ad hoc donations of medical supplies – coursed through the National Society – for a health ministry hospital in Sinai and for primary health care facilities treating people from Syria.

Elsewhere, the National Society's EATs were not deployed as often as in previous years, owing to changes in the situation (see *Context*). Nevertheless, people wounded during demonstrations and other incidents were given first aid and/or evacuated by the teams, which used ICRC-donated equipment, supplies and vehicles that facilitated their deployment and helped ensure their safety. The National Society also helped in the treatment of 56 Egyptians repatriated from Libya upon their arrival, with ICRC financial support.

Newly hired staff learnt more about providing emergency care in line with the Safer Access Framework during International Federation/ICRC-supported sessions; other personnel attended refresher courses. The National Society trained 6 additional EATs; in all, 125 teams covered 26 of Egypt's 27 governorates.

The National Society received material and financial support to extend first-aid training to those likely to be at the scene of violent incidents, including journalists and members of the general public (see *Actors of influence*), contributing to overall emergency preparedness.

ACTORS OF INFLUENCE

Security forces broaden their knowledge of international norms applicable to law enforcement

Discussions with the authorities continued, centering on the ICRC and its potential humanitarian contributions (see *Civilians and People deprived of their freedom*), and on thematic issues, particularly the protection due to those providing/seeking medical care. Efforts to increase security forces' knowledge of international norms applicable to law enforcement and to promote the incorporation of IHL provisions in military training, doctrine and

operations were stalled by the security situation, but gathered pace in the second half of the year.

Army personnel, including peacekeepers, learnt more about IHL and other applicable norms during dissemination sessions. Security forces furthered their understanding of internationally recognized standards for law enforcement, including on the use of force, at ICRC workshops. Officers also attended regional courses in Cairo (see below) and overseas (see *Lebanon*), including one for trainers.

Efforts to incorporate IHL in domestic law are hampered by the political situation

Incorporation of key IHL provisions in domestic legislation was hindered by the political situation (see *Context*). Engagement with the national IHL committee, however, continued. With technical support from the ICRC, it reviewed draft laws on the missing and on the protection of cultural property, and followed up another on incorporating the provisions of the Rome Statute in domestic legislation, which was pending adoption by the newly elected parliament. Government officials expressed their views during consultations linked to the Strengthening IHL process (see *International law and policy*).

Judges and prosecutors added to their knowledge of IHL through ICRC lectures and donations of recent IHL publications to the library of the National Center for Judicial Studies; two judges attended a regional IHL course (see *Lebanon*).

Journalists learn more about IHL and are trained in first aid

The media remained a key partner in promoting humanitarian principles and the Movement among the general public, and enhanced their reporting on relevant issues through briefings and information on the ICRC's website. During workshops and seminars, some of which were organized with local organizations, journalists learnt more about the protection afforded them by IHL; in some cases, they were also trained in first aid by the National Society (see *Wounded and sick*).

Human rights organizations, political parties and State-recognized Islamic institutions furthered their knowledge of the ICRC and the similarities between IHL and Islamic law through bilateral discussions and ICRC briefings, and support for the media. Periodic dialogue with local charities/NGOs and academics tackled common humanitarian concerns and the promotion of IHL, respectively.

Regional efforts to promote IHL and its implementation continue

The AIPU, the LAS and the ICRC continued to work with national IHL committees in the region to promote and monitor IHL implementation in line with regional action plans adopted by the AIPU/LAS. The LAS/ICRC published a report on domestic IHL implementation.

LAS representatives and military officials from various Arab countries learnt more about IHL, the mandate and activities of the ICRC and the goals of the Health Care in Danger project at a seminar in Cairo, co-organized with the LAS's Military Affairs Department. At an LAS-organized meeting, representatives of Member States learnt more about the need to respect and protect people providing/seeking health care. Some dissemination activities, however, were cancelled owing to partners' other priorities.

RED CROSS AND RED CRESCENT MOVEMENT

The Egyptian Red Crescent strengthened its ability to respond to emergencies arising from the situation in Egypt and conflict in other countries, through financial, material and technical support from the ICRC (see *Civilians* and *Wounded and sick*). New volunteers learnt about providing family-links services, and the National Society's family-links focal point drew on ICRC advice in following up on tracing cases. Collaboration continued in promoting the Health Care in Danger project.

Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		7			
RCMs distributed		17			
Phone calls facilitated between family members		210			
Reunifications, transfers and repatriations					
People reunited with their families		3			
	<i>including people registered by another delegation</i>	3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		328	67	62	43
	<i>including people for whom tracing requests were registered by another delegation</i>	10			
People located (tracing cases closed positively)		84			
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)		538	108	70	66
	<i>including people for whom tracing requests were registered by another delegation</i>	40			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		1,884			
Official documents relayed between family members across borders/front lines		10			

*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)				
Food commodities	Beneficiaries	8,000	35%	40%
	<i>of whom IDPs</i>	8,000		
Cash	Beneficiaries	1,137		99%
Vouchers	Beneficiaries	5,017	35%	38%