

VOLUME II

ANNUAL REPORT **2021**



ICRC

This report is primarily an account of the ICRC's work in the field and its activities to promote international humanitarian law. Mention is made of some of the negotiations entered into with a view to bringing protection and assistance to the victims of international and non-international armed conflicts and other situations of violence. Other negotiations are not mentioned, since the ICRC feels that any publicity would not be in the interests of the victims. Thus, this report cannot be regarded as covering all the institution's efforts worldwide to come to the aid of the victims of conflict.

Moreover, the length of the text devoted to a given country or situation is not necessarily proportional to the magnitude of the problems observed and tackled by the institution. Indeed, there are cases which are a source of grave humanitarian concern but on which the ICRC is not in a position to report because it has been denied permission to take action. By the same token, the description of operations in which the ICRC has great freedom of action takes up considerable space, regardless of the scale of the problems involved.

The boundaries, names and designations used in this document do not imply official endorsement or express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

All figures in this report are in Swiss Francs (CHF). In 2021, the average exchange rate was CHF 0.912 to USD 1 and CHF 1.085 to EUR 1.

VOLUME II

ANNUAL REPORT

2021



ICRC

CONTENTS

VOLUME I

Abbreviations and definitions	4
Message from the President	6
ICRC management framework and description of programmes	8
The ICRC's operational approach to results-based management – improving humanitarian action	20

HEADQUARTERS 29

ICRC governing bodies	30
Directorate	31
Office of the director-general	34
Office of the director of digital transformation and data	39
Operations	42
International law and policy	51
Communication and information management	61
Human resources	65
Financial resources and logistics	69

OPERATIONS 79

ICRC around the world	80
User guide: layout of operations chapters	82
User guide: yearly result	83
User guide: figures and indicators	84

AFRICA 90

Introduction	90
Abidjan (regional)	92
African Union	98
Algeria	100
Burkina Faso	103
Burundi	110
Central African Republic	116
Chad	123
Congo, Democratic Republic of the	129
Dakar (regional)	137
Eritrea	143
Ethiopia	145
Libya	153
Mali	160
Mauritania	167
Morocco	172
Nairobi (regional)	175
Niger	181
Nigeria	188
Pretoria (regional)	196
Rwanda	203
Somalia	208
South Sudan	215
Sudan	224
Tunis (regional)	231
Uganda	236
Yaoundé (regional)	240

AMERICAS 248

Introduction	248
Brasilia (regional)	250
Caracas (regional)	256
Colombia	264
Lima (regional)	271
Mexico City (regional)	277
New York	283
Panama City (regional)	285
Washington (regional)	289

VOLUME II**ASIA AND THE PACIFIC 296**

Introduction.....	296
Afghanistan	298
Bangkok (regional)	306
Bangladesh	313
Beijing (regional)	320
Jakarta (regional)	324
Kuala Lumpur (regional)	327
Myanmar.....	330
New Delhi (regional)	337
Pakistan.....	342
Philippines.....	348
Sri Lanka.....	355
Suva (regional).....	361

EUROPE AND CENTRAL ASIA 368

Introduction.....	368
Armenia.....	370
Azerbaijan.....	376
Balkans (regional)	383
Brussels	390
Georgia.....	392
Greece.....	398
London (regional)	403
Moscow (regional)	406
Paris (regional)	409
Tashkent (regional).....	412
Ukraine	418

NEAR AND MIDDLE EAST 426

Introduction.....	426
Egypt.....	428
Iran, Islamic Republic of.....	433
Iraq	438
Israel and the Occupied Territories.....	445
Jordan	452
Kuwait (regional)	458
Lebanon	461
Syrian Arab Republic	469
Yemen.....	477

MAIN FIGURES AND INDICATORS..... 487

Protection figures and indicators	488
Assistance figures and indicators	490

FINANCE AND ADMINISTRATION..... 493**The financial year 2021..... 494****Consolidated financial statements
for the year ended 31 December 2021 497**

Consolidated statement of income	498
Consolidated statement of other comprehensive income.....	498
Consolidated statement of financial position	498
Consolidated statement of changes in reserves	499
Consolidated statement of cash flows.....	499
Explanatory notes to these consolidated financial statements	500

KPMG audit opinion 525**Financial and statistical tables..... 529**

A. Income and expenditure related to the 2021 operations and headquarters appeals	530
B. Income and expenditure by delegation related to the 2021 operations appeals.....	532
C. Contributions in 2021	536
D. Contributions in kind, in services and to integrated projects (IPs) in 2021	541
E. Comparative balance sheet and statement of income for the last five years.....	542
F. Assistance items figures	542

Funds and foundations..... 547

Statutory financial statements of the Foundation for the International Committee of the Red Cross	548
Condensed financial statements for the funds controlled by the ICRC	551
Clare Benedict Fund	
Florence Nightingale Medal Fund	
French Fund Maurice de Madre	
Jean Pictet Fund	
Omar El Mukhtar Fund	
Paul Reuter Fund	
National Societies Investment Alliance	

ANNEXES 555**ICRC organizational chart 556****ICRC decision-making structures..... 557****Institutional strategy 2019-2024..... 560****The ICRC and its work with other components
of the International Red Cross
and Red Crescent Movement 569****Legal bases..... 570****States party to the Geneva Conventions
and their Additional Protocols 572**

ASIA AND THE PACIFIC

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	2,341
RCMs distributed	3,148
Phone calls facilitated between family members	501,201
Tracing cases closed positively (subject located or fate established)	1,765
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	137
Detainees in places of detention visited	152,754
<i>of whom visited and monitored individually</i>	2,352
Visits carried out	268
Restoring family links	
RCMs collected	2,865
RCMs distributed	2,363
Phone calls made to families to inform them of the whereabouts of a detained relative	405

EXPENDITURE IN KCHF	
Protection	47,681
Assistance	137,770
Prevention	30,462
Cooperation with National Societies	14,576
General	5,106
Total	235,596
<i>Of which: Overheads</i>	<i>14,377</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	83%

PERSONNEL	
Mobile staff	463
Resident staff (daily workers not included)	3,771

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	138,750	165,700
Food production	People	152,100	142,666
Income support	People	140,447	117,496
Living conditions	People	206,750	299,374
Capacity-building	People	65,799	44,897
Water and habitat			
Water and habitat activities	People	635,520	1,651,497
Health			
Health centres supported	Structures	94	116
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People		6,758
Living conditions	People	30,000	73,505
Water and habitat			
Water and habitat activities	People	76,450	75,655
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	103	129
Physical rehabilitation			
Projects supported	Projects	107	102
Water and habitat			
Water and habitat activities	Beds (capacity)	5,160	10,768

DELEGATIONS

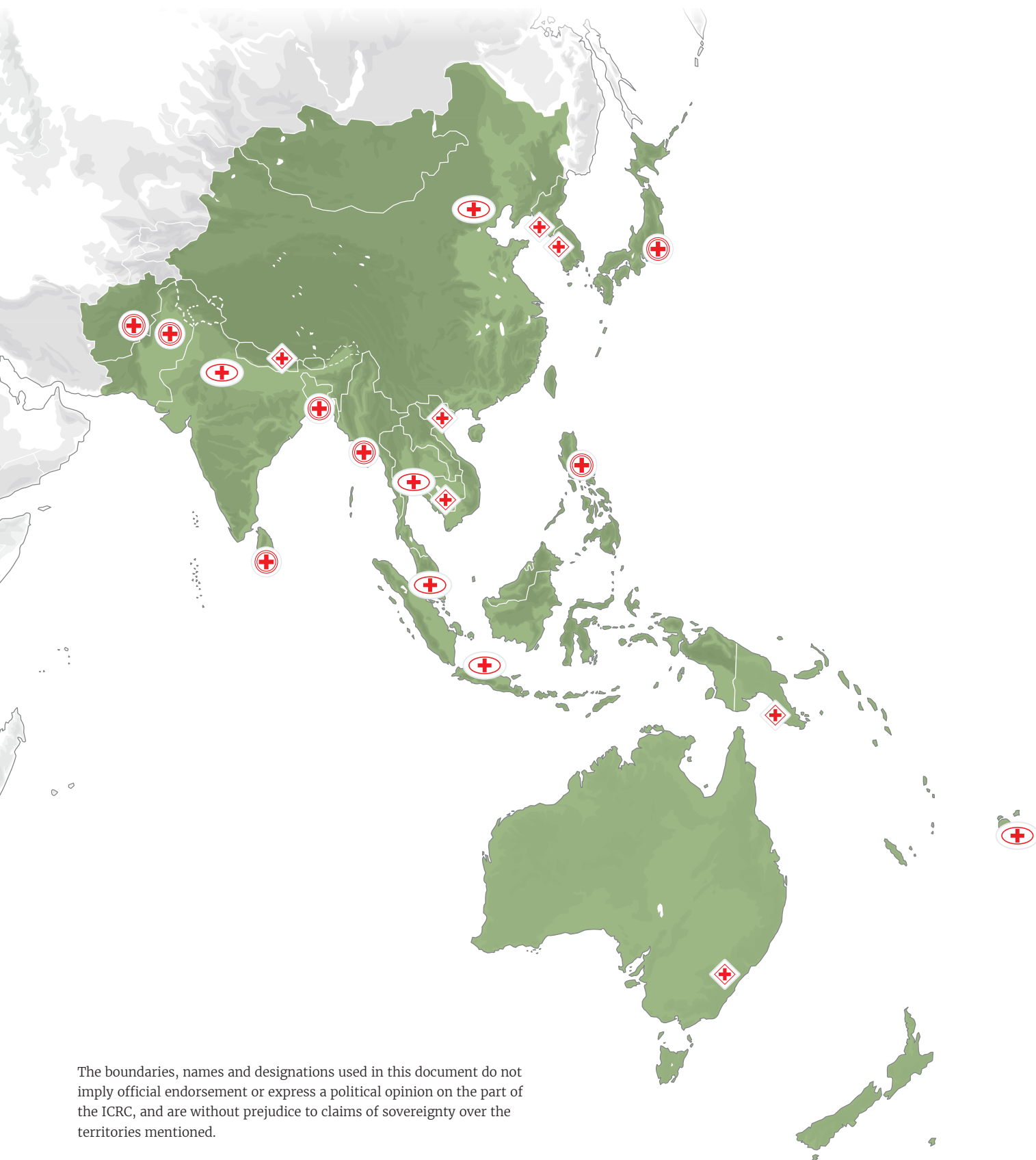
Afghanistan
Bangkok (regional)
Bangladesh
Beijing (regional)
Jakarta (regional)
Kuala Lumpur (regional)

Myanmar
New Delhi (regional)
Pakistan
Philippines
Sri Lanka
Suva (regional)

 ICRC delegation

 ICRC regional delegation

 ICRC mission



The boundaries, names and designations used in this document do not imply official endorsement or express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

AFGHANISTAN

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. It promotes the protection of violence-affected people and respect for their right to access essential goods and services. It supports health-care facilities, provides physical rehabilitation services, improves water and sanitation services, and helps the Afghan Red Crescent Society strengthen its capacities. It strives to help ensure that detainees' treatment and living conditions meet internationally recognized standards. It promotes acceptance and support for principled humanitarian action, and respect for IHL and other international law.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- In response to major national developments in Afghanistan – intensified hostilities, a political transition and an economic crisis – the ICRC redirected many of its efforts and resources to providing people with immediate relief aid.
- The ICRC advocated protection for people throughout the year. Its long-standing dialogue with the Islamic Emirate of Afghanistan (IEA) enabled it to carry out its activities after the transition.
- The ICRC stepped up its efforts to support people in light of economic sanctions and the suspension of most other aid. Notably, it helped sustain access to water and other basic services for over 1.2 million people.
- Afghan Red Crescent Society clinics and the Mirwais Hospital drew on ICRC support to treat wounded and sick people. Persons with disabilities regained some mobility through the ICRC's physical rehabilitation services.
- In response to the faltering health system, the ICRC, in coordination with local authorities launched a six-month project in support of hospitals. Dozens more hospitals than planned received financial support.
- The ICRC adapted its detention-related activities to the concerns of a new detainee population. It worked with the authorities to improve detainees' diet through nutrient-rich food rations and other assistance.

EXPENDITURE IN KCHF

Protection	16,000
Assistance	57,198
Prevention	3,433
Cooperation with National Societies	1,486
General	855
Total	78,972
<i>Of which: Overheads</i>	<i>4,820</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
---------------------------	-----

PERSONNEL

Mobile staff	120
Resident staff (daily workers not included)	1,707



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	63
RCMs distributed	225
Phone calls facilitated between family members	5,446
Tracing cases closed positively (subject located or fate established)	511

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	24
Detainees in places of detention visited	25,188
<i>of whom visited and monitored individually</i>	628
Visits carried out	82

Restoring family links

RCMs collected	30
RCMs distributed	74
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE

CIVILIANS

Economic security

Food consumption	People		10,105
Food production	People		40,000
Income support	People	21,600	25,721
Living conditions	People		22,114

Water and habitat

Water and habitat activities	People	237,520	1,245,106
------------------------------	--------	---------	-----------

Health

Health centres supported	Structures	47	47
--------------------------	------------	----	----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Food consumption	People		6,758
Living conditions	People	30,000	17,921

Water and habitat

Water and habitat activities	People	30,000	33,452
------------------------------	--------	--------	--------

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	5	59
---------------------	------------	---	----

Physical rehabilitation

Projects supported	Projects	31	31
--------------------	----------	----	----

Water and habitat

Water and habitat activities	Beds (capacity)	862	3,324
------------------------------	-----------------	-----	-------

CONTEXT

After almost ten months of intense hostilities, the Islamic Emirate of Afghanistan (IEA) announced the establishment of a government on 7 September 2021. Violence persisted throughout the country – IEA forces, for example, engaged with troops from the Islamic State Group – but fighting ceased in most provinces. Reportedly, thousands of detainees were released, but new arrests have taken place.

Despite the transition, people continued to struggle with the consequences of decades of armed conflict. Thousands of people were displaced, wounded or killed in the fighting. Many thousands of others struggled to meet their immediate needs and/or lost their livelihoods. Essential infrastructure was damaged or destroyed. Violence, detention, migration and natural disasters dispersed many families.

Foreign aid was suspended after the establishment of the new government, owing to sanctions in place. The country's central bank assets were also frozen. Consequently, the country's economy and health system – which had been propped up by donors and humanitarian and international organizations for a long time – were at risk of crisis. Major domestic markets, financial institutions and businesses were incapacitated. Prices of food, medicine and fuel soared. Basic services and supply lines were disrupted. Salaries went unpaid. Health facilities faced critical shortages of medical supplies and struggled to cover their operating costs. Chronic poverty, food shortages, climate change and the COVID-19 pandemic added to people's difficulties.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs created by armed conflict and other violence in Afghanistan. Because of its long-standing dialogue with IEA authorities, it was able to carry out its activities, even after the transition. Its operational and logistical capacities were reinforced by its presence in Dushanbe, Tajikistan – which was moved to Tashkent, Uzbekistan by the end of the year – and its regional logistics hub in Peshawar, Pakistan.

The ICRC responded to developments in the political and economic situation in Afghanistan (see *Context*) by reorienting its attention: it significantly scaled up or adapted some of its planned activities, and postponed or cancelled others; it focused on providing more people with immediate relief. It initiated or resumed dialogue with provincial and central authorities, in various areas, with a view to continuing its neutral, impartial and independent humanitarian activities.

During the fighting, the ICRC, often with the Afghan Red Crescent Society, maintained contact with authorities, weapon bearers and community members, to urge them to prevent or end unlawful conduct; ensure that people were protected; facilitate access to basic services; safeguard medical services; and permit collection of human remains. It also sought to advance their understanding of IHL and gain their support for the Movement's work.

Injured people obtained life-saving care from ICRC-trained first-aiders and/or reached hospitals through an ICRC-funded

taxi system. Wounded or sick people were treated at the Mirwais Hospital, which continued to receive comprehensive support from the ICRC, or at dozens of other hospitals that received material, infrastructural and/or financial support from the ICRC, much of it necessitated by the political and economic crisis. Persons with disabilities improved their mobility at ICRC-run physical rehabilitation centres; they were also helped to ease their living conditions, obtain an education and earn an income. Primary health care was available at National Society clinics supported by the ICRC.

The ICRC provided cash and other assistance to tens of thousands of vulnerable people, including victims of violence. Its support for local water authorities and others helped to ensure that roughly 1 million people had access to a stable supply of water and to other utilities.

Before most of them were released, the ICRC visited detainees, in accordance with its standard procedures. Findings and recommendations were discussed with detaining authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Sick detainees were treated at ICRC-supported prison clinics or referred to other facilities. The ICRC enabled some detainees to be visited by their families. After the political transition, the ICRC engaged the IEA authorities in dialogue on resuming its visits to detainees. It maintained its health-care programmes and COVID-19 response, and worked with the authorities to provide nutritional assistance for the new detainee population.

Members of families separated by conflict or other violence, detention, migration or natural disasters used the Movement's family-links services to reconnect with or search for missing relatives. The ICRC reminded forensic authorities that human remains must be accorded due dignity and handled in a manner conducive to future identification; it gave them expert guidance, as well as personal protective equipment (PPE) and similar items.

The ICRC kept up its efforts to further understanding of IHL, and of its work, among religious scholars and academics, and military and security forces, through workshops and other events. When political developments shrank its network of influential contacts, it endeavoured to strengthen its public communication.

The National Society remained the ICRC's main partner in assisting people in need. It received financial, material and technical support, and training, from the ICRC. All Movement components working in Afghanistan coordinated their activities, including their COVID-19 response.

CIVILIANS

Developments in the political and humanitarian situation notwithstanding, the ICRC continued to deliver a multidisciplinary response, throughout the year, to the pressing needs of people affected by the fighting and the pandemic. It significantly expanded its emergency assistance to address the immediate consequences of the economic crisis, and postponed or cancelled other activities it had planned.

Authorities and weapon bearers are urged to ensure protection for people

During the fighting, the ICRC continued to remind parties to conflict to ensure that people who were not, or were no longer, involved in the fighting were protected, as required by IHL and other applicable law. It engaged in confidential dialogue with these parties about IHL violations that were alleged to have taken place during both airstrikes and ground operations in populated areas. In these discussions, the ICRC reiterated the necessity of preventing or ending unlawful conduct; facilitating access to basic services; showing due regard for medical personnel, transport and facilities; protecting children and upholding their right to an education; and enabling the recovery of human remains.

After the political transition, the ICRC focused on establishing dialogue with central and provincial IEA authorities – or renewing working relationships already in existence – to discuss the protection-related issues mentioned above that were still applicable, and to ensure their continued acceptance and support for its humanitarian activities.

People affected by the fighting and the ongoing crises expressed their concerns, and their views on the ICRC's work, during community feedback sessions. The ICRC also aided victims of violence (see below).

Families receive help to contact relatives or learn their fate

Members of families separated by conflict or other violence, detention, migration or natural disasters used the family-links services of the Afghan Red Crescent Society and the ICRC (e.g. RCMs, tracing) to reconnect with or to search for missing relatives. The ICRC met with the National Society to discuss improvements to these services, and with other humanitarian organizations to coordinate its work with theirs; it also organized information sessions about these services for the authorities and relevant stakeholders. Beginning in the second quarter of the year, constraints created by the pandemic and the political situation (see *Context*) limited visits to communities and other ICRC field activities.

The National Society and the ICRC – with the help of taxi drivers contracted for the purpose – collected the remains of hundreds of people killed in the fighting and handed them over to the families concerned.

The ICRC engaged the authorities in dialogue to remind them that human remains must be handled properly, to prevent disappearances. Providers of forensic services, including hospital morgues, were given material and technical assistance. The National Society received PPE, stretchers, body bags and other items to help them transfer dead bodies or human remains. The ICRC disseminated best practices during meetings and workshops, and through other means (e.g. informational booklets). The intensification of hostilities resulted in the authorities having to manage and identify an increasing number of sets of human remains.

People affected by the fighting meet some of their financial needs

The ICRC provided violence-affected families (some 2,000 households; 20,220 people) – including people injured by improvised explosive devices and explosive remnants of war (ERW) – with cash to cover their expenses (medical treatment, repairs to their houses, funerals, etc.). Some 1,230 persons with disabilities were given support to earn an income or preserve one (see *Wounded and sick*). The ICRC also provided financial assistance to families (about 3,080 people) who wanted to visit their detained relatives (see *People deprived of their freedom*). It also helped augment the income of the previously mentioned taxi drivers (benefiting around 1,200 people in all) who received compensation for assisting in the transfer of human remains.

Additional cash grants distributed near the end of the year reached almost 900 households headed by women (almost 7,100 people) in Kapisa Province, and helped them cover their expenses for food and other basic needs. The families (about 3,000 people) of around 430 housebound people with spinal-cord injuries received cash to cover their expenses for food and other basic necessities; the ICRC remodelled some of their houses to make them more disabled-accessible. It also supported some disabled people's families (some 22,100 people) by providing them with support to continue their education, or by distributing winter essentials such as firewood and stoves (see *Wounded and sick*).

Some 5,000 farming households (around 40,000 people) who had returned to their homes in the province of Helmand were given cash grants to buy wheat seed and fertilizer.

Clinics continue to provide primary-health-care services

People continued to receive primary health care at 46 clinics and from the outpatient department of a district hospital – all of them run by the National Society. These facilities operated throughout the year mostly with no significant disruption, although some had to close temporarily owing to security concerns during the intensified fighting. The clinics provided about 896,800 consultations and administered almost 164,700 doses of polio vaccine to children. The ICRC gave the clinics medical supplies and equipment – including PPE and hygiene items, in support of measures against COVID-19 – and training and technical guidance for staff. It made improvements at some of the clinics (e.g. installation of solar panels) or enhanced passive security measures.

To help strengthen the protection of people seeking and providing health care, the ICRC also briefed staff at National Society clinics on their rights and responsibilities as health workers.

People in both urban and rural areas retain their access to clean water

Some 1,215,000 people in both urban and rural areas were able to maintain access to a stable supply of clean water, because of the ICRC's efforts. The ICRC repaired and/or installed/constructed hand pumps and water towers and trained water-management committees to operate and maintain them. It also donated fuel, water-treatment supplies, and

spare parts to local water authorities. It expanded these activities, particularly the donations, in response to political developments and their economic impact (see *Context*); as a result, water networks operated by the authorities in urban areas, servicing about 1,000,000 of those mentioned above, were able to continue functioning.

The ICRC made repairs or improvements to other public infrastructure, and when necessary, provided material support for operating or maintaining these, benefiting roughly 30,000 people. Schools damaged in the fighting, health-care centres (see above), and selected National Society offices benefited from repairs and renovations made by the ICRC. For instance, the ICRC improved the electrical systems at certain clinics and donated tents to help some of them accommodate more people arriving for consultations. It also provided a local electricity company with oil for transformers.

The ICRC gave the National Society comprehensive support for its activities, particularly its family-links services, forensic work and health programme. Other activities to build its capacities – particularly in implementing water and sanitation projects – were cancelled.

PEOPLE DEPRIVED OF THEIR FREEDOM

In the final weeks of the hostilities and following the establishment of the new government, most of the detainees in penitentiary facilities throughout the country were released. While early in the year the ICRC carried out its activities as planned, changes in the situation caused it to adapt its work. Thus, certain planned activities, such as vocational training for detainees, did not take place.

Before this major shift, the ICRC visited detainees, in accordance with its standard procedures and COVID-19 protocols, to monitor their treatment and living conditions. It paid particular attention to women, minors, foreigners, older people, and other vulnerable groups; 628 detainees were monitored individually. Findings from these visits were communicated confidentially to the detaining authorities at that time, to help them align detainees' treatment and living conditions with internationally recognized standards.

Detainees reconnected with their relatives through RCMs and phone or video calls offered by the Movement. Hundreds of detainees were visited by their families; financial assistance from the ICRC made some of these visits possible. After the massive reduction in the prison population, the ICRC focused on conducting release checks of detainees it had previously registered, with a view to notifying their families and preventing disappearances.

After the transition, the ICRC focused on engaging the new penitentiary authorities – provincial and central – in dialogue on resuming standard ICRC visits to detainees. It began working with the authorities on planning and conducting humanitarian activities for the new detainee population (see *Context*) – for instance, addressing detainees' nutritional needs (see below).

Detainees obtain basic health care and improve their living conditions

Throughout the year, and despite the disruptions connected to the political situation, the ICRC continued to support the provision of basic health care in prisons and sought to help ensure that such services met national standards. It provided financial support, medical supplies and equipment, and/or expert guidance and training for staff – in medical ethics and other matters – to clinics at five priority prisons. The ICRC made it possible for detainees with chronic diseases or disabilities, and other special cases, to receive treatment; it referred some of them for more advanced care.

ICRC initiatives – both before and after changes in the government – improved living conditions for around 33,450 detainees. These initiatives included repairs to water and ventilation systems and other infrastructural work; fumigation campaigns; health- and hygiene-promotion sessions; and distributions of soap and other items for detainees. The ICRC donated around 180,000 litres of fuel to selected places of detention, to ensure that water, heating, and other utilities were available to detainees throughout the winter.

The ICRC provided nutritional assistance to seven penitentiary facilities that were struggling to feed around 6,760 detainees because of a shortage of funds caused by the country's economic plight (see *Context*). Some 13,120 detainees were given clothes, blankets and other winter essentials, and around 4,800 detainees received items for their personal hygiene. The ICRC had planned to reach more people, but was unable to do so with how much of the previous detainee population had been released.

To help strengthen the COVID-19 response in places of detention, the ICRC gave the authorities expert counsel in such matters as vaccinating prison staff and implementing measures to control and prevent infections. To the same end, it provided material support (e.g. hygiene items, PPE) to selected places of detention and conducted information sessions on COVID-19 for detainees.

WOUNDED AND SICK

Wounded and sick people obtain good-quality care

Hundreds of people were referred to ICRC health staff and transported to health facilities by an ICRC-funded network of taxis. Taxi drivers, weapon bearers and other potential first responders received first-aid training, as well as PPE and guidance in COVID-19 protocols to help them do such work safely. At some first-aid training sessions, participants also learnt about the protections afforded to health workers.

In southern Afghanistan, wounded and sick people were treated at the Mirwais Hospital, which continued to improve its services with comprehensive support from the ICRC. The hospital received drugs and other medical supplies; equipment; expert guidance and training, particularly for infection control – including measures against COVID-19 (see below) – and for the emergency, surgical, paediatric, obstetric and gynaecological, and biomedical departments; and financial assistance for covering staff salaries and other running costs. This support helped to sustain and improve the functioning

of the hospital's COVID-19 ward. Health staff were briefed on their rights and duties, and on key aspects of the Health Care in Danger initiative. The ICRC also provided expert guidance to the hospital's management, with a view to preparing them to run the hospital without ICRC support. The ICRC also covered the expenses of some patients requiring certain kinds of specialized treatment; these included transportation and accommodation costs.

The ICRC made ad hoc donations of drugs and other supplies, for dealing with mass casualties and other emergencies, to 49 health facilities across the country; personnel at some of these facilities were given training in emergency trauma care. ICRC expertise was made available to help improve emergency departments and surgical capacities at a community health centre, as well as two other facilities that received the ad hoc material support mentioned above. The ICRC also provided equipment to enhance their services: for instance, a blood-bank refrigerator for one of the hospitals. Health staff at these facilities attended ICRC training in such areas as basic life support, emergency trauma care, and infection prevention and control.

In response to urgent health needs created by the economic crisis (see *Context*), in November the ICRC, in coordination with the health authorities, began implementing the Hospital Resilience Program, a six-month initiative under which operational expenses and the salaries of thousands of staff for selected hospitals were covered.¹ The program was able to support a total of 17 hospitals – nine of which were also recipients of the previously mentioned ad hoc donations – which enabled these facilities to remain in service.

The ICRC made infrastructural improvements and/or renovations at a number of hospitals and physical rehabilitation centres (see below), including the Mirwais Hospital; it also donated fuel for generators to some of these facilities (total capacity: 3,324 beds). At the Mirwais Hospital, it renovated the paediatric ward, laboratory, and water, sanitation and electrical systems; built an X-ray department, triage area, and a room for storing medical records; and provided training and expert guidance for the hospital's maintenance staff. More facilities than anticipated required and were given assistance, because of the political and economic situation (see *Context*).

Persons with disabilities regain some mobility and self-sufficiency

Almost 160,000 persons with disabilities² gained more mobility through services from seven ICRC-run physical rehabilitation centres and/or assistive devices made of parts manufactured at an ICRC components factory. The centres operated throughout the year – taking the measures necessary against COVID-19 – although some of their activities had to be curtailed, temporarily, when the security situation became

uncertain. They continued to be managed by ICRC-trained employees – many of them, persons with disabilities. The ICRC covered transportation and other expenses for disabled people travelling from remote areas to the centres or other facilities for specialized care. It also made renovations at five of the centres, and built an indoor arena for disability sports at one of them. It began construction of a new centre in Lashkar Gah.

The ICRC provided the centres' patients and other disabled people with support for getting an education or achieving financial stability, with a view also to advancing their social inclusion. Some people found jobs with the ICRC's help, attended ICRC vocational training, or were provided with microcredit for restoring or starting small businesses. Persons with spinal-cord injuries or other disabilities received home care, cash, and/or other assistance to help them cope. Hundreds of young people with disabilities received home tutoring, school supplies and financial aid for their studies, scholarships to attend university, and/or monthly allowances to cover the costs of transportation to school. Several disabled people attended their ICRC-funded sports teams' practices.

A total of 22 other institutions in the physical rehabilitation sector – including centres, disability sports organizations and training institutes – continued their work, in part with financial, material and/or other support from the ICRC. Students and professionals, including those enrolled in advanced courses in physiotherapy, took classes at an ICRC-supported school of prosthetics and orthotics.

ACTORS OF INFLUENCE

Before the political transition, the ICRC, often in tandem with the Afghan Red Crescent Society, maintained contact with authorities, weapon bearers, religious leaders, journalists, and community members. The ICRC's involvement with these actors had certain objectives, such as helping them understand IHL more fully, gaining their support for the Movement's work and persuading them to facilitate safe and uninterrupted humanitarian access.

The ICRC also continued to help integrate IHL and other applicable norms into the doctrine, training and operations of the armed forces and the security forces. ICRC workshops enabled weapon bearers to strengthen their grasp of these norms and/or to become more capable of instructing others in them. Some 2,220 military and security forces and police personnel were able to attend 69 ICRC courses and information sessions. Because of administrative constraints, as well as pandemic-related restrictions and the shift in the situation, officers were not able to participate in regional and international events on similar topics.

After the establishment of the new government, interaction with weapon bearers, influential members of civil society and violence-affected communities became limited. In addition, many stakeholders whom the ICRC had previously engaged with in dialogue, on its mandate and humanitarian activities, had left the country. The ICRC initiated dialogue with newly appointed IEA authorities – or renewed dialogue with those with whom it had already established a relationship – with

1. The Hospital Resilience Program, as of April 2022, has been expanded to cover 33 hospitals and teaching hospitals, and has been extended until the end of 2022. For more information, please see the [budget extension appeal](#) on the [ICRC Extranet for Donors](#).
2. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

a view to fostering support for its neutral, impartial and independent humanitarian action.

The ICRC maintained – and after the change in government, strengthened – its public communication, particularly to amplify key humanitarian messages and to broaden awareness of its work. For instance, its news release on the six-month initiative to support hospitals (see *Wounded and sick*) was picked up by numerous media organizations.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent Society remained the ICRC's main partner in providing humanitarian aid throughout the country. It received financial, material and technical assistance from the ICRC, and other Movement components, to mount an effective humanitarian response. Notably, the National Society was able to make use of its health facilities in remote areas when it was

assisting the health ministry's campaign to vaccinate people against COVID-19.

ICRC support helped the National Society to develop its operational capacities in various areas. About 70 staff members and volunteers learnt about the Safer Access Framework at ICRC workshops; some of these workshops were train-the-trainer sessions. The ICRC provided the National Society with equipment and other assistance to improve its connectivity and its ability to host virtual meetings.

Movement components in Afghanistan met regularly to coordinate their activities, including their response to the pandemic, and to discuss issues of common interest or concern. They also helped the National Society to document security incidents and mark its health facilities with the red crescent emblem.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	63	2		
RCMs distributed	225	2		
Phone calls facilitated between family members	5,446			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	4,022			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	967	171	154	215
<i>including people for whom tracing requests were registered by another delegation</i>	51			
Tracing cases closed positively (subject located or fate established)	511			
<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)	4,063	916	774	1,202
<i>including people for whom tracing requests were registered by another delegation</i>	203			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	24			
Detainees in places of detention visited	25,188	678	371	
Visits carried out	82			
		Women	Girls	Boys
Detainees visited and monitored individually	628	80	10	1
<i>of whom newly registered</i>	356	38	10	
RCMs and other means of family contact				
RCMs collected	30			
RCMs distributed	74			
Phone calls made to families to inform them of the whereabouts of a detained relative	28			
Detainees visited by their relatives with ICRC/National Society support	1,972			
People to whom a detention attestation was issued	19			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	10,105	2,770	2,836
Food production	People	40,000	12,000	16,000
Income support	People	25,721	7,378	8,277
<i>of whom IDPs</i>		21	6	9
Living conditions	People	22,114	5,600	1,103
Water and habitat				
Water and habitat activities	People	1,245,106		
Primary health care				
Health centres supported	Structures	47		
<i>of which health centres supported regularly</i>		47		
Average catchment population		937,013		
Services at health centres supported regularly				
Consultations		896,803		
<i>of which curative</i>		843,240	264,409	22,685
<i>of which antenatal</i>		53,563		
Vaccines provided	Doses	295,968		
<i>of which polio vaccines for children under 5 years of age</i>		164,682		
Referrals to a second level of care	Patients	6,404		
<i>of whom gynaecological/obstetric cases</i>		45		

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Food consumption	People	6,758	185	125
Living conditions	People	17,921	301	190
Water and habitat				
Water and habitat activities	People	33,452		
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	59		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		2,607	197	330
(including those related to mines or explosive remnants of war)		1,174	103	227
Non-weapon-wound admissions		18,380		
Operations performed		21,837		
Medical (non-surgical) admissions		19,561	3,541	65
Gynaecological/obstetric admissions		25,370	25,370	
Consultations		407,472		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		5,507		
Weapon-wound admissions (surgical and non-surgical admissions)		8,720	26	26
Weapon-wound surgeries performed		4,929		
Patients whose hospital treatment was paid for by the ICRC		380,441		
First aid				
First-aid training				
Sessions		46		
Participants (aggregated monthly data)		737		
Water and habitat				
Water and habitat activities	Beds (capacity)	3,324		
Physical rehabilitation				
Projects supported		31		
<i>of which physical rehabilitation projects supported regularly</i>		7		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	159,674	24,191	63,140
<i>of whom victims of mines or explosive remnants of war</i>		21,124		
Prostheses delivered	Units	3,851		
Orthoses delivered	Units	19,656		
Physiotherapy sessions		204,976		
Walking aids delivered	Units	24,081		
Wheelchairs or postural support devices delivered	Units	2,774		
Referrals to social integration projects		2,534		

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam

The ICRC established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam. At present, it promotes the ratification and implementation of IHL and its integration into military training. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect and assist violence-affected people in Thailand and visits detainees in Cambodia. It helps meet the need for assistive devices for people with physical disabilities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



ICRC regional delegation ICRC sub-delegation ICRC mission

KEY RESULTS/CONSTRAINTS IN 2021

- In Cambodia, detaining authorities received ICRC support for their efforts to ensure detainees' well-being and check the spread of COVID-19. Immigration centres in Thailand were inaccessible to the ICRC.
- People wounded along the Myanmar–Thailand border obtained free treatment at ICRC-supported facilities in Thailand. In Cambodia and Viet Nam, persons with disabilities received rehabilitative care at ICRC-supported centres.
- In southern Thailand, the ICRC helped people to build their resilience to the effects of violence, such as by providing income support, making clean water more readily available and repairing disabled people's homes.
- Because of restrictions necessitated by the COVID-19 pandemic, the ICRC had to postpone or cancel some activities it had planned, such as training health workers in first aid and helping destitute people to learn basic business skills.
- The ICRC broadened awareness of IHL-related issues among civil society, government officials and other influential figures. It briefed military officers in the countries covered on IHL and other norms applicable to their work.

EXPENDITURE IN KCHF

Protection	2,963
Assistance	4,553
Prevention	3,077
Cooperation with National Societies	672
General	2,270
Total	13,535
<i>Of which: Overheads</i>	<i>826</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
---------------------------	-----

PERSONNEL

Mobile staff	60
Resident staff (daily workers not included)	182

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,812
RCMs distributed	2,396
Tracing cases closed positively (subject located or fate established)	8
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	16,109
<i>of whom visited and monitored individually</i>	52
Visits carried out	12
Restoring family links	
RCMs collected	2,250
RCMs distributed	1,942
Phone calls made to families to inform them of the whereabouts of a detained relative	10

ASSISTANCE	2021 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	People 732	100
Capacity-building	People 229	
Water and habitat		
Water and habitat activities	People 229	
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People 7,801	
Water and habitat		
Water and habitat activities	People 5,400	6,847
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 14	10
Physical rehabilitation		
Projects supported	Projects 21	22

CONTEXT

The situation in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR), Thailand and Viet Nam remained relatively stable. Governments in the region sought to implement measures to contain the spread of COVID-19 and mitigate its socio-economic effects, but the pandemic continued to compound the difficulties of people, especially those with specific vulnerabilities.

Clashes between the Myanmar military and armed groups continued along the Myanmar–Thailand border. Some people wounded in the fighting, or by landmines and explosive remnants of war (ERW) in Myanmar, sought treatment in Thailand.

In southern Thailand, episodic violence continued to cause injuries and deaths.

Mines and ERW linked to past conflicts – especially in Cambodia, the Lao PDR and Viet Nam – continued to endanger public safety. Irregular migration and natural disaster remained major sources of regional concern. Many survivors of mine accidents required physical rehabilitation but had little or no access to it.

ICRC ACTION AND RESULTS

The regional delegation in Bangkok strove to help people cope with the effects of past armed conflict and other, ongoing situations of violence in the countries covered. It also sought to foster acceptance for the ICRC's neutral, impartial and independent humanitarian action among influential parties, with a view to gaining or maintaining safe access to people in need. It continued to adapt its work to access-related and other constraints, such as the measures taken to contain the spread of COVID-19. It redirected certain funds to pandemic response and postponed or cancelled some activities.

In southern Thailand, the ICRC continued to help people strengthen their resilience to the effects of violence. It provided income support for the economically vulnerable, and made clean water more readily available and renovated houses in some communities.

Members of families dispersed by past armed conflict and violence, migration, or detention reconnected through the Movement's family links-services. Forensic actors in the region drew on ICRC expertise and training, and material aid, to develop their ability to manage human remains safely and properly, including the bodies of people confirmed or suspected to have died of COVID-19.

The ICRC visited places of detention in Cambodia, in accordance with its standard procedures, and communicated its findings and recommendations confidentially to the authorities concerned. Family-links services were made available to detainees in Cambodia. In Thailand, the ICRC was unable to obtain the authorities' permission to visit people held in immigration centres. Aided by the ICRC, penitentiary authorities and prison health staff in Cambodia strove to check and prevent the spread of COVID-19 in places of detention.

Detainees in Cambodia benefited from ICRC projects to renovate or construct prison infrastructure.

The ICRC covered the costs of treatment, and COVID-19 tests, for some of the people wounded during clashes in Myanmar. In Cambodia and Viet Nam, persons with disabilities obtained good-quality services at physical rehabilitation centres that received comprehensive ICRC support; they also benefited from efforts to promote their social inclusion. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia, the Lao PDR and Vietnam: it gave the Cambodian authorities technical assistance for promoting national standards for physiotherapy and supported training or education in prosthetics and orthotics.

Military officers in Cambodia, Thailand and Viet Nam strengthened their grasp of IHL and other applicable norms at workshops and similar ICRC events. Students tested their knowledge of IHL at moot court competitions held online and in other countries. Public-communication initiatives by the National Societies and the ICRC helped to broaden awareness of IHL, humanitarian issues and the ICRC's efforts to address them, and of the Movement and its work. Government officials, members of civil society and other influential actors advanced their understanding of IHL-related issues at ICRC events online.

National Societies in the region continued, with the ICRC's support, to strengthen their ability to respond to emergencies, restore family links and raise awareness of humanitarian principles and the Movement's work.

As in 2020, pandemic-related restrictions prevented the ICRC from implementing its plans to conduct courses or training in such areas as: basic business skills, for economically vulnerable people; treatment of blast injuries, for mine-action authorities and military personnel; first aid, for community health workers; and mental-health and psychosocial support, for health-care providers and community volunteers. These restrictions also hindered the provision of support for the organizational development of National Societies in the region.

CIVILIANS

The ICRC continued to monitor the situation in the countries covered – especially areas of Cambodia and southern Thailand affected by or prone to violence. In all its contact with the pertinent authorities and weapon bearers, it sought to foster acceptance for its neutral, impartial and independent humanitarian action, with a view to gaining or maintaining safe access to people in need.

People in southern Thailand receive livelihood support

The ICRC worked to help communities in southern Thailand cope with the effects of violence. It gave some 20 farmers (supporting 100 people) supplies and equipment for sustaining or improving their livelihoods. Owing to floods in the south, ICRC distributions were delayed and fewer people were reached than planned. The ICRC decided to deliver the rest of the items, and support local institutions in training the farmers, in 2022. Plans to give economically vulnerable breadwinners

cash grants, or training in basic business skills through a local partner, could not be realized because of operational and other constraints.

Some 224 displaced people, in areas along Thailand's border with Myanmar, had access to clean water because of water filters distributed by the ICRC, which also trained them in the proper use of the filters. The Thai Red Cross Society, with financial support from the ICRC, made repairs to the damaged houses of five people, some of them physically disabled.

Some communities learn about the risk of mines despite pandemic-related obstacles

The ICRC provided support for the Viet Nam Red Cross to conduct information sessions in primary schools on mine-related risks. At an ICRC seminar in Viet Nam, instructors in disaster response learnt how to broaden awareness of the threat of unexploded ordnance during natural disasters. A booklet on recovering human remains from weapon-contaminated settings was translated by the ICRC into Vietnamese and passed on to the Vietnamese military.

Movement restrictions necessitated by the pandemic continued to hamper the implementation of other activities in response to the effects of weapon contamination in the region. Plans to train Lao PDR mine-action authorities and the Vietnamese military in first aid for blast injuries had to be postponed, as in 2020. The ICRC and the Cambodian and Lao PDR National Societies were unable to organize information sessions on mine-related risks in communities endangered by mines/ERW.

National Societies bolster their family-links services

Members of families dispersed by past armed conflict or other violence, migration, detention or other circumstances re-connected through the Movement's family-links services. In Thailand, people lodged requests with the ICRC to trace their missing relatives; the fate and whereabouts of eight people were ascertained and relayed to the families concerned. In Cambodia and Thailand, the ICRC helped a few migrant families to travel to other countries, where they eventually reunited with their relatives.

Guided by the ICRC, the Cambodian Red Cross Society drafted its strategy for restoring family links, including in places of detention. The ICRC provided the Lao Red Cross with support to conduct dissemination sessions, and distribute informational materials, to publicize family-links services throughout the country. Guided by the ICRC, the Vietnamese Red Cross trained its volunteers in delivering family-links services or in training others to do so. Pandemic-related restrictions prevented the organization of more capacity-building activities.

Thai experts participated in online ICRC workshops on searching for missing migrants and addressing the plight of missing people's families. The families attended webinars and a combination of online and in-person events – organized by the ICRC – on coping with 'ambiguous loss' and participating in the drafting of laws and policies concerning missing people. The ICRC explored various migration-relation topics, with a view to undertaking research projects on these topics.

Forensic actors strengthen their capacity to manage human remains

In Thailand, the ICRC expanded its network of contacts among actors involved in managing human remains, to advance its understanding of Thai medico-legal practices. It donated personal protective equipment (PPE) and body bags to the Thai government's Central Institute of Forensic Services (CIFS) and other forensic agencies. Posters and videos – on measures to prevent and control infections, and on handling the dead bodies of COVID-19 victims – were given to the CIFS, the Royal Thai Police and a number of universities; these materials were being translated into Thai. Forensic experts, first responders, university students and others learnt about humanitarian forensics and other topics of relevance. The ICRC demonstrated, for some of them, the use of a virtual-reality tool to simulate the management of human remains after disasters.

The National Institute of Forensic Medicine (NIFM) in Vietnam was given PPE and posters bearing information on COVID-19. The ICRC also sponsored NIFM representatives to attend various events, such as meetings of the Asia-Pacific Medico-Legal Agencies network. Operational constraints hindered the ICRC's plans to help the Vietnamese authorities draft national guidelines for managing human remains during emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Cambodia, the ICRC visited, in accordance with its standard procedures, detainees held by the Directorate General of Prisons (DGP), to check on their treatment and living conditions. Dialogue with the Cambodian authorities focused on overcrowding and prison management and construction. The ICRC and a technical working group – composed of justice ministry officials and other relevant stakeholders – met online to discuss the issue of judicial delays and alternatives to detention. Pandemic-related constraints prevented the ICRC from organizing in-person events with them on addressing issues at both the prison and the systemic level.

The ICRC was not granted access to people in immigration centres in Thailand; its engagement with Thai detaining authorities remained restricted in scope, owing to both pandemic-related constraints and the absence of shared priorities.

In Cambodia, detainees restored or maintained contact with their families through RCMs collected and distributed by the Cambodian Red Cross Society and the ICRC. Phone services linking detainees and their families remained suspended; the ICRC reminded the penitentiary and interior ministries of the necessity of ensuring that detainees can contact their families.

Authorities bolster their capacity to respond to COVID-19 and other issues in detention

The ICRC provided detaining authorities in Cambodia with material and technical support for their COVID-19 response; roughly 7,800 detainees were given hygiene items, PPE and other necessities. It organized a workshop on tackling COVID-19 in detention for prison directors throughout the country. It also submitted written representations to the justice, health and interior ministries, urging them to include detainees in vaccination campaigns; the authorities vaccinated detainees at all

28 places of detention in the country. Prison staff were given training to ensure proper nutrition for detainees and manage detainees' medical records. A technical working group was given guidance in drafting policies concerning public health in prisons.

In Thailand, the ICRC postponed to 2022 a workshop on health care in detention for prison health staff. It distributed modules to public-health engineers studying at a university in Bangkok, and delivered lectures online – on prison design and other topics – to students and government officials. Efforts to help the authorities develop a national curriculum for nursing in correction facilities were under way.

Detainees in Cambodia have access to personal development courses and better facilities

About 300 detainees had access to programmes in personal development organized by the authorities and a local NGO, with the ICRC's financial support. Some 40 of them also received, after their release, financial or capacity-building support from the ICRC to establish small businesses and advance their socio-economic reintegration.

About 6,800 detainees benefited from the ICRC's repairs or upgrades to water, sanitation and other critical systems, and its installation of handwashing stations, at selected places of detention. These detainees also benefited from ICRC support – financial or material – for the authorities to build kitchens and improve ventilation systems. Many of these projects were implemented by the ICRC in partnership with the DGP and a local organization. The ICRC also sponsored engineers of the DGP to participate in a course in project management, and trained prison personnel to maintain critical systems and disinfect prison facilities.

WOUNDED AND SICK

Wounded people in Thailand obtain suitable medical care

Some 50 people wounded in clashes in north-eastern Myanmar sought treatment in Thailand (see *Context*). The ICRC covered the costs of treatment and provided financial assistance for ten hospitals that admitted them. During discussions with authorities in areas along the Myanmar–Thailand border, it emphasized the necessity of facilitating safe access to medical care for wounded people.

The ICRC coordinated with the authorities in border areas to implement measures against COVID-19. It donated PPE to the hospitals mentioned above, and to border-force units. It covered the costs of COVID-19 tests for the wounded patients from Myanmar and the health workers treating them; it also distributed face masks and disinfectant.

Because of pandemic-related constraints, like in 2020, the ICRC was unable to train health workers in first aid and mental-health and psychosocial support.

Persons with disabilities receive good-quality rehabilitative services

About 6,800 persons with disabilities¹ obtained rehabilitative care at five physical rehabilitation centres – namely, three in Viet Nam and two in Cambodia – or through the centres' outreach programmes. The ICRC covered food, transport and accommodation costs for some of them. The centres received comprehensive ICRC support; health staff were trained in providing or promoting mental-health and psychosocial support, and in implementing measures against COVID-19. The ICRC sponsored 43 staff members from the Cambodian centres for online courses in physiotherapy. The ICRC also provided ad hoc material support to two orthopaedic hospitals in Viet Nam. The ICRC gave a Cambodian association of physiotherapists financial assistance for covering its running costs. The ICRC also supported the Vietnamese Red Cross, and three disability associations in Vietnam, to refer people with disabilities needing treatment to the centres mentioned above. All of the ICRC-supported actors also received PPE and hygiene supplies.

The ICRC worked to advance the social inclusion of persons with disabilities. In conjunction with a disabled people's association in Cambodia, it gave 58 persons with disabilities (supporting 290 people) cash grants for starting small businesses. It gave the Cambodian Wheelchair Basketball Federation technical support to secure formal recognition by the government, and to conduct training sessions online; financial support from the ICRC enabled 68 disabled people to participate in sports. Through financial and material support, the ICRC helped disabled people to find employment or undertake vocational training. Disabled children received supplies from the ICRC and attended an ICRC-supported school in Cambodia.

Authorities in Cambodia, Lao PDR and Vietnam work to develop the physical rehabilitation sector

In Cambodia, the ICRC provided the health ministry and the social affairs ministry with technical guidance for promoting national standards for physiotherapy. It also supported the labour and social affairs ministry in Vietnam to develop a training programme for rehabilitation technicians and to undertake a review of prosthetics and orthotics services in the country. The Lao PDR health ministry and the ICRC continued to work together to strengthen the country's physical rehabilitation sector.

The ICRC helped a Cambodian university to offer a degree course in physiotherapy; it gave 26 students scholarships to pursue studies in related fields there. Pandemic-related and operational constraints were, as in 2020, the main reasons for the postponement or cancellation of several activities, such as helping to develop a degree course in prosthetics and orthotics at a training institute in Viet Nam. With the ICRC's support, staff from a Vietnamese orthopaedic training centre attended a global event, held virtually, on developments in the prosthetics and orthotics field. Students from Lao PDR continued their education in prosthetics and orthotics at schools in Cambodia and Viet Nam; the ICRC paid their tuition. Six of them graduated in 2021.

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

ACTORS OF INFLUENCE

In the countries covered, weapon bearers strengthened their grasp of IHL and other pertinent norms at events organized by the ICRC. Military officers in Thailand, including those involved in internal security operations, attended ICRC workshops, seminars or presentations on the norms applicable to their duties. Some of them were sponsored to attend a workshop for senior officers, on international rules governing military operations; the workshop was conducted partly online and partly in person (see *International law and policy*). Cambodian and Vietnamese troops bound for peacekeeping operations were briefed on IHL, including provisions related to sexual violence, and the ICRC's humanitarian action; the ICRC gave Vietnamese peace-support officers reference materials on IHL.

Students in Cambodia and Thailand tested their grasp of IHL at national moot court competitions – some of them virtual – organized by Cambodian and Thai universities and the ICRC; sponsored by the ICRC, they also took part in an international moot court competition (see *Beijing*). The ICRC, in coordination with Thai universities, hosted webinars on IHL for students and a round table on its updated commentaries on the 1949 Geneva Conventions. Together with Buddhist scholars in Thailand, the ICRC organized webinars on the points of correspondence between Buddhism and IHL; it also organized workshops on the same topic for university students.

The ICRC continued to draw the attention of influential actors to various IHL-related issues. In Thailand, the ICRC produced podcasts on the Treaty on the Prohibition of Nuclear Weapons, cyber warfare and other relevant topics. Government officials and academics from Cambodia, the Lao PDR, Thailand and Viet Nam took part in an online regional conference on IHL. The ICRC took stock of its efforts to support governments in advancing the ratification and/or implementation of IHL and related treaties, with a view to developing a more effective approach.

ICRC publications and audio-visual materials – channelled mainly through social media – helped inform the public about IHL, and about humanitarian issues and the ICRC's efforts to tackle them.

RED CROSS AND RED CRESCENT MOVEMENT

The four National Societies in the region drew on financial, material and technical support, and training, from the ICRC to develop their capacities in responding to emergencies – particularly the pandemic and natural disasters – and restoring family links (see also *Civilians*). However, COVID-19 outbreaks in the region severely affected most of the ICRC's plans to support the National Societies, particularly in the Lao PDR and Viet Nam.

The ICRC redirected to pandemic response funds allocated for helping National Societies strengthen their legal bases and for supporting other National Society activities. Aided by the ICRC, the Cambodian Red Cross Society conducted communication campaigns on measures against COVID-19. The ICRC gave the Lao Red Cross financial assistance to buy PPE, disinfectants and other items required for its pandemic response. The Viet Nam Red Cross disseminated key messages about the pandemic, including its effects on mental health and ways to cope with them.

The Cambodian Red Cross, with the ICRC's support, provided microcredit for disabled people and family-links services for detainees. The ICRC helped the Lao Red Cross to develop training programmes, in emergency medical services, for its staff.

National Society staff and volunteers attended ICRC dissemination and train-the-trainer sessions – mostly online – and were given informational resources on the Movement and the red cross emblem.

Movement components in the region met periodically to discuss and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,812			
RCMs distributed	2,396			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	10	4		3
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	8			
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases still being handled at the end of the reporting period (people)	134	26	28	39
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Documents				
People to whom travel documents were issued	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	16,109	824	462	
Visits carried out	12			
		Women	Girls	Boys
Detainees visited and monitored individually	52	1		1
<i>of whom newly registered</i>	9			1
RCMs and other means of family contact				
RCMs collected	2,250			
RCMs distributed	1,942			
Phone calls made to families to inform them of the whereabouts of a detained relative	10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	100	25	60
Water and habitat				
Water and habitat activities	People	229	115	50
	<i>of whom IDPs</i>	224	112	49
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	7,801	1,222	1,043
Water and habitat				
Water and habitat activities	People	6,847	624	208
Health care in detention				
Places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		56	5	2
Weapon-wound surgeries performed		55		
Patients whose hospital treatment was paid for by the ICRC		54		
Physical rehabilitation				
Projects supported		22		
	<i>of which physical rehabilitation projects supported regularly</i>	5		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	6,829	954	1,166
	<i>of whom victims of mines or explosive remnants of war</i>	3,310		
Prostheses delivered	Units	1,158		
Orthoses delivered	Units	585		
Physiotherapy sessions		18,061		
Walking aids delivered	Units	1,813		
Wheelchairs or postural support devices delivered	Units	539		
Referrals to social integration projects		218		

BANGLADESH

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist civilians affected by violence, including people who had fled across the border from Myanmar, and visits detainees to monitor their treatment and living conditions. It helps improve local capacities to provide physical rehabilitation services for people with physical disabilities. It promotes IHL and its implementation among the authorities, the armed and security forces and academic circles, and supports the Bangladesh Red Crescent Society in building its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- Displaced people from Myanmar and vulnerable residents – such as those affected by floods – were given food, cash or other aid. More people than planned received emergency assistance, owing to a surge in COVID-19 cases.
- Continued engagement with authorities and members of civil society enabled the ICRC to preserve its access to displaced people and vulnerable residents – who, the authorities were reminded, must be protected and assisted.
- Wounded or ailing people obtained medical care at the emergency department of a district hospital that received comprehensive ICRC support. ICRC-backed centres provided rehabilitative care for persons with disabilities.
- The ICRC carried out infrastructure projects such as drilling wells and operating a sewage collection and treatment service. All this enabled tens of thousands of people to live in sanitary conditions, better protected against disease.
- Detainees in all facilities under the prison directorate benefited from the ICRC's support for the national COVID-19 response. The ICRC provided the authorities with material assistance, expert guidance and training for staff.

EXPENDITURE IN KCHF

Protection	3,361
Assistance	9,617
Prevention	1,550
Cooperation with National Societies	888
General	214
Total	15,630
<i>Of which: Overheads</i>	<i>952</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
---------------------------	-----

PERSONNEL

Mobile staff	36
Resident staff (daily workers not included)	181



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	114
RCMs distributed	11
Tracing cases closed positively (subject located or fate established)	241
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	24,953
<i>of whom visited and monitored individually</i>	301
Visits carried out	16
Restoring family links	
RCMs collected	130
RCMs distributed	22
Phone calls made to families to inform them of the whereabouts of a detained relative	117

ASSISTANCE	2021 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 5,750	24,446
Food production	People 6,500	5,339
Income support	People 7,375	5,012
Living conditions	People 5,750	8,856
Water and habitat		
Water and habitat activities	People 42,300	36,006
Health		
Health centres supported	Structures 4	4
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People	1,500
Water and habitat		
Water and habitat activities	People 13,250	3,245
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 9	1
Physical rehabilitation		
Projects supported	Projects 6	6
Water and habitat		
Water and habitat activities	Beds (capacity) 580	1,751

CONTEXT

Roughly 720,000 people who had fled violence in Rakhine after August 2017 (see *Myanmar*) remained in Bangladesh, along with hundreds of thousands who had arrived before then. The governments of Bangladesh and Myanmar had not yet facilitated any returns. Some displaced people were at camps in Cox's Bazar – in Teknaf and Ukhiya – and in shelters near or within host communities. Others had settled along the Bangladesh–Myanmar border. Reportedly, by December 2021, the authorities had relocated about 18,000 of them to the island of Bhasan Char, with a view eventually to relocating some 100,000 people.

The camps in Cox's Bazar remained overpopulated. Most of the displaced people were destitute. Basic goods and services were overstretched, leading to tensions between displaced people and host communities; some people suffered from sickness or injury. Some displaced families remained separated. The COVID-19 pandemic, and the movement restrictions it necessitated, added to their difficulties.

Security forces throughout Bangladesh carried out operations against allegedly violent groups, particularly in Cox's Bazar and in the Chittagong Hill Tracts, where security incidents continued to be reported. Jails were overcrowded, and detainees lacked access to health care and other basic services.

Communal tensions persisted in the Chittagong Hill Tracts, as did political violence. Heavy monsoon rain and the resulting floods exacerbated people's difficulties.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the urgent needs of residents and displaced people at camps in Cox's Bazar; in an area along the Bangladesh–Myanmar border that was inaccessible to most organizations; and in the Chittagong Hill Tracts. It worked mainly in conjunction with the Bangladesh Red Crescent Society and other organizations, and with local authorities. Owing to a surge in COVID-19 cases around the middle of the year, it stepped up its response to the pandemic, and postponed some of its other activities because of pandemic-related restrictions.

The ICRC monitored the concerns of displaced people and vulnerable residents, and reminded the authorities, and military and police commanders, that these groups must be protected and their safe access to humanitarian aid and basic services be ensured. It passed on allegations of unlawful conduct confidentially to the pertinent authorities, with a view to ending or preventing such misconduct. Through its interaction with these actors, and members of civil society, the ICRC cultivated support for the Movement and maintained its access to vulnerable people.

The ICRC gave vulnerable residents and displaced people food rations, cash and essential household items; some of these were part of its response to the COVID-19 surge. Aided by the ICRC, residents of host communities and the Chittagong Hill Tracts worked to stabilize their financial situation. The ICRC enabled people to live in sanitary conditions, better protected against

disease, through projects such as: the continued operation of a sewage collection and treatment service for tens of thousands of people in Cox's Bazar, the drilling of wells and other infrastructural work, and the promotion of good hygiene practices.

Tens of thousands of people's access to primary health care was reinforced by two health posts operated by the ICRC and by mobile health teams it assigned to camps for displaced people. Wounded and sick people obtained medical care at the emergency department of the Cox's Bazar district hospital. The ICRC gave the hospital comprehensive support for improving its services. It also helped other hospitals to maintain sanitary conditions; however, because of administrative constraints and the necessity of focusing its attention on the district hospital, it could not give them other kinds of support, as planned.

Disabled people obtained rehabilitative services at ICRC-supported physical rehabilitation centres. The ICRC covered their treatment costs, and in some cases, their food, transportation and accommodation costs as well. Material and technical support were given to an educational institute that provided instruction in prosthetics and orthotics. Disabled people took part in ICRC-supported activities that sought to advance their social inclusion, such as vocational training and wheelchair basketball.

The ICRC visited detainees and communicated its findings and recommendations confidentially to the authorities; these visits were temporarily suspended during the surge in COVID-19 cases. The ICRC helped national detention authorities to tackle COVID-19 in detention facilities under the prison directorate; it gave them expert advice, personal protective equipment (PPE), disinfectants, hand sanitizer and other supplies and equipment. Three isolation centres set up by the ICRC started functioning during the second quarter of the year.

The ICRC supported the National Society's family-links services for members of separated families, including displaced people. It gave the authorities and local NGOs expert advice, body bags, PPE and burial materials, to help them ensure the safe and dignified management of the dead, including the bodies or remains of people who had died of COVID-19.

CIVILIANS

The ICRC engaged authorities, and armed and security forces personnel, in dialogue on international norms for protecting vulnerable people – in particular, displaced people from Rakhine and residents of the Chittagong Hill Tracts – and facilitating their access to humanitarian aid and to health-care and other basic services. Military and security forces personnel attended ICRC workshops on international law enforcement standards and the Health Care in Danger initiative.

People in the communities mentioned above expressed their concerns during meetings with the ICRC. When necessary, the ICRC communicated allegations of unlawful conduct confidentially to the pertinent authorities, with a view to ending or preventing such misconduct. Because of the pandemic, it had to track some of these concerns remotely. Key community members were consulted about developing protection mechanisms against

sexual and gender-based violence; victims/survivors of sexual violence were referred for medical care and other assistance.

Interaction with these community members, the national authorities, and military and security forces personnel helped the ICRC to gather support for its work and maintain its access to violence-affected people.

Vulnerable people meet their basic needs and have access to health care

The ICRC and the Bangladesh Red Crescent Society endeavoured to assist displaced people and vulnerable residents in Cox's Bazar, the Chittagong Hill Tracts and in an area bordering Myanmar.

Around 4,600 resident and displaced households (approximately 24,450 people) were given food rations and/or cash for buying food by the ICRC and the National Society; this number is higher than the ICRC's original target because additional distributions were organized in response to the surge in COVID-19 cases. Some 1,420 displaced households (roughly 8,850 people) were given reusable face masks, solar lamps, compressed rice husks for fuel and other household items.

Persons with disabilities and other vulnerable breadwinners of roughly 1,000 households (about 5,000 people) were given vocational training and/or cash grants for starting or restoring small businesses. The ICRC provided around 980 vulnerable households (almost 5,340 people) with help for producing food: some received vegetable seed; farming and fishing households were given cash to cover their production costs and/or pursue other livelihoods such as fish farming; and herders were trained in new techniques for raising livestock.

The ICRC, together with local authorities, continued to operate a sewage collection and treatment service for some 30,000 people in Teknaf. At one camp for displaced people, the ICRC helped around 4,000 people – who also received food and household items (see above) – to develop their resilience to the consequences of natural disasters; it distributed materials to reinforce their houses, and provided water-purification tablets and other items to those affected by floods. In Cox's Bazar, the ICRC promoted good hygiene, constructed latrines and wells, and trained community members to operate and maintain these facilities; around 1,200 people had more sanitary surroundings as a result. Some 800 people in the Chittagong Hill Tracts benefited from similar initiatives.

The ICRC made basic health services, including antenatal care and family planning, more readily available to tens of thousands of displaced people and residents. Together with the health ministry, it operated two health posts in Nayapara and Tombru; it also made repairs at these facilities. Its mobile health teams provided health care at two camps for people displaced from Rakhine; in May, the teams stopped visiting one of the camps, because other humanitarian actors were providing similar services there. To help ensure protection for people seeking or providing health care, the ICRC continued to monitor incidents of violence against them, and briefed medical personnel about the protections afforded to them.

Victims of violence obtained psychosocial support from ICRC-trained health personnel, community-based workers and National Society volunteers; some were referred to other institutions for further care. Staff at ICRC-supported health facilities received counselling and were given information on psychological self-care, to help them cope with work-related stress.

As part of its response to the pandemic, the ICRC trained National Society volunteers to monitor the implementation of measures to prevent and control infections at 31 health facilities throughout the Chittagong Hill Tracts. ICRC health-promotion sessions helped around 28,000 people learn more about COVID-19 and other diseases.

Members of dispersed families stay in touch

Displaced people and others separated from their relatives used family-links services provided by the National Society – such as RCMs and tracing – to reconnect with their relatives; the ICRC provided training, and financial and technical assistance, and PPE for volunteers, in support of these services. Community members and authorities learnt about these services at ICRC information sessions. During a visit to Bhasan Char – with National Society and other Movement personnel – the ICRC made a preliminary assessment of family-links needs among displaced people who had been moved to the island, with a view to providing family-links services for them. Staffing constraints prevented the ICRC from having regular discussions with authorities on ascertaining the fate of missing people; an ICRC study, on the needs of people separated from their families and the applicable legal frameworks, did not materialize.

The ICRC gave the authorities and local NGOs expert advice and material support (e.g. roughly 100,000 items of PPE and 5,000 body bags) for managing the dead, including the bodies or remains of COVID-19 victims. Dhaka Medical College was given a refrigerated storage unit to strengthen its forensic capacities, in preparation for mass-casualty emergencies. The ICRC also conducted information sessions – in person and remotely – for various religious organizations on safe handling of the bodies of COVID-19 victims. Because of pandemic-related constraints, forensic professionals could not be sponsored, as planned, to attend training outside Bangladesh.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at five places of detention, in accordance with its standard procedures, to monitor their treatment and living conditions. These visits, however, were suspended for several months during the surge in COVID-19 cases. Particular attention was given to women, minors, foreigners, and detainees with disabilities or in ill health. Findings and recommendations were discussed confidentially with the penitentiary authorities.

The ICRC worked with the Bangladesh Red Crescent Society to provide detainees with family-links services, such as RCMs, to help them restore or maintain contact with relatives; it also helped foreign detainees to notify their embassies of their detention. It gave the authorities expert guidance to ensure

that detainees could maintain family contact safely, in line with COVID-19 protocols. For instance, when family visits were suspended, detainees stayed in touch with relatives through phone calls instead.

Owing to administrative and/or pandemic-related constraints, the ICRC was unable to implement certain activities or realize certain plans: for instance, it was unable to conduct training in prison management or sponsor officials from the prison directorate to attend courses in other countries.

Detainees benefit from better health care

The ICRC monitored health care for detainees – including those with specific vulnerabilities – at the five jails; it also visited a COVID-19 isolation facility managed by the detaining authorities of one of these jails. It made its findings and recommendations known to penitentiary and health authorities, and helped them to address certain issues. For instance, it trained penitentiary staff in diagnosing and managing cases of scabies, and organized a meeting of the committee in charge of tackling TB in places of detention; the committee was composed of key detention and health authorities.

The ICRC provided these prisons with material support (e.g. medical supplies) and guided them in implementing measures to prevent and control infections, disposing of medical waste, and other matters. It continued to run a project under which detainees were medically screened upon arrival at the Tangail prison; and it gave the facility additional equipment for conducting these screenings. After receiving approval from local authorities to replicate the project at the prison in Chattogram, it coordinated its plans with people in charge of the prison and provided the prison's clinic with essential medical supplies such as nebulizers and oximeters.

The ICRC assisted the COVID-19 response at all 68 detention facilities under the prison directorate by providing hand sanitizer, PPE and other items that reached a total of 1,500 detainees. Detainees and prison staff learnt best practices in preventing the spread of COVID-19 through training organized by the ICRC. The three COVID-19 isolation centres previously set up by the ICRC – which served prisons collectively holding almost 3,250 detainees – started functioning during the second quarter of the year; the ICRC gave the authorities material and technical support to run these facilities. Infrastructural plans for some prisons – particularly, renovating water systems or consultation rooms for female detainees – were impeded by pandemic-related restrictions; because of this, the ICRC assisted fewer people than planned.

WOUNDED AND SICK

The Cox's Bazar district hospital provides emergency care

ICRC support helped Bangladesh Red Crescent Society teams, health workers operating in camps and other potential first responders to provide effective first aid. Around 500 people attended training in basic first aid or train-the-trainer sessions; at these sessions, they also learnt about the protection due to those seeking or providing health care. Some of them were given financial and material support (e.g. first-aid equipment, health emergency kits). At ICRC training

sessions, National Society personnel and other health workers learnt how to provide emergency care for people with burns and other specific injuries. Because of the surge in COVID-19 cases, the ICRC had to postpone additional training sessions on pre-hospital emergency care, and its plans to set up a training centre for this purpose.

Around 106,200 wounded and sick people received medical care at the emergency department of the Cox's Bazar district hospital. The ICRC gave the hospital drugs and other medical supplies (e.g. PPE), training and expert guidance, and renovated its facilities. Displaced people and residents of the communities hosting them were referred from health posts to the hospital's emergency department, or sent from the department to other hospitals for more advanced care, through networks reinforced by the ICRC. The ICRC prioritized developing capacities at the emergency department, with a view to handing it over eventually to the authorities; because of administrative constraints, and because it wanted to focus on these capacity-building efforts, the ICRC suspended its plans to provide such support for other health facilities.

The ICRC also renovated the sanitation and drainage system at the district hospital (250 beds). Three health facilities (around 1,500 beds) in Chakaria, Pekua and Ramu managed waste and treated wastewater more safely and effectively with systems set up or improved by the ICRC; two similar projects were under way in Teknaf and Ukhiya at the end of the year. Owing to a shift in the priorities of local health authorities, plans to refurbish the emergency departments at two other health facilities were not realized.

Persons with disabilities obtain rehabilitative care

Around 3,600 people with physical disabilities¹ obtained rehabilitative services at three branches of the Centre for the Rehabilitation of the Paralysed (CRP). The ICRC provided equipment and components for manufacturing assistive devices, as well as PPE and other supplies, to these three branches, and gave them expert advice, training and other support to bolster their operations; for instance, some staff were sponsored to attend online conferences on physiotherapy. The ICRC also helped the centres to procure locally available materials for producing assistive devices. It helped some 450 patients meet their expenses for transportation, accommodation and food during their treatment. Owing to pandemic-related restrictions, the ICRC was not able to organize any mobile clinics as planned.

The Bangladesh Health Professions Institute provided instruction in prosthetics and orthotics. Material support and expert guidance from the ICRC helped the institute to strengthen its curriculum; notably, this helped it to upgrade its diploma course at the University of Dhaka to a bachelor's degree programme. The ICRC covered educational expenses for selected students.

Disabled people took part in ICRC-supported activities that sought to advance their social inclusion. An ICRC-funded CRP

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

programme enabled some of them to attend vocational or skills training, with a view to helping them get jobs or start small businesses. Disabled athletes participated in a programme run by the ICRC – in partnership with the National Paralympic Committee – that organized training camps in wheelchair basketball and other sports. Some of the participants in these programmes received cash grants to boost their income (see *Civilians*).

ACTORS OF INFLUENCE

Military and security forces personnel strengthen their grasp of IHL and/or other applicable norms

Military and security forces officers added to their knowledge of IHL and/or international human rights law – particularly provisions governing the use of force during arrests and detention – at ICRC training sessions; this included a seminar on the Health Care in Danger initiative that the ICRC organized with the armed forces. Some 70 officers attended an online session on cyber warfare and the use of autonomous weapons; the ICRC enabled senior officers to attend IHL events in other countries.

The ICRC supported the authorities' efforts to incorporate IHL and human rights law in domestic legislation more broadly; it proactively advocated for the implementation of the Treaty on the Prohibition of Nuclear Weapons, which entered into force in 2021. Diplomats and others learnt more about IHL at online ICRC events and courses.

Academics learn about IHL and the Movement's activities

The Bangladesh Red Crescent Society and the ICRC cultivated support for IHL, and for their neutral, impartial and independent humanitarian action, in all their interaction with civil society. The ICRC organized IHL events for academics, such as a certificate course on the points of correspondence between Islamic law and IHL, and an online moot court competition for university students. Religious leaders participated in a webinar on preventing sexual and gender-based violence against women and children in their communities.

The ICRC aided the National Society's efforts to strengthen its public communication (e.g. radio shows, press releases) and develop its ability to engage pertinent actors on IHL-related issues. It also supported the National Society's COVID-19 activities: for instance, in remote areas of the Chittagong Hill Tracts, it helped register community members for vaccination.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society continued to lead the Movement's efforts to assist both displaced people from Rakhine and vulnerable residents. It received comprehensive support from the ICRC, the International Federation and other National Societies. Movement partners in the country met to coordinate their activities and discuss matters of common concern, such as the pandemic.

ICRC support helped the National Society to assess needs, and distribute humanitarian aid more effectively and in line with the Safer Access Framework.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	114			
RCMs distributed	11			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	87	10	5	12
<i>including people for whom tracing requests were registered by another delegation</i>	18			
Tracing cases closed positively (subject located or fate established)	241			
<i>including people for whom tracing requests were registered by another delegation</i>	10			
Tracing cases still being handled at the end of the reporting period (people)	1,169	86	46	204
<i>including people for whom tracing requests were registered by another delegation</i>	64			
Unaccompanied minors (UAMs)/separated children (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	5	5		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	5			
Detainees in places of detention visited	24,953	662	2	
Visits carried out	16			
		Women	Girls	Boys
Detainees visited and monitored individually	301	55		
<i>of whom newly registered</i>	280	55		
RCMs and other means of family contact				
RCMs collected	130			
RCMs distributed	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	117			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	24,446	7,575	9,626
Food production	People	5,339	1,713	2,024
Income support	People	5,012	1,537	1,985
Living conditions	People	8,856	3,057	3,142
Water and habitat				
Water and habitat activities	People	36,006	11,545	10,460
Primary health care				
Health centres supported	Structures	4		
	<i>of which health centres supported regularly</i>	4		
Average catchment population		77,082		
Services at health centres supported regularly				
Consultations		45,402		
	<i>of which curative</i>	44,288	20,244	16,485
	<i>of which antenatal</i>	1,114		
Referrals to a second level of care	Patients	200		
	<i>of whom gynaecological/obstetric cases</i>	*		
Mental health and psychosocial support				
People who received mental-health support		564		
People who attended information sessions on mental health		384		
People trained in mental-health care and psychosocial support		140		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	1,500	733	171
Water and habitat				
Water and habitat activities	People	3,245		
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		106,209		
First aid				
First-aid training				
	Sessions	37		
	Participants (aggregated monthly data)	562		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,751		
Physical rehabilitation				
Projects supported		6		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	3,613	261	2,376
Prostheses delivered	Units	325		
Orthoses delivered	Units	2,570		
Physiotherapy sessions		8,293		
Walking aids delivered	Units	314		
Wheelchairs or postural support devices delivered	Units	132		
Referrals to social integration projects		264		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC action in the region and worldwide. It promotes the incorporation of IHL in national legislation, military training and academic curricula. It supports National Societies in developing their capacities in restoring family links, emergency response and other relevant fields. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive devices for people with disabilities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- Because of COVID-19 and the subsequent restrictions in the Democratic People's Republic of Korea, most of the ICRC's activities remained suspended. However, its support for two physical rehabilitation centres there continued.
- ICRC-supported facilities in China provided physical rehabilitation and assistive devices for people with disabilities in Sichuan and Yunnan. The cooperation agreement between the ICRC and these facilities expired in December.
- The ICRC concluded its support for the community resilience programme of the Red Cross Society of China, as there was no longer any need for it. The programme enabled destitute households to undertake livelihood activities.
- In China, the ICRC engaged relevant institutions in dialogue to explore possibilities for cooperation in global health and overseas medical aid.
- Officers from the People's Liberation Army of China, and senior Chinese government officials learnt about IHL and discussed issues of humanitarian concern, at conferences organized by the ICRC in Beijing, China.

EXPENDITURE IN KCHF

Protection	343
Assistance	1,674
Prevention	5,025
Cooperation with National Societies	1,730
General	143
Total	8,915
<i>Of which: Overheads</i>	<i>544</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	56%
---------------------------	-----

PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	62



ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	22,600	
Income support	People	90	
Capacity-building	People	120	
Water and habitat			
Water and habitat activities	People	105,100	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	
Physical rehabilitation			
Projects supported	Projects	3	3
Water and habitat			
Water and habitat activities	Beds (capacity)	150	

CONTEXT

China continued to figure prominently in international affairs – for example, through the Belt and Road Initiative and in its posture within the international multilateral bodies regarding peace and security, governance, and the applicability of the principles of the UN Charter. It strengthened its engagement with the transnational aspects of global public health and emergency preparedness and response. Disputes with some of its neighbours, over maritime features and areas in the South China Sea, remained unresolved.

China, Mongolia, and the Republic of Korea (hereafter ROK) continued to carry out vaccination programmes and other measures to contain the spread of COVID-19; the borders of the Democratic People's Republic of Korea (hereafter DPRK) remained sealed and the country had not yet undertaken a vaccination campaign. Despite the restrictions in place, cases of COVID-19 continued to be reported in the region – except in the DPRK, which maintained that it had zero cases.

In the DPRK, water supply, medical care and physical rehabilitation services remained largely unreliable. Inadequate food production – sometimes as a result of natural disasters – exacerbated food insecurity.

Some people in the Korean peninsula continued to endure the consequences of the 1950–1953 Korean War: mines and explosive remnants of war (ERW) jeopardized public safety; members of separated families were unable to contact one another; and many missing people remained unaccounted for. The ROK and the DPRK continued to engage in dialogue regarding mine clearance and forensic recovery in the Korean peninsula, according to their agreement in the 2018 Panmunjom Declaration.

UN Security Council sanctions against the DPRK remained in place.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Beijing sought to maintain its dialogue with authorities, the armed forces, and other influential parties in the region and in major diplomatic hubs, with a view to fostering acceptance and support for the ICRC and its activities and broadening understanding of IHL and humanitarian issues.

The ICRC endeavoured to assist vulnerable people, especially in China and the DPRK. However, pandemic-related restrictions on movement and access remained in effect, and forced the suspension, postponement or cancellation of certain ICRC activities, some of which had been planned jointly with the National Societies in the region.

Because its international staff was without access to the DPRK for over two years, the ICRC had to put a number of its activities on hold. These included efforts to increase food production and broaden access to water for civilians, and training in various areas for representatives of the authorities and staff of the Red Cross Society of the Democratic People's Republic of Korea.

The physical rehabilitation centres in Rakrang and Songrim, in the DPRK, provided services to persons with disabilities. The ICRC continued to give them material support but replenishing their stock of medical supplies was made impossible by the DPRK's closure of borders. Without ICRC personnel in the country, both centres could not be monitored or staff at the centres trained. Support for the emergency department at a hospital in Pyongyang remained on hold.

The ICRC continued to give the Yunnan branch of the Red Cross Society of China support to run a physical rehabilitation centre and a workshop where assistive devices were repaired – until December, when its cooperation agreement with them ended, as planned. The ICRC engaged relevant Chinese institutions in dialogue to explore possibilities for cooperation and synergy in global health and overseas medical aid.

Pandemic-related restrictions forced the cancellation of training for Chinese NGOs in providing economic assistance. The ICRC concluded its support for the Chinese Red Cross's livelihood programme, as there was no longer any need for such support.

The ICRC's discussions with government and military officials, security forces personnel, and other influential parties in the region focused on strengthening their grasp of IHL and cultivating acceptance and support for the ICRC and its activities. The ICRC continued to reiterate – to the ROK government and the Republic of Korea National Red Cross – its readiness to help reconnect people and families separated by the 1950–1953 Korean War.

In China and the ROK, presentations by the ICRC enabled government officials, decision makers, academics and others to learn more about humanitarian issues. The ICRC engaged the Chinese government, the Chinese Red Cross and other relevant stakeholders in dialogue regarding the humanitarian situation in several crisis-affected countries, with a view to fostering support for its work in these contexts. It boosted its public engagement in the region by strengthening its presence in broadcast, print and online media.

The ICRC worked in partnership with the National Societies and coordinated its work with that of other Movement components in the region.

CIVILIANS

Pandemic-related restrictions hamper implementation of activities

Owing to movement and access restrictions necessitated by the pandemic, the ICRC's international staff members have not been able to enter the DPRK for over two years. A number of ICRC activities therefore remained on hold, in particular: initiatives to increase food production among economically vulnerable rural communities and broaden access to water and sanitation for inhabitants of peri-urban areas; training for local authorities in charge of water systems; and training for personnel from the government, and the Red Cross Society of the Democratic People's Republic of Korea, in disposing of unexploded ordnance and treating victims of mines/ERW.

The ICRC concluded its support for the integrated community resilience programme of the Red Cross Society of China, as there was no longer any need for such support. Under this programme, destitute households had been receiving cash grants for undertaking livelihood activities. The ICRC was not able to launch any new livelihood-support projects because it was not able to find a partner among local NGOs. The pandemic forced the cancellation of training, for Chinese NGO personnel, in managing food-security projects.

In the ROK, the ICRC expanded its engagement with forensic professionals. It continued to offer its services as a neutral intermediary to the authorities, with a view to putting people and families separated by the 1950–1953 Korean War back in touch with one another. At the invitation of the ROK authorities, the ICRC visited the human remains recovery site inside the demilitarized zone between the ROK and the DPRK.

The ICRC made contact with several actors involved in forensic work – through meetings and themed events, and by disseminating informational materials. It discussed the management of human remains during the COVID-19 pandemic at a forensic symposium attended by medico-legal specialists in the Asia-Pacific region.

The ICRC and the Chinese Red Cross agreed to create a multi-year programme to enable Chinese Red Cross personnel to develop their ability to manage industrial accidents involving hazardous materials; the programme will get under way in 2022.

WOUNDED AND SICK

Border closures in the DPRK hinder provision of health care and physical rehabilitation

The physical rehabilitation centres in Rakrang and Songrim continued to function, but not at full capacity. Around 800 disabled people¹ received services at the centres, which the ICRC, in cooperation with the DPRK Red Cross, continued to support by providing coal and fuel supply. Border closures prevented ICRC staff from taking up their assignments in the DPRK and hampered the delivery of raw materials for making assistive devices. The absence of ICRC staff also impeded monitoring of the physical rehabilitation centres in Rakrang and Songrim and provision of staff training in physiotherapy, orthotics and other rehabilitative services at the centres. Scholarship students studying prosthetics and orthotics elsewhere were unable to leave the country because of travel restrictions.

ICRC support for the emergency department of the Pyongyang Medical College Hospital (PMCH) has been on hold since February 2020. Given the situation, the ICRC – in coordination with the Red Cross Society of the Democratic People's Republic of Korea and the hospital authorities – donated construction materials to the PMCH; the ICRC had been storing these materials in the PMCH's warehouse since 2019.

Disabled people in China obtain rehabilitative care

In China, some 423 disabled people¹ in Sichuan and Yunnan obtained physiotherapy, and prostheses and other assistive devices, at a physical rehabilitation centre in Kunming, including a repair workshop in Malipo – both managed by the Yunnan branch of the Chinese Red Cross, with material support from the ICRC. Cooperation between the ICRC and the Kunming centre, which began in 2003, ended in December, as planned.

Chinese authorities and the ICRC discuss global health issues

The ICRC continued to reinforce its dialogue with several health-related stakeholders in China. During meetings and conferences with Chinese government agencies, think tanks and the academia, the ICRC addressed issues such as universal health coverage for people living in fragile and conflict-affected contexts and elucidated its humanitarian position from a global health perspective; COVID-19 and equitable access to vaccines were also topics of concern. Some 2,000 personnel from the Ministry of Emergency Management attended an online training where the ICRC delivered a lecture on public health management in humanitarian crises, and emergency preparedness and response.

ACTORS OF INFLUENCE

ICRC events draw attention to IHL, IHL-related issues and humanitarian practices

The ICRC maintained its involvement with government officials, military and security forces officers, experts from think tanks and academics in China, Mongolia and the ROK, and other influential parties in the region. Via meetings, workshops and themed events, it sought to help them strengthen their grasp of IHL and other international norms, and to foster acceptance and support for its activities in the region and elsewhere. Officers from the People's Liberation Army of China, senior officials from the Chinese foreign affairs ministry, and members of the National People's Congress discussed a number of IHL-related issues at conferences organized by the ICRC in Beijing.

As China increased its engagement with multilateral mechanisms, the ICRC worked to strengthen its dialogue with the Chinese government, the Chinese Red Cross, and other relevant stakeholders regarding the humanitarian situation in crisis-affected countries such as Afghanistan, Ethiopia, Myanmar, and the Sahel, to foster support for the ICRC's activities.

The ICRC made presentations on pressing issues of humanitarian concern at conferences and webinars organized by institutions in China and the ROK for government officials, decision makers, academics and others. Discussions at these events – sometimes held online – focused on the applicability of IHL to peacekeeping; the international rules governing military operations; maritime security; artificial intelligence; and counter-terrorism. In China, the ICRC profiled the relevance of humanitarian diplomacy and multilateralism in high-level fora. It continued to build dialogue with the ROK authorities on sexual and gender-based violence and participated in a speaking and panel-moderating role at the 3rd International Conference on Action with Women and Peace.

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

As in the past, the ICRC endeavoured to persuade authorities in the region to advance ratification or implementation of IHL treaties. It met with officials from the arms control department of the Chinese foreign affairs ministry to discuss the Arms Trade Treaty and related issues. It maintained dialogue with the national IHL committee in China and participated in a meeting of its working group.

Students and lecturers add to their knowledge of IHL

The ICRC maintained its dialogue with scholars from universities, training institutions and think tanks. It did so to expand their knowledge of IHL and IHL-related subjects and make them more capable of influencing authorities involved in drafting pertinent laws and regulations. In China and the ROK, the ICRC worked with universities, and sometimes with the National Societies concerned, to conduct moot court competitions and organize events – including a four-day workshop attended by Chinese authorities, officials from military academies, and university staff: all this enabled students, lecturers and decision makers from the region to strengthen their grasp of IHL.

Humanitarian activities are given broader coverage by the media

The ICRC strengthened its presence in print, online and social media in local languages in China and the ROK, which helped to broaden awareness, among authorities and the general public, of humanitarian issues and the ICRC's work.

Media organizations in China and the ROK drew on ICRC materials when covering events or issues of humanitarian concern, such as health, climate change, and the consequences of the pandemic for conflict-affected and other vulnerable

people. Expanded contact with members of the media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC activities, and IHL-related matters. The Republic of Korea National Red Cross and the ICRC carried out an online branding campaign, which publicized the Movement's activities in the ROK and elsewhere.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided the National Societies in the region with support to further their organizational development and maintain their operational capacities, particularly in such areas as emergency preparedness and response, fundraising, public communication, humanitarian education, and IHL promotion.

The ICRC contributed to the development of the International Academy of the Red Cross and Red Crescent in China, in coordination with the International Federation; it supported the Chinese Red Cross's humanitarian education programme in four provinces and in Shanghai. The ICRC helped the Chinese Red Cross develop its response capacities, for instance, by providing its emergency response teams with a course on the management of human remains.

Because of border closures, the ICRC mission in the DPRK continued to be remotely managed from Beijing; it maintained contact online with the Red Cross Society of the Democratic People's Republic of Korea. When requested to do so, the ICRC donated two vehicles and provided informational materials on IHL, COVID-19, physical rehabilitation, emergency health care, and other subjects to the DPRK Red Cross. The Mongolian Red Cross Society and the ICRC renewed their annual cooperation agreement.

MAIN FIGURES AND INDICATORS: ASSISTANCE

WOUNDED AND SICK		Total	Women	Children
Physical rehabilitation				
Projects supported		3		
<i>of which physical rehabilitation projects supported regularly</i>		3		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	1,232	268	43
Prostheses delivered	Units	323		
Orthoses delivered	Units	*		
Physiotherapy sessions		189		
Walking aids delivered	Units	99		
Wheelchairs or postural support devices delivered	Units	*		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations (ASEAN)

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste, following the latter's independence in 2002. It supports the National Societies in boosting their emergency response capacities. It works with the armed forces to encourage the inclusion of IHL in their training, and with the police to foster compliance with international law enforcement standards. It maintains dialogue with ASEAN and other regional bodies and conducts activities with academic institutions to further IHL instruction. It provides the authorities and other pertinent actors with technical support and training in the management of human remains, particularly following emergencies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	953
Assistance	251
Prevention	1,789
Cooperation with National Societies	836
General	80
Total	3,909
<i>Of which: Overheads</i>	<i>239</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
---------------------------	-----

PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	39

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	21
RCMs distributed	67
Phone calls facilitated between family members	28

CONTEXT

Indonesia, a member of the Jakarta-based Association of Southeast Asian Nations (ASEAN), remained actively involved in various multilateral forums. It contributed troops to UN peace-support missions.

Socio-economic, communal, and religious tensions in some parts of Indonesia led to violence, which displaced people and disrupted essential services. Migrants, including refugees and asylum seekers, continued to arrive in or pass through Indonesia; many of them were detained or stranded in the country, their legal status uncertain. Indonesia coped with various natural disasters: landslides and floods caused deaths, damaged property, and displaced people.

In Timor-Leste, authorities and humanitarian organizations kept up their efforts to ascertain the fate of thousands of people who went missing during the 1975–1999 armed conflict there. While the security situation in the country was relatively stable, confrontations between the police and young people took place occasionally.

The authorities in Indonesia and Timor-Leste tackled the COVID-19 pandemic with such measures as vaccination campaigns and movement restrictions.

ASEAN continued to develop its ability to coordinate the humanitarian response to emergencies in the region.

ICRC ACTION AND RESULTS

The ICRC engaged Indonesian and Timorese government officials, and representatives of ASEAN and other organizations, in dialogue, with a view to broadening support for the Movement's activities and discussing such issues as humanitarian action in Asia, including in response to emergencies and the plight of migrants; IHL; and the ICRC's neutral, impartial, and independent humanitarian approach.

The ICRC worked in partnership with the authorities and the National Societies in the region. However, because the authorities were focused on the pandemic, and because of the restrictions it necessitated, the ICRC was unable to hold workshops, training sessions, and other in-person events that it had planned; some plans to sponsor officials' attendance at events outside the region were cancelled.

People restore or maintain contact with relatives

Members of families separated by armed conflict or other situations of violence, disasters, migration or detention – including migrants in Indonesia from Rakhine State in Myanmar – restored or maintained contact with each other through phone calls, RCMs and other family-links services provided by the National Societies, with the ICRC's support. Aided by the ICRC, an emergency team from the Indonesian Red Cross Society provided family-links services for victims of landslides in West Sulawesi. All these services were provided in accordance with COVID-19 safety protocols and national and international guidelines.

The ICRC continued to arrange video calls between a family in Indonesia and their relative who was being held at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Forensic professionals and others strengthen their ability to manage human remains

Indonesian and Timorese authorities drew on the ICRC's expertise to develop their ability to ensure the proper management of human remains, particularly during emergencies. Forensic professionals, first responders – including personnel from the Indonesian Red Cross Society and the Timor-Leste Red Cross Society – and others learnt about the proper management of human remains during meetings and discussions with the ICRC, and at seminars, training sessions and other events. Personnel from the National Societies attended ICRC workshops on incorporating COVID-19 safety protocols in forensic practice. The ICRC provided material and/or financial support for forensic professionals and institutions in the countries covered. This included providing personal protective equipment (PPE), body bags and disinfectants for 25 hospital mortuaries in Indonesia; enabling 20 Indonesian professionals to attend a workshop on forensic dentistry, by covering the cost of registering for the event; and donating dehumidifiers to the forensics department of a hospital in Timor-Leste.

Military and security forces learn more about IHL and other applicable norms

The ICRC helped the Indonesian armed forces to integrate IHL and other applicable norms into their doctrine, training, and operations. Roughly 2,700 troops bound for peace-support missions familiarized themselves with these topics at pre-deployment briefings by the ICRC; around 370 officers from the armed forces, including those from the navy and the air force, learnt about IHL and other norms at ICRC information sessions. The ICRC organized dissemination sessions for Indonesian police officers on international standards for law enforcement, but because of pandemic-related and other constraints, fewer sessions than planned took place.

The ICRC sought to conduct similar activities for military and security forces in Timor-Leste, but discussions with them were limited because of the pandemic.

Influential actors advance their understanding of IHL and the Movement's work

The ICRC continued to offer expert advice to the Indonesian national IHL committee and to authorities involved in advancing the ratification and domestic implementation of IHL treaties; it prepared and distributed to relevant authorities an information package on the Treaty on the Prohibition of Nuclear Weapons. Discussions about the ratification of The Hague Convention on Cultural Property, however, were put on hold by the authorities.

To help the relevant Indonesian authorities and the general public reach a proper understanding of its work for detainees,

the ICRC – together with the Polytechnic of Correctional Science – gave two lectures on humanitarian issues in places of detention. The ICRC continued to seek access to places of detention, in order to assess detainees' treatment and living conditions.

In Indonesia and Timor-Leste, members of civil society capable of facilitating the Movement's work learnt more about IHL, humanitarian principles and the Movement through discussions with the National Societies and the ICRC, information published by the ICRC on social media, and other means. The ICRC sought to expand its network of contacts; to this end, it engaged with faith-based humanitarian organizations and think tanks on issues of concern in the region.

Academics participated in events organized by the ICRC, and discussed IHL – teaching and researching the subject – and its incorporation in university curricula. At workshops and other events organized by the ICRC, students and lecturers in Indonesia learnt about the points of correspondence between IHL and different streams of religious belief and practice (e.g. Islamic law, Buddhism, Christian ethics). Law students from various universities in Indonesia tested their grasp of IHL at an online moot court competition that was organized jointly by Padjadjaran University and the ICRC.

ASEAN events draw on the ICRC's expertise in humanitarian action

The ICRC strengthened its partnership with ASEAN by sharing with it, whenever possible, its expertise in humanitarian action and assistance. It collaborated with ASEAN on various projects dealing with humanitarian issues in the region. The 3rd ASEAN-ICRC Joint Platform – which brought together ASEAN sectoral bodies and institutions, and members of the Movement and other humanitarian organizations – tackled such matters as sustainable funding and provision of aid during crises. Other ASEAN events drew on the ICRC's expertise in specific areas, such as pursuing sustainability in humanitarian action and assisting persons with disabilities.

National Societies are given support by the ICRC

The Indonesian and Timorese National Societies, aided by the International Federation and the ICRC, responded to natural disasters and other emergencies, and strove to coordinate their activities in border areas more closely. The National Societies – which the ICRC provided with PPE, oxygen concentrators and other material support – assisted their respective local authorities in responding to the effects of COVID-19, notably by running vaccination campaigns, which helped deliver 37,840 doses of vaccine in Indonesia and 17,581 doses in Timor-Leste.

The ICRC gave both National Societies material, financial and technical support to develop their capacities in restoring family links, managing human remains, responding to the pandemic safely, and operating in line with the Safer Access Framework.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	21			
RCMs distributed	67			
Phone calls facilitated between family members	28			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	160	24	49	35
<i>including people for whom tracing requests were registered by another delegation</i>	2			

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore

Having worked in Malaysia since 1972, the ICRC established the Kuala Lumpur regional delegation in 2001. In 2009, it opened an office in Japan, which became a delegation in 2019. The ICRC works with governments and National Societies in the region to promote IHL and humanitarian principles and gain support for the Movement's activities. In Malaysia, it visits detainees, works with authorities to address issues identified during visits, and helps detained migrants contact their families. In Sabah, it supports health care for communities, together with the Malaysian Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	2,115
Assistance	764
Prevention	2,897
Cooperation with National Societies	584
General	120
Total	6,481
<i>Of which: Overheads</i>	<i>396</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
---------------------------	-----

PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	47

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	24
RCMs distributed	103
Phone calls facilitated between family members	559
Tracing cases closed positively (subject located or fate established)	16

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	4
Detainees in places of detention visited	7,890
<i>of whom visited and monitored individually</i>	444
Visits carried out	4

Restoring family links

RCMs collected	68
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	230

ASSISTANCE

2021 Targets (up to)

Achieved

CIVILIANS

Health

Health centres supported	Structures		2
--------------------------	------------	--	---

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		5,089
-------------------	--------	--	-------

CONTEXT

Migration, human trafficking and disputed maritime areas in the South China Sea continued to be prominent subjects of discussion in the region.

Estimates of the number of irregular migrants in Malaysia ranged from 2 to 5 million; reportedly, around 1 million were in the state of Sabah. In addition, there were some 180,000 UNHCR-registered refugees or asylum seekers in Malaysia, many of them from Myanmar. Irregular migrants were often detained or deported; those in Sabah struggled to obtain health services. Their situation was made worse by the COVID-19 pandemic.

People separated from their families by migration, the pandemic, detention or other circumstances needed help to contact or locate their relatives.

A number of people were detained in Malaysia on security-related charges. Overcrowding and access to health care remained issues of concern at places of detention in the country. There were outbreaks of COVID-19 at many places of detention.

Brunei Darussalam assumed the chair of the Association of Southeast Asian Nations (ASEAN) in 2021.

ICRC ACTION AND RESULTS

Authorities, weapon bearers and civil-society groups strengthen support for humanitarian action

The ICRC used traditional and digital media and, where possible, it organized events – jointly with National Societies and/or partner organizations in Japan and Malaysia – to promote IHL and its own neutral, impartial and independent humanitarian action among key parties in the region and the general public. Academics, and university students and other young people, arranged or participated in IHL-related events in Japan, Malaysia and Singapore; issues discussed in these various settings include cyber warfare, data protection, and the combined effects of conflict and climate change.

The ICRC strove to sustain its humanitarian diplomacy among the national authorities, armed forces, multilateral organizations and other influential actors in the region, in order to gather more financial and/or political support for its work and encourage the ratification or implementation of IHL-related treaties. It strengthened its engagement with the private sector in the region to explore innovative possibilities for humanitarian work. In Japan, it signed agreements with NEC, an IT and electronics company, and with Waseda University to research, develop and test new and affordable means of detecting landmines. The ICRC, together with the Japanese and Malaysian National Societies, organized various events to foster support for the Movement's activities and promote IHL, including events to mark the entry into force of the Treaty on the Prohibition of Nuclear Weapons.

Webinars co-hosted by the ICRC and partner organizations provided participants from the region – including members of national IHL committees and officials from ASEAN – with opportunities to discuss global trends and challenges for IHL. At meetings or conferences that it attended, the ICRC discussed such issues as developments in the conflicts in Afghanistan and the Syrian Arab Republic; the humanitarian consequences of the pandemic; equitable access to vaccines; and cyber warfare. In Malaysia, the defence ministry incorporated the ICRC's recommendations in its national policy framework for cyber security.

Military, security, and police forces from the countries covered took part in peacekeeping missions in conflict-affected countries, and in multilateral exercises. The ICRC helped them train their personnel in IHL and other norms, and gave them expert advice for integrating these norms into their decision-making. The National Defence University of Malaysia, together with the ICRC, conducted an online course in counter-terrorism and IHL that was attended by 126 people from nine countries. The ICRC held a workshop for officers of the United States Indo-Pacific Command and the Japan Self-Defense Forces on rules governing military operations.

The National Societies in the countries covered were given some assistance to build their capacities, but, at their request, the ICRC directed most of its support towards their pandemic response. Some activities – meetings, training sessions, and events related to the Paralympics in Japan – were postponed to 2022 or cancelled because of pandemic-related and/or administrative constraints.

Detaining authorities in Malaysia are given help to deal with chronic issues

In Malaysia, the authorities suspended the ICRC's prison visits for most of the year, because of pandemic-related considerations. After the suspension was lifted in November, the ICRC visited, in accordance with its standard procedures, detainees at two prisons and two immigration detention centres – including a women's facility and a place that held people who had fled Myanmar – to monitor their treatment and living conditions. It communicated its findings and recommendations confidentially to the authorities concerned. It brought to their attention the needs of particularly vulnerable detainees: foreigners, women, minors, and persons with disabilities or medical conditions, including mental illnesses. The visits also gave detainees an opportunity to use the ICRC's family-links services to reconnect with relatives.

The ICRC gave the authorities expert advice for dealing with the pandemic and overcrowding in places of detention. It made confidential representations to the authorities, urging them to address the protection-related needs of migrants and respect the principle of *non-refoulement*. It continued to discuss, with the Malaysian authorities and with the UNHCR and other organizations, ways to improve the living conditions for the most vulnerable detainees.

An e-learning platform – developed, with the ICRC's technical assistance, to help personnel familiarize themselves with international standards for prison management – was piloted at selected prisons. Prison staff attended ICRC training in internationally recognized standards for detention. Training for prison health staff in medically screening new inmates did not take place because addressing pandemic-related needs took precedence.

At the request of detaining authorities, the ICRC donated personal protective equipment (PPE) to detention centres dealing with outbreaks of COVID-19, and trained prison personnel to draft contingency plans for outbreaks of disease. It continued to monitor scabies outbreaks at several facilities, and provided vulnerable detainees with material aid, such as hygiene items for some 5,000 detainees and child-care essentials for detained mothers.

National Societies in the region respond to the pandemic and the needs of vulnerable people

People in Malaysia contacted relatives through the Movement's family-links services; some of them learnt the whereabouts of family members separated from them by the pandemic, migration, detention or other circumstances. The ICRC maintained dialogue with local authorities and organizations doing detention- and migration-related work, in order to monitor and address the family-links needs of migrants and other vulnerable groups.

The ICRC provided the Malaysian national forensic institute with body bags and technical support to bolster its capacity to manage human remains during the pandemic and other emergencies; conferences on forensics did not take place because of pandemic-related restrictions.

The National Societies in Brunei Darussalam, Japan, Malaysia and Singapore continued to receive support for strengthening their ability to provide humanitarian services and promote the Movement's work. The ICRC provided the Malaysian Red Crescent Society with financial, technical and material support (e.g. PPE, hygiene items) for its pandemic response and blood drive. The Japanese Red Cross Society, the Singapore Red Cross Society, the Malaysian Red Crescent and the ICRC organized a photo exhibit, webinars and other events to highlight the Movement's humanitarian activities throughout the world.

In Sabah, community volunteers trained by the health authorities, the Malaysian Red Crescent and the ICRC, vaccinated people against COVID-19 and promoted good health through home visits to vulnerable people; similar activities were conducted at schools for some 1,000 children. With the ICRC's help, the Malaysian Red Crescent conducted first-aid training for people in remote areas and train-the-trainer workshops for their own first-aid instructors.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	24			
RCMs distributed	103			
Phone calls facilitated between family members	559			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	28	5		4
<i>including people for whom tracing requests were registered by another delegation</i>	19			
Tracing cases closed positively (subject located or fate established)	16			
<i>including people for whom tracing requests were registered by another delegation</i>	13			
Tracing cases still being handled at the end of the reporting period (people)	263	22	13	40
<i>including people for whom tracing requests were registered by another delegation</i>	198			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	4			
Detainees in places of detention visited	7,890	1,419	13	
Visits carried out	4			
		Women	Girls	Boys
Detainees visited and monitored individually	444	94	9	3
<i>of whom newly registered</i>	406	87	9	2
RCMs and other means of family contact				
RCMs collected	68			
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	230			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total	Women	Children
Primary health care			
Health centres supported	Structures	2	
Average catchment population		23,000	
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People	5,089	2,262
Health care in detention			
Places of detention visited by health staff	Structures	4	
Health facilities supported in places of detention visited by health staff	Structures	1	
WOUNDED AND SICK			
First aid			
First-aid training			
Sessions		3	
Participants (aggregated monthly data)		90	

MYANMAR

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary-health-care, hospital and physical rehabilitation services, and repairing essential infrastructure. It conducts protection-focused activities in favour of violence-affected communities and detainees, and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It often works with the Myanmar Red Cross Society and helps it build its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- In all its contact with authorities, weapon bearers, and others, the ICRC sought to cultivate support for principled humanitarian action, IHL and international rules and standards for law enforcement.
- IDPs – including those newly displaced – and other violence-affected people in the states of Chin, Kachin, Rakhine and Shan were given food and other essentials by the ICRC.
- ICRC support, which often included assistance in tackling the COVID-19 pandemic, enabled hospitals, physical rehabilitation centres and other facilities to sustain their services for violence-affected people.
- The ICRC remained unable to visit places of detention. It engaged the authorities in dialogue on resuming these visits and on being given access to people detained or arrested in the recent past.
- Guidance, funding and/or material support from the ICRC and other Movement components helped the Myanmar Red Cross Society deliver humanitarian aid to people affected by conflict, violence and the pandemic.
- ICRC activities focused on the consequences of violence during demonstrations and security operations. The ICRC adapted to measures against COVID-19, restrictions on access, and other constraints.

EXPENDITURE IN KCHF

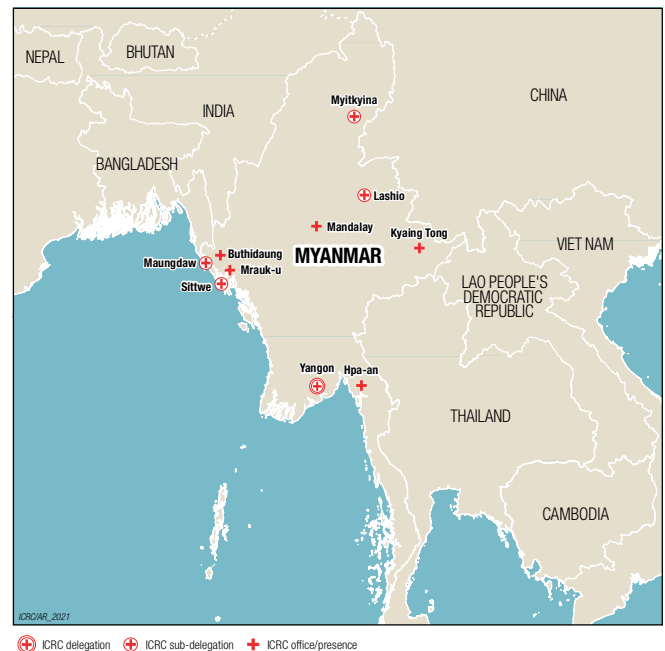
Protection	7,894
Assistance	38,374
Prevention	3,082
Cooperation with National Societies	3,526
General	587
Total	53,464
<i>Of which: Overheads</i>	<i>3,263</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	77%
---------------------------	-----

PERSONNEL

Mobile staff	105
Resident staff (daily workers not included)	791



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	89
RCMs distributed	118
Tracing cases closed positively (subject located or fate established)	1,047

PEOPLE DEPRIVED OF THEIR FREEDOM

Restoring family links

RCMs collected	1
RCMs distributed	247

ASSISTANCE

CIVILIANS

Economic security

		2021 Targets (up to)	Achieved
Food consumption	People	118,000	120,394
Food production	People	120,000	92,227
Income support	People	68,250	54,361
Living conditions	People	181,500	234,495
Capacity-building ¹	People	65,200	44,726

Water and habitat

Water and habitat activities	People	212,500	331,845
------------------------------	--------	---------	---------

Health

Health centres supported	Structures	32	52
--------------------------	------------	----	----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		27,321
-------------------	--------	--	--------

Water and habitat

Water and habitat activities	People	13,000	2,092
------------------------------	--------	--------	-------

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	14	33
---------------------	------------	----	----

Physical rehabilitation

Projects supported	Projects	9	10
--------------------	----------	---	----

Water and habitat

Water and habitat activities	Beds (capacity)	600	1,857
------------------------------	-----------------	-----	-------

1. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Rising political tensions in Myanmar culminated in a military takeover of the government and, in February 2021, declaration of a state of emergency. Since then, protests have taken place throughout the country and many civil servants have gone on strike. Violence during political demonstrations and security operations resulted in numerous arrests, injuries and deaths. Dozens of new non-state armed groups were formed. The use of improvised explosive devices (IEDs), targeted killings, and other acts of violence emerged as trends with a direct impact on civilians. Disruptions in public administration, transportation and the private sector further complicated the delivery of humanitarian assistance.

In Rakhine, hostilities between military forces and an armed group have subsided since November 2020. However, clashes between government forces and armed groups in several parts of the country – Chin, Kachin, Kayah, Kayin, Magway, Sagaing and Shan, for instance – became more frequent.

All this made it difficult for IDPs and other violence-affected people to meet basic needs and maintain livelihoods. The pandemic exacerbated the situation; quarantine and other measures necessary to contain the spread of COVID-19 made it harder for people to obtain essential goods and services.

Mines and explosive remnants of war (ERW) continued to endanger people in many parts of the country.

A number of people remain detained in connection with past or current conflict, or on security-related charges. In April 2021, some 23,000 detainees were released under a military amnesty.

Roughly 720,000 people who fled Rakhine after the violence in 2017 remained in Bangladesh (see *Bangladesh*).

ICRC ACTION AND RESULTS

The ICRC worked with the Myanmar Red Cross Society and other Movement partners to address needs created by intensified violence in various parts of the country. The National Society was given training and other support for its humanitarian activities. The ICRC focused on responding to the consequences of violence during demonstrations and security operations; it continued to adapt to measures against COVID-19, restrictions on access and other operational constraints.

In all its contact with authorities, weapon bearers and others, the ICRC sought to cultivate support for its principled humanitarian action, IHL and international standards for law enforcement, and to broaden its access to people in need. It also reiterated, to the actors mentioned above, that health services must be protected, and wounded and sick people enabled to obtain treatment.

IDPs – including those newly displaced – and other violence-affected people in Chin, Kachin, Rakhine and Shan were given food and other essentials by the ICRC. Households in Kachin, Rakhine and Shan revived or expanded their livelihoods with ICRC support that included seed, farming tools and/or cash. A number of households received services from ICRC-trained animal-health workers and local partners; the livestock,

breeding and veterinary department received material and/or financial support from the ICRC for providing services. People had better access to water and more sanitary surroundings as a result of ICRC initiatives.

ICRC support, which often included assistance in tackling the COVID-19 pandemic, enabled hospitals, physical rehabilitation centres and other facilities to sustain their services for violence-affected people. The ICRC carried out infrastructural projects at health facilities, such as renovation of waste-management facilities and water systems. It provided financial or other support for the health ministry's immunization programme, and in Rakhine, particularly for its vaccination campaign against COVID-19 and its emergency patient transport system, which helped ensure that patients had timely access to hospital-level care. The ICRC also helped local actors respond to health-related emergencies. People with physical disabilities obtained rehabilitative care at centres that received comprehensive ICRC assistance. The ICRC also strove to advance the social inclusion of people with disabilities.

ICRC visits to places of detention – aimed at ensuring that detention conditions and treatment of detainees met internationally recognized standards – remained suspended. The ICRC engaged the authorities in dialogue on resuming these visits and on being given access to people detained or arrested in the recent past. Prison staff were given technical and material support for tackling COVID-19.

Members of families dispersed by violence, detention or other circumstances restored or maintained contact through the Movement's family-links services. The ICRC set up a hotline to take calls from families who have lost contact with detained relatives. It covered transport costs for families wanting to deliver food parcels and letters to their detained relatives. It also covered transport costs for released detainees returning home.

Aided by the ICRC, the National Society conducted risk-education sessions and produced radio spots – and used other means as well – to publicize safe practices around mines/ERW.

CIVILIANS

The ICRC worked with the Myanmar Red Cross Society and other Movement partners to address needs created by intensified violence in various parts of the country. It focused on responding to the consequences of violence during demonstrations and security operations; and continued to adapt to measures against COVID-19, restrictions on access, and other operational constraints. It gave the National Society training and other support for delivering family-links services, and for implementing and monitoring activities in such areas as water-and-habitat and mine-risk education.

The ICRC continued to monitor the protection concerns of displaced and other conflict-affected communities. In all its contact with authorities, weapon bearers and others – including confidential discussions and written representations – it sought to cultivate support for principled humanitarian action, IHL and international standards for law enforcement, and to broaden its access to people in need. It also reiterated to the actors mentioned above that they must protect health services

and enable wounded and sick people to obtain treatment, in line with the goals of the Health Care in Danger initiative. In Rakhine, a set of standard procedures adopted by the health ministry in 2020 helped the ICRC to evacuate wounded people to a hospital in Sittwe. Dialogue with the authorities on the concerns of displaced people, particularly in connection with their safe and voluntary return to their places of origin, continued.

Aided by the ICRC, the National Society sought to broaden awareness of safe practices around mines/ERW, through various means, such as: risk-education sessions, billboards, radio spots and social media. These activities often incorporated vital information on measures against COVID-19. Around 9,800 people attended information sessions, organized by the National Society and the ICRC, on mine risks and safe practices around mines/ERW. Pandemic-related restrictions prevented the organization of more sessions. To raise awareness among NGOs of the dangers posed by mines and ERW, and IEDs, the ICRC organized information sessions on these topics for them. The ICRC's priorities shifted as a result of the violence that took place during demonstrations and security operations (see *Context*). As a result, plans to train the pertinent authorities and others in humanitarian demining were not realized; efforts to engage the authorities in drawing up standard procedures for humanitarian demining, and in ratifying the Anti-Personnel Mine Ban Convention, also did not progress.

People in violence-affected areas meet their immediate and long-term needs

Relief aid from the ICRC helped IDPs – including those newly displaced – and other violence-affected people in Chin, Kachin, Rakhine and Shan to cope. A total of 120,394 people were given food or cash to buy it; 234,495 people received hygiene supplies and other essential items, including face masks for protection against COVID-19, blankets, fuel sticks and solar-powered lamps. The ICRC increased its distributions of essential items to respond to the needs of people displaced by the intensified violence. Households in Kachin, Rakhine and Shan revived or expanded their livelihoods with ICRC support: 18,577 households (92,227 people) received seed and/or farming tools for growing vegetables and rice; 10,890 households (54,361 people, including IDPs and mine victims) resumed or started income-earning activities and/or covered their basic expenses with cash, raw materials or other assistance from the ICRC. These households included tailors who produced protective masks that were distributed by the National Society and/or the ICRC among IDPs and other violence-affected people. Issues related to the import of seed, the disruption of banking services and/or other operational constraints hindered the full implementation of food production and income support activities. A total of 9,091 households (44,726 people) received services from ICRC-trained animal-health workers and local partners; the ICRC gave the livestock, breeding and veterinary department material and/or financial support for providing services.

A total of 331,845 people in Chin, Kachin, Rakhine and Shan had better access to water, or more sanitary surroundings, as a result of ICRC initiatives. This included 204,819 people in urban and rural areas who benefited from ICRC activities such as renovating or building water and sanitation facilities; and providing ceramic water filters and/or material support

for water services. Emergency water and shelter projects (e.g. water trucking, installing handwashing stations and latrines, donating materials for building shelters) benefited 124,348 people. Such activities acquired even more importance during the pandemic, water being vital for checking the spread of COVID-19 (through handwashing, for instance). The ICRC renovated or built houses or shelters – or provided the materials necessary for doing so – for 2,678 IDPs, returnees and other violence-affected people.

Health facilities receive support for responding to the needs of conflict-affected communities

Conflict-affected people obtained appropriate care from ICRC-supported service providers, some of which were also given technical, material and infrastructural support for checking the spread of COVID-19. The ICRC provided 52 primary-health-care centres in Kachin, Rakhine and Shan with medicines, wound-dressing kits, oral rehydration salts and other supplies; it also trained staff at some of these facilities in managing medical waste and other related areas. More health facilities were supported than planned owing to increased needs brought about by the pandemic and the rise in violence. Some 9,900 people attended ICRC information sessions on COVID-19. The ICRC carried out infrastructural projects at health centres in rural areas: for instance, it constructed or installed latrines, handwashing stations and elevated water tanks. In Shan and Kachin, the ICRC donated medicine and/or personal protective equipment (PPE) to ethnic health organizations.

The ICRC provided financial or other support for the health ministry's immunization programme against measles, tetanus and other diseases, and in Rakhine and in Kachin, for its vaccination campaign against COVID-19. Similar assistance was extended to the health ministry's emergency patient transport system in Rakhine, which helped ensure that patients, including those with COVID-19, had timely access to hospital-level care. The ICRC also covered transportation costs for vaccination teams and for mobile health units providing antenatal care.

The ICRC provided financial or other support for 'fogging', a measure against dengue fever, in Kyauktaw, Minbya and Mrauk-U townships in Rakhine. It stood ready to respond to emergencies. Following an outbreak of gastroenteritis in Rakhine in June, the ICRC provided financial support for 252 patients in all, and four auxiliary midwives caring for patients at one hospital. In villages with a high incidence of gastroenteritis, the National Society and the ICRC also conducted information sessions on precautionary measures. The outbreak dissipated by July; during that month, the ICRC helped cover food and travel costs for 18 patients at two hospitals. A hospital in Shan was given emergency health kits to meet the health needs of IDPs. Following a landslide in Hpakant township in Kachin that caused numerous casualties, the ICRC donated 40 body bags to a local branch of the National Society.

People with disabilities receiving rehabilitation services at an ICRC-supported physical rehabilitation centre (see *Wounded and sick*) also benefited from mental-health and psychosocial support from a staff member trained by the ICRC.

Families learn the fate and whereabouts of detained relatives

Members of families dispersed by violence, detention or other circumstances restored or maintained contact through the Movement's family-links services. A total of 89 RCMs were collected from civilians, and 118 distributed. After the military takeover of the government, and the political demonstrations and security operations that took place throughout the country, the ICRC set up a hotline to take calls from families who had lost contact with detained relatives. People filed tracing requests for relatives who had gone missing, including in relation to recent arrests; 1,047 cases were resolved. The ICRC's family-links services were hindered by lack of access to places of detention (see *People deprived of their freedom*), pandemic-related movement restrictions, and other impediments. As the ICRC's detention visits remained suspended throughout the year, no embassies or humanitarian organizations were notified of the detention of foreigners, and no attestations of detention were provided.

The ICRC endeavoured to assess the needs of people separated from their families and publicize family-links services. For instance, at five IDP camps in Shan, the ICRC conducted dissemination sessions on the Movement's work to restore family links.

Owing to a shift in its priorities, caused by the violence that took place during demonstrations and security operations (see *Context*), the ICRC cancelled its plans to help develop local capacities in forensics. Instead, it strove to broaden awareness of the respect due to the dead; it issued a public statement in this regard.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detention visits remain suspended

ICRC visits to places of detention – aimed at ensuring that conditions of detention and treatment of detainees met internationally recognized standards – were suspended at the onset of the pandemic in March 2020, and the suspension remained in place. It engaged the authorities in dialogue on resuming these visits and on being given access to people detained or arrested in the recent past.

Family visits for detainees also remained suspended; at the end of the year, the pertinent authorities and the ICRC were in discussions about organizing video calls for detainees and their families. By covering their transport costs, the ICRC enabled 114 families to deliver food parcels and letters to detained relatives. The ICRC covered transport costs for 4,195 detainees who were returning home after their release. Beginning in September, the ICRC was able to submit – to detention facilities and the pertinent authorities – lists of people alleged to have been arrested; this resulted in 309 people being located, or their arrest confirmed, and their families informed.

Detention facilities receive support for dealing with the pandemic

The ICRC provided prison staff with technical and material support for tackling COVID-19. The ICRC donated PPE and medical equipment to eight prisons. It also provided hygiene kits for female detainees in quarantine at three detention facilities. Around 40 prison personnel, many of them senior

officials, attended an online ICRC workshop on preventing and controlling COVID-19 infections. The ICRC trained 100 prison staff in a specific area: prison management during the pandemic. PPE was given to health and cleaning staff at several detention facilities; the health ministry and the ICRC trained them to use it properly.

Because of the suspension of prison visits, the ICRC was unable to realize most of its water-and-habitat projects at detention facilities; however, it was able to provide material assistance for preventing the spread of COVID-19. Hygiene items were given for detainees at the Insein prison. Staff at the Lashio prison were provided with PPE, bleach, gloves, goggles and other items; this was supplemented by an online presentation on cleaning and disinfection. The ICRC also organized an online presentation – for the prison department's engineering unit – on preventing and controlling COVID-19 infections; it was attended by six prison engineers, led by the prison department's head of logistics.

ICRC donations of cloth masks, books, recreational and other items benefited a total of 27,321 detainees at several detention facilities, including the Lashio central prison, under the custody of the ministry of home affairs, and juvenile centres under the custody of the ministry of social welfare.

WOUNDED AND SICK

Hospitals in Kachin, Rakhine and Shan serve conflict-affected people

In line with the goals of the Health Care in Danger Initiative, the ICRC continued to broaden awareness of the respect due to people seeking or providing health care (see *Civilians*). It conducted information sessions on the subject for representatives of civil-society organizations in Yangon. It also documented and analysed the obstacles to medical treatment for conflict-affected people, and discussed, with the people concerned, how the situation could be remedied.

People in Kachin, Rakhine and Shan obtained appropriate care from ICRC-supported hospitals, some of which received comprehensive assistance for tackling COVID-19. Other health facilities, including those run by ethnic health organizations, received similar support for dealing with COVID-19. The ICRC provided 33 hospitals with essential medicines, medical supplies, PPE, oxygen cylinders and/or other material aid. It covered medical expenses for numerous patients. More hospitals were supported than planned owing to increased needs brought about by the pandemic and the rise in violence. The ICRC carried out infrastructural work at some of the hospitals (1,857 beds) and physical rehabilitation centres (see below) it supported: for instance, it renovated waste-management facilities and water systems, refurbished isolation wards, and constructed latrines. Services at a number of these facilities, including mother-and-child care, were disrupted by a strike by civil servants, including health staff (see *Context*); plans to train health staff in mother-and-child care at a hospital in Kachin had to be postponed.

The ICRC gave the Myanmar Red Cross Society financial and technical support to roll out a programme to train volunteers

in first aid, particularly for trauma cases, and provide train-the-trainer sessions for first-aid instructors. The ICRC provided ambulance operators with basic responder kits. First responders, health workers and others – including volunteers from civil-society organizations – developed their capacities in emergency care and first aid, through training conducted or supported by the ICRC.

People with disabilities receive rehabilitative care and other assistance

Some 2,600 disabled people² obtained rehabilitative care (including physiotherapy and fitting of assistive devices) at five physical rehabilitation centres and a mobile workshop (see below) that received ICRC support. Two of these centres were given raw materials and other supplies and equipment for making prosthetic feet. People with physical disabilities continued to receive mental-health and psychosocial support at one ICRC-supported centre (see *Civilians*). The pandemic and the political situation (see *Context*) forced the ICRC-supported centres to curtail their services; one of the abovementioned centres, which the ICRC planned to support throughout year, had to suspend its services.

The ICRC continued to sponsor some clinical personnel for further training. Two staff members, on ICRC scholarships and from ICRC-supported centres, completed their studies; one student continued their studies. Two other staff, also on ICRC scholarships, began their studies – outside Myanmar – in wheelchair technology.

People with disabilities benefited from ICRC-supported outreach: a mobile workshop that repaired assistive devices and a network of roving technicians, both of which served people living in remote sections of ICRC-supported centres' catchment areas. The ICRC extended technical and/or financial support to the Myanmar Paralympic Sports Federation, the Myanmar Federation of Persons with Disabilities, and the health ministry's steering committee for strengthening the national physical rehabilitation sector. Similar assistance was also provided for a referral system that helped disabled people find the centre or service provider nearest to them. However, the political situation and pandemic-related constraints slowed down these projects. Staff at one ICRC-supported physical rehabilitation centre were trained to help disabled people pursue or develop careers. Eight athletes with disabilities developed their job-acquisition skills, and learnt about other related subjects, through training organized or supported by the ICRC. The ICRC organized online training on wheelchair basketball for players, coaches, referees and others.

One ICRC-supported physical rehabilitation centre produced face masks, face shields and medical gowns with materials donated by the ICRC. The ICRC helped disabled women attend vocational training in tailoring.

ACTORS OF INFLUENCE

The ICRC sought to expand its involvement with authorities, weapon bearers and other key actors in Myanmar. Its aims were to foster support for its neutral, impartial and independent humanitarian action, and for IHL and other applicable norms, and to persuade these parties to facilitate access to communities affected by armed conflict and other situations of violence. During a visit to Myanmar in June, the ICRC's president discussed humanitarian access to detention facilities, and to areas affected by conflict and other violence, with the commander-in-chief of defence services. During its discussions with military officials, the ICRC emphasized the necessity of pressing law enforcement personnel to act in accordance with international policing standards. Military officers attended an ICRC webinar on the classification of armed conflict and the use of force. Several other plans to engage with influential actors (for instance, activities to promote the ratification of IHL-related treaties) had to be postponed or cancelled, because of constraints related to the declaration of a state of emergency and the rise in armed violence throughout the country (see *Context*).

The ICRC broadens awareness of international standards for the use of force in law enforcement

The ICRC used social media to broaden public awareness of COVID-19 and of the availability of ICRC services, such as restoration of family links. It also made use of the delegation's official social media account, and the ICRC website, to issue public statements and reminders – on the international standards for the use of force in law enforcement; the necessity of protection for health-care personnel and facilities; and humane treatment of people who have been arrested or detained. People affected by conflict and other violence continued to use the ICRC's social-media platforms and its hotline to share their views and concerns. Mechanisms for gathering views and suggestions from communities helped the ICRC to understand more fully the needs of conflict-affected people and improve its services for them. The ICRC carried out public-communication activities with the Myanmar Red Cross Society; these helped broaden support for the Movement's response to humanitarian issues in Myanmar. At an event organized for that specific purpose, National Society and ICRC staff exchanged best practices in public communication during crises. Members of the media covered the ICRC's activities and reported its public statements.

Members of civil-society organizations, paralegals and others learnt more about IHL at ICRC information sessions. Representatives from three universities competed in a moot court competition organized by the ICRC. The ICRC met with members of the law faculty at a local university to discuss the organization of activities to promote IHL.

RED CROSS AND RED CRESCENT MOVEMENT

In coordination with the International Federation, the ICRC expanded its support for the Myanmar Red Cross Society's humanitarian activities, including its response to the pandemic and to the consequences of violence during demonstrations and security operations. The National Society received financial and other assistance for its programmes in first aid

2. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

and management of operational risks, and for incorporating the Safer Access Framework more fully in its activities. Aided by the ICRC, the National Society took steps towards decentralizing its branches. The National Society developed and adopted a new institutional strategy for the period 2021–2025.

The ICRC donated PPE to first responders at the National Society. It also provided the National Society with financial and

other support for testing its staff for COVID-19, and for other activities in connection with the pandemic.

Movement components working in Myanmar continued to coordinate their activities, particularly in Rakhine. The International Federation and the ICRC issued joint statements on the humanitarian situation in Myanmar (see *Context*).

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	89			
RCMs distributed	118			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,368	220	22	57
<i>including people for whom tracing requests were registered by another delegation</i>	12			
Tracing cases closed positively (subject located or fate established)	1,047			
<i>including people for whom tracing requests were registered by another delegation</i>	124			
Tracing cases still being handled at the end of the reporting period (people)	1,419	120	35	168
<i>including people for whom tracing requests were registered by another delegation</i>	789			
Unaccompanied minors (UAMs)/separated children (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	12	7		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	247			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	120,394	31,304	60,194
<i>of whom IDPs</i>		46,821	12,174	23,409
Food production	People	92,227	23,982	46,108
<i>of whom IDPs</i>		9,041	2,351	4,521
Income support	People	54,361	14,131	27,173
<i>of whom IDPs</i>		49,781	12,945	24,885
Living conditions	People	234,495	60,971	117,245
<i>of whom IDPs</i>		163,780	42,583	81,889
Capacity-building ³	People	44,726	11,639	22,355
<i>of whom IDPs</i>		9,555	2,489	4,777
Water and habitat				
Water and habitat activities	People	331,845	112,814	59,744
<i>of whom IDPs</i>		132,847	45,168	23,912
Primary health care				
Health centres supported	Structures	52		
<i>of which health centres supported regularly</i>		24		
Average catchment population		1,874,461		
Services at health centres supported regularly				
Consultations		85,466		
<i>of which curative</i>		73,907	863	737
<i>of which antenatal</i>		11,559		
Vaccines provided	Doses	54,055		
<i>of which polio vaccines for children under 5 years of age</i>		23,174		
Referrals to a second level of care	Patients	802		
<i>of whom gynaecological/obstetric cases</i>		331		

3. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	People	27,321	3,556	251
Water and habitat				
Water and habitat activities	People	2,092	209	
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	33		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		7,803		
Weapon-wound admissions (surgical and non-surgical admissions)		84	*	*
Weapon-wound surgeries performed		59		
Patients whose hospital treatment was paid for by the ICRC		53		
First aid				
First-aid training				
	Sessions	52		
	Participants (aggregated monthly data)	1,310		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,857		
Physical rehabilitation				
Projects supported		10		
	<i>of which physical rehabilitation projects supported regularly</i>	6		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	2,621	338	230
	<i>of whom victims of mines or explosive remnants of war</i>	322		
Prostheses delivered	Units	737		
Orthoses delivered	Units	314		
Physiotherapy sessions		6,015		
Walking aids delivered	Units	861		
Wheelchairs or postural support devices delivered	Units	96		
Referrals to social integration projects		218		
Mental health and psychosocial support				
People who received mental-health support		176		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives, Nepal

Opened in 1982, the regional delegation in New Delhi seeks to broaden understanding and implementation of IHL and encourage respect for humanitarian principles among the authorities, armed and security forces, academics, civil society and the media. It visits detainees in the Maldives and engages in dialogue with the authorities on detention-related matters. In Nepal, its work focuses on helping clarify the fate of persons missing in relation to past conflict, and supporting their families. The ICRC helps improve local capacities to provide physical rehabilitation and emergency response services. It supports the development of the region's National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- Military and security forces, government officials, and others learnt about IHL and the Movement's work at events organized or supported by the ICRC; sometimes these events were held online because of the COVID-19 pandemic.
- Disabled people obtained good-quality treatment at ICRC-supported centres, including clubfoot clinics, in India and Nepal. Physical rehabilitation professionals developed their capacities through ICRC-supported training.
- The ICRC visited detainees in the Maldives and checked on their well-being. Some detainees in India and the Maldives contacted their families through the Movement's family-links services.
- Nepali authorities were urged to address the needs of people affected by the past conflict, including missing people's families. The ICRC helped improve human remains management in India, the Maldives, and Nepal.
- The National Societies in Bhutan, India, the Maldives and Nepal received ICRC support for their pandemic response. They were assisted to ensure that their personnel worked in accordance with the Safer Access Framework.

EXPENDITURE IN KCHF

Protection	2,111
Assistance	2,049
Prevention	1,111
Cooperation with National Societies	1,205
General	171
Total	6,647
<i>Of which: Overheads</i>	<i>406</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
---------------------------	-----

PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	86



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	10
RCMs distributed	38
Tracing cases closed positively (subject located or fate established)	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	2
Detainees in places of detention visited	134
Visits carried out	2
Restoring family links	
RCMs collected	4
RCMs distributed	40

ASSISTANCE		2021 Targets (up to)	Achieved
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	5	3
Physical rehabilitation			
Projects supported	Projects	13	13

CONTEXT

Disputed borders remained a source of tension between India and some of its neighbours. Armed violence between security forces and militants continued, particularly in the Jammu and Kashmir region and in some sections of central, eastern, and north-eastern India.

Bhutan, India, the Maldives and Nepal continued to implement measures against COVID-19, including vaccination campaigns.

The pandemic continued to overwhelm health systems and cause socio-economic difficulties. Physical rehabilitation was largely inaccessible in India and Nepal because of the expenses involved and the lack of trained personnel.

Members of families separated by violence, detention, migration or disasters had difficulty staying in touch. The remains of people who died during violence or other crises were not always properly managed, and thus not identified and returned to the families concerned.

Because of their geographical situation, the countries covered had to deal with migration-related issues and natural disasters.

ICRC ACTION AND RESULTS

The ICRC – in cooperation with National Societies and local organizations – kept up its efforts to help people in need: physically disabled people; people affected by violence or natural disasters; missing people's families; and others. It also provided the National Societies in the region with support to tackle the COVID-19 pandemic.

The ICRC's interaction with authorities and other decision makers, weapon bearers, members of the judiciary and the diplomatic community, and civil society helped foster understanding of and broadened acceptance for humanitarian principles, IHL and other applicable norms, and the ICRC's neutral, impartial and independent humanitarian action. Workshops on IHL and IHL-related matters were conducted for armed forces and police personnel – including troops bound for peacekeeping missions and border security officers. A broad range of other people – including academics – learnt about IHL and the ICRC at workshops, and through Web-based and other media.

The ICRC continued to reiterate to the Nepalese authorities the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the Commission on Investigation of Enforced Disappeared Persons (CIEDP), and victims/survivors of sexual and other violence through the Truth and Reconciliation Commission (TRC). The ICRC met with other stakeholders to urge them to establish a mechanism to facilitate transitional justice. Forensic professionals in the countries covered drew on the ICRC's expertise to strengthen their ability to manage and identify human remains, especially within the context of the pandemic.

The ICRC helped members of dispersed families to restore or maintain contact. It gave the National Societies in India, Nepal and the Maldives capacity-building support for their

family-links services; most activities to this end had to be adapted to the pandemic.

Indian Red Cross Society personnel trained by the ICRC provided first aid for people affected by violence, natural disasters and other emergencies. At the request of the Indian authorities, the ICRC donated personal protective equipment (PPE) to some hospitals in the country. The ICRC also gave PPE to the Indian Red Cross and helped it to train its personnel in first aid. Training in emergency-room trauma care was postponed because the authorities had to prioritize their COVID-19 response.

In India and Nepal, persons with disabilities received specialized care at ICRC-supported physical rehabilitation centres: ICRC support included PPE for staff, and training for staff and physical rehabilitation professionals. Some patients had access to training in disability sports.

The ICRC was able to visit places of detention in the Maldives, in accordance with its standard procedures. Some detainees in India and the Maldives used the Movement's family-links services to get in touch with relatives. In Bhutan, family visits for detainees were suspended because of the pandemic.

The ICRC gave the National Societies in Bhutan, India, the Maldives and Nepal comprehensive support for bolstering their organizational capacities. It continued to help coordinate Movement activities in the region.

CIVILIANS

Authorities are urged to address the needs of people affected by past conflict

In Nepal, the ICRC continued to remind authorities of the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence through the TRC. It met with other stakeholders – such as members of the National Human Rights Commission and representatives of the International Centre for Transitional Justice – and continued to urge the establishment of a mechanism to facilitate transitional justice. It also held discussions regularly with the Conflict Victims' Common Platform and others advocating the creation of legal and administrative mechanisms for addressing the needs of people affected by the past conflict; a proposed national monument for all victims of the past conflict was a topic of these discussions.

The ICRC organized a virtual event to mark the International Day of the Disappeared (30 August); missing people's families, victims of conflict, government officials, members of the National Human Rights Commission, and Nepal Red Cross Society personnel took part in it.

Members of dispersed families restore or maintain contact

The Indian, Maldivian and Nepalese National Societies, together with the ICRC, provided RCMs, tracing and other family-links services to members of families separated by violence, civil unrest, detention, migration, natural disasters, or the pandemic. The ICRC supported the Nepalese Red Cross

to help reunite a man and his family who had lost touch with one another 52 years ago. Guided by the ICRC, the Maldivian Red Crescent delivered RCMs for the families of two Maldivian nationals detained elsewhere. Some people detained in India and elsewhere sent RCMs through the Indian Red Cross and the ICRC (see *People deprived of their freedom*).

The ICRC helped the Indian, Maldivian and Nepalese National Societies to build their family-links capacities, but most activities to this end – mainly in India – had to be postponed because of pandemic-related restrictions. The Nepalese Red Cross, with support from the ICRC, conducted training for their volunteers and staff. The ICRC updated and translated to Nepali guidelines for providing family-links services and passed them on to the Nepalese Red Cross. It was unable to conduct any training for Indian Red Cross personnel because of the pandemic.

At refugee camps where it was providing tracing services, the Indian Red Cross sought to conduct vaccination-awareness campaigns with the ICRC's support; however, physical access to the camps was denied by the authorities.

Nepalese Red Cross volunteers, with support from the ICRC, visited several places of detention and a children's correctional home, to assess the need for family-links services; they also disseminated information on COVID-19 and provided soap and sodium chloride for these facilities.

Aided by the ICRC, the Nepalese Red Cross enlisted local radio stations to broadcast information on the family-links services that were available.

Forensic professionals expand their capacities

The ICRC shared best practices in managing human remains – with a focus on handling pandemic-related deaths – with forensic institutions and government officials in India and the Maldives, and others. It strove to build local capacities in handling human remains properly, a task made even more important by the pandemic. It organized or supported training, meetings and other events for authorities, forensic specialists, first responders, medical staff and others involved in managing human remains.

In Nepal, the ICRC provided support for a medico-legal society to conduct a hands-on workshop on exhumation, and for the CIEDP to organize a workshop – for forensic experts and other professionals – on collecting ante-mortem data. Training in forensic odontology, and sessions with the Nepalese Red Cross on the management of human remains, were postponed because of pandemic-related restrictions.

In India, the National Forensic Sciences University (NFSU) and the ICRC renewed their partnership for developing the International Centre for Humanitarian Forensics (ICHF), a centre of expertise that aims to address challenges and issues in humanitarian forensics. The centre was established by the NFSU and the ICRC in 2018. The ICHF, with the ICRC's support, hosted an international summit on humanitarian forensics – with a focus on emergency preparedness in light of the

lessons learnt during the pandemic – for academics, forensic professionals, and others involved in forensic work. The ICRC participated in national, regional and international events, with a view to cultivating the ICHF's reputation in humanitarian forensics and promoting the ICRC's work.

The ICRC donated body bags and/or PPE, and other supplies, for personnel handling dead bodies – through the Indian Nepalese, and Maldivian National Societies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visits detainees in the Maldives

In the Maldives, the ICRC re-established dialogue with the detaining authorities – mainly through online means – on systemic issues in detention. It visited detainees in places of detention, in accordance with its standard procedures. Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

Owing to the pandemic, ICRC-sponsored events in which officials from the Maldives Correctional Service were expected to participate, did not take place.

Detainees restore contact with their families

Some detainees in India and the Maldives got in touch with their relatives via the Movement's family-links services. In the Maldives, ICRC-trained personnel from the Maldivian Red Crescent delivered RCMs to families from detained relatives alleged to have been involved in fighting in other countries. The ICRC and the Maldivian Red Crescent discussed the establishment of a family-links service for these families. The ICRC also drew up an "offer of service" – to connect families in the Maldives and their relatives alleged to have been involved in fighting elsewhere – and sent it to the foreign affairs ministry. Indian fishermen detained in Pakistan, and several detainees in the Indian state of West Bengal, also sent RCMs through the Indian Red Cross and the ICRC. The ICRC arranged for some Indian detainees – including those held in connection with the situation in Jammu and Kashmir – to be visited by relatives.

Because of pandemic-related restrictions, family visits that the ICRC facilitates for detainees in Bhutan were suspended for the whole year.

WOUNDED AND SICK

Local capacities in life-saving care are strengthened

ICRC-trained Indian Red Cross personnel provided first aid for wounded and sick people in violence- or disaster-prone areas of India, including during emergencies such as heavy floods and cyclones; National Society volunteers, and staff at ICRC-supported physical rehabilitation centres in India, were given basic training in first aid (see below). The ICRC also trained Maldivian Red Crescent personnel in first aid.

The ICRC continued to work with the Indian Red Cross and other local partners to check the spread of COVID-19. Indian Red Cross volunteers disseminated vital information, to the general public, on measures against COVID-19. The ICRC donated PPE, hygiene supplies, and medical equipment to the

health ministry and local authorities in India, in support of the pandemic response at three health institutions in Jammu and Kashmir; the Indian Red Cross was also given PPE.

Training in emergency-room trauma care did not take place, because the pandemic forced health authorities to rearrange their priorities. A regional course for medical personnel, on health emergencies in large populations, was postponed to 2022, as preparations for it – done with other organizations – were inadequate.

People with physical disabilities obtain rehabilitative care

A total of 11,896 disabled people¹ improved their mobility through specialized care and/or assistive devices provided at physical rehabilitation centres – eleven in India, and two in Nepal; the ICRC gave these centres supplies and equipment for manufacturing assistive devices. It supported local clubfoot clinics managed by an organization in India and enabled 1,936 children with clubfoot to obtain treatment. It also covered expenses – for assistive devices, treatment, transport and accommodation – for destitute patients in India.

The ICRC helped to ensure the accessibility, and the sustainability, of good-quality physical rehabilitation services by organizing or sponsoring training for physical rehabilitation professionals, sometimes in coordination with local partners; some of these training sessions were conducted online. In India, instructors at training institutes refreshed their skills in designing ischial containment sockets; staff from ICRC-supported centres developed their ability to manage patients with cerebral palsy; treat clubfoot; administer first aid; and provide physiotherapy.

Some patients at ICRC-supported centres in India, along with coaches and referees, had access to training in wheelchair basketball. The ICRC provided support for an event to promote disability sports; some 75 people with disabilities took part in it. After the second wave of the pandemic, training sessions for the national wheelchair-basketball team had to be conducted online.

In Nepal, the ICRC launched a career development programme to prepare disabled people for employment; 20 people sharpened their job skills through it. Wheelchair-basketball players and coaches, from all over Nepal, participated in a virtual training session made available by the ICRC. The ICRC donated 12 sports wheelchairs to ensure that wheelchair-basketball players could continue to play the sport despite the dearth of wheelchair suppliers in Nepal.

In India, the ICRC strove to prevent the spread of COVID-19 in the areas served by the centres it supported: it provided PPE and medical supplies for staff at some of the centres; it also donated groceries to some of its partner organizations, for distribution to households with physically disabled people.

ACTORS OF INFLUENCE

Decision makers and other influential figures strengthen their grasp of IHL and humanitarian issues

The ICRC maintained contact with authorities and other decision makers; weapon bearers; academics; diplomats; judicial officials; and members of civil society. It did so in order to advance their understanding of – and to cultivate acceptance and support among them for – IHL and the ICRC's neutral, impartial and independent humanitarian work in the countries covered.

The ICRC organized workshops – on international policing standards, the lawful use of force and firearms, and the applicability of IHL in peacekeeping – for teachers at training institutions for security-forces personnel, police officers, border-security personnel, and troops bound for peacekeeping missions in other countries. In the Maldives, the ICRC held a workshop on maritime security operations and international rules and standards for maritime law enforcement – for members of the coast guard, police, and national defence force.

The ICRC and the national IHL committee in Nepal continued to discuss IHL-related treaties.

Various groups of people familiarize themselves with IHL-related issues

The ICRC strove to stimulate academic interest in IHL in India, Nepal and elsewhere in the region, despite having to move some activities online because of the pandemic. It organized or supported seminars and courses, and joined discussions on such subjects as safeguarding the delivery of health care, counter-terrorism, and IHL's place in international law. It organized a moot court competition jointly with a legal institution in India; the event was attended by government officials, NGO representatives, legal professionals and students. The ICRC donated books on IHL and the ICRC to several state libraries and universities.

The ICRC and the National Societies in India and Nepal used various means to relay humanitarian messages to the general public and advance their understanding of the Movement's work in the countries covered. A broad range of people had access to ICRC-produced materials via traditional or web-based channels (e.g. radio spots, social-media posts, audiovisual content), and could therefore learn about IHL, the humanitarian situation in the region, and the activities of the ICRC and the National Societies involved, especially in connection with the pandemic.

The National Societies in India and Nepal strengthened their capacities in public communication – especially with regard to publicizing their pandemic response – and expanded their knowledge of IHL and the Movement, with the ICRC's technical and financial assistance.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Bhutan, India, Nepal and the Maldives carried out their activities – adapted to the pandemic – and strengthened their organizational capacities, with comprehensive support from the ICRC. Guided by the ICRC, they strove

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

to ensure that their personnel worked in accordance with the Safer Access Framework.

The Indian Red Cross, which continued to receive comprehensive support from the ICRC, strove to address the needs of vulnerable communities – including needs engendered by the pandemic – especially in violence-affected and remote areas. It also received IT equipment for improving its communication network at its headquarters and 47 branches. The ICRC provided the the Bhutan Red Cross and the Maldivian Red Crescent with financial and other support to ensure the

sustainability of their pandemic response. The Nepalese Red Cross, which received ICRC support for strengthening its legal base, submitted a draft law on its legal status to the relevant authorities; the process for enacting the law was in progress. The ICRC donated 600 body bags to the COVID-19 crisis management centre in Nepal, through the Nepalese Red Cross.

The ICRC and the National Societies in the region met with other Movement components regularly to coordinate their activities, ensure a coherent response to emergencies, and strengthen operational partnerships.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	10			
RCMs distributed	38			
Names published in the media	1,329			
Names published on the ICRC family-links website	1,329			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	20	1	9	5
Tracing cases closed positively (subject located or fate established)	2			
Tracing cases still being handled at the end of the reporting period (people)	1,563	159	80	153
<i>including people for whom tracing requests were registered by another delegation</i>	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	2			
Detainees in places of detention visited	134			
Visits carried out	2			
RCMs and other means of family contact				
RCMs collected	4			
RCMs distributed	40			
Detainees visited by their relatives with ICRC/National Society support	30			

MAIN FIGURES AND INDICATORS: ASSISTANCE

WOUNDED AND SICK		Total	Women	Children
Hospitals				
Hospitals supported	Structures	3		
First aid				
First-aid training				
	Sessions	2		
	Participants (aggregated monthly data)	47		
Physical rehabilitation				
Projects supported		13		
<i>of which physical rehabilitation projects supported regularly</i>		9		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	11,896	2,152	5,510
<i>of whom victims of mines or explosive remnants of war</i>		*		
Prostheses delivered	Units	726		
Orthoses delivered	Units	9,508		
Physiotherapy sessions		33,151		
Walking aids delivered	Units	670		
Wheelchairs or postural support devices delivered	Units	396		
Referrals to social integration projects		127		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

PAKISTAN

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Through its dialogue with the authorities, it encourages the provision of medical services for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action, IHL and other relevant norms with the government, religious leaders and academics. It supports rehabilitation services for people with physical disabilities, while working with the Pakistan Red Crescent in such areas as first aid and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- People in Pakistan, especially in violence-affected communities, had access to primary health care, emergency treatment and physical rehabilitation services at ICRC-backed facilities.
- In Khyber Pakhtunkhwa province, the health department and the ICRC developed implementing mechanisms for a law safeguarding health-care services and carried out an awareness-raising campaign to foster compliance with it.
- Policymakers and military, police and civil-defence officers familiarized themselves with IHL, other pertinent norms and applicable standards, at ICRC-backed workshops that were conducted in person or online.
- With support from the ICRC and other Movement partners, the Pakistan Red Crescent provided humanitarian assistance to people in need and strengthened its operational and organizational capacities.

EXPENDITURE IN KCHF

Protection	1,447
Assistance	6,270
Prevention	2,414
Cooperation with National Societies	896
General	210
Total	11,236
<i>Of which: Overheads</i>	<i>686</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	72%
---------------------------	-----

PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	250



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	154
RCMs distributed	117
Phone calls facilitated between family members	1,008
Tracing cases closed positively (subject located or fate established)	90

PEOPLE DEPRIVED OF THEIR FREEDOM

Restoring family links

RCMs collected	164
RCMs distributed	12

ASSISTANCE

CIVILIANS

Economic security

Living conditions	People		415
-------------------	--------	--	-----

Health

Health centres supported	Structures	1	1
--------------------------	------------	---	---

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		453
-------------------	--------	--	-----

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	7	4
---------------------	------------	---	---

Physical rehabilitation

Projects supported	Projects	23	16
--------------------	----------	----	----

Water and habitat

Water and habitat activities	Beds (capacity)	2,743	3,166
------------------------------	-----------------	-------	-------

CONTEXT

Clashes took place periodically along Pakistan's borders with Afghanistan and the Islamic Republic of Iran; developments in the former country (see *Afghanistan*) contributed to increased violence and instability in Pakistan. A February 2021 ceasefire agreement between India and Pakistan helped reduce the number of incidents along the Line of Control separating Jammu and Kashmir, India, and Pakistan-administered Kashmir. Military and police operations against armed groups continued in various parts of Pakistan, particularly the provinces of Balochistan and Khyber Pakhtunkhwa (hereafter KP). All these resulted in civilian casualties.

Health services were not readily available, especially in remote areas. Many hospitals struggled to cope with emergencies. Violence against health personnel and facilities continued to be reported.

Mines and explosive remnants of war (ERW) continued to pose risks to people, particularly in KP and Pakistan-administered Kashmir.

Many families were separated by migration, detention, violence and/or natural disasters; they faced difficulties staying in touch. As in past years, numerous migrants, including asylum seekers and refugees, passed through Pakistan on their way to Europe or the Middle East.

An earthquake struck Balochistan in October.

Owing to security concerns and various government-imposed administrative restrictions, international humanitarian organizations continued to have limited operational presence in Pakistan. Lockdowns and other measures implemented in response to the COVID-19 pandemic further constrained access to people in need.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of violence-affected communities through activities in line with agreements – notably, its 1994 headquarters agreement – with the government of Pakistan. It worked closely with the Pakistan Red Crescent and other local partners, with a view to reaching more people in need. In accordance with domestic and international guidelines, it took all appropriate measures to check the spread of COVID-19. The delegation continued to run a regional logistics hub in Peshawar to support ICRC operations in Pakistan, Afghanistan and elsewhere.

The ICRC maintained its efforts to make good-quality primary health care, emergency treatment and physical rehabilitation services more readily available to people in Pakistan, especially in violence-affected communities, although pandemic-related constraints led the ICRC to postpone or cancel some planned activities. It supported a primary-health-care facility in Pakistan-administered Kashmir in treating diabetic patients. The ICRC gave the emergency departments of four hospitals in KP assistance for providing emergency care. This included: training for health professionals; donations of medical paraphernalia; guidance for setting up emergency referral

systems and strengthening infection prevention and control; and infrastructural upgrades. As part of facilitating one hospital's self-sufficiency, the ICRC fully handed over responsibility for running a laboratory to that hospital's management. Persons with disabilities, including victims of mines or ERW, obtained treatment at physical rehabilitation centres that continued to receive ICRC backing, such as staff training and guidance in quality control. The ICRC kept up its efforts to ensure the long-term sustainability of the physical rehabilitation sector and advance the socio-economic inclusion of disabled people.

To deal with weapon contamination, the National Society and other local actors drew on the ICRC's support – for example, in the form of training in working safely around mines and ERW.

As in past years, the National Society and the ICRC provided family-links services for people separated from their relatives by violence, detention, migration or other circumstances. The ICRC strove to develop local forensic capacities, including by helping first responders improve their ability to manage human remains.

The ICRC engaged in dialogue with a broad range of influential actors to increase awareness of humanitarian issues, foster acceptance and support for its work, and promote IHL and other relevant norms. It held discussions and organized events, both online and in-person, with and for government officials, weapon bearers, members of civil society and other key parties. ICRC-organized workshops enabled policymakers and military, police and civil defence officers to familiarize themselves with pertinent norms and standards. Together with local partners, the ICRC sought to ensure respect and protection for people seeking or providing health care. For example, in KP, following the formalization of a law safeguarding health-care services, the provincial health department and the ICRC developed implementing mechanisms for the law and carried out an awareness-raising campaign to foster compliance with it.

The National Society continued to strengthen its operational capacities and pursue organizational development, with support from the ICRC and other Movement partners.

CIVILIANS

Diabetic patients in Muzaffarabad obtain suitable care

Together with the health ministry and The Diabetes Center (TDC) in Islamabad, the ICRC continued to support a primary-health-care facility in Muzaffarabad, in Pakistan-administered Kashmir, and other local actors addressing the needs of people with diabetes.

The Muzaffarabad facility provided 1,027 consultations for diabetic patients, all of whom were monitored – either at the facility or during home visits from women community health workers attached to the facility – and, as necessary, referred for specialized care. Information sessions run by the health workers enabled some 17,600 people to learn more about preventing and managing diabetes. The ICRC donated personal protective equipment (PPE) and cleaning items to the facility, to curb the risk of COVID-19.

TDC trained staff members from the Muzaffarabad facility and doctors from two referral hospitals on diabetes management; the training was based on an ICRC assessment of the participants' capacities. A local medical university organized a workshop for health personnel, on the digital and other tools that were developed by the university and the ICRC to improve treatment for diabetic patients.

Local actors draw on ICRC support to tackle weapon contamination

Funding, guidance and equipment from the ICRC helped the National Society enhance its ability to manage information on mine- and ERW-related incidents and organize – to the extent permitted by pandemic-related restrictions – mine-risk education sessions in the communities concerned. National Society- or ICRC-trained community members, such as religious leaders and journalists, shared key messages on avoiding risks in weapon-contaminated areas; some of them were sent PPE to help check the spread of COVID-19. The National Society and the ICRC used radio spots, social-media posts and other means to disseminate risk-reduction measures in connection with mines and ERW. Victims of mines or ERW were referred for appropriate assistance, including physical rehabilitation (see *Wounded and sick*).

Police, civil-defence and National Society personnel attended seminars on safer practices around mines and ERW. The ICRC formalized agreements with the disaster management authority of KP and with a local first-responder organization to train their personnel, respectively, in integrating mine-risk awareness in disaster response and in best practices for working in hazardous areas during emergencies.

Members of dispersed families stay in touch

The National Society and the ICRC provided family-links services to people separated from their relatives by violence, detention, migration or other circumstances. In various areas, including in Afghan communities, they held information sessions to increase familiarity with the Movement's family-links services, assessed the needs of people who had lost touch with family members, and/or discussed how to prevent loss of family contact during migration. The National Society initiated the translation into Urdu of the local version of the Movement's family-links website.

Ninety tracing cases were closed positively; these cases included 13 people who reconnected with relatives in Europe after tracing requests for them were followed up in Pakistan. In coordination with national child-welfare authorities, the UNHCR, and other pertinent parties, the ICRC monitored the situation of 13 minors who were seeking news of their family members or were waiting to be reunited with them abroad. The ICRC provided hundreds of earthquake-affected people (see *Context*) with mobile phone credit for contacting their relatives. Missing people's families in Pakistan and elsewhere shared their experiences with government officials and other pertinent parties, at an international conference – jointly organized by the National Society and the ICRC, with in-person and online components – aimed at fostering ways to address their plight.

The ICRC arranged phone or video calls between families in Pakistan and their relatives being held at the US detention facility at the Guantanamo Bay Naval Station in Cuba or at the Parwan detention facility in Afghanistan; it also delivered family parcels to some detainees. After most detainees in Afghanistan were released (see *Afghanistan*), the ICRC maintained contact with the families concerned as it endeavoured to clarify the fate and whereabouts of their relatives formerly held at Parwan. A one-off distribution of household essentials was made to 94 of these families (415 people in all) in Pakistan, to help address their basic needs.

Following their identification by the National Society, 453 particularly at-risk women and children held in places of detention in Sindh were given soap, face masks and other items to help alleviate their situation.

Local first responders strengthen their ability to manage human remains

The ICRC strove to develop local forensic capacities, especially in connection with mass-casualty incidents (see also *Wounded and sick*). During an ICRC-backed conference, policymakers and others involved in disaster response familiarized themselves with managing human remains, in accordance with best practices and internationally accepted standards for data protection, and with how to adapt existing guidelines and protocols accordingly. These subjects were also covered at briefings for judicial officials and senior police officers. The ICRC provided virtual or in-person training in a number of areas for various parties: human remains management, for first responders; DNA data management, for forensic laboratory technicians; and ante-mortem data collection, for National Society personnel. At a round table, religious scholars and the ICRC discussed how to manage human remains in line with religious and cultural practice and applicable legal norms, with a view to helping health and other authorities develop the appropriate protocols.

At one hospital each in Jamrud and Peshawar, the ICRC upgraded morgues and other facilities (see also *Wounded and sick*). It donated forensic equipment to the disaster-management authority in Pakistan-administered Kashmir, and body bags, PPE and cleaning items to first responders in different provinces, to enable them to work safely during the pandemic.

WOUNDED AND SICK

In coordination with the health authorities, the National Society and/or other local partners, the ICRC sustained its efforts to make adequate emergency and physical rehabilitation services more readily available to people in Pakistan, especially in violence-affected communities. Some planned activities were postponed or cancelled, given pandemic-related constraints.

People in violence-affected areas have access to good-quality emergency treatment

In Balochistan, KP, Punjab, Sindh and Pakistan-administered Kashmir, the National Society and/or the ICRC trained over 29,500 community members – including law enforcement

officers, civil defence personnel, educators and journalists – in basic first aid, and nearly 400 National Society staff members, in advanced first aid. Every month, five permanent – and an average of 134 mobile – first-aid posts received material and other assistance from the ICRC. The posts treated hundreds of patients; some were referred for further care and/or transported to hospital.

In three communities in Pakistan-administered Kashmir, the National Society, supervised by government doctors and funded by the ICRC, undertook a mass COVID-19 vaccination campaign, administering 34,490 vaccine doses.

The emergency departments of four hospitals in KP – the Lady Reading Hospital in Peshawar, and one hospital each in Bajaur, Jamrud and Parachinar – improved their emergency-care capacities, with ICRC support. This support took such forms as: training for health professionals in mass-casualty incident management and/or basic emergency care, including a train-the-trainer course on the latter subject; donations of medical paraphernalia, PPE, and cleaning items; and guidance for setting up emergency referral systems, strengthening infection prevention and control and waste management, procuring medical supplies and equipment, and conducting maintenance work. As part of facilitating the self-sufficiency of the Lady Reading Hospital's emergency department, the ICRC – in line with its formal agreement with the hospital – fully handed over responsibility for running the nursing-skills laboratory to the hospital's management. Planned ad hoc support, good for up to three other hospitals, was not necessary.

The ICRC completed infrastructural upgrades to the four hospitals in KP mentioned above (3,166 beds in all) – for instance, to waiting areas, medical admission wards and triage rooms. As necessary, it donated maintenance supplies. One planned renovation project at the Lady Reading Hospital, carried over from 2020, was cancelled, following discussions with the hospital's management.

People with disabilities receive rehabilitative care

At 11 physical rehabilitation centres regularly backed by the ICRC, 20,794 people with disabilities,¹ including victims of mines or ERW, obtained physical rehabilitation services. They included 852 children with clubfoot; the ICRC covered treatment-related expenses – transportation, accommodation and/or food – for 149 of these children. ICRC support to the centres took various forms: financial and material assistance, staff training and coaching, and guidance in implementing quality-control mechanisms and COVID-19 risk-reduction measures.

To foster the long-term sustainability of the country's physical rehabilitation sector, the ICRC continued to provide funding and other assistance to schools running programmes in prosthetics and orthotics, and to sponsor two students training in the same field at a local university. It also maintained its comprehensive support to Rehab Initiative, a government-registered private entity. Among others, Rehab

Initiative: distributed components and raw materials, for making prostheses and orthoses, to partner organizations; enhanced its order management system; ran training courses for physical-rehabilitation professionals; and briefed various stakeholders on its activities and on the issues faced by disabled people in Pakistan.

The ICRC sought to advance the socio-economic inclusion of people with disabilities. In partnership with two local organizations, it helped 40 disabled children gain access to basic education, and 50 disabled adults, to vocational training; it also donated school bags or sewing machines to some of them. One organization conducted a series of workshops on career guidance and counselling. The ICRC backed these and other relevant organizations to carry out activities to mark the International Day of Persons with Disabilities (3 December).

ACTORS OF INFLUENCE

To the extent permitted by pandemic-related constraints, the ICRC engaged in dialogue with a broad range of key parties in Pakistan to increase awareness of humanitarian issues, foster acceptance and support for its work, and promote IHL and other relevant norms.

Authorities and weapon bearers familiarize themselves with pertinent norms and standards

The ICRC maintained contact with authorities and weapon bearers, through meetings and themed events, and in the course of its activities – with the Pakistan Red Crescent and/or other local partners – for people in need (see *Civilians and Wounded and sick*). ICRC-organized workshops enabled policy-makers from different government bodies to strengthen their grasp of IHL, notably in connection with sexual and gender-based violence, and mid-level and senior military, police and civil defence officers to advance their understanding of armed conflict, other situations of violence and applicable international law. Military legal advisers were given copies of the ICRC's publication on IHL and urban warfare. Police personnel – including police academy instructors and senior officers – added to their knowledge of IHL, international human rights law and internationally recognized law enforcement standards, during in-person or virtual training courses held by the ICRC.

Civil society representatives learn more about the need to protect health-care services

The ICRC continued to promote the goals of the Health Care in Danger initiative. In KP, following the formalization, in 2020, of a law safeguarding health-care services, the provincial health department and the ICRC – which had jointly drafted the law – developed implementing mechanisms for the law and carried out an awareness-raising campaign to foster compliance with it. Together with other stakeholders, the ICRC advocated the passage of a similar law in Sindh.

With local partners, the ICRC also organized relevant training, including train-the-trainer courses, and themed events, such as: seminars on medical ethics, for health workers, and on field safety, for ambulance staff; an online programme on de-escalating violence in health settings, hosted on a medical university's learning platform; and a virtual regional meeting, at which health-care actors shared best practices. The ICRC

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

launched a tool, developed with academics, to assess mass-casualty emergency response capacities in cities.

The ICRC encouraged journalists to cover subjects of humanitarian relevance – for instance, the ICRC’s work in Pakistan, the necessity of protecting health-care services, and the basic principles of IHL – during workshops, at times coupled with first-aid training (see *Wounded and sick*). The ICRC’s interactions with communities and its use of radio spots, social-media posts and other publicity materials – some produced with the National Society – enabled violence-affected people to learn more about the humanitarian services available to them and ways to ensure their welfare (see *Civilians* and *Wounded and sick*).

With the ICRC’s technical input, the National Society strengthened its public-communication capacities, notably through the development of a comprehensive strategy aimed at, among others, improving its fundraising.

Academic and religious circles hone their expertise in IHL

Law professors and students gained further insight into IHL at ICRC workshops.

During ICRC-supported conferences, religious leaders and scholars discussed the points of correspondence between

Islamic law and IHL. A local university, building on discussions with the ICRC, began to incorporate the subject into its curriculum.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC gave the Pakistan Red Crescent comprehensive support to enhance its capacities in emergency preparedness and response, first aid, family-links services, mine-risk education, human remains management, and public communication (see above). The two organizations renewed agreements concerning their joint activities.

The National Society continued to pursue organizational development, with technical and financial input from the ICRC and other Movement partners. It worked towards incorporating the Safer Access Framework into its policies and standard procedures. It opened a new branch in Chaman, in Balochistan, and reinforced volunteer management at key branches in KP and Pakistan-administered Kashmir.

Movement components operating in Pakistan met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	154			
RCMs distributed	117			
Phone calls facilitated between family members	1,008			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	188	21	29	31
Tracing cases closed positively (subject located or fate established)	90			
Tracing cases still being handled at the end of the reporting period (people)	288	48	40	47
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	9	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	13	2		
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	164			
RCMs distributed	12			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	People	415	114	284
Primary health care				
Health centres supported	Structures	1		
<i>of which health centres supported regularly</i>		1		
Average catchment population		21,000		
Services at health centres supported regularly				
Consultations		1,027		
<i>of which curative</i>		1,027	489	
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	453	277	176
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		4		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		735,042		
First aid				
First-aid training				
Sessions		1,413		
Participants (aggregated monthly data)		29,597		
Water and habitat				
Water and habitat activities	Beds (capacity)	3,166		
Physical rehabilitation				
Projects supported		16		
<i>of which physical rehabilitation projects supported regularly</i>		11		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	20,794	1,748	12,247
<i>of whom victims of mines or explosive remnants of war</i>		314		
Prostheses delivered	Units	1,945		
Orthoses delivered	Units	7,021		
Physiotherapy sessions		16,518		
Walking aids delivered	Units	1,124		
Wheelchairs or postural support devices delivered	Units	928		
Referrals to social integration projects		332		

PHILIPPINES

In the Philippines, where the ICRC has had a permanent presence since 1982, the delegation works to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all parties concerned of their obligations under IHL or other relevant norms. It visits people deprived of their freedom, particularly security detainees, and helps the authorities improve conditions in prisons through direct interventions and support for prison reform. With the Philippine Red Cross, it assists displaced people and vulnerable communities and promotes compliance with IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- People displaced by armed conflict in Mindanao received emergency supplies of food and household essentials. Clean water was made more readily available to them by ICRC projects.
- Families of people missing in connection with the Marawi conflict obtained mental-health and psychosocial support from ICRC-trained counsellors. Some of them started small businesses with ICRC cash grants.
- Detaining authorities, assisted by the health department and the ICRC, strove to prevent the spread of COVID-19 in places of detention and to improve health care for detainees.
- The Philippine Red Cross assisted victims of Typhoon Rai and vaccinated detainees and IDPs against COVID-19, with material, logistical, financial and other support from the ICRC.
- In February, lawmakers ratified the Treaty on the Prohibition of Nuclear Weapons.
- Constraints related to security and/or to the COVID-19 pandemic forced the ICRC to cancel the reconstruction of a school in Mindanao, and to postpone hospital renovation projects, and certain training programmes, to 2022.

EXPENDITURE IN KCHF

Protection	5,412
Assistance	10,711
Prevention	2,414
Cooperation with National Societies	1,171
General	267
Total	19,974
<i>Of which: Overheads</i>	<i>1,219</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
---------------------------	-----

PERSONNEL

Mobile staff	49
Resident staff (daily workers not included)	226



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	53
RCMs distributed	73
Phone calls facilitated between family members	494,155
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	59
Detainees in places of detention visited	63,314
<i>of whom visited and monitored individually</i>	439
Visits carried out	85
Restoring family links	
RCMs collected	207
RCMs distributed	21
Phone calls made to families to inform them of the whereabouts of a detained relative	17

ASSISTANCE	2021 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 15,000	10,755
Income support	People 27,500	9,269
Living conditions	People 10,000	16,436
Water and habitat		
Water and habitat activities	People 35,900	38,283
PEOPLE DEPRIVED OF THEIR FREEDOM		
Water and habitat		
Water and habitat activities	People 8,000	5,385
WOUNDED AND SICK		
Medical care		
Hospitals supported ¹	Structures 48	19
Physical rehabilitation		
Projects supported	Projects 1	1
Water and habitat		
Water and habitat activities	Beds (capacity) 225	670

1. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Fighting persisted in the Bangsamoro region, an autonomous area of Mindanao that was created under a peace deal between the government and some Moro armed groups. The Moro Islamic Liberation Front and the Moro National Liberation Front backed the Armed Forces of the Philippines (AFP) in fighting the Bangsamoro Islamic Freedom Fighters, the Abu Sayyaf Group (ASG) and other, smaller Moro armed groups. Armed encounters between the AFP and the New People's Army continued in parts of Mindanao and in remote areas of the Luzon and Visayas regions. Violent incidents among feuding clans in Mindanao were also reported. The fighting caused casualties, displaced people, damaged or destroyed civilian property and disrupted livelihoods; the pandemic added to the difficulties of violence-affected people.

The effects of the armed conflict in Marawi, Lanao del Sur – between the AFP and the Islamic State–Ranao (also known as the Maute group) and the ASG – which ended in 2017, continued to be felt. Houses and public facilities were still being rebuilt, and IDPs continued to endure poor living conditions in temporary shelters. Cases of people missing in connection with the conflict remained unresolved, causing anguish to the families concerned.

Detention facilities remained overcrowded, partly because of limited resources and bottlenecks in judicial processes.

Disputes over maritime areas in the South China Sea remained unresolved.

Irregular Filipino migrants continued to be deported from Sabah in Malaysia.

In December, Typhoon Rai displaced thousands of families and damaged property in Visayas and Mindanao.

ICRC ACTION AND RESULTS

In partnership with the Philippine Red Cross, the ICRC delivered a multidisciplinary response to the humanitarian needs arising from armed conflict and other situations of violence, the pandemic, and natural disasters.

The ICRC reminded authorities and weapon bearers of their obligations under IHL to protect civilians and civilian property, and to facilitate safe access to essential services, including education and health care. It pursued various efforts to broaden awareness of IHL and support for it – and for the ICRC's own neutral, impartial and independent humanitarian work – among local and national authorities, government forces and other weapon bearers, religious and community leaders, and academics and other members of civil society. It provided lawmakers with expert advice in implementing IHL treaties, including the Treaty on the Prohibition of Nuclear Weapons, which was ratified in February.

Consultations with conflict-affected communities in Mindanao informed the ICRC's activities. In July, the ICRC set up a community contact centre, which operated a hotline that answered enquiries about the humanitarian assistance

available from the ICRC. The ICRC provided IDPs in Mindanao with food and/or essential household items. Activities to build communities' long-term self-sufficiency were carried out. IDPs, returnees, missing people's families and persons with disabilities pursued livelihoods or covered their basic needs with the help of ICRC cash grants and cash-for-work projects. ICRC projects made clean water and sanitation available to IDPs and residents in Mindanao.

The ICRC continued to promote the goals of the Health Care in Danger initiative among authorities, weapon bearers and civil-society groups. Aided by the ICRC, hospitals in Mindanao – including COVID-19 referral hospitals – sustained their services for wounded and sick people. Disabled people obtained rehabilitative care at the ICRC-supported Davao Jubilee Foundation. Victims of violence, missing people's families and disabled people received mental-health and psychosocial support from ICRC-trained counsellors.

Repairs to some hospitals in Mindanao, reconstruction of a school, and certain kinds of training could not be carried out, owing to pandemic-related constraints and/or for security reasons.

The ICRC visited detainees at facilities under various authorities, in accordance with its standard procedures. It discussed its findings confidentially with detaining authorities, and continued to support their efforts to address persistent issues, such as overcrowding, through systemic reforms. It also aided detaining authorities' efforts to prevent the spread of COVID-19 in places of detention, and to improve health services for detainees. Detainees were treated for common ailments at clinics provided, by the ICRC, with the necessary medical supplies and equipment. A number of detention facilities carried out mass screening for TB and scabies, and treated infected detainees. The ICRC introduced, at several places of detention, a tool for storing and monitoring detainees' health-related data.

Members of families separated by conflict, migration, detention or other circumstances reconnected through the Movement's family-links services. Detention facilities were given tablet devices, SIM cards and phone credit, for detainees to contact their families. Forensic professionals and forensic institutions improved their management of dead bodies and human remains with training, and technical and material support, from the ICRC.

The National Society and the ICRC continued to respond jointly to humanitarian emergencies in the country. Financial, logistical and other support from the ICRC enabled the National Society to mount a response to the needs created by Typhoon Rai, and to vaccinate people against COVID-19 (in prisons and at some places in Mindanao).

CIVILIANS

The ICRC used dialogue and written representations to remind authorities, military and police personnel, and armed groups of their obligations under IHL to protect civilians and civilian property, and to facilitate safe access to essential services,

including education and health care. It advocated the formulating of a national policy to address the protection-related and other needs of IDPs. The ICRC worked with health professionals, NGOs, and civil-society groups to raise awareness – among authorities, weapon bearers and the general public – of the necessity of protecting people seeking or providing health services. Around 400 military and police personnel attended ICRC workshops, seminars and other events to learn about international norms and standards applicable to their duties.

The ICRC helped IDP communities in Mindanao – through workshops and other means – to develop and implement small but consequential projects to reduce threats to their safety. Nine IDP communities in remote areas installed solar-powered street lamps donated by the ICRC, which served as a deterrent to criminal activity.

The ICRC brought up – with the pertinent authorities, UNICEF and others – the educational needs of children in violence-affected communities. One-off cash grants, tablet devices and phone credit from the ICRC enabled 50 children from missing people's families to attend classes online. Owing to the pandemic, schools in Mindanao remained closed for most of the year; as a result, no scholarships were given to violence-affected students. The ICRC decided – for security reasons – not to pursue reconstruction of a school damaged in the Marawi conflict; the wooden learning spaces it set up in 2020 remained functional.

Vulnerable people have access to aid and essential services

In partnership with the National Society, and in coordination with local authorities and community organizations, the ICRC mounted a multidisciplinary response to the humanitarian needs arising from armed conflict and other violence, the pandemic, and natural disasters.

The National Society and the ICRC carried out emergency distributions of food and household essentials to people displaced by armed conflict and by Typhoon Rai – particularly those not reached by assistance from other organizations or the government. Relief assistance was also provided to economically vulnerable families of people missing in connection with the Marawi conflict. In total, 10,755 people (2,144 households) received food, and 16,436 people (2,952 households) received hygiene kits and other essential household items.

A total of 9,269 people – IDPs, returnees, missing people's families and persons with physical disabilities – benefited from income support provided by the ICRC: cash grants to cover their basic needs or to start small businesses, and cash-for-work projects to repair latrines and other communal facilities. Fewer of these projects than planned were carried out owing to human-resource and security-related constraints.

National Society volunteers in Mindanao received ICRC training in carrying out the activities mentioned above.

Around 22,000 IDPs and residents had access to potable water from the Marawi City Water District, which received chlorine, and fuel for its pumping stations, from the ICRC. An additional 16,000 people benefited from other ICRC activities, such as

upgrades to water systems, donation of materials for repairing shelters, and distributions of water-purification tablets to communities stricken by diarrhoea outbreaks. The National Society, with financial and technical support from the ICRC, trucked in water and held hygiene-promotion sessions for six IDP communities.

Owing to pandemic-related restrictions, the ICRC could not carry out risk-mitigation activities for communities endangered by weapon contamination.

Members of dispersed families reconnect

Members of families dispersed by violence, detention, migration, or other circumstances reconnected through family-links services provided by the National Society and the ICRC. The ICRC gave the National Society material aid (e.g. laptops, satellite phones), training, and other support to bolster its family-links services; this accounted for the effectiveness of the National Society's family-links services immediately after Typhoon Rai.

The ICRC engaged authorities and weapon bearers in discussions about ascertaining the fate of missing people and preventing disappearances. It continued to help people search for missing relatives. Six tracing cases were resolved. Missing people's families received livelihood assistance and mental-health and psychosocial support through an accompaniment programme run by the ICRC. They also attended an online conference and other events – organized with ICRC support – to commemorate their missing relatives.

The Philippine National Police (PNP) and other pertinent authorities were given expert advice on managing human remains in a manner conducive to their identification. The ICRC donated body bags, personal protective equipment (PPE) and other supplies to hospitals, morgues and a PNP laboratory. The ICRC trained medico-legal examiners from the PNP in collecting ante-mortem data; aided by the ICRC, they gathered biological reference samples from relatives of people missing in connection with the Marawi conflict. It provided missing people's families with informational materials that explained how missing-persons cases were resolved. At one cemetery in Marawi, around 280 markers were placed at the graves of unidentified casualties of the conflict; the aim was to mark the graves for exhumations in the future.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 59 places of detention under various authorities. It monitored 439 inmates – security detainees, minors and foreigners – individually. Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

Family visits were suspended by the authorities for most of the year because of the pandemic. The ICRC arranged family visits for 11 security detainees at the New Bilibid Prison (NBP), the largest detention facility in the country. Detainees at 14 other prisons maintained contact with relatives through phone or video calls, using tablet devices, SIM cards and phone credit from the ICRC; an estimated 494,000 calls were made.

The ICRC provided the authorities with expert advice and other support for making structural reforms to deal with overcrowding and other long-standing issues at places of detention. It also helped the Bureau of Jail Management and Penology (BJMP) to draft a competency-based recruitment policy and multi-year plans for improving facilities and health services for detainees. Tablet devices donated by the ICRC were used at online judicial hearings; the ICRC convened a lessons-learned exercise for the paralegals involved. BJMP wardens, lawyers and paralegals attended ICRC seminars on criminal-justice reform and other topics.

Detainees have better living conditions and access to health care

The ICRC helped detaining authorities to prevent and control the spread of diseases – such as TB, scabies and COVID-19 – in detention facilities. To prevent or manage future outbreaks, the ICRC introduced, at 36 BJMP jails, a tool for storing and monitoring detainees' health-related data; it also provided training and equipment, and other support, to enable BJMP staff to use the tool.

The ICRC donated equipment to 15 prison clinics for conducting routine medical examinations, and trained health staff in treating and preventing common diseases and making referrals for advanced or specialized care. A number of prisons, with material and technical support from the ICRC, carried out mass screening for TB and scabies, and treated infected detainees.

The ICRC installed bunkbeds and repaired or constructed water, electrical and ventilation systems at several places of detention (380 beds in all), benefiting roughly 5,000 detainees; some projects were postponed to early 2022 for logistical or other reasons. The NBP resumed its TB programme for detainees after the ICRC completed renovations and donated equipment to the NBP's TB laboratory.

The ICRC organized meetings with detaining and health authorities to exchange information and ensure a well-coordinated response to COVID-19 in prisons. Several prisons and isolation centres in Luzon and Mindanao received technical support and medical supplies; the ICRC also provided training and refresher sessions for their staff in dealing with COVID-19. The ICRC gave the NBP two vaccine refrigerators, and 60 additional beds to expand the capacity of its medical isolation facility. It provided technical and logistical support for the vaccination campaign conducted by the Philippine Red Cross at 18 prisons, where over 52,000 doses were administered.

WOUNDED AND SICK

The ICRC documented instances of the obstruction of health services, and brought them to the attention of the pertinent authorities. It conducted workshops or briefings for authorities, weapon bearers and civil-society groups on the goals of the Health Care in Danger initiative.

Local hospitals are given support to treat wounded and sick people

The ICRC endeavoured to expand the pool of trained first responders in Mindanao: thus 524 military personnel,

community volunteers and health workers were trained in first aid; 37 others attended a train-the-trainer workshop on basic emergency care.

The ICRC provided medical supplies and equipment for ten main referral hospitals in Mindanao, on a quarterly basis. A total of 22 other facilities – including four government clinics, nine hospitals that treated wounded people, and nine vaccination centres – received ad hoc donations of medical supplies and PPE; 58 first-aid posts received wound-dressing kits and/or training. The ICRC covered laboratory and treatment costs for several wounded people. Two Philippine Red Cross blood banks were given financial support and/or laboratory equipment.

Ten of the above-mentioned hospitals (total capacity: 230 beds) were given beds, tents, tables and chairs, and electric fans to expand their capacity to test people for COVID-19 and treat them. The ICRC gave the National Society financial support for transportation and other expenses involved in vaccinating people at three locations, where a total of 29,183 vaccine doses were administered.

ICRC-trained counsellors provided mental-health and psychosocial support for victims of violence, including victims/survivors of sexual violence; persons with disabilities; and missing people's families. The ICRC broadened awareness in violence-affected communities of mental-health issues and of the services available for people traumatized by violence. The ICRC donated post-rape kits and other supplies to 12 Women and Child Protection Units – located in the hospitals mentioned above – in Mindanao.

Owing to logistical and pandemic-related constraints, training in trauma management and in treating victims/survivors of sexual violence, was postponed to 2022, as were upgrades to facilities at the main ICRC-supported hospitals.

People with disabilities obtain rehabilitative care and other aid

A total of 219 disabled people² obtained rehabilitative care at the Davao Jubilee Foundation (DJF), which received material, technical and other support from the ICRC. The ICRC covered treatment costs for DJF patients, and expenses incurred by their carers; it also gave patients, and their carers, cash to cover their basic needs. It made its expertise available to the DJF for raising funds to ensure the DJF's long-term operations; and, at year's end, it was guiding the DJF's drafting of a plan to build a dormitory.

Discussions with authorities and other actors on developing a national strategy for physical rehabilitation, and sports events for disabled people, were postponed to 2022 because of pandemic-related restrictions.

2. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

ACTORS OF INFLUENCE

The ICRC explained its neutral, impartial and independent humanitarian activities – through briefings and information sessions – to local and national authorities, government forces and other weapon bearers, and religious and community leaders. This helped ensure its ability to work safely in conflict-affected areas.

In cooperation with the Philippine Red Cross, academic institutions, and others, the ICRC continued to promote IHL and principled humanitarian action through various themed events. University students competed in a national moot court competition; the ICRC sponsored the winning team to take part in a competition outside the Philippines. Law students and professors learnt more about the points of correspondence between IHL and Islamic law at ICRC seminars and during guest lectures. The ICRC had a publication on protection of civilians under IHL and Islamic law translated into a local language, to encourage research on the subject. It gave the University of the Philippines expert assistance to publish the second issue of the *Asia-Pacific Journal of IHL*. Conferences and train-the-trainer courses and other events organized by the ICRC helped build IHL expertise among judges, lawyers and scholars. At an ICRC webinar, representatives from 20 countries in the region discussed cyber warfare, new weapons technology and other contemporary IHL-related issues.

The ICRC's public communication (e.g. articles, news releases and social-media posts) was directed towards broadening awareness of the humanitarian needs created by armed violence in the country, and towards gathering support for its response. With support from the ICRC, a news agency produced videos explaining IHL within the context of the Marawi conflict. Radio spots informed people in remote areas of the ICRC's services; promoted the health department's vaccination campaigns; and raised awareness of the psychosocial needs of victims of violence, including victims/survivors of sexual violence, and the services available to them. A community contact centre, established by the ICRC in July, operated a hotline that responded to enquiries and collected people's views on the ICRC's activities.

Lawmakers and weapon bearers work on IHL integration

The ICRC provided the authorities with technical support for ratifying and/or implementing IHL and IHL-related treaties. It gave lawmakers expert advice, and provided technical input in a webinar, in connection with the Treaty on the Prohibition of Nuclear Weapons, following the treaty's ratification in February. In September, the Arms Trade Treaty was endorsed by a senate committee for ratification; this committee was given technical support by the ICRC. Members of the interim government of the Bangsamoro region were briefed on IHL and humanitarian principles. The PNP and the Commission on Human Rights received ICRC input for drafting a protocol for protecting children during armed conflict.

The AFP and the ICRC signed a memorandum of understanding and set up a team to integrate IHL into the AFP's doctrine and standard procedures.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross continued to be the ICRC's primary partner in responding to the needs of people affected by armed conflict and other violence in Mindanao. Joint activities were carried out in such areas as economic security, restoration of family links, IHL promotion, and water and sanitation. The ICRC gave the National Society the support necessary to ensure that its branches in Mindanao could deliver humanitarian aid safely and effectively, in line with the Safer Access Framework.

The National Society, with the ICRC's support, addressed needs created by the pandemic and Typhoon Rai. The ICRC provided financial and other assistance for the National Society's vaccination campaigns in Mindanao and at several prisons in Luzon. It provided food, communication equipment and other essential supplies for the National Society's relief operations.

To maximize the impact of the Movement's response, the ICRC coordinated its activities with those of the International Federation and National Societies working internationally. The ICRC also kept its Movement partners abreast of the security situation.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact					
RCMs collected		53			
RCMs distributed		73			
Phone calls facilitated between family members		494,155			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		83	5	3	8
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		300	23	21	35
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		59			
Detainees in places of detention visited		63,314	6,205	38	
Visits carried out		85			
			Women	Girls	Boys
Detainees visited and monitored individually		439	64	4	17
<i>of whom newly registered</i>		128	23	4	12
RCMs and other means of family contact					
RCMs collected		207			
RCMs distributed		21			
Phone calls made to families to inform them of the whereabouts of a detained relative		17			
Detainees visited by their relatives with ICRC/National Society support		11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		10,755	2,851	5,053
	<i>of whom IDPs</i>		10,755	2,851	5,053
Income support	People		9,269	2,556	3,562
	<i>of whom IDPs</i>		7,740	2,082	2,921
Living conditions	People		16,436	3,937	8,562
	<i>of whom IDPs</i>		16,436	3,937	8,562
Water and habitat					
Water and habitat activities	People		38,283	5,743	6,125
Mental health and psychosocial support					
People who received mental-health support			352		
People who attended information sessions on mental health			1,442		
People trained in mental-health care and psychosocial support			246		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Water and habitat					
Water and habitat activities	People		5,385	54	
Health care in detention					
Places of detention visited by health staff	Structures		55		
Health facilities supported in places of detention visited by health staff	Structures		15		
WOUNDED AND SICK					
Hospitals					
Hospitals supported ³	Structures		19		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			15,707		
Weapon-wound admissions (surgical and non-surgical admissions)			710	*	*
Weapon-wound surgeries performed			682		
Patients whose hospital treatment was paid for by the ICRC			*		
First aid					
First-aid training					
	Sessions		21		
	Participants (aggregated monthly data)		561		
Water and habitat					
Water and habitat activities	Beds (capacity)		670		
Physical rehabilitation					
Projects supported			1		
	<i>of which physical rehabilitation projects supported regularly</i>		1		
Services at physical rehabilitation projects supported regularly					
People who received physical rehabilitation services	Aggregated monthly data		219	39	91
	<i>of whom victims of mines or explosive remnants of war</i>		*		
Prostheses delivered	Units		87		
Orthoses delivered	Units		40		
Physiotherapy sessions			543		
Walking aids delivered	Units		103		
Wheelchairs or postural support devices delivered	Units		*		
Referrals to social integration projects			264		
Mental health and psychosocial support					
People who received mental-health support			98		
People who attended information sessions on mental health			29		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

3. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

SRI LANKA

The ICRC has worked in Sri Lanka since 1989. Its operations focus on: helping clarify the fate of missing persons and supporting their families; visiting detainees and aiding the authorities in improving prison management; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also promotes adherence to IHL and humanitarian principles.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- Missing people's families covered basic expenses, added to their income and coped with the economic effects of the COVID-19 pandemic with ICRC cash aid and cash grants. They also obtained psychosocial support from the ICRC.
- The authorities worked to protect detainees against COVID-19 and improve prison health services. The ICRC assisted these efforts by increasing donations of protective equipment and other supplies, and upgrading infrastructure.
- Forensic professionals strengthened their capacity to properly and safely manage human remains, including the bodies/remains of COVID-19 victims; the ICRC provided body bags and other supplies, and its expert guidance.
- The ICRC and the authorities, and members of the national IHL committee, continued to discuss IHL implementation. The Sri Lankan parliament passed a bill to implement the Anti-Personnel Mine Ban Convention.
- The military, and police and security forces familiarized themselves with norms pertinent to their duties and operations through ICRC training sessions, briefings and workshops on IHL and international policing standards.

EXPENDITURE IN KCHF

Protection	2,834
Assistance	2,914
Prevention	940
Cooperation with National Societies	217
General	107
Total	7,011
<i>Of which: Overheads</i>	<i>428</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
---------------------------	-----

PERSONNEL

Mobile staff	20
Resident staff (daily workers not included)	117



ICRC delegation ICRC sub-delegation ICRC office/presence

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1
Tracing cases closed positively (subject located or fate established)	39
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	12,677
<i>of whom visited and monitored individually</i>	441
Visits carried out	45
Restoring family links	
RCMs collected	11
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	People	14,000	23,022
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		9,213
Water and habitat			
Water and habitat activities	People	6,500	24,078

CONTEXT

Families affected by the armed conflict that ended in 2009 continued to feel its effects. Many families still had no news of relatives who went missing during the conflict; this uncertainty, besides being a source of emotional distress, also caused them difficulties in overcoming legal and administrative hurdles. Some of the families struggled to meet their financial needs. Movement restrictions and other measures necessitated by the COVID-19 pandemic, which became more stringent when rates of infection surged, continued to have damaging economic consequences for Sri Lankans.

Sri Lankan authorities continued to strive to address the lingering effects of past conflict. In February 2020, Sri Lanka withdrew its sponsorship of a 2015 UN Human Rights Council resolution concerning the conflict. However, offices set up to fulfil the commitments made in that resolution remained operational; notably, and in line with part of its mandate, the Office on Missing Persons took steps to facilitate the distribution of financial compensation for missing people's families.

Political and economic tensions gave rise to protests. Operations by security forces led to arrests.

ICRC ACTION AND RESULTS

The ICRC continued to help the authorities address the consequences of past conflict in Sri Lanka. Pandemic-related movement and other restrictions were in effect during the year; the ICRC adapted its activities as necessary. The ICRC impressed upon the authorities, and upon others concerned, the urgency of ascertaining the fate of missing people and addressing their families' needs. It also reminded authorities to attend to the plight of migrants and to address and prevent unlawful conduct during law enforcement and security operations. Engagement with the Office on Missing Persons was limited owing to administrative constraints; the ICRC continued to make its expertise – in ascertaining the fate and whereabouts of missing people – available to the Office.

Missing peoples' families continued to benefit from an ICRC accompaniment programme designed to give them comprehensive assistance. The ICRC stepped up cash distributions to these families, in order to help them cope with the sudden loss of livelihoods and other economic consequences of the pandemic. ICRC cash grants helped families to resume or begin income-earning activities and become more self-sufficient. Families also obtained psychosocial support from the ICRC and from local partners trained and equipped by the ICRC. As necessary, they were referred to other organizations for other kinds of support.

Material and technical support from the Sri Lanka Red Cross Society and the ICRC helped forensic professionals to ensure safe and respectful management of human remains, including the bodies/remains of COVID-19 victims. The ICRC also supported efforts by the authorities and forensic professionals to further develop national capacities in forensics, for instance by organizing workshops and training for them.

Where pandemic-related restrictions permitted, the ICRC visited detainees in prisons and other places of detention in accordance with its standard procedures. It communicated its findings and recommendations confidentially to the authorities. During the year, penitentiary and other authorities concentrated on protecting detainees against COVID-19. The ICRC expanded and/or adapted its activities to support them in this, and in their efforts to improve detainees' living conditions, including access to health care; it donated personal protective equipment (PPE), cleaning supplies, and hygiene and other items for detainees. Repairs and/or upgrades at detention facilities – completed by or with material support from the ICRC – helped improve living conditions for thousands of detainees. The ICRC advocated the inclusion of detainees in national vaccination efforts. By the end of the year, the authorities had vaccinated thousands of detainees against COVID-19. The ICRC continued to carry out several pilot projects for improving health care in detention.

The ICRC continued to support the work of the national IHL committee and discuss IHL-related matters with the authorities, with a view to helping advance IHL implementation in Sri Lanka. During the latter half of the year, the Sri Lankan parliament passed a bill to implement the Anti-Personnel Mine Ban Convention.

The military and police forces drew on the ICRC's support to further integrate IHL and international standards pertinent to law enforcement, respectively, into their training and doctrine. Senior military officers were sponsored by the ICRC to attend international and regional courses to help strengthen their grasp of IHL. Journalists, academics, religious scholars, and other members of civil society learnt more about the Movement's activities and/or IHL through information sessions, webinars and other events organized by the National Society and the ICRC.

The Sri Lanka Red Cross Society and the ICRC enabled migrants, detainees, and others to restore or maintain contact with relatives. The National Society continued to bolster its operational and managerial capacities with the ICRC's help.

CIVILIANS

Owing to pandemic-related restrictions in place during the year, the ICRC conducted some of its planned activities remotely.

The authorities are urged to ensure the protection of civilians during law enforcement operations

The authorities, members of civil society and the ICRC continued to discuss issues linked to the past conflict, particularly the necessity of ascertaining the fate and whereabouts of missing people and addressing their families' needs (see below). The ICRC urged authorities to tackle the threat of mines and explosive remnants of war (ERW); it helped two victims of ERW-related accidents to cover their transport and medical expenses.

The ICRC reminded authorities, through representations based on documented allegations, to address and prevent unlawful

conduct during law enforcement operations. These matters were also covered during training sessions, in international policing standards, for police officers (see *Actors of Influence*).

The ICRC, in coordination with the International Federation and others, continued to monitor the situation of migrants along migration routes and in immigration detention centres, and to communicate its findings to the pertinent authorities. It reminded the authorities of their obligations under international law, and emphasized the necessity of respecting the principle of *non-refoulement*.

Missing people's families obtain comprehensive support through an ICRC programme

Administrative constraints continued to limit engagement with the Office on Missing Persons (see *Context*). However, the ICRC maintained contact with the Office and continued to share its expertise in such areas as tracing missing people and assisting missing people's families. It kept missing people's families updated on the Office's activities. Around 15,000 missing-persons cases – for which tracing requests had been lodged with the ICRC – remained unresolved.

Together with local partners, the ICRC sought to provide families of missing people with comprehensive support through an accompaniment programme. These families coped with uncertainty about the fate of their relatives, and hardships caused by the circumstances of the pandemic, with the help of group and/or individual psychosocial-support sessions by the ICRC and ICRC-trained and -backed local partners; these sessions took place online or over the phone. Families were also helped to arrange events to commemorate their missing relatives. Those particularly at risk financially were given additional assistance (see below). Where necessary, families registered in the programme were also referred to local authorities or other organizations for legal, administrative and financial assistance.

The ICRC's local partners in the accompaniment programme, along with academics and others, learnt more about the concept of “ambiguous loss” – a distinctive experience of missing people's families – at ICRC information sessions.

Families of missing people restart their livelihoods with ICRC cash grants

Financial support from the ICRC enabled around 4,200 families of missing people (16,822 people) to cover their immediate needs, and helped them to work towards becoming more self-sufficient. When there was a surge in COVID-19 cases, necessitating more stringent movement and other restrictions, the ICRC expanded its cash distributions and helped thousands of missing people's families to buy food and other essential goods. This helped households withstand the sudden loss of incomes and livelihoods. Cash grants helped enable families to restart their livelihoods or to undertake other income-earning activities. Households particularly at risk financially were given cash for rent and other immediate expenses, or were helped by the ICRC, working with local organizations, to start simple livelihood projects to earn more money to buy food.

The ICRC also worked with community-based organizations to develop livelihood-support programmes for vulnerable communities in rural areas, which included families of missing people. Around 1,550 households (6,200 people) were given technical assistance and capital to start earning an income from farming or fishing.

Forensic authorities work safely during the pandemic

The ICRC worked with forensic professionals and institutions, particularly the health ministry and the Institute of Forensic Medicine and Toxicology (IFMT), to strengthen forensic services in Sri Lanka. It bolstered their efforts to ensure that human remains, particularly the bodies/remains of COVID-19 victims, were managed in accordance with best practices. The ICRC, sometimes together with the Sri Lanka Red Cross Society, provided body bags, PPE and other supplies, and guidance – for instance, expert advice for revising standard operating procedures – for the health ministry, and for the IFMT and other forensic institutions and medico-legal bodies in Sri Lanka. At an ICRC briefing, military officers-in-training, and police forces, learnt more about ways to ensure the proper management of human remains.

Forensic professionals worked closely with the ICRC to develop national standards for forensic examination. The ICRC helped them conduct workshops, both online and in-person, and produce training videos and other educational materials on the proper management of human remains. It gave one university books and equipment to help them raise the quality of instruction in forensic pathology.

The ICRC continued to advocate reforms to the law on inquests into deaths, including those drafted with its support in 2019, which remained pending.

Members of dispersed families benefit from improvements to family-links services

Members of dispersed families, including migrants, were informed of developments in efforts to locate their missing relatives; by the end of the year, 39 tracing requests lodged with the ICRC had been resolved positively. The ICRC enabled people to obtain attestations of detention, and other official documents, for legal or administrative procedures.

National Society staff and volunteers attended ICRC refresher courses to develop their ability to provide family-links services. Technical support from the ICRC helped the National Society to develop its information management systems, and undertake a large-scale assessment of family-links needs in Sri Lanka.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 22 places of detention that collectively held some 12,600 people. These detention facilities included police stations, a prison hospital, and the Mirhana migration detention centre. Owing to pandemic-related restrictions, the ICRC visited fewer places of detention compared to the previous year; these restrictions also limited the implementation of several ICRC activities, such as support for prison health services.

During its visits, the ICRC monitored 441 particularly vulnerable detainees individually; they included people held in connection with the bombings of April 2019 and for other security-related reasons; migrants, including asylum seekers; and women.

The ICRC communicated its findings and recommendations confidentially to the authorities. It regularly engaged the authorities in dialogue on ensuring that detainees' living conditions and treatment, including procedural safeguards and judicial guarantees, complied with domestic and international law and met internationally recognized standards; and to discuss systemic issues affecting detainees, such as overcrowding.

The authorities take steps to protect detainees against COVID-19

The authorities directed most of their resources towards their response to the surge in COVID-19 infections at places of detention, and towards protecting detainees against the disease. The ICRC gave them technical advice and other assistance for these efforts. For instance, it increased its donations of PPE, cleaning materials, hygiene items and other supplies (see also below). During discussions with the WHO and the authorities, the ICRC urged the inclusion of detainees in national vaccination programmes. By the end of the year, the authorities had vaccinated thousands of detainees against COVID-19.

Wherever possible, the ICRC kept up its technical and other support, at numerous prisons, for pilot projects to improve health-care services, medical screening, and management of detainees' medical records. Notably, penitentiary authorities adopted the ICRC's recommendations for standardizing procedures for medical screening. The ICRC also gave a prison hospital laboratory equipment for conducting basic medical tests.

Prison staff and health personnel honed their capacities in managing health-related data at an ICRC workshop. The ICRC facilitated referrals for detainees to specialized medical care.

Detainees' living conditions improve

The ICRC adapted its pilot project for improving maintenance and management at detention facilities to helping the authorities strengthen their pandemic response. Together with the Sri Lanka Red Cross Society, it increased its donations of supplies, such as soap, disinfectants, and materials for making face masks. These efforts benefited some 21,000 detainees in all, many more than planned.

The ICRC provided the authorities with its expertise for their efforts to construct and maintain prisons. At ICRC workshops and training sessions, and with the ICRC's guidance, penitentiary officials and prison staff learnt more about prison management and other related subjects.

At a number of detention facilities, the ICRC renovated video-visiting rooms (see below) and other infrastructure, or gave the authorities support for doing so; roughly 3,000 detainees benefited from these projects. The authorities

were given the materials necessary to make upgrades at one prison hospital. Around 9,000 detainees received hygiene kits and recreational materials from the ICRC, to help them ease their living conditions; the ICRC also donated items to help particularly vulnerable people meet specific needs, such as milk and diapers for children of detained mothers.

The ICRC maintained its advisory role to the authorities in addressing the legal and judicial causes of overcrowding in places of detention. It drew on the past work of an inter-ministerial taskforce, which remained inactive, previously created for this purpose with the ICRC's support.

Detainees stay in touch with relatives

Detainees made use of RCMs and other Movement family-links services. The ICRC notified the pertinent embassies of foreigners held in detention. When circumstances allowed, detainees were visited by their families; the ICRC covered transport costs for the relatives of 266 detainees. An ICRC-supported programme for video calls, pilot-tested with the ICRC's support in 2020, was expanded to all prisons in the country by penitentiary authorities, and helped foreigners and other detainees to stay in touch with relatives.

ACTORS OF INFLUENCE

Military and police officers advance their understanding of IHL and other pertinent norms

The military drew on ICRC support to further integrate IHL into their training and doctrine. The ICRC organized training in IHL for army troops, including those bound for peace-keeping missions in other countries. Military officers and personnel, including senior officers, attended international and/or regional courses in IHL and other pertinent norms with the ICRC's help. Notably, military personnel took part in a regional course online in cyber warfare and other IHL-related issues (see *Philippines*). Six officers attended a senior workshop on international rules governing military operations (see *International law and policy*).

Police officers and officers-in-training advanced their understanding of international standards for law enforcement through dissemination sessions conducted by the ICRC in person and online. Security forces personnel exchanged best practices in law enforcement during health-related emergencies, at international round tables organized online by the ICRC.

Sri Lankan parliament passes a bill to implement the Anti-Personnel Mine Ban Convention

The national IHL committee, guided by the ICRC, strove to advance IHL implementation in Sri Lanka. Aided by the ICRC, it facilitated discussions among various government bodies on domestic legislative initiatives for ratifying and implementing IHL-related treaties, such as the Treaty on the Prohibition of Nuclear Weapons and the Convention on Cluster Munitions.

During the latter half of the year, the Sri Lankan parliament passed a bill to implement the Anti-Personnel Mine Ban Convention.

Members of civil society learn more about the Movement

The ICRC continued to cultivate its relationship with academic and religious scholars. At ICRC webinars, briefings and other events, these groups added to their knowledge of the Movement and its activities, and of IHL: for example, they reached a fuller understanding of the points of correspondence between IHL and Buddhism. The ICRC continued to support the publication, and translation into local languages, of scholarly work on these subjects. With the ICRC's support, a team of students participated in an international moot court competition that took place online.

Authorities took part in ICRC webinars and online conferences to build their expertise in IHL. Prospective Sri Lankan diplomats learnt about humanitarian diplomacy through ICRC dissemination sessions at a diplomatic training institute.

The ICRC worked with the Sri Lanka Red Cross Society to foster awareness of and build support for its work, and that of the Movement in general – including their response to the pandemic – through social media and other channels for public communication (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society continued to strengthen its operational capacities, and improve its financial management, with technical, financial and other support from the ICRC. The National Society supported the authorities' pandemic response, notably by helping to raise public awareness of measures against COVID-19. The ICRC helped the National Society to buy PPE so that staff and volunteers could do their work in safety. National Society personnel reinforced their preparedness for emergencies with training and emergency relief supplies from the ICRC.

The National Society continued to work in accordance with the Safer Access Framework and, aided by the ICRC, reviewed their current policies pertinent to applying the framework; staff and volunteers were trained on how to conduct their activities safely. With the ICRC's help, the National Society endeavoured to publicize its work and that of the Movement in general, for instance, at events to mark World Red Cross and Red Crescent Day and through dissemination sessions for police officers, academics and others.

Amendments to laws pertaining to the National Society's legal status in Sri Lanka were still awaiting approval, owing to pandemic-related and administrative constraints.

Movement components met regularly to coordinate their activities and exchange information.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	47	8	1	8
Tracing cases closed positively (subject located or fate established)	39			
<i>including people for whom tracing requests were registered by another delegation</i>	34			
Tracing cases still being handled at the end of the reporting period (people)	15,186	733	420	1,278
<i>including people for whom tracing requests were registered by another delegation</i>	135			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	22			
Detainees in places of detention visited	12,677	825	4	
Visits carried out	45			
		Women	Girls	Boys
Detainees visited and monitored individually	441	33		
<i>of whom newly registered</i>	174	16		
RCMs and other means of family contact				
RCMs collected	11			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	3			
Detainees visited by their relatives with ICRC/National Society support	266			
People to whom a detention attestation was issued	21			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	23,022	9,331	6,862
Mental health and psychosocial support				
People who received mental-health support		1,096		
People who attended information sessions on mental health		290		
People trained in mental-health care and psychosocial support		67		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	9,213	648	4
Water and habitat				
Water and habitat activities	People	24,078	1,204	
Health care in detention				
Places of detention visited by health staff	Structures	3		

SUVA (regional)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, the ICRC promotes respect for IHL and other international norms among armed and security forces and fosters awareness of these among academic circles, the media and civil society, and assists governments in ratifying and implementing IHL treaties. The ICRC works to ensure that violence-affected people in Papua New Guinea receive emergency aid and medical care; it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2021

- In the Highlands region of Papua New Guinea, violence-affected people received relief or farming items from the Papua New Guinea Red Cross Society and/or the ICRC. Fewer people than planned were given income support.
- Victims/survivors of sexual violence and other people obtained suitable care, including mental-health and psychosocial support, at ICRC-supported health posts or from ICRC-backed traditional birth attendants in Papua New Guinea.
- Because of COVID-19 restrictions, the ICRC visited detainees only in Papua New Guinea; it gave them essential items. Prison authorities in Fiji and Papua New Guinea bolstered their pandemic response with ICRC support.
- Military and police personnel in the region – including those bound for peacekeeping operations – learnt more about IHL and other applicable norms at training sessions and predeployment briefings organized by the ICRC.
- Guided by the ICRC, national IHL committees of several countries in the region worked to promote implementation of IHL and IHL-related treaties. Kiribati formed a national IHL committee, with the ICRC's help.

EXPENDITURE IN KCHF

Protection	2,248
Assistance	3,395
Prevention	2,730
Cooperation with National Societies	1,367
General	82
Total	9,822
<i>Of which: Overheads</i>	<i>599</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
---------------------------	-----

PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	83

PROTECTION	Total
CIVILIANS	
Restoring family links	
Phone calls facilitated between family members	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	12
Detainees in places of detention visited	2,489
<i>of whom visited and monitored individually</i>	47
Visits carried out	22

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	3,000	5,100
Income support	People	900	11
Living conditions	People	9,500	17,058
Capacity-building	People	250	171
Water and habitat			
Water and habitat activities	People	2,200	28
Health			
Health centres supported	Structures	10	10
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		4,207
Water and habitat			
Water and habitat activities	People	300	556

CONTEXT

As in the past, communal tensions in the Enga, Hela and Southern Highlands provinces of Papua New Guinea often led to violence: many civilians were displaced, injured or killed, and their property reportedly destroyed. The police conducted operations in areas of unrest.

Migrants in Nauru and Papua New Guinea – including asylum seekers and refugees – continued to await resettlement. As per an agreement signed in 2016 between the governments of Australia and the United States of America (hereafter US), some migrants in Nauru and Papua New Guinea were resettled in the US. However, the fate of many others remained uncertain, with damaging psychological consequences for some of them. In Papua New Guinea, migrants remained in Port Moresby, under the supervision of the immigration authorities.

In the Autonomous Region of Bougainville (hereafter Bougainville) – in Papua New Guinea – families had yet to ascertain the fate and/or whereabouts of their relatives who had been missing since the armed conflict in the 1990s.

In the Solomon Islands, protests arising from political and economic discontent broke out in November and resulted in violence, arrests and deaths.

The armed forces of Australia and New Zealand had a presence in parts of the Middle East and, with Fiji, participated in international peacekeeping operations. Australia helped train and support militaries of certain countries in the Asia and the Pacific region.

The COVID-19 pandemic continued to add to people's difficulties. It further strained health services in Papua New Guinea; health workers and infected people were at risk of stigmatization and violence.

Countries throughout the Pacific region remained vulnerable to natural disasters and climate shocks.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Suva endeavoured – in accordance with measures against COVID-19 – to protect and assist people affected by communal violence or deprived of their freedom. However, significantly fewer people than planned benefited from the ICRC's income-support projects, because of staffing and pandemic-related constraints, and from its water-and-habitat activities, as plans to broaden access to clean water did not push through. The ICRC helped National Societies in the region to strengthen their operational capacities. Where necessary, it postponed or cancelled activities and focused on addressing needs arising from the pandemic.

In Papua New Guinea, the ICRC maintained its dialogue with local authorities, police forces and fighters, emphasizing the necessity of protecting violence-affected communities – from sexual violence and other unlawful conduct – and facilitating safe and impartial access to health care and education. It provided household essentials for displaced and other violence-affected people, and trained community members

in agricultural best practices to help them grow more food. Female breadwinners were instructed in making face masks for sale. Some people in violence-affected areas received technical support and tools from the ICRC for repairing essential infrastructure.

The ICRC provided comprehensive support for health centres in Papua New Guinea to help them deliver good-quality medical care. It helped these facilities to refer patients requiring further care to other health centres, and covered the transport costs involved. Victims/survivors of sexual violence and others obtained specialized treatment and/or psychosocial support from ICRC-trained traditional birth attendants or at family-support centres supported by the ICRC.

The ICRC, with the UNCHR and authorities in Australia and Papua New Guinea, discussed the needs and concerns of migrants, including refugees and asylum seekers.

The ICRC visited, in accordance with its standard procedures, detainees in Papua New Guinea. Findings and recommendations from prison visits were communicated confidentially to the authorities concerned. Owing to pandemic-related restrictions, it was unable to visit detainees in Fiji, the Solomon Islands and other countries; nevertheless, the ICRC assisted prison authorities in Fiji, Papua New Guinea and the Solomon Islands to make family-links services available to detainees and/or prevent the spread of COVID-19. It helped detaining authorities in Papua New Guinea to mount a joint response to the pandemic; some detainees were vaccinated against COVID-19. The ICRC installed hand-washing stations at detention facilities in Papua New Guinea. It continued to implement a project that aimed to enable detainees to diversify their diet with produce from vegetable gardens that they were cultivating themselves.

In Bougainville, Papua New Guinea, the ICRC continued to discuss with the authorities the creation of a mechanism to ascertain the fate of people missing since the 1990s. It continued to help families to commemorate their missing relatives.

The ICRC drew attention to humanitarian issues, and fostered support for IHL and for the Movement's work, through online events and dialogue with national and regional authorities and key members of civil society. At ICRC training courses and other events, military and police personnel strengthened their grasp of IHL and other applicable norms. Aided by the ICRC, national IHL committees in the region promoted implementation of IHL and IHL-related treaties, such as the Treaty on the Prohibition of Nuclear Weapons and the Arms Trade Treaty. Kiribati formed a national IHL committee, with the ICRC's help.

CIVILIANS

The ICRC promotes protection for violence-affected people and migrants

In Papua New Guinea, the ICRC continued to monitor the situation of people affected by communal violence in Enga, Hela and the Southern Highlands. It drew the attention of local authorities, police and fighters to the humanitarian

consequences of such violence, and reiterated the necessity of: ensuring protection for violence-affected communities, including from sexual violence; safeguarding medical services; and facilitating safe and impartial access to health care, education and other essential services. It urged fighters to abide by the basic principles of humanity and reminded them – through workshops, dissemination sessions, educational modules and other means – of the traditional rules regulating communal violence. Community members learnt more about these issues through plays staged by the ICRC and at ICRC dissemination sessions (see *Actors of influence*). Owing to pandemic-related restrictions and staffing constraints, the ICRC was unable to carry out activities to help violence-affected communities devise positive coping mechanisms.

The ICRC documented allegations of unlawful conduct during law enforcement operations and relayed them confidentially to the authorities concerned, with a view to preventing or ending such misconduct. Police forces in Papua New Guinea strengthened their grasp of international human rights law and international policing standards – particularly for the use of force – at ICRC dissemination sessions (see *Actors of influence*).

With the UNHCR and pertinent authorities in Australia and Papua New Guinea, the ICRC discussed the situation of migrants – including asylum seekers and refugees – such as their legal status, access to health care and family contact; it also reminded authorities that they must uphold the principle of *non-refoulement*. In Port Moresby, Papua New Guinea, it followed up the humanitarian concerns of migrants under the supervision of the immigration authorities.

Violence-affected communities in Papua New Guinea meet their basic needs

In the Highlands region of Papua New Guinea, the ICRC helped displaced and other violence-affected people to ease their living conditions or enhance their livelihoods. The Papua New Guinea Red Cross Society and the ICRC distributed blankets, shelter materials and cooking utensils to about 2,800 households (17,000 people). They trained around 170 people to help expand their agricultural capacities. The ICRC gave some 850 households (supporting around 5,000 people) agricultural implements and cash to help them grow more food. It taught 11 female breadwinners how to make face masks for sale. The ICRC gave income support to fewer people than planned because of staffing and pandemic-related constraints.

Some 28 community members were given technical support and the tools necessary to rebuild damaged schools or bridges. The ICRC did not, as planned, seek to broaden access to clean water for displaced people, because it discovered that these communities already had access to a reliable supply. Thus, fewer people than planned benefited from the ICRC's water-and-habitat activities. The ICRC made repairs to maternity wards and waste-management systems at three health facilities.

The ICRC opened up access to schooling for some students. It began to select people for its scholarship programme, which

will take effect in 2022. It also gave two colleges materials for renovating and/or making repairs to their classrooms.

Victims/survivors of sexual violence and others obtain medical care and psychosocial support

The ICRC worked to ensure that good-quality health services were available to people in Bougainville and the Highlands region of Papua New Guinea, particularly those who were most vulnerable: women, children, the seriously wounded, the ailing, and victims/survivors of sexual violence.

In Bougainville, Papua New Guinea, the National Society and the ICRC trained 35 community members in first aid; pandemic-related restrictions prevented them from organizing more training sessions.

ICRC dissemination sessions broadened awareness – among health workers, community members and local leaders – of the necessity of protecting those seeking or providing health care; however, round tables for health authorities on key aspects of the Health Care in Danger initiative had to be postponed because of the pandemic. The ICRC organized information sessions at which around 13,000 people were made aware of the psychological consequences of sexual and other violence, and of the mental-health and psychosocial support available including for victims/survivors of sexual violence.

People obtained preventive and curative care free of charge at five community health centres, recipients of regular ICRC support: monitoring visits; supervision and training of staff; and donations of medical equipment, consumables and/or furniture. Some staff were given cash incentives; others were given psychosocial support and/or trained to broaden awareness of such matters. These health centres provided such services as vaccinations, mainly for children, and antenatal consultations for women. The ICRC helped these centres make referrals to other facilities, and covered transport costs for patients. The ICRC gave these facilities, and five others, ad hoc supplies of personal protective equipment (PPE) and other items to deal with the surge in COVID-19 cases.

Victims/survivors of sexual violence and other vulnerable people had access to specialized treatment, and to mental-health and psychosocial support, from ICRC-trained health workers, traditional birth attendants and/or community volunteers. Roughly 1,600 people benefited from support groups and other kinds of psychosocial assistance. Traditional birth attendants were given technical support for referring victims/survivors of sexual violence to family-support centres, at which they received post-exposure prophylaxis and/or psychosocial support. The ICRC provided health personnel at these family-support centres with material and technical support to perform their duties in accordance with COVID-19 safety protocols.

Families reconnect with or commemorate their missing relatives

The ICRC provided the National Societies in the region – notably in Fiji, New Zealand, Samoa, Solomon Islands and Vanuatu – with training and material and/or technical support to expand their capacities in restoring family links, especially

after natural disasters and other emergency situations (see *Red Cross and Red Crescent Movement*). It gave some of them phones, and cash to cover their operating costs; thus, the Fiji Red Cross Society could enable COVID-19 patients in isolation facilities to reconnect and/or maintain contact with their families.

In Bougainville, Papua New Guinea, the ICRC continued to engage the pertinent authorities in discussions on the creation of a mechanism to ascertain the fate of people unaccounted for since the 1990s. It also continued to advocate for the implementation of a policy – adopted by local authorities in 2014 – to address the issue of missing people, and gave the authorities technical support to this end.

The ICRC used informational materials, testimonials and other means to draw the attention of local authorities, community members and leaders to the issue of missing people and the plight of their families. It also continued to provide missing people's families with support to cope with their situation. For instance, it helped them commemorate their missing relatives by covering the costs of organizing ceremonies and building memorials.

PEOPLE DEPRIVED OF THEIR FREEDOM

Because of the surge in COVID-19 cases in the region, the ICRC visited fewer places of detention than in the past and could not implement all its activities. As in 2020, it had to postpone some of its events for penitentiary authorities in the region, such as the round table for Pacific Correctional Executives.

The ICRC visited, in accordance with its standard procedures, 12 places of detention in Papua New Guinea, paying particular attention to people held in police lock-ups and at facilities run by the correctional services. Findings and recommendations from these visits were communicated confidentially to the authorities concerned, to help them ensure that detainees' treatment and living conditions – including access to family contact, open air, food and health care – met internationally recognized standards. The ICRC had planned to discuss the concerns of particularly vulnerable detainees – such as women, children and the ailing – with Papua New Guinean authorities and urge them to address these matters; but that, too, had to be put on hold.

In the Solomon Islands, the ICRC supported family visits for detainees before concluding such assistance at the end of 2021; it covered the financial costs of phone and/or video calls to allow detainees to maintain contact with their families.

The ICRC donated essential and recreational items to around 4,000 detainees in Papua New Guinea, to help improve their living conditions. At the request of the authorities, it also donated essential items for some of those arrested in connection with protests in the Solomon Islands (see *Context*). The ICRC continued to give detaining authorities in Papua New Guinea support for implementing a project to diversify detainees' diet: it provided 47 detainees at two correctional centres with training and supplies for planting and cultivating vegetable gardens.

In Papua New Guinea, the ICRC installed handwashing stations at detention facilities, and refurbished a medical consultation room at a prison clinic; around 550 detainees benefited. Staffing constraints prevented it from carrying out activities to help prison authorities learn more about designing prisons and maintaining prison infrastructure.

The ICRC helps authorities to protect detainees against COVID-19

The ICRC provided material and/or technical support to detaining authorities in Fiji and Papua New Guinea to help them check the spread of COVID-19. Prison authorities in these places received PPE, disinfectants and hygiene and other items. In Papua New Guinea, at the authorities' request, the ICRC helped them organize a technical working group for coordinating efforts to protect the prison population from the virus. Based on the findings of the working group, the ICRC provided authorities with technical support in managing overcrowding and establishing protocols for responding to disease outbreaks. For instance, the ICRC recommended to authorities the setting-up of quarantine facilities and drafted guidelines on how to maintain and operate these. The ICRC also impressed upon the prison population, through awareness sessions, the importance of getting vaccinated against COVID-19, and urged pertinent authorities to make these vaccines available to detainees. As a result, vaccination drives were carried out at some places of detention.

Through the sponsorship of the ICRC, prison health staff in Fiji completed an online course on health care in detention from a university in Thailand.

ACTORS OF INFLUENCE

The ICRC continued to engage national and regional authorities in discussions on issues of humanitarian concern, such as: communal violence; the pandemic; violence against health services; missing people in Bougainville, Papua New Guinea; and prevention of sexual violence (see *Civilians*). It cultivated support among these authorities for IHL and related norms (see below) and for its own activities.

The ICRC drew attention to the humanitarian issues mentioned above, and helped broaden awareness of the Movement's work, among the general public – through articles, news releases and social-media posts; it also gave interviews to members of the media. It continued to give the Papua New Guinea Red Cross Society technical and financial support for developing its capacities in public communication (see *Red Cross and Red Crescent Movement*). Together with the Papua New Guinea Red Cross Society, the ICRC expanded its engagement with people in violence-prone areas. It used its community contact centre and other means to publicize its services and to learn what people thought of its various activities. People also learnt about humanitarian issues in Papua New Guinea through ICRC dissemination sessions and plays (see *Civilians*).

Influential actors strengthen their grasp of IHL and other norms

Military and police forces personnel in the region attended training courses in IHL and related norms, and other events

organized by the ICRC or with its support. In Fiji, police officers bound for international peacekeeping operations added to their knowledge of IHL at predeployment briefings by the ICRC. In Papua New Guinea, members of the armed and police forces strengthened their grasp of IHL, international human rights law and/or international policing standards – particularly in relation to the use of force – at ICRC dissemination sessions. Senior military officials from some countries in the region participated in an advanced IHL seminar organized by the ICRC (see *International law and policy*).

As the main reference organization on IHL, the ICRC arranged or attended various conferences, lectures, seminars and other events, including those held online; these events were conducted mainly for authorities and members of civil society in the region, and helped stimulate debate on IHL and related matters. Owing to pandemic-related constraints, the annual Pacific Islands Forum did not take place. However, government officials and representatives of regional bodies participated in a round table on IHL, held online by the authorities in Kiribati with the ICRC's support.

The ICRC assisted National Societies' efforts to promote IHL in the region, for example, by participating as a judge in moot court competitions organized by the Australian Red Cross or the New Zealand Red Cross.

Governments work to implement IHL and related treaties

The ICRC continued to promote, among governments in the region, the ratification and/or implementation of IHL-related treaties; for instance, it provided technical support for national IHL committees to assist governments in implementing such treaties as the Treaty on the Prohibition of Nuclear Weapons

and the Arms Trade Treaty. With the help of the ICRC, Kiribati was able to establish a national IHL committee.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies drew on material, financial and technical support, and training, from the ICRC and other Movement components to reinforce their operational capacities and ensure a coherent Movement response in such areas as preparing and responding to emergencies (particularly with regard to the pandemic), restoring family links, and conducting communication campaigns (notably, to disseminate vitally important information about COVID-19). The ICRC, with other Movement partners, also helped the National Societies strengthen their statutes and/or legal bases.

The ICRC continued to provide the Papua New Guinea Red Cross Society with support for its organizational development and implementation of its humanitarian activities. It helped the National Society distribute relief items and hygiene kits to detainees in Bougainville, Papua New Guinea. The ICRC also gave the National Society guidance and financial support for broadening awareness of COVID-19 and measures against it, including among the prison population.

The ICRC gave the Solomon Islands Red Cross support for the activities – in such areas as restoring family links and public communication – that it carried out in response to protests in the country (see *Context*).

Movement components in the region met regularly to discuss and coordinate their activities, particularly in connection with the pandemic.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact				
Phone calls facilitated between family members	5			
Tracing requests, including cases of missing persons				
		Women	Girls	Boys
People for whom a tracing request was newly registered	2			
Tracing cases still being handled at the end of the reporting period (people)	19	6		1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits				
		Women	Minors	
Places of detention visited	12			
Detainees in places of detention visited	2,489	86	44	
Visits carried out	22			
		Women	Girls	Boys
Detainees visited and monitored individually	47	2		6
<i>of whom newly registered</i>	42	1		6

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	5,100	1,531	2,550
Income support	People	11	11	
Living conditions	People	17,058	5,117	8,529
<i>of whom IDPs</i>		15,060	4,518	7,530
Capacity-building	People	171	7	
<i>of whom IDPs</i>		105		
Water and habitat				
Water and habitat activities	People	28		
Primary health care				
Health centres supported	Structures	10		
<i>of which health centres supported regularly</i>		5		
Average catchment population		32,611		
Services at health centres supported regularly				
Consultations		28,402		
<i>of which curative</i>		26,439	3,403	5,801
<i>of which antenatal</i>		1,963		
Vaccines provided	Doses	3,078		
<i>of which polio vaccines for children under 5 years of age</i>		1,323		
Referrals to a second level of care	Patients	24		
<i>of whom gynaecological/obstetric cases</i>		*		
Mental health and psychosocial support				
People who received mental-health support		1,613		
People who attended information sessions on mental health		13,114		
People trained in mental-health care and psychosocial support		247		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	4,207	89	10
Water and habitat				
Water and habitat activities	People	556		
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
First aid				
First-aid training				
<i>Sessions</i>		1		
<i>Participants (aggregated monthly data)</i>		35		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

EUROPE AND CENTRAL ASIA

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,108
RCMs distributed	996
Phone calls facilitated between family members	4,581
Tracing cases closed positively (subject located or fate established)	686
People reunited with their families	24
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	121
Detainees in places of detention visited	60,449
<i>of whom visited and monitored individually</i>	706
Visits carried out	252
Restoring family links	
RCMs collected	908
RCMs distributed	740
Phone calls made to families to inform them of the whereabouts of a detained relative	247

EXPENDITURE IN KCHF	
Protection	42,382
Assistance	82,044
Prevention	19,119
Cooperation with National Societies	10,082
General	1,121
Total	154,748
<i>Of which: Overheads</i>	<i>9,028</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	91%

PERSONNEL	
Mobile staff	237
Resident staff (daily workers not included)	1,312

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	38,000	65,335
Food production	People	71,675	47,873
Income support	People	104,407	127,224
Living conditions	People	76,956	104,326
Capacity-building	People	6	8,086
Water and habitat			
Water and habitat activities	People	1,142,646	1,046,805
Health			
Health centres supported	Structures	61	75
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	2,640	
Living conditions	People	14,210	33,976
Water and habitat			
Water and habitat activities	People	7,855	13,519
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	46	79
Physical rehabilitation			
Projects supported	Projects	10	11
Water and habitat			
Water and habitat activities	Beds (capacity)	3,225	1,556

DELEGATIONS

Armenia
Azerbaijan
Balkans (regional)
Brussels
Georgia
Greece

London (regional)
Moscow (regional)
Paris (regional)
Tashkent (regional)
Ukraine



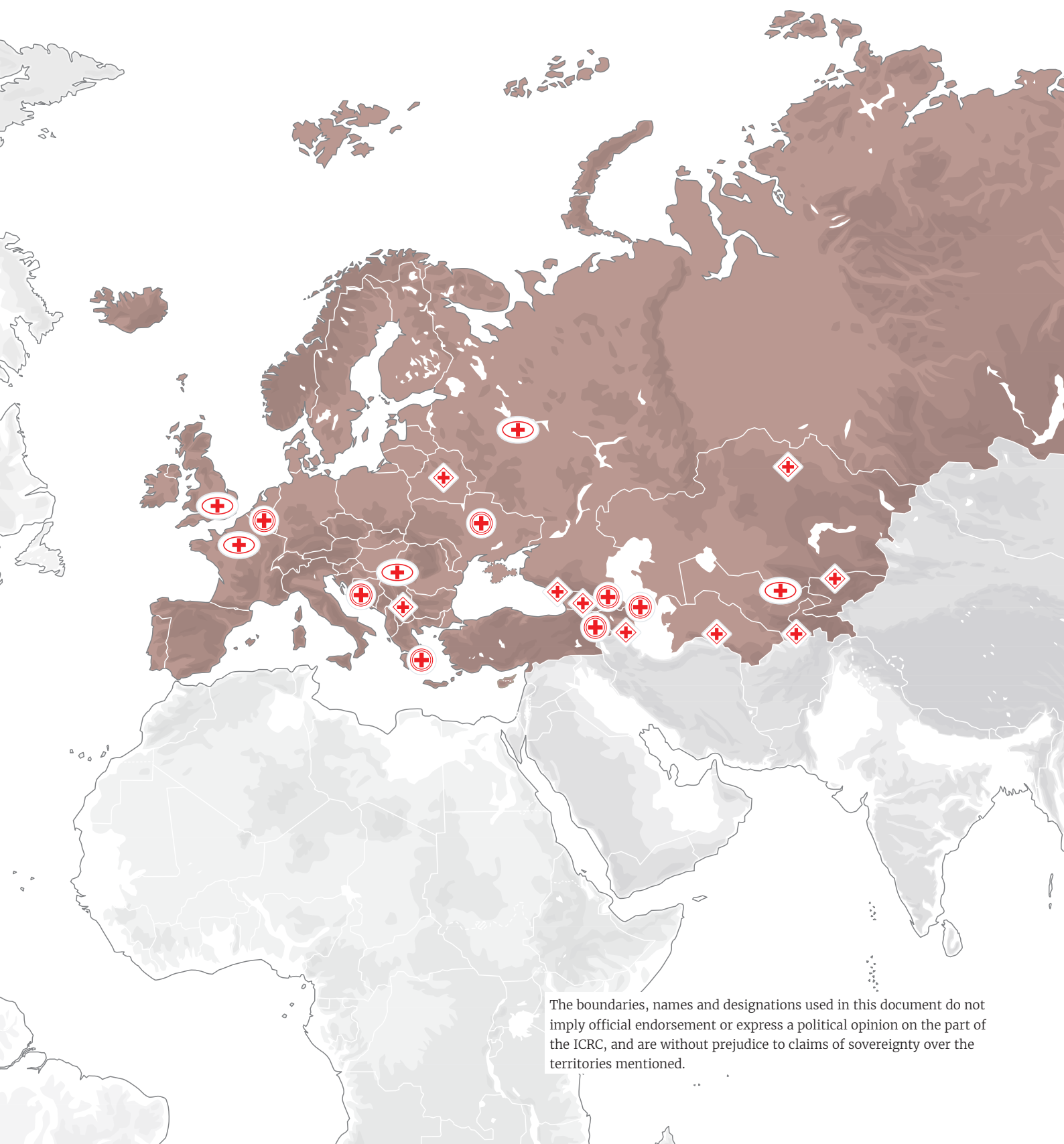
ICRC delegation



ICRC regional delegation



ICRC mission



The boundaries, names and designations used in this document do not imply official endorsement or express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

ARMENIA

The ICRC has been working in Armenia since 1992 in relation to the Nagorno-Karabakh armed conflict. It works to protect and assist communities affected by the conflict and seeks to address the issue of missing persons. It visits detainees held for conflict-related or security reasons. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC works in partnership with the Armenian Red Cross Society and aims to help strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- The ICRC maintained dialogue with the sides to the conflict (see also *Azerbaijan*) on IHL and on the situation of civilians who were displaced or living near the international border.
- The Armenian Red Cross Society and the ICRC provided displaced people and their hosts, and people living near the international border, with household items such as hygiene kits, or with cash to help them cover their basic needs.
- The ICRC, together with the Armenian Red Cross Society, provided students with school supplies and psychosocial support, and schools with personal protective equipment (PPE); it also renovated sanitation facilities at schools.
- Hospitals and primary-health-care centres near the international border maintained or improved their services with medical supplies and other assistance from the ICRC.
- The ICRC supported forensic officials in identifying the remains of fallen combatants brought back from the battlefield.
- The ICRC gave particularly vulnerable detainees prepaid phone cards, and access to tracing services, to help them stay in touch with relatives. It also helped families to maintain contact with relatives detained in Azerbaijan.

EXPENDITURE IN KCHF

Protection	2,838
Assistance	5,704
Prevention	1,246
Cooperation with National Societies	1,126
General	44
Total	10,959
<i>Of which: Overheads</i>	<i>669</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
---------------------------	-----

PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	99



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	957
RCMs distributed	828
Phone calls facilitated between family members	592
Tracing cases closed positively (subject located or fate established)	195

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	10
Detainees in places of detention visited	1,630
<i>of whom visited and monitored individually</i>	37
Visits carried out	20

Restoring family links

RCMs collected	2
Phone calls made to families to inform them of the whereabouts of a detained relative	160

ASSISTANCE

CIVILIANS

Economic security

Income support	People	6,000	40,834
Living conditions	People		4,337
Capacity-building	People		2,595

Water and habitat

Water and habitat activities	People	300	609
------------------------------	--------	-----	-----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		557
-------------------	--------	--	-----

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	6	12
---------------------	------------	---	----

Water and habitat

Water and habitat activities	Beds (capacity)		10
------------------------------	-----------------	--	----

CONTEXT

The Nagorno-Karabakh conflict intensified sharply in late 2020. Thousands of military and hundreds of civilian casualties were reported. A ceasefire agreement was brokered by the Russian Federation, and led to changes in territorial control and the deployment of Russian peacekeeping forces. Tens of thousands of civilians fled to Armenia when the fighting intensified, and though many returned home, thousands were still in communities – which did not have much capacity for supporting them – throughout Armenia.

The situation along the international border between Armenia and Azerbaijan remained tense; skirmishes took place regularly. Civilians living near the international border – some only newly exposed to military positions – were endangered by mines, explosive remnants of war (ERW) and military activity. This limited access to basic services, hindered the pursuit of livelihoods, and caused psychological distress. The COVID-19 pandemic and the restrictions necessitated by it made matters worse. The constant threat to life and property, and to public facilities such as schools, was also a source of psychological distress.

Meetings between high-level representatives of Azerbaijan and Armenia took place. The Minsk Group of the Organization for Security and Cooperation in Europe (OSCE), co-chaired by France, the Russian Federation and the United States of America, continued to lead the OSCE's efforts to find a peaceful solution to the Nagorno-Karabakh conflict.

Hundreds of people went missing during the intensification of the conflict and remained unaccounted for; this was in addition to the roughly 4,500 people who had been missing since the 1990s.

ICRC ACTION AND RESULTS

The ICRC monitored the situation of civilians living near the international border and that of people who had fled to Armenia. It discussed with the sides to the conflict (see also *Azerbaijan*) the presence of armed forces in border areas and its effect on the free movement of civilians; the ICRC also submitted reports to them on the conduct of hostilities, with regard to IHL, during the intensification of the conflict in 2020.

Displaced people were given winter clothes, electric heaters, and hygiene kits and other household items to help them through the winter; families living near the international border or hosting displaced people were given cash to help them cover their expenses. Assessments conducted by the ICRC enabled it to identify and respond to a greater need for assistance than it had anticipated when it made its plans for the year, as the Nagorno-Karabakh conflict was a developing situation at the time.

Hundreds of people attended ICRC information sessions on safe practices around mines and ERW.

Together with the Armenian Red Cross Society, the ICRC worked to ensure safe access to educational opportunities for children affected by the conflict. It provided students with school supplies and psychosocial support, and schools with PPE; it also renovated sanitation facilities at schools.

The ICRC served as a neutral intermediary to the sides to the conflict in searching for and recovering the remains of fallen combatants. It reminded the authorities of their obligation to ascertain the fate of people missing in connection with conflict, including those who had gone missing in the 1990s; and it gave them support to this end. Members of families separated by armed conflict, detention or other circumstances located or contacted their relatives through family-links services provided by the National Society and the ICRC.

Hospitals and primary-health-care centres near the international border maintained or improved their services with medical supplies and other assistance from the ICRC. Medical professionals attended training in basic emergency care and/or mass-casualty management that was organized by the ICRC or by the WHO with ICRC support; the course in basic emergency care was designed jointly by the ICRC and the WHO, and intended to help hospitals with limited resources improve the quality and accessibility of their services.

The ICRC visited detainees in accordance with its standard procedures; it followed up people held in connection with the conflict and other vulnerable detainees. It gave particularly vulnerable detainees prepaid phone cards, and made tracing services available to them, to help them keep in touch with their relatives. It also helped families in Armenia to maintain contact with relatives detained in Azerbaijan – via RCMs, video messages and other means. The ICRC also provided one place of detention and the Center of Penitentiary Medicine with material support for protecting detainees against COVID-19.

The ICRC maintained close contact with various government officials and members of civil society, to preserve acceptance for its mandate and for its role of neutral intermediary. It resumed IHL promotion and training in IHL for military personnel, which it had put on hold in 2020.

Movement components in the country met regularly to coordinate their activities and consolidate lessons learnt.

CIVILIANS

The ICRC monitored the situation of civilians living near the international border, and that of people who had fled to Armenia when the conflict intensified, and it communicated its findings to the sides to the conflict (see also *Azerbaijan*). It maintained its dialogue with them on IHL, and submitted reports to them on the applicability of IHL provisions to the conduct of hostilities during the intensification of the conflict in 2020. It also discussed with them the presence of armed forces in border areas and its effect on the free movement of civilians, to cultivate their land, for instance. The ICRC aimed to enable communities to farm safely, hold cultural events and repair communal facilities by notifying the sides of such activities.

Members of separated families locate and contact relatives

Members of families separated by armed conflict, detention or other circumstances located and/or contacted their relatives through tracing, phone calls, and other family-links services provided by the Armenian Red Cross Society and the ICRC. The ICRC trained National Society volunteers and staff to provide

family-links services during emergencies. It also organized a round table for officials from the justice ministry and other government bodies on the National Society's family-links activities, with a view to facilitating those activities.

Authorities strive to prevent disappearances

The sides to the conflict were reminded of their obligation to ascertain the fate of people missing in connection with conflict, including those who have been missing since the 1990s. The ICRC took steps to continue compiling information on missing-persons cases, with a view to sharing it with the authorities.

Forensic authorities involved in managing and identifying the remains of fallen combatants, brought back from the battle fields, discussed with the ICRC ways to coordinate their work more closely; the ICRC recommended that they standardize their data collection and centralize the storage of data. The ICRC gave them other guidance as well, and material support. It renovated cold-storage facilities and other infrastructure at morgues; provided DNA kits for the health ministry's Scientific-Practical Center of Forensic Medicine – Armenia's main medico-legal institution; trained forensic staff in data management; and instructed emergency-services personnel in the proper handling of human remains.

Aided by the ICRC, NGOs and associations of missing people's families strove to broaden public awareness of the plight of missing people's families, and draw the authorities' attention to their concerns; an assembly organized by the ICRC brought these groups together, to network and coordinate their efforts. The ICRC also provided one family association with ICT equipment.

Vulnerable communities cope with the consequences of conflict

The ICRC, in cooperation with the Armenian Red Cross Society, continued to help communities to cope with the conflict's immediate and long-term effects on their lives, particularly on their safety, mental health, and socio-economic situation, and on children's access to education. Its efforts focused on two groups in particular: civilian victims of mines and ERW, and people living near the border with Azerbaijan. The ICRC sought to involve the authorities, local and international NGOs, and other organizations in its initiatives. It also kept up its efforts to persuade the authorities to take measures to make long-term improvements to the circumstances of these vulnerable groups.

Displaced people were given winter clothes, electric heaters, hygiene kits and other household items to help them through the winter, and families hosting displaced people were given cash to help them cover their additional expenses; some 10,800 households (33,000 people) benefited. Roughly 2,000 other households (7,800 people) – residents of communities along the international border – were also given cash to offset the economic consequences of their exposure to military activity, which constrained their movement and pursuit of their livelihoods. National Society personnel developed their ability to design and implement cash- and voucher-assistance programmes through ICRC training. The ICRC maintained stocks of food and household items throughout the year, for

immediate distribution during emergencies. Assessments conducted by the ICRC enabled it to identify and respond to a greater need for assistance than it had anticipated when it made its plans for the year, as the Nagorno-Karabakh conflict was a developing situation at the time.

About 2,000 people attended National Society and ICRC information sessions, where they learnt about conflict-related mental-health issues and the National Society/ICRC services available to address these. About 170 people experiencing psychological distress caused or exacerbated by the conflict were given psychosocial care by the National Society, the ICRC and ICRC-trained community volunteers. ICRC training and supervision helped prepare National Society volunteers to provide such care.

In child-friendly spaces built by the National Society and the ICRC at schools and shelters for displaced people, about 750 children received psychosocial support and/or took part in extracurricular learning activities organized by National Society volunteers. The ICRC also continued to work with the Republican Pedagogical-Psychological Centre to provide students with mental-health support at other schools. It trained teachers to do the same, and to cope with their own stress.

ICRC improvements to sanitation facilities at three schools enabled approximately 600 teachers and students to teach and learn in sanitary surroundings. At another school, the ICRC constructed a wall that gave students a degree of safety from military activity; numerous schools were also given construction materials for use in other renovations. Four schools were given electric heaters, and 23 schools stocked their safe rooms with sanitary kits, blankets and other necessities provided by the ICRC; a total of nearly 2,600 people benefited.

The ICRC provided PPE for 27 schools to help protect them against COVID-19, and provided displaced children with school bags and other school supplies; in all, over 4,000 people benefited. Remote learning was made possible for about 150 displaced children by tablet devices provided by the National Society and the ICRC.

Hundreds of people attended ICRC information sessions on safe practices around mines and ERW. These sessions were directed at two groups in particular: people living near the international border, especially teachers and students, and people who were displaced when the conflict intensified. The ICRC provided training and expert guidance for National Society personnel to organize such sessions. Personnel from the Armenian Centre for Humanitarian Demining and Expertise attended an ICRC training session on promoting risk awareness and safe practices, but administrative obstacles impeded plans to give the centre more support.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in accordance with its standard procedures, and in line with COVID-19 safety protocols. It followed up particularly vulnerable detainees: people held in connection with the conflict or transferred to Armenia when it intensified in 2020; people serving life sentences; and foreigners. Findings from these visits, and recommendations

whenever necessary, were communicated confidentially to the detaining authorities, to help ensure that detainees' treatment and living conditions complied with IHL and/or met internationally recognized standards.

From 2022 onwards, the ICRC plans to make fewer visits to detainees whose detention is not connected to the conflict, in recognition of the progress made as a result of recent penitentiary reforms and of the work being done by other organizations in the country; it communicated this to the detainees concerned.

While the ICRC was not asked to help in the cross-border returns of people who were detained in connection with the conflict, it met with dozens of such people to more fully understand their past treatment and living conditions, and to see if they faced any pressing mental-health, legal or economic difficulties upon their release. Findings from these discussions were relayed to the pertinent authorities.

Detainees maintain contact with their relatives and benefit from improved living conditions

The ICRC gave particularly vulnerable detainees prepaid phone cards, and made tracing services available to them, to help them keep in touch with their relatives. It also helped families in Armenia to maintain contact with relatives detained in Azerbaijan – via RCMS, video messages and other means. The ICRC spoke with the authorities about the importance of enabling detainees to stay in touch with their families.

The ICRC gave 17 particularly vulnerable detainees hygiene kits, clothes and/or other material aid; many of these detainees also received the phone cards mentioned earlier. The ICRC provided one place of detention and the Center of Penitentiary Medicine with PPE and disinfectants to protect nearly 550 people against COVID-19.

Justice ministry personnel drew on expert advice from the ICRC in their ongoing efforts to design and construct a new prison in line with international standards – to replace two older prisons that had been closed recently.

WOUNDED AND SICK

Together with the Armenian Red Cross Society, the ICRC organized basic and advanced first-aid training for hundreds of rescue personnel, health workers, National Society volunteers, teachers, and other community members; schools, health posts and other community institutions were given first-aid supplies and equipment. The ICRC helped the National Society to host a joint emergency simulation exercise with rescue personnel from the Ministry of Emergency Situations in Tavush, which gave the National Society and the ministry an opportunity to practice coordinating their activities. The ICRC also helped the National Society to organize refresher training for its own first-aid instructors, but was unable to construct new first-aid training rooms for the National Society, as planned, owing to infrastructural constraints.

The ICRC provided medical supplies and equipment and other assistance for 12 hospitals and two primary-health-care centres in areas near the international border, to enable them to maintain or improve their services. Some of these hospitals

and health centres were also given PPE, cleaning agents, and other supplies for protection against COVID-19. The ICRC set up an oxygen network at one of the hospitals (10 beds), for treating people with COVID-19 and other respiratory conditions.

Medical professionals attended training in basic emergency care and/or mass-casualty management that was organized by the ICRC or by the WHO with ICRC support; the course in basic emergency care was designed jointly by the ICRC and the WHO, and intended to help hospitals with limited resources improve the quality and accessibility of their services. The ICRC also participated in a conference organized by Armenian medical professionals that sought to assess the medical response to the intensification of conflict in 2020; the ICRC made presentations on lessons learnt in reconstructive surgery, conflict-related mental-health issues, and other areas.

Aided by the ICRC, the state medical university made arrangements to send some staff members abroad for advanced training in emergency medical care, but it ultimately decided against doing so.

ACTORS OF INFLUENCE

The ICRC worked to preserve acceptance for its mandate, and for its role of neutral intermediary, among the sides to the conflict (see also *Azerbaijan*). It strove to gain support for its activities to benefit displaced people, border communities, mine victims, detainees, and missing people and their families. To that end, it met with officials from the defence, foreign, and other national ministries; senior parliamentary officials; officials from the OSCE Minsk Group; defence attachés present in the country and other diplomats; and representatives from international NGOs.

Members of the local and international media drew from the ICRC's news releases and social-media posts to inform the public of the humanitarian needs created by the conflict and of the ICRC's activities. The ICRC distributed leaflets about its cash-assistance programme, which included instructions for providing comments and suggestions. It used social media and posters in public spaces to disseminate useful and important information about COVID-19 and mines and ERW; it helped the Armenian Red Cross Society to do so as well. The ICRC gave the National Society financial and other support to strengthen its public communication and broaden public awareness of its work.

Troops attend newly resumed IHL briefings and authorities work to improve IHL implementation

The ICRC resumed IHL promotion and training in IHL for military personnel, which it had put on hold in 2020, because of the pandemic and the intensification of the conflict. Troops under the defence ministry, and personnel from the Ministry of Emergency Situations, both based in the Tavush region, learnt about IHL at ICRC information sessions and workshops. Sponsored by the ICRC, legal officers from the defence ministry attended a regional meeting in Kaliningrad, Russian Federation for military legal officers.

The ICRC submitted to the pertinent authorities draft amendments to the civil-defence law, which governs the operations

of civil-defence personnel along the international border. The ICRC's aim was to align the law more closely with IHL. It also provided the authorities with expert advice for implementing their Safe School Declaration, which seeks to make students and teachers near the international border safer and more resilient. Government officials learnt about the ICRC's updated commentaries to the Third Geneva Convention at a launch event organized by the ICRC and the Multidisciplinary Center on Public International Law.

Students advance their understanding of IHL

Students from Armenia, and from the broader Eurasian region and beyond, furthered their understanding of IHL at ICRC events in the country: an IHL moot court competition drew students from seven Armenian universities, including two military universities; and roughly 80 people from 28 countries attended an IHL summer course organized jointly by the ICRC and the American University of Armenia. Students also took part in an IHL essay competition organized by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Armenian Red Cross Society, the International Federation, the ICRC and other Movement components present in Armenia worked together to assist conflict-affected communities; they met regularly to coordinate their activities and consolidate lessons learnt.

The ICRC and the National Society worked together on many of their operational priorities, including their economic-security and first-aid programmes, and their efforts to ensure safe access to education for children (see *Civilians and Wounded and sick*). The ICRC also provided financial and other support for the National Society, with a focus on its work near the international border; notably, ICRC funding helped to renovate one of the National Society branches in a border area and disaster-response volunteers from that area developed their skills in search-and-rescue, first aid and other subjects at a training exercise that the ICRC helped to develop. Hundreds of National Society volunteers who distributed informational materials on COVID-19 were given PPE by the ICRC. Expert advice from the ICRC helped the National Society to take steps to bring its working procedures in line with the Safer Access Framework.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	957			
RCMs distributed	828			
Phone calls facilitated between family members	592			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	401	2		2
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	195			
Tracing cases still being handled at the end of the reporting period (people)	722	27		7
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	10			
Detainees in places of detention visited	1,630	63	6	
Visits carried out	20			
		Women	Girls	Boys
Detainees visited and monitored individually	37	3		
<i>of whom newly registered</i>	31			
RCMs and other means of family contact				
RCMs collected	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	160			
People to whom a detention attestation was issued	48			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	40,834	15,199	19,632
	<i>of whom IDPs</i>	33,090	12,878	16,539
Living conditions	People	4,337	452	3,646
	<i>of whom IDPs</i>	90	27	36
Capacity-building	People	2,595	980	725
Water and habitat				
Water and habitat activities	People	609	244	122
Mental health and psychosocial support				
People who received mental-health support		168		
People who attended information sessions on mental health		2,049		
People trained in mental-health care and psychosocial support		36		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	557	6	
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	12		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		*	*	*
Weapon-wound surgeries performed		*		
First aid				
First-aid training				
	Sessions	61		
	Participants (aggregated monthly data)	893		
Water and habitat				
Water and habitat activities	Beds (capacity)	10		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

AZERBAIJAN

The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorno-Karabakh armed conflict. It works to protect and assist communities affected by the conflict and seeks to address the issue of missing persons. It visits detainees held for conflict-related or security reasons. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with the Red Crescent Society of Azerbaijan and aims to help strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- The ICRC maintained dialogue with the sides to the conflict (see also *Armenia*) on IHL and on the situations of civilians who were displaced or living near military positions.
- Tens of thousands of conflict-affected people were given cash or food, hygiene kits, winter clothes and other material assistance to help them meet their essential needs and/or produce food and pursue livelihoods.
- The ICRC helped to sustain water and electricity infrastructure for tens of thousands of more people than planned. Public infrastructure damaged in the fighting was repaired with the ICRC's assistance.
- Wounded and sick people obtained emergency medical care from hospitals and primary-health-care centres supported by the ICRC.
- The ICRC served as a neutral intermediary in searching for and recovering the remains of fallen combatants. It gave the sides to the conflict support for identifying human remains and resolving missing-persons cases.
- The ICRC visited detainees, in accordance with its standard procedures, and gave them winter clothes, hygiene and recreational items, books and other materials to ease their living conditions.

EXPENDITURE IN KCHF

Protection	7,180
Assistance	21,327
Prevention	1,335
Cooperation with National Societies	1,342
General	85
Total	31,270
<i>Of which: Overheads</i>	<i>1,889</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
---------------------------	-----

PERSONNEL

Mobile staff	46
Resident staff (daily workers not included)	211



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	47
RCMs distributed	44
Phone calls facilitated between family members	395
Tracing cases closed positively (subject located or fate established)	289

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	29
Detainees in places of detention visited	20,781
<i>of whom visited and monitored individually</i>	407
Visits carried out	96

Restoring family links

RCMs collected	863
RCMs distributed	699
Phone calls made to families to inform them of the whereabouts of a detained relative	69

ASSISTANCE

CIVILIANS

Economic security

Food consumption	People	12,500	26,461
Food production	People	51,750	27,235
Income support	People	76,150	70,719
Living conditions	People	12,500	28,922
Capacity-building	People		5,471

Water and habitat

Water and habitat activities	People	27,700	88,726
------------------------------	--------	--------	--------

Health

Health centres supported	Structures		15
--------------------------	------------	--	----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		7,724
-------------------	--------	--	-------

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	4	7
---------------------	------------	---	---

Water and habitat

Water and habitat activities	Beds (capacity)	100	23
------------------------------	-----------------	-----	----

CONTEXT

The Nagorno-Karabakh conflict intensified sharply in late 2020. Thousands of military and hundreds of civilian casualties were reported. A ceasefire agreement was brokered by the Russian Federation, and led to changes in territorial control and the deployment of Russian peacekeeping forces. The situation at the international border between Azerbaijan and Armenia, and in other areas near military positions, remained tense; skirmishes took place.

Living conditions remained difficult for the tens of thousands of people who were displaced by the fighting and/or who were living in communities directly affected by it. Having lost property and livelihoods, and because of the damage done to civilian infrastructure, they struggled to meet their basic needs; many were psychologically traumatized. The dangers posed by mines and explosive remnants of war (ERW), and exposure to military activity, hindered agriculture and pursuit of other livelihoods.

Meetings between high-level representatives of Azerbaijan and Armenia took place. The Minsk Group of the Organization for Security and Cooperation in Europe (OSCE), co-chaired by France, the Russian Federation and the United States of America, continued to lead the OSCE's efforts to find a peaceful solution to the Nagorno-Karabakh conflict.

Hundreds of people went missing during the intensification of the conflict and remained unaccounted for; this was in addition to the roughly 4,500 people who had been missing since the 1990s.

Some families were still waiting for news of relatives in areas of Iraq and the Syrian Arab Republic formerly controlled by the Islamic State group; repatriated Azerbaijanis – including women and children – were reunited with their relatives and began the process of reintegration.

ICRC ACTION AND RESULTS

The ICRC monitored the situation of civilians living near the international border and other military positions. It discussed with the sides to the conflict (see also *Armenia*) the presence of armed forces in civilian communities and its effect on the free movement of civilians; the ICRC also submitted reports to them on the applicability of IHL provisions to the conduct of hostilities during the intensification of the conflict in 2020. The aims of the ICRC's intersessions included enabling communities to farm safely and hold cultural events.

The ICRC served as a neutral intermediary to the sides in searching for and recovering the remains of fallen combatants. Training and expert guidance from the ICRC helped to ensure that remains were recovered in a way that was dignified and conducive to future identification. Members of separated families stayed in touch through the Movement's family-links services.

Tens of thousands of people – those displaced by the intensified fighting in 2020 or living in areas heavily affected by it; missing people's families; elderly people living alone; and other vulnerable groups – were given cash or food, and hygiene kits, winter clothes and other material assistance to meet their essential needs and/or produce food and pursue livelihoods.

Water and electrical utilities maintained or improved their services with assistance from the ICRC, which carried out repairs, and gave them spare parts, transport vehicles, and other equipment; in selected towns, the ICRC also installed water tanks and/or dug boreholes. The ICRC's sustained support for certain water boards, as their needs developed, resulted in many more people – tens of thousands – benefiting than planned. The ICRC provided support for making repairs to homes and public infrastructure such as schools and hospitals damaged in the fighting.

Students, teachers and others living near military positions, and missing people's relatives, were given psychological and/or psychosocial support by the ICRC and by ICRC-trained psychologists, psychiatrists and community members.

Hundreds of potential first responders developed their first-aid skills through ICRC training sessions. Wounded and sick people received emergency medical care at hospitals and primary-health-care centres supported by the ICRC.

ICRC information sessions enabled thousands of people – vulnerable residents, Azerbaijan Red Crescent Society volunteers, paramedics and others – to learn safe practices around mines and ERW.

The ICRC visited detainees in accordance with its standard procedures; it paid particular attention to people who were held in connection with the conflict and others who were particularly vulnerable. Detainees at several places of detention were treated for mental illnesses, under an ICRC-supported programme that screened detainees for mental-health issues. The ICRC donated winter clothes, hygiene and recreational items, and books and other materials to help ease detainees' living conditions.

The ICRC worked to preserve acceptance for its mandate, and its role of neutral intermediary, among the sides to the conflict. Its lectures – on basic IHL, and on its humanitarian mandate and activities – reached hundreds of military personnel. It kept the public abreast of its activities through regular briefings for the media and via social media.

The ICRC made follow-up visits to repatriated Azerbaijani children and the families with which they had been reunited. It relayed its findings to the pertinent government agencies, to help them address the complex needs of the children.

CIVILIANS

The ICRC monitored the situation of civilians living near the international border and other military positions and in areas endangered by mines and ERW, and it communicated its findings to the sides to the conflict (see also *Armenia*). It maintained its dialogue with them on IHL, and submitted reports to them on the applicability of IHL provisions to the conduct of hostilities during the intensification of the conflict in 2020. It also discussed with them the presence of armed forces in border areas and its effect on the free movement of civilians, to cultivate their land, for instance. The ICRC aimed to enable communities to farm safely, hold cultural events and repair communal facilities by notifying the sides of such activities.

The sides to the conflict seek to prevent disappearances

The ICRC reminded the authorities of their obligation to ascertain the fate of people missing in connection with conflict, including those who had been missing since the 1990s. It urged them to take steps to prevent further disappearances – for instance, by giving troops small metallic identification tags. It aided their efforts, for example, by tracing people's missing relatives, and by collecting hundreds of biological reference samples from missing people's relatives for use in identification processes.

The ICRC served as a neutral intermediary to the sides in searching for and recovering the remains of fallen combatants. Training and expert guidance from the ICRC helped to ensure that remains were recovered in a way that was dignified and conducive to future identification. Forensic authorities involved in managing and identifying these remains – and the remains of others, including COVID-19 victims – were also given expert advice and material support by the ICRC. The agencies concerned were given personal protective equipment (PPE), body bags, autopsy tables, cold-storage equipment and other forensic tools; the health ministry adopted new methods of forensic examination, based on ICRC recommendations. The ICRC renovated one morgue, increasing its storage capacity, and helped to organize coordination meetings for the different agencies involved in forensic work.

ICRC-trained psychologists and peer counsellors helped missing people's families to cope with the psychological consequences of not knowing the fate of their relatives; sometimes these counselling sessions took place – in-person or over the phone – on emotionally difficult occasions, such as the collection of biological reference samples.

Aided by the ICRC, missing people's families strove to broaden public awareness of their plight. The ICRC helped them to organize events and meetings, and some of their representatives participated in an international conference for missing people's families, organized by the ICRC (see *Operations*).

Vulnerable communities cope with the consequences of conflict

The ICRC continued to help communities to cope with the conflict's immediate and long-term effects on their lives, particularly on their safety, mental health, socio-economic situation and access to essential services, including children's access to education. The ICRC sought to involve the authorities, local and international NGOs and other organizations in its initiatives in this regard. It also kept up its efforts to persuade the authorities to take measures to make long-term improvements to the circumstances of conflict-affected people. Assessments conducted by the ICRC enabled it to identify and respond to needs for assistance different from what it had anticipated when it made its plans for the year, as the Nagorno-Karabakh conflict was a developing situation at the time. As a result, certain activities benefited more people, and others fewer, than planned.

Tens of thousands of vulnerable people were able to meet their basic needs with the ICRC's assistance. Most of them had been displaced by the intensified fighting in 2020 and/or lived in areas heavily affected by it. Some 6,500 such households

(26,500 people) were given monthly food parcels, and about 6,600 of them (28,300 people) – many of whom had received the food parcels – got hygiene kits and other household items at distributions that continued until September.

About 15,800 households (64,000 people) were given cash grants to buy food and cover other essential expenses, or start or sustain livelihood activities. Most of them were displaced people or residents of communities heavily affected by the intensified fighting; there were also missing people's families, repatriated children and their caretakers, and elderly people living alone and other vulnerable groups among them. Some 1,400 households (5,500 people) who had lost access to their livelihoods started farming, using seed and agricultural tools from the ICRC. Roughly 1,200 children going to schools near the international border, and other military positions, were given school supplies.

About 6,000 food-producing households (27,200 people) were given cash grants, material support and other aid to help them recover the material losses inflicted upon them by the fighting or to continue their work more safely; for example, some whose grazing lands had become unsafe because of exposure to military positions fed their livestock with hydroponic fodder from the ICRC.

The ICRC trained Azerbaijan Red Crescent Society volunteers to implement economic-security projects and/or gave them on-the-job guidance.

Thousands of vulnerable people obtained services at 15 primary-health-care centres that received furniture and/or medical supplies and equipment from the ICRC (see *Wounded and sick*).

Water and electrical utilities maintained or improved their services with assistance from the ICRC, which carried out repairs, and gave them spare parts, transport vehicles, and other equipment; in selected towns the ICRC also installed water tanks and/or dug boreholes. The ICRC's sustained support for certain water boards, as their needs developed, resulted in many more people – tens of thousands – benefiting than planned. The ICRC provided material aid, and infrastructural assistance, for making repairs at damaged primary-health-care centres (see *Wounded and sick*) and the homes of some 600 people. It also helped to repair or upgrade infrastructure – including in connection with passive security measures – at schools serving some 6,300 students. About 2,000 students learnt about water conservation from ICRC posters and leaflets, or through an ICRC drawing competition; the ICRC also trained National Society volunteers to instruct children in these matters.

Students, teachers and others living near military positions were given psychological and/or psychosocial support by the ICRC and by ICRC-trained psychologists and psychiatrists; teachers, National Society volunteers and other community members learnt psychological self-care and also how to provide basic psychological and/or psychosocial support.

Over 120 schools were provided with disinfectants by the ICRC, and dozens of schools were provided with furnishings and

other supplies, or benefited from minor repairs and renovations carried out by the ICRC; approximately 5,500 students benefited. The ICRC provided some 600 particularly vulnerable students – repatriated Azerbaijani children, among others – with school uniforms, winter clothes and internet connectivity, or cash for buying these. Numerous schools were provided with school supplies for students, electric generators, and ICT equipment for conducting classes online.

Thousands of people – vulnerable residents, National Society volunteers, paramedics and others – learnt safe practices around mines and ERW at ICRC information sessions; these included group sessions at local commercial establishments, and door-to-door sessions by the ICRC and the National Society. Personnel from the Azerbaijan National Agency for Mine Action (ANAMA) attended ICRC first-aid training (see *Wounded and sick*). Humanitarian deminers benefited from ICRC training in the disposal of explosive ordinance and other areas; the ICRC also gave them PPE.

Repatriated children maintain contact with relatives and receive support for social integration

The ICRC made follow-up visits to repatriated Azerbaijani children and the families with which they had been reunited. It relayed its findings to the pertinent government agencies, to help them address the complex needs of the children. RCMs and other ICRC family-links services helped them to stay in touch with their relatives. ICRC-trained psychologists provided mental-health and psychosocial support for the children and their relatives; school officials learnt about mental-health and psychosocial support through the ICRC. Some families were given cash grants or material support to help them cover basic needs and educational expenses (see above).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in accordance with its standard procedures; it paid particular attention to people who were held in connection with the conflict, and particularly vulnerable detainees, such as those serving life sentences, foreigners and

people in prolonged pretrial detention. It shared its findings – and where necessary, its recommendations – with the authorities concerned, to help ensure that detainees' treatment complied with IHL and met internationally recognized standards.

Detention officials attended ICRC training in various areas, such as judicial guarantees, and international standards for arrests and probation.

Detainees maintained contact with their relatives through RCMs, phone calls, video messages and other means arranged by the ICRC; notably, the ICRC provided phone cards to foreign detainees and others having difficulty staying in touch with their families. Some families sent pictures and miscellaneous items to their detained relatives through the ICRC.

Health care and living conditions improve for detainees

The ICRC continued to assist the authorities' efforts to bring health care for detainees, including mental-health care, up to internationally recognized standards. Thousands of detainees at numerous places of detention were medically screened on arrival and, when necessary, given treatment for mental-health issues, under an ICRC-supported programme of screening detainees for mental health; the programme also enabled the ICRC to provide prison psychologists with on-the-job training. Doctors at places of detention, many of them in charge of prison clinics, expanded their understanding of medical ethics through ICRC training. The ICRC helped the authorities to vaccinate roughly 32,000 detainees against COVID-19, by giving them PPE and cold-storage equipment.

The ICRC donated winter clothes, hygiene and recreational items, books and other materials to some 7,700 detainees. Among those assisted were hundreds of detained minors, who were also given educational resources. The ICRC provided about a dozen ex-detainees, originally held in connection with the conflict, with financial support for meeting their basic needs after their release.

PEOPLE DEPRIVED OF THEIR FREEDOM	Related to the Nagorno-Karabakh conflict	Not related to the Nagorno-Karabakh conflict
ICRC visits		
Places of detention visited	5	24
Detainees in places of detention visited	103	20,678
<i>of whom women</i>		612
<i>of whom minors</i>		37
Visits carried out	32	64
Detainees visited and monitored individually	103	304
<i>of whom women</i>		14
<i>of whom boys</i>		4
Detainees newly registered	102	162
<i>of whom women</i>		7
<i>of whom boys</i>		4
RCMs and other means of family contact		
RCMs collected	842	21
RCMs distributed	680	19
Phone calls made to families to inform them of the whereabouts of a detained relative	58	11
Detainees visited by their relatives with ICRC/National Society support		1
Detainees released and transferred/repatriated by/via the ICRC	7	

WOUNDED AND SICK

Hundreds of potential first responders attended ICRC training in first aid, which included train-the-trainer sessions. Among the participants were students and teachers from schools near military positions; Azerbaijan Red Crescent Society volunteers; and paramedics, including ANAMA personnel. Schools and National Society branches were given first aid kits; other emergency responders received wound-dressing materials, neck braces, and spinal boards. International Federation and ICRC representatives met regularly with National Society personnel to give them expert advice for strengthening their first-aid programme.

Wounded and sick people obtained emergency medical care at seven hospitals and 15 primary-health-care centres (see *Civilians*) supported by the ICRC, and from 2 other primary-health-care centres supported by one of the hospitals, in part thanks to the ICRC's assistance. Material aid from the ICRC included surgical sets, spinal boards and blankets; one hospital was given an electric generator for emergency use. Financial and material support from the ICRC enabled two of the hospitals to renovate their emergency rooms, and equip them to a higher standard.

The ICRC provided PPE and disinfectants to one of the hospitals mentioned previously, and to a local agency specializing in epidemiological services, to help protect them against COVID-19. The hospital was also given spare parts for its oxygen generator; the agency received material and financial support for expanding its cold-storage capacity. The ICRC trained staff from ten primary-health care centres in managing COVID-19 patients and preventing the spread of the disease; it provided these centres with material support for vaccinations.

A physical rehabilitation centre (23 beds), two hospitals (total 30 consultations per day) and two primary-health-care centres (total 47 consultations per day) benefited from renovations and/or repairs carried out by the ICRC; this speeded up their recovery from the effects of the conflict's intensification in 2020, and helped to improve their services.

The ICRC referred repatriated children to health-care providers, and paid for their treatment.

Plans for courses in war surgery and basic emergency care could not be realized, owing to administrative constraints, which included issues concerning availability of the intended participants.

ACTORS OF INFLUENCE

The ICRC worked to preserve acceptance for its mandate, and for its role of neutral intermediary, among the sides to the conflict. It strove to raise awareness of the humanitarian

consequences of the conflict, and to cultivate support for its activities (see *Civilians*, *Wounded and sick* and *People deprived of their freedom*; see also *Armenia*), among the authorities, the international community and civil society.

The ICRC's lectures – on basic IHL, and on its humanitarian mandate and activities – reached hundreds of military personnel. It also instructed senior military officers in integrating both IHL and international human rights law into their decision-making.

Students and legal professionals strengthen their grasp of IHL

University students advanced their understanding of IHL at lectures and moot court competitions organized by the ICRC or with its assistance, and through an ICRC summer-school programme. Legal professionals attended specialized ICRC training in IHL, for use professionally.

The media and members of the public stay abreast of the ICRC's activities

The ICRC kept the public informed of its work through regular briefings for the media and via social media; a brief documentary on mine victims produced by the ICRC, which also warned viewers of the dangerousness of mines and ERW, was aired on national television. The Azerbaijan Red Crescent Society and the ICRC met regularly to coordinate public communication about their activities. The ICRC helped train National Society volunteers to disseminate information about Movement services in conflict-affected areas. People enquired about the ICRC's programmes, and provided feedback on them, through hotlines set up by the ICRC for that purpose.

RED CROSS AND RED CRESCENT MOVEMENT

The Azerbaijan Red Crescent Society, the International Federation, the ICRC and other Movement components present in Azerbaijan worked together to assist conflict-affected communities; they met regularly to coordinate their activities.

The ICRC gave the National Society expert advice, and material and financial support, for strengthening its organizational capacities, and its operational capacities in such areas as first aid, psychosocial care, public communication and water-and-habitat (see *Actors of influence*, *Civilians* and *Wounded and sick*). Much of the ICRC's support focused on the National Society's branches, and its emergency volunteer teams, in areas most heavily affected by the intensification of the conflict in 2020. The ICRC helped to ensure that the National Society's activities were carried out in line with the Safer Access Framework; for example, it organized basic and refresher sessions on the framework for National Society volunteers and staff, and provided them with suitable identification cards.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	47	1		
RCMs distributed	44			
Phone calls facilitated between family members	395			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	141	10	6	7
Tracing cases closed positively (subject located or fate established)	289			
Tracing cases still being handled at the end of the reporting period (people)	4,592	380	81	124
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Unaccompanied minors (UAMs)/separated children (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	3	2		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	29			
Detainees in places of detention visited	20,781	612	37	
Visits carried out	96			
		Women	Girls	Boys
Detainees visited and monitored individually	407	14		4
<i>of whom newly registered</i>	264	7		4
RCMs and other means of family contact				
RCMs collected	863			
RCMs distributed	699			
Phone calls made to families to inform them of the whereabouts of a detained relative	69			
Detainees visited by their relatives with ICRC/National Society support	1			
People to whom a detention attestation was issued	7			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		26,461	7,941	10,581
	<i>of whom IDPs</i>		22,660	6,797	9,066
Food production	People		27,235	11,015	5,329
	<i>of whom IDPs</i>		188	77	36
Income support	People		70,719	25,145	20,843
	<i>of whom IDPs</i>		60,466	21,558	17,356
Living conditions	People		28,922	8,013	12,936
	<i>of whom IDPs</i>		23,625	6,956	9,713
Capacity-building	People		5,471	457	4,749
	<i>of whom IDPs</i>		875	92	727
Water and habitat					
Water and habitat activities	People		88,726	1,008	3,879
Primary health care					
Health centres supported	Structures		15		
Average catchment population			1,255		
Mental health and psychosocial support					
People who received mental-health support			996		
People who attended information sessions on mental health			1,126		
People trained in mental-health care and psychosocial support			200		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Living conditions	People		7,724	1,715	33
Health care in detention					
Places of detention visited by health staff	Structures		6		
Health facilities supported in places of detention visited by health staff	Structures		1		
Mental health and psychosocial support					
People who received mental-health support			1,556		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		7		
First aid					
First-aid training					
	Sessions		42		
	Participants (aggregated monthly data)		594		
Water and habitat					
Water and habitat activities	Beds (capacity)		23		

BALKANS (regional)

COVERING: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Republic of North Macedonia, Romania, Serbia, Slovenia, Kosovo*

*UN Security Council Resolution 1244

The ICRC has been working in the Balkans since the early 1990s. The organization strives to respond to the needs remaining from past armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. The ICRC visits detainees and works with the authorities and civil society to promote IHL and other humanitarian norms. It supports the development of the National Societies, particularly in strengthening their capacities to respond to emergencies, address the specific humanitarian needs of migrants, and help dispersed families restore contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- In line with its roadmap for the period 2018–2023, the ICRC continued its efforts to ascertain the fate of people missing in connection with past conflicts in the Balkans and address the needs of their families.
- The ICRC urged national authorities to ensure that forensic resources and capacities were adequate to the task of resolving missing-persons cases. It continued to help develop forensic capacities and standards in the region.
- Missing people's families and other people in need in Bosnia and Herzegovina, Kosovo, and Serbia obtained mental-health and psychosocial support directly from the ICRC or from ICRC-supported local services.
- The ICRC visited detainees in Bosnia-Herzegovina, Kosovo, North Macedonia and Serbia. In May, it informed the North Macedonian and Serbian authorities of its decision to phase out its detention-related activities in their countries.
- Aided by the ICRC and other Movement components, the National Societies and Red Cross structures in the region responded to the needs of migrants and to those created by the COVID-19 pandemic.

EXPENDITURE IN KCHF

Protection	4,287
Assistance	711
Prevention	701
Cooperation with National Societies	903
General	14
Total	6,716
<i>Of which: Overheads</i>	<i>410</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
---------------------------	-----

PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	69



ICRC regional delegation ICRC delegation ICRC mission *UN Security Council Resolution 1244

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	21
RCMs distributed	20
Phone calls facilitated between family members	284
Tracing cases closed positively (subject located or fate established) ¹	75

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	8
Detainees in places of detention visited	1,839
<i>of whom visited and monitored individually</i>	43
Visits carried out	13

Restoring family links

RCMs collected	3
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE

2021 Targets (up to)

Achieved

CIVILIANS

Economic security

Living conditions	People		42
-------------------	--------	--	----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		261
-------------------	--------	--	-----

1. Not including cases of persons missing in relation to the Croatia conflict 1991–1995 dealt with by the Croatian Red Cross and the Red Cross of Serbia

CONTEXT

Balkan countries continued to grapple with issues related to past armed conflicts, particularly that of missing people. At a conference in London in 2018, the leaders of the countries in the region renewed their commitment to addressing this issue. On two separate occasions in 2020 – in Brussels and in Washington D.C. – Kosovo and Serbia agreed to make progress in the search for missing persons. In its strategy for the Balkans, the European Union (EU) made a specific commitment to enhancing engagement in solving the remaining missing-persons cases.

People alleged to have been involved in conflicts in countries outside the region – particularly in Iraq and the Syrian Arab Republic – and/or their families, returned to their countries of origin in the Balkans.

A new government was formed in Kosovo. Various socio-political issues have given rise to tensions and/or civil protests in some countries in the region. Tensions between Kosovo and Serbia escalated. Bosnia-Herzegovina has been gripped by a political crisis since August 2021.

Migrants, including refugees and asylum seekers, continued to pass through the region. The total number of new migrant arrivals in Europe reportedly decreased because of the COVID-19 pandemic; however, it was estimated that there were still some 25,000 migrants in the Balkans.

Mines and explosive remnants of war (ERW) continued to endanger people in parts of Bosnia-Herzegovina.

ICRC ACTION AND RESULTS

In line with its roadmap for the period 2018–2023², the ICRC continued its efforts to ascertain the fate of people missing in connection with past conflicts in the Balkans and address the needs of their families. The pandemic notwithstanding, field investigations, site assessments, and exhumations by the pertinent authorities and others continued, in line with COVID-19 safety protocols. The ICRC urged national authorities to ensure that forensic resources and capacities were adequate to the task of resolving missing-persons cases. It continued to help develop forensic capacities and standards in the region.

The ICRC strove to secure access, for humanitarian purposes, to more archives and other sources of information on gravesites. It continued, in its capacity as a neutral intermediary, to chair the working group on people missing in connection with past conflict in Kosovo. A total of 88 missing-persons cases³ linked to past conflicts were resolved (44 in Bosnia-Herzegovina, 23 in Croatia, and 21 in Kosovo).

Efforts to help missing persons' families get the support they need continued. The ICRC assisted local services in Bosnia-Herzegovina, Kosovo and Serbia to provide mental-health and psychosocial support for missing people's families and other people in need, or did so itself, directly.

The ICRC monitored the situation of migrants in the countries covered: for instance, it visited the Lipa and Ušivak camps in Bosnia-Herzegovina and Afghan evacuees at two camps in Kosovo. It brought up migrants' protection-related concerns with the pertinent authorities and reiterated to them that the fundamental rights of all migrants, regardless of their status, must be respected. The Movement's family-links services helped people separated from their families, by migration and other circumstances, to restore or maintain contact with their relatives. The ICRC monitored the humanitarian needs of people alleged to have been involved in fighting in foreign countries; it discussed the matter with the pertinent authorities. It aided repatriated people, and sought to advance their social reintegration.

In accordance with its standard procedures, the ICRC visited detainees in Bosnia-Herzegovina, Kosovo, the Republic of North Macedonia (hereafter North Macedonia) and Serbia. It communicated its findings and where necessary, its recommendations, confidentially to the pertinent authorities, to help them improve detainees' treatment and living conditions. In May, the ICRC informed North Macedonian and Serbian authorities of its decision to phase out its detention-related activities in their countries; however, it will stand ready to conduct visits to people detained in connection with conflicts outside the region. Masks, disinfectants and other supplies to protect against COVID-19 were given to detainees in Bosnia-Herzegovina. The ICRC provided the Bulgarian and Croatian National Societies with financial (in terms of positions) and technical (in terms of coaching and training) support to visit and assist detained migrants.

The ICRC continued to engage with authorities and other actors of influence, with a view to broadening understanding of and building support for its work and that of its Movement partners, and ensuring that the issue of missing people remained a matter of priority.

Aided by the ICRC, National Societies and Red Cross structures developed their organizational and operational capacities, including their ability to address the needs created by the pandemic, in line with the Safer Access Framework.

CIVILIANS

The ICRC continued to implement activities, in line with its roadmap for 2018–2023, to speed up the resolution of 9,925 missing-persons cases linked to past armed conflicts in the Balkans, and to address the needs of the families concerned. Field investigations, site assessments, and exhumations by the pertinent authorities and others continued, in accordance with COVID-19 safety protocols. The ICRC urged national authorities to ensure that forensic resources and capacities were adequate to the task of resolving missing-persons cases. It helped develop forensic capacities and standards in the region.

2. The roadmap has been extended from 2022 to 2023.

3. Apart from those reported by the Croatian Red Cross, all figures on missing people mentioned in this report are from the ICRC's records, which are based on tracing requests submitted by the families of missing people. In Bosnia-Herzegovina, the authorities work from lists that are more comprehensive and contain higher figures.

Efforts to resolve missing-persons cases continue despite the pandemic

Since launching its roadmap, the ICRC had, at the time of reporting, contacted 42 states, eight international/inter-governmental organizations – e.g. the EU, NATO, the UN – and others, and requested information from their archives that might be of use in searching for gravesites for humanitarian purposes; tens of thousands of documents have been collected. In 2021, the ICRC urged pertinent parties to make more sources of information accessible to it.

Bosnia-Herzegovina conflict 1992–1995

In 2021, 44 missing-persons cases linked to past conflict in Bosnia-Herzegovina were resolved. At year's end, 6,340 cases were still open.

The ICRC searched archives – including those of the International Residual Mechanism for Criminal Tribunals (IRMCT), the Office of the High Representative in Bosnia and Herzegovina, and the Norwegian defence ministry – for information on potential gravesites. Direct access to national military archives in Bosnia-Herzegovina was granted to the ICRC. The ICRC reviewed and analyzed documents from the archives to which it had access; it shared what it found with the Missing Persons Institute (MPI) of Bosnia-Herzegovina. The MPI undertook field trips and exhumed human remains. The ICRC provided the MPI with material assistance; this included a field vehicle, nine desktop computers, and filing cabinets. The ICRC, the IRMCT and the MPI explored possibilities for using innovative technologies to search for gravesites and missing people; a pilot project for testing geological technologies got under way in late June.

The ICRC organized a workshop, to develop guidelines for exhumations and excavations, for the MPI's board of directors and representatives of the Prosecutor's Office; the head of the IRMCT's office in Bosnia-Herzegovina also participated in the workshop, as a member of the working group on missing people in Bosnia-Herzegovina. The ICRC kept up its efforts to mobilize forensic professionals and others in Bosnia-Herzegovina to establish an institute of forensic medicine and adopt medico-legal frameworks and/or standard procedures to ensure that human remains, including the remains of dead migrants, were accorded due respect and dignity. It also helped reinforce forensic capacities: for instance, it renovated the autopsy room in the Institute of Forensic Medicine at the University of Sarajevo, the Odžak Ossuary and the mortuary of the Vosko city cemetery. The ICRC gave several forensic institutions material support; this included donations of body bags, IT equipment and instruments for autopsies. Four forensic pathologists were sponsored or otherwise supported to attend meetings or courses of pertinence to their work.

Kosovo conflict 1998–1999

In 2021, 21 missing-persons cases linked to past conflict in Kosovo were resolved. At year's end, 1,621 cases were still open.

In its capacity as a neutral intermediary, the ICRC chairs the working group on people missing in relation to past conflict in Kosovo. The group met once in Belgrade, Serbia, in April; its analysis team and the sub-working group on forensic issues met four times each. The ICRC's regional director for

Europe and Central Asia met with diplomats, government officials, including the prime minister and the president, and other influential figures during his visit to Kosovo in June. He emphasized to these government officials and others the necessity of reinforcing the institutions tackling the issue of missing people in Kosovo – the Government Commission on Missing Persons, the Pristina delegation to the ICRC-chaired working group, and the Institute of Forensic Medicine – with the resources, expertise and authority necessary to fulfil their mandates. The ICRC also met regularly with the Serbian commission on missing people. Following an invitation from the EU, the ICRC provided an update on the activities of the working group during a meeting between the governments of Serbia and Kosovo in Brussels, in September.

The ICRC prepared reports based on its analyses of documents from national and international archives and submitted them to the pertinent authorities; it also gave them satellite images and other pertinent materials. This led to the finding of a few gravesites.

The ICRC maintained its dialogue with national and international stakeholders on the implementation of a by-law governing the organization and structure of the Institute of Forensic Medicine in Kosovo, and other matters related to forensic work. It provided the Institute of Forensic Medicine with body bags, storage shelves and other material assistance. Within the framework of the working group on people missing in connection with the past conflict in Kosovo, the ICRC assisted in the repatriation and handover of human remains between Kosovo and Serbia.

Croatia conflict 1991–1995

The Croatian Red Cross reported that 23 missing-persons cases linked to past conflict in Croatia were resolved in 2021. At year's end, 1,964 cases were still open.

The Croatia-Serbia working group on people missing in connection with the Croatia conflict did not meet in 2021.

The ICRC met with officials from the Directorate of Detained and Missing and the Institute of Forensic Medicine and Criminalistics in Zagreb, Croatia to discuss various forensic issues in connection with missing people.

Missing people's families and others receive psychosocial support

Several activities in support of missing persons' families and their communities in Bosnia-Herzegovina, Kosovo and Serbia have been carried out since the launching of the roadmap. These include activities undertaken to understand these families' needs more fully, and work done with those who can address these needs. In 2021, the ICRC sustained these efforts and helped the families get the support that they need. Relatives of missing people obtained psychosocial, legal and other support; this was provided by associations of missing people's families and other organizations, and National Societies and Red Cross structures, all of which received material, financial and technical assistance, and/or training, from the ICRC. Notably, in Kosovo, 267 families of missing persons participated in nine social and recreational projects implemented by family

associations and Red Cross structures, with ICRC support. In Bosnia-Herzegovina, 2,050 relatives of missing people benefited from 15 psychosocial support projects run by associations of missing people's families with financial assistance from the ICRC. Postgraduate students in Bosnia-Herzegovina continued to receive scholarships for doing interdisciplinary research on issues confronting missing people's families.

The ICRC assisted local services in Bosnia-Herzegovina, Kosovo and Serbia to provide mental-health and psychosocial support for missing people's families and others in need, or provided such support directly; a total of 176 people benefited. The Red Cross of Serbia and the ICRC launched a pilot project in the city of Kragujevac to provide mental-health and psychosocial support to families of missing persons and draw attention to their plight and specific needs. In Bosnia-Herzegovina, the ICRC conducted mental-health and psychosocial support sessions for National Society staff and volunteers dealing with migrants. These activities took into account the issues created by the pandemic. The ICRC shifted its plans in Bosnia-Herzegovina to organize training for local professionals in mental-health and psychosocial support for the children of people alleged to have been involved in fighting in countries outside the region, towards organizing workshops on psychological self-care for those involved in repatriating families of people alleged to have been involved in fighting in foreign countries. In Kosovo, the ICRC held a two-day session on tackling the psychological and psychosocial consequences of a relative's disappearance with two regional centres for mental health.

The Movement responds to the protection-related concerns of migrants

In coordination with National Societies and Red Cross structures, and the IOM and the UNHCR, the ICRC continued to monitor the situation of migrants in the Balkans: for instance, it visited the Lipa and Ušivak camps in Bosnia-Herzegovina, and Afghan evacuees at two camps in Kosovo. It brought up migrants' protection-related concerns with the pertinent

authorities and reiterated to them that the fundamental rights of all migrants must be respected. ICRC training helped police officers in Bosnia-Herzegovina to familiarize themselves with effective methods of community-oriented policing that took into account the concerns of the local population and the needs and rights of migrants. The police in Sarajevo and in the Una-Sana Canton were given face masks to protect themselves against COVID-19. In Bosnia-Herzegovina, the ICRC gave the National Society financial support to train 1,200 police officers in first aid. In Croatia, the Croatian Red Cross and the ICRC trained border police working at three immigration detention centres in basic human rights and in the use of force within the context of migration.

The ICRC monitored the humanitarian needs of people alleged to have been involved in fighting in countries outside the region and/or the needs of their families; it discussed the matter with the pertinent authorities. It strove to advance the socio-economic reintegration of repatriated people by offering or providing, whenever possible, family-links services and material and other support. In Kosovo, 11 families with repatriated citizens (42 people) were given household essentials by the ICRC.

The Movement's family-links services helped people separated from their families, by migration and other circumstances, to restore or maintain contact with their relatives. The ICRC helped National Societies and Red Cross structures in the region to develop their family-links capacities and publicize family-links services, including among migrants. With the help of National Societies or Red Cross structures in the region, the ICRC provided people with travel documents and/or attestations to the disappearance or detention of relatives.

The ICRC continued to check on the situation of people resettled in the Balkans after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba. Whenever necessary, it helped them to maintain contact with their relatives.

CIVILIANS	Bosnia and Herzegovina	Croatia	Kosovo	Republic of North Macedonia	Serbia
RCMs and other means of family contact					
RCMs collected	10		8	1	2
<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>					
RCMs distributed	11		7	1	1
<i>including from UAMs/SC</i>					
Phone calls facilitated between family members	281				3
Names published on the ICRC family-links website	6,516		1,642		
Tracing requests, including cases of missing persons⁴					
People for whom a tracing request was newly registered	2				
Tracing cases closed positively (subject located or fate established)	47		28		
Tracing cases still being handled at the end of the reporting period (people)	6,372	20	1,654		
<i>of whom women</i>	952	6	249		
<i>of whom minors at the time of disappearance – girls</i>	85		24		
<i>of whom minors at the time of disappearance – boys</i>	258		92		
Documents					
People to whom travel documents were issued					11

4. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees in Bosnia–Herzegovina, Kosovo, North Macedonia and Serbia; 43 detainees, including those held in connection with fighting elsewhere, were monitored individually. The ICRC communicated its findings and where necessary, its recommendations, confidentially to the pertinent authorities, to help them improve detainees' treatment and living conditions. In May, the ICRC informed the pertinent North Macedonian and Serbian authorities of its decision to phase out its detention-related activities in their countries; however, it will stand ready to conduct visits to people detained in connection with conflicts outside the region.

In 2020, the ICRC made recommendations to the authorities for revising a draft law regulating the Kosovo Correctional Service; it followed this up in 2021. In Bosnia–Herzegovina, a workshop for staff at one prison – on detainees' access to educational, vocational and other activities contributory to their well-being – had to be cancelled because of a COVID-19 outbreak at the facility. In Kosovo, the ICRC gave the Kosovo Correctional Service books and recreational items for detainees.

In Bosnia–Herzegovina, the ICRC helped to arrange a family visit for one detainee. It donated phone cards to an immigration

detention centre, to help detained migrants stay in touch with relatives. Masks, hand sanitizer and other supplies to protect against COVID-19 were distributed to 200 detainees at two facilities and 61 migrants at one immigration detention centre.

The ICRC provided the Bulgarian and Croatian National Societies with financial and technical support to visit and assist detained migrants. An ICRC detention doctor met with Bulgarian Red Cross staff to discuss health-related issues in places of detention. The Bulgarian Red Cross, with support from the ICRC, organized a workshop on immigration detention for European National Societies. Staff at two immigration detention facilities in Bulgaria learnt about human rights and policing within the context of migration, through an online workshop organized by the National Society and the ICRC. In North Macedonia, the programme for visiting immigration detention facilities was discontinued in June, as the National Society did not sign the necessary memorandum of understanding with the interior ministry. The ICRC wrapped up its detention-related activities in Hungary at the beginning of 2021 and prepared a report summarizing its recent work in immigration detention in the country. The findings and recommendations of the report were discussed with the authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bosnia and Herzegovina	Croatia	Kosovo	Republic of North Macedonia	Serbia
ICRC visits					
Places of detention visited	3		3	1	1
Detainees in places of detention visited	485		971	370	13
<i>of whom women</i>	4				
Visits carried out	6		5	1	1
Detainees visited and monitored individually	9		29	2	3
Detainees newly registered	6		11	1	
RCMs and other means of family contact					
RCMs collected	2		1		
RCMs distributed	3				
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	1				
People to whom a detention attestation was issued	29	47	34		

ACTORS OF INFLUENCE

The ICRC pursued various forms of engagement with national authorities and other influential actors, with a view to encouraging domestic implementation of IHL-related treaties; raising awareness of issues of humanitarian concern; and building support for its work and that of its Movement partners. Where possible, these activities took place in person, in line with COVID-19 safety protocols. However, the pandemic hindered the full implementation of some planned activities.

When he visited Kosovo in June, the ICRC's regional director for Europe and Central Asia met with the president, the prime minister, the speaker of the Assembly of Kosovo, and other key actors. He brought them up to date on the progress made in searching for missing people and explained that an increase in political commitment is needed for further progress.

During a visit to the Lipa camp in Bosnia–Herzegovina (see *Civilians*), the ICRC and its Movement partners discussed humanitarian issues related to migration with the EU's Commissioner for Home Affairs. Similar discussions also took place between the ICRC, its Movement partners and the Italian members of the European Parliament.

The ICRC promotes IHL and other applicable norms among the authorities in the region

The ICRC discussed the domestic implementation of IHL and the ratification of IHL-related treaties with the pertinent authorities in the countries covered, and the existing national IHL committees; it continued to offer them its legal and technical expertise. It involved students and academics throughout the region in IHL-related activities. For instance, together with the University of Sarajevo, it organized an online

course in IHL that was attended by 51 students from Bosnia-Herzegovina, Croatia and Serbia.

In Serbia, the ICRC actively contributed to a working group set up by the Ministry of Labour, Employment, Veterans and Social Affairs to draft a law concerning missing people.

Law enforcement officers in Bosnia-Herzegovina and Croatia strengthened their grasp of international standards for the use of force, and other related subjects, through ICRC training (see *Civilians*). During a military training exercise in Serbia, the ICRC made presentations about its activities and IHL.

The ICRC and its Movement partners broadened awareness of issues of humanitarian concern in the region. National Societies and Red Cross structures were helped to strengthen their capacities in public communication, including IHL promotion. The ICRC supported the organization of various events in the region to commemorate missing people. In Bosnia-Herzegovina, officials from the MPI and the IRMCT met with associations of missing people's families at an event organized by the ICRC; the aim of the event was to improve communication between the family associations and actors involved in resolving missing-persons cases.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided National Societies and Red Cross structures in the region with support for developing their organizational and operational capacities, in line with the Safer Access Framework. It helped Movement components in the region broaden the scope of their partnerships, including in protection-related activities for migrants, and fostered coordination and cooperation among them. The National Societies and Red Cross structures in the region carried out a broad range of activities in response to the pandemic – such as supporting vaccination programmes, distributing food and hygiene items to vulnerable people, and conducting communication campaigns about COVID-19 – with financial and other support from the ICRC.

Aided by the Bosnia and Herzegovina Mine Action Centre and the ICRC, the Red Cross Society of Bosnia and Herzegovina developed online tools for mine-risk education and organized activities to broaden awareness of the threat of mines. The National Society, with the ICRC's assistance, trained new instructors in mine-risk education.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	21			
RCMs distributed	20			
Phone calls facilitated between family members	284			
Names published in the media				
Names published on the ICRC family-links website	8,158			
Tracing requests, including cases of missing persons⁵		Women	Girls	Boys
People for whom a tracing request was newly registered	2			
Tracing cases closed positively (subject located or fate established)	75			
Tracing cases still being handled at the end of the reporting period (people)	8,046	1,207	109	350
Documents				
People to whom travel documents were issued	11			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	1,839	4		
Visits carried out	13			
		Women	Girls	Boys
Detainees visited and monitored individually	43			
<i>of whom newly registered</i>	18			
RCMs and other means of family contact				
RCMs collected	3			
RCMs distributed	3			
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	1			
People to whom a detention attestation was issued	110			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	People	42	11	31
Mental health and psychosocial support				
People who received mental-health support		176		
People trained in mental-health care and psychosocial support		29		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	261	20	
Health care in detention				
Places of detention visited by health staff	Structures	1		

5. Not including cases of persons missing in relation to the Croatia conflict 1991–1995 dealt with by the Croatian Red Cross and the Red Cross of Serbia

BRUSSELS

COVERING: Institutions of the European Union, NATO, Belgium

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, NATO and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision makers in Western Europe view the ICRC as the main reference point for neutral, impartial and independent humanitarian action, as well as for IHL.

YEARLY RESULT	
Level of achievement of ICRC yearly objectives/plans of action	HIGH

EXPENDITURE IN KCHF	
Protection	721
Assistance	176
Prevention	2,553
Cooperation with National Societies	280
General	30
Total	3,760
<i>Of which: Overheads</i>	229

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Mobile staff	3
Resident staff (daily workers not included)	39

CONTEXT

The European Union (EU) remained involved in crisis management and conflict resolution throughout the world. At year's end, 18 civilian or military missions – undertaken within the framework of the EU's Common Security and Defence Policy, and overseen by the European External Action Service (EEAS) – were in progress in various parts of Africa, Europe and the Middle East. Some EU missions aimed to provide training and other capacity-building support to government security and defence forces: for instance, an EU military training mission in Mozambique was launched in October, and EU civilian and military missions continued to advise and train security and defence forces in the Sahel region of Africa.

The EU handled humanitarian affairs primarily through the European Commission's (EC) Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). Various working parties under the Council of the EU tackled humanitarian issues and IHL-related matters.

NATO's defence- and security-related endeavours continued. In February, NATO announced that it was expanding its mission to build capacities among government forces in Iraq. Its mission to train, advise and assist security forces in Afghanistan ended in September.

Belgium remained committed to supporting principled humanitarian action and the development, implementation and promotion of IHL. Its capital, Brussels, was a hub for diplomats, academics, NGOs and media organizations.

The COVID-19 pandemic continued to have serious consequences throughout the world. Many European governments imposed lockdowns and other measures necessary to contain the spread of the disease.

ICRC ACTION AND RESULTS

The ICRC continued to engage, both virtually and, where possible, in person with EU institutions – particularly the EC, EEAS, Council of the EU and its presidency and working parties, and the European Parliament – and with EU member states, NATO officials, military staff from the EU and NATO, Belgian authorities, and other influential parties in Brussels. It did so in order to ensure that humanitarian concerns and IHL were given proper consideration in their work and to strengthen support among them for its mandate and activities.

Authorities in Brussels consult the ICRC on humanitarian issues

During dialogue with the EU, NATO and the Belgian government, the ICRC shared experiences from its operations to draw attention to humanitarian needs in places affected by armed conflict or other situations of violence – such as Afghanistan, Ethiopia, Mozambique, the Syrian Arab Republic and the Sahel region. It discussed various matters from a humanitarian perspective, including: the COVID-19 pandemic, especially the necessity of ensuring that COVID-19 vaccines reach people in conflict-affected areas; the combined effects of conflict and the climate crisis on communities; the plight of migrants, especially those who have gone missing, lost touch with their families or died while in transit; the situation of people from Europe alleged to have been involved in fighting in the Middle East, and that of their families; sexual violence; and the humanitarian-development-peace nexus. It also engaged with them on IHL-related topics, including new technologies in warfare and protection of the natural environment during armed conflict.

The ICRC continued to advocate protection for impartial humanitarian work from the adverse consequences of sanctions and counter-terrorism measures. During meetings with officials from EU member states and the EC, it discussed

ways to mitigate these consequences – such as including clauses to this end in EU policy documents.

Field-level dialogue between the ICRC and the EU was reinforced through various engagements in Brussels, such as an ICRC-organized virtual round table on conflict in the Sahel at which ICRC and EU officials discussed concrete steps to strengthen the humanitarian response in the region and ensure respect for IHL; the discussions also aimed to ensure that these matters were given due consideration in the EU's revised strategy for the region.

The ICRC worked to reinforce its engagement with ECHO, and maintained its dialogue with the Belgian government, in order to strengthen support among them for its activities. It also initiated discussions with the EC's Directorate-General for International Partnerships and other EU institutions, with a view to diversifying its sources of funding.

ICRC expertise in IHL helps shape various policies and military doctrine and training

NATO continued to draw on ICRC support to implement IHL and its protection-of-civilians policy. ICRC contributions helped deepen discussions on these subjects during NATO military exercises and training courses. The ICRC provided informational materials and other support for the development of a NATO-UN online course on the protection of civilians. It also gave NATO expert assistance in drafting or revising doctrine and policies, such as those concerning detention, and military operations in urban environments.

The ICRC continued to engage with EU and NATO bodies involved in planning and implementing civilian and/or military missions about strengthening compliance with IHL among parties to armed conflict supported by them. This subject was also addressed during NATO training exercises, in the ICRC's contributions to NATO policymaking, and during discussions with the Council of the EU on strengthening implementation of EU guidelines for promoting compliance with IHL. The ICRC discussed with EEAS officials the risks and opportunities inherent in ensuring respect for IHL in support relationships, in order to ensure that these were taken into account as they developed the strategic and operational plans for the EU's mission in Mozambique.

ICRC lectures, briefings, webinars and other events – some organized jointly with the College of Europe, the Network on Humanitarian Assistance or the Belgian Red Cross – helped academics, legal experts, members of civil society, and

officials from the EU, NATO and the Belgian government to expand their knowledge of IHL and related issues such as urban warfare and autonomous weapons systems. The 22nd Bruges Colloquium on IHL drew around 400 people from more than 50 countries, who participated either online or in person in interactive sessions where they discussed the continuing relevance of IHL and the updated ICRC Commentaries on the 1949 Geneva Conventions and their 1977 Additional Protocols.

Detaining authorities strive to ensure detainees' well-being

In line with a memorandum of understanding signed with the justice minister in 2018, the ICRC visited detainees in Belgium, in accordance with its standard procedures, paying close attention to people held in connection with "terrorism". It conducted a total of 28 visits to 13 places of detention and discussed its findings and recommendations confidentially with authorities at prison and central levels, to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. The ICRC made its expertise available to detaining authorities, to help them strengthen the delivery of health services and prevent and manage the spread of COVID-19 in places of detention; for example, it advised them in formulating a strategy for vaccinating prison staff and detainees against COVID-19.

NGOs and Movement components work together to strengthen support for humanitarian action

The ICRC maintained its dialogue with the Red Cross EU Office, the Belgian Red Cross, the International Federation and Movement platforms such as the European Legal Support Group, in order to present a strong Movement position to the EU and Belgian authorities on such issues as migration and the climate crisis. Together with other Movement components, the ICRC also exchanged information on the humanitarian-development-peace nexus and other matters of common concern with Médecins Sans Frontières, Voluntary Organisations in Cooperation in Emergencies, and other humanitarian actors in Brussels.

The delegation used its social-media account and engaged with media organizations to relay humanitarian messages and broaden awareness of the ICRC's work among influential parties in Brussels, and the general public. The ICRC also continued to conduct joint communication initiatives with ECHO in EU member states: a short film produced by the ICRC and ECHO on the protection due to medical services was shown in cinemas in Portugal and reached around 900,000 people, and a photo exhibition on urban warfare was launched in Brussels in December.

GEORGIA

The ICRC has been present in Abkhazia, Georgia proper and South Ossetia since 1992. It helps the authorities resolve cases of missing persons and respond to the concerns of their families. It acts as a neutral intermediary to help mitigate the impact of the demarcation of administrative boundaries. It visits detainees and provides assistance to families of people alleged to have been involved in conflicts abroad. It promotes the national implementation of IHL and its integration into armed and security forces' operations and into academic curricula. The ICRC helps the Georgia Red Cross Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- Efforts to resolve missing-persons cases from past armed conflicts continued. The remains of 28 people were handed over to the families concerned in Abkhazia, Georgia proper and South Ossetia.
- Aided by the ICRC, vulnerable people with no other sources of support in Abkhazia and South Ossetia met their immediate needs, and some economically vulnerable families in Georgia proper launched small businesses.
- People rejoined relatives or received medical treatment on the other side of an administrative boundary after the ICRC, acting as a neutral intermediary, made the necessary arrangements with the pertinent authorities.
- The ICRC provided cold-chain equipment, generators, personal protective equipment (PPE), tents, IT equipment, financial contribution for repairing an oxygen station, and other support for local vaccination campaigns against COVID-19 in Abkhazia and South Ossetia.
- The ICRC visited detainees to check on their treatment and living conditions. Detainees maintained contact with relatives on the other side of an administrative boundary through the ICRC's family-links services.

EXPENDITURE IN KCHF

Protection	4,230
Assistance	507
Prevention	660
Cooperation with National Societies	296
General	105
Total	5,799
<i>Of which: Overheads</i>	<i>354</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
---------------------------	-----

PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	106



✚ ICRC delegation ✚ ICRC mission ✚ ICRC presence

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	26
RCMs distributed	15
Phone calls facilitated between family members	15
Tracing cases closed positively (subject located or fate established)	36
People reunited with their families	19
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	7
Detainees in places of detention visited	4,260
<i>of whom visited and monitored individually</i>	14
Visits carried out	10
Restoring family links	
RCMs collected	7
RCMs distributed	5

ASSISTANCE	2021 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 240	477
Living conditions	People 253	1,292
Capacity-building	People 6	20
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions ¹	People	87

1. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Demarcation of the administrative boundaries between Abkhazia and Georgia proper, and between Georgia proper and South Ossetia, continued. Movement across the administrative boundary between Georgia proper and Abkhazia was restored to pre-pandemic parameters in July 2021, which meant people were allowed to cross for medical reasons or to visit relatives in Georgia proper; however, the number of reported crossings was less than before the pandemic. Restrictions on movement across the other boundary remained in place; the *de facto* authorities eased these restrictions slightly, to allow specific categories of the population to cross into Georgia proper – mainly for medical reasons – and then return to South Ossetia.

Over 2,300 people were still unaccounted for in connection with the 1992–1993 armed conflict in Abkhazia and the armed conflicts of the 1990s and 2008 in South Ossetia. Some 380 sets of human remains, recovered during the search for missing people in past years, were still unidentified.

People were detained in Abkhazia, Georgia proper and South Ossetia on charges of unauthorized movement across the administrative boundaries, or for security reasons. Many of them needed assistance to contact their families.

A number of Georgian nationals were alleged to have been involved in conflict in other countries. Some members of their families, including children, were back in Georgia proper; others were still unable to return.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the needs of people in Abkhazia, Georgia proper and South Ossetia who were enduring the effects of past conflicts and the pandemic. The ICRC was the only Movement component present in Abkhazia and South Ossetia, and the only international organization doing humanitarian work in South Ossetia.

Two ICRC-chaired coordination mechanisms continued their work on resolving missing-persons cases linked to past conflicts: the remains of more than two dozen people were identified and handed over to the families concerned in Abkhazia, Georgia proper and South Ossetia. The ICRC continued to collect and consolidate ante-mortem data, biological reference samples from missing people's families, and information on potential burial places. It helped build local capacities in solving missing-persons cases, by organizing training sessions and webinars for forensic specialists in Abkhazia, Georgia proper and South Ossetia.

The ICRC provided missing people's families in Abkhazia, Georgia proper and South Ossetia with financial and other support for organizing events and launching initiatives to commemorate their missing relatives. Families in Georgia proper received psychosocial support from the ICRC's local partners ahead of excavations and following identification and handover of human remains.

The ICRC strove to draw authorities' attention to the needs of people affected by the demarcation of administrative

boundaries. It served as a neutral intermediary to help people in South Ossetia cross an administrative boundary to reach health facilities, and to reunite families separated by an administrative boundary. It donated food, hygiene items, household essentials and informational materials on COVID-19 to vulnerable people in Abkhazia and South Ossetia, including people with no other sources of support. Medical structures in Abkhazia and South Ossetia were given PPE and cold-chain equipment and other supplies, to help them extend their vaccination campaigns against COVID-19 to remote communities.

The Georgia Red Cross Society and the ICRC implemented livelihood-support projects for families of Georgian nationals alleged to have been involved in conflict in other countries. The ICRC and the Georgian authorities continued to discuss the families' needs and means of supporting the social reintegration of repatriated families.

The ICRC visited detainees in Georgia proper in accordance with its standard procedures. It made ad hoc visits to some detention facilities in Abkhazia and South Ossetia. Detainees maintained contact with relatives through the ICRC's family-links services.

In all its interaction with the Georgian authorities, the *de facto* authorities in Abkhazia and South Ossetia, members of the international community, and other key parties, the ICRC sought to gather support for IHL and its own humanitarian activities, and to draw attention to issues of humanitarian concern. It used traditional and social media to publicize the plight of missing people's families and its own activities in behalf of people affected by the demarcation of administrative boundaries.

The ICRC continued to help the Georgian military integrate IHL into its operations. IHL training for weapon bearers in Abkhazia was postponed to 2022.

The National Society received various forms of support from the ICRC and other Movement components for its pandemic response and for strengthening its organizational and operational capacities.

CIVILIANS

Efforts to solve missing-persons cases continue

The two ICRC-chaired coordination mechanisms – one with Abkhaz and Georgian participants, for persons missing in connection with the 1992–1993 armed conflict, and the other with Georgian, Russian and South Ossetian participants, for persons missing in connection with the armed conflicts in the 1990s and 2008 – continued their work to solve missing-persons cases. During periodic high-level meetings, the ICRC engaged all sides, as well as members of the international community, in dialogue on the necessity of agreeing on a new set-up and way of working in which the sides do most of the work necessary to ascertain the fate of missing people – so as to make efforts to address the issue more sustainable and effective.

Within the framework of the mechanisms mentioned above, the ICRC, together with local forensic specialists, kept up efforts to

recover and identify the remains of missing people. A total of 24 burial sites were excavated, and the remains of 21 people recovered. The ICRC continued to collect and consolidate ante-mortem data and biological reference samples from missing people's relatives and information on potential burial places from different sources. An ICRC genetic team continued to review all genetic data as part of quality control, in an effort to increase DNA matching, and thus identification of missing persons; the team also continued to provide support to 13 different contexts outside Georgia. Reconciliation of data on missing people and human remains – collected in 2021 and earlier – led to the handover of 28 identified missing persons to the families concerned in Abkhazia, Georgia proper and South Ossetia, with the ICRC acting as a neutral intermediary whenever required.

The ICRC strove to build local capacities in several aspects of the search for missing persons, to enable local structures, eventually, to solve missing-persons cases. A group of local university students and graduates in Abkhazia – trained by the ICRC in forensic matters – formed an NGO that will work with the ICRC in solving missing-persons cases. Several ICRC-trained local forensic experts and specialists in Georgia proper continued to promote, through their NGO, the development of forensic anthropology, odontology and archaeology. Some 20 people from Abkhazia, Georgia proper and South Ossetia – including members of the two NGOs mentioned above – attended ICRC-organized training or refresher sessions and webinars on various aspects of forensic work. Local specialists in Abkhazia and Georgia proper received on-the-job coaching in forensic casework and other matters.

The ICRC monitored the situation at mortuaries and health facilities in Abkhazia, Georgia proper and South Ossetia, and when needed, donated forensic equipment, body bags and PPE.

A study of the current legal framework governing the issue of missing people in Georgia proper, including recommendations for legislative reform, was finalized and will be submitted to the Georgian authorities in 2022.

Missing people's families receive psychosocial support

The ICRC sought to have a fuller understanding of the current needs of missing people's families in Abkhazia, Georgia proper and South Ossetia; to this end, it interviewed more than 170 people, including 157 families of missing people. It will discuss the families' needs, and its recommendations for addressing these needs more comprehensively, with the pertinent authorities in 2022.

The ICRC raised awareness of the plight of missing people's families – through dialogue with the pertinent authorities and through TV spots, a social-media campaign, and commemorative events. In Abkhazia, Georgia proper and South Ossetia, the families and other local stakeholders organized and launched, with financial and other support from the ICRC, various events and initiatives to commemorate their relatives, such as flower-laying and candle-lighting ceremonies. A memorial for missing people, commissioned by the ICRC, was inaugurated in Tbilisi in September. In Abkhazia, the

ICRC and its local partners began collecting – for a memory book project – stories about missing people shared by their families. Families of missing people took part in an international conference, organized online by the Central Tracing Agency (see *Operations*).

The ICRC and its local partners in Georgia proper provided psychosocial support for missing people's families through individual and group sessions, notably during difficult moments, such as before excavations or after the identification and handover of their relatives' remains. The ICRC's local partners – which included NGOs and the Georgia Red Cross Society – attended ICRC training and refresher sessions on mental-health and psychosocial support; representatives of missing people's families attended sessions on psychological self-care.

The ICRC continued to provide a working group of academics with technical support for teaching and conducting research into the “ambiguous loss” experienced by missing people's families in Georgia proper. Some 200 university students learnt more about this subject through lectures organized by the working group.

People affected by movement restrictions, and other vulnerable people, receive assistance

In its discussions with the pertinent authorities, the ICRC emphasized the humanitarian needs of people affected by the demarcation of administrative boundaries. Acting as a neutral intermediary, it facilitated reunification of families separated by an administrative boundary; it also delivered administrative documents (e.g. birth and employment certificates) across administrative boundaries. In coordination with the pertinent authorities, the ICRC enabled people in South Ossetia to cross an administrative boundary to reach health facilities, and return afterwards. When patients died, the ICRC helped return their bodies to South Ossetia.

ICRC distributions of food and household essentials helped prevent destitution among vulnerable people in Abkhazia and South Ossetia, such as those who were bedridden or elderly and living alone, or living in remote areas with no other sources of support. ICRC food assistance reached 477 people; distributions of hygiene items, household essentials, cash grants for starting small businesses (see below), reusable face masks and/or informational materials on COVID-19 reached 1,292. Some elderly people in South Ossetia were also helped through administrative procedures (e.g. claiming pensions or renewing identity documents) or given walking aids or wheelchairs. The ICRC, sometimes with local social workers, visited 12 elderly and impaired people in South Ossetia to deliver water and other essentials, and to help with household chores. The ICRC was unable to realize its intention to hand over these tasks to local social workers; it will discuss the matter with the *de facto* authorities in 2022.

The ICRC continued to discuss, with the Georgian authorities, the needs of the families of Georgian nationals alleged to have been involved in conflict in other countries, and the necessity of facilitating the social reintegration of repatriated

families. Nine economically vulnerable families launched small businesses after the ICRC, working with the Georgia Red Cross Society, gave them cash grants and training in business skills. Three other families were given financial and material support. The ICRC was able to locate some people – still in other countries – whose families had asked to trace them; the families were duly notified.

The National Society continued to strengthen its family-links services, with training and other support from the ICRC. It adopted Family-links Answers, a case-management system developed by the ICRC for National Societies.

People who had resettled in Georgia proper after being released from the US detention facility at the Guantanamo Bay Naval Station in Cuba expressed no need for the ICRC to follow them up.

The ICRC supports vaccination campaigns against COVID-19

The ICRC advocated the inclusion of remote communities and minority ethnic groups in local vaccination campaigns against COVID-19. It donated cold-chain equipment (notably, refrigerators and a freezing chamber) and generators to the health structures in Abkhazia and South Ossetia, for transporting vaccines to remote areas.

The ICRC provided health structures in Abkhazia with PPE, tents, computers and other IT equipment, heaters, disinfectants and other supplies for setting up vaccination sites; a total of 16 health structures received PPE and disinfectants. It also gave financial support for repairing an oxygen compression station to ensure the supply of oxygen for health structures treating COVID-19 patients.

The ICRC assisted the National Society's efforts in support of vaccination campaigns against COVID-19 throughout Georgia proper (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees are visited by the ICRC and maintain contact with their families

The ICRC visited, in accordance with its standard procedures, detainees at four facilities in Georgia proper, to check on their treatment and living conditions; findings and recommendations were communicated confidentially to the detaining authorities.

The ICRC visited, on an ad hoc basis, a detainee held by the *de facto* interior ministry in Abkhazia, and detainees held at two facilities by the *de facto* interior and justice ministries in South Ossetia. It pursued dialogue with the *de facto* authorities on its standard procedures for prison visits, and on securing more regular access to all detainees within its purview.

Detainees used RCMs to maintain contact with relatives on the other side of an administrative boundary; the ICRC also relayed parcels from their families to some detainees. With ICRC financial support, all detained female foreigners (51 people) in Georgia proper made phone calls to their relatives abroad. The ICRC provided hygiene kits to 313 female inmates. Prison libraries in Georgia proper received 271 books from the ICRC.

One person held by the *de facto* interior ministry in South Ossetia was visited by his relatives from Georgia proper after the ICRC made the necessary arrangements with the pertinent authorities.

The ICRC provided 87 people held in two detention facilities in South Ossetia with hygiene kits. To help prevent the spread of COVID-19 in places of detention, it provided the *de facto* authorities in Abkhazia with PPE, disinfectants, and supplies to enable physical distancing in medical examination rooms.

The ICRC and the Georgian authorities continued to discuss ongoing and future penitentiary reforms in Georgia proper. The ICRC provided expert advice on such matters as prison management and assessment of risks associated with restrictive detention procedures.

ACTORS OF INFLUENCE

In its dialogue with the Georgian authorities and the *de facto* authorities in Abkhazia and South Ossetia, and in all its interaction with members of the international community and other key parties, the ICRC sought to promote IHL, cultivate support for its activities, and draw attention to issues of humanitarian concern. ICRC social-media posts, news releases and media interviews raised the public's awareness of the plight of missing people's families and the ICRC's humanitarian work in behalf of people affected by the demarcation of administrative boundaries. Media organizations cited the ICRC's role of neutral intermediary and reported on some of its activities, such as medical transfers and family reunifications across administrative boundaries.

The ICRC discussed the Convention on Enforced Disappearance with the Georgian authorities, and the necessity of acceding to it, to facilitate the creation of robust domestic legal and procedural frameworks for addressing the issue of missing people. Officials from the foreign and justice ministries took part in IHL seminars organized online by the ICRC.

The Georgian armed forces continue to integrate IHL into their operations

Georgian military instructors trained some 200 Georgian military personnel in IHL; the ICRC attended these sessions as an expert observer. Some 80 other Georgian military personnel, including 25 military lawyers, took part in ICRC workshops on IHL. The ICRC continued to give the Georgian military expert advice for reviewing its field manuals on compliance with IHL, and for translating the ICRC's study on customary IHL into Georgian. It also made expert contributions on IHL-related matters to meetings organized by the Georgian military ahead of the 2022 NATO–Georgia Exercise.

IHL training for the *de facto* armed forces of Abkhazia was postponed to 2022.

University students add to their knowledge of IHL

The ICRC gave the national IHL committee expert guidance and other support for promoting IHL in academic circles in Georgia proper. Roughly 100 law students learnt more about the ICRC's mandate, and domestic implementation of IHL, at ICRC guest lectures. University students competed in a national

moot court competition organized online by the Ministry of Justice and the ICRC. An ICRC article, about legal classification of armed conflict and the international norms applicable, was translated into Georgian and distributed to local universities.

In Abkhazia, the ICRC organized IHL training and competition for university students of law and history.

RED CROSS AND RED CRESCENT MOVEMENT

The Georgia Red Cross Society drew on comprehensive support from the ICRC and other Movement components to carry out its activities and expand its organizational and operational capacities. The National Society and the ICRC worked together to provide family-links services and assist missing people's families and others in need (see *Civilians*).

Aided by the ICRC and the International Federation, the National Society assisted vaccination campaigns against

COVID-19 throughout Georgia proper: it conducted information sessions and distributed leaflets about the vaccine, including to remote communities and members of minority ethnic groups. The National Society used technical advice and other support from the ICRC to expand its capacities in such areas as conducting public communication about the Movement's activities; organizing training in first aid; mobilizing and managing financial and other resources; and carrying out activities in line with the Fundamental Principles and the Safer Access Framework. At the ICRC's recommendation, the National Society established two new branches: one in a remote community, and another in a community consisting mainly of members of a minority ethnic group; it mobilized and trained volunteer groups at these new branches.

The position to bolster the fundraising capacities of National Societies in the region remained vacant.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	26			
RCMs distributed	15			
Phone calls facilitated between family members	15			
Reunifications, transfers and repatriations				
People reunited with their families	19			
People transferred or repatriated	496			
Human remains transferred or repatriated	66			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	40	6	1	2
Tracing cases closed positively (subject located or fate established)	36			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	2,371	385	34	27
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Documents				
People to whom official documents were delivered across borders/front lines	28			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	7			
Detainees in places of detention visited	4,260	304	26	
Visits carried out	10			
		Women	Girls	Boys
Detainees visited and monitored individually	14			
<i>of whom newly registered</i>	1			
RCMs and other means of family contact				
RCMs collected	7			
RCMs distributed	5			
Detainees visited by their relatives with ICRC/National Society support	1			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	477	225	48
	<i>of whom IDPs</i>	1		
Living conditions	People	1,292	821	96
	<i>of whom IDPs</i>	1		
Capacity-building	People	20	20	
Mental health and psychosocial support				
People who received mental-health support		45		
People who attended information sessions on mental health		207		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions ²	People	87		

2. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

GREECE

The ICRC worked in Greece for the first time in 1912 and established a mission in Athens in 2016. It helps migrants, including those detained, restore contact with their families and engages the authorities in dialogue on their access to health care and other services. It urges the pertinent authorities to reinforce their mechanisms to clarify the fate of missing persons and helps strengthen local capacities in managing and identifying human remains. The ICRC promotes support for IHL and its integration into military operations. It supports the Hellenic Red Cross in its organizational development and its provision of family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- Migrants' protection-related concerns were heard and documented by the ICRC. The ICRC sought to raise these issues with the national authorities in Greece, despite operational and other constraints.
- The Hellenic Red Cross maintained its family-links services for migrants, with the ICRC's support. The fate and/or whereabouts of some migrants were ascertained through the concerted efforts of the National Society and the ICRC.
- Forensic professionals, first responders and others were supported to manage and identify human remains. The police were introduced by the ICRC to web-based applications that store and analyse data vital to identification efforts.
- Detained migrants were visited by the ICRC and given phone cards and essential items. The ICRC supported the authorities' efforts to improve health services, and check the spread of COVID-19, in immigration detention centres.
- The Hellenic Armed Forces developed its first IHL manual, with the ICRC's support. Greek military personnel, academics and students strengthened their grasp of IHL at ICRC training sessions or presentations.

EXPENDITURE IN KCHF

Protection	2,148
Assistance	633
Prevention	270
Cooperation with National Societies	87
General	29
Total	3,168
<i>Of which: Overheads</i>	193

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
---------------------------	-----

PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	20



ICRC delegation

PROTECTION	Total
CIVILIANS	
Restoring family links	
Phone calls facilitated between family members	5
Tracing cases closed positively (subject located or fate established)	25
People reunited with their families	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	10
Detainees in places of detention visited	2,837
<i>of whom visited and monitored individually</i>	5
Visits carried out	22

ASSISTANCE	2021 Targets (up to)	Achieved
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People	2,084

CONTEXT

Migrants, including asylum seekers and refugees, reached Greece mainly by crossing the Aegean Sea or the Evros River. Many of them were forced to take hazardous routes: there were several accidents and deaths recorded at sea and at the land border. Although many people continued to leave their countries for Europe, the number of arrivals, and of migrants living on Greek islands had decreased, owing to tighter movement restrictions and stricter border policies implemented by the authorities to regulate migration and check the spread of COVID-19. Many families were still searching for missing relatives. Identifying human remains remained a challenge, partly because of insufficient data and coordination mechanisms.

The 2016 agreement between the European Union (EU) and Turkey still governed the management of migrants arriving in Greece from Turkey. In 2021, Greek authorities implemented new measures to regulate its borders and manage migrants in camps and immigration detention facilities: for instance, a legislative decision to remove minors from places of detention and transfer them to more suitable accommodations; and construction of 'closed controlled-access centres' on the islands.

While waiting for their cases to be processed, many migrants – including unaccompanied minors – lived in camps or were held in administrative detention. Many lost contact with their families and had limited access to health and other services; their physical and mental health was endangered. Migrants endured stringent movement restrictions, and faced procedural and legal hurdles, under new or existing policies combined with measures related to the COVID-19 pandemic, that prolonged their stay in the places mentioned above.

ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of migrants in detention facilities. It strove to improve their living conditions, including their access to health care, while following guidelines for checking the spread of COVID-19. It sought to raise migrants' protection-related concerns with the pertinent national authorities and urge them to ensure that all migrants, regardless of status, were treated in conformity with applicable law. However, because of operational and other constraints, the ICRC had limited opportunities to discuss some of the issues with the Greek authorities. It discussed broadly the plight of migrants with EU officials in Athens, Greece and Brussels, Belgium (see *Brussels*). Plans to help the Hellenic Red Cross carry out protection-related activities – to make migrants safer, for instance – could not be realized because of staffing and other constraints.

The Hellenic Red Cross continued – with training, and technical and material support, from the ICRC – to provide family-links services for migrants. The ICRC helped it to improve its tracing services by providing assistance for restructuring its tracing department, recruiting staff and updating information in the Movement's family-links website. The efforts of the National Society and the ICRC resulted in the fate and/or whereabouts of several missing migrants being ascertained and their families, informed. A family separated during migration was reunited

in Greece, with the ICRC's help. The ICRC helped the National Society produce leaflets for unaccompanied minors – who were about to be relocated, voluntarily, to other countries in the EU by the Greek government, the IOM and others – telling them about the family-links services at their destinations. The ICRC continued to provide forensic professionals, coast guard personnel and other first responders, and others with training, technical guidance and/or material support, for handling human remains properly, in a manner conducive to their identification and in accordance with pertinent data-protection standards. It also introduced the Hellenic Police to web-based applications for storing and analysing information crucial to identifying human remains, with a view to instructing the latter's forensic experts in their use.

The ICRC visited migrants at several places of detention to monitor their treatment and living conditions. It reminded authorities that they must, among others, enable migrants to maintain contact with their families; seek alternatives to detention for minors; and make health services more readily available to migrants. It provided authorities technical and material support to these ends. At ICRC workshops, penitentiary staff learnt how to maintain facilities in places of detention. The ICRC distributed phone cards, hygiene kits, cleaning materials and recreational items to detained migrants. Detaining authorities and the official agency providing health services for migrants (AEMY) were trained by the ICRC to ensure provision of health services, and prevent the spread of COVID-19, at immigration detention centres. The ICRC also donated equipment to make dental services and virtual consultations available at certain places of detention. Vulnerable migrants seeking legal assistance were referred by the ICRC to the Greek Council for Refugees (GCR).

The ICRC strove to advance understanding of and gather support for its work in Greece. It drew attention to humanitarian issues, for instance, in connection with missing people and their families, and health care for detained migrants. It gave the Hellenic Armed Forces support for developing its first IHL manual, which aims to guide the integration of IHL in military training and operations. Training and presentations by the ICRC helped Greek military personnel, academics and students to strengthen their grasp of IHL.

CIVILIANS

The ICRC monitors the situation of migrants

The ICRC continued to monitor the situation of migrants and document their protection-related concerns, including in connection with the principle of *non-refoulement*. It also tracked the humanitarian consequences of migration policies, and movement restrictions. It sought to raise these issues with the authorities, police forces and others concerned, and to remind them that they must do everything necessary to ensure that all migrants, regardless of status, are treated in conformity with applicable law. However, the ICRC's dialogue with Greek authorities over these matters was limited because of operational and other constraints. It used some of the information it gathered in broader discussions on migrants' concerns with EU officials in Athens and Brussels (see *Brussels*).

The ICRC was unable to realize its plans to train the Hellenic Red Cross in carrying out protection-related activities for migrants, and to help the National Society incorporate protection-related work in its regular activities, owing to staffing and other constraints.

The National Society restores family links

The National Society – with material and technical support from the ICRC – continued to work towards resuming its position of leadership in restoring family links for migrants. With the ICRC's assistance, it took steps to improve its tracing services, for instance, by restructuring its tracing department, recruiting staff and updating information in the Movement's family-links website. The National Society and the ICRC organized a workshop at which they devised measures to improve the National Society's family-links services (see *Red Cross and Red Crescent Movement*). The ICRC, together with the International Federation, trained National Society volunteers in restoring family links during emergency situations – for which the National Society drafted a contingency plan.

The ICRC continued, together with the National Society, to help reunite families separated by migration – for instance, by covering the cost of their COVID-19 tests and helping them secure travel documents. The ICRC distributed, at places where migrants were being held, posters publicizing the Trace the Face campaign – an online photo tracing service with a centralized database that focused on migrants who went missing on their way to Europe. The ICRC and the National Society kept up their efforts to locate missing persons; the fate and whereabouts of 25 people were ascertained and relayed to the families concerned.

In 2020, the Greek government, with the support of other European countries and organizations like the IOM and UNHCR, initiated a voluntary relocation programme for asylum seekers, unaccompanied minors and other migrants qualifying for international protection. The ICRC assisted the National Society to produce leaflets telling unaccompanied minors, on their way to other EU countries, about the family-links services available to them at their destinations.

Forensic services expand their capacities

The ICRC continued to support the efforts of forensic professionals, coast guard personnel and other first responders, and relevant authorities to ensure that human remains – including those recovered at sea and along other migration routes to Greece – were handled properly, in a manner conducive to their identification and in accordance with pertinent data-protection standards. Some of these actors were given equipment to expand their forensic capacities. At ICRC workshops, these actors learnt about best practices in managing and identifying human remains. First responders also learnt about the proper recovery of human remains at an information session organized by the ICRC and the University of Athens. The ICRC had manuals, videos and other informational materials on handling the dead – including the bodies of COVID-19 victims – translated into Greek, and distributed them among first responders. It presented to the Hellenic Police web-based applications that store and analyse data

necessary for identifying human remains, with a view to training the latter's forensic practitioners in their use.

The ICRC impressed upon the authorities the importance of addressing the issue of missing people and urged them to develop policies to this end. It presented an ICRC report to authorities and policymakers that described the gaps in the Greek medico-legal system and in domestic legal frameworks covering the issue of missing people. The ICRC explored possibilities for helping the Hellenic Police's missing-persons unit to resolve pending cases of missing migrants, such as establishing mechanisms for coordination and data sharing between them.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detained migrants receive visits and other kinds of support

The ICRC was able to visit migrants at more places of detention than in 2020, when pandemic-related restrictions limited such visits. During their visits, ICRC delegates paid particular attention to migrants with specific needs, such as unaccompanied minors. The ICRC communicated confidentially its findings and recommendations to the detaining authorities and reminded them to ensure migrants' well-being and access to essential services. The ICRC organized workshops to instruct penitentiary authorities on the maintenance of facilities in places of detention. At a round table that it organized with the National School of Judges, the ICRC urged members of the judiciary, the police and others to find alternatives to detention for minors. It referred particularly vulnerable migrants in need of legal assistance to the GCR.

Penitentiary authorities were reminded at ICRC workshops that they must ensure the availability to migrants of viable means of communication. The ICRC assisted their efforts to this end. It donated phone cards for detained migrants and persuaded penitentiary authorities to allow detained migrants to possess mobile phones.

Hygiene and health services in detention facilities improve

The ICRC engaged health authorities, the police and others in dialogue on improving detained migrants' access to adequate health services, and on implementing public-health measures at immigration detention centres; it also helped strengthen their coordination to this end. The ICRC and a Greek university organized a round table at which health and other authorities familiarized themselves with various issues related to health care in detention.

The ICRC provided detaining authorities and the AEMY with technical and material support to provide health services for migrants and protect them against COVID-19. It gave them personal protective equipment (PPE), hygiene items, medicines and other consumables; it supplemented this material aid with informational videos on measures against COVID-19. The ICRC also trained health professionals and penitentiary staff in a broad range of pandemic-related areas: proper use of PPE; hygiene promotion; management of COVID-19 cases; and observance of domestic and international COVID-19 safety protocols. At ICRC training sessions, health staff learnt how to handle situations such as having to deal with psychologically

distressed migrants. The ICRC reiterated to pertinent authorities the importance of vaccinating detained migrants against COVID-19 and supported their efforts to this end. It donated the equipment necessary to make dental services and virtual medical consultations available to migrants at certain immigration detention centres.

The ICRC donated hygiene items, clothes and recreational and household items for 2,084 detainees, to help improve their living conditions.

ACTORS OF INFLUENCE

The ICRC strove to further understanding of and support for its work in Greece, and draw attention to humanitarian issues – for instance, in relation to immigration detention, and missing people and their families. To these ends, it engaged a broad range of actors regularly in dialogue; it organized high-level meetings with members of the Greek judiciary, senior government officials, diplomats and representatives of humanitarian organizations working in Greece.

The ICRC produced articles and social-media posts, and gave interviews to members of the media, with a view to broadening awareness of the humanitarian issues mentioned above among the general public.

Military officers broaden their knowledge of IHL

The ICRC maintained its efforts to promote IHL among members of the Greek military. Drawing on its expertise in IHL, it contributed to the development of the Hellenic Armed Forces' very first IHL manual, which aims to guide the integration of IHL into military training and operations. Greek military personnel strengthened their grasp of IHL at workshops organized by the ICRC and at ICRC-supported events, such as the launch of the Hellenic Armed Forces' IHL

manual. Senior military officers attended an online ICRC course in advanced topics on IHL (see *International law and policy*).

Academics and students develop their understanding of IHL

The ICRC maintained its activities for academics and students, with a view to stimulating discussions on IHL and IHL-related issues. It made presentations on IHL – both online and in person – for law students and post-graduate students at several universities, and for students at a secondary school. It sponsored one academic to pursue an advanced IHL seminar held online (see *International law and policy*).

RED CROSS AND RED CRESCENT MOVEMENT

The Hellenic Red Cross continued to strive to strengthen its governance and compliance structure, and address integrity-related issues, with support from the International Federation and the ICRC. It sought to develop mechanisms and procedures reflective of greater accountability and transparency, and of respect for humanitarian principles and its statutory obligations – for instance, a code of conduct for its members.

The ICRC continued to help strengthen the National Society's organizational capacities – particularly in restoring family links – by providing salary incentives for staff and guidance in matters related to administration, logistics and human resources. At a workshop that it organized with the ICRC, the National Society learnt how it could improve its family-links services (see *Civilians*). The ICRC and the National Society explored the possibility of creating a working group for addressing migrants' needs.

The ICRC coordinated its activities with those of its Movement partners – in such areas as public communication and raising funds – to ensure a coherent response to the humanitarian needs of migrants and to the pandemic.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS (RESIDENTS, IDPS, RETURNEES, ETC.)	Total			
Red Cross messages (RCMs)				
Phone calls facilitated between family members	5			
Reunifications, transfers and repatriations				
People reunited with their families	5			
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	59	9	1	18
<i>including people for whom tracing requests were registered by another delegation</i>	13			
Tracing cases closed positively (subject located or fate established)	25			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	478	88	81	119
<i>including people for whom tracing requests were registered by another delegation</i>	67			
PEOPLE DEPRIVED OF THEIR FREEDOM (ALL CATEGORIES/ALL STATUSES)				
ICRC visits				
Places of detention visited	10			
Detainees in places of detention visited	2,837	84	139	
Visits carried out	22			
		Women	Girls	Boys
Detainees visited and monitored individually	5			2
<i>of whom newly registered</i>	5			2

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	People	2,084	21	148
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	1		

LONDON (regional)

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland

Set up in 2003, the London regional delegation focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British and Irish governments, armed forces and members of civil society and other relevant parties, the ICRC seeks to influence policy and decision-making so as to bolster support for IHL and principled humanitarian action. It visits detainees in selected prisons and supports community-based efforts to mitigate consequences of violence. The ICRC works with the British Red Cross and the Irish Red Cross in various areas, notably to promote IHL and the Movement.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	1,599
Assistance	89
Prevention	2,379
Cooperation with National Societies	536
General	76
Total	4,679
<i>Of which: Overheads</i>	<i>286</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
---------------------------	-----

PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	35

PROTECTION

Total

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	8
Detainees in places of detention visited	4,962
<i>of whom visited and monitored individually</i>	47
Visits carried out	11

Restoring family links

RCMs distributed	4
------------------	---

CONTEXT

The authorities in Ireland and in the United Kingdom of Great Britain and Northern Ireland (hereafter UK) participated in bilateral dialogue, multilateral organizations and forums to tackle a range of issues, including those of humanitarian concern. They helped finance humanitarian activities in conflict-affected countries. As a permanent member of the UN Security Council and of NATO, the UK remained influential in international affairs. Ireland maintained its non-permanent membership of the UN Security Council; its term will end in 2022. London remained a major hub for think tanks, media organizations and NGOs, all of which helped to shape discussions on humanitarian issues and policies.

The British military participated in coalition operations in Iraq and the Syrian Arab Republic (hereafter Syria), supported its partners in other conflicts, and held training programmes with the armed forces of other countries. It ended its presence in Afghanistan in August.

The British government regarded the threat of international “terrorism” in the UK as “substantial”. Paramilitary violence persisted in some communities in Northern Ireland; victims of the past conflict or of ongoing violence struggled to obtain essential support services.

The effects of the COVID-19 pandemic, and of the measures imposed by the governments of Ireland and the UK to contain it, persisted.

The impact of the UK’s withdrawal from the European Union in January 2020 continued to be felt.

ICRC ACTION AND RESULTS

Influential parties are urged to ensure respect for IHL and support humanitarian action

The ICRC kept up its dialogue with government departments, legislators and other decision makers in Ireland and the UK, to help ensure that operational, legal, and policy decisions took humanitarian considerations into account, and reflected respect for IHL and support for the ICRC’s mandate and activities. During briefings, high-level meetings and other events, the ICRC gave the authorities an overview of the perspective of the conflict-affected people that it assisted, notably in Afghanistan and in key contexts in Africa and the Middle East. It also brought up such matters as the application of IHL – for example, among parties with whom the British or Irish government was influential, and in connection with new means and methods of armed conflict (e.g. artificial intelligence; autonomous weapon systems; cyber operations; misinformation, disinformation and hate speech; and the use of weapons in outer space). Other issues raised by the ICRC included: the effects of climate change on conflict-affected people, such as at the 26th UN Climate Change Conference in Glasgow, UK (see also *New York*); support relationships in armed conflict; the international humanitarian aid agenda; and the impact of counter-terrorism legislation on people not or no longer participating in hostilities.

The ICRC discussed with the British armed forces – at strategic, operational and policy levels – issues of humanitarian concern arising from their operations overseas and their partnership with the armed forces of other countries, and the integration of IHL into their training programmes. It pursued dialogue with the Defence Academy of the UK, on the challenges posed for IHL by contemporary armed conflicts. Pandemic-related constraints led to the postponement of some planned initiatives.

At events that it organized or attended, the ICRC discussed – with policymakers, academics and representatives of NGOs, think tanks and community organizations – such subjects as the protection due to civilians under IHL and the combined consequences of conflict and climate change. The archbishop of Canterbury and the ICRC's president made a joint declaration, co-signed by religious and humanitarian leaders, that equitable distribution of COVID-19 vaccines is a humanitarian imperative. Various audiences learnt more about issues of humanitarian concern and the ICRC's work through online articles, videos and other informational materials – produced by the ICRC or by media organizations with whom it was in touch.

Detainees in Ireland and the UK receive ICRC visits

In accordance with its standard procedures, the ICRC visited detainees held under restrictive regimes, including people detained under counter-terrorism legislation, at one prison in Ireland and seven prisons in the UK; these visits were resumed gradually, in view of pandemic-related and other constraints. Findings and recommendations were communicated confidentially to the detaining authorities, in support of their efforts to ensure that detainees' treatment and living conditions complied with domestic law and met internationally recognized standards. The ICRC encouraged the authorities to facilitate regular contact between detainees and their families.

The ICRC relayed advice to the authorities, on medical ethics in the provision of health care to detainees. It also discussed with them means to address detainees' mental-health needs, including in relation to the pandemic.

The ICRC expanded its contact with families of people detained under counter-terrorism legislation, or alleged to have been involved in fighting abroad, and the organizations representing them, with a view to understanding the families' needs more fully. Whenever necessary, it referred them to other organizations for appropriate assistance. It discussed the concerns of these families with the pertinent authorities.

Community-based organizations are given support to help violence-affected people in Northern Ireland

Four community-based organizations in Northern Ireland, with financial and technical input from the ICRC, maintained their capacities in preventing violence or mitigating its consequences – for example, by mediating to defuse threats made by paramilitary groups against individuals. Personnel from these organizations underwent ICRC training, including refresher training, on acting as neutral intermediaries, managing risks and providing psychosocial support. Ahead of its gradual reduction of assistance to the organizations, starting in 2022, the ICRC helped them finish drafting their sustainability plans, including for fundraising, and strove to mobilize relevant actors to provide them with support.

The ICRC endeavoured to discuss with the authorities, police and paramilitary groups in Northern Ireland the situation of violence-affected communities, and the humanitarian activities of the Movement and community-based organizations. Because of pandemic-related and other constraints, however, it had to postpone several meetings with these actors, and the workshops for paramilitary groups, on the ICRC's *Roots of Restraint in War* study.

National Societies and the ICRC work together to restore family links

The ICRC gave the National Societies in Ireland and the UK technical support for providing family-links services. The British Red Cross and the ICRC coordinated their activities to restore family links, particularly for families in the UK with relatives in camps and places of detention in Syria (see *Syrian Arab Republic*). They also sought to assess the needs of people whose relatives were alleged to have been involved in fighting in other countries. In view of developments in Afghanistan (see *Afghanistan*), the British Red Cross, the Irish Red Cross and the ICRC engaged the pertinent authorities in dialogue on, among others, the need to prevent family separation and loss of family contact, and handled enquiries from Afghans in Ireland and the UK.

The two National Societies and the ICRC worked together to: influence policy and decision-making pertinent to IHL and principled humanitarian action; promote the Movement; and raise funds. They established a tripartite working group to respond to humanitarian needs in Northern Ireland. In line with this, personnel from both National Societies were trained by the ICRC in providing psychological first aid and furthering the incorporation of the Safer Access Framework into their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
Tracing requests, including cases of missing persons		Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	4,962			
Visits carried out	11			
		Women	Girls	Boys
Detainees visited and monitored individually	47			
<i>of whom newly registered</i>	11			
RCMs and other means of family contact				
RCMs distributed	4			

MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation

The Moscow regional delegation was opened in 1992. In the countries covered, it promotes the implementation of IHL and other relevant norms and their integration into domestic frameworks; fosters understanding of the ICRC's mandate and work; and helps the National Societies build their capacities, particularly in the fields of emergency preparedness and restoring family links.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF	
Protection	1,403
Assistance	318
Prevention	2,964
Cooperation with National Societies	951
General	90
Total	5,726
Of which: Overheads	349
IMPLEMENTATION RATE	
Expenditure/yearly budget	83%
PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	57

CONTEXT

The Russian Federation continued to play a prominent role in international affairs – in particular, as a permanent member of the UN Security Council, and through its role in the Commonwealth of Independent States (CIS) and the Collective Security Treaty Organization (CSTO). Following the intensification of the Nagorno-Karabakh conflict in late 2020 (see *Armenia* and *Azerbaijan*), the Russian Federation brokered a ceasefire between the sides, which led to the deployment of Russian peacekeeping forces. The Russian Federation co-chaired the Minsk Group of the Organization for Security and Cooperation in Europe (OSCE). The Minsk Group led the OSCE's efforts to find a peaceful solution to the Nagorno-Karabakh conflict. Together with the Islamic Republic of Iran and Turkey, the Russian Federation facilitated the Astana talks to end the armed conflict in the Syrian Arab Republic (hereafter Syria; see *Syrian Arab Republic*); it continued to provide military and other support to the Syrian government. It participated in the Trilateral Contact Group on Ukraine (see *Ukraine*), which discussed diplomatic solutions to the armed conflict in Donbas.

A number of people in the Russian Federation remained without news of relatives missing in connection with past conflicts in the country or armed conflict in the wider region.

In Belarus, political tensions arising from the presidential elections of August 2020, and arrests related to these tensions, continued. Migrants – from the Middle East and elsewhere – stranded at Belarus's borders with Poland and Lithuania found themselves in a very difficult situation.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	19
RCMs distributed	32
Phone calls facilitated between family members	310
Tracing cases closed positively (subject located or fate established)	37
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs collected	4
RCMs distributed	4

In the Republic of Moldova (hereafter Moldova), people living or working near ammunition storage facilities continued to be at risk from unplanned explosions.

ICRC ACTION AND RESULTS

The ICRC advocates protection for conflict-affected people

In all its engagement with them, the ICRC reminded the Russian authorities of the various kinds of protection afforded by IHL, but particularly of the protection granted to people who were not or who were no longer participating in hostilities – in the Nagorno-Karabakh conflict, and in the conflicts in Syria, Ukraine and other contexts of interest to the Russian Federation. It discussed various matters with senior officials from the Russian defence ministry, such as contemporary challenges for IHL and how best to influence behaviour towards compliance with IHL. It participated in a working group for releasing detainees, handing over bodies, and identifying missing persons, all within the framework of the Astana talks.

In Belarus, the ICRC continued to offer the authorities its expertise – particularly in connection with internationally recognized standards for policing and the use of force. In July, personnel from the internal affairs ministry learnt more about such standards during an ICRC workshop.

The ICRC discussed with Moldovan authorities the threat of unplanned explosions at ammunition storage sites and broadened awareness of this threat among other national and

international actors. It trained military personnel in the safe storage and management of stocks of chemicals.

Influential parties are urged to respect IHL and support humanitarian action

The ICRC used both traditional and digital media – and pursued various forms of engagement with the authorities, decision makers and other actors of influence in the countries covered – to gather support for its humanitarian work throughout the world, IHL and other applicable norms, and humanitarian principles. It organized, or participated in, numerous events that tackled issues of humanitarian concern such as climate change and conflict, cyber security, and autonomous weapon systems.

The ICRC pursued efforts to promote compliance with IHL and its integration into the training and operations of the armed forces in the region and of regional bodies such as the CSTO and the CIS. It briefed senior CSTO officers on IHL and the conduct of hostilities. The ICRC attended the Zapad strategic military exercises, in Belarus and the Russian Federation, as an observer; its attendance enabled it to meet with defence ministry officials and foreign military attachés. Officials from the legal department of the Moldovan defence ministry attended a regional meeting on IHL that was organized by the ICRC with CIS legal officers. A Moldovan peacekeeping contingent learnt more about IHL in peacekeeping operations through ICRC training.

In the countries covered, the ICRC continued to make its legal expertise available to the authorities. It advocated incorporation of IHL provisions and/or IHL-related treaties in domestic law. It provided expert advice for the drafting of a Russian law on the red cross emblem. It involved think tanks, universities, academics and students in various activities, with a view to developing interest and expertise among them in IHL and drawing their attention to issues of humanitarian concern. Teams of students from Belarus, Kazakhstan, the Russian Federation, Tajikistan and Uzbekistan participated in an online quiz on IHL organized by the ICRC. The ICRC and a Russian university held a round table, at the Humanitarium in Moscow, on the provision of health care during armed conflict; there was some in-person participation, but some 80 people took part online.

Efforts to address the issue of missing people continue

The ICRC continued to pursue efforts to resolve missing-persons cases linked to past or ongoing armed conflicts. Support was given to a Russian NGO for following up missing-persons cases and/or collecting DNA samples from relatives of missing people. The ICRC sought, through training and other support, to develop capacities among forensic specialists in the Russian Federation. As part of an organization-wide project to establish professional standards for addressing the issue of missing people and responding to their families'

needs (see *Operations*), the ICRC arranged several experts' meetings, workshops and other events. In May, to mark the 150th anniversary of the Central Tracing Agency, it organized an online conference on the global response to the issue of missing people. In September, a hybrid (in-person and online) conference organized by the ICRC brought together some 500 relatives of missing people from throughout the world. Some 300 people took part in ICRC webinars to help missing people's families cope with their situation.

In the Russian Federation, the ICRC trained 13 representatives of local NGOs in mental-health and psychosocial support for the children and/or other relatives of people alleged to have been involved in fighting in other countries. The ICRC discussed with Russian Red Cross Society staff the ICRC's activities in this regard and the distinct needs of repatriated children.

The Movement delivers humanitarian services for migrants and others in need

The ICRC sought to work with the National Societies in the Russian Federation and Belarus, the International Federation, and to the extent possible, with the Red Cross Society of the Republic of Moldova. It gave them support to increase their collective impact in such areas as first aid, emergency response and communication campaigns on COVID-19. In coordination with the International Federation and other Movement partners, the ICRC provided financial and other support for the Belarusian Red Cross Society's response to the humanitarian needs of migrants stranded at its borders (see *Context*). This support included buying face masks and hygiene items, as protection against COVID-19, for distribution among migrants and for use by National Society staff and volunteers. The ICRC-supported family-links services of the National Societies in Belarus and the Russian Federation helped members of families separated by conflict, migration or other circumstances to restore or maintain contact with relatives. The ICRC continued to provide financial assistance for covering the running costs of the Russian Red Cross's tracing services.

Support for the St Petersburg branch of the Russian Red Cross, to provide free legal consultations and other humanitarian aid to migrants, had ended by September. The National Society drew on ICRC expertise to draft a strategy to guide its work for migrants. Russian authorities, representatives of NGOs, and others working on migration-related matters discussed issues of common concern at a round table organized by the ICRC and the St Petersburg branch of the Russian Red Cross.

While carrying out the activities mentioned above, the ICRC continued to take all the measures necessary to check the spread of COVID-19, in accordance with domestic and international guidelines. Several plans – to engage with influential actors, for instance – had to be postponed because of pandemic-related restrictions and other constraints.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	19			
RCMs distributed	32			
Phone calls facilitated between family members	310			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	33	7	9	10
Tracing cases closed positively (subject located or fate established)	37			
Tracing cases still being handled at the end of the reporting period (people)	3,211	250	200	276
<i>including people for whom tracing requests were registered by another delegation</i>	29			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	4			
RCMs distributed	4			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total		
Mental health and psychosocial support			
People who attended information sessions on mental health	2		
People trained in mental-health care and psychosocial support	13		

PARIS (regional)

COVERING: Andorra, Cyprus, France, the Holy See, Italy, Malta, Monaco, Portugal, San Marino and Spain (with specialized services for other countries)

With a formalized presence since 2000, the Paris regional delegation engages in dialogue on IHL and humanitarian concerns with the authorities, military and academic circles and third-country representatives, raising awareness of the ICRC's mandate and mobilizing political and financial support for its activities. It visits people held by international tribunals and follows up on former internees of the US detention facility at Guantanamo Bay Naval Station, Cuba. With National Societies, it helps migrants and people separated by conflicts abroad restore family links, and offers guidance on human remains management. It partners with National Societies in their international activities and IHL promotion.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	3,254
Assistance	-
Prevention	2,345
Cooperation with National Societies	256
General	37
Total	5,892
<i>Of which: Overheads</i>	<i>360</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
---------------------------	-----

PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	29

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	7
RCMs distributed	31

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	9
Detainees in places of detention visited	21
<i>of whom visited and monitored individually</i>	18
Visits carried out	12

Restoring family links

RCMs collected	8
RCMs distributed	10

CONTEXT

European countries, individually or through multilateral bodies, continued to drive diplomatic initiatives and influence policy debates and decision-making concerning humanitarian action. France and other European countries participated in military operations in Africa, the Middle East and elsewhere.

Some people alleged to have been involved in fighting elsewhere, or their relatives, returned to their countries of origin.

Migrants, including refugees and asylum seekers, continued to attempt dangerous journeys to Europe from North Africa and the Middle East. They were vulnerable to abuse in both transit and destination countries, and often lost contact with their families. Some of them were held at administrative detention facilities for indefinite periods of time and their movements restricted. Identifying human remains from maritime accidents was a challenge, owing, *inter alia*, to insufficient information and coordination among national and regional authorities. Although many families were still waiting for news of missing relatives, various stakeholders advanced the development of systems to respond to this need.

Movement restrictions, and other measures to contain the spread of COVID-19, were in effect in many countries.

ICRC ACTION AND RESULTS

The ICRC took precautions against COVID-19 in all its activities, some of which were cancelled or postponed to 2022.

The ICRC broadens support for IHL and humanitarian action

The ICRC engaged in humanitarian diplomacy to promote IHL and gather political and financial support for its work – throughout the world – among national authorities, armed forces, multilateral organizations and other influential parties. It urged states to ensure that their policies and decision-making took humanitarian considerations into account, and discussed various issues with them, such as protection for principled humanitarian action against the effects of sanctions and counter-terrorism measures; the humanitarian consequences of military operations against the Islamic State group in Iraq and in the Syrian Arab Republic; cyber warfare; and new weapon technologies.

At the Paris Peace Forum, the ICRC's president drew attention to the ICRC's activities for conflict-affected people, who remain particularly vulnerable to shocks such as the COVID-19 pandemic and climate change; he stressed the need for all actors to work together to invest in sustainable humanitarian action and close the inequality gap. For the first time, the ICRC's president was invited to discuss humanitarian protection-related concerns with the Parliamentary Assembly of the Organization for Security and Co-Operation in Europe.

The ICRC used various means to broaden awareness of IHL, and gather support for its activities, among civil society: a photo exhibit on urban warfare, and an IHL competition and summer course organized with the Turkish Red Crescent Society and the Istanbul Centre of International Law; news releases; and social media, blogs and other public communication, also produced in French, for the benefit of the French-speaking public.

The ICRC discussed IHL with European militaries and – during high-level meetings with senior members of the armed forces and at international conferences – provided expert advice on integrating IHL provisions into military operations. It briefed the French armed forces on its activities in the Sahel region and the Middle East and impressed upon them the necessity of ensuring respect for IHL in joint military operations. Training, predeployment briefings, and guest lectures at staff colleges and doctrine centres, by the ICRC, enabled French and Italian troops to add to their knowledge of IHL.

Together, European National Societies and the ICRC promoted IHL and urged states to implement the provisions of treaties on nuclear weapons and the arms trade.

Efforts to address the plight of migrants and families of the missing continue

The humanitarian consequences of migration and asylum policies, and the necessity of preserving family links, remained subjects of the ICRC's dialogue with the pertinent authorities who were reminded of their responsibilities under international law towards refugees, asylum seekers and other migrants. Movement components met periodically to coordinate activities related to migrants.

The ICRC shared its views on immigration detention at a webinar, which it organized with the Swedish and Bulgarian National Societies and which was attended by European authorities and other National Societies. National Societies assisting detained migrants, particularly in Malta and Lithuania, were given guidance by the ICRC to incorporate the basic principles of protection work in their activities and to develop dialogue with authorities on such matters as alternatives to detention, especially for children.

Together, various National Societies and the ICRC helped members of families separated by migration or other circumstances to reconnect. Training sessions for National Societies covered subjects such as family-links services during the pandemic and other crises; and analysis of complex, transregional patterns of migration. The ICRC also helped interested National Societies to implement Trace the Face – an online service that used photos to trace missing migrants – and supported their other efforts to reunite dispersed families.

The ICRC sought to ascertain the fate of missing people in order to provide answers to their families. The Paris delegation, with other ICRC delegations working along the Mediterranean

migration route, fostered coordination among authorities, National Societies and other stakeholders, with a view to properly handling and identifying human remains – such as the remains of migrants who died in a maritime accident off the coast of Catania in 2015. A pilot project, jointly managed by the Spanish Red Cross and the ICRC, was implemented to help identify people lost at sea on the migration route to the Canary Islands; this will serve as a model for replication at other points in Spain. With a French technological institute, the ICRC developed two mobile applications to help National Societies manage data for forensic imaging.

Aided by the ICRC, the French Red Cross developed an online course on mental-health and psychosocial support for their volunteers, with a view eventually to helping people with missing relatives to cope with their situation.

Vulnerable detainees, returnees and ex-detainees are followed up

The ICRC continued to visit people detained by international tribunals based in The Hague, Netherlands; it stayed in touch with detainees via video and telephone calls, together with the detaining authorities, after it was decided to suspend in-person visits owing to the resurgence of COVID-19. The ICRC and the authorities discussed such matters as geriatric and palliative care; access to rehabilitation for prisoners serving long-term sentences; and prevention/containment of COVID-19. At the ICRC's recommendation, the authorities continued to arrange video calls between detainees and their relatives.

The ICRC checked on the treatment and living conditions of a number of people detained in connection with “terrorism” or conflict elsewhere. It discussed with the French and Italian authorities the possibility of securing access to all detainees in these categories, and explained to them the importance of vaccinating detainees against COVID-19. With National Societies, the ICRC helped detainees maintain contact with their families through RCMs.

The authorities were urged by the ICRC to respond – in accordance with existing legal frameworks – to the protection-related concerns of citizens of European countries who had returned after allegedly being involved in fighting abroad and those of their families. At their invitation, the French Red Cross and the ICRC explained the movement's humanitarian work, particularly its family-links services, to government child-protection personnel in charge of returned and repatriated children. These services enabled a few repatriated children to communicate with their relatives in the Middle East.

The ICRC followed up the situation of people who were resettled in Europe after their release from US detention facility at the Guantanamo Bay Naval Station in Cuba. Owing to pandemic-related travel restrictions, no family visits were arranged for them.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		7	7		
RCMs distributed		31	31		
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		9			
Detainees in places of detention visited		21	9		
Visits carried out		12			
			Women	Girls	Boys
Detainees visited and monitored individually		18	6		
	<i>of whom newly registered</i>	12	4		
RCMs and other means of family contact					
RCMs collected		8			
RCMs distributed		10			

TASHKENT (regional)

COVERING: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

The ICRC has been present in Central Asia since 1992. It supports the implementation of IHL and other relevant norms, and fosters understanding of the ICRC's work. In Kyrgyzstan, it visits detainees and helps the authorities improve their treatment and living conditions. In Tajikistan, it works with the National Society to assist families of persons missing in connection with past conflict and other violence in the country or with fighting abroad, and to conduct risk education sessions in mine-affected communities. It also seeks to assist people with physical disabilities in Tajikistan. It assists National Societies in building their capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- In Kazakhstan, Kyrgyzstan and Tajikistan, the ICRC pursued efforts to make mental-health and psychosocial support available to the children of people alleged to have been involved in conflicts elsewhere.
- Following advocacy by the ICRC, authorities in Tajikistan permitted family visits for children repatriated from Iraq in 2019. The ICRC helped cover the transport costs and other expenses of the visiting relatives.
- In Tajikistan, wounded and sick people, and persons with disabilities, obtained adequate care at ICRC-supported health facilities, some of which also received material aid for tackling COVID-19.
- Military and security forces personnel in the five countries covered – including those bound for peacekeeping missions – learnt more about IHL and other applicable norms, and international policing standards, at ICRC events.
- Most of the ICRC's assistance activities at places of detention in Kyrgyzstan came to an end in 2021. However, the ICRC pursued some efforts to ensure that detainees had access to adequate health care.
- Following the armed confrontations between Kyrgyzstan and Tajikistan, the ICRC reinforced its assistance for the National Societies in both countries and worked with them to address the humanitarian needs of the people affected.

EXPENDITURE IN KCHF

Protection	2,977
Assistance	1,975
Prevention	1,746
Cooperation with National Societies	988
General	114
Total	7,800
<i>Of which: Overheads</i>	<i>476</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
---------------------------	-----

PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	125



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	27
RCMs distributed	24
Phone calls facilitated between family members	2,374
Tracing cases closed positively (subject located or fate established)	9

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	1
Detainees in places of detention visited	242
<i>of whom visited and monitored individually</i>	6
Visits carried out	1

Restoring family links

RCMs collected	15
RCMs distributed	14

ASSISTANCE

CIVILIANS

Economic security

Income support ¹	People		208
-----------------------------	--------	--	-----

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	5	8
---------------------	------------	---	---

Physical rehabilitation

Projects supported	Projects	4	4
--------------------	----------	---	---

1. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The governments of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan repatriated family members (mostly women and children) of citizens alleged to have been involved in conflicts elsewhere, particularly in Iraq and the Syrian Arab Republic (hereafter Syria). In a few cases, men were also repatriated.

Demarcation of borders and competition over natural resources remained sources of tension and violence in the region. In late April 2021, armed clashes involving military and security forces, took place between Kyrgyzstan and Tajikistan; a ceasefire was agreed upon in early May 2021. Issues of regional concern and interest included the broader effects of the humanitarian situation in Afghanistan (see *Afghanistan*), the COVID-19 pandemic, and migration and other economic and socio-political matters.

In Kyrgyzstan, the legitimacy of the parliamentary elections of October 2020 was disputed and led to mass protests and, eventually, the resignation of the president. New parliamentary and presidential elections, and a constitutional referendum, took place in 2021.

The five countries covered remained involved, to varying degrees, with multilateral bodies such as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States (CIS), the Eurasian Economic Union, the European Union and the Shanghai Cooperation Organization (SCO). Turkmenistan participates in the CIS as an associate member state.

The consequences of past armed conflict and other situations of violence were still felt in Kyrgyzstan and Tajikistan.

Certain communities in Tajikistan, particularly along the borders with Afghanistan and Uzbekistan, remained at risk from mines and explosive remnants of war (ERW).

ICRC ACTION AND RESULTS

The ICRC addressed the needs of various groups of people in the region: relatives of people alleged to have been involved in conflicts abroad; missing people's families; and the wounded, the sick and persons with disabilities in Tajikistan. It pursued engagement with authorities, military and security forces personnel and other influential actors in the region; the aim was to broaden acceptance for its work and secure support for IHL and other applicable norms and international policing standards. The structure supporting the ICRC's operations in Afghanistan was moved from Dushanbe, Tajikistan, to Tashkent, Uzbekistan, by the end of the year (see *Afghanistan*).

The ICRC monitored, and/or discussed with Central Asian governments, the situation of people alleged to have been involved in conflicts elsewhere and that of their families; it offered these governments its humanitarian assistance. Children of women from Kyrgyzstan detained on conflict-related charges in Iraq were repatriated by the government of Kyrgyzstan; by the end of July, the government had reunited all these repatriated children with their families in Kyrgyzstan. The ICRC provided support for this process. Following advocacy by the ICRC, authorities in Tajikistan permitted family visits for

children repatriated from Iraq in 2019. The ICRC helped cover the transport costs and other expenses of the visiting relatives.

An "accompaniment" programme in Tajikistan, undertaken by the ICRC with local partners, made psychosocial support, and referrals to service providers, available to families of people missing from past conflict, migration or after alleged participation in a conflict abroad.

In Kazakhstan, Kyrgyzstan and Tajikistan, the ICRC endeavoured to make mental-health and psychosocial support available to the children of people alleged to have been involved in conflicts elsewhere. Following the armed clashes between Kyrgyzstan and Tajikistan, the ICRC was able to provide mental-health and psychosocial assistance for National Society staff and volunteers in Kyrgyzstan who were assisting those affected by the violence. In Tajikistan, the ICRC conducted sessions on first aid and safer behaviour for border communities and on mental-health and psychosocial support for National Society volunteers, teachers and schoolchildren in areas affected by the violence. In addition, the ICRC and the Red Crescent Society of Tajikistan provided ad hoc assistance to respond to the humanitarian needs of those with particular vulnerabilities among the population affected by the violence.

In Tajikistan, the ICRC assisted hospitals in areas bordering Afghanistan and Kyrgyzstan with emergency medical supplies, equipment and items for preventing and controlling infections to facilitate adequate and timely care for the sick and the wounded and/or to deal with the pandemic. The ICRC also provided remote hospitals and other health facilities in border areas with medical refrigerators and cold-storage containers in support of their vaccination campaigns against COVID-19. Medical personnel in Kyrgyzstan and Tajikistan attended ICRC training in trauma care. Disabled people in Tajikistan obtained rehabilitative care at ICRC-supported orthopaedic centres.

In Kyrgyzstan, most of the ICRC's assistance activities at places of detention came to an end in 2021. However, the ICRC pursued some efforts to ensure that detainees had access to adequate health care.

Aided by the ICRC, forensic professionals and forensic institutions in Kyrgyzstan and Tajikistan developed their ability to manage human remains.

National Societies in the region implemented their activities with support from the ICRC and other Movement partners. Members of families separated by migration, detention or other circumstances restored or maintained contact through the Movement's family-links services. In Tajikistan, people in mine-affected communities – including school-children – learnt safe practices through information sessions organized by the Tajikistan Red Crescent with the ICRC's support.

CIVILIANS

Repatriated children are reunited with their families

The ICRC monitored, and/or discussed with Central Asian governments, the situation of people alleged to have been involved in fighting elsewhere and that of their families; it

offered these governments its humanitarian assistance. In March, 79 children of women from Kyrgyzstan – detained on conflict-related charges in Iraq – were repatriated by the government of Kyrgyzstan. By the end of July, the government had reunited all these repatriated children with their families in Kyrgyzstan. The ICRC provided support for this process: for instance, it gave one-off cash assistance to the family of each repatriated child, to help them cover their expenses. Following advocacy by the ICRC, the authorities in Tajikistan permitted family visits for children repatriated in 2019 from Iraq. The ICRC helped cover the transport, accommodation, and other expenses of the visiting relatives. It also provided the repatriated children from economically vulnerable families with essential items, including clothes, shoes and hygiene and educational items. Two centres accommodating repatriated children received PPE and disinfectants, as protection against COVID-19, from the ICRC. In Tajikistan, the ICRC provided 18 families (57 people) of returnees from conflict areas abroad with cash grants, with a view to helping facilitate their social reintegration. Some families were referred to external service providers who could give them the help they need.

Members of families separated by migration, detention or conflicts elsewhere restored or maintained contact through RCMs, tracing and other Movement family-links services. Training and other support from the ICRC helped staff and/or volunteers of the National Societies to strengthen their capacities in providing family-links services. The Kazakh Red Crescent Society, with the ICRC's assistance, enabled migrants in immigration detention centres in Kazakhstan to phone their families.

Missing people's families and other vulnerable people are given psychosocial and other support

The ICRC reminded the authorities in Tajikistan of the families' right to know the fate of missing relatives. Aided by the ICRC, the Red Crescent Society of Tajikistan held information sessions – for the authorities – on the humanitarian consequences of the loss of family contact. The ICRC continued to offer the authorities in Kyrgyzstan technical support for implementing laws concerning the rights of missing people and their families.

In Tajikistan, an “accompaniment” programme undertaken by the National Society, the ICRC and local NGOs enabled some 750 people whose relatives were missing in connection with the past conflict/other violence or migration – or were alleged to have been involved in conflicts abroad – to obtain psychosocial care through support groups, home visits or other means. Within the framework of the programme, 320 beneficiaries were referred to local service providers for administrative, legal, medical or other support. The ICRC provided “accompaniers” under this programme with training and mentoring. It helped missing people's families to organize activities to memorialize their missing relatives. It provided food parcels for 49 families of missing people (245 people), who lost a family member since the beginning of the COVID-19 pandemic.

The ICRC provided training in mental health and psychosocial support for teachers and other staff at state facilities accommodating repatriated children in Tajikistan. The ICRC trained

medical workers and first responders in Tajikistan to become more capable of managing their own stress and/or providing psychological first aid to others during emergencies.

In Kazakhstan, the ICRC began to provide training in mental health and psychosocial support for mental health professionals and key community actors involved in the social reintegration of families of people alleged to have been involved in fighting elsewhere. In Kyrgyzstan, the children repatriated from Iraq were given mental health and psychosocial support directly by ICRC staff members or by ICRC-supported professionals. Plans to train National Society staff in psychological self-care, and in providing psychological first aid for others during emergencies, could not be fully realized, because of the ICRC's decision to focus on assisting the repatriated children. However, following the armed clashes between Kyrgyzstan and Tajikistan, the ICRC was able to provide mental health and psychosocial assistance for National Society staff and volunteers in Kyrgyzstan who were assisting those affected by the violence. In Tajikistan, the ICRC conducted sessions on first aid and safer behaviour for border communities and on mental-health and psychosocial support for National Society volunteers, teachers and schoolchildren in areas affected by the violence. In addition, the ICRC and the Red Crescent Society of Tajikistan provided ad hoc assistance to respond to the humanitarian needs of those with particular vulnerabilities among the population affected by the violence.

People in mine-affected communities learn safe practices

Some 29,900 people in mine-affected communities in Tajikistan learnt safe practices around mines/ERW through information sessions organized by the Tajikistan Red Crescent with ICRC support. Information on COVID-19 was often incorporated in these sessions. To further raise awareness of the risk of mines, the National Society and/or the ICRC held drawing and essay competitions on mine-risk awareness among 1,600 children at 17 schools in mine-affected areas. The ICRC helped conduct training in self-protection against stray bullets – which included sessions on the risks associated with mines and ERW – for community leaders in areas along Tajikistan's border with Afghanistan, and its border with Kyrgyzstan. The ICRC held a round table on mines and ERW for local authorities in Khorog.

ICRC training enabled National Society staff and volunteers to become more alert to the dangers of weapon contamination, and knowledgeable about safe practices around mines, and helped them to become more capable of broadening public awareness in these matters. The National Society and the ICRC participated in coordination meetings and other events related to mine action organized by the authorities and/or others.

Forensic actors bolster their capacities

The ICRC continued to pursue efforts to promote best practices in the management of human remains in Kyrgyzstan and Tajikistan. Forensic professionals and forensic institutions in these two countries developed their ability to manage human remains with various kinds of ICRC support, such as training and donations of PPE, and tools for autopsies and other equipment. In Kyrgyzstan, the ICRC provided training in managing human remains for officials from the interior ministry, the ministry of

emergency situations, the Red Crescent Society of Kyrgyzstan, and the local forensic bureau. In Tajikistan, the ICRC engaged authorities in dialogue on incorporating training in human-remains management in the curriculum of the Republican Learning Centre under the committee of emergency situations. In October, an interministerial round table – convened upon

the ICRC's initiative and conducted with support from the ICRC regional forensic advisor – was organized to discuss the newly elaborated standard operating procedures for the management of human remains. The process of finalizing the procedures progressed with ICRC assistance.

CIVILIANS	Kazakhstan	Kyrgyzstan	Tajikistan
RCMs and other means of family contact			
RCMs collected		7	20
<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>			2
RCMs distributed		6	18
<i>including from UAMs/SC</i>			2
Phone calls facilitated between family members	2,341	30	3
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		1	642
<i>of whom women</i>			28
<i>of whom minors at the time of disappearance – girls</i>			11
<i>of whom minors at the time of disappearance – boys</i>			50
Tracing cases closed positively (subject located or fate established)		1	8
Tracing cases still being handled at the end of the reporting period (people)	42	308	3,153
<i>of whom women</i>	14	68	112
<i>of whom minors at the time of disappearance – girls</i>	10	83	73
<i>of whom minors at the time of disappearance – boys</i>	10	83	214
<i>including people for whom tracing requests were registered by another delegation</i>		1	6

PEOPLE DEPRIVED OF THEIR FREEDOM

In Kyrgyzstan, the ICRC visited – in accordance with its standard procedures – a place of detention under the authority of the internal affairs ministry and the justice ministry. It concluded its systemic support for the State Service for the Execution of Punishments (SSEP) in May.

Detainees in Kyrgyzstan, Tajikistan and Uzbekistan were visited by relatives with ICRC support; the ICRC covered the families' expenses, including the costs of COVID-19 testing. In Tajikistan, the ICRC provided the families with soap and masks, as protection against COVID-19.

The ICRC assists efforts to prevent the spread of COVID-19 in detention facilities

Most of the ICRC's assistance activities at places of detention in Kyrgyzstan came to an end in 2021. However, the ICRC still pursued some efforts to ensure that detainees had access to adequate health care. It met with the health ministry, the SSEP and the internal affairs ministry, and impressed upon them the necessity of including detainees in the national vaccination plan. It trained health staff from the SSEP and the internal affairs ministry in vaccinating people against COVID-19. Cold-storage containers for transporting vaccines and/or other perishable materials were donated to places of detention under the SSEP and the internal affairs ministry. A total of 2,000 COVID-19 rapid antigen tests were provided to places of detention under SSEP, and 11 refrigerators were provided to places of temporary detention. A detention facility in Osh was given basic medical equipment.

The ICRC monitored the management of TB services at places of detention (which it handed over to the authorities in 2020),

with a view to ensuring the continuity and sustainability of these services and tracking the epidemiological situation. It gave the authorities ad hoc support: for instance, it delivered ancillary medicines for TB patients at one detention facility.

The ICRC donated bedding, hygiene items, books and/or recreational items for detainees at several places of detention. It assisted the authorities to transfer detainees serving life sentences from one facility to a dormitory. It monitored the development of legislation to improve conditions for detainees serving life sentences.

WOUNDED AND SICK

In Kyrgyzstan, ICRC training enabled 20 medical personnel in the Batken region to reinforce their capacities in trauma care. The ICRC also conducted such training for 57 medical staff, students and others in Tajikistan. In line with the goals of the Health Care in Danger initiative, participants in these training courses were told about the protection due to people seeking or providing health care. With the pertinent National Society whenever possible, the ICRC organized first-aid training for armed forces and security forces personnel, and for community members, in the region (see *Actors of influence*).

In Tajikistan, emergency medical supplies, equipment, and items for preventing and controlling infections from the ICRC enabled eight hospitals in areas bordering Afghanistan and Kyrgyzstan to provide adequate and timely care for the sick and the wounded and/or to deal with the pandemic. The ICRC provided 46 health facilities in border areas with medical refrigerators and cold-storage containers in support of their vaccination campaigns against COVID-19; 29,618 doses of COVID-19 vaccines were provided.

Some 1,360 persons with disabilities² obtained rehabilitative care, including physiotherapy and fitting of assistive devices, at three ICRC-supported state-run orthopaedic centres in Dushanbe, Khujand and Kulob. Less people were reached than planned, owing to pandemic-related constraints. An ICRC assessment of service provision was cancelled, owing to pandemic-related travel restrictions. The ICRC conducted four training sessions on the production and fitting of prosthetics and orthotics for staff at the state-run centres.

The ICRC assisted the efforts of the National Union of Persons with Disabilities of Tajikistan (NUPWDT) to advance the social inclusion of disabled people. For instance, ICRC-trained members of the NUPWDT conducted information sessions for members of civil society on disability and on the ICRC's career development programme for persons with disabilities. The ICRC provided support to the NUPWDT to organize sport-related activities for persons with disabilities in Khatlon and Sughd, as well as at Dushanbe's district level.

ACTORS OF INFLUENCE

The ICRC pursued various forms of engagement with authorities, military and security forces personnel and other influential actors in the region; the aim was to broaden acceptance for its work and secure support for IHL, international human rights law and other applicable norms, and international policing standards. Where possible, these activities took place in person, and in line with COVID-19 safety protocols.

Military and security forces strengthen their grasp of IHL and other applicable norms

The authorities and military and security forces personnel in the countries covered – including peacekeepers bound for missions in other countries – and other key actors learnt more about the ICRC, IHL and other applicable norms, and international policing standards through seminars, customized courses and meetings organized by the ICRC. In Kyrgyzstan and Tajikistan, the ICRC sought to expand its engagement with the defence ministries and border troops, in light of the armed clashes between the two countries (see *Context*). Military and police officers, border troops and other actors in Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan bolstered their first-aid capacities through training organized by the ICRC and/or the pertinent National Society; these sessions sometimes included information about the Movement, the Fundamental Principles and IHL. First-aid kits were given to border troops in Kyrgyzstan and to the defence ministry in Tajikistan. The ICRC served as an observer at CSTO military exercises that took place at a training ground in Tajikistan near the border with Afghanistan; approximately 4,000 military personnel from CSTO member states took part in the exercises.

In Kazakhstan, a high-level bilateral dialogue online enabled the defence ministry and the ICRC to discuss various humanitarian issues and explore possibilities for cooperation in areas of common interest. The foreign ministry and the ICRC held a meeting online to discuss the challenges in integrating returnees from the Middle East; some 50 government officials

from Azerbaijan, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, and Uzbekistan took part in this event. The head of the ICRC mission in Kazakhstan attended the working group of the Astana talks on Syria, and a round table on Kazakhstan's experience of repatriating people alleged to have been involved in fighting elsewhere, and/or their families. In Uzbekistan, the ICRC met with the National Guard and identified areas for future cooperation with them.

Academics and representatives of think tanks discuss IHL and related topics

The ICRC discussed the promotion and implementation of IHL with the pertinent authorities in the countries covered, and the national IHL committees; it offered them its legal and technical expertise. For instance, in Turkmenistan, the ICRC attended a meeting organized by Turkmenistan's inter-agency commission on implementing the country's obligations under human rights law and IHL. At this meeting, the head of the ICRC's regional delegation in Central Asia made a presentation urging Turkmenistan to reinvigorate its efforts to implement IHL and ratify relevant instruments. The ICRC involved academics and students throughout the region in promoting IHL and in other IHL-related activities. The ICRC, the Law Society of Kyrgyzstan and the Kyrgyz State Law University organized an online discussion on IHL, autonomous weapon systems and related topics for academics, researchers and representatives of think tanks in Central Asia.

In Tajikistan, the ICRC and the State Committee on Religious Affairs organized a conference on the management of the dead. A forensic specialist from the ICRC briefed participants on the humanitarian aspects of managing human remains; representatives of religious communities exchanged information and experiences at the conference.

The ICRC provided the Red Crescent Society of Tajikistan with support to improve its public communication; it conducted training for National Society staff in the use of social media, and helped the National Society improve its webpage.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region implemented their activities with financial, material or technical support, and training, from the ICRC and other Movement partners. The National Societies in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan continued to carry out a broad range of activities in response to the pandemic. Following the armed confrontations between Kyrgyzstan and Tajikistan, the ICRC reinforced its assistance – particularly in the area of mental health and psychosocial support – for the National Societies in both countries. Aided by the ICRC, National Societies in the region conducted first-aid training for community members, National Society staff and volunteers, weapon bearers and others.

Guided by the ICRC, the National Societies in the region worked towards consolidating their legal bases. They drew on the ICRC's support to promote the Movement's work and/or IHL via dissemination sessions, public communication and other means.

2. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	27	2		
RCMs distributed	24	2		
Phone calls facilitated between family members	2,374			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	643	28	11	50
Tracing cases closed positively (subject located or fate established)	9			
Tracing cases still being handled at the end of the reporting period (people)	3,503	194	166	307
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	1			
Detainees in places of detention visited	242	242	6	
Visits carried out	1			
Detainees visited and monitored individually	6	6		
RCMs and other means of family contact				
RCMs collected	15			
RCMs distributed	14			
Detainees visited by their relatives with ICRC/National Society support	309			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support ³	People	208	92	1
Mental health and psychosocial support				
People who received mental-health support		958		
People who attended information sessions on mental health		517		
People trained in mental-health care and psychosocial support		141		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Health care in detention				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
Physical rehabilitation				
Projects supported		4		
<i>of which physical rehabilitation projects supported regularly</i>		3		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	1,363	223	662
<i>of whom victims of mines or explosive remnants of war</i>		*		
Prostheses delivered	Units	393		
Orthoses delivered	Units	3,973		
Physiotherapy sessions		1,924		
Walking aids delivered	Units	4,246		
Wheelchairs or postural support devices delivered	Units	1,562		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

- Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

UKRAINE

In 2014, the ICRC expanded its presence in Ukraine to help protect and assist conflict-affected people in Donbas. Its multidisciplinary response addresses emergency and longer-term needs, providing relief, supporting livelihoods and improving living conditions. It improves access to water, medical care and other essential services. It visits detainees and restores family links. It supports efforts to clarify the fates of missing persons and provides assistance to their families. It encourages compliance with IHL. The ICRC cooperates with the Ukrainian Red Cross Society and helps build its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- Conflict-affected people met their urgent and long-term needs with relief aid and other support from the ICRC and the National Society. Hundreds of thousands had improved access to water thanks to ICRC infrastructural projects.
- The wounded, the sick and persons with disabilities obtained adequate care at hospitals and other facilities that sustained their services with ICRC support, which included cold-chain equipment to aid COVID-19 vaccination efforts.
- The ICRC reminded all the sides in the conflict of their obligation under IHL to protect civilians and safeguard their access to humanitarian aid and basic services, and to refrain from attacking key infrastructure during hostilities.
- Ukrainian military personnel learnt about IHL and the ICRC's work during training sessions. Similar sessions on IHL and international policing standards were also held for law-enforcement personnel.
- Forensic specialists developed their ability to properly manage human remains with technical and other support – including the provision of personal protective equipment, body bags and respirators – from the ICRC.
- The ICRC continued to work closely with the Ukrainian Red Cross Society and helped them develop their capacity to provide humanitarian assistance for conflict-affected people.

EXPENDITURE IN KCHF

Protection	11,745
Assistance	50,604
Prevention	2,918
Cooperation with National Societies	3,319
General	394
Total	68,980
<i>Of which: Overheads</i>	<i>3,812</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
---------------------------	-----

PERSONNEL

Mobile staff	84
Resident staff (daily workers not included)	522



PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	4
RCMs distributed	2
Phone calls facilitated between family members	606
Tracing cases closed positively (subject located or fate established)	26

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	Total
Places of detention visited	26
Detainees in places of detention visited	17,880
<i>of whom visited and monitored individually</i>	79
Visits carried out	39
Restoring family links	Total
RCMs collected	4
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	10

ASSISTANCE CIVILIANS

Economic security			
Food consumption	People	25,260	38,397
Food production	People	19,925	20,638
Income support	People	22,257	15,463
Living conditions	People	64,203	69,733
Water and habitat			
Water and habitat activities	People	1,114,646	957,470
Health			
Health centres supported	Structures	61	60

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security				
Food consumption	People		2,640	
Living conditions	People		14,210	23,263
Water and habitat				
Water and habitat activities	People		7,855	13,519

WOUNDED AND SICK

Physical and social			
Medical care			
Hospitals supported	Structures	31	52
Physical rehabilitation			
Projects supported	Projects	6	7
Water and habitat			
Water and habitat activities¹	Beds (capacity)	3,125	1,523

1. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

In 2021, Donbas continued to be affected by armed conflict; hostilities were particularly intense in the first half of the year. Discussions on diplomatic solutions to the crisis, within the framework of the Trilateral Contact Group on Ukraine chaired by the Organization for Security and Cooperation in Europe, also continued.

People living in Donbas were at risk of injury or death because of the hostilities and because of mines and explosive remnants of war (ERW). They faced difficulties in accessing basic services, as the fighting had damaged essential infrastructure and hampered economic activity even further. Quarantine and other measures against COVID-19 made it even more challenging for people to obtain essential goods and services, and damaged their livelihoods.

Passage across the then line of contact continued to be severely hampered owing to the limited functioning of crossing points and movement restrictions. This made it very difficult for people to cross over to collect pensions, visit relatives, obtain official documents or for other purposes.

People have been detained in connection with the hostilities. Reportedly, hundreds of people were still missing in relation to the conflict.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of people affected by conflict and the pandemic in Donbas in 2021. It adapted its response to movement restrictions, limitations on access, the measures taken to contain COVID-19 and other constraints; all of this hindered full implementation of certain activities. It provided support for the Ukrainian Red Cross Society and when possible, carried out activities with it. It closed its office in Odesa in March, owing to reduced humanitarian needs.

The ICRC reminded all the sides in the conflict of their obligation under IHL to protect civilians and safeguard their access to humanitarian aid and basic services, and to refrain from attacking key infrastructure during hostilities. The ICRC used various means – such as meetings, training sessions and themed events – to broaden acceptance for its mandate and work, and secure support for IHL and other relevant norms, among the authorities, military and security personnel and other influential actors.

Together with the National Society, the ICRC distributed food and household essentials to people affected by conflict and the pandemic in Donbas. ICRC aid enabled households – including those with missing people – to maintain or increase their food production or income. Nursing homes for older people, orphanages and other public institutions were given essential household items, equipment of various kinds and other material assistance to improve their services. The ICRC provided material and/or infrastructural support for improving water supply and other basic services. In conflict-affected areas, the ICRC also renovated or made repairs to school buildings, donated school supplies, and provided sanitation/cleaning items to educational institutions.

Conflict-affected people in Donbas obtained appropriate care at ICRC-supported hospitals and other health facilities. Some of these facilities were also given personal protective equipment (PPE), cleaning materials and/or other supplies, for dealing with the pandemic. The ICRC provided support for campaigns to vaccinate people against COVID-19. It assisted projects or facilities serving persons with disabilities. ICRC-trained “accompaniers” and service providers extended mental-health and psychosocial support to missing people’s families, ex-detainees and other conflict-affected people. Medical staff and others were also given psychosocial support for coping with work-related stress and preserving their well-being.

People learnt about the threat of mines and ERW, and safe practices around them, through National Society/ICRC risk-education sessions and online tools. The ICRC provided training or material support for local actors involved in surveying, marking or clearing weapon-contaminated areas.

Members of separated families reconnected through the Movement’s family-links services. The ICRC continued to aid efforts to ascertain the fate of missing people. Forensic specialists developed their ability to manage human remains – an issue of particular concern because of the pandemic – with technical and other support (provision of PPE, body bags, etc.) from the ICRC.

The ICRC visited – in accordance with its standard procedures – detainees in state-run facilities and discussed its findings confidentially with the officials concerned. It continued to seek access to people held in other places of detention. Penitentiary officials and staff drew on the ICRC for support to improve detainees’ treatment and living conditions. The ICRC provided detention facilities with material support for tackling the pandemic.

CIVILIANS

The ICRC continued to address the needs of people affected by conflict and the pandemic in Donbas. It continued to adapt to movement restrictions, limitations on access, the measures taken to contain COVID-19 and other constraints – all of which hindered full implementation of certain activities. The ICRC provided the Ukrainian Red Cross Society with comprehensive support and when possible, carried out activities with it. It closed its office in Odesa in March, owing to reduced humanitarian needs.

The ICRC closely monitored the situation of conflict-affected people. Through dialogue and written representations, the ICRC reminded the sides in the conflict of their obligation under IHL to protect civilians, safeguard their access to humanitarian aid and basic services, and refrain from attacking key infrastructure during hostilities. It engaged the sides concerned in dialogue on access to education for communities affected by conflict, and protection for educational facilities. The ICRC also facilitated discussions between communities and military authorities on local issues – for instance, in connection with the freedom of movement and marking mine-contaminated areas. It strove to help communities in Donbas develop effective means of self-protection.

People in Donbas meet their pressing needs

Together with the National Society, the ICRC continued to address both the immediate and the long-term needs of people affected by conflict and the pandemic. It gave the National Society training and material and other support, to assist conflict-affected people. A total of 38,397 people, including hundreds of diabetes patients, received food parcels or cash for buying food; 37,099 of them received food parcels on a quarterly basis. Distributions of hygiene kits and/or essential household items – and/or cash for purchasing these items – helped ease the circumstances of 69,733 people. More people received food and household essentials than planned owing to increased needs. The ICRC gave 8,659 households (20,638 people) cash grants or in-kind assistance, such as seed and greenhouses, to produce more food. Cash, agricultural supplies and equipment, and/or other material assistance enabled 11,748 households (15,463 people, including persons with disabilities and relatives of missing people and of detainees) to resume or begin income-earning activities, or to cover their household expenses by some other means. A total of 176 nursing homes for older people, orphanages and other public institutions were given essential household items, equipment of various kinds and other material assistance to improve their services.

Infrastructural or material support from the ICRC improved the provision of basic services for 957,470 people; they included 872,442 people whose water supply came from networks renovated and/or supported in other ways by the ICRC. The ICRC's efforts acquired even more importance in light of the pandemic, water being vital for checking the spread of COVID-19 (through handwashing, for instance). Financial support from the ICRC enabled completion of an audit of the finances and operations of the main water and wastewater company in the Donetsk region; the findings were shared with the Trilateral Contact Group. In addition, the ICRC rehabilitated, or provided materials for rehabilitating, numerous homes: 5,588 households (15,694 people) benefited. A total of 3,753 people benefited from ICRC infrastructural projects at educational facilities (see below). The ICRC renovated sanitation and other basic facilities at crossing points, and provided construction materials, or other kinds of support, for making repairs at community centres and other public buildings; in all, 65,581 people benefited. Fewer people than planned benefited from these activities, partly because fewer people passed through crossing points.

The ICRC renovated or made repairs at schools, kindergartens, centres for children with disabilities and other educational facilities, and/or donated educational/recreational items and sanitation supplies. It provided some children – including mine victims or relatives of missing people – with laptops and/or internet subscriptions for online learning. Staff at several educational facilities were trained to preserve their well-being and to provide basic psychosocial support for children. The ICRC also conducted first-aid training, and provided first-aid kits, for students and staff at seven educational facilities. The National Society and the ICRC implemented projects and other activities for instructing older people and the youth in such topics as sports, handcraft activities and computer literacy classes; the Danish Red Cross was involved in the project for schoolchildren.

Some 11,200 people in Donbas, including schoolchildren, learnt about the threat of mines and ERW, and safe practices around them, through National Society/ICRC risk-education sessions and online tools. The ICRC helped construct or equip playgrounds, so that children could play safely in spaces free of mines and ERW. It provided training or material support for personnel from the armed forces and the State Emergency Service of Ukraine, and for others involved in surveying, marking or clearing weapon-contaminated areas and/or dealing with chemical, biological, radiological and nuclear hazards. The ICRC also provided the emergency services with PPE, disinfectants and/or other materials to prevent the spread of COVID-19.

The ICRC supports efforts to vaccinate people against COVID-19 and other health services

Conflict-affected people with chronic illnesses and other medical conditions continued to obtain appropriate care at ICRC-supported service providers, some of which also received technical or material assistance for checking and preventing the spread of COVID-19. The ICRC provided 60 health centres in Donbas with drugs, medical equipment and consumables, hygiene items and/or other supplies. It also upgraded facilities at some of these centres. Financial support from the ICRC enabled 9,000 blood glucose tests for diabetics to be carried out; 646,450 glucose test strips were distributed among patients. Patients in need of advanced care were referred to pertinent facilities. Staff at some ICRC-supported health centres were given training to deal with non-communicable diseases. Information sessions conducted by the ICRC enabled health staff to learn about the protection due to those seeking or providing health services. Some 8,890 people attended ICRC-organized health-promotion sessions on COVID-19.

The ICRC assisted efforts to vaccinate people against COVID-19. Together with the health ministry and UNICEF, it provided health facilities in the eastern part of the country with furniture, cold-chain and IT equipment, and other materials for their vaccination campaigns. In Donetsk region, the ICRC donated refrigerators and medical renewables to the health actors involved.

Acting as a neutral intermediary, and in coordination with its partners and the pertinent stakeholders, the ICRC helped to transport medicines and other supplies across the crossing points, for distribution to health centres diagnosing and treating HIV/AIDS, TB and hepatitis C.

ICRC-trained “accompaniers” and service providers extended mental-health and psychosocial support to missing people's families, ex-detainees and other conflict-affected people, in person and over the phone. Medical staff and others were also given psychosocial support for coping with work-related stress and preserving their well-being.

Efforts to clarify the fate of missing people continue

Members of families separated by conflict, migration and/or other circumstances reconnected through the Movement's family-links services – phone calls, in particular. The ICRC, acting as a neutral intermediary, helped 233 people cross at crossing points, from both directions, to be reunited with their

families; it also facilitated, for nine people, the transfer of official documents across the then line of contact. In coordination with the IOM, it issued travel documents for 13 people. The ICRC met with officials from the State Migration Service to discuss the situation of people from Afghanistan in facilities temporarily housing Afghan migrants under their responsibility, as well as the issue of migrants stranded at the Belarus–Poland border.

The ICRC participated in meetings held by the Ukrainian government's commission on missing people, and submitted its comments and recommendations on amendments to the 2018 law on missing people. During discussions with the sides concerned, the ICRC emphasized the necessity of establishing coordination mechanisms to address the issue of missing people.

By engaging the sides in dialogue and coordinating with them, the ICRC helped to ascertain the fate of 26 people; the families concerned were duly informed. Representatives of associations of missing people's families, and the National Society, learnt more about the legal aspects of the issue of missing people and related topics, at ICRC webinars. A conference in Kyiv – which experts on the issue of missing people, and missing people's families, were expected to attend – was cancelled because of pandemic-related constraints. The ICRC provided associations of missing people's families with financial and other assistance to help them become more capable of supporting one another and drawing public attention to their plight. The ICRC's accompaniment programme continued to help missing people's families meet their psychosocial, financial and other needs. The ICRC engaged missing people's families in dialogue on their needs and concerns, and sought their views on the services available to them; the ICRC used its findings to draw the attention of relevant authorities and structures to the plight of these families.

The ICRC continued to help build forensic capacities in managing and identifying human remains. It engaged forensic professionals in dialogue on best practices and discussed medico-legal matters with them. Forensic specialists developed their ability to manage human remains – an issue of particular concern because of the pandemic – with technical and other support (webinars, provision of PPE, body bags, respirators, etc.) from the ICRC. About 200 representatives of forensic institutions attended a webinar – organized by the Association of Forensic Medical Doctors of Ukraine and the ICRC – on developing a medico-legal death investigation system. The ICRC provided support for renovating 17 forensic facilities, including morgues and a DNA laboratory.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in 26 state-run facilities – in accordance with its standard procedures – and then discussed its findings confidentially with the authorities concerned. It sought access to people held in other places of detention.

The ICRC delivered parcels and letters to detainees from their families. It conveyed one RCM to a detainee and collected four RCMs from detainees. It donated three computers to one

detention facility, for use by security detainees to maintain contact with their families. The ICRC also provided cash or other income support for families of detainees, including newly released detainees (see *Civilians*).

Detention facilities receive support for dealing with the pandemic

Penitentiary officials continued to draw on the ICRC's expertise and other assistance to improve detainees' treatment and living conditions, and prevent the spread of COVID-19. A number of detention facilities were given PPE, masks, respirators, stethoscopes and other items by the ICRC. The ICRC conducted webinars, workshops and training for prison staff in various areas, such as: proper treatment of detainees; medical ethics; and checking the spread of COVID-19. Detainees were given informational materials promoting vaccination against COVID-19. The ICRC upgraded penitentiary facilities, or provided support for doing so, benefiting 13,519 detainees (some of whom had disabilities).

Places of detention received material assistance from the ICRC for checking the spread of COVID-19: in all, 22,363 detainees benefited from donations of hygiene items (e.g. 20,000 bars of soap, 1,500 packs of detergents) and other essentials. In Donetsk region, the ICRC – to prevent the spread of COVID-19 – provided 12 places of detention with equipment and printed technical guidance in disinfecting their premises.

WOUNDED AND SICK

Hospitals in Donbas receive material and other assistance

Hundreds of people living in Donbas expanded their first-aid capacities through training sessions organized by the Ukrainian Red Cross Society with ICRC support.

Conflict-affected people obtained the necessary care at 52 ICRC-supported hospitals in Donbas. These hospitals sustained their services with the ICRC's support: medical supplies, PPE and other material aid, including what was needed for responding to emergencies and for preventing and containing the spread of COVID-19. The hospitals were also given 596 oxygen concentrators, which are needed to treat respiratory illnesses like pneumonia and COVID-19. More hospitals were supported than planned as the ICRC increased its ad hoc donations to help medical facilities cope with the pandemic. The ICRC conducted seminars and training for staff from selected hospitals – including the Bakhmut Hospital – in various areas, such as: prevention and control of infections; basic, intermediate and advanced life support; and emergency care. The ICRC provided support for organizing periodic meetings of the infection-control committees at two hospitals. It helped cover maintenance costs for ambulance services; however, because of administrative constraints, this had to be put on hold at the end of the year. The ICRC helped to cover medical and other expenses for 57 wounded people. Three blood banks were given supplies and technical support to screen donors for HIV/AIDS, hepatitis B and C, and syphilis; as a result, hospitals had access to safe blood for treating surgical patients, children with blood diseases and others. The ICRC made improvements to operating theatres, waste-management and other facilities at hospitals, physical

rehabilitation centres and other health facilities (1,523 beds in all). Progress was made in the construction of an emergency department at the Bakhmut Hospital.

The ICRC donated wheelchairs, mobility aids, and equipment for physiotherapy, and/or provided other kinds of assistance, to seven projects or structures serving people with disabilities, including two physical rehabilitation centres, an organization for disabled people and other service providers. Diabetics seeking treatment at ICRC-supported health facilities (see *Civilians*) were given wheelchairs and mobility aids, when necessary. A prosthetics centre in Donetsk was given PPE and disinfectants, to help check the spread of COVID-19. Around 440 persons with disabilities² benefited from services provided by a physical rehabilitation mobile unit in Donetsk; the ICRC also covered their transportation costs for seeking rehabilitative care and/or social-inclusion services. Pandemic-related restrictions hindered the organization of events to promote the social inclusion of people with physical disabilities. However, the ICRC was able to donate sports equipment and uniforms to a wheelchair-basketball team in Donetsk. It also helped disabled people to undertake vocational training and microeconomic initiatives. The ICRC had online discussions with people involved in physical rehabilitation about possibilities for a collaborative response to the needs of people with disabilities.

ACTORS OF INFLUENCE

The ICRC holds meetings with the office of the president of Ukraine and other influential actors

With a view to broadening acceptance for its mandate and activities, and securing support for IHL and other relevant norms, the ICRC organized training and/or other events for the authorities, military and security-forces personnel, academics, members of the media and other influential figures. It met periodically with its contacts – such as officials from the office of the president of Ukraine, parliamentarians, the military, the security forces, key members of civil society and other influential actors – to discuss humanitarian issues. It pursued various efforts, including through social media, to broaden awareness of IHL and support for it – and for the ICRC's own neutral, impartial and independent humanitarian work in Ukraine – among various influential figures and the general public. It also continued to draw attention to the cumulative impact of conflict and the pandemic on communities in Donbas.

The ICRC used hotlines and social media to keep conflict-affected people informed of the humanitarian services available to them. These people also used the same means to make their needs, or views and suggestions, known to the ICRC, and/or to ask for more information. The process of fully incorporating the hotlines in a community contact centre was completed.

The ICRC and the Ukrainian Red Cross Society coordinated their public-communication efforts, such as those related to

IHL promotion. Training and guidance from the ICRC helped the National Society to improve its public communication.

Prosecutors and other government officials learn more about IHL

The ICRC continued to develop its relationship with the Ukrainian military, through such means as training in IHL and dialogue on protection-related matters (see *Civilians*). Ukrainian military personnel learnt about IHL and the ICRC during ICRC training sessions. Similar sessions on IHL and international policing standards were held for law-enforcement personnel. Owing to pandemic-related constraints, some of these courses took place online.

ICRC training helped prosecutors, students and/or staff at the Diplomatic Academy and the Legislative Institute of the Parliament of Ukraine, and others to learn more about IHL and/or humanitarian work. The Centre for IHL and Transitional Justice and the ICRC held an essay competition for students – including doctoral candidates – on the IHL rules concerning humanitarian assistance and organized a moot court competition. The translation into Ukrainian of reference materials on IHL progressed.

The ICRC continued to offer government officials expert advice for acceding to or ratifying IHL instruments and/or developing and implementing relevant laws – on mine action and missing people, for instance. It communicated, to various stakeholders, its views and recommendations on the drafts of laws implementing IHL that were under consideration by the Ukrainian parliament. An official from the foreign ministry attended the Fifth Universal Meeting of National Committees and Similar Entities on International Humanitarian Law, which was organized by the ICRC and held online.

RED CROSS AND RED CRESCENT MOVEMENT

The Ukrainian Red Cross Society and the ICRC worked closely together to provide humanitarian assistance for conflict-affected people in Donbas. The ICRC continued to give the National Society comprehensive support for strengthening its capacities. It also assisted the National Society's efforts to tackle the pandemic; for instance, the National Society operated a COVID-19 hotline and set up vaccination points at two of its branches.

The National Society adopted new statutes and an institutional strategy in July. It also signed a partnership agreement with the International Federation, the Danish Red Cross and the ICRC for developing its branches, including in such areas as risk and security management, and incorporating the Safer Access Framework in their operations. The ICRC and its Movement partners in Ukraine strove to complement one another, in order to ensure the efficiency, relevance and effectiveness of their work.

2. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	4			
RCMs distributed	2			
Phone calls facilitated between family members	606			
Reunifications, transfers and repatriations				
People transferred or repatriated	233			
Human remains transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	43	12		2
Tracing cases closed positively (subject located or fate established)	26			
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at the end of the reporting period (people)	813	53	1	9
<i>including people for whom tracing requests were registered by another delegation</i>	47			
Unaccompanied minors (UAMs)/separated children (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	3	1		
Documents				
People to whom travel documents were issued	13			
People to whom official documents were delivered across borders/front lines	9			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	26			
Detainees in places of detention visited	17,880	1,012	79	
Visits carried out	39			
		Women	Girls	Boys
Detainees visited and monitored individually	79	2		
<i>of whom newly registered</i>	31	1		
RCMs and other means of family contact				
RCMs collected	4			
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		38,397	15,461	7,619
	<i>of whom IDPs</i>		1,379	555	274
Food production	People		20,638	8,371	4,051
	<i>of whom IDPs</i>		10	4	2
Income support	People		15,463	3,105	10,178
	<i>of whom IDPs</i>		202	88	61
Living conditions	People		69,733	31,463	11,133
	<i>of whom IDPs</i>		2,228	1,039	317
Water and habitat					
Water and habitat activities	People		957,470	383,384	192,631
Primary health care					
Health centres supported	Structures		60		
	<i>of which health centres supported regularly</i>		20		
Average catchment population			282,290		
Services at health centres supported regularly					
Consultations			397,345		
	<i>of which curative</i>		397,345	169,629	65,106
Referrals to a second level of care	Patients		18,717		
	<i>of whom gynaecological/obstetric cases</i>		679		
Mental health and psychosocial support					
People who received mental-health support			384		
People who attended information sessions on mental health			1,586		
People trained in mental-health care and psychosocial support			34		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Living conditions	People		23,263	5,668	
Water and habitat					
Water and habitat activities	People		13,519	406	
Health care in detention					
Places of detention visited by health staff	Structures		9		
Health facilities supported in places of detention visited by health staff	Structures		3		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		52		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		*	*	*
	(including those related to mines or explosive remnants of war)		*	*	*
	Non-weapon-wound admissions		375		
	Operations performed		537		
Consultations			24,318		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			15,780		
First aid					
First-aid training					
	Sessions		82		
	Participants (aggregated monthly data)		845		
Water and habitat					
Water and habitat activities ³	Beds (capacity)		1,523		
Physical rehabilitation					
Projects supported			7		
Services at physical rehabilitation projects supported regularly					
People who received physical rehabilitation services	Aggregated monthly data		445	*	*

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

- Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

NEAR AND MIDDLE EAST

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	11,120
RCMs distributed	6,925
Phone calls facilitated between family members	13,116
Tracing cases closed positively (subject located or fate established)	1,717
People reunited with their families	20
<i>of whom unaccompanied minors/separated children</i>	20
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	201
Detainees in places of detention visited	129,667
<i>of whom visited and monitored individually</i>	8,555
Visits carried out	824
Restoring family links	
RCMs collected	10,416
RCMs distributed	7,893
Phone calls made to families to inform them of the whereabouts of a detained relative	2,474

EXPENDITURE IN KCHF	
Protection	74,807
Assistance	352,820
Prevention	29,063
Cooperation with National Societies	29,544
General	7,118
Total	493,352
<i>Of which: Overheads</i>	<i>30,085</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	80%
PERSONNEL	
Mobile staff	702
Resident staff (daily workers not included)	3,346

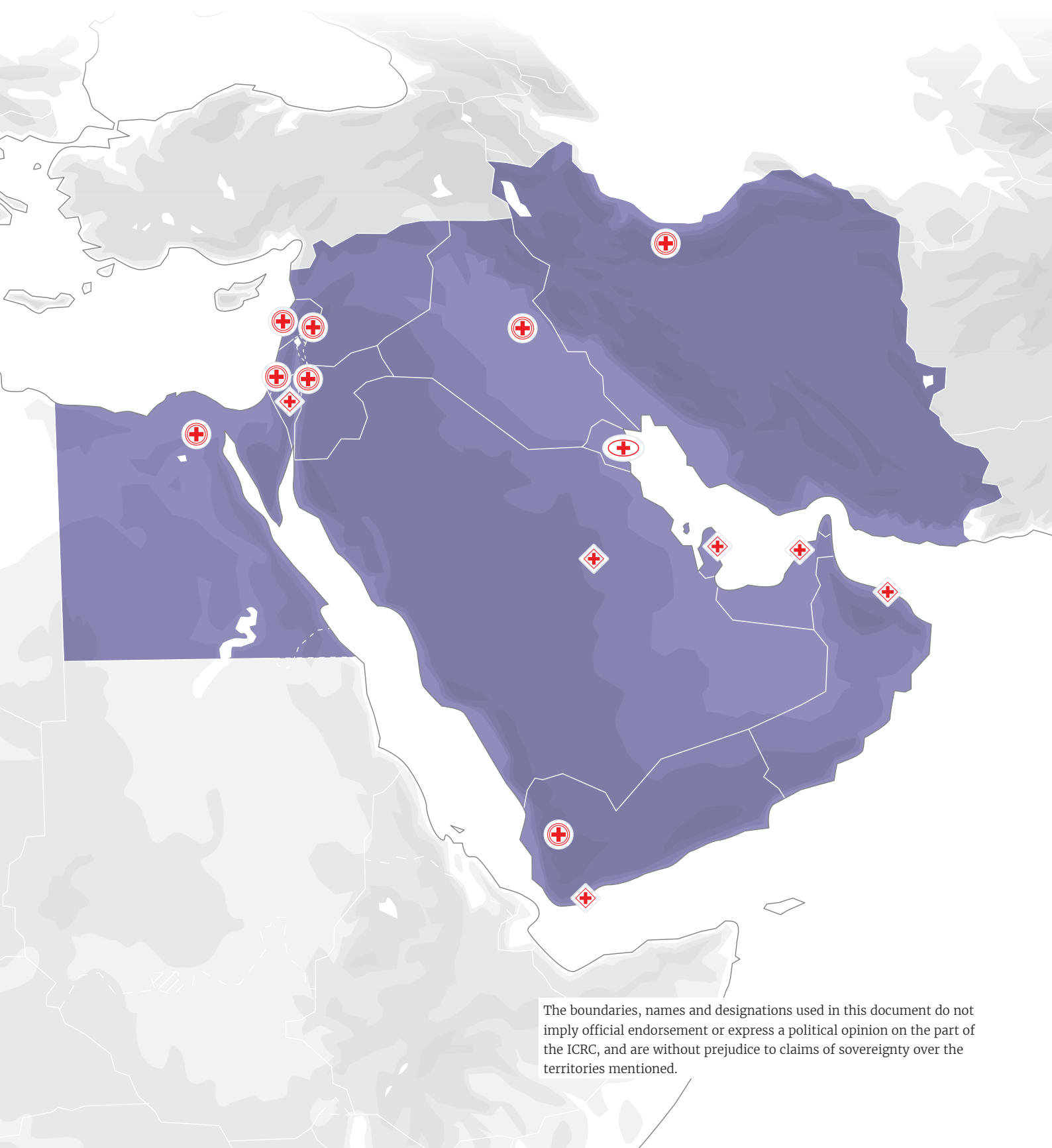
ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	1,285,700	1,479,784
Food production	People	1,000,300	1,189,866
Income support	People	241,875	452,091
Living conditions	People	3,132,450	2,316,778
Capacity-building	People	82,432	65,179
Water and habitat			
Water and habitat activities	People	17,689,212	26,262,972
Health			
Health centres supported	Structures	155	142
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	4,500	1,270
Living conditions	People	81,465	117,170
Water and habitat			
Water and habitat activities	People	28,132	44,573
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	160	178
Physical rehabilitation			
Projects supported	Projects	62	55
Water and habitat			
Water and habitat activities	Beds (capacity)	4,229	8,990

DELEGATIONS

Egypt
 Iran, Islamic Republic of
 Iraq
 Israel and the Occupied Territories
 Jordan

Kuwait (regional)
 Lebanon
 Syrian Arab Republic
 Yemen

 ICRC delegation
 ICRC regional delegation
 ICRC mission



The boundaries, names and designations used in this document do not imply official endorsement or express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

EGYPT

COVERING: Egypt, League of Arab States

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 or institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides aid to people fleeing violence abroad. Its regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL in domestic legislation and in academic curricula, and its integration into military training, throughout the Arab world.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- Violence-affected people in North Sinai covered their basic needs, with food parcels and household essentials from the ICRC that were distributed by the Egyptian Red Crescent Society. The area remained inaccessible to the ICRC.
- Health officials and health-care providers in North Sinai and the surrounding governorates responded to the COVID-19 pandemic with the help of personal protective equipment and other supplies donated by the ICRC.
- Members of dispersed families, including migrants, reconnected or sought one another using the Movement's family-links services. Four minors living abroad reunited with their mother in Egypt, with support from the ICRC.
- The ICRC discussed its role in situations of violence and its detention-related work with the authorities. At the defence ministry's invitation, it conducted IHL sessions for participants in a multinational military training exercise.

EXPENDITURE IN KCHF

Protection	920
Assistance	3,011
Prevention	984
Cooperation with National Societies	896
General	60
Total	5,871
<i>Of which: Overheads</i>	<i>358</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
---------------------------	-----

PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	70



✚ ICRC delegation

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	21
RCMs distributed	14
Phone calls facilitated between family members	2,351
Tracing cases closed positively (subject located or fate established)	130
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	4

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	26,200	57,328
Income support	People	2,550	292
Living conditions	People	26,200	57,717
Capacity-building	People	9	4
Health			
Health centres supported	Structures	3	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	3

CONTEXT

Government forces and armed groups continued to clash in the governorate of North Sinai; a large-scale military operation launched in 2018 was still in progress. The fighting reportedly led to injuries, deaths, displacement and arrests, and obstructed access to essential services and livelihood opportunities. Owing to security constraints and for other reasons, North Sinai remained inaccessible to most humanitarian groups and international organizations.

Egypt continued to feel the effects of armed conflict and other situations of violence in neighbouring countries. Thousands of migrants, including asylum seekers and refugees, passed through Egypt on their way to Europe or chose to stay in the country after their arrival. Many of them became separated from their families during their journey; unaccompanied minors faced exploitation or abuse.

The Egyptian government continued to implement measures to check the spread of COVID-19.

Egypt remained influential in the Middle East and Africa. Cairo, the capital, hosted the headquarters of the Arab Inter-Parliamentary Union and the League of Arab States (LAS).

ICRC ACTION AND RESULTS

The ICRC maintained its commitment to addressing humanitarian needs in Egypt, despite some pandemic-related and other constraints that limited its access to certain areas or affected the full implementation of its activities. In its dialogue with the Egyptian authorities and other stakeholders, it sought to explain and build support for its role in situations of violence and for its detention-related activities.

The ICRC continued to support the Egyptian Red Crescent Society's efforts to aid violence-affected people, especially in North Sinai to which it had no access. Emergency aid and livelihood support from the ICRC, which was distributed by the National Society, helped people affected by the situation in North Sinai to cope. In partnership with St. Andrew's Refugee Services (StARS), the ICRC enabled unaccompanied minors and other young people in and around Cairo to cover their basic needs. As planned, it ended its relief assistance programme, implemented through StARS, in June.

The ICRC strove to help reinforce health services in North Sinai and the surrounding governorates. It helped build life-saving capacities among first responders and enabled them to teach others to provide such care. The health authorities and health-care providers drew on ICRC support to carry out their COVID-19 response safely and effectively. National Society volunteers learnt how to practice self-care, provide psychosocial support for others and share their knowledge with their peers.

Members of families separated by violence, migration or detention reconnected or reunited through the Movement's family-links services. The ICRC and its local partners continued to strive to make family-links services more widely known among migrants and others who might need them. The ICRC provided assistance or referrals for missing people's families.

The ICRC endeavoured to be a main source of reference for IHL and other applicable law among actors of influence. It supported the efforts of the armed and police forces to integrate IHL and international standards for law enforcement, respectively, into their doctrine, training and operations. At the invitation of the defence ministry, the ICRC took part in a multinational military training exercise, at which it worked to advance understanding of IHL among military personnel and other participants. Together with its regional communication centre in Cairo and the LAS, it continued to cultivate interest in IHL, and support for it, among authorities, members of civil society and the general public in Egypt and the rest of the Arab-speaking world.

CIVILIANS

The ICRC discussed various matters with Egyptian authorities and weapon bearers, such as its role in situations of violence; how it could help them address the needs of violence-affected people, particularly in North Sinai; and the applicability of IHL and other relevant norms to their operations (see *Actors of influence*). Some of the ICRC's other protection-related activities continued to be hampered by pandemic-related movement restrictions.

Vulnerable people, particularly in North Sinai, cover their needs

The Egyptian Red Crescent and the ICRC continued to work together to help violence-affected people in North Sinai, which remained inaccessible to the ICRC. National Society staff and volunteers received ICRC guidance in designing and carrying out economic-security projects, which included post-distribution monitoring; human-resources constraints faced by the National Society affected the provision of livelihood-support activities. A total of 55,000 people (11,000 households) in North Sinai and the neighbouring governorate of Ismailia received food parcels and household essentials. More people than planned received ICRC assistance – through the National Society – as some aid distributions that were postponed from the previous year were carried out in 2021. Cash grants enabled 50 heads of households (supporting 250 people) to start or sustain livelihoods, such as raising livestock or poultry.

Together with StARS, the ICRC strove to help address the essential needs of unaccompanied minors and other young people in and around Cairo. It provided four StARS staff members with financial, material and technical support for developing their ability to implement their activities, which included providing mental-health and psychosocial support for vulnerable young people. Some 2,300 youths were given food parcels, and hygiene kits and other household items, every month. Twenty-two people between the ages of 18 and 20 started micro-enterprises with income support and regular mentoring from StARS and the ICRC. StARS referred a number of others to vocational training centres. The ICRC's relief assistance programme (food and household essentials), implemented through StARS, came to an end in June, as planned.

National Society volunteers develop their ability to provide psychosocial support

National Society volunteers in North Sinai learnt more about basic stress management and self-care during workshops conducted by ICRC-supported National Society facilitators.

Several National Society trainers from Ismailia and North Sinai developed their ability to provide psychosocial support for others and organize peer-support activities; some of them joined a pool of facilitators in charge of replicating these training sessions more widely.

Material aid from the ICRC helped the health ministry to respond to the pandemic, including in North Sinai (see *Wounded and sick*). Through desk reviews and meetings with the pertinent authorities, the ICRC assessed the primary-health-care needs of people in Ismailia and North Sinai, with a view to developing an appropriate response in 2022. Access constraints hampered the implementation of the ICRC's other health-related activities in North Sinai.

Members of separated families reconnect

The ICRC, together with the National Society and StARS, explained the Movement's family-links services to migrants and other potential recipients of these services; members of community-based organizations (e.g. those serving Syrians and Yemenis); and other stakeholders. This was done through information sessions and social media, and by distributing leaflets on the subject. The ICRC continued to provide internet access and material and financial support to some of these community-based organizations, who, in turn, promoted these family-links services more widely, including Trace the Face – an online photo tracing service with a centralized database. The National Society continued to draw on technical support from the ICRC to bolster its capacity to help dispersed relatives to reconnect.

Members of families separated as a result of violence, migration or detention restored or maintained contact with the help of the Movement's family-links services, including those provided by the ICRC delegation in Egypt in close coordination with other ICRC delegations in the region. Migrants made phone calls to their relatives in other countries. Unaccompanied minors and other people put in requests to locate family members; 130 tracing requests were resolved positively. Four minors in Sudan were reunited with their mother in Egypt, with the ICRC's help.

Some relatives of missing people (over 380 people) met their material needs and eased their living conditions with ad hoc cash assistance from the ICRC. The ICRC referred others to local organizations for mental-health and psychosocial support and for other kinds of aid. Discussions between the pertinent authorities and the ICRC, on ascertaining the fate of missing people and the proper management of human remains, remained limited.

PEOPLE DEPRIVED OF THEIR FREEDOM

In its dialogue with the authorities and through participation in events, the ICRC sought to build acceptance for its detention-related work, with a view eventually to carrying out humanitarian activities for detainees and helping the authorities ensure that detention conditions meet internationally recognized standards. No discussions took place between the authorities and the ICRC on responding to COVID-19 in places of detention.

WOUNDED AND SICK

The ICRC strove to help reinforce health services in North Sinai and the surrounding governorates. However, access constraints, pandemic-related restrictions, and administrative changes at one of its local partners delayed or hindered its implementation of some planned activities, such as referrals to health facilities and assessments of hospitals' needs.

Health-care providers are equipped to respond to the pandemic and other emergencies

First responders, including community members in North Sinai and police officers, built up their capacities in first aid and/or dealing with mass-casualty situations through workshops organized or supported by the ICRC; some of them also learnt more about the Health Care in Danger initiative at these events. ICRC train-the-trainer sessions helped strengthen the ability of Armed Forces Medical Services personnel to instruct others in life-saving care. The Egyptian Red Crescent continued to draw on material and technical support from the ICRC to provide more effective treatment for wounded people during emergencies, such as through the formation of emergency response teams.

Three hospitals in Ismailia and North Sinai strengthened their capacities in tackling COVID-19, with personal protective equipment (PPE), oxygen concentrators and/or other medical supplies and equipment from the ICRC. The health ministry received similar material aid, for distribution to other hospitals in North Sinai and the surrounding governorates.

ACTORS OF INFLUENCE

The ICRC endeavoured to secure acceptance and support for its humanitarian activities among various influential parties in Egypt, with a view to being able to assist violence-affected people in the country. Where possible, it made use of virtual alternatives to carry out its work, as pandemic-related precautionary measures continued to affect the implementation of some of its planned activities.

Influential actors strengthen their grasp of the ICRC's humanitarian mandate and activities

Government officials, state weapon bearers and other stakeholders familiarized themselves with the Movement's neutral, impartial and independent humanitarian action, at briefings, seminars and other events that the ICRC organized or attended (e.g. forums tackling post-pandemic concerns and water-related issues in the region). During its interaction with them, the ICRC explained its role in situations of violence and described its activities in the region and the added value of its work.

The authorities and the ICRC continued to discuss how the ICRC could help address the needs of violence-affected people, detainees and migrants. Together with the Egyptian Red Crescent, the ICRC also discussed with the authorities possibilities for a concerted humanitarian response by the National Society and the ICRC to the situation in North Sinai.

Aided by its regional communication centre in Cairo, the ICRC reinforced the efforts mentioned above by fostering – among

the authorities, members of civil society and the public in Egypt and the wider region – a more accurate understanding of the Movement and IHL. It produced written and audiovisual materials, such as IHL publications distributed to judges and other government officials and online press releases on the Movement's activities in North Sinai. Journalists attended ICRC workshops and learnt how to cover humanitarian issues and IHL-related matters; they also coordinated with the ICRC to produce informational materials and organize media interviews with the ICRC. The National Society drew on the ICRC's expertise to expand its communication capacities, such as when engaging with communities.

Egyptian military and police personnel learn more about standards applicable to their duties

The armed forces took steps towards integrating IHL more fully into their doctrine and operations, with guidance and other support from the ICRC. Four officers attended an ICRC workshop on rules governing military operations. At the defence ministry's invitation, the ICRC participated in a biennial multinational military training exercise organized by the American and Egyptian armed forces. It made a presentation on IHL and on its own humanitarian activities for military personnel from over a dozen countries; it also organized lectures on more advanced aspects of IHL for Egyptian military legal advisers.

Police officers learnt more about international policing standards at ICRC training sessions. The interior ministry and the ICRC continued to discuss how to integrate these standards into security forces' doctrine, training and operations.

Military and police officers assigned to peacekeeping operations advanced their understanding of IHL and international human rights law during predeployment briefings conducted by the ICRC.

The authorities in Egypt and the wider region discuss IHL implementation

The ICRC strove to help academics further their understanding of IHL and to encourage them to pass on what they knew to their peers and the authorities. It discussed with two

educational institutions the incorporation of IHL in their curricula. Students tested their grasp of IHL at a national moot court competition organized by the national IHL committee, a local university and the ICRC.

The national IHL committee and the ICRC continued to make their expertise available to the Egyptian authorities, to help implement IHL-related treaties and/or adopt or draft domestic laws.

The ICRC continued to work with the LAS to cultivate respect for IHL among Arab states. It organized various events, such as a meeting for representatives of Arab national IHL committees to discuss contemporary issues in IHL and domestic implementation of IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Egyptian Red Crescent Society and the ICRC worked together to respond to humanitarian needs, particularly in North Sinai (see *Civilians* and *Wounded and sick*). Pandemic-related constraints forced the postponement of some planned activities.

The National Society drew on material, technical and other support from the ICRC to strengthen its operational and organizational capacities. For example, the ICRC gave the National Society financial assistance to buy PPE and help it implement its response to the pandemic. The National Society briefed its volunteers in North Sinai on security issues and application of the Safer Access Framework. It established a unit at its headquarters to plan, monitor, evaluate and report on its various projects; the unit's staff participated in capacity-building sessions organized with the support of the International Federation and the ICRC.

Movement components were in regular contact, to discuss their response to the pandemic and other issues of concern. Whenever possible, the ICRC worked with other Movement components and coordinated its activities with those of other organizations.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	21			
RCMs distributed	14			
Phone calls facilitated between family members	2,351			
Names published on the ICRC family-links website	174			
Reunifications, transfers and repatriations				
People reunited with their families	4			
<i>including people registered by another delegation</i>	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	614	147	107	100
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)	130			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	2,324	526	380	443
<i>including people for whom tracing requests were registered by another delegation</i>	163			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	4	2		
<i>including UAMs/SC registered by another delegation</i>	4			
Documents				
People to whom travel documents were issued	118			
People to whom official documents were delivered across borders/front lines	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	57,328	16,500	18,828
	<i>of whom IDPs</i>	46,000	13,800	13,800
Income support	People	292	86	16
Living conditions	People	57,717	16,850	18,858
	<i>of whom IDPs</i>	46,000	13,800	13,800
Capacity-building	People	4	2	
Mental health and psychosocial support				
People who received mental-health support		30		
People who attended information sessions on mental health		19		
People trained in mental-health care and psychosocial support		20		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
First aid				
First-aid training				
	Sessions	41		
	Participants (aggregated monthly data)	879		

IRAN, ISLAMIC REPUBLIC OF

The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the Iran–Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. The ICRC supports mine-risk education and access to health care for Afghan migrants.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



ICRC delegation

KEY RESULTS/CONSTRAINTS IN 2021

- To foster support for IHL and its own mandate and activities, the ICRC sought to enhance its dialogue with authorities and other influential actors. Pandemic-related and other constraints affected the implementation of some initiatives.
- The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee established with the ICRC, to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war.
- Iranians and Afghan migrants learnt safer behaviour around mines/explosive remnants of war (ERW) through ICRC-supported initiatives of the Red Crescent Society of the Islamic Republic of Iran and other actors.
- In Mashhad, particularly at-risk Afghan migrants and Iranians had access to health care – including physical rehabilitation and mental-health support – through ICRC-backed National Society projects with two local NGOs.
- Members of families separated by conflict, migration, detention or other circumstances reconnected through the Movement's family-links services. Three minors were reunited with their families abroad.

EXPENDITURE IN KCHF

Protection	1,314
Assistance	1,917
Prevention	783
Cooperation with National Societies	6,322
General	47
Total	10,383
<i>Of which: Overheads</i>	<i>634</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	107%
---------------------------	------

PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	39

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	120
RCMs distributed	135
Phone calls facilitated between family members	10
Tracing cases closed positively (subject located or fate established)	162
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>3</i>

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Health			
Health centres supported	Structures	1	1
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	6	4

CONTEXT

The Islamic Republic of Iran maintained its influence in the region, including in countries experiencing armed conflict.

Thousands of families still had no information on relatives missing in connection with the 1980–1988 Iran–Iraq war. People living in provinces bordering Iraq continued to be endangered by mines and ERW dating back to the 1980s.

Members of families separated by conflicts in the wider region, migration, detention or other circumstances had difficulties contacting one another.

There were reportedly around 3.6 million Afghan migrants in the country, most without regular status. Because of their status, many of them – in the city of Mashhad, for instance – had little or no access to basic services, including health care. Developments in Afghanistan (see *Afghanistan*) drove large influxes of migrants to the Islamic Republic of Iran. Afghans seeking to return to their country risked injury or death from the mines and ERW along their route.

The public-health, economic and other consequences of the COVID-19 pandemic persisted; the government continued to impose nationwide restrictions, such as lockdowns, travel bans and curfews, to check the spread of the disease.

ICRC ACTION AND RESULTS

The ICRC and the Red Crescent Society of the Islamic Republic of Iran continued to work closely together to respond to humanitarian needs in the country – especially among migrants and residents with particular vulnerabilities – and cultivate support for IHL and the Movement. The ICRC provided the National Society with material, technical and financial support for bolstering the National Society's capacities in their areas of joint work. Some planned activities had to be adapted or postponed because of pandemic-related constraints.

Through meetings and themed events, the ICRC sought to enhance its dialogue with the authorities, civil-society representatives and other influential parties, notably with a view to fostering acceptance for its mandate and activities. Its public-communication initiatives promoted understanding of IHL, humanitarian issues and its own work among various audiences.

The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee established with the ICRC, to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. The ICRC continued to chair both the tripartite committee and its joint working group. During handovers of sets of human remains to the Iranian authorities from their Iraqi counterparts – or from the Iranian authorities to their Iraqi counterparts – the ICRC acted as observer, at the invitation of the pertinent authorities. The ICRC continued to make its expertise available to local actors involved in managing human remains.

The National Society and the Iranian Mine Action Centre (IRMAC), the main coordinator of mine-action activities in the country, carried out their mine-risk education activities with

technical, material and financial assistance from the ICRC. People living in or passing through weapon-contaminated areas learnt safer behaviour around mines/ERW at in-person or virtual sessions; the sessions also tackled COVID-19 risk reduction and/or the Movement's family-links services. Afghan returnees and particularly vulnerable residents received face masks, disinfectants and informational materials on mines/ERW and COVID-19 from the National Society and the ICRC. IRMAC continued to draw on ICRC support for its development of informational materials and a mobile application on mine-risk awareness.

Afghan migrants reconnected with their families through the Movement's family-links services; Iranians also used these services, to get in touch with relatives detained in other countries.

In Mashhad, thousands of Afghan migrants and particularly at-risk Iranians had access to health care, including mental-health and psychosocial support, and learnt good health and hygiene practices, through a clinic and/or a woman's shelter run by the National Society and the Society for Recovery Support (SRS), a local NGO. People with disabilities – following their identification by SRS or Pars Development Activists (PDA), another local NGO – were assessed by the ICRC and, as necessary, referred to National Society-run physical rehabilitation centres, where they received suitable care. In December, Afghan migrants, and residents of the communities hosting them, began being vaccinated against COVID-19, through a National Society vaccination drive supported by the health ministry and the ICRC.

In view of large influxes of migrants from Afghanistan, the National Society, the International Federation and the ICRC developed a contingency plan to help the National Society address the needs of these migrants.

CIVILIANS

Iranian and Iraqi authorities work to recover and hand over missing people's remains

The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee established with the ICRC, to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. The ICRC continued to chair both the tripartite committee and its joint working group. During handovers of sets of human remains to the Iranian authorities from their Iraqi counterparts – or from the Iranian authorities to their Iraqi counterparts – the ICRC acted as observer, at the request of these authorities.

In coordination with the foreign ministry and the National Society, the ICRC continued to make its expertise available to local actors involved in managing human remains within the context of conflict, natural disaster, migration-related and other emergencies. It held round tables with the Legal Medicine Organization (LMO) and a forensic laboratory, provided support for assessing their facilities in light of best forensic practices, and trained their personnel in DNA analysis, including in connection with the identification of disaster victims. It organized an online seminar for the disaster management authorities, at their request, on handling the remains of people killed during disasters. The LMO, the

National Society and the ICRC discussed how to strengthen their coordination on forensics-related matters.

People learn to minimize their risk from mines/ERW and COVID-19

The ICRC remained the sole humanitarian organization supporting humanitarian mine action in the Islamic Republic of Iran. It gave technical, material and financial assistance to the National Society and IRMAC, for an ongoing project involving the organization of mine-risk education sessions in five provinces bordering Iraq, and one province bordering Afghanistan. Some 426,000 people – 397,000 of whom were Afghan returnees – learnt safer behaviour around mines/ERW; the sessions also tackled COVID-19 risk reduction and/or the Movement's family-links services (see below). Because of pandemic-related constraints, many sessions were held virtually. A series of animated films shown online in local languages by IRMAC and the ICRC, and social-media posts by the National Society, disseminated to a wider audience key messages on mitigating the threat posed by mines/ERW. The National Society and the ICRC distributed face masks, disinfectants and informational materials on mines/ERW and COVID-19, to Afghan returnees and particularly vulnerable residents of weapon-contaminated areas.

At online ICRC training sessions, National Society staff and volunteers furthered their grasp of developing mine-risk educational materials and approaches, and in collecting and managing data. IRMAC continued to draw on ICRC support for its development of informational materials and a mobile application for mine-risk awareness. National Society, IRMAC and ICRC representatives participated in an online international meeting of mine-action stakeholders, at which they made presentations about their joint activities for Afghan returnees.

Migrants and others resume contact with their families

Afghan migrants, and Iranians with family members detained abroad, reconnected with their relatives through RCMs and phone calls arranged by the National Society and the ICRC. The families of 162 people reported missing learnt of their relatives' fate and/or whereabouts and, whenever possible, were put in touch with them. Amid pandemic-related constraints, the ICRC maintained its efforts to follow up cases of people waiting to be reunited with their relatives; three minors were reunited with their families abroad.

To help make tracing and other family-links services more broadly available, the ICRC organized workshops on providing these services, including during emergencies, for National Society, PDA and SRS personnel – notably those working in key provinces along borders and migration routes. It also ran a train-the-trainer course for the National Society. Some of these training events were held online.

With the help of ICRC-produced informational materials distributed by SRS, Afghan migrants learnt more about means to prevent loss of family contact and of the Movement's family-links services.

The ICRC issued attestations of detention for 153 Iraqi ex-POWs, which helped them with such administrative procedures in Iraq as applying for state benefits. It formally notified the Iranian authorities regarding 70 Iranian nationals detained abroad.

Migrants and particularly vulnerable residents have access to health care

In Mashhad, particularly at-risk Afghan migrants and Iranians obtained preventive and curative health care at a clinic and/or a women's shelter operated by the National Society and SRS. The ICRC continued to provide financial, material and technical assistance for running these facilities – notably for the clinic, which needed renovations for the new space that it transferred to in June, such as expanding the occupational therapy room. The facilities sustained their services despite the challenges posed by the pandemic, thanks to the ICRC's support for infection prevention and control, which included donating COVID-19 vaccine doses, PPE, disinfectants and informational materials.

The SRS clinic provided roughly 14,100 curative consultations, mostly for non-communicable diseases; personnel implemented measures to improve care, such as regular testing and follow-up, particularly for diabetic and hypertension patients. Approximately 5,300 referrals were made, including for diagnostic tests, obstetrics-and-gynaecology care, and dentistry services; some patients received more than one referral. People referred to a partner pharmacy received medicine free of charge.

Mental-health and psychosocial support continued to be available to victims/survivors of sexual violence and others, either at the clinic or during community outreach visits by SRS psychologists. About 1,300 people benefited from individual, family or group counselling sessions; because of pandemic-related constraints, group sessions were either scaled down, when held in person, or conducted online. The ICRC sought to increase the accessibility of psychosocial support, by training selected community members in providing it.

Around 69,500 women and children attended online information sessions held by SRS, on such subjects as good health and hygiene practices; nutrition; reproductive health; prevention of COVID-19, HIV and hepatitis; and parenting. Some women attended similar sessions at the SRS-run shelter, where they also received help to mitigate the consequences of drug use.

People with disabilities, following their identification by PDA or SRS, were assessed by the ICRC and, as necessary, referred to National Society-run physical rehabilitation centres (see *Wounded and sick*).

In December, Afghan migrants, and residents of the communities hosting them, began being vaccinated against COVID-19, through a National Society vaccination drive supported by the health ministry and the ICRC; the drive was set to continue through to 2022, covering people in four provinces. A total of 180,000 doses were administered by the end of 2021.

WOUNDED AND SICK

People with disabilities obtain physical rehabilitation

At National Society-run physical rehabilitation centres – one each in Mashhad and Zahedan – 140 physically disabled people¹ received suitable care, with the ICRC covering the costs of their treatment and/or assistive devices. It provided the centres with cerebral-palsy wheelchairs, technical guidance and staff training; because of pandemic-related constraints, planned training for orthopaedic-shoe technicians did not take place.

With the consent of the authorities, PDA and the ICRC conducted a field visit to Yazd province to assess needs among the Afghan migrants, some with physical disabilities, who had settled there. To help these migrants reduce their risk of COVID-19, the ICRC supported PDA in producing face masks for them; key messages on how to avoid infection were also relayed to them. Owing to operational adjustments, these activities were not extended to cover at-risk migrants in Sistan and Baluchistan, as initially planned.

A higher-education institute run by the National Society pursued discussions with the ICRC on working towards international accreditation for its programme in prosthetics and orthotics, with a view to ensuring the quality of available services for people with disabilities.

The ICRC maintained contact with a working group of armed forces and security forces personnel, on the protection due to people seeking or providing medical care, and on weapon-wound surgery. Planned events with them were put on hold, pending further dialogue with the authorities concerned.

ACTORS OF INFLUENCE

Together with the Red Crescent Society of the Islamic Republic of Iran, or with its support, the ICRC sought to enhance its dialogue with the authorities, civil-society representatives and other influential parties. It did so to cultivate support for IHL and its own mandate and activities, especially in connection with ongoing conflicts in the region (see, for example, *Syrian Arab Republic*). Some planned initiatives were adapted or postponed, owing to pandemic-related and/or other constraints.

Authorities and members of civil society broaden their awareness of IHL and humanitarian issues

The ICRC encouraged or facilitated the participation of the authorities in various forums on IHL, for example: an online international round table on pandemics and armed conflict; an online conference with other officials from the Asia-Pacific region, on such topics as safeguarding health-care services and the natural environment; and an academic podcast, for an episode on cyber operations. The ICRC pursued discussions on IHL-related subjects with IRMAC (see *Civilians*) and with a working group of armed forces and security forces personnel (see *Wounded and sick*).

Contact with members of Iranian media was reinforced, to promote accurate coverage of humanitarian issues and the Movement. Thirty journalists honed their skills in humanitarian

reporting, during a workshop. The ICRC's president granted a state news organization an exclusive interview, on the ICRC's work in Yemen (see *Yemen*). All this was supplemented by communication materials on its activities – notably those carried out in the country with local partners (see above) – that the ICRC produced and disseminated, including through its Farsi-language website.

The National Society strengthened its public-communication capacities, with ICRC input. It launched a countrywide awareness-raising campaign on preparing for disasters, including COVID-19, ahead of a COVID-19 vaccination drive (see *Civilians*). It developed an online course that enabled some 25,000 people – including National Society volunteers – to learn more about the Movement. Senior National Society officials were trained in community engagement; the ICRC also briefed PDA and SRS personnel on the subject. Development of a mobile application for mine-risk awareness continued (see *Civilians*).

The national IHL committee helps advance understanding of IHL

With a view to advancing the domestic implementation of IHL, the ICRC continued to back the national IHL committee – chaired by the National Society – with technical guidance and training, and facilitated its participation in pertinent events, such as an international meeting of national IHL bodies and the above-mentioned Asia-Pacific regional conference. The committee incorporated ICRC-produced materials on IHL into its dissemination sessions for senior officers of the Iranian armed forces. It supported the translation into Farsi of certain ICRC publications and the formalization of an agreement between the ICRC and two professors, in connection with updating the ICRC's commentary on the Fourth Geneva Convention.

Academics developed their understanding of IHL at a university event held by the national IHL committee and a local research institute. A team of law students tested their knowledge of IHL at an ICRC-organized online international moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of the Islamic Republic of Iran and the ICRC continued to work closely together to respond to humanitarian needs in the country, especially among migrants and residents with particular vulnerabilities (see *Civilians* and *Wounded and sick*), and to cultivate support for IHL and the Movement (see *Actors of influence*). The ICRC provided the National Society with material, technical and financial resources for bolstering the National Society's capacities in their areas of joint work; agreements between the two organizations were formalized or renewed.

Although pandemic-related constraints forced the cancellation of some planned training activities for National Society personnel, the National Society and the ICRC adapted by creating online training courses; an introductory course on the Movement was completed.

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

In view of large influxes of migrants from Afghanistan (see *Context*), the National Society, the International Federation and the ICRC developed a contingency plan to help the National Society address the needs of these migrants. Within the

framework of the plan, the ICRC donated funds and vehicles to the National Society, and stepped up technical support to it, especially for the provision of family-links services.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	120			
RCMs distributed	135			
Phone calls facilitated between family members	10			
Names published on the ICRC family-links website	9			
Reunifications, transfers and repatriations				
People reunited with their families	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	399	89	78	112
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases closed positively (subject located or fate established)	162			
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases still being handled at the end of the reporting period (people)	831	173	174	217
<i>including people for whom tracing requests were registered by another delegation</i>	80			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	6	1		
UAMs/SC reunited with their families by the ICRC/National Society	3	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	6	2		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	153			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Primary health care				
Health centres supported	Structures	1		
<i>of which health centres supported regularly</i>		1		
Average catchment population		3,000		
Services at health centres supported regularly				
Consultations		14,103		
<i>of which curative</i>		14,103	9,264	1,303
Vaccines provided	Doses	584		
Referrals to a second level of care	Patients	5,372		
<i>of whom gynaecological/obstetric cases</i>		306		
Mental health and psychosocial support				
People who received mental-health support		745		
People who attended information sessions on mental health		330		
People trained in mental-health care and psychosocial support		5		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		4		
<i>of which physical rehabilitation projects supported regularly</i>		2		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	140	29	46
Prostheses delivered	Units	*		
Orthoses delivered	Units	52		
Physiotherapy sessions		*		
Walking aids delivered	Units	*		
Wheelchairs or postural support devices delivered	Units	36		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

IRAQ

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. It engages the relevant parties in dialogue on the protection due to civilians, monitors detainees' treatment and living conditions, offers family-links services and works to ascertain the fate of missing persons. It provides violence-affected IDPs, returnees and residents with emergency aid, and/or support to help them restore their livelihoods; supports physical rehabilitation, primary-health-care and hospital services; and repairs water, health and prison infrastructure. It seeks to promote compliance with IHL among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- The ICRC reminded authorities and weapon bearers of their obligation under IHL and other applicable norms to protect civilians and safeguard their access to basic services. Contact with certain armed groups remained limited.
- Aided by the ICRC, numerous health facilities conducted vaccination campaigns against COVID-19. ICRC-supported facilities treated people with COVID-19, and others who were ill, wounded or physically disabled.
- More households than planned protected or increased their income with cash grants and other kinds of support from the ICRC, notably in support of the relief activities of the Iraqi Red Crescent Society and its other local partners.
- Pandemic-related and administrative constraints hindered the ICRC's efforts to renovate public infrastructure, such as water systems. Thus, fewer people than planned had access to clean water, health care and functioning schools.
- Members of families dispersed by conflict or other circumstances used the Movement's family-links services to reconnect. The authorities and the ICRC worked to resolve missing-persons cases linked to past armed conflicts.
- Detaining authorities, supported by the ICRC, strove to improve living conditions and health care at places of detention. They held information sessions on COVID-19 and facilitated the vaccination of prison staff and detainees.

EXPENDITURE IN KCHF

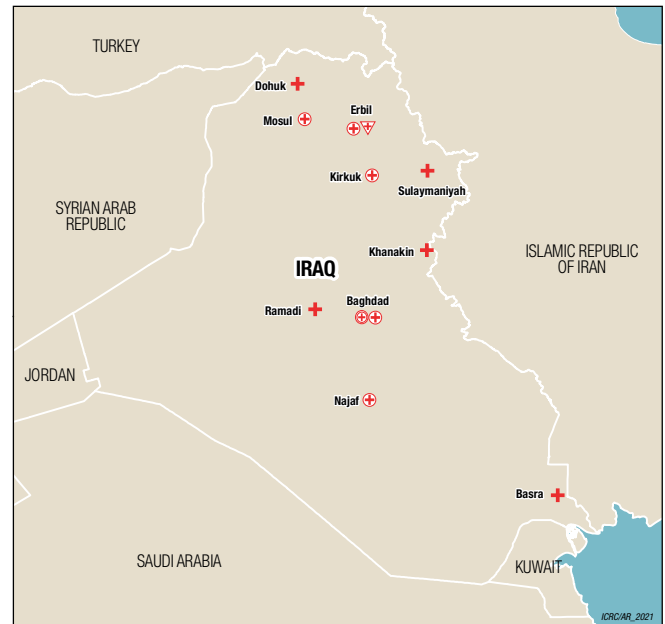
Protection	21,172
Assistance	63,959
Prevention	6,433
Cooperation with National Societies	1,560
General	589
Total	93,713
<i>Of which: Overheads</i>	<i>5,720</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	76%
---------------------------	-----

PERSONNEL

Mobile staff	156
Resident staff (daily workers not included)	1,016



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	1,444
RCMs distributed	1,077
Phone calls facilitated between family members	16
Tracing cases closed positively (subject located or fate established)	776

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	54
Detainees in places of detention visited	59,364
<i>of whom visited and monitored individually</i>	<i>2,048</i>
Visits carried out	154

Restoring family links

RCMs collected	1,847
RCMs distributed	4,198
Phone calls made to families to inform them of the whereabouts of a detained relative	1,213

ASSISTANCE

2021 Targets (up to)

Achieved

CIVILIANS

Economic security

Income support	People	114,660	241,120
Capacity-building	People	70	

Water and habitat

Water and habitat activities	People	355,850	93,048
------------------------------	--------	---------	--------

Health

Health centres supported	Structures	25	27
--------------------------	------------	----	----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People	50,000	68,792
-------------------	--------	--------	--------

Water and habitat

Water and habitat activities	People	5,000	
------------------------------	--------	-------	--

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	42	44
---------------------	------------	----	----

Physical rehabilitation

Projects supported	Projects	21	18
--------------------	----------	----	----

Water and habitat

Water and habitat activities	Beds (capacity)	628	
------------------------------	-----------------	-----	--

CONTEXT

The country continued to struggle with the consequences of prolonged conflict.

Large-scale operations against the Islamic State group ended in 2017. However, forces of the central government, including “popular mobilization units”, and of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition – carried out smaller-scale operations against remnants of the group. Civilians were wounded, killed or went missing. Arrests were made in connection with the fighting.

The humanitarian consequences of the conflict were compounded by the effects of past violence, and long-standing, strained ethnic and sectarian relations. Security conditions improved in certain areas, but essential services and sources of livelihood were often inaccessible. The UNHCR estimated that some 4.9 million IDPs had returned home since 2017; however, roughly 1.2 million remained unable to do so, partly for the reasons mentioned above. The authorities in Iraq and the Syrian Arab Republic (hereafter Syria) repatriated some Iraqis from north-eastern Syria. About 240,000 Syrian refugees remained in the IKR.

Protests over political and economic issues took place periodically, and sometimes turned violent. Tensions along the border with Turkey caused local displacement.

Movement restrictions and other measures necessitated by the pandemic remained in place. National vaccination campaigns got under way.

ICRC ACTION AND RESULTS

The ICRC strove to respond to the needs of people affected by emergencies, and by the long-term effects of armed conflict in the region. In coordination with other Movement components, it supported the Iraqi Red Crescent Society and when possible, worked jointly with it. It adapted or – because of pandemic-related and other constraints – cancelled activities, and followed COVID-19 protocols (see *Context*). It coordinated its activities with central and IKR authorities.

The ICRC reminded the authorities, and weapon bearers with whom it was in contact, of their obligation under IHL and other applicable norms to protect people affected by armed conflict and other situations of violence. It made confidential representations to them about the protection-related concerns of IDPs and returnees. The authorities strengthened their grasp of IHL through ICRC training, with a view to integrating its provisions more fully into the military’s policies and operations, and advancing its incorporation in domestic legislation. The ICRC’s public-communication initiatives enabled vulnerable communities to learn about COVID-19, and about the humanitarian services available to them. They got in touch with the ICRC’s community contact centre to ask for information about ICRC services or for news of missing relatives.

The Movement’s family-links services enabled members of dispersed families – including unaccompanied minors and children – to reconnect. The ICRC continued to support the

authorities’ efforts in these areas: ascertaining the fate of people missing in connection with past international armed conflict; and preventing disappearances. It also helped the authorities and others to develop their capacities in managing human remains.

Residents, returnees, recently displaced people and others who were especially vulnerable were given cash and other aid – food and household essentials – to cover their immediate needs and protect or supplement their income; the ICRC supported the relief activities of the National Society and its other local partners, reaching more households than planned with this assistance. Households started or maintained small businesses, or other income-earning activities, with ICRC cash grants, training and other livelihood support; breadwinners completed ICRC-subsidized apprenticeships that helped them find jobs. The ICRC renovated or supported renovations to water systems and other public infrastructure; as a result, safe water and other public services were more readily available to some people in violence-prone areas. People learnt about the risk to them from mines and explosive remnants of war (ERW), and safe practices in weapon-contaminated areas, at ICRC information sessions.

ICRC-supported health centres and hospitals provided emergency, specialized or advanced care to vulnerable people. To help ensure the continuity of medical services, these facilities – notably hospitals providing treatment for COVID-19 – were given personal protective equipment (PPE) and other kinds of support by the ICRC. The ICRC provided support on a regular basis for one hospital in a violence-prone area. It also supported numerous health facilities involved in the health ministry’s campaign to vaccinate people against COVID-19. People with physical disabilities received treatment at an ICRC centre in Erbil, and at ICRC-supported centres managed by the state or by NGOs; the ICRC also supported efforts to advance the social inclusion of disabled people. To help ensure the sustainability of the physical rehabilitation sector, the ICRC provided support for strengthening local capacities. Construction of a new centre, in Erbil, was completed.

The ICRC visited, in accordance with its standard procedures, people held in connection with the conflict and other detainees. It sought to improve their treatment and living conditions, including their access to health care, and to protect them against COVID-19; it provided authorities with various forms of technical and material support to that end.

CIVILIANS

The ICRC reminded the authorities and weapon bearers with whom it was in contact, and others as well, of their obligation under IHL and other applicable norms to protect civilians and civilian infrastructure, and safeguard access to humanitarian aid and basic services. Where possible, it made confidential representations to the pertinent parties on such topics as: stigmatization of IDPs or abuses against them; forced return; and movement restrictions. It conducted workshops on international policing standards (see *Actors of influence*), and safe provision of health services (see *Wounded and sick*).

The ICRC used communication campaigns and other means to inform communities of the humanitarian services available to them; the Health Care in Danger initiative; the plight of missing people's families; and COVID-19. People could also call the ICRC's community contact centre to learn more about these matters and enquire about missing relatives. Vulnerable people participated in ICRC community-based workshops that helped them identify and mitigate risks to their safety and develop positive coping mechanisms.

Logistical, administrative and human resources constraints, some of them linked to the pandemic, limited or prevented the implementation of certain ICRC activities, including water-and-habitat projects and capacity-building training sessions.

People reconnect with their families

The Movement's family-links services enabled conflict-affected people – including IDPs, unaccompanied children, people whose relatives had gone missing in connection with the conflict, and returnees from north-eastern Syria – to reconnect with their families. A total of 1,444 RCMs were collected and 1,077 delivered. The ICRC enabled people to obtain documents necessary to travel or to complete legal or administrative procedures. It did so in coordination with other international organizations or issued them itself. It continued to collect tracing requests and allegations of arrest: 776 tracing cases were resolved in 2021.

Authorities take steps to resolve missing-persons cases

The ICRC strove to assist missing people's families: for instance, ICRC-trained NGO personnel gave them psycho-social care, and referred them to other organizations for legal and other support. The authorities and the ICRC continued to discuss the creation of mechanisms to ascertain the fate of missing people and prevent disappearances, at workshops and through other activities.

The ICRC continued to serve as a neutral intermediary in resolving missing-persons cases linked to the 1980–1988 Iran–Iraq war, and the 1990–1991 Gulf War. It offered the authorities technical support for such activities as mapping potential gravesites. It did this within the framework of a tripartite committee consisting of Iraq, the Islamic Republic of Iran and the ICRC (see *Iran, Islamic Republic of*), and through the ICRC-chaired Tripartite Commission and its Technical Sub-Committee (see *Kuwait*). The ICRC acted as observer during the handovers of sets of human remains to the Iranian authorities from their Iraqi counterparts – or from the Iranian authorities to their Iraqi counterparts – at the request of these authorities.

Health workers, medico-legal professionals and others developed their capacities in managing the dead, including those of COVID-19 victims, in accordance with pertinent norms; the ICRC provided expertise and training, and PPE, body bags and other supplies.

IDPs and returnees protect their income

The ICRC, partly with the Iraqi Red Crescent Society, helped conflict-affected IDPs, returnees and residents – 40,189 households (241,120 people) in all – to preserve or supplement their

household income, and protect it from being spent entirely on necessities. It supported the relief activities of the National Society and its other local partners, working with them to distribute food and clothes to 21,651 households (some 129,800 people) included in this total; this resulted in more people than planned benefiting from ICRC assistance.

The ICRC gave 12,202 households (around 73,200 people) – including missing people's families and former recipients of ICRC livelihood assistance who were affected by the COVID-19 pandemic – food, and hygiene kits and other household items, or cash to buy them.

Around 4,985 households (over 30,000 people) – including households headed by women – started or maintained small businesses, or other income-earning activities, with cash grants and other assistance from the ICRC. Breadwinners completed ICRC-subsidized apprenticeships, in hairdressing, sewing and car repairs, and/or attended ICRC training in basic business skills. Farmers and herders were given help to buy seed, fodder and livestock, and to cover veterinary expenses.

The ICRC maintained its pilot programme to support the sustainable return of IDPs to their places of origin; address their protection-related concerns (see above); and help them mitigate the threat to their safety from mines/ERW (see below). In rural communities targeted by this programme, 1,351 returnee households (roughly 8,100 people) received cash grants to cover their basic needs, of whom 434 households (some 2,600 people) were also supported to begin small businesses or raise livestock, with a view also to helping markets recover.

People in violence-prone or underserved areas have better access to water and other public services

Roughly 93,000 people in violence-prone or underserved areas had broader access to clean water for household and agricultural use, and to shelters, sanitation, health care, and functioning schools after essential infrastructure was renovated with ICRC support. The authorities and the ICRC upgraded five water systems, which included several irrigation pumping stations that benefited 50,000 of the people mentioned above. The ICRC also helped restore three primary-health-care centres (see below) and together with the National Society, sanitation facilities at eight schools.

Authorities in Ninewa Governorate continued, with the ICRC's help, to work on a long-term plan to make clean water more widely available. Short-term projects, such as renovations to the water system in the city of Mosul, continued; local technicians were given tools to maintain the system.

Returnees – 2,508 people – rebuilt their homes with the help of conditional cash grants from the ICRC. To improve their access to public infrastructure, the ICRC supported the removal of debris and repair of roads in their communities. An ICRC project to renovate a school in one community was ongoing.

Vulnerable people obtain good-quality health care

Vulnerable people, particularly children and pregnant women, obtained good-quality care at 27 primary-health-care

centres, including ICRC-supported mobile clinics run by the National Society. The ICRC gave 24 of these centres regular material and infrastructural support, and training for their staff; three others were given emergency medical supplies. It assisted efforts to prevent the spread of COVID-19 by donating cleaning materials, and by conducting information sessions on COVID-19 for staff at some of the regularly supported centres. Discussions with the authorities, on setting up a system for referring patients from certain centres to an ICRC-supported hospital, continued.

In April, the ICRC began to support the health ministry's vaccination campaign against COVID-19. It provided various forms of material assistance, and financial incentives for vaccinators, in support of around 660 health facilities that were vaccinating people against COVID-19.

ICRC-trained health workers provided mental-health and psychosocial support for victims of violence, including victims/survivors of sexual violence; missing people's families; and persons with disabilities. Training for other health workers, and for other people providing similar support, was put on hold because of staffing constraints.

People learn how to protect themselves against mines/ERW

In coordination with the authorities, and partly with ICRC-trained National Society volunteers, the ICRC worked to mitigate the threat of weapon contamination – notably, in areas where shelters were being rebuilt with its support. Around 1,600 people, including children, learnt how to protect themselves against mines/ERW at ICRC information sessions on the subject. The ICRC undertook 53 weapon contamination assessments at various communities, in preparation for implementing activities. Discussions and research helped mine-action and civil-defence authorities in their efforts to develop standards for assisting victims of mines/ERW; civil-defence personnel involved in mine clearance received ICRC-donated equipment for their training. In conjunction with the National Society, the ICRC referred 180 victims of mines/ERW for basic services.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees – women, minors, foreigners, and others held in connection with conflict – at 54 places of detention, to monitor their treatment and living conditions. After these visits, it communicated its findings and recommendations confidentially to the pertinent authorities. It concentrated on certain issues: respect for judicial guarantees, procedural safeguards and the principle of *non-refoulement*; family contact; and access to health care. Discussions with the central authorities – aimed at signing an agreement on prison visits – continued.

Pandemic-related measures limited detention visits and individual monitoring of detainees. Training for health staff, infrastructural work, and other activities were cancelled, postponed or adapted in coordination with the authorities.

The ICRC gave judicial and penitentiary authorities and staff expert guidance, and conducted workshops and/or training for them, to develop their capacities in prison management and

design, in line with internationally recognized standards; it established working groups with them to tackle specific issues, such as overcrowding.

Detainees maintain contact with their families

RCMs and other family-links services provided by the ICRC enabled detainees, including minors, to contact their families. Detained foreigners were able to notify their embassies or the UNHCR of their situation. When requested to do so, the ICRC facilitated contact between the authorities and the families of deceased detainees.

Family visits remained suspended for most of the beginning of the year because of an increase in COVID-19 cases; during this period, families learnt, through the ICRC's community contact centre (see *Civilians*), that they could send parcels to detained relatives. Family visits resumed in May, but, at the ICRC's encouragement, detaining authorities continued to make phone calls available to most detainees.

Penitentiary authorities improve detainees' living conditions and their access to health care

The ICRC continued to support the authorities' efforts to broaden detainees' access to good-quality health care and improve their living conditions.

Aided by the ICRC, detaining and health authorities strengthened their capacities in providing life-saving care and dealing with health-related emergencies. The ICRC gave prison managers and health staff PPE, basic medical and cleaning supplies, and guidance in implementing measures against TB and COVID-19. The health ministry and the ICRC conducted information sessions at several detention facilities on the importance of immunization against COVID-19, and helped facilitate the vaccination of penitentiary staff and detainees at 38 places of detention.

The ICRC continued to implement pilot health projects with central or IKR authorities – to strengthen health services and promote medical ethics – at three places of detention visited by ICRC health staff. Guided by the ICRC, the authorities ensured that new detainees at one of these detention facilities were medically screened on arrival; they also ensured the confidentiality of detainees' medical records. At two places of detention, detainees' health-related data were collected regularly and stored, thus making health authorities better placed to provide suitable services; all this was made possible by the equipment and expert advice provided by the ICRC. The ICRC also provided support for a workshop for officials from the health ministry to draft strategies and policies for health care in detention.

The ICRC gave detainees – including women and minors held in places of temporary detention – hygiene kits, clothes, blankets, and recreational items, to supplement the authorities' efforts to improve detainees' living conditions. It also donated mobile phones to some places of detention, to help enable the authorities to arrange for detainees to contact their relatives while pandemic-related distancing measures were in place. All of the above activities benefited approximately 69,000 detainees, including those who received ad hoc donations.

WOUNDED AND SICK

Health care providers continued, with the ICRC's help, to deliver services and implement measures to contain the spread of COVID-19. Owing to pandemic-related restrictions and administrative constraints, some health-related ICRC activities could not be carried out.

Workshops organized by the ICRC and the Iraqi Red Crescent Society trained weapon bearers, health workers and potential first responders in first aid and/or in managing mass-casualty incidents; these workshops also instructed participants in the protection due to those seeking or providing health care. Some of the health ministry's emergency responders attended train-the-trainer workshops – organized by the National Society with the ICRC's support – on de-escalating violence and managing stress.

Strengthening the provision of emergency medical services

Forty-three hospitals, including those treating COVID-19 patients, received ad hoc donations of PPE, cleaning materials, beds equipped with oxygen cylinders, and other supplies and equipment from the ICRC. Whenever there was an influx of people injured during protests, hospitals were given wound-dressing kits.

One additional hospital in Al-Qaim, Anbar Governorate – regularly supported and monitored by the ICRC – benefited from similar material assistance. An ICRC surgical team helped staff at the hospital develop their ability to treat wounded people. To help the hospital manage its medical stocks, the ICRC – after consulting with the authorities – undertook construction of a medical warehouse. All of these activities helped to reinforce its emergency and surgical services.

The installation of handwashing points at ICRC-supported hospitals did not push through, as no further need was identified for such support.

Persons with disabilities receive rehabilitative care

Roughly 23,400 persons¹ with disabilities received treatment at an ICRC centre in Erbil, and at nine other centres, including two reference centres, run by the state with the ICRC's support. A total of 43 persons with disabilities received mental-health and psychosocial support from ICRC-trained staff at the Erbil centre. As a result of ICRC outreach, disabled people in remote areas were able to obtain assistive devices and referrals for physical rehabilitation. In addition, under an ICRC-supported pilot project, National Society volunteers began to prescribe or maintain assistive devices for people living in areas accessible only to a few state service providers. The ICRC covered transportation costs for some patients from these remote areas, so that they could get the treatment they needed.

The ICRC sought to advance the social inclusion of persons with disabilities, and to enable them, and their families, to reach some level of self-sufficiency. Some patients at these centres were referred for ICRC income support (see *Civilians*).

Caregivers for children with cerebral palsy expanded their capacities through ICRC training.

Ensuring the sustainability of the physical rehabilitation sector

The ICRC sought to improve rehabilitative services throughout the country, and to establish a strong base of qualified professionals and reference centres. It therefore maintained its partnership with eight training or academic institutions, government ministries and professional associations.

Prosthetists/orthotists and physiotherapists, and others working in the field, bolstered their capacities through ICRC training in wheelchair services and other specialized topics; training institutions and others were given support. Students started their studies at an ICRC-supported prosthetics and orthotics department – the first of its kind in Iraq, established in 2020 – in an Erbil university; some of them were given internships at the Erbil centre. Guided by the ICRC, physiotherapists in Iraq formed a professional association, which aimed to support the professional development of its members.

Construction of a new building at the Erbil centre was completed; preparations for the facility to be fully operational and handed over to the authorities were under way.

ACTORS OF INFLUENCE

The ICRC endeavoured to broaden awareness of and support for IHL and other pertinent norms, and its humanitarian work, through dialogue with the authorities, information sessions for members of civil society and joint media initiatives with the Iraqi Red Crescent Society; by publishing newsletters and articles for public consumption; and through other means. It drew public attention to regional issues of humanitarian concern: the plight of missing people's families, and that of detainees and IDPs; the necessity of protecting health services; the combined effects of conflict and climate change; and checking and preventing the spread of COVID-19. With ICRC technical and financial support, the health ministry raised awareness of the benefits of vaccination through radio spots, posters and other public-communication materials. Local and international media organizations drew on the ICRC's expertise for their coverage of humanitarian issues. Owing to the pandemic, the ICRC had to adapt or postpone some events.

Contact with certain armed groups remained limited.

Military and police officers strengthen their grasp of IHL and other norms

Military and police forces – including those engaged in counter-terrorism operations – and members of “popular mobilization units” strengthened their grasp of IHL, international human rights law and/or other applicable norms, through ICRC dissemination sessions, workshops and train-the-trainer courses. The defence ministry drew on the ICRC's expertise to integrate IHL more fully into military doctrine, operations and training – as did the interior ministry, but with human rights norms and the standard procedures of police forces.

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

Authorities and academics discuss IHL and humanitarian issues

The ICRC continued to promote IHL, and foster awareness of humanitarian issues, among government officials, key stakeholders, academics and religious scholars. It organized bilateral meetings, workshops and training courses for them, and sponsored their participation in a regional conference on the Health Care in Danger initiative.

An ICRC study on the legal framework, in Iraq, governing missing people was still in progress at year's end. Other ICRC legal studies concerning access to civilian documentation, and sentencing of juveniles, got under way.

Discussions with the authorities, on formalizing the ICRC's legal status in the country, continued.

RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society continued to respond to humanitarian needs in Iraq, including those created by the pandemic. The ICRC worked with the National Society (see above) and gave it material, financial and technical assistance

to implement its activities safely, including those conducted jointly with the ICRC, as per formal agreements between the two organizations.

The National Society sought to incorporate the Safer Access Framework in its activities; the ICRC assisted its efforts by organizing workshops on the subject for its staff and volunteers. National Society staff were trained as facilitators of Health Care in Danger initiative sessions; the training drew on a manual that had been prepared with the ICRC's help. Sponsored by the ICRC, the National Society participated in Movement events – on leadership and other topics – that took place online. Discussions between the International Federation and the ICRC, on providing on-site support and funding to bolster the National Society's organizational capacities, continued.

Movement components met regularly to discuss and coordinate their activities, and explore possibilities for joint projects, in Iraq.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,444	7		
RCMs distributed	1,077	4		
Phone calls facilitated between family members	16			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,892	85	34	161
<i>including people for whom tracing requests were registered by another delegation</i>	64			
Tracing cases closed positively (subject located or fate established)	776			
<i>including people for whom tracing requests were registered by another delegation</i>	25			
Tracing cases still being handled at the end of the reporting period (people)	27,232	1,212	866	2,330
<i>including people for whom tracing requests were registered by another delegation</i>	925			
Unaccompanied minors (UAMs)/separated children (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	13	5		
Documents				
People to whom travel documents were issued	5			
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	54			
Detainees in places of detention visited	59,364	2,343	3,040	
Visits carried out	154			
		Women	Girls	Boys
Detainees visited and monitored individually	2,048	258	4	49
<i>of whom newly registered</i>	1,010	60	2	35
RCMs and other means of family contact				
RCMs collected	1,847			
RCMs distributed	4,198			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,213			
People to whom a detention attestation was issued	4,063			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	241,120	77,771	94,602
	<i>of whom IDPs</i>	6,555	1,960	2,629
Water and habitat				
Water and habitat activities	People	93,048		
Primary health care				
Health centres supported	Structures	27		
	<i>of which health centres supported regularly</i>	24		
Average catchment population		385,733		
Services at health centres supported regularly				
Consultations		316,969		
	<i>of which curative</i>	306,542	95,841	110,699
	<i>of which antenatal</i>	10,427		
Vaccines provided	Doses	77,538		
	<i>of which polio vaccines for children under 5 years of age</i>	42,416		
Referrals to a second level of care	Patients	10,955		
	<i>of whom gynaecological/obstetric cases</i>	4,701		
Mental health and psychosocial support				
People who received mental-health support		241		
People who attended information sessions on mental health		836		
People trained in mental-health care and psychosocial support		43		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	68,792	2,082	638
Health care in detention				
Places of detention visited by health staff	Structures	25		
Health facilities supported in places of detention visited by health staff	Structures	12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	44		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
	Weapon-wound admissions	*		
	Non-weapon-wound admissions	1,103		
	Operations performed	1,102		
Consultations		869		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,885		
Weapon-wound admissions (surgical and non-surgical admissions)		180		
Weapon-wound surgeries performed		68		
First aid				
First-aid training				
	Sessions	32		
	Participants (aggregated monthly data)	302		
Physical rehabilitation				
Projects supported		18		
	<i>of which physical rehabilitation projects supported regularly</i>	10		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	23,419	2,865	13,781
	<i>of whom victims of mines or explosive remnants of war</i>	1,101		
Prostheses delivered	Units	2,344		
Orthoses delivered	Units	21,703		
Physiotherapy sessions		20,791		
Walking aids delivered	Units	588		
Wheelchairs or postural support devices delivered	Units	520		
Referrals to social integration projects		26		
Mental health and psychosocial support				
People who received mental-health support		43		
People who attended information sessions on mental health		117		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

ISRAEL AND THE OCCUPIED TERRITORIES

The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular its provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of Magen David Adom in Israel and the Palestine Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- The ICRC urged the parties involved in the fighting in the Gaza Strip and Israel to respect the rules governing the conduct of hostilities, particularly their obligation to protect civilians, and to enable people's access to aid.
- With ICRC support, health services in Gaza treated the wounded and the sick, persons with disabilities and people with mental-health needs. An ICRC medical team helped a Gazan hospital tend to victims of the conflict.
- Gazans benefited from functioning water, wastewater-treatment and electricity services, as a result of the ICRC's efforts to help maintain or fully restore the operations of infrastructure that had been damaged during the hostilities.
- People whose homes and means of food production had been affected by the fighting in Gaza recovered from their losses with the help of increased assistance provided by the ICRC, usually with the Palestine Red Crescent Society.
- Despite some pandemic-related access constraints, the ICRC visited detainees to check on their treatment and living conditions. Detainees received visits from relatives or benefited from upgraded facilities, with ICRC support.
- The public learnt more about measures to prevent the spread of COVID-19 and the protective properties of COVID-19 vaccines, through radio spots, social media and other means used by the ICRC and its local partners.

EXPENDITURE IN KCHF

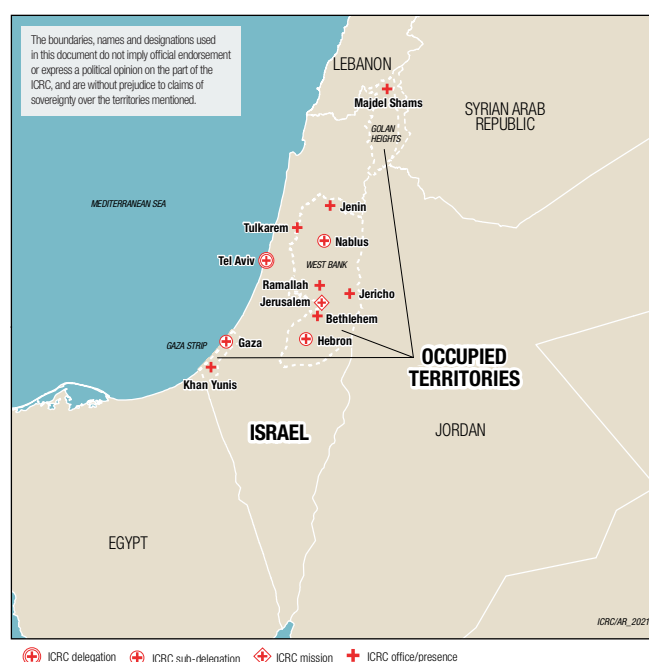
Protection	13,719
Assistance	36,507
Prevention	4,862
Cooperation with National Societies	2,322
General	233
Total	57,643
<i>Of which: Overheads</i>	<i>3,518</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
---------------------------	-----

PERSONNEL

Mobile staff	61
Resident staff (daily workers not included)	281



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	10
RCMs distributed	2
Phone calls facilitated between family members	2,200
Tracing cases closed positively (subject located or fate established)	26
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	77
Detainees in places of detention visited	13,177
<i>of whom visited and monitored individually</i>	1,753
Visits carried out	460
Restoring family links	
RCMs collected	3
Phone calls made to families to inform them of the whereabouts of a detained relative	1,097

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	11,100	19,651
Income support	People	4,680	3,701
Living conditions	People	21,250	21,391
Capacity-building	People	28	
Water and habitat			
Water and habitat activities	People	1,601,000	1,773,251
Health			
Health centres supported	Structures	3	3
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People	11,465	14,146
Water and habitat			
Water and habitat activities	People	995	1,799
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	27	8
Physical rehabilitation			
Projects supported	Projects	6	6
Water and habitat			
Water and habitat activities	Beds (capacity)	1,976	1,976

CONTEXT

People in the occupied Palestinian territory continued to deal with the consequences of Israeli policies, which included confiscation or destruction of property. In East Jerusalem and the West Bank, confrontations between Israelis – settlers and military and security forces – and Palestinians resulted in casualties.

Renewed hostilities in the Gaza Strip and Israel broke out in May and lasted for eleven days. Rockets were fired from Gaza into Israel, and the Israeli Defense Forces (IDF) attacked Gaza from the land, sea and air. These resulted in civilians being wounded or killed, and houses, small businesses, vital public infrastructure and agricultural land sustaining damages. The fighting exacerbated the difficult circumstances of Gazans who were already dealing with movement restrictions and a dearth of basic services and livelihood resources, owing to the political deadlock between the Palestinian Authority and the Gazan *de facto* authorities; the blockade imposed by Egypt and Israel; the consequences of past hostilities, including weapon contamination; deteriorating socio-economic conditions; and the COVID-19 pandemic.

Communal violence in parts of Israel resulted in casualties and property damage.

Israeli and Palestinian officials detained people in connection with the situations described above and for security reasons.

Movement restrictions and other measures against COVID-19 continued to be implemented. Vaccination campaigns were in progress, but to a limited extent in the occupied Palestinian territory, owing to logistical and other constraints.

ICRC ACTION AND RESULTS

The ICRC promoted protection for Israelis and Palestinians and helped improve the circumstances of Palestinians living under occupation. It coordinated its work with that of Magen David Adom in Israel, the Palestine Red Crescent Society and the pertinent authorities.

Following the renewal of hostilities in Gaza and Israel, and tensions elsewhere in the context, the ICRC launched a budget extension appeal¹ to address both the urgent and longer-term needs of the communities affected, especially in Gaza. In some instances, the scaling up of activities resulted in more people benefiting than planned; however, other initiatives were limited or delayed by the security situation in Gaza and/or persisting pandemic-related constraints.

The ICRC reiterated to Israeli and Palestinian authorities and weapon bearers the need to ensure respect for IHL and other applicable norms, particularly with regard to the conduct of hostilities and the use of force in law enforcement operations.

The ICRC's support helped emergency responders and other Palestinian health services to maintain or strengthen their operations. For example, an ICRC medical team bolstered

the capacities of local staff at a Gazan hospital to treat people wounded during the hostilities in May. The ICRC also maintained its support for physical rehabilitation services and social-inclusion activities for disabled people and helped local partners to provide mental-health and psychosocial support for those who needed it.

The ICRC helped maintain or restore water, power and other critical infrastructure, focusing on Gazan facilities damaged during the fighting. It also strove to make these facilities more resilient to the effects of various kinds of emergency. ICRC aid enabled vulnerable households to meet their daily needs and resume or expand food production and income-earning activities. These households included Gazans who suffered from material and financial losses because of the fighting and people in East Jerusalem and the West Bank whose property had been destroyed.

The ICRC informed Gazans of how to protect themselves from mines and explosive remnants of war (ERW); it also bolstered capacities among those tackling the threat of weapon contamination.

The ICRC visited places of detention in Israel and the occupied Palestinian territory to monitor detainees' treatment and living conditions. It communicated its findings confidentially to the officials concerned and contributed to their efforts to ensure detainees' well-being and respect for their rights. The Gazan *de facto* officials drafted operational instructions for interrogating detainees and, in light of the hostilities and to curb the spread of COVID-19, finalized a decision to allow more detainees to go home temporarily. The ICRC also provided support for improving conditions in detention facilities.

Members of families separated by conflict, detention or other circumstances used the Movement's family-links services to reconnect. The ICRC's family-visit programme enabled detainees in Israel to receive visits from relatives in East Jerusalem and the West Bank.

Various ICRC initiatives, carried out with local partners, helped generate interest in and support for IHL among members of civil society. These initiatives included hackathons at which Palestinian students developed innovative solutions to humanitarian challenges and an online platform for training religious leaders in IHL. The ICRC helped broaden public awareness of measures against COVID-19, including vaccination, and of its various activities in Israel and the occupied territories.

The ICRC continued to help Magen David Adom and the Palestinian Red Crescent to coordinate their activities, and to monitor the implementation of the memorandum of understanding between them.

1. For more information, please see the [budget extension appeal](#) on the [ICRC Extranet for Donors](#).

CIVILIANS

Israeli and Palestinian officials are urged to comply with IHL and other applicable norms

The ICRC reminded Israeli and Palestinian authorities and weapon bearers of the need to respect IHL and other applicable norms. It also called for the rapid and unimpeded movement of health-care providers, especially during emergencies. During the fighting in May (see *Context*), it urged the parties involved to respect the rules governing the conduct of hostilities – particularly the obligation to protect civilians – and to enable timely and safe delivery of humanitarian aid. The ICRC also impressed upon Israeli officials the necessity of safeguarding civilian property in East Jerusalem and the West Bank; ensuring proportionate use of force during law enforcement operations; and reviewing practices in connection with people's access to scarce resources. Through oral and written representations, it raised documented allegations confidentially with the parties concerned.

Gazans obtain basic services

The ICRC strove to help communities in the occupied Palestinian territory deal with the consequences of occupation policies and other emergencies. Whenever possible, it worked with the Palestine Red Crescent Society, for which it provided technical, financial and material support. During the second half of the year, the ICRC scaled up its assistance activities in Gaza, with a view to helping address both the immediate and longer-term needs of people affected by the renewed fighting; these efforts resulted in more people benefiting from water-and-habitat and some economic-security projects. However, the security conditions created by the hostilities limited or delayed the implementation of the ICRC's other planned activities in Gaza.

Over 1.7 million people in Gaza and the West Bank had access to essential services, thanks in part to the material and infrastructural support provided by the ICRC. Most of these people were in Gaza, where the ICRC donated fuel for back-up generators, replenished emergency stocks or assisted in repairing or maintaining water, wastewater-treatment and electrical facilities that were damaged in May. Local service providers and the ICRC worked to strengthen the capacity of some of these facilities to withstand power and fuel shortages and other emergencies. For example, they installed electricity meters to manage power loads and mapped and surveyed public infrastructure to understand their interconnectedness and devise methods to increase their efficiency.

Three primary-health-care centres in Gaza reinforced their services with medical equipment and other material assistance from the ICRC. An ICRC study on public-health hazards in Gaza was postponed to 2022 because of pandemic-related constraints.

Vulnerable Palestinians meet their immediate needs and restore or safeguard their livelihoods

About 3,400 households (19,651 people) in Gaza and the West Bank resumed or increased food production with material and other assistance from the ICRC, such as provision of fishing nets and equipment and drought-tolerant varieties of locally produced wheat seed. Herders in the West Bank benefited from an animal-vaccination campaign carried out by the

Palestinian agriculture ministry and the ICRC. To help ensure the sustainability of their livelihoods, some Gazan farmers used biodegradable and chemical-free traps to protect their crops and vegetables from pests; others repaired or upgraded their rainwater-harvesting and irrigation systems.

ICRC income support helped about 620 breadwinners in Gaza and the West Bank (supporting 3,701 people in total) to cover daily expenses, undertake income-earning activities or strengthen existing livelihoods. These breadwinners included unemployed youths, disabled people, and business owners whose sources of income were destroyed during the hostilities or impacted by the pandemic. Dozens of Gazans participated in cash-for-work projects to repair conflict-damaged roads or to collect or archive data on public infrastructure (see above).

Emergency material and financial assistance from the Palestinian Red Crescent and the ICRC helped ease the living conditions of 20,650 Gazans (3,442 households), many of whom had their homes damaged by the fighting; they received mattresses, blankets and other essential items. In East Jerusalem and the West Bank, over 740 people (128 households) who were victims of property destruction were given cash by the ICRC to buy various necessities.

Roughly 750,000 Gazans learnt safe practices around mines and ERW from communication campaigns, such as the distribution of flyers and children's drawing books and the sharing of audiovisual messages, conducted by the Palestinian Red Crescent and the ICRC; some 10,000 of them also attended information sessions on mine risks. Torchlights and other safety tools and specialized training provided by the ICRC helped civil-defence teams and other emergency responders to carry out their duties safely. The ICRC liaised with explosive-ordnance teams to ensure the safety of the population, especially after the renewal of hostilities.

Some people are repatriated under ICRC auspices

Members of separated families, including migrants, used the Movement's family-links services to reconnect. The ICRC served as a neutral intermediary in the repatriation of a few people and sets of human remains from the Golan Heights to the Syrian Arab Republic and from Israel to Lebanon. There were no requests in 2021 for minors to be reunited with their families. The ICRC helped some people to obtain official documents for legal and administrative purposes. It continued to follow up, with the pertinent authorities, missing-persons cases and notification for families of the death of a relative.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people detained by Israeli and Palestinian authorities to monitor their treatment and living conditions, including their access to health care. It paid close attention to the needs of minors, foreigners and people on hunger strike or in prolonged solitary confinement. After these visits, ICRC delegates communicated their findings and recommendations, if any, confidentially to the authorities concerned. Particularly in Israel, the ICRC's access to certain places of detention, and its ability to operate in line with its standard procedures, were affected by pandemic-related measures; the hostilities disrupted prison visits in Gaza.

Aided by the ICRC, Palestinian authorities took steps to reinforce respect for detainees' rights. At ICRC workshops in the West Bank, judicial and security officials learnt more about aligning the treatment of detainees with internationally recognized standards. The ICRC's advocacy contributed to the Gazan *de facto* officials' decision to allow more detainees to go home temporarily, in light of the hostilities and to help curb the spread of COVID-19.

Detainees benefit from improved living conditions and restoration of family contact

Detainees stayed in touch with relatives through the ICRC's family-links services. Some 3,300 detainees in Israel spent time with relatives from East Jerusalem and the West Bank through family visits organized by the ICRC. Visits from Gazan families remained suspended owing to pandemic-related precautions.

Roughly 14,140 detainees, including some who had lost touch with their families, benefited from improvements in detention conditions brought about by various forms of ICRC aid. In Israel and the West Bank, inmates kept themselves busy with books and other recreational items provided by the ICRC. Hygiene kits, winter clothes and Ramadan sweets were distributed to detainees in Gaza. Foreign detainees held in Israel were given cash to buy necessities or phone cards for them to use to inform relatives of their situation.

The ICRC increased its material and infrastructural support for detaining officials in Gaza to repair conflict-damaged facilities or to keep premises clean; 1,799 detainees benefited. Workshops and other kinds of ICRC assistance enabled Palestinian prison staff and managers to learn more about maintaining prison infrastructure.

WOUNDED AND SICK

Health services in Gaza strengthen their ability to provide life-saving care

The ICRC monitored instances of obstruction of health services and discussed specific incidents with the parties concerned (see *Civilians*). With an external partner, it assessed the ability of Gazan health services to diagnose infectious diseases and shared, with the *de facto* health ministry, its findings and recommendations for addressing gaps that had been identified.

ICRC support (e.g. personal protective equipment, spare parts for ambulances) enabled health-care providers, primarily in Gaza, to maintain or strengthen their ability to treat victims of violence and other emergencies during the pandemic. Magen David Adom and the Palestinian Red Crescent received funding and other support for their respective emergency medical services (EMS) (see *Red Cross and Red Crescent Movement*). Seven hospitals in Gaza, and one in East Jerusalem, were given wound-dressing kits and other medical supplies. The ICRC also guided staff at these regularly supported Gazan hospitals in trauma care; it sent a medical team on a one-month assignment to one of these facilities, the al-Shifa Hospital, to help staff deal with the influx of people wounded during the fighting in May. Owing to pandemic-related restrictions, the ICRC postponed specialized training sessions for Israeli

and Palestinian medical staff and redirected some of the resources to its activities responding to the consequences of the hostilities.

Thirteen Gazan hospitals (1,976 beds) sustained their operations despite power cuts using ICRC-donated generators or other material support. At some of these hospitals, the ICRC made repairs to infrastructure damaged during the conflict. Upgrades to the al-Shifa Hospital's observation unit were completed.

Gazans with disabilities benefit from rehabilitative care

With ICRC material and technical input, two physical rehabilitation projects in Gaza provided rehabilitative services to persons with disabilities. Over 3,000 disabled people² regained their mobility through the free services provided at the ICRC's regularly supported facility, the Artificial Limb and Polio Centre (ALPC); the most vulnerable patients also had their transportation costs covered by the ICRC. With a view to raising the quality of the ALPC's services and ensuring their sustainability, the ICRC sponsored a prosthetist-orthotist for specialized training abroad and provided guidance on the implementation of the centre's fundraising strategy.

The ICRC helped advance the social inclusion of disabled people: it conducted career-development training for some ALPC patients and provided technical and material support to two sporting organizations and for amputee-cycling tournaments and similar events.

Physiotherapists and other specialists from the *de facto* health ministry and a physiotherapy association refined their knowledge of amputee management and other physical rehabilitation topics with the help of ICRC training or guidance. The ICRC held meetings with various actors on ensuring the sustainability of the rehabilitation sector.

Residents and health workers in Gaza receive help to cope with their situation

Staff from the ALPC, two hospitals and the *de facto* health ministry in Gaza, and one hospital in Israel, bolstered their capacities to independently provide mental-health and psychosocial support thanks to information sessions, on-the-job coaching and material donations from the ICRC. The hotline service set up by the *de facto* health ministry in 2020 was extended until January 2021. Over 4,000 people, among them persons with disabilities, used ICRC-supported hotlines and individual or group-therapy sessions to learn about mental-health and psychosocial support services and/or to cope with the cumulative effect of the renewed hostilities, the pandemic and the socio-economic situation.

ICRC training in psychological self-care and other related areas helped some 160 health workers to deal with work-related stress.

2. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

ACTORS OF INFLUENCE

Israeli and Palestinian weapon bearers further their understanding of international norms

The ICRC discussed various matters related to IHL with Israeli and Palestinian officials and weapon bearers (see *Civilians*). Owing to the pandemic and the May hostilities, it had to postpone or suspend some of its planned activities.

Israeli military and security-forces officers attended ICRC dissemination sessions on IHL, international policing standards and the ICRC's activities. Discussions on ICRC support for the IDF to integrate IHL more fully in their doctrine, training and operations remained limited. The ICRC briefed members of an armed group in Gaza on IHL.

At ICRC workshops in Gaza and the West Bank, security-forces personnel learnt how to ensure that their operations met international standards for law enforcement. With the ICRC's support, the Gazan *de facto* interior ministry drafted operational instructions for interrogating detainees.

Representatives from the Palestinian justice ministry learnt more about how to advance the implementation of IHL and IHL-related treaties, during an online meeting of national IHL committees organized by the ICRC and from reference materials on the subject that were provided by the organization.

Students and religious leaders expand their knowledge of IHL

By organizing or participating in events on humanitarian principles and IHL, the ICRC stimulated interest in these matters among members of civil society and the international community. An association promoting IHL in Israel continued to work with the ICRC to conduct an annual national IHL competition, which sought to develop young people's understanding of IHL and their ability to apply it.

At the first hackathon events that the ICRC held in Gaza and the West Bank, young Palestinians identified innovative and scalable technological solutions to humanitarian challenges, such as mobile-phone applications to promote IHL and to encourage real-time engagement between communities and the ICRC. Some 800 prayer leaders in the West Bank used an online training platform created by the endowments and religious affairs ministry and the ICRC to familiarize themselves with the points of correspondence between Islamic law and IHL.

The public learns more about humanitarian action and measures against COVID-19

The ICRC produced or supported communication campaigns on social media and traditional platforms (e.g. billboards, radio spots) to increase public knowledge of humanitarian principles and of measures to protect themselves from COVID-19 and

other safety risks (see *Civilians*). These campaigns were usually carried out in coordination with Magen David Adom, the Palestine Red Crescent, Palestinian officials, community and religious leaders, and local artists. For example, religious institutions in Gaza used local proverbs and religious texts to broaden awareness of COVID-19 and the protection afforded by vaccines.

Informational materials produced by the ICRC – on its humanitarian activities in Israel and the occupied territories, particularly its response during the hostilities in May – reached the wider public through the delegation's digital platforms in Arabic, English and Hebrew or via regional and international media.

Gazans used the ICRC's community contact centre and social-media platforms to inquire about ICRC services and to communicate opinions and suggestions.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC stepped up its support for Magen David Adom and the Palestine Red Crescent Society to respond, in line with the Safer Access Framework, to humanitarian needs arising from violence and the pandemic.

With the ICRC's facilitation and increased coordination with Magen David Adom, the Palestinian Red Crescent's EMS obtained permits to operate in areas near the Gaza–Israel border and in East Jerusalem and the West Bank. The Palestinian Red Crescent continued to implement the working procedures agreed upon with Israeli authorities. It bolstered the capacities of its first responders with ICRC technical support.

Magen David Adom conducted a training course for community members in basic emergency response, with a view to preparing participants to provide support for an ambulance dispatch point in their area. It drew on the ICRC's financial assistance to carry out vaccination campaigns and other activities in connection with the pandemic.

Together with the ICRC, the Palestinian Red Crescent implemented communication initiatives in support of COVID-19 vaccination (see *Actors of influence*). It worked with the Palestinian traffic police to produce television spots on the importance of regulating the use of the red crescent emblem and about legal developments in this regard.

The ICRC helped Magen David Adom and the Palestinian Red Crescent to coordinate their activities. It monitored implementation of the memorandum of understanding between them and arranged meetings between their representatives and other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	10			
RCMs distributed	2			
Phone calls facilitated between family members	2,200			
Reunifications, transfers and repatriations				
People transferred or repatriated	7			
Human remains transferred or repatriated	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	73			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	26			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	272	12	13	23
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Documents				
People to whom official documents were delivered across borders/front lines	628			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	77			
Detainees in places of detention visited	13,177	756	285	
Visits carried out	460			
		Women	Girls	Boys
Detainees visited and monitored individually	1,753	38	1	82
<i>of whom newly registered</i>	1,036	21	1	77
RCMs and other means of family contact				
RCMs collected	3			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,097			
Detainees visited by their relatives with ICRC/National Society support	3,312			
People to whom a detention attestation was issued	5,312			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	19,651	5,903	7,845
Income support	People	3,701	1,114	1,473
Living conditions	People	21,391	6,352	8,704
	<i>of whom IDPs</i>	9,205	2,696	3,830
Water and habitat				
Water and habitat activities	People	1,773,251	531,975	709,300
Primary health care				
Health centres supported	Structures	3		
Average catchment population		188,000		
Mental health and psychosocial support				
People who received mental-health support		158		
People who attended information sessions on mental health		50		
People trained in mental-health care and psychosocial support		77		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	14,146	41	41
Water and habitat				
Water and habitat activities	People	1,799		
Health care in detention				
Places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	7		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	313		
	Non-weapon-wound admissions	130,981		
	Operations performed	32,577		
Consultations		1,109,800		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,976		
Physical rehabilitation				
Projects supported		6		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	3,012	201	2,035
Prostheses delivered	Units	131		
Orthoses delivered	Units	2,006		
Physiotherapy sessions		2,471		
Walking aids delivered	Units	219		
Wheelchairs or postural support devices delivered	Units	74		
Referrals to social integration projects		1,507		
Mental health and psychosocial support				
People who received mental-health support		393		
People who attended information sessions on mental health		4,381		

JORDAN

The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from neighbouring countries, and to vulnerable Jordanians as well. It visits detainees, monitoring their treatment and living conditions, and enables civilians, including refugees, and foreign detainees to restore contact with their family members. With the National Society, it promotes respect for IHL among the authorities, weapon bearers and other relevant actors. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- Refugees and residents in host communities covered basic expenses and started small businesses with cash from the ICRC and ICRC-supported vocational training; they also benefited from the ICRC's improvements to water systems.
- The ICRC concluded most of its economic-assistance and all of its water-supply projects, in line with its priorities in Jordan. At the same time, it sought to expand livelihood and other support for families of persons reported missing.
- Hospitals and other health-care providers strengthened their capacities in emergency trauma care, with training and other assistance from the ICRC. People were vaccinated against COVID-19 by the authorities, with ICRC support.
- The authorities took steps to improve health care in places of detention – notably, under an ICRC-supported pilot project – and implemented measures against COVID-19 with supplies and expert advice from the ICRC.
- Military and security personnel familiarized themselves with norms applicable to their duties at ICRC briefings. Local authorities learnt more about IHL at an event organized by the national IHL committee and the ICRC.

EXPENDITURE IN KCHF

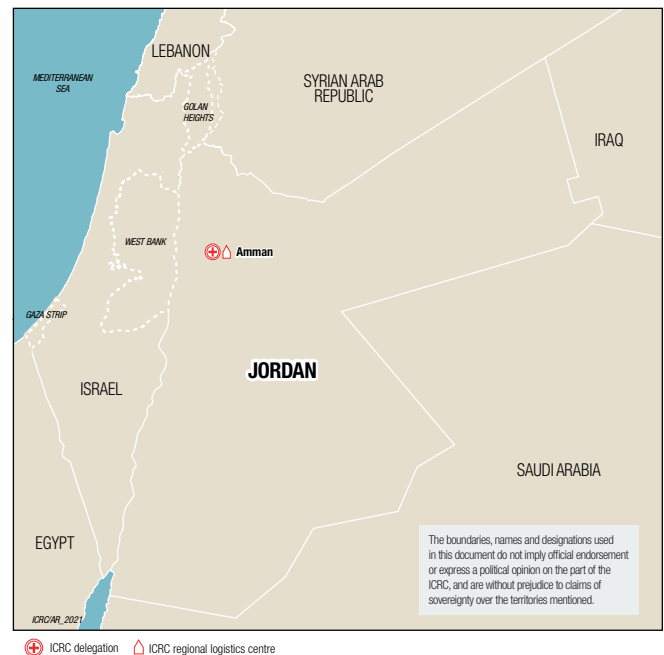
Protection	3,328
Assistance	6,741
Prevention	1,953
Cooperation with National Societies	1,084
General	3,698
Total	16,805
<i>Of which: Overheads</i>	<i>1,026</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
---------------------------	-----

PERSONNEL

Mobile staff	74
Resident staff (daily workers not included)	237



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	114
RCMs distributed	135
Phone calls facilitated between family members	8,278
Tracing cases closed positively (subject located or fate established)	44

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	19
Detainees in places of detention visited	12,099
<i>of whom visited and monitored individually</i>	491
Visits carried out	41

Restoring family links

RCMs collected	196
RCMs distributed	84
Phone calls made to families to inform them of the whereabouts of a detained relative	64

ASSISTANCE

CIVILIANS

Economic security

Income support	People	2,635	2,228
----------------	--------	-------	-------

Water and habitat

Water and habitat activities	People	186,822	205,817
------------------------------	--------	---------	---------

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		600
-------------------	--------	--	-----

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	6	8
---------------------	------------	---	---

Physical rehabilitation

Projects supported	Projects	2	2
--------------------	----------	---	---

CONTEXT

Jordan continued to deal with the consequences of armed conflict in the region, particularly the continuing armed conflict in the Syrian Arab Republic (hereafter Syria). There were reportedly some 1.36 million refugees in Jordan; some 670,000 of them were registered by the UNHCR; most refugees were living in host communities. Scarcity of resources and employment opportunities, exacerbated by the effects of the COVID-19 pandemic and the necessary measures taken by the Jordanian government, continued to affect both refugees and residents.

Owing to security-related and economic concerns, Jordan maintained its position within the international community that it could not admit any more asylum seekers. Before borders were closed to civilians, tens of thousands of people had reportedly returned to Syria.

Migrants, including refugees and asylum seekers, often lacked the means to restore contact with relatives separated from them by armed conflict in other countries or by detention.

Isolated protests arising from political and other tensions were sometimes responded to by security forces; these incidents sometimes led to arrests.

ICRC ACTION AND RESULTS

The ICRC, together with the Jordan National Red Crescent Society, worked to address the consequences of armed conflict in the region on people in Jordan. It also strove to assist the authorities' response to the pandemic; the ICRC adapted its activities where necessary in line with COVID-19 safety protocols. The ICRC scaled down its activities aimed at providing direct assistance to refugees from Syria, in line with its operational priorities in Jordan, and shifted its focus to other areas where it provided added value; in view of this, it closed its sub-delegation in Mafraq, and continued the conduct of activities in North Jordan from its delegation in Amman. The delegation in Amman remained a key logistical hub for the ICRC's operations in the Middle East and beyond. Amman continued to host the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

The ICRC continued to document the protection-related concerns of migrants, including refugees and asylum seekers in camps and host communities. Where appropriate, it raised these concerns with the Jordanian authorities, and reminded them of their duties under international law, including the obligation to respect the principle of *non-refoulement*, and to assist or facilitate assistance for conflict-affected people.

Refugee households covered basic expenses, set up small businesses, and coped with the disruption of their livelihoods by the pandemic, with the ICRC's help: cash transfers, cash grants, and vocational training through an ICRC-supported National Society programme. Some refugee households were referred and/or transferred to a similar programme offered by the UNHCR. Refugees and vulnerable Jordanians benefited from repairs and upgrades to critical water infrastructure

carried out by the ICRC; the ICRC trained local water authorities to maintain these facilities independently. It wound down and concluded the activities above.

The ICRC endeavoured to expand its assistance for families of persons reported missing in relation to conflict or other circumstances. Families, including households headed by women, were given cash grants and training to start income-earning activities and augment their household income. They also obtained psychosocial support and were referred by the ICRC to appropriate organizations for other kinds of assistance. The ICRC discussed with the pertinent authorities the need to address these families' needs and to prevent disappearances.

Members of families separated by armed conflict, migration, or detention reconnected through the Movement's family-links services. Refugees in camps made phone calls to their relatives abroad; they also lodged tracing requests. The ICRC helped foreign detainees to notify their consular representatives or pertinent UN agencies of their detention.

Wounded and sick people obtained treatment at ICRC-supported hospitals. The ICRC focused on helping boost capacities in emergency and trauma care among health care providers in Jordan; it trained first responders, health staff and others, and provided other forms of support to this end. Physically disabled people obtained rehabilitative services at an ICRC-supported hospital. The ICRC continued to back the authorities' pandemic response: for instance, by donating personal protective equipment (PPE) and other supplies, and – with the National Society – by providing logistical support for vaccination campaigns in rural areas.

The authorities kept up their efforts to improve detainees' living conditions, particularly their access to good-quality health care and protection from COVID-19; the ICRC gave them expert advice, as well as medical supplies and other material assistance. At sites for an ICRC-supported pilot project, to be replicated elsewhere in Jordan, detainees benefited from improvements to health services.

The ICRC continued to promote IHL among authorities and key stakeholders in Jordan. It supported the national IHL committee in organizing events on IHL for local authorities. ICRC workshops and expertise helped the armed forces better integrate IHL into their doctrine, training and operations. Civil society and others learnt more about IHL and the Movement from National Society and ICRC public-communication initiatives.

CIVILIANS

Pandemic-related restrictions, though necessary, disrupted the implementation of some ICRC activities, such as the provision of family-links services.

The ICRC continued to monitor the protection-related concerns of migrants, including refugees and asylum seekers, particularly those who had fled the armed conflict in Syria (see *Context*). Where appropriate, and in cooperation with the UNHCR and other humanitarian actors, it raised these concerns

with Jordanian authorities. It reminded the authorities of their obligations under international law, and emphasized the necessity of respecting the principle of *non-refoulement*, and the right of conflict-affected people to obtain appropriate assistance and to freedom of movement.

Police officers furthered their understanding of the ICRC's mandate and activities in Jordan (see *Actors of Influence*).

Refugees and residents build their self-sufficiency

In line with its priorities in Jordan, the ICRC wound down and concluded most of its economic-assistance programmes and all of its water-supply projects; these activities had aimed at assisting refugees from Syria and residents in host communities. At the same time, it sought to expand efforts to assist the families of people reported missing (see below).

Syrian refugee households, most of them headed by women, were helped to cover their rent and other expenses, or to start income-earning activities. They received monthly cash transfers from the National Society and the ICRC, or were given financial support and training to start small businesses. People who had received such help from the ICRC in previous years were given additional cash grants and/or training, to help them mitigate the pandemic's impact on their livelihoods. The activities mentioned above benefited 430 households (1,940 people) in all; some of these households were referred and/or transferred to a similar programme run by the UNHCR.

Refugees and vulnerable Jordanian women learnt sewing, jewelry-making and other skills under a vocational training programme run by the National Society. The ICRC provided financial and technical support for this programme; it also helped the National Society seek other sources of funding for these activities.

The ICRC repaired and/or renovated water transmission lines, water pumps and other critical water infrastructure in communities hosting refugees from Syria, benefiting some 206,000 people – more than planned. Local water technicians were given training and technical advice by the ICRC, which helped them become more capable of operating and managing the facilities mentioned above independently. Management of these facilities was turned over to the authorities.

Families of missing persons start income-earning activities

During its dialogue with the pertinent authorities, the ICRC drew attention to the specific needs of families of people reported missing in relation to armed conflict, migration or other circumstances; it highlighted the importance of taking measures to address these families' needs, and of preventing disappearances. The authorities and other stakeholders strengthened their grasp of these matters through online seminars and other events, which were part of an ICRC project to establish professional standards in all matters concerning missing people and their families (see *Operations*).

The ICRC made missing people's families aware of the services available to them, and endeavoured to provide comprehensive assistance for them. Through support-group sessions

organized by the ICRC, families were helped to cope with the uncertainty over the fate of their missing relatives. The ICRC provided 65 particularly vulnerable households (288 people), some headed by women, with cash grants and training to start income-earning activities; cash transfers for some of these households helped them to cover basic expenses as they established their businesses. Where appropriate, the ICRC referred families to other organizations for assistance.

Refugees reconnect with separated family members

Members of families separated by armed conflict, migration, or detention maintained or restored contact through family-links services provided by the National Society and the ICRC. Refugees in camps made over 8,200 phone calls to inform relatives in other countries of their situation; they also lodged tracing requests, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC staff to relatives detained in Iraq, Syria and other countries. In coordination with the embassies concerned, the ICRC provided people with the documents they needed to travel and reunite with family members.

The ICRC continued to provide the National Society with material, technical and financial support to strengthen its capacities in carrying out family-links services, particularly in camps hosting refugees (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Following the easing of some pandemic-related restrictions, the ICRC was able to resume visits to 19 places of detention collectively holding around 12,000 detainees: facilities run by the General Intelligence Department; correctional and rehabilitation centres; places of temporary detention run by the interior ministry; and facilities holding migrants, including some migrant workers, in administrative detention.

During its detention visits, the ICRC paid particular attention to security detainees, foreigners and others particularly at risk. Afterwards, it communicated its findings and recommendations confidentially to the pertinent authorities. It reminded them of the importance of various issues, such as: respecting the principle of *non-refoulement*; and ensuring that detainees' judicial guarantees were safeguarded.

Government restrictions imposed to prevent the spread of COVID-19, though necessary, impeded some in-person activities.

Detainees maintain contact with their families

Detainees – mainly foreigners and security detainees who could not receive family visits – contacted their relatives through the Movement's family-links services. The ICRC also arranged a few family visits for detainees. A total of 64 phone calls were made by the ICRC to inform families of the whereabouts of a detained relative. Migrant workers detained in Juweida received phone cards from the ICRC to help them contact their relatives abroad.

The ICRC helped foreign detainees to notify their embassies, the UNHCR or the United Nations Relief and Works Agency for Palestine Refugees in the Near East of their situation.

Authorities work to check the spread of COVID-19 in places of detention

The authorities drew on the ICRC's guidance to improve detainees' access to good-quality health care. In particular, the authorities, with the ICRC's support, worked to mitigate the pandemic's impact in places of detention.

The ICRC urged the authorities to strengthen protection for detainees against COVID-19, for instance, by including them in national vaccination programmes and addressing overcrowding in prisons. During the year, the authorities vaccinated some 15,000 detainees against the disease, and granted early release for hundreds of detainees. Penitentiary and health authorities implemented testing and other preventive measures in places of detention, with technical and material support from the ICRC. The ICRC organized workshops for penitentiary health and administrative staff on measures against COVID-19. It also donated PPE, cleaning products and hygiene items to several places of detention, and to two referral hospitals that treated detainees suspected or confirmed to have COVID-19. ICRC donations of hygiene items also benefited 600 female detainees in Juweida.

Penitentiary authorities and health staff discussed, with input from the ICRC, ways to improve health services in correctional and rehabilitation centres by refining standard procedures or through other means. Detainees in need of physical rehabilitation services or higher-level care were monitored and/or referred to ICRC-supported health facilities.

The ICRC kept up a pilot project, undertaken with the interior and health ministries, to improve health care at three prisons, with a view to replicating the improvements at other places of detention. In addition to the support mentioned above, the ICRC gave these facilities its technical input in such matters as the management of detainees' medical information and of stocks of medicine. It helped equip clinics and upgrade facilities at two places of detention, to make these clinics more capable, for example, of maintaining sanitary conditions and storing temperature-sensitive medicine properly.

WOUNDED AND SICK

Owing to pandemic-related constraints, some activities were scaled down or cancelled.

At workshops led by trainers from the Jordan National Red Crescent Society and the civil defence directorate, and organized by the ICRC, police officers and *gendarmes* learnt how to provide first aid effectively; this helped bolster their readiness to respond in the event of a large-scale emergency. The ICRC also helped equip first responders.

Health care-providers reinforce emergency preparedness

Wounded and sick people received specialized medical care at eight ICRC-supported hospitals; six of these hospitals received support on a regular basis. The ICRC worked with the health

ministry and civil-defence authorities to make health-care providers more capable of providing emergency and trauma care, and of ensuring continuity of these services even in the event of an influx of patients needing critical care. Staff from the health ministry, and Royal Medical Services and civil-defence personnel, honed their capacities at courses and other events on emergency care organized by the National Society and the ICRC; personnel from the civil defence directorate attended an ICRC train-the-trainer session, where they learnt how to instruct others in these subjects. The ICRC donated medical supplies and equipment to help set up a facility at a hospital in Al Karak for stabilizing trauma patients before transferring them to other hospitals, and to upgrade facilities at the emergency department of a hospital in Zarqa.

The ICRC gave the health ministry and other health-care providers technical advice, and PPE and other supplies, in support of their pandemic response. As part of its national vaccination programme, the health ministry deployed mobile vaccination teams to remote communities, with logistical support from the National Society and the ICRC; these efforts resulted in roughly 28,000 people being vaccinated against COVID-19.

Health researchers presented their findings at an online regional conference on the Health Care in Danger initiative with the ICRC's help.

Persons with disabilities obtain rehabilitative services

More than 30 physically disabled people,¹ including detainees, obtained rehabilitative services at the Al-Bashir hospital in Amman – which enhanced its services with ICRC-donated components and other supplies, and the ICRC's expertise.

Aided by the ICRC, physical rehabilitation professionals from throughout the region honed their knowledge of specialized topics in prosthetics and orthotics at an online course. The ICRC continued to provide support for the University of Jordan's implementation of a prosthetics and orthotics programme.

ACTORS OF INFLUENCE

The ICRC endeavoured to foster awareness of and support for its work, and that of the Movement, during its interaction with local leaders, students and members of civil society and through its public-communication efforts. It kept key stakeholders up to date on its activities. Journalists from local and international media added to their knowledge of best practices in reporting on humanitarian issues at an ICRC training session. In rural areas, National Society staff helped disseminate safety practices against COVID-19 among members of the general public and encouraged their participation in ICRC-supported national vaccination drives.

The national IHL committee continued to receive the ICRC's support for advancing IHL implementation in Jordan. The committee organized, with the ICRC's help, a series of seminars for local authorities to help enhance their knowledge on IHL.

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

IHL experts, judges, academics and others added to their knowledge of IHL during briefings held by the ICRC, which also described its work to them, for example, its activities to assist the families of missing persons. Students demonstrated their grasp of IHL at a national moot court competition organized by the ICRC.

Volunteers from the Jordan National Red Crescent Society strengthened their capacity to promote IHL, and the Movement's activities, through ICRC training sessions.

Military officers more fully integrate IHL and other applicable norms into their operations

The ICRC continued to support the armed forces' efforts to integrate IHL more fully into their training, doctrine, and operations. Armed forces and security forces personnel furthered their understanding of IHL and of the Movement at ICRC dissemination sessions and briefings; these briefings included officers bound for peacekeeping missions abroad.

The police and *gendarmérie* learnt more about ICRC activities in Jordan through ICRC training courses, workshops and other events, and enhanced their emergency preparedness (see also *Wounded and Sick*).

RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society worked, often with the ICRC, to help refugees, asylum seekers and vulnerable

Jordanians meet their needs, which had grown owing to the COVID-19 pandemic. Notably, the National Society, with the ICRC's help, organized information sessions on measures against COVID-19 in communities throughout Jordan. Together, the National Society and the ICRC provided the health ministry with support for national vaccination drives against COVID-19 (see *Wounded and Sick*). The National Society also bolstered its family-links activities and maintained its vocational-training programme (see *Civilians*), with the ICRC's support. National Society volunteers boosted their capacity to promote IHL (see *Actors of influence*).

The ICRC continued to assist the National Society to incorporate the Safer Access Framework in its activities, and to ensure that its staff and volunteers could work in safety; it helped organize workshops that were attended by staff from all National Society branches.

As per their partnership agreement, which remained in effect, the ICRC provided the National Society with financial, material and technical support to help develop its operational and organizational capacities, and train its staff and volunteers. The ICRC donated office equipment to help equip the National Society's branch in Mafraq.

Movement components met regularly to discuss and coordinate their activities in Jordan, and to explore possibilities for joint projects.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	114			
RCMs distributed	135			
Phone calls facilitated between family members	8,278			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	110	2	5	10
Tracing cases closed positively (subject located or fate established)	44			
Tracing cases still being handled at the end of the reporting period (people)	3,017	82	33	147
Documents				
People to whom travel documents were issued	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	12,099	616	193	
Visits carried out	41			
		Women	Girls	Boys
Detainees visited and monitored individually	491	102	14	12
<i>of whom newly registered</i>	330	85	14	12
RCMs and other means of family contact				
RCMs collected	196			
RCMs distributed	84			
Phone calls made to families to inform them of the whereabouts of a detained relative	64			
Detainees visited by their relatives with ICRC/National Society support	5			
People to whom a detention attestation was issued	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	2,228	900	896
Water and habitat				
Water and habitat activities	People	205,817	61,745	78,210
Mental health and psychosocial support				
People who received mental-health support		*		
People who attended information sessions on mental health		46		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	600	600	
Health care in detention				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		6		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		283,633		
First aid				
First-aid training				
	Sessions	3		
	Participants (aggregated monthly data)	77		
Physical rehabilitation				
Projects supported		2		
<i>of which physical rehabilitation projects supported regularly</i>		1		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	33	*	*
Orthoses delivered		25		
Physiotherapy sessions	Units	*		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

KUWAIT (regional)

COVERING: Member states of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates

The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	2,456
Assistance	391
Prevention	4,740
Cooperation with National Societies	1,079
General	972
Total	9,638
<i>Of which: Overheads</i>	<i>588</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
---------------------------	------

PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	59

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	60
RCMs distributed	80
Phone calls facilitated between family members	92
Tracing cases closed positively (subject located or fate established)	73
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	3
Detainees in places of detention visited	6,652
<i>of whom visited and monitored individually</i>	<i>41</i>
Visits carried out	7
Restoring family links	
RCMs distributed	1

CONTEXT

The member states of the Gulf Cooperation Council (GCC) continued to exert influence in matters linked to armed conflict and humanitarian action in the Middle East and elsewhere. GCC governments and regional organizations – and local charities and other organizations in the countries covered – conducted or supported humanitarian activities in the wider region.

A number of GCC countries were involved in regional conflicts. Bahrain, Kuwait and the United Arab Emirates (hereafter UAE) were part of the international military coalition led by Saudi Arabia in Yemen.

Bahrain, Kuwait, the UAE and Qatar supported international efforts to evacuate foreigners and at-risk Afghan civilians from Afghanistan, by organizing flights, allowing use of their airports as transit points, and/or temporarily accommodating refugees before their resettlement elsewhere.

In January, Qatar and the rest of the GCC member states signed a “solidary and stability” agreement aimed at restoring full diplomatic and trade relations between them.

The UAE hosted the World Expo 2020 in Dubai; the global fair provided states with a high-profile platform for exchanging views on contemporary issues.

ICRC ACTION AND RESULTS

Influential parties in the GCC expand their knowledge of IHL and the ICRC's work

Despite various pandemic-related constraints, the ICRC's regional delegation in Kuwait strove to strengthen support among GCC member states for IHL and for the ICRC's humanitarian activities in the wider region, particularly in Yemen. It maintained a logistics base in Oman for its operations in Yemen.

The ICRC continued its dialogue on the conduct of hostilities with the militaries of GCC member states, particularly with the Saudi Arabia-led coalition, in connection with the conflict in Yemen. It also supported efforts to integrate IHL provisions into military training and operations. In Kuwait, the Military Justice Authority and the ICRC conducted a course for Kuwaiti military personnel in the applicability of IHL to the conduct of hostilities; the ICRC also delivered guest lectures for military personnel attending a course in civilian–military cooperation organized by the NATO–Istanbul Cooperation Initiative Regional Centre in Kuwait. In the UAE, the defence ministry and the ICRC organized a workshop on compliance with IHL in partnered military operations; 23 senior military officers from 17 countries participated. ICRC training sessions for military personnel in Saudi Arabia and Qatar focused on integrating IHL into military decision-making and operations and on the protection of children during armed conflict.

The ICRC took part in regional forums and high-level meetings, at which it discussed priority issues, expanded its network of contacts and broadened support for its work. During his visits to the region and in other settings, the president of the ICRC met with senior government officials, diplomats and other influential GCC figures. The ICRC organized various events, both in-person and online, to foster support for IHL and to draw attention to issues of humanitarian concern. These included a symposium in Qatar on contemporary IHL issues, a conference in Bahrain on the role of judges in implementing IHL provisions, and a week-long workshop in Oman on humanitarian dialogue and negotiations in crisis-affected contexts. Its participation in key events – for example, the World Expo Dubai, and various webinars and conferences organized by think tanks and humanitarian organizations in the region – enabled the ICRC to share its expertise in IHL and to communicate its positions on various regional and global issues of concern. It signed cooperation agreements – to promote IHL – with the Organization of Islamic Cooperation and the Muslim World League.

Aided by ICRC expertise, the national IHL committees of Kuwait, Saudi Arabia and Qatar incorporated IHL provisions in draft laws (e.g. on the emblems protected under IHL and on the protection of cultural property) that were submitted, or are planned for submission in 2022, to the pertinent government authorities for their approval.

The ICRC publicized its activities through news releases, media interviews and social-media posts. Briefings and training sessions, including those that the ICRC organized jointly with GCC National Societies and national IHL committees, broadened awareness of IHL and humanitarian issues among diplomats, parliamentarians and academics in the region.

People use the Movement's family-links services to reconnect with relatives

Members of families separated by conflict, detention or migration stayed in touch through family-links services provided by GCC National Societies and the ICRC. ICRC workshops helped GCC National Societies to expand their capacities in restoring family links. The ICRC, together with the pertinent National Societies, monitored the situation of civilians from Afghanistan who had been evacuated to Bahrain, Kuwait, Qatar and the UAE. The Qatar Red Crescent Society, with technical support from the ICRC, provided family-links services to Afghans evacuated from Afghanistan or in transit in Qatar. The ICRC arranged phone or video calls between people in the region and their relatives detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

The Tripartite Commission – set up by Kuwait, Iraq and former coalition states – and its Technical Sub-Committee kept up their efforts to resolve missing-persons cases linked to the 1990–1991 Gulf War, with technical assistance from the ICRC. The remains of 60 individuals were identified and handed over to the families concerned, in Iraq, Kuwait and Saudi Arabia.

To mark the International Day of the Disappeared, the ICRC convened a virtual round table, for academics and humanitarian workers, on forensic archaeology and digital tools for forensic work.

The ICRC, together with the King Salman Humanitarian Aid and Relief Centre, conducted a three-day seminar on war surgery in Saudi Arabia. Workshops or seminars on other topics, such as managing human remains, addressing the issue of missing people, and responding to chemical, biological and radiological agents could not be held as planned because of pandemic-related constraints.

The ICRC visits detainees in Bahrain and Kuwait

The ICRC visited people being held at three places of detention (two in Bahrain, and one in Kuwait), to check on their living conditions and treatment, including their access to health services and COVID-19 vaccines. Findings and recommendations were communicated to the authorities concerned.

The ICRC briefed officials from Bahrain's health and interior ministries on internationally recognized standards for detention and gave them expert advice for improving – in consonance with medical ethics – health services for detainees, including those with specific needs (e.g. mentally ill detainees, people on hunger strike). The ICRC and the Kuwaiti authorities continued to discuss the importance of making psychological or psychiatric care available to detainees with mental illnesses, including substance-use disorders. At an ICRC webinar, detaining and health authorities from Bahrain, Kuwait, Saudi Arabia and Qatar exchanged best practices in tackling COVID-19 in places of detention.

The ICRC remained without access to detainees in Saudi Arabia. It continued to pursue dialogue with the pertinent parties, with a view to offering its humanitarian services for all detainees within its purview, particularly people detained in connection with the conflict in Yemen.

The ICRC attended, as an observer, the monthly meetings of the UN working group on migrants in Saudi Arabia; it discussed the protection-related concerns of migrants, including those detained, with the human rights commission.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	60			
RCMs distributed	80			
Phone calls facilitated between family members	92			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	31			
<i>including people for whom tracing requests were registered by another delegation</i>	17			
Tracing cases closed positively (subject located or fate established)	73			
<i>including people for whom tracing requests were registered by another delegation</i>	67			
Tracing cases still being handled at the end of the reporting period (people)	1,551	11	3	43
<i>including people for whom tracing requests were registered by another delegation</i>	1,365			
Unaccompanied minors (UAMs)/separated children (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	27	1		
Documents				
People to whom travel documents were issued	21			
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	3			
Detainees in places of detention visited	6,652		499	
Visits carried out	7			
		Women	Girls	Boys
Detainees visited and monitored individually	41			2
<i>of whom newly registered</i>	2			2
RCMs and other means of family contact				
RCMs distributed	1			
People to whom a detention attestation was issued	1,060			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total		
Health care in detention				
Places of detention visited by health staff	Structures	4		

LEBANON

The ICRC has been present in Lebanon since the 1967 Arab–Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. It facilitates access to water and provides medical care and other relief to refugees and residents wounded in Lebanon or in the neighbouring Syrian Arab Republic. It visits detainees; offers family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- The ICRC discussed with the authorities the protection-related concerns of violence-affected people in Lebanon, notably the necessity of respecting the principle of *non-refoulement* in connection with refugees from Syria.
- The ICRC, in cooperation with the authorities and other partners, worked to bolster the resilience and capacities of hospitals across the country – including the two largest public hospitals – which benefited both refugees and residents.
- Refugees and violence-affected communities had better access to essential services following ICRC upgrades to water systems and basic facilities, and became less economically vulnerable through ICRC income-support projects.
- The ICRC continued to publicize the plight of missing people's families and to mobilize the authorities and other actors to respond to their needs. Families received psychosocial and other support from the ICRC.
- Movement components endeavoured to coordinate their activities, including their response to the COVID-19 pandemic and other emergencies.
- The deterioration of the socio-economic situation in Lebanon led to delays in the implementation of some infrastructural projects and other planned activities.

EXPENDITURE IN KCHF

Protection	7,179
Assistance	23,405
Prevention	1,879
Cooperation with National Societies	3,113
General	600
Total	36,177
<i>Of which: Overheads</i>	<i>2,208</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
---------------------------	-----

PERSONNEL

Mobile staff	69
Resident staff (daily workers not included)	242



PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	30
RCMs distributed	49
Tracing cases closed positively (subject located or fate established)	97

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	17
Detainees in places of detention visited	5,479
<i>of whom visited and monitored individually</i>	566
Visits carried out	58

Restoring family links	
RCMs collected	54
RCMs distributed	15
Phone calls made to families to inform them of the whereabouts of a detained relative	31

ASSISTANCE CIVILIANS

Economic security	2021 Targets (up to)	Achieved
Food consumption	People	32,500
Income support	People	21,350
Living conditions	People	25,000
Capacity-building	People	815

Water and habitat	
Water and habitat activities	People
	245,540
	1,808,658

Health	
Health centres supported	Structures
	8
	12

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security	
Living conditions	People
	5,691

Water and habitat	
Water and habitat activities	People
	2,137
	3,800

WOUNDED AND SICK

Medical care	
Hospitals supported	Structures
	28
	31

Physical rehabilitation	
Projects supported	Projects
	11
	9

Water and habitat	
Water and habitat activities	Beds (capacity)
	590
	638

CONTEXT

Lebanon remained affected by the armed conflict in the Syrian Arab Republic (hereafter Syria). According to UNHCR estimates, there were around 1.5 million Syrians in host communities or informal settlements throughout the country. Syrians suspected of affiliation to armed groups, or of having entered Lebanon via unofficial crossings, were at risk of arrest, detention or deportation.

Around 200,000 Palestinian refugees lived in 12 overcrowded camps. Tensions among armed factions at Ein el-Helwe, the largest camp, persisted.

Lebanon's economy deteriorated sharply: the purchasing power of the Lebanese pound plummeted and basic commodities became scarce or prohibitively expensive. Failing electrical grids, combined with fuel shortages, led to countrywide blackouts. The delivery of essential services was seriously disrupted. There were protests, sometimes violent, over the dire economic situation, and over political issues.

Syrians and Palestinian refugees continued to have limited access to livelihood opportunities and public services; in particular, the country's largely privatized and expensive health-care system was beyond the reach of refugees. The public-health and socio-economic consequences of Lebanon's economic deterioration, compounded by the impact of the pandemic, made matters worse.

Law enforcement operations during demonstrations, and in informal settlements and refugee camps, led to arrests and detention, and to casualties.

Numerous missing-persons cases linked to past conflicts remained unresolved.

ICRC ACTION AND RESULTS

The ICRC assisted people who had fled to Lebanon from Syria, Palestinian refugees and destitute Lebanese residents, in partnership with the Lebanese Red Cross, the Lebanon branch of the Palestine Red Crescent Society, the International Federation and other Movement components, and in coordination with the authorities and the UNHCR and other organizations. It discussed the protection-related concerns of refugees and destitute residents with the authorities and weapon bearers, and explained to them the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services.

Refugees and destitute residents, especially in underserved areas, received food and hygiene kits from the ICRC. Income-support projects enabled them to cover their living expenses and work towards self-sufficiency.

Syrians, Palestinian refugees and Lebanese host communities affected by communal tensions benefited from improved access to essential services following ICRC repairs or upgrades to essential infrastructure. More people than planned benefited from water-and-habitat projects because the ICRC, substituting for another organization, made ad hoc donations of water-treatment chemicals to water providers serving densely populated urban communities.

In cooperation with the authorities and other partners, the ICRC implemented a multidisciplinary approach to bolster the resilience of health-care services from the effects of conflict and socio-economic shocks. It reinforced capacities at the two largest public hospitals in Lebanon: the Rafik Hariri University Hospital (RHUH) in Beirut and the Tripoli Governmental Hospital (TGH). As part of a multi-year capacity-building partnership established with the RHUH by the ICRC and other partners, the ICRC upgraded infrastructure, donated supplies, and provided medical care free of charge in the ICRC-run emergency ward; ICRC staff provided on-site support. It began giving the TGH regular support to manage influxes of wounded people. Partly because of budgetary constraints, on 31 March, the ICRC closed the Weapon Traumatology and Training Centre (WTTC) in Tripoli, which it had set up in 2014. Before closing the centre, patients were given comprehensive care, and those needing follow-up treatment were referred to other ICRC-supported hospitals.

Emergency responders, including National Society personnel, and members of armed groups were given first-aid training and other support. ICRC-supported clinics provided preventive, curative and psychosocial care. Persons with disabilities received assistive devices and physiotherapy at ICRC-supported centres.

The ICRC continued to publicize the plight of missing people's families and to mobilize the authorities and other actors to respond to their needs. It provided technical guidance to the national commission for ascertaining the fate of people missing in connection with past or ongoing conflicts in Lebanon. A primer explaining the families' right to know the fate of their missing loved ones was published and distributed. Missing people's families obtained psychosocial and other support with the ICRC's help.

The ICRC gave the authorities expert advice on managing human remains, and for drafting contingency plans for mass-casualty situations.

The ICRC visited, in accordance with its standard procedures, detainees held by the Lebanese Armed Forces (LAF), the Internal Security Forces (ISF) and the General Directorate of General Security (GSO). It communicated its findings and recommendations confidentially to the authorities, and provided material and other support to detention facilities, with a view to improving detainees' living conditions.

Media coverage and the ICRC's public-communication initiatives helped broaden awareness, in Lebanon and throughout the region, of humanitarian issues and the ICRC's work.

The National Society expanded its emergency response capacities – and its COVID-19 response – with the ICRC's support. Movement components coordinated their activities to ensure coherent humanitarian action in Lebanon, and started drafting contingency plans for mass-casualty situations and other emergencies.

The ICRC carried out its activities in line with COVID-19 protocols.

CIVILIANS

Authorities and weapon bearers work to protect violence-affected people

The ICRC monitored the situation of Syrians, Palestinian refugees and other violence-affected people in Lebanon; documented their protection-related concerns; and brought them up with the pertinent authorities and weapon bearers (see also *Syrian Arab Republic*). ICRC representations to the pertinent parties emphasized the necessity of respecting the principle of *non-refoulement*, notably in connection with refugees from Syria, and facilitating access to medical services.

Round tables, workshops and other events enabled the ICRC and weapon bearers such as the ISF, the LAF and UN peace-keeping troops to discuss topics of common concern (see *Actors of Influence*).

The ICRC launched a countrywide communication campaign on the goals of the Health Care in Danger initiative. It conducted information sessions and dialogue on the protection of medical services for and with health ministry officials, medical workers and weapon bearers.

Missing people's families address their needs and members of dispersed families reconnect

The national commission for resolving missing-persons cases received ICRC support for implementing Lebanon's law concerning missing people. The commission drafted implementing rules for the law, with expert guidance from the ICRC. The ICRC, together with the Swiss embassy in Lebanon, published a primer explaining the law – in Arabic and English – and distributed copies to missing people's families, NGOs and others. It continued to collect pre-disappearance data on missing people from their families; the data will be preserved, and used in an identification process that will be carried out by the national commission, with the ICRC's support.

Together with the Swiss embassy in Lebanon, the ICRC launched an online platform that enabled missing people's families, authorities, NGOs and others to connect with one another. NGOs and the public learnt more about the plight of missing people's families during meetings with the ICRC or from the ICRC's posts on social media. Families of people missing in connection with the Syrian conflict, and past conflicts in Lebanon, participated in an ICRC-organized international conference for the families of missing persons, which was attended by some 500 families from 35 countries.

The ICRC endeavoured – by means of an accompaniment programme – to respond to the various needs of families whose relatives had gone missing in Syria. Syrian and Palestinian families in Akkar, Aarsal, Bireh and Ein el-Helwe were given socio-economic, administrative and psychosocial support. Volunteers were trained to provide psychological assistance and referrals to other, locally available services, as appropriate.

Because interest had waned among the families concerned, the ICRC decided, in June, to close its accompaniment programme for the families of people who went missing during past conflicts in Lebanon.

Members of families dispersed by conflict, detention or other circumstances reconnected through the Movement's family-links services. They included refugees and residents who often did not have enough money to contact relatives in other countries and those whose relatives were continually on the move and had lost access to their phones. Together with the Lebanese Red Cross, the ICRC conducted information sessions on the Movement's family-links services. Requests to locate people missing, or alleged to have been arrested, in Syria were forwarded to the ICRC's delegation in Syria, which followed them up with the pertinent authorities (see *Syrian Arab Republic*). To help ascertain the fate of missing migrants, the ICRC sought information from their families and referred the cases to the relevant parties in Lebanon, Syria and elsewhere in the region. Travel documents issued by the ICRC enabled two people to resettle abroad. The ICRC helped facilitate the transfer and/or repatriation of four Lebanese nationals, and the remains of three others, from Israel (see *Israel and the Occupied Territories*).

Local forensic capacities are strengthened

The ICRC emphasized to the relevant authorities that in order to ensure that human remains are managed and identified properly, it was vitally important to review frameworks, policies and procedures in the medico-legal system. It gave these authorities technical support for drafting contingency plans for mass-casualty situations. It provided personal protective equipment (PPE) and/or training in managing human remains for first responders, forensic professionals, mortuary personnel and others. It also donated two safety cabinets for the laboratory at the Lebanese University, which provided forensic services for the LAF. After the explosion of a fuel tank in Akkar, the ICRC provided the ISF with equipment for managing human remains and carrying out forensic work.

Refugees and residents meet their basic needs

Together with the Lebanese Red Cross and other National Societies, and other humanitarian organizations, the ICRC strove to decrease economic vulnerability among victims of violence, missing people's families, disabled people, and refugees and residents not being assisted by other organizations.

The ICRC helped ensure access to food for refugees and residents: approximately 16,118 households (80,590 people) were given food parcels, and some 1,485 farming households (7,425 people) were given seedlings and other supplies for growing vegetables. A total of 4,863 households (24,315 people) received hygiene kits. The ICRC was able to assist more people by entering into a partnership with an NGO that helped distribute food and hygiene kits to disabled people and their families.

Refugees and destitute residents worked towards self-sufficiency through income-support projects carried out by the ICRC, some of them with NGOs and the Lebanese Red Cross and other Movement partners.

To alleviate the effects of the economic crisis (see *Context*) among the already economically marginalized refugees, the ICRC scaled up its income-support activities. It provided cash grants and other support to some 8,240 households (41,173 people): refugees received a monthly allowance to partially cover their

expenses for food, rent or medical treatment; pregnant and lactating women were given one-off cash grants; breadwinners were given in-kind or cash assistance for growing aquatic ferns – as a sustainable substitute for fodder – or raising livestock. Livelihood training for breadwinners was cancelled because of operational constraints.

Communities have access to water and renovated public infrastructure

The ICRC prioritized water-and-habitat projects that made a reliable supply of clean water more readily available to refugees and residents, particularly in violence-prone areas and informal settlements and other underserved communities, where scarcity of water and competition over it cause tensions. These projects, some of them carried out with the Lebanese Red Cross, benefited some 300,000 people: upgrades to water and sanitation systems in Palestinian camps, and in communities hosting Syrian refugees, made clean water available and contributed to a healthier environment; and urgent repairs to wells provided potable water for refugees and residents in Aarsal and Shabriha.

More people than planned benefited from the ICRC's water-and-habitat initiatives, because the ICRC – temporarily filling in for another organization that had run out of funds – donated water-treatment chemicals to water providers across Lebanon; this enabled around 1.5 million refugees and residents to have access to clean water.

Violence-affected people receive health services, including mental-health and psychosocial support

Refugees and residents obtained preventive and curative care at ten clinics that received regular ICRC support: medicine, medical supplies, training and salary incentives for staff, and/or infrastructural upgrades; two other clinics received PPE on an ad hoc basis. These facilities provided 125,999 consultations, administered 7,616 doses of polio vaccine to children, and made 243 referrals for specialized treatment. At four of these clinics, the ICRC covered treatment costs for pregnant women and/or people with non-communicable diseases. Four health facilities obtained material and/or other support from the ICRC to vaccinate people against COVID-19.

At the request of the authorities, an ICRC psychologist counselled people hospitalized after the Akkar explosion. Some 700 people, including victims/survivors of sexual violence, missing people's families, disabled people, and casualties of the explosion in Akkar, and that in Beirut in 2020, obtained psychosocial support via a mobile messaging app or during counselling sessions with the ICRC or ICRC-trained staff; approximately 1,000 people learnt more about the mental-health needs of conflict-affected people; and 33 people received training in psychological counselling and psychosocial support.

Training in trauma care and hazard management for personnel from the Lebanon Mine Action Centre, and for first responders in weapon-contaminated areas, was cancelled or postponed to 2022 because of administrative constraints.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 17 facilities run by the LAF, the ISF and the GSO. It followed up 566 detainees individually – security detainees, people on hunger strike, people under interrogation, and foreigners – and referred some of them for medical or legal assistance. Findings and recommendations from the visits were communicated confidentially to the authorities, to help them align detainees' treatment and living conditions with internationally recognized standards.

The ICRC reminded the authorities and security forces to abide by international standards for the use of force. It also engaged them in dialogue on other matters, such as the necessity of respecting judicial guarantees – including the principle of *non-refoulement* – and providing adequate food and health care for detainees. LAF personnel attended ICRC training in best practices for prison management. The ICRC gave the LAF its recommendations for documenting and preventing ill-treatment among detainees.

Detaining authorities were reminded that they must notify families of the arrest of their relatives. The ICRC enabled vulnerable detainees to contact their relatives through RCMs, and helped detained foreigners notify their embassies of their imprisonment. It also facilitated the repatriation of one detainee after their release.

The ICRC interviewed Syrians facing deportation after their release from detention facilities in Lebanon, to document their protection-related concerns. It made representations to the GSO about the necessity of ensuring – in line with the principle of *non-refoulement* – the safety and dignity of all detainees being deported to Syria.

Detaining authorities strive to improve detainees' living conditions and prevent the spread of disease

The ICRC continued to participate in meetings with the COVID-19 taskforce – created in 2020 at the ICRC's recommendation – to coordinate pandemic response at ISF prisons and tackle other issues affecting detainees. It monitored isolation wards – restored by the ICRC – at two prisons, including the Roumieh central prison (RCP), the largest in the country. It kept track of vaccination campaigns in prisons and mobilized other actors to support the vaccination of detainees. It donated PPE and other supplies to four places of detention in support of their vaccination campaigns; in all, 536 doses of COVID-19 vaccine were administered.

Detainees needing specialized care were referred to ICRC-supported hospitals. Clinic and prison staff were trained in medically screening new inmates; abiding by medical ethics; and managing detainees on hunger strike.

The ICRC supplied clinics at seven LAF prisons with drugs and medical supplies; at other prisons, it distributed PPE and other materials for preventing and controlling infections. It also made repairs to a detention ward (11 beds) at a referral hospital. Hygiene items, mattresses, blankets and recreational items were given to some 5,000 inmates at prisons visited by the ICRC.

The ICRC repaired electrical systems and renovated spaces for family visits at the RCP, benefiting 3,800 detainees. It mobilized the information technology department at the ISF to develop software for collecting data on maintenance-related needs at all ISF prisons; an ISF laboratory was given the supplies necessary to bolster its forensic capacities, including in connection with documenting injuries sustained by detainees alleged to have suffered ill-treatment. The ICRC made recommendations to detaining authorities for a comprehensive maintenance plan for prison facilities. Round tables for the authorities and medical professionals were postponed to 2022, owing to pandemic-related and other constraints.

WOUNDED AND SICK

Emergency medical services provide urgent care

To increase the likelihood of wounded people receiving timely medical care, the ICRC trained members of armed groups and vulnerable communities in first aid and equipped them accordingly; some of these training sessions were conducted jointly with the Lebanese Red Cross. Health workers learnt about their rights and responsibilities at ICRC dissemination sessions.

The National Society drew on financial and material support (e.g. PPE, medical consumables) from the ICRC to operate its emergency medical services (EMS), which included transferring people with COVID-19 and wounded people to hospitals.

The ICRC helped provide mental-health and psychosocial support for casualties of the Akkar explosion, patients at the RHUH or the WTTC, and others (see *Civilians*).

The ICRC supports the continuum of care and bolsters the resilience of hospitals across the country

People sought medical, surgical, maternal or paediatric care at the RHUH in Beirut (390 beds), where the ICRC continued to run an emergency ward, and provide medicine, equipment and training for staff, under a multi-year capacity-building project, in partnership with the authorities and other actors. The ICRC also started providing support regularly for the TGH (200 beds) – the second largest public hospital in Lebanon – to stabilize wounded people.

Syrians requiring reconstructive surgery and/or post-operative rehabilitation were treated at the WTTC in Tripoli, which the ICRC had set up in 2014. Partly because of budgetary constraints, on 31 March, the ICRC closed the WTTC. Former patients requiring further care were either followed up by the ICRC at ICRC-supported hospitals or referred to other facilities.

Refugees and destitute residents in Aarsal were served by two ICRC-supported hospitals, and Palestinians, by eight hospitals: five run by the Palestine Red Crescent Society's Lebanon branch and three in Ein el-Helwe. All these facilities received technical support, drugs, PPE, and medical supplies and/or equipment from the ICRC. The ICRC made ad hoc donations of medical supplies to 18 additional hospitals in response to various emergencies. It renovated electrical systems and improved storage capacity at two of the hospitals mentioned above (37 beds in all).

In cooperation with the Lebanese University Task Force, the ICRC conducted a course in disaster management, in preparation for mass-casualty incidents; later, it established a contingency taskforce at the RHUH.

Persons with disabilities improve their mobility

The ICRC supported five physical rehabilitation centres, including one run by the National Society. It provided assistive devices and rehabilitative care for 1,165 disabled people¹ – including victims of the explosion in Beirut in 2020 – and helped them improve their mobility. Some of them were referred to the ICRC's economic-security programmes (see *Civilians*).

To help strengthen local capacities in physical rehabilitation, the ICRC organized training sessions for physiotherapists and physiotherapy students in the rehabilitation of amputees. The ICRC, representatives from various NGOs, and others in the physical rehabilitation sector made recommendations to the health ministry on national standards for rehabilitative services; the ICRC organized a webinar on the subject of developing policies to improve the sector.

The ICRC endeavoured to advance the social inclusion of persons with disabilities. In partnership with a disability sports organization and an NGO, it organized wheelchair-basketball games and renovated a basketball court. Eight wheelchair-basketball clubs from all over Lebanon competed in a national tournament.

ACTORS OF INFLUENCE

Authorities and weapon bearers strengthen their grasp of IHL and other norms

The ICRC maintained its dialogue on IHL and other norms with the authorities, weapon bearers and members of civil society. It gave the authorities expert advice for addressing the issue of missing people (see *Civilians*) and for ensuring that detainees were treated in line with internationally recognized standards.

At round tables, workshops and other ICRC events, LAF, ISF and GSO personnel, including those involved in border control and in crowd-control operations, learnt more about their obligations under international norms. LAF personnel took part in eight workshops on the use of force, particularly during crowd-control and maritime-security operations; senior LAF officers attended international events on IHL and on international rules governing military and naval operations; and 11 GSO personnel participated in a five-day train-the-trainer workshop on IHL, international human rights law and international policing standards. The ICRC and the LAF pursued dialogue on preventing ill-treatment of detainees (see *People deprived of their freedom*).

Armed groups in Palestinian camps learnt more about the ICRC's activities; humanitarian principles; international standards for the use of force; and the protection granted to refugees and other violence-affected people under international human rights law and other norms.

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

Members of civil society learn about humanitarian issues and the Movement's activities

The ICRC strove through various means – such as posting audiovisual materials online – to broaden awareness, among members of civil society and the general public, of pressing humanitarian issues in Lebanon and the wider region, and of its own neutral, impartial and independent humanitarian work. The Lebanese and the international media drew on ICRC materials to cover such issues as the Health Care in Danger initiative; the response to the Akkar explosion; the continuing humanitarian consequences of the Beirut explosion; and missing people and the plight of their families. Journalists learnt about IHL, and the protection it affords civilians, including journalists, through training conducted online by the ICRC together with other Movement components and the information ministry.

Members of the judiciary and a university professor in IHL attended training sessions and a seminar on IHL and humanitarian principles. Defence and justice ministry officials participated in an international meeting of national IHL bodies, hosted by the ICRC.

In April, the ICRC established a community contact centre to enable violence-affected people to relay their concerns to the ICRC and learn about the humanitarian services available to them.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, the country's principal provider of EMS, remained the ICRC's main partner in helping refugees from Syria and other violence-affected people (see *Civilians and Wounded and sick*). The ICRC continued to give it technical, financial and material support for its operations and organizational development, and for strengthening its capacities in managing its financial and human resources, logistics and public communication. Along with other Movement components, the ICRC expanded support for the National Society's activities, particularly its response to the pandemic and mass-casualty events. The National Society and the ICRC published lessons learnt from the response to the Beirut explosion in 2020. The National Society carried out all its work in accordance with the Safer Access Framework.

The Palestine Red Crescent Society's branch in Lebanon continued to provide health services for Palestinian refugees; it received technical, financial and material support from the ICRC. The ICRC also provided it with fuel, medical supplies and PPE to assist its efforts during various emergencies. Guidance and training from the ICRC strengthened its capacity to operate in accordance with the Safer Access Framework.

Movement components met regularly to coordinate their activities – including their vaccination campaigns, and their response to the pandemic and other emergencies. Movement components participated in an evacuation drill that was one facet of their contingency plans for mass-casualty situations and other emergencies; lessons learnt were being drafted at year's end.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	30			
RCMs distributed	49			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	517	16	16	35
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	97			
Tracing cases still being handled at the end of the reporting period (people)	8,577	542	221	712
<i>including people for whom tracing requests were registered by another delegation</i>	25			
Documents				
People to whom travel documents were issued	2			
People to whom official documents were delivered across borders/front lines	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	17			
Detainees in places of detention visited	5,479	165	118	
Visits carried out	58			
		Women	Girls	Boys
Detainees visited and monitored individually	566	30	4	22
<i>of whom newly registered</i>	447	30	4	22
RCMs and other means of family contact				
RCMs collected	54			
RCMs distributed	15			
Phone calls made to families to inform them of the whereabouts of a detained relative	31			
Detainees released and transferred/repatriated by/via the ICRC	1			
People to whom a detention attestation was issued	9			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	88,015	22,011	43,993
Income support	People	41,173	10,310	20,553
Living conditions	People	24,315	6,084	12,147
Water and habitat				
Water and habitat activities	People	1,808,658	705,373	415,972
Primary health care				
Health centres supported	Structures	12		
<i>of which health centres supported regularly</i>		10		
Average catchment population		395,833		
Services at health centres supported regularly				
Consultations		125,999		
<i>of which curative</i>		111,618	32,867	18,563
<i>of which antenatal</i>		14,381		
Vaccines provided	Doses	16,192		
<i>of which polio vaccines for children under 5 years of age</i>		7,616		
Referrals to a second level of care	Patients	243		
<i>of whom gynaecological/obstetric cases</i>		188		
Mental health and psychosocial support				
People who received mental-health support	People	724		
People who attended information sessions on mental health	People	1,126		
People trained in mental-health care and psychosocial support	People	33		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	5,691	54	256
Water and habitat				
Water and habitat activities	People	3,800		190
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	7		

WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	31		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		196	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		2,163		
Operations performed		4,105		
Medical (non-surgical) admissions		2,666	933	599
Gynaecological/obstetric admissions		3,379	3,104	21
Consultations		81,703		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		6,412		
Weapon-wound admissions (surgical and non-surgical admissions)		79	*	*
Weapon-wound surgeries performed		89		
Patients whose hospital treatment was paid for by the ICRC		9,741		
First aid				
First-aid training				
Sessions		11		
Participants (aggregated monthly data)		147		
Water and habitat				
Water and habitat activities	Beds (capacity)	638		
Physical rehabilitation				
Projects supported		9		
<i>of which physical rehabilitation projects supported regularly</i>		5		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	1,165	128	565
<i>of whom victims of mines or explosive remnants of war</i>		262		
Prostheses delivered	Units	287		
Orthoses delivered	Units	809		
Physiotherapy sessions		4,674		
Walking aids delivered	Units	223		
Wheelchairs or postural support devices delivered	Units	167		
Referrals to social integration projects		33		
Mental health and psychosocial support				
People who received mental-health support		188		
People who attended information sessions on mental health		11		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

SYRIAN ARAB REPUBLIC

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab–Israeli war. It works with the Syrian Arab Red Crescent to help people affected by armed conflict obtain emergency relief, essential services and livelihood support. It aims to visit all people held in relation to the conflict and to foster respect for IHL and other applicable norms, notably those covering sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- Millions of people had access to water pumped and purified by ICRC-supported water stations. Communities of vulnerable people – including returnees – were assisted to restore their local water and electrical networks.
- ICRC-supported health services were available in 14 governorates, including parts of Idlib. Six ICRC-supported facilities, including a hospital at the al-Hol camp, provided psychosocial care for emotionally traumatized people.
- Displaced people in camps, returnees, and other vulnerable people were given basic necessities by the ICRC and the Syrian Arab Red Crescent. Some vulnerable people were helped to earn an income or produce their own food.
- The ICRC visited detainees in central prisons under the interior ministry, and places of detention in the north-east. People detained in the north-east sent RCMs to their relatives at the al-Hol and Roj camps, and abroad.
- Thousands of people, including schoolchildren, learnt safe practices around mines and explosive remnants of war (ERW), at briefings organized by the National Society with the ICRC's support.
- Despite various challenges to delivering aid in the north-east, and volatile security conditions in the north-west, the ICRC was able to implement most of its planned activities.

EXPENDITURE IN KCHF

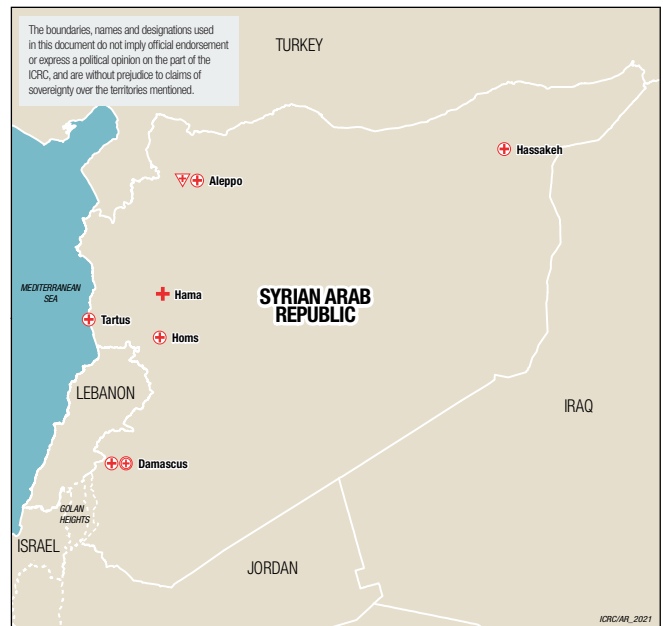
Protection	13,449
Assistance	127,765
Prevention	3,421
Cooperation with National Societies	5,538
General	435
Total	150,608
<i>Of which: Overheads</i>	<i>9,174</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	78%
---------------------------	-----

PERSONNEL

Mobile staff	168
Resident staff (daily workers not included)	702



ICRC delegation ICRC sub-delegation ICRC office ICRC-run physical rehabilitation project

PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	7,490
RCMs distributed	4,823
Phone calls facilitated between family members	58
Tracing cases closed positively (subject located or fate established)	559

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	Total
Places of detention visited	15
Detainees in places of detention visited	20,417
<i>of whom visited and monitored individually</i>	<i>2,508</i>
Visits carried out	73

Restoring family links	Total
RCMs collected	8,156
RCMs distributed	3,573
Phone calls made to families to inform them of the whereabouts of a detained relative	11

ASSISTANCE CIVILIANS

Economic security	2021 Targets (up to)	Achieved
Food consumption	People	1,045,000
Food production	People	376,000
Income support	People	8,500
Living conditions	People	2,985,000
Water and habitat		
Water and habitat activities	People	12,000,000
Health		
Health centres supported	Structures	75

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security	2021 Targets (up to)	Achieved
Food consumption	People	4,500
Living conditions	People	20,000
Water and habitat		
Water and habitat activities	People	15,000

WOUNDED AND SICK

Medical care	2021 Targets (up to)	Achieved
Hospitals supported	Structures	25

Physical rehabilitation	2021 Targets (up to)	Achieved
Projects supported	Projects	8

Water and habitat	2021 Targets (up to)	Achieved
Water and habitat activities	Beds (capacity)	250

CONTEXT

After more than a decade, the armed conflict in the Syrian Arab Republic (hereafter Syria) decreased in intensity. However, hostilities persisted in the north-west and the north-east; air strikes and shelling, and the use of explosive weapons were common in parts of Aleppo and Idlib Governorates. In the south, tensions occasionally turned violent. Syrian government forces conducted military and security operations in these areas; third-party states supported these operations and/or conducted their own.

The hostilities continued to claim lives and to hamper free movement and the return of millions of displaced Syrians. In the north, displaced people stayed in host communities and camps, for example, at the al-Hol camp in Hassakeh Governorate.

More and more Syrians were returning to their homes in central Syria and elsewhere, despite the uncertain security conditions and the presence of ERW. These returnees, displaced people and other conflict-affected civilians contended with shortages of electricity, fuel and food, and poor access to essential services, owing to the cumulative effect of a decade of conflict, international sanctions and an unprecedented economic crisis.

Humanitarian actors, including the Syrian Arab Red Crescent, could not easily reach areas outside of government control, and faced security constraints. The case of three ICRC staff members abducted in 2013 remained unresolved.

ICRC ACTION AND RESULTS

The ICRC reminded the parties concerned – authorities, third-party states, weapon bearers, and others – of their obligation under IHL and other norms to protect people who were not or were no longer participating in hostilities, and to facilitate safe access to health care, water, education and other essential services, and humanitarian aid. The ICRC continued to foster understanding of these norms, and of humanitarian issues, among actors of influence: it organized specialized IHL events for senior military officers, and launched a campaign to draw international attention to the plight of vulnerable Syrians.

Together with the Syrian Arab Red Crescent, the ICRC implemented large-scale assistance activities, while also carrying out initiatives specifically aimed at helping civilians build their resilience to the effects of the conflict and/or reduce their exposure to risks. Despite various challenges to delivering aid in the north-east, and volatile security conditions in the north-west, the ICRC was able to implement most of its planned activities.

The ICRC continued to strive to ensure the availability of essential services. It helped stave off the collapse of critical infrastructure, notably water systems, by repairing infrastructure and providing supplies and spare parts: millions of people benefited. It restored/improved services – water, electricity, sanitation and/or public bakeries – in vulnerable communities, notably those containing returnees or displaced people. Where such services were unavailable, the ICRC provided them itself – for instance, at camps, by trucking in water and ensuring sanitation. It also provided support for

schooling: students attended classes and/or took national exams in schools and examination centres renovated or restored by the ICRC.

Syria's health-care system – weakened by protracted conflict and shortages of medicines and equipment – was hard-pressed to cope with the demands made on it. The ICRC therefore continued to support it at every level: primary-health-care centres, including mobile health units serving people in hard-to-reach and/or volatile areas; hospitals and pre-hospital services, thereby ensuring the availability of life-saving care; and physical rehabilitation centres, to help persons with disabilities regain mobility. ICRC-trained medical personnel offered psychosocial care at six of the facilities mentioned above. The ICRC's COVID-19 response was incorporated in the support it gave all these facilities.

Millions of displaced people in the north, and elsewhere, met their immediate needs with emergency relief from the ICRC and the National Society; because of the pandemic, more people than planned were given hygiene kits. At the al-Hol camp, which holds about 61,000 people, residents were given hot meals every day from a collective kitchen run by the ICRC and the National Society. People were also given the means to obtain food and other necessities by themselves. In Aleppo and Homs, some people were given vouchers to buy goods at selected stores; farmers and herders were provided with material support; and vulnerable residents were given money to start small businesses.

Members of families separated by armed conflict, detention or other circumstances restored or maintained contact via Movement family-links services. People at the al-Hol camp received RCMs from detained relatives; for many, RCMs were the only means of maintaining family contact.

The ICRC visited detainees – including foreigners, women and minors – at central prisons under the interior ministry and at places of detention in the north-east. Findings from these visits, carried out in accordance with standard ICRC procedures, were communicated confidentially to the detaining parties, to help them improve detainees' treatment and living conditions. The ICRC also assisted detainees more directly by upgrading infrastructure; distributing hygiene items and winter clothes; supplying prison clinics; and, in the north-east, donating food.

CIVILIANS

Parties to the conflict are reminded of their obligations under IHL

The ICRC reminded the parties concerned – authorities, third-party states, weapon bearers, and others – of their obligation under IHL and other norms to protect people who were not or were no longer participating in hostilities, and to facilitate safe access to health care, water, education and other essential services, and humanitarian aid. Violations of these laws were documented and relayed to the parties concerned, to prevent or end them.

The ICRC continued to engage governments and others – those involved in the Astana peace process, for example – in bilateral discussions about the plight of those who were

particularly vulnerable: displaced people; returnees; missing people's families; and detainees and their families (see also *People deprived of their freedom* and *Actors of influence*).

The ICRC monitored the situation of vulnerable civilians – displaced people, returnees and residents of areas where hostilities were in progress – and maintained close contact with them, in order to assess their needs (see also *Actors of influence*). It designed its activities based on these assessments, with a view to meeting both their urgent and their long-term needs as effectively as possible. Together with the Syrian Arab Red Crescent, it continued to help civilians build their resilience to the effects of the conflict and/or reduce their exposure to risks.

Members of displaced families reconnect

Members of families separated by armed conflict, detention or other circumstances restored or maintained contact via Movement family-links services. National Society volunteers were trained in restoring family links, with a view to improving these services.

People at the al-Hol and Roj camps received thousands of RCMs from detained relatives; for many, RCMs were the only means of maintaining family contact. The ICRC continued to give the authorities lists of people reported missing by their relatives; 556 missing-persons cases were resolved in 2021; aided by detaining authorities, the ICRC found some of these missing people among detainees (see *People deprived of their freedom*). The ICRC acted as a neutral intermediary in the exchange of ten detainees between the Syrian government and other detaining parties, across front lines in Aleppo, and in the repatriation of six people from Israel to Syria, in the Golan Heights. The ICRC facilitated the exchange of school and other official documents between people in Syria and their relatives in the Golan Heights or abroad.

The ICRC sought to ensure that the bodies or remains of people killed in fighting could be identified and claimed by the families concerned. To that end, it guided the health ministry and the national forensics association in updating national guidelines for handling human remains – taking into account infection-prevention protocols and religious practice – and training staff accordingly. The ICRC provided body bags, personal protective equipment (PPE), and other supplies and equipment for burial offices in Aleppo, Damascus and Homs, and for forensic authorities and the National Society. It finished upgrading a forensic facility in Aleppo, for inauguration in 2022 and secured the permits necessary to begin renovating – in 2022 – a second facility in Homs and construct a cemetery in Roj camp.

Civilians protect themselves from mines/ERW

Some 241,000 people – including schoolchildren, returnees, farmers and others – learnt about safe practices around mines/ERW, at briefings organized by the National Society with the ICRC's support. National Society volunteers were trained, throughout the year, to conduct information sessions of this kind; for the first time, teams of volunteers in Idlib, Latakia and Raqqa were also able to attend these training sessions. In addition, the National Society, aided by the ICRC, assembled

and trained two teams to survey weapon-contaminated areas. In Hama, Syrian military engineers demined an area contaminated by mines/ERW after one of these National Society teams had surveyed and marked it.

Both the ICRC and the National Society launched information campaigns through traditional and social media, and messaging applications, warning the public of the risk to them from mines/ERW, from leishmaniasis and from COVID-19. Communication on COVID-19 reached approximately 31,000 people.

Millions of people obtain essential services

A total of 17.1 million people benefited from large-scale ICRC support for averting the collapse of the country's aging and damaged essential infrastructure, and from small-scale ICRC activities for vulnerable communities.

The ICRC repaired and donated chemicals and spare parts for water and wastewater infrastructure across the country, including hydroelectric dams in Raqqa and major water stations serving densely populated areas; about 15 million people benefitted. In Aleppo, Homs, Rural Damascus and the southern governorates, the ICRC repaired less extensive water and electrical networks serving smaller communities of vulnerable residents and returnees. A score of public bakeries throughout the country maintained or increased their production of affordable, subsidized bread, with the help of generators and automated production lines from the ICRC; some 1.2 million regular customers benefited.

Where essential services were not available, the ICRC provided direct assistance. Approximately 150,000 people in the city of Hassakeh fetched water from fixed water tanks that were filled every day by the National Society and the ICRC; this was particularly helpful on days when the Allouk water station was not in service. Around 350,000 displaced people living in camps, and returnees, had better living conditions as a result of ICRC upgrades to shelters, COVID-19 facilities and other infrastructure, and/or ICRC water-trucking and sanitation services.

Roughly 259,000 students attended classes and/or took national exams in nearly 240 schools and examination centres restored or renovated by the ICRC – in Idlib, Deir ez-Zor, Raqqa, and elsewhere. About 50,000 of these students were also given school kits.

Basic medical care becomes more accessible

Displaced people, and other vulnerable groups, in 14 governorates received treatment, including antenatal/postnatal care for women, at 62 primary-health-care centres for which the ICRC provided support: staff training, funding, supplies and infrastructural repairs. The ICRC's support went to 30 health-ministry facilities treating diabetics and people with contagious diseases, such as leishmaniasis; and 32 National Society polyclinics and mobile health units tending to people in places that were not readily accessible, such as the al-Hol camp, rural Aleppo and Idlib. Three mobile health units in Aleppo had to close because of poor security conditions.

Victims of violence, including victims/survivors of sexual violence, and other traumatized people obtained psychosocial care from ICRC-trained staff at six facilities: two physical rehabilitation centres (see *Wounded and sick*); and four of the health centres mentioned above (in Hama, Hassakeh and Homs, and at the al-Hol camp). About 1,400 patients received psychosocial support.

People meet their immediate needs and work towards self-sufficiency

Aided by the National Society, the ICRC both implemented large-scale distributions of emergency aid, and provided support specifically for producing food and earning an income. Owing to various challenges to delivering aid, less material aid was distributed than planned, particularly in the north-east.

About 909,100 people (181,850 households) across the country were given a month's supply of rations. At the al-Hol camp, which holds about 61,000 people, residents were given hot meals every day from a collective kitchen run by the ICRC and the National Society; these supplemented the food provided by the WFP. The elderly, young children, and pregnant and lactating women were given high-calorie rations.

Around 417,900 households (2,089,217 people), most of them displaced people, were given hygiene items – in connection with infants, feminine hygiene, and COVID-19; blankets, mattresses and winter clothes; and solar-powered lamps for people with no access to electrical power. In Aleppo and Homs, 5,000 households were given vouchers to buy essentials at selected shops; this approach – unlike in-kind aid – empowered people to make their own choices and supported the local economy.

The ICRC provided 66,800 households (334,000 people) in 12 governorates, including Raqqqa and Idlib, with support for producing food. Farmers received wheat, vegetable seed and fertilizer, and help to renovate irrigation systems. Herders were given fodder and salt licks for their livestock, and accessed veterinary services free of charge; 345,000 heads of livestock, belonging to about 20,000 herders, were vaccinated. About 800 people were given beekeeping equipment. Hundreds of returnee and/or female-headed households were given poultry, pregnant ewes, and/or fodder. Farming and livestock authorities and associations were given supplies and equipment, and/or training for vaccinating and breeding livestock; making dairy products; and growing hydroponic fodder.

Around 1,630 households (8,135 people) – including those headed by women, disabled people, displaced people and returnees – used cash and supplies from the ICRC to start small businesses, such as mini-groceries, coffee shops and plumbing services. Cash grants were doubled in the middle of the year, because inflation had greatly diminished the value of the initial grant.

PEOPLE DEPRIVED OF THEIR FREEDOM

Foreign detainees regain contact with their families

The ICRC continued to seek access to all detainees within its purview, including those held – in relation to armed conflict – at places of temporary detention. It was able to visit, in

accordance with its standard procedures, detainees in 15 places of detention: 13 central prisons run by the interior ministry and 2 facilities run by an armed group in the north-east. Findings from visits – with regard to overcrowding, medical ethics, foreigners and minors, and prevention of COVID-19 – were communicated confidentially to the detaining parties, to help them improve detainees' treatment and living conditions.

The ICRC reminded detaining parties of the importance of facilitating contact between detainees and their relatives, particularly young children. The ICRC also provided some family-links services to vulnerable detainees: for example, it helped foreigners to contact their embassies. In the north-east, RCMs enabled detainees to communicate with their relatives in camps and in their home countries. An elderly detainee in precarious health was released and allowed to rejoin his wife at the Roj camp, after the ICRC notified the authorities of his condition.

Detainees' living conditions improve

The health and interior ministries drew on the ICRC's findings to improve prison services. The ICRC gave these ministries expert guidance in such areas as designing and maintaining prison infrastructure, streamlining the provision of health care to detainees, and managing detainees' medical records. With the ICRC's technical support, a working group – composed of penitentiary officials and prison staff – installed chlorination systems in prisons, benefiting about 23,000 detainees; prison staff were trained to operate and maintain these systems. Prison staff attended workshops on preventing the spread of COVID-19 and other communicable diseases; medical ethics; and other issues pertinent to the provision of health care in detention.

The ICRC helped detainees more directly at some places of detention: for example, it resupplied clinics at two prisons; distributed assistive devices to disabled detainees; and, at a prison for women, helped establish a system for managing health-related information on detainees. About 8,000 detainees were given hygiene items, winter clothes, and bedding; owing to various difficulties, less support of this kind was provided than planned (see *Civilians*). In the north-east, 1,270 malnourished detainees regained some weight after supplementing their diet with high-calorie date bars from the ICRC.

The ICRC renovated water and sanitation systems at two detention facilities in the north-east, the water-heating system at a prison in Aleppo, and a quarantine area in a prison in Homs; 9,525 inmates benefited, including those in prisons where chlorination systems were installed.

WOUNDED AND SICK

Wounded people receive urgent treatment

Syria's health system – weakened by protracted conflict and shortages of medicines, equipment and electrical power – was hard-pressed to cope with the demand for life-saving treatment. Thus, the ICRC continued to support the casualty care chain, which helped ensure that people could obtain life-saving medical attention; and to reiterate to parties concerned that people who were not or were no longer participating in hostilities had a right to unhindered access to health care.

A total of 36 hospitals, including those receiving referrals from the al-Hol camp or from areas in the north-west where hostilities were in progress, were given support: medical supplies, such as wound-dressing kits, and medical equipment; and infrastructural assistance of various kinds. Two of these hospitals were given support regularly and their infrastructure renovated: one, in Homs, expanded its oxygen-supply network.

At the al-Hol camp, the field hospital run by the National Society and the ICRC continued to provide surgical, obstetric/gynaecological, paediatric and mental-health care. Because of the demand for these services, the ICRC and the National Society assigned additional staff to the hospital and extended its working hours – from daytime hours for five days a week to daytime hours all week with an option for overnight care. Renovations to the hospital's tents were underway, to be finished in 2022.

Staff from the facilities mentioned above, and other medical personnel were given numerous training opportunities. Notably, 22 doctors attended ICRC courses in wound management, and 22 engineers, courses in the maintenance of medical gas systems. In addition, 22 National Society nurses were trained to treat wounds, burns, dehydration and other minor medical issues that are common occurrences at IDP or refugee camps.

The National Society's first-aid and ambulance services provided on-site treatment to tens of thousands of people and transported them to hospital; the ICRC furnished comprehensive support. The ICRC also arranged for six people – two victims of mine-/ERW-related incidents and one gunshot victim – to receive specialized treatment in another country (see *Lebanon*).

Haemodialysis was available at eight centres for which the ICRC provided supplies and training. As planned, the ICRC ended this support in September; but before doing so, it gave the health ministry and the management of these centres, technical advice to ensure the maintenance of dialysis machines and secure funding from other sources.

The ICRC provided PPE and training for 23 of the facilities mentioned above, the health authorities and the National Society, in support of the country's efforts to prevent the spread of COVID-19.

Persons with disabilities regain some mobility

About 1,700 disabled people¹ received prostheses and orthoses, and physiotherapy, at the ICRC's physical rehabilitation centre in Aleppo, the National Society's centre in Rural Damascus (recently renovated by the ICRC), the field hospital at the al-Hol camp, and a workshop run by the health ministry in Homs. The ICRC began renovating a training institute for physical rehabilitation in Damascus; in the meantime, it provided refresher or advanced training directly to physical rehabilitation professionals.

Partly because of the shortage of fuel, and the pandemic, it was difficult for patients to travel to the facilities mentioned above. The ICRC therefore maintained its support for shuttle services that transported patients from surrounding governorates to

the centre in Damascus; and from rural Aleppo to the ICRC's physical rehabilitation centre in the city of Aleppo. Plans to renovate or construct dormitories for patients were put on hold; in the meantime, the ICRC covered lodging expenses for patients. The National Society was given wheelchairs and other assistive devices, for distribution at its branches.

The ICRC continued to support efforts to advance disabled people's social inclusion. Patients at centres operated by the ICRC, or supported by it, were referred for livelihood support, as appropriate (see *Civilians*). Planned sporting events did not take place because of the pandemic. The ICRC and the social affairs ministry continued to discuss the possibility of creating a database of disabled people.

Patients obtain psychosocial care

Patients traumatized by the loss of limbs, for instance, received psychosocial care at the ICRC's physical rehabilitation centre in Aleppo, the field hospital at the al-Hol camp, and the National Society's physical rehabilitation centre in Damascus; some 520 people benefited.

ACTORS OF INFLUENCE

Military and security-forces officers, lawmakers and National Society staff learn more about IHL

The ICRC continued to help the Syrian authorities integrate IHL and international human rights law into military training, operations and doctrine. In cooperation with the interior and defence ministries, the ICRC arranged for five military officers to participate in a workshop for senior officers on international rules governing military operations (see *International law and policy*); for three military officers to attend an advanced IHL course in San Remo; and for a senior security-forces officer to take part in an experts' meeting online, on law enforcement during a pandemic. The ICRC organized workshops on IHL and human rights law for numerous military and security-forces officers. The defence ministry, the national IHL committee, and the ICRC continued to work on an IHL manual for the Syrian military.

Together with the national IHL committee, the ICRC continued to give the authorities expert advice for advancing the incorporation of IHL in domestic law, and for updating legislation pertinent to missing people and their families and to health care. In parallel, the ICRC organized workshops on IHL for lawmakers and officials from the ministries concerned. Together with the education ministry, the ICRC endeavoured to further understanding of IHL among academics and students – future leaders and lawmakers – through workshops for students of the Syrian Virtual University and other academic institutions, and donations of books and other IHL-related materials.

Aided by the ICRC, the National Society drafted a manual on basic IHL and trained some of its volunteers to become IHL instructors.

Communities engage with the ICRC

The ICRC helped journalists and National Society volunteers – through workshops, news releases, and other means – to report on humanitarian issues accurately or inform the public about such matters as measures against COVID-19 and leishmaniasis, and the proper use of the emblems protected under IHL.

The ICRC endeavoured to engage with communities, through meetings with community leaders and representatives and via social media and mobile messaging applications. It discussed various matters with them, such as mitigating risks to their safety, and obtaining assistance from the Movement, particularly livelihood support. These means were also useful for collecting responses to the ICRC's activities and learning what people thought of the ICRC in general.

The international community learns more about humanitarian issues in Syria

To mark the 10th year of armed conflict in Syria, the ICRC launched a campaign to draw international attention to the plight of vulnerable Syrians, and to reiterate the necessity of maintaining support for humanitarian action in the country. It also drew attention to the impending collapse of critical infrastructure, the importance of mental-health care, and the plight of missing people and their families.

At meetings and public events in Syria and elsewhere (see *Brussels*), the ICRC engaged actors of influence – representatives of governments and international organizations – in dialogue on humanitarian issues in Syria. For example, during his visit to Syria, the ICRC's president spoke about the cumulative effect of the prolonged conflict; discussed the obstacles in the way of displaced people wishing to return to their homes; and at various meetings in other countries,

talked about the consequences of international sanctions for conflict-affected civilians and the plight of detainees and displaced people.

RED CROSS AND RED CRESCENT MOVEMENT

National Society staff and volunteers receive training

The Syrian Arab Red Crescent continued to be the main humanitarian actor in the country. It was active in all 14 governorates, including parts of Idlib. At the beginning of 2021, the National Society and the ICRC signed a three-year partnership agreement governing their joint activities, including management of the field hospital at the al-Hol camp, and outlining a joint plan for developing the National Society's operational and institutional capacities.

With financial, material – for instance, 300 uniforms and several vehicles – and technical support from the ICRC, the National Society trained its volunteers in various matters (see *Civilians and Wounded and sick*) and equipped them to work more safely and efficiently in violence-prone areas. The ICRC helped to cover the salaries of the National Society's communication staff, including those in charge of coordinating movements in the field. With guidance and encouragement from the ICRC, the National Society continued to make progress in strengthening its capacity to manage its finances, particularly with regard to transparency and accountability.

The ICRC gave the Palestine Red Crescent Society's branch in Syria some financial and other support to train its staff and volunteers, and to maintain its facilities.

Movement components in Syria met regularly to coordinate their activities and security management. The ICRC helped them to ensure the safety of their staff and volunteers by sharing security- and pandemic-related updates.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		7,490	6	
RCMs distributed		4,823	1	
Phone calls facilitated between family members		58		
Reunifications, transfers and repatriations				
People transferred or repatriated		6		
Tracing requests, including cases of missing persons			Women	Girls Boys
People for whom a tracing request was newly registered		2,220	77	84 156
<i>including people for whom tracing requests were registered by another delegation</i>		569		
Tracing cases closed positively (subject located or fate established)		559		
<i>including people for whom tracing requests were registered by another delegation</i>		149		
Tracing cases still being handled at the end of the reporting period (people)		24,226	1,293	1,278 1,434
<i>including people for whom tracing requests were registered by another delegation</i>		9,680		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		48	24	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		309	137	
Documents				
People to whom official documents were delivered across borders/front lines		25		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		15		
Detainees in places of detention visited		20,417	740	1,261
Visits carried out		73		
			Women	Girls Boys
Detainees visited and monitored individually		2,508	73	8 144
<i>of whom newly registered</i>		1,709	47	8 61
RCMs and other means of family contact				
RCMs collected		8,156		
RCMs distributed		3,573		
Phone calls made to families to inform them of the whereabouts of a detained relative		11		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		1		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	909,092	272,804	363,484
	<i>of whom IDPs</i>	727,266	218,183	290,900
Food production	People	334,030	100,227	133,576
	<i>of whom IDPs</i>	266,651	79,997	106,657
Income support	People	8,135	2,444	3,247
	<i>of whom IDPs</i>	6,502	1,948	2,606
Living conditions	People	2,089,217	626,784	835,649
	<i>of whom IDPs</i>	1,678,887	503,671	671,545
Water and habitat				
Water and habitat activities	People	17,092,387	5,127,719	6,836,959
	<i>of whom IDPs</i>	5,127,716	1,538,315	2,051,086
Primary health care				
Health centres supported	Structures	62		
	<i>of which health centres supported regularly</i>	60		
Average catchment population		1,951,712		
Services at health centres supported regularly				
Consultations		792,521		
	<i>of which curative</i>	778,396	162,747	135,652
	<i>of which antenatal</i>	14,125		
Vaccines provided	Doses	1,837		
	<i>of which polio vaccines for children under 5 years of age</i>	1,189		
Referrals to a second level of care	Patients	3,530		
	<i>of whom gynaecological/obstetric cases</i>	287		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		1,397		
People who attended information sessions on mental health		2,326		
People trained in mental-health care and psychosocial support		96		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	1,270	381	508
Living conditions	People	7,950	675	75
Water and habitat				
Water and habitat activities	People	27,720	1,109	
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	36		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		55	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		2,576		
Operations performed		4,528		
Medical (non-surgical) admissions		39	*	*
Gynaecological/obstetric admissions		120	120	
Consultations		99,774		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		8,092		
Weapon-wound admissions (surgical and non-surgical admissions)		261		
Weapon-wound surgeries performed		67		
Patients whose hospital treatment was paid for by the ICRC		6,089		
First aid				
First-aid training				
Sessions		68		
Participants (aggregated monthly data)		1,830		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,607		
Physical rehabilitation				
Projects supported		6		
<i>of which physical rehabilitation projects supported regularly</i>		3		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	1,686	239	415
<i>of whom victims of mines or explosive remnants of war</i>		948		
Prostheses delivered	Units	583		
Orthoses delivered	Units	156		
Physiotherapy sessions		8,390		
Walking aids delivered	Units	546		
Wheelchairs or postural support devices delivered	Units	146		
Referrals to social integration projects		892		
Mental health and psychosocial support				
People who received mental-health support		523		
People who attended information sessions on mental health		481		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

YEMEN

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing medical assistance, emergency relief and livelihood support to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling detainees and civilians, including migrants, to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- The ICRC continued to remind all parties to conflict in Yemen of their obligation under IHL to protect civilians and ensure access to essential services and humanitarian aid.
- Wounded and sick people received timely treatment from ICRC-trained first-aiders and at ICRC-supported health centres and hospitals. COVID-19 patients obtained free services at an ICRC-supported treatment centre in Aden.
- IDPs and other conflict-affected communities met their urgent needs with food, household items and/or cash from the ICRC. The ICRC expanded relief aid for the newly displaced and others affected by the intensified hostilities.
- Millions of people had a more stable supply of clean water and electricity, and were less at risk of disease, because of ICRC support – regular and ad hoc – to help service providers maintain or operate key public facilities.
- Prison authorities were helped by the ICRC to make health care more readily available to detainees and prevent the spread of COVID-19. The implementation of some health activities was hampered because of logistical constraints.
- Aided by the ICRC and the International Federation, the Yemen Red Crescent Society strengthened its capacities in such areas as emergency response and restoring family links. It continued to be the ICRC's main partner in the field.

EXPENDITURE IN KCHF

Protection	11,269
Assistance	89,123
Prevention	4,008
Cooperation with National Societies	7,629
General	484
Total	112,514
<i>Of which: Overheads</i>	<i>6,860</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	75%
---------------------------	-----

PERSONNEL

Mobile staff	130
Resident staff (daily workers not included)	700



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	1,831
RCMs distributed	610
Phone calls facilitated between family members	111
Tracing cases closed positively (subject located or fate established)	107
People reunited with their families	17
<i>of whom unaccompanied minors/separated children</i>	<i>17</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	16
Detainees in places of detention visited	12,479
<i>of whom visited and monitored individually</i>	<i>1,148</i>
Visits carried out	31

Restoring family links

RCMs collected	160
RCMs distributed	22
Phone calls made to families to inform them of the whereabouts of a detained relative	58

ASSISTANCE

2021 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	People	182,000	425,349
Food production	People	613,200	836,185
Income support	People	87,500	155,442
Living conditions	People	105,000	124,138
Capacity-building	People	81,500	65,175

Water and habitat

Water and habitat activities	People	3,300,000	5,289,811
------------------------------	--------	-----------	-----------

Health

Health centres supported	Structures	40	37
--------------------------	------------	----	----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		19,991
-------------------	--------	--	--------

Water and habitat

Water and habitat activities	People	5,000	11,254
------------------------------	--------	-------	--------

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	29	48
---------------------	------------	----	----

Physical rehabilitation

Projects supported	Projects	8	10
--------------------	----------	---	----

Water and habitat

Water and habitat activities	Beds (capacity)	785	4,769
------------------------------	-----------------	-----	-------

CONTEXT

Yemen remained a site of armed conflict and other situations of violence. The Saudi Arabia-led military coalition and Ansarullah continued to attack each other. Fighting intensified in Hodeida, Marib and elsewhere. In the south, tensions remained high between the Southern Transitional Council and the internationally recognized government; protests against the consequences of conflict broke out, contributing to the insecurity in the country. Al-Qaeda in the Arab Peninsula and the Islamic State group retained their presence in some parts of Yemen.

Despite the hazardousness of their journey, migrants continued to pass through Yemen on their way to other countries.

The consequences of conflict were calamitous: allegations of IHL violations were widespread, civilians wounded or killed, communities displaced, and health services attacked. Health, water and other critical infrastructure had been destroyed by the fighting, or struggled to continue functioning because of supply shortages, inability to pay staff regularly and other constraints. The COVID-19 pandemic made a dire situation even worse. Detainees across the country endured difficult living conditions and had limited access to health services. Much of the population faced destitution and was heavily reliant on aid, but the delivery of this much-needed aid was fraught with difficulties.

ICRC ACTION AND RESULTS

The ICRC responded to the most urgent humanitarian needs in Yemen, despite a working environment that was volatile and restrictive. Hostilities having intensified in certain areas, the ICRC scaled up most of its assistance activities and helped more people than planned. However, some of its other activities were cancelled, postponed or only partially implemented because of the prevailing insecurity and the pandemic. The logistics base in Oman and the mission in Djibouti continued to support the ICRC's operations in Yemen. The ICRC opened offices in Al Turbah, Ibb and Marib to increase its proximity to conflict-affected people in those areas. It worked with the Yemen Red Crescent Society and other Movement components to deliver humanitarian aid.

The ICRC continued to call on all parties to conflict to respect IHL, protect civilians and civilian infrastructure, and ensure people's access to essential services and humanitarian aid. Whenever possible, it brought documented allegations of IHL violations and protection-related concerns to their attention. It maintained its efforts to build acceptance for its activities among the parties, actors exercising influence over them, and members of civil society.

The ICRC continued to provide comprehensive support throughout the casualty care chain, while also helping to ensure that health staff and patients were protected against COVID-19. It trained weapon bearers in first aid and gave them the necessary supplies. Material support and on-site assistance enabled hospitals to overcome supply shortages and cope with influxes of patients. Preventive and curative care was available at primary-health-care centres that received regular

or ad hoc ICRC support. The ICRC handed over management of the COVID-19 treatment centre in Aden to health authorities; the centre continued to provide free treatment to patients, with ICRC support. People with disabilities obtained suitable services at ICRC-supported physical rehabilitation centres and wheelchair service providers. An organization promoting the social inclusion of disabled people, and institutions providing training in physical rehabilitation, were supported by the ICRC. The ICRC made repairs or improvements to infrastructure at some health facilities.

IDPs, vulnerable residents, and other conflict-affected people received food, household items and other necessities. Support for water authorities and repairs to critical facilities helped prevent or address disruptions of the supply of electricity and clean water for millions of people. Together with the agriculture ministry, the ICRC provided farmers and herders with support to produce more food. Beekeepers, coffee growers and female breadwinners were given income support.

People used the Movement's family-links services to restore contact with their relatives, including migrants and detainees. The ICRC strove to broaden awareness among authorities and pertinent stakeholders of the necessity of preventing disappearances.

Authorities were urged to adopt the frameworks necessary to bring forensic services up to international standards. First responders received support for ensuring the proper handling and subsequent identification of human remains, in line with measures against COVID-19.

The ICRC resumed its visits to detainees in some places of detention after it suspended them in 2020 because of the pandemic. During visits, the ICRC monitored detainees' well-being; afterwards, it communicated its findings confidentially to the authorities concerned. The ICRC helped the authorities prevent and/or control the spread of scabies, COVID-19 and other diseases in prisons. It made improvements to water and electrical systems, and other key elements of prison infrastructure.

The ICRC endeavoured through various means to broaden awareness of the plight of conflict-affected Yemenis. It also repeatedly drew the attention of decision makers to the gravity of the humanitarian situation.

The ICRC continued to carry out activities with the National Society, and to give it comprehensive support and expert safety advice. Movement partners continued to coordinate their activities.

CIVILIANS

The extreme complexity of working conditions notwithstanding, the ICRC responded to the most urgent humanitarian needs created by protracted conflict and the pandemic, while also taking measures against COVID-19 in accordance with national and international guidelines. It expanded its economic-security and water-and-habitat activities, following the intensification of conflict in some areas (see *Context*).

It worked with the Yemen Red Crescent Society and other Movement partners, and in coordination with other organizations, to ensure a coherent humanitarian response.

The ICRC urges respect for IHL and humanitarian action

The ICRC strove to foster respect for IHL and humanitarian action among all parties to conflict. It reminded them through dissemination sessions, dialogue and/or written representations of their obligation to do no harm to civilians – including IDPs – and those seeking and/or providing medical care. Whenever possible, the ICRC relayed protection-related concerns and allegations of IHL violations to the relevant parties, with a view to preventing or ending unlawful conduct. It sought to broaden awareness, among weapon bearers and health authorities and personnel, of the rights and protection due to health staff (see also *Wounded and sick*).

The ICRC expanded its direct engagement with conflict-affected people, through its community contact centre and other means (see *Actors of influence*).

National Society and ICRC information sessions introduced about 8,150 people in mine-affected areas to safe practices or added to their knowledge of the topic. The ICRC continued to help the National Society and the Yemen Mine Action Centre (YEMAC) to work more closely together in conducting more mine-risk education sessions. The ICRC also gave the National Society and YEMAC technical support, and laptops and other electronic devices, to improve their collection and management of mine-related data. The ICRC donated food parcels to an association for survivors of mine-related accidents, for distribution among members who were physically disabled.

Communities have better access to health care

ICRC-supported health facilities provided those most vulnerable – such as children, women of childbearing age, the malnourished, and people with communicable or non-communicable diseases – with a broad range of services, including: curative and antenatal consultations, immunizations (against COVID-19 as well), screening for malnutrition, therapeutic feeding, assisted deliveries and specialized care for specific diseases. Patients needing further treatment were referred by the ICRC for secondary care, including at ICRC-supported hospitals (see *Wounded and sick*). The ICRC provided financial assistance for the ambulance service at one health centre.

In total, the ICRC gave 31 primary-health-care centres regular support: monitoring visits; and donations of medicine, consumables and medical equipment. Staff at certain ICRC-supported health facilities received cash incentives and training – for instance, in psychosocial support (see *Wounded and sick*). The ICRC also provided one of the facilities mentioned above and six additional facilities with ad hoc support: more stocks of wound-dressing kits; personal protective equipment (PPE); and other medical supplies. This support aimed at making these facilities more capable of responding effectively to emergencies such as influxes of wounded people and outbreaks of COVID-19, cholera and other diseases.

Aided by the ICRC, 60 community-based volunteers learnt how to broaden awareness of COVID-19 in their villages.

Restoration and maintenance of essential infrastructure benefits millions of people

Over 5.2 million people had better access to essential services and a more reliable supply of clean water and electricity owing to ICRC initiatives, both planned and ad hoc. Local water and sanitation corporations, water committees and other service providers were given material support (e.g. spare parts, consumables, IT equipment) and technical guidance to maintain and operate water and sewage systems. The ICRC also repaired solar panels at one veterinary clinic.

Ad hoc repairs and donations to electrical, water and sanitation systems helped to prevent disruptions of service during emergencies. For instance, following the intensification of hostilities in Marib (see *Context*), the ICRC donated water tanks to a local service provider. Around 1.2 million people from those mentioned above benefited from these ad hoc initiatives; donations of fuel to a local water corporation in Hodeida benefited more people than planned.

The ICRC repaired or installed electrical, water and sanitation systems and critical medical facilities (such as triage tents and X-ray laboratories) at eight health centres, and completed construction of a new health facility. It also renovated or made repairs at morgues in several hospitals across the country.

The ICRC gave the National Society material, financial and technical support to upgrade some of its offices and warehouses, and to expand its capacities in implementing water-and-habitat activities (see *Red Cross and Red Crescent Movement*).

Vulnerable communities receive emergency assistance or regain self-sufficiency

The ICRC worked with the National Society to help IDPs and other conflict-affected households meet their immediate needs. Around 425,000 people (60,700 households) received – some of them more than once – food parcels or cash to increase their food consumption. About 124,100 people (17,700 households) were given essential household items to ease their living conditions.

Together with the agriculture ministry, the ICRC helped about 836,180 people (119,450 households) to resume or increase their food production: farmers were given cash to buy supplies and equipment, and the livestock of herders were vaccinated against disease.

The ICRC gave about 20,200 households (141,440 people) – IDPs, people who were chronically ill and other victims of conflict – cash to cover their daily expenses; some of them received as many as three rounds of such support. Around 1,850 households (12,960 people) – including beekeepers, coffee growers and female breadwinners – earned an income with cash or material and/or technical support from the ICRC.

The ICRC began to implement activities to make local institutions more capable of providing essential services for some 65,000 people (9,200 households). For instance, it gave the National Society stocks of food and household items to help bolster its capacity to respond to the immediate needs of

around 63,000 people (9,000 households) during emergencies. It also gave the agriculture ministry solar panels to improve local irrigation systems and trained 20 people in best practices in agriculture. Health facilities were able to provide nutritious meals for up to 1,800 people, including COVID-19 patients and malnourished children, with the ICRC's support.

People reconnect with relatives or learn their fate

With the National Society, the ICRC continued to help members of families separated by violence, migration, detention or other circumstances to reconnect and/or to ascertain the fate of their relatives.

People used the Movement's family-links services, such as RCMs and phone or video calls, to get in touch with their families.

The ICRC collected around 670 requests to locate missing people, including those alleged to have been arrested. The fate and/or whereabouts of 107 people were clarified, and their families notified. The ICRC also arranged for 17 children formerly associated with weapon bearers to be reunited with their families, who then received ad hoc cash assistance to cover their transportation costs and other needs. The ICRC followed up other families who had been reunited with their children, to help address their protection-related concerns.

The ICRC arranged for several families in Yemen to call or visit relatives formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba and resettled elsewhere.

The ICRC strove to broaden awareness among pertinent stakeholders of the issue of missing people. It organized, for the very first time, conferences at which missing peoples' families came together to exchange experiences. The ICRC's delegation in Yemen worked closely with other ICRC delegations in transit countries through which most migrants pass on their way to Yemen, with a view to strengthening their coordination and helping more migrants reconnect with their families. It also reiterated to parties to conflict the necessity of handling human remains in ways that would prevent the latter from being unaccounted for (see below).

The ICRC gave the National Society technical support to strengthen its capacities in restoring family links. It also trained National Society volunteers in the proper use of family-links tools and in publicizing family-links services.

Forensic professionals and others receive support for managing human remains

The ICRC continued to support local forensic professionals involved in managing human remains, particularly in connection with conflict or migration. It provided National Society volunteers, forensic professionals, coast-guard personnel and community and religious leaders with training and equipment – such as refrigerators, body bags and PPE – to perform their duties properly and in line with COVID-19 protocols.

The ICRC met with influential stakeholders to discuss how to bring local forensic services up to international standards, in order to ease congestion at morgues and prevent human remains from being unaccounted for; the authorities were urged to adopt frameworks to these ends. The ICRC proposed to parties to conflict that they form teams of first responders and other actors to search for and recover human remains, and transfer them across front lines. It also presented a position paper to the parties on the importance of handling human remains in a manner conducive to their future identification.

At the request of the parties concerned, the ICRC assisted the National Society in recovering, transferring and/or burying the remains of those who died in conflict and those of migrants who died at sea.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its dialogue with prison authorities on securing access to all detainees within its purview. It resumed its visits to detainees in some prisons after it suspended them in 2020 because of the pandemic. The ICRC visited, in accordance with its standard procedures, 16 places of detention holding some 12,500 detainees – including people held in connection with conflict – to monitor their treatment and living conditions; about 1,150 detainees were monitored individually. Findings and recommendations from these visits were communicated confidentially to the authorities, with a view to helping them ensure that detention conditions met internationally recognized standards, particularly for prison management and health care. The ICRC also assisted authorities' efforts to check the spread of COVID-19 and other diseases in their prisons (see below).

Detaining authorities were given support to enable detainees to restore and/or maintain contact with their families, in line with measures against COVID-19. RCMs and phone calls were made available to detainees, including foreigners; at some places of detention, detainees received photos from their families. Family visits gradually resumed at some prisons, having been suspended after the onset of the pandemic.

The ICRC urged prison authorities to release, on humanitarian grounds, ailing and other particularly vulnerable detainees.

Detainees have better living conditions and access to basic health care

Some health-related activities in places of detention could not be implemented as planned because of logistical and/or human-resource constraints. The range of services at some prison clinics remained limited. Where it could, the ICRC gave prison authorities support to address issues limiting the availability of health care for detainees: lack of medicines and qualified health staff, for instance. To help fill these gaps, the ICRC provided, on a regular or ad hoc basis, medical supplies and other consumables, and incentives and training for staff, to clinics at up to seven prisons. ICRC training enabled prison health staff to learn about medical ethics and best practices in collecting and managing detainees' health-related data; and to develop their ability to diagnose and treat common diseases.

The ICRC carried out several activities to help authorities check and/or prevent the spread of scabies, COVID-19 and other diseases in their prisons. Detainees and prison guards at a number of detention facilities were instructed in good hygiene through health-education sessions. To help sustain these efforts, the ICRC proposed the establishment of hygiene committees at these prisons. More than 19,000 detainees received PPE, hygiene and other items from the ICRC. The ICRC also helped detaining authorities learn more about preparing for and responding to emergencies, via information sessions.

About 11,250 detainees had a more reliable supply of clean water and electricity, and access to better basic facilities, after the ICRC undertook planned upgrades and ad hoc activities at several places of detention. These activities included installation of solar panels and handwashing stations, disinfection of water systems, and water trucking.

WOUNDED AND SICK

Wounded and sick people are given life-saving and life-sustaining care

Wounded and sick people received the necessary care from ICRC-trained first responders and at ICRC-supported medical facilities; these facilities provided emergency treatment; surgery; treatment for chronic conditions, COVID-19 and other diseases; and inpatient and post-operative care.

The ICRC sought to help ensure that emergency responders, and others likely to be at the scene of violent incidents, were able to provide life-saving care. A total of 130 weapon bearers were given training in first aid and received the necessary supplies; at these training sessions, participants also learnt about the rights of medical workers. The ICRC also continued to provide financial support for the ambulance services of the Yemen Red Crescent Society; however, other activities to strengthen capacities, in pre-hospital and emergency care, among National Society volunteers were suspended or postponed owing to resource constraints.

The ICRC provided 44 front-line hospitals with medicines and other supplies, and training and cash incentives for staff, regularly or on an ad hoc basis. Staff members at some of these hospitals were trained in preventing and managing disease outbreaks; others learnt, with the help of an ICRC biomedical engineer, how to operate and maintain medical equipment. The ICRC also donated wound-dressing kits and other emergency supplies to the hospitals among them in areas where hostilities had intensified. The COVID-19 treatment centre in Aden, established by the ICRC with other Movement partners in 2020, was turned over to the health authorities in 2021; it continued to receive financial support from the ICRC, which helped it to continue providing services – including physiotherapy and psychosocial support – free of charge. Several members of the staff at this facility were taught how to provide mental-health and psychosocial support. All ICRC-supported hospitals were given PPE to protect health staff and patients against COVID-19.

The ICRC provided insulin and other consumables for three haemodialysis centres to help ensure treatment for diabetics. The ICRC had planned to hand over its support for these facilities to health authorities or other organizations, but that had to be postponed.

Disabled people improve their mobility

People with disabilities obtained good-quality assistive devices, physiotherapy, psychosocial support and other services, at five physical rehabilitation centres – in Aden, Mukalla, Sa'ada, Sana'a and Taiz – and two providers of wheelchair services. The ICRC provided these facilities with raw materials and equipment for making or repairing assistive devices, and training and cash incentives for their staff. The ICRC's support for these centres and wheelchair service providers benefited about 54,330 people¹; about 150 of them were referred by the ICRC to its income-support activities. Outreach to disabled people in remote areas was carried out; the ICRC also covered transportation and other costs for these people.

The ICRC continued to sponsor Yemenis for training in prosthetics and orthotics within Yemen – such as at the national training institute – or elsewhere. It also helped Sana'a University to establish a department of prosthetics and orthotics, which began to offer a degree programme for students who had completed a diploma course at the ICRC-supported national training institute. Several students enrolled in this degree programme were given internships at certain ICRC-supported physical rehabilitation centres.

The ICRC assisted a disability sports union to organize sporting events, to help advance the social inclusion of disabled people.

The ICRC provided infrastructural support – renovation of emergency rooms and repairs to critical facilities (e.g. water and electrical systems, oxygen-supply stations) – and donated materials to 23 hospitals (around 4,770 beds) and one physical rehabilitation centre. Construction of a new physical rehabilitation centre in Sa'ada got under way and was scheduled for completion in 2022. Emergency donations of fuel and spare parts resulted in the ICRC providing more support than planned for hospitals.

ACTORS OF INFLUENCE

Authorities and others strengthen their grasp of IHL

Because of the pandemic, and the restrictions it necessitated, the ICRC had to delay and/or suspend some of its efforts to broaden awareness of and respect for IHL and other applicable norms among influential actors. Whenever possible, it organized discussions of IHL-related topics – such as the points of correspondence between Islamic law and IHL – for senior government officials, Islamic scholars, community and religious leaders, and weapon bearers. At these events, the ICRC distributed IHL-related publications and informational materials. It produced digital content on IHL and humanitarian issues regularly, for circulation through its social-media platforms (see below); it sought through this means to also

1. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

reach contacts who could not be met in person because of pandemic-related restrictions.

Public-communication initiatives draw attention to pressing issues

The ICRC also sought to draw the attention of the actors mentioned above – as well as that of members of civil society and the media, and the general public – to the humanitarian situation in Yemen and the ICRC's response. It used various means – news releases, operational updates and social media – to foster acceptance for its neutral, impartial and independent humanitarian action. It produced informational materials – print and audiovisual – that described the scale and gravity of such issues as the plight of civilians and IDPs, violence against health workers, and COVID-19. Local and international news organizations picked up some of these materials, which helped publicize these issues among a wider audience.

The ICRC strove to make itself more accountable to conflict-affected people and the wider public, by seeking closer engagement with them via its community contact centre and other means. By such means, the ICRC gathered people's views and suggestions, in order to gain a fuller understanding of their needs and concerns and respond accordingly. However, pandemic-related restrictions limited the extent of its community-engagement efforts.

The National Society was given training, and financial and technical support, to increase the effectiveness of its public communication (see below).

RED CROSS AND RED CRESCENT MOVEMENT

The Yemen Red Crescent Society remained the ICRC's main partner in the field. Its vast network of staff and volunteers continued to help the ICRC reach conflict-affected people in need. The National Society and the ICRC renewed their partnership framework agreement, focusing on emergency response, family-links services, first aid, and water-and-habitat and economic-security initiatives.

The ICRC gave the National Society comprehensive support – financial, material and technical assistance, and training – to develop its ability to respond to a broad range of humanitarian needs, and to foster acceptance and support for the Movement. The ICRC helped the National Society expand its institutional capacities in such areas as public communication (see above), project implementation, and management of human and financial resources. The ICRC also helped the National Society to incorporate the Safer Access Framework in its training and operations, and to improve coordination between its headquarters and branches throughout the country. The International Federation, with the ICRC's financial backing, undertook various activities to advance the National Society's institutional development.

The International Federation, the National Society, the ICRC and other Movement components operating in the country met regularly to coordinate their activities and draw up partnership agreements, in such areas as security management, public communication and pandemic response. Together with other Movement partners, the ICRC helped the National Society update its pandemic-response plan, and provided health authorities with support for maintaining the COVID-19 treatment centre in Aden (see *Wounded and sick*).

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,831			
RCMs distributed	610			
Phone calls facilitated between family members	111			
Reunifications, transfers and repatriations				
People reunited with their families	17			
Human remains transferred or repatriated	699			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	671	15	4	112
<i>including people for whom tracing requests were registered by another delegation</i>	29			
Tracing cases closed positively (subject located or fate established)	107			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	2,574	98	62	325
<i>including people for whom tracing requests were registered by another delegation</i>	179			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	12	1		1
UAMs/SC reunited with their families by the ICRC/National Society	17			1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	1		
Documents				
People to whom travel documents were issued	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	16			
Detainees in places of detention visited	12,479	438	350	
Visits carried out	31			
		Women	Girls	Boys
Detainees visited and monitored individually	1,148			18
<i>of whom newly registered</i>	873			14
RCMs and other means of family contact				
RCMs collected	160			
RCMs distributed	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	58			
People to whom a detention attestation was issued	49			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	425,349	139,575	154,847
	<i>of whom IDPs</i>	234,018	80,684	86,077
Food production	People	836,185	209,049	459,898
Income support	People	155,442	59,230	57,481
	<i>of whom IDPs</i>	79,310	39,464	22,480
Living conditions	People	124,138	47,397	44,617
	<i>of whom IDPs</i>	83,664	35,173	26,843
Capacity-building	People	65,175	18,543	33,041
	<i>of whom IDPs</i>	28,053	9,016	13,418
Water and habitat				
Water and habitat activities	People	5,289,811	1,534,045	2,221,721
Primary health care				
Health centres supported	Structures	37		
	<i>of which health centres supported regularly</i>	31		
Average catchment population		957,167		

CIVILIANS		Total	Women	Children
Services at health centres supported regularly				
Consultations		1,059,847		
	<i>of which curative</i>	995,109	290,668	463,094
	<i>of which antenatal</i>	64,738		
Vaccines provided	Doses	228,306		
	<i>of which polio vaccines for children under 5 years of age</i>	123,171		
Referrals to a second level of care	Patients	6,907		
	<i>of whom gynaecological/obstetric cases</i>	1,879		
Mental health and psychosocial support				
People who received mental-health support		*		
People trained in mental-health care and psychosocial support		29		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Living conditions	People	19,991	78	
Water and habitat				
Water and habitat activities	People	11,254		
Health care in detention				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	48		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	15		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	12,317	200	1,400
	(including those related to mines or explosive remnants of war)	432	*	*
	Non-weapon-wound admissions	25,848		
	Operations performed	51,302		
Medical (non-surgical) admissions		420	*	*
Gynaecological/obstetric admissions		3,172	*	*
Consultations		939,667		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		12,283		
Weapon-wound admissions (surgical and non-surgical admissions)		7,643	77	31
Weapon-wound surgeries performed		4,360		
Patients whose hospital treatment was paid for by the ICRC		*		
First aid				
First-aid training				
	Sessions	6		
	Participants (aggregated monthly data)	130		
Water and habitat				
Water and habitat activities	Beds (capacity)	4,769		
Physical rehabilitation				
Projects supported		10		
	<i>of which physical rehabilitation projects supported regularly</i>	5		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	54,332	12,776	18,375
	<i>of whom victims of mines or explosive remnants of war</i>	731		
Prostheses delivered	Units	1,515		
Orthoses delivered	Units	35,587		
Physiotherapy sessions		297,728		
Walking aids delivered	Units	4,357		
Wheelchairs or postural support devices delivered	Units	191		
Referrals to social integration projects		428		
Mental health and psychosocial support				
People who received mental-health support		50		

* This figure has been redacted for data protection purposes. See the *User guide* for more information.

MAIN FIGURES AND INDICATORS

PROTECTION FIGURES AND INDICATORS

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Restoring family links						
Red Cross messages (RCMs)						
RCMs collected	172,072	142,305	1,009	5,206	2,016	21,536
<i>of which from detainees</i>	18,374	3,403	782	2,865	908	10,416
<i>of which from unaccompanied minors/separated children</i>	2,395	2,355	15	2	10	13
<i>of which from civilians</i>	151,303	136,547	212	2,339	1,098	11,107
RCMs distributed	135,198	112,326	810	5,511	1,733	14,818
<i>of which to detainees</i>	13,265	1,708	561	2,363	740	7,893
<i>of which to unaccompanied minors/separated children</i>	1,197	1,146	11	2	33	5
<i>of which to civilians</i>	120,735	109,468	238	3,146	963	6,920
RCMs not distributed (back to sender)	6,601	5,124	61	440	25	951
Other means of family contact						
Phone calls facilitated between family members	1,651,904	773,747	359,259	501,201	4,581	13,116
Phone calls made to families to inform them of the whereabouts of a detained relative	6,722	3,687	69	405	87	2,474
Names published in the media	6,750	5,421		1,329		
Names published on the ICRC website	9,740	70		1,329	8,158	183
Reunification, transfers and repatriations						
People reunited with their families ¹	1,270	1,221	5		24	20
Civilians transferred	1,261	511	17		729	4
Human remains transferred	4,880	50	43	4,022	66	699
Civilians repatriated	141	127	5			9
Human remains repatriated	4				1	3
Tracing requests						
People for whom a tracing request was newly registered	29,646	19,057	717	2,694	1,348	5,830
<i>of whom women</i>	4,907	3,902	100	427	74	404
<i>of whom minors at the time of disappearance</i>	6,592	4,877	110	543	115	947
Tracing requests closed positively (person located)	8,744	4,200	376	1,765	686	1,717
Tracing requests closed negatively (person not located)	2,004	1,248	22	58	141	535
Tracing requests still being handled at the end of the reporting period	173,881	64,062	4,932	23,130	23,578	58,179
<i>of which for women</i>	19,602	11,159	711	2,022	2,575	3,135
<i>of which for minors at the time of disappearance</i>	39,297	25,109	982	4,379	1,861	6,966
Unaccompanied minors (UAMs) and separated children (SC)²						
UAMs/SC newly registered	2,571	2,187	82	12		290
<i>by the ICRC and/or the National Society</i>	2,298	2,140	80	12		66
<i>of whom girls</i>	918	859	31	2		26
UAMs/SC reunited with their families ¹	1,770	1,706	35	1		28
<i>by the ICRC and/or the National Society</i>	1,185	1,160	5			20
<i>of whom girls</i>	513	508	3			2
UAMs/SC cases still being handled at the end of the reporting period	5,303	4,797	107	34	6	359
<i>of whom girls</i>	1,921	1,713	44	15	3	146
Unaccompanied demobilized children²						
Demobilized children newly registered	77	73	3			1
<i>by the ICRC and/or the National Society</i>	76	72	3			1
<i>of whom girls</i>	14	12	2			
Demobilized children reunited with their families ¹	76	75				1
<i>by the ICRC and/or the National Society</i>	58	57				1
<i>of whom girls</i>	1	1				
Cases of demobilized children still being handled at the end of the reporting period	127	124	3			
<i>of whom girls</i>	28	26	2			

- Figures for UAMs and SC and unaccompanied demobilized children reunited with their families are included in the figure for *People reunited with their families*.
- Figures for unaccompanied demobilized children are included in figures for UAMs and SC.

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Documents						
People to whom travel documents were issued	333	152	3	2	24	152
People to whom a detention attestation was issued	10,919	42	19	40	168	10,650
Other attestations issued	138	14	9	21	76	18
People to whom official documents were delivered across borders/front lines	822	52	70	3	38	659
People approaching the ICRC						
People who visited or telephoned ICRC offices in the field	361,871	25,538	10,518	79,098	16,346	230,371
People deprived of their freedom						
All categories/statuses						
Places of detention visited	889	325	105	137	121	201
Detainees in places of detention visited	731,112	206,797	181,445	152,754	60,449	129,667
Visits carried out	2,816	1,145	327	268	252	824
Detainees visited and monitored individually	25,675	13,043	1,019	2,352	706	8,555
<i>of whom newly registered</i>	14,415	6,466	752	1,395	395	5,407
Detainees visited by their relatives with ICRC/National Society support	6,149	4	237	2,279	312	3,317
Detainees released	22,449	3,146	80	7,635	167	11,421
<i>of whom repatriated or transferred by/via the ICRC</i>	9	7				2
Contexts where detainees received visits from the ICRC	71	24	13	9	16	9
Detained women						
Women detainees in places of detention visited	40,382	6,172	15,720	10,699	2,733	5,058
Women detainees visited and monitored individually	1,477	319	283	328	46	501
<i>of whom newly registered</i>	943	228	229	220	23	243
Women detainees released	541	143	19	217	6	156
Women detainees visited by their relatives with ICRC/National Society support	74		19	19	9	27
Detained minors						
Minors detained in places of detention visited	12,329	4,727	629	934	293	5,746
Detained minors visited and monitored individually	1,116	690	9	51	6	360
<i>of whom newly registered</i>	938	631	6	43	6	252
Detained minors released	921	193		94	1	633
Detained minors visited by their relatives with ICRC/National Society support	182	1	37	6		138
International armed conflict (Third Geneva Convention)						
Places of detention visited	4				4	
Visits carried out	27				27	
Prisoners of war (POWs) visited and monitored individually	96				96	
<i>of whom newly registered</i>	95				95	
POWs released	17				17	
<i>of whom transferred/repatriated by/via the ICRC</i>						
International armed conflict (Fourth Geneva Convention)						
Places of detention visited	34				3	31
Visits carried out	382				16	366
Civilian internees (CIs) and others visited and monitored individually	1,474				7	1,467
<i>of whom newly registered</i>	952				7	945
CIs and others released	10,327				4	10,323

ASSISTANCE FIGURES AND INDICATORS

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Economic security						
Civilians						
Food consumption	3,522,497	1,746,597	65,081	165,700	65,335	1,479,784
Food production	6,243,626	4,856,977	6,244	142,666	47,873	1,189,866
Income support	1,578,840	860,144	21,885	117,496	127,224	452,091
Living conditions	4,218,918	1,447,563	50,877	299,374	104,326	2,316,778
Capacity-building	148,851	28,989	1,700	44,897	8,086	65,179
of whom IDPs						
Food consumption	2,072,266	966,730	16,636	57,576	24,040	1,007,284
Food production	1,411,660	1,135,499	271	9,041	198	266,651
Income support	685,951	427,964	14,320	57,542	93,758	92,367
Living conditions	3,177,437	1,136,593	1,868	195,276	25,944	1,817,756
Capacity-building	40,429	1,841		9,660	875	28,053
People deprived of their freedom						
Food consumption	52,987	28,713	16,246	6,758		1,270
Living conditions	428,605	139,793	64,161	73,505	33,976	117,170
Capacity-building	16,248	16,248				
Total for all target populations						
Food consumption	3,575,484	1,775,310	81,327	172,458	65,335	1,481,054
Food production	6,243,626	4,856,977	6,244	142,666	47,873	1,189,866
Income support	1,578,840	860,144	21,885	117,496	127,224	452,091
Living conditions	4,647,523	1,587,356	115,038	372,879	138,302	2,433,948
Capacity-building	165,099	45,237	1,700	44,897	8,086	65,179
Water and habitat						
Civilians						
Beneficiaries	36,717,941	7,170,297	586,370	1,651,497	1,046,805	26,262,972
<i>of whom IDPs</i>	6,652,978	1,373,048	19,143	133,071		5,127,716
People deprived of their freedom						
Beneficiaries	364,957	109,446	121,764	75,655	13,519	44,573
Wounded and sick						
Beds (capacity of hospitals or physical rehabilitation services)	30,342	5,050	3,978	10,768	1,556	8,990
Total for all projects						
Beneficiaries (civilians and people deprived of their freedom)	37,082,898	7,279,743	708,134	1,727,152	1,060,324	26,307,545
Beds (capacity of hospitals or physical rehabilitation services)	30,342	5,050	3,978	10,768	1,556	8,990
Primary health care						
Health centres supported						
Health centres supported	709	348	28	116	75	142
Average catchment population	14,251,421	6,791,665	329,599	2,965,168	283,544	3,881,445
Services at health centres supported regularly						
Vaccines provided (doses)	2,588,568	1,885,414	25,596	353,101		324,457
<i>of which polio vaccines for children under 5 years of age</i>	1,014,061	642,889	7,601	189,179		174,392
Antenatal consultations	741,367	565,871	3,626	68,199		103,671
Curative consultations	8,179,766	4,190,741	397,011	988,901	397,345	2,205,768
<i>of which for women</i>	2,037,919	845,560	141,935	289,408	169,629	591,387
<i>of which for children</i>	2,454,394	1,524,653	89,616	45,708	65,106	729,311
Referrals to a second level of care	108,765	44,419	11,192	7,430	18,717	27,007
<i>of whom gynaecological/obstetric cases</i>	18,897	10,330	134	393	679	7,361
Mental health and psychosocial support						
People who received mental-health support						
<i>of whom civilians</i>	30,996	14,952	6,373	3,625	2,727	3,319
<i>of whom people deprived of their freedom</i>	1,556				1,556	
<i>of whom wounded and sick</i>	3,718	2,247		274		1,197
People trained in mental-health care and psychosocial support	3,796	1,581	759	700	453	303

1. Based on available data, which may not always reflect the extent of ICRC operations. In some cases, disaggregated figures may be understated owing to operational and data collection constraints.

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Health care in detention						
Places of detention visited by health staff	347	109	33	92	31	82
Health facilities supported in places of detention visited by health staff	135	63	9	24	5	34
Hospital support						
Hospitals supported	679	250	43	129	79	178
<i>including hospitals reinforced with or monitored by ICRC staff</i>	109	46	13	7	3	40
Patients whose treatment was paid for by the ICRC (total)	424,106	25,680	2,035	380,557		15,834
Services at hospitals reinforced with or monitored by ICRC staff						
Surgical admissions						
Weapon-wound admissions (total)	20,801	5,307		2,607	*	12,882
Women	1,013	590		197	*	226
Men	14,972	4,062		2,080	*	8,825
Children	2,309	549		330	*	1,430
<i>Weapon-wound admissions related to mines or explosive remnants of war (total)</i>	<i>1,732</i>	<i>101</i>		<i>1,174</i>	<i>*</i>	<i>456</i>
<i>Women</i>	<i>121</i>	<i>*</i>		<i>103</i>	<i>*</i>	<i>*</i>
<i>Men</i>	<i>1,308</i>	<i>*</i>		<i>844</i>	<i>*</i>	<i>*</i>
<i>Children</i>	<i>302</i>	<i>*</i>		<i>227</i>	<i>*</i>	<i>*</i>
Non-weapon-wound admissions (total)	194,655	13,229		18,380	375	162,671
Operations performed	151,461	35,473		21,837	537	93,614
Medical (non-surgical) admissions (total)	36,376	13,690		19,561		3,125
Women	7,458	2,880		3,541		1,037
Men	4,497	2,165		1,153		1,179
Children	925	246		65		614
Gynaecological/obstetric admissions (total)	53,863	21,822		25,370		6,671
Consultations	4,417,322	478,830	150,005	1,248,723	24,318	2,515,446
Services at hospitals not monitored directly by ICRC staff						
Surgical admissions (weapon-wound and non-weapon-wound admissions)	113,856	36,696	2,691	29,017	15,780	29,672
Weapon-wound surgeries performed	12,973	2,625	38	5,725	*	4,584
Weapon-wound admissions (surgical and non-surgical admissions)	33,201	14,652	815	9,570	*	8,163
First aid						
First-aid training sessions	2,764	698	145	1,575	185	161
Participants at first-aid training sessions (aggregated monthly data)	54,198	13,619	1,943	32,939	2,332	3,365
Physical rehabilitation						
Projects supported	318	116	34	102	11	55
<i>of which physical rehabilitation centres supported regularly</i>	<i>146</i>	<i>55</i>	<i>16</i>	<i>45</i>	<i>3</i>	<i>27</i>
Services at physical rehabilitation centres supported regularly						
People who received physical rehabilitation services (aggregated monthly data)	365,846	67,877	5,496	206,878	1,808	83,787
Women	63,103	14,957	1,508	29,951	444	16,243
Children	147,751	25,274	1,780	84,803	662	35,232
<i>Of whom victims of mines or explosive remnants of war</i>	<i>30,172</i>	<i>1,887</i>	<i>126</i>	<i>25,107</i>	<i>*</i>	<i>3,042</i>
<i>Of whom amputees</i>	<i>77,147</i>	<i>18,633</i>	<i>1,826</i>	<i>42,537</i>	<i>557</i>	<i>13,594</i>
Prostheses delivered (units)	22,231	7,051	765	9,152	393	4,870
Orthoses delivered (units)	123,098	16,189	2,896	39,702	3,973	60,338
Physiotherapy sessions	842,510	192,373	26,392	287,746	1,924	334,075
Walking aids delivered (units)	59,251	19,602	399	29,065	4,246	5,939
Wheelchairs or postural support devices delivered (units)	9,528	1,482	465	4,885	1,562	1,134
Referrals to social integration projects	10,836	3,693	300	3,957		2,886

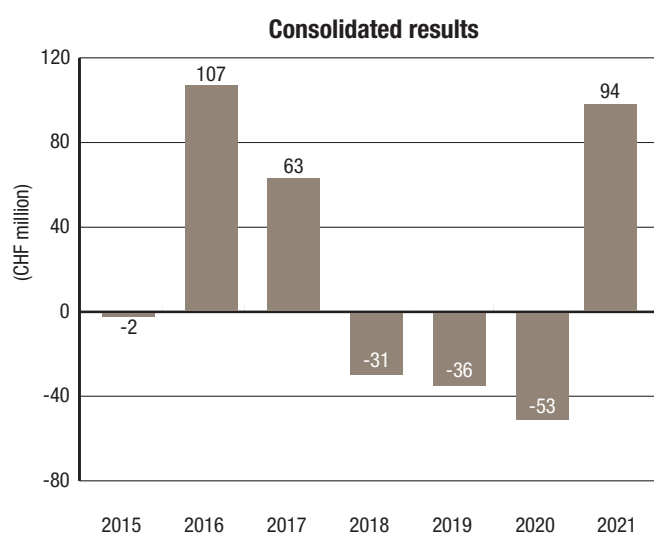
1. Based on available data, which may not always reflect the extent of ICRC operations. In some cases, disaggregated figures may be understated owing to operational and data collection constraints.

* Some figures have been redacted in the pertinent operational chapters for data protection purposes. See the *User guide* for more information.

FINANCE AND ADMINISTRATION

THE FINANCIAL YEAR 2021

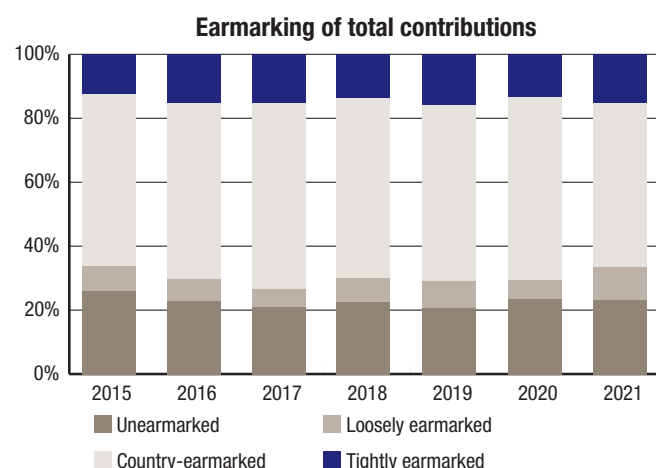
After three consecutive years recording a financial deficit, the 2021 consolidated financial year yielded a net positive surplus of CHF 93.5 million – the result of a surplus of contributions (CHF 1.96 billion) over expenditure (CHF –1.89 billion)¹ for all financial operating structures, and a positive net result for non-operating activities (CHF 22.4 million). This was principally due to an exceptional year in terms of contributions received, which increased by CHF 88.2 million (5%) over 2020. Meanwhile, total expenditure was relatively low owing to various constraints (see below); it increased by only CHF 51.7 million (including overheads) over 2020, mainly driven by the evolution of the situations in Africa and the Middle East.



The ICRC's neutral, impartial and independent approach, as enshrined in its mission, coupled with its multidisciplinary and real-time response to the needs of people affected by armed conflicts and other situations of violence, requires access to flexible funding. Such flexible funding, either totally unearmarked or loosely earmarked (earmarked for a region and/or programme or for a target population), enables the ICRC to quickly respond in the most efficient manner to humanitarian needs in volatile contexts amid a constantly evolving operational environment.

Decisions by donors to directly allocate funds to certain contexts, including those that are highly visible in the media, tend to result in over- and underfunding of contexts (see below). In the past years, the ICRC has observed a rise in country-earmarked contributions and a drop in unearmarked and loosely earmarked funds. Despite a slight improvement since 2018, this general decrease in flexible funding from 40% in 2012 to 33% in 2021 remains worrisome. Against this backdrop, the organization has again set a 40% flexible funding

target and is working with donors to secure their commitment in this regard. In terms of flexibility, country-earmarked contributions decreased in 2021 as compared to 2020.



FIELD OPERATIONS

The initial budget for ICRC field operations in 2021 was CHF 2.04 billion. Over the course of the year, the ICRC adopted budget extensions for its operations in Ethiopia, the Islamic Republic of Iran (in relation to the situation in Afghanistan), Israel and the occupied territories, and Sudan, which altogether amounted to CHF 64.9 million (3% of the initial budget). These brought the final field budget to CHF 2.10 billion.

The total field expenditure amounted to CHF 1.73 billion. The COVID-19 pandemic continued to shape the ICRC's operational response in 2021, becoming part of the "new normal". The COVID-19 Crisis Committee continued to monitor the evolution of the pandemic throughout the year as the impact of succeeding waves was felt in different places at different times. The pandemic had varying effects on the ICRC's expenditure. The organization continued to maintain a low level of expenses for missions, owing to travel restrictions. Transport costs were closely monitored because of container shortages. Parts of the supply chain, including the replacement of IT equipment, were disrupted or delayed. Field delegations adjusted their set-ups and working procedures as the situation developed. Alongside operational challenges, such as security and access issues, these circumstances led to an implementation rate of 82.3% of the final field budget. Despite being the lowest field implementation rate in the past decade, it demonstrated the strong adaptability of the ICRC's response amid challenging circumstances.

Direct contributions (in cash, kind and services) to field operations reached CHF 1.79 billion² (up CHF 85.5 million or 5% from 2020) and exceeded the field expenditure of

1. Consolidated expenditure, including overheads, for all financial operating structures was at 1.99 billion.

2. This figure does not include other operating income, non-operating activities and overheads.

CHF 1.73 billion by CHF 64.4 million. Thanks to the strong support of its donors, the ICRC saw an increase in contributions for its overall operations from all donor categories, most notably from governments and the private sector. This result, however, confirmed the trend of highly visible contexts continuing to be substantially overfunded (18 contexts drew in cumulative contributions amounting to CHF 82.1 million); a few others remained underfunded (two contexts recorded a combined deficit of CHF 8.5 million).

HEADQUARTERS

The initial headquarters budget of CHF 241.7 million increased by CHF 16.3 million as a result of budget extensions adopted over the course of the year. This was partly driven by the continued expansion of the ICRC's field budget, which, combined with ongoing organizational transformations, required additional support and adaptation from headquarters. The final headquarters budget was CHF 258.0 million. The actual expenditure amounted to CHF 242.0 million, corresponding to an implementation rate of 93.8%.

Direct contributions to headquarters amounted to CHF 163.7 million³. This represented an increase of CHF 8.0 million or 5% from 2020 – likewise an encouraging sign from donors. The total income for headquarters activities, taking into account other operating income, non-operating activities and overheads, amounted to CHF 268.8 million (2020: CHF 259.7 million); this figure exceeded expenditure, resulting in an income surplus of CHF 26.7 million for headquarters activities. Most of the surplus (CHF 24.1 million) was transferred to the ICRC's future operations reserve, per standard ICRC practice when there is an income surplus, to reinforce the organization's ability to shoulder the funding of possible future deficits.

STATEMENT OF INCOME

After consolidating the field operations, the headquarters, the other operating structures and the funds and foundations it controls, the ICRC ended up with an overall consolidated surplus of CHF 93.5 million in 2021, compared with a shortfall of CHF -52.9 million in 2020. The 2021 surplus was mainly due to an exceptional year in terms of income and a low implementation rate for field operations.

The 2021 financial results enabled the ICRC to reinforce its reserves for future operations beyond the equivalent of two months' worth of annual expenditure, a level which is significantly below its target of four months. The current environment remains unpredictable and highly volatile, and maintaining the 2021 level of funding is not guaranteed. A reasonable amount of reserves is needed for the ICRC to respond quickly to humanitarian crises and to face unexpected risks and/or disbursements.

BALANCE SHEET

In 2021, the consolidated balance attested to the organization's continuing financial health, although the breakdown between assets and liabilities somewhat changed. On the assets side, cash and cash equivalents decreased by CHF -206.7 million, while investments increased by CHF 264.4 million, owing primarily to the investment of the proceeds from the Swiss loan received in late 2020. On the liabilities and reserves side, key changes were reflected in an increase of CHF 253.5 million in the reserves, which resulted in CHF 595.7 million at year's end, and a decrease of CHF -144.3 million for the main LPP pension plan liability, which resulted in CHF 212.6 million at year's end. The decrease in the main LPP pension plan liability was the result of the strong performance of investment portfolios and a positive market appraisal of real estate properties, combined with a favourable net effect of changes in actuarial assumptions.

Current assets were sufficient to cover all (current and non-current) liabilities at 31 December 2021. The coverage ratio was at 106% at the end of the year. This ratio has improved in comparison to previous years, when the rate had been stable at around 90%, primarily because of the aforementioned decrease in employee benefit liabilities. The ICRC's management is confident in the organization's ability to meet its debt repayment obligations over the next five years.

AUDITORS' OPINION AND INTERNAL CONTROL

To ensure the continued independence of its accounts and an objective audit approach, the ICRC appointed a new audit firm, KPMG, for the financial years 2021–2024.

Per Swiss legal requirements, the external auditor has confirmed unreservedly the existence of an internal control system at the ICRC and has provided an unqualified audit opinion on the 2021 consolidated financial statements, which are compliant with International Financial Reporting Standards.

As a sign of its commitment to transparency, the ICRC has, since 2017, shared its recommendation letter and details on major fraud cases with members of the Donor Support Group, in the presence of its external auditors. This exercise will be repeated in 2022.

SUBSEQUENT EVENTS

In January 2022, the ICRC detected a cyber-security attack against its Central Tracing Agency, leading to the activation of the Crisis Management Framework. There were no significant financial impacts as a result of the data breach. At the end of March 2022, the ICRC assessed the impact of the escalation of the Ukraine conflict on its assets and confirmed that, overall, it has not led to any material additional impairment losses.

3. This figure does not include other operating income, non-operating activities and overheads.

CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

Auditors' opinion and internal control.....	495
Consolidated statement of income.....	498
Consolidated statement of other comprehensive income.....	498
Consolidated statement of financial position	498
Consolidated statement of changes in reserves.....	499
Consolidated statement of cash flows	499
Explanatory notes to these consolidated financial statements.....	500
1. Activities and basis for accounting	500
1A. Activities.....	500
1B. Significant accounting policies and basis of preparation	500
1C. Significant accounting judgments, estimates and assumptions.....	502
1D. Changes in accounting policies and disclosures.....	502
1E. Standards issued but not yet effective	502
1F. Impact from COVID-19	502
2. Funding.....	503
2A. Contributions.....	503
2B. Accounts receivable	504
2C. Deferred income.....	504
2D. Reserves.....	505
3. Operations	506
3A. Operating expenses.....	506
3B. Staff costs	507
3C. Related parties	507
3D. Leases	508
3E. Other income and expenses, net.....	509
3F. Overheads and administrative costs.....	510
3G. Inventories	510
3H. Tangible and intangible assets.....	510
3I. Commitments.....	511
3J. Contingencies	511
4. Management of funds.....	512
4A. Financial assets and liabilities.....	512
4B. Cash and cash equivalents	512
4C. Loans and borrowings	512
4D. Investments	514
4E. Financial risk management objectives and policies.....	514
4F. Fair value	517
4G. Employee benefit liabilities.....	518
5. Subsequent events.....	524

CONSOLIDATED STATEMENT OF INCOME

For the year ended 31 December

(CHF million)	Note	2021	2020
Contributions	[2A]	1,957	1,871
Staff costs	[3B]	-914	-1,012
Purchase of goods and materials	[3A]	-312	-317
Rentals	[3D]	-135	-139
Other expenses	[3A]	-525	-472
Operating expenditure		-1,886	-1,940
Net result of operating activities		71	-69
Foreign exchange result, net		-8	-12
Financial income, net		26	14
Other income and expenses, net	[3E]	5	14
Net result of non-operating activities		23	16
Result for the year		94	-53

CONSOLIDATED STATEMENT OF OTHER COMPREHENSIVE INCOME

For the year ended 31 December

(CHF million)	Note	2021	2020
Result for the year		94	-53
Other comprehensive income			
- Re-measurement gains/(losses) on defined benefit plans that will not be reclassified to profit or loss	[4G]	160	-22
Total comprehensive income for the year		254	-75

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

At 31 December

(CHF million)	Note	2021	2020
Cash and cash equivalents	[4B]	289	496
Investments	[4D]	499	235
Accounts receivable	[2B]	277	258
Inventories	[3G]	135	123
Prepayments		29	27
Total Current assets		1,229	1,139
Investments	[4D]	108	107
Accounts receivable	[2B]	95	69
Tangible assets	[3H]	201	208
Intangible assets	[3H]	91	81
Right-of-use assets	[3D]	35	22
Total Non-current assets		530	487
Total Assets		1,759	1,626
Accounts payable and accrued expenses		92	84
Provisions for operational claims		10	11
Loans and borrowings	[4C]	19	1
Lease liabilities	[3D]	14	11
Employee benefit liabilities	[4G]	75	65
Deferred income	[2C]	156	205
Total Current liabilities		366	377
Loans and borrowings	[4C]	222	242
Lease liabilities	[3D]	18	9
Employee benefit liabilities	[4G]	454	581
Deferred income	[2C]	103	75
Total Non-current liabilities		797	907
Total Liabilities		1,163	1,284
Unrestricted reserves	[2D]	477	300
Restricted reserves	[2D]	119	42
Total Reserves		596	342
Total Liabilities and reserves		1,759	1,626

FIGURES ARE IN CHF MILLION

CONSOLIDATED STATEMENT OF CHANGES IN RESERVES**For the year ended 31 December**

(CHF million)		Total Unrestricted reserves	Restricted reserves				Total Reserves
			Funding of operations	Funding of innovation	Funds and foundations	Total	
	Note	[2Da]	[2Db]	[2Dc]	[2Dd]		
Balance at 1 January 2021		300.1	4.2	1.5	36.5	42.2	342.3
Net result for the year		16.9	74.0	1.0	1.6	76.6	93.5
Other comprehensive income	[4G]	160.0	-	-	-	-	160.0
Balance at 31 December 2021		476.9	78.2	2.5	38.1	118.9	595.7
Balance at 1 January 2020		446.8	-66.4	0.1	37.0	-29.3	417.5
Net result for the year		-99.4	45.6	1.4	-0.5	46.5	-52.9
Other comprehensive income	[4G]	-22.3	-	-	-	-	-22.3
Allocation to restricted reserves		-25.0	25.0	-	-	25.0	-
Balance at 31 December 2020		300.1	4.2	1.5	36.5	42.2	342.3

CONSOLIDATED STATEMENT OF CASH FLOWS**For the year ended 31 December**

(CHF million)	Note	2021	2020
Result for the year		94	-53
Adjustments to reconcile deficit to cash from operating activities			
- Non-cash items	[4B]	101	201
- Items relating to investing activities		-29	-6
- Working capital adjustments		-70	20
Net cash from operating activities		96	162
Purchase of tangible assets	[3H]	-22	-18
Proceeds from the sale of tangible assets		5	8
Purchase of intangible assets	[3H]	-27	-22
Purchase of investments		-226	-79
Proceeds from the sale of investments		78	81
Purchase of short-term deposits, net		-96	-
Income from investments, net and interest received		4	3
Net cash used in investing activities		-284	-27
Increase in long-term loans	[4C]	-	200
Repayments of long-term loans		-1	-1
Repayments of lease liabilities		-16	-17
Net cash (used in)/from financing activities		-17	182
Net (decrease)/increase in cash and cash equivalents		-205	317
Cash and cash equivalents at the beginning of the year		496	186
Effect of exchange rate differences on cash		-2	-7
Net (decrease)/increase in cash and cash equivalents		-205	317
Cash and cash equivalents at the end of the year	[4B]	289	496

At 31 December 2021**EXPLANATORY NOTES TO THESE CONSOLIDATED FINANCIAL STATEMENTS**

The notes have been organized into four sections to present how the ICRC funds its activities, runs its operations and manages the funds provided by donors. Each section of the notes presents the financial information and any material accounting policies that are relevant to understand the activities of the ICRC.

1. Activities	2. Funding	3. Operations	4. Management of funds	5. Subsequent events
1A. Activities	2A. Contributions	3A. Operating expenses	4A. Financial assets and liabilities	
1B. Significant accounting policies	2B. Accounts receivable	3B. Staff costs	4B. Cash and cash equivalents	
1C. Significant accounting judgments	2C. Deferred income	3C. Related parties	4C. Loans and borrowings	
1D. Changes in accounting policies	2D. Reserves	3D. Leases	4D. Investments	
1E. Standards issued but not yet effective		3E. Other income and expenses, net	4E. Financial risk management	
1F. Impact from COVID-19		3F. Overheads and administrative costs	4F. Fair value	
		3G. Inventories	4G. Employee benefit liabilities	
		3H. Tangible and intangible assets		
		3I. Commitments		
		3J. Contingencies		

1. Activities and basis for accounting**1A. Activities**

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusive humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the International Red Cross and Red Crescent Movement (hereafter “the Movement”) in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Movement. The Movement is made up of the following components: the International Committee of the Red Cross, the National Red Cross and Red Crescent Societies, and the International Federation of Red Cross and Red Crescent Societies (hereafter “International Federation”). The ICRC is formally recognized in the 1949 Geneva Conventions and by the International Conference of the Red Cross and Red Crescent. As a humanitarian non-profit organization domiciled in Switzerland, it was granted United Nations observer status in October 1990. Under Article 60 of the Swiss Civil Code, it has the legal form of an association. Its registered office is at 19, Avenue de la Paix, 1202 Geneva, Switzerland. The ICRC Assembly is the supreme governing body of the ICRC.

The ICRC’s principal tasks are to:

- visit prisoners of war and civilian detainees;
- search for missing persons;
- transmit messages between family members separated by conflict;
- reunite dispersed families;
- provide food, water and medical assistance to civilians without access to these basic necessities;
- spread knowledge of international humanitarian law (IHL);
- monitor compliance with IHL;
- draw attention to violations and contribute to the development of IHL; and
- enhance the capacity of National Societies to fulfil their responsibilities as Red Cross and Red Crescent institutions providing humanitarian services in their respective countries.

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

1B. Significant accounting policies and basis of preparation

This note contains the ICRC’s significant accounting policies that relate to the consolidated financial statements as a whole. Accounting policies specific to one note are described in that note.

Statement of compliance

The consolidated financial statements have been prepared in compliance with the International Financial Reporting Standards (IFRS) as adopted by the International Accounting Standards Board (IASB).

The IFRS do not contain specific guidelines for non-profit and non-governmental organizations concerning the accounting treatment and presentation of consolidated financial statements. Where the IFRS are silent or do not give guidance on how to treat transactions specific to the not-for-profit sector, accounting policies have been based on the general IFRS principles, as detailed in the basis of measurement of the IASB Conceptual Framework for Financial Reporting. The consolidated financial statements have been prepared using the historical cost convention, except when otherwise indicated.

The consolidated financial statements were authorized for issue by the Assembly on 28 April 2022.

Functional and presentation currency

The ICRC's functional and presentation currency is the Swiss franc (CHF). All financial information presented has been rounded to the nearest CHF million, except when otherwise indicated. The financial information in the following notes is presented in CHF million with one decimal place and may result in rounding-off addition differences.

Transactions in currencies other than the Swiss franc are converted into Swiss francs at rates which approximate the actual rates at the transaction date. At the reporting date, monetary assets and liabilities denominated in foreign currency are converted into Swiss francs at the rate of exchange at that date. Non-monetary assets and liabilities in foreign currency that are stated at historical cost are translated at the foreign exchange rate at the date of the transaction. Realized and unrealized exchange differences are reported in the consolidated statement of income.

The principal rates of exchange are shown below:

	Closing rate		Average rate	
	2021	2020	2021	2020
USD	0.9166	0.8858	0.9124	0.9433
EUR	1.0374	1.0848	1.0821	1.0713
GBP	1.2329	1.1953	1.2553	1.2100
AUD	0.6632	0.6736	0.6858	0.6479

Basis of consolidation

The consolidated financial statements of the ICRC cover the activities of the Geneva headquarters, all ICRC delegations, seven funds and two foundations. The general purpose of the funds and foundations is to help finance the ICRC's humanitarian work. The following seven funds are separate reporting entities:

- Clare Benedict Fund
- Florence Nightingale Medal Fund
- French Fund Maurice de Madre
- Jean Pictet Fund
- National Society Investment Alliance (refer to Note [3C])
- Omar El Mukhtar Fund
- Paul Reuter Fund

The following two foundations are separate legal entities:

- Foundation for the ICRC
- The ICRC MoveAbility Foundation: The Board of the ICRC MoveAbility Foundation decided in December 2019 to dissolve the Foundation. The dissolution, which was completed in 2020, has no material impact on these consolidated financial statements.

The ICRC applied IFRS 10 and assessed its relationships with these funds and foundations. Control exists when the investor is exposed, or has rights, to variable returns from its involvement with its investees and has the ability to affect those returns through its power over the investees. Taking into consideration the activities, decision-making processes, benefits and related risks associated with the entities, the ICRC concluded that, in substance, the funds and foundations listed above are controlled by the ICRC and should be consolidated into the ICRC's financial statements. The ICRC reviews its significant judgments and assumptions made in determining that it has control of other entities on an annual basis.

Intragroup balances and transactions, and any unrealized gains from such transactions, are eliminated when the consolidated financial statements are prepared. The financial statements of the funds and foundations are prepared for the same reporting period as the ICRC, using consistent accounting policies.

1C. Significant accounting judgments, estimates and assumptions

All significant accounting judgments, estimates and assumptions specific to one note are described in that note. In particular, the ICRC has applied judgment in developing its accounting policies with respect to contributions (refer to Note [2A]). Estimates and assumptions are particularly relevant for the determination of the non-current employee benefit liabilities (refer to Note [4G]).

The ICRC is subject to risks and uncertainties which may lead to actual results differing from these estimates, both positively and negatively. Specific financial risks for the ICRC are discussed in Note [4E] on *Financial risk management objectives and policies*.

1D. Changes in accounting policies and disclosures

The ICRC has adopted all new or amended standards (of the IFRS) and interpretations (by the Interpretations Committee, or IFRS IC) which are effective for 2021. The implementation of the new or amended standards, including the IASB Conceptual Framework for Financial Reporting, has not had any material impact on the ICRC's consolidated financial statements.

Additionally, the ICRC made the following changes in presentation:

- The 2020 comparative information has been reassessed for a better presentation of net provision movements and severance payments in the income statement (Refer to Note [3E]), and of transitional measures due to resident staff in the balance sheet (Refer to Note [4Gb]).
- For contributions of fixed assets or land surface rights, the ICRC has opted for a net presentation of these in-kind asset contributions starting 1 January 2021 (Refer to Note [2A]).

1E. Standards issued but not yet effective

The IASB has issued a number of new and amended IFRS standards and interpretations, which are not yet effective for the financial year ended 31 December 2021. The ICRC intends to adopt the new and amended standards and interpretations when they become effective. All standards and interpretations not yet effective are not expected to have any material impact on these consolidated financial statements.

1F. Impact from COVID-19

COVID-19 has continued to impact the global economy, as measures implemented by governments around the world to restrict the spread of the pandemic are still in place in many countries. The ICRC is managing the impact of COVID-19 through task forces at global, regional and country levels.

The availability of viable and effective vaccines for use in conflict- and violence- affected contexts, and the information on the logistics and costs that would be required to support vaccination campaigns, were not yet clear when ICRC delegations were developing their plans and budgets for 2021. COVID-19 vaccination-related activities were thus not included in the ICRC's internal planning and 2021 appeals. Following a global review of its operations and adjustments to its programmes, the ICRC launched in March 2021 an appeal for CHF 229.4 million (CHF 225.0 million for the field and CHF 4.4 million for headquarters) for its response to COVID-19. The appeal included activities aimed at ensuring equitable vaccine access and coverage for violence-affected people and strengthening the resilience of communities dealing with the pandemic's broader impact (e.g. loss of jobs and income, deteriorating health conditions, long-term mental health and psychosocial consequences). This appeal was part of the CHF 2.3 billion initial budget announced by the ICRC in its 2021 appeals. In relation to this, delegations repurposed existing budget lines to support these activities.

The pandemic has prompted the ICRC to reorient, postpone or adjust many of its activities since March 2020. It further complicated the already challenging environments where the ICRC works: armed conflicts, other situations of violence and places of detention. Remote working was implemented where possible and non-critical business travel restricted. These measures largely remain in place and have not significantly affected the ICRC's ability to maintain its field operations in 2021. However, the final implementation rate for field operations in 2021 was 82.3%, reflecting ongoing operational constraints as a result of the pandemic, limited access to certain countries (e.g. Afghanistan and Ethiopia) and the strengthening of the Swiss franc. For comparison, the average field implementation rate for the past five years prior to the pandemic (2015-2019) was 91.6 %.

The ICRC regularly monitors the economic uncertainty impacting global markets, including currency values, transport costs and commodity prices. The financial markets proved increasingly immune to COVID-19. The strong performance of equity investments in 2021 was supported by a robust rebound in economic growth and continued accommodative fiscal and monetary policies, despite inflation.

The ICRC has not identified any risks that could materially impact its financial position at 31 December 2021. COVID-19 has not resulted in significant adjustments to carrying amounts of assets and liabilities, or revision to critical accounting estimates. The ICRC has not experienced liquidity or cash flow disruptions during 2021 due to the COVID-19 pandemic. It is confident that it is well-positioned to meet its ongoing financial obligations and has sufficient liquidity to support its normal activities.

2. Funding

2A. Contributions

- Contributions, designated for general use by the ICRC, are recognized as revenue upon receipt of a written confirmation or agreement from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- Contributions that will fall due after five years or are estimated as unlikely to be paid are not accounted for and are disclosed as contingent assets owing to uncertainties associated with their receipt. In 2021, CHF 0.4 million contributions (2020: no contributions) were considered contingent assets.
- Where funding agreements impose performance conditions which must be met before ICRC is entitled to the funding, the corresponding conditional revenue is deferred as a liability until it is probable that the conditions have been met. Performance conditions generally relate to the completion of specified activities or the achievement of efficiency levels.
- Contributions are mainly received in cash but may be received in kind (goods or fixed assets) or in services (staff, means of transport or rent).
- Contributions in cash for direct funding of the costs of purchasing or constructing specific fixed assets are fully recognized under operating income upon receipt of the cash.
- Contributions in kind and in services are recognized as revenue at their estimated fair value on the date of receipt of the goods or services. However, for contributions of fixed assets or land surface rights, the ICRC has opted for a net presentation of these in-kind asset contributions starting 1 January 2021: netting the value of assets received in kind against the related deferred income liabilities in the balance sheet at 31 December 2021, and netting the value of in-kind donations against the related free rental costs in the income statement. This accounting treatment applies to the four land surface rights in Switzerland, granted by the Swiss federal, cantonal and communal authorities to enable the ICRC to have free use of these lands for 30, 50 or 100 years. The value of these land surface rights at 31 December 2021, discounted using risk-free market rates at the date of the last contractual amendments, is CHF 109.2 million (2020: CHF 111.6 million). In 2021, CHF 4.7 million of in-kind contributions (2020: CHF 2.2 million) were related to these land surface rights.

Range of donors

Contributions and joint appeals are received from a wide range of donors:

(CHF million)	2021	2020
Governments	1,701.4	1,635.4
European Commission	128.9	122.7
Private sources (1)	70.3	61.5
National Societies	30.9	29.1
Supranational organizations and international institutions	20.4	11.9
Other public sources (1)	5.1	5.1
The International Federation (joint appeal)	-	5.7
Total Contributions	1,957.0	1,871.0

- (1) Other public sources are defined as federal, cantonal and municipal government bodies, whereas private sources are defined as individuals, foundations, legacies, private companies and associations. Supranational organizations and international institutions include UN agencies, the World Bank and non-governmental organizations.

The income from governments includes CHF 1.9 million (2020: CHF 1.9 million; 2019: CHF 0.8 million) from the United States Agency for International Development (USAID), earmarked for the ICRC's Physical Rehabilitation Programme in 2021. The total USAID contribution of CHF 4.9 million earmarked for these activities, formerly managed by the ICRC MoveAbility Foundation, covers the years 2019, 2020 and 2021.

Earmarking

- Contributions restricted to no other purpose than general field or headquarters operations are considered unearmarked. This category also includes COVID-19 related contributions for CHF 16.0 million in 2021 (2020: CHF 59.9 million).
- Contributions restricted to a given region and/or programme or target population (in the field or at headquarters) are considered loosely earmarked.
- Contributions restricted to one of the ICRC's contexts in the field are considered country-earmarked.
- Contributions restricted to a (sub-)programme or (sub-)target population within a specific context in the field or a specific organizational unit at headquarters are considered tightly earmarked.

The table below shows the overall framework for the earmarking of contributions.

(CHF million)	2021	2020
Unearmarked contributions	439.8	434.4
Loosely earmarked contributions	211.8	123.2
Country-earmarked contributions	1,008.5	1,063.4
Tightly earmarked contributions	297.2	250.4
Total Contributions	1,957.0	1,871.0

2B. Accounts receivable

- Accounts receivable are held to collect contractual cash flows where those cash flows solely represent payments of principal and interest, and are recognized at fair value and subsequently measured at amortized cost less expected credit loss allowance.
- Contributions receivable are amounts due from donors and recognized upon receipt of a written agreement. There are no standard payment terms for contributions, as the timing of payments is usually specified in each donor contract. Contributions receivable due more than 12 months and less than five years after the reporting date are recorded as long-term receivables and discounted to their present value. The carrying values of long-term receivables and deferred income are based on the expected future cash flows, discounted using the rates on the dates the pledges were signed.
- Contributions received after the reporting date, but designated for use in the reporting period, are recorded as accrued income in the reporting period. An accrued income of CHF 73.6 million at 31 December 2021 (2020: CHF 13.9 million) is presented within the current contributions receivable.
- Other receivables originate from recharging operating expenses or from non-core activities. A default is when the counterparty fails to make contractual payments within 60 days of when they fall due. Other receivables are written off when there is no reasonable expectation of recovery.
- Accounts receivable are considered to be low-risk. Management specifically analyses historical trends and current economic trends when assessing the adequacy of the loss allowance. The loss allowance is based on specific credit qualities of individual positions. The loss allowance for accounts receivable at 31 December 2021 is CHF 0.4 million (2020: CHF 2.2 million), resulting in a decrease of the expected credit loss of CHF 1.8 million for the year then ended (2020: CHF 1.7 million).

The nature of the accounts receivable is as follows:

(CHF million)	2021	2020
Contributions receivable in less than 12 months	266.3	244.0
Other receivables	10.3	13.9
Sub-total Current accounts receivable	277.0	258.0
Contributions receivable in more than 12 months	95.0	69.0
Total Accounts receivable	372.0	327.0

2C. Deferred income

Revenue relating to future years is recorded as deferred income. Revenue deferred for more than 12 months after the reporting date is recorded as non-current and discounted to its present value at the reporting date.

(CHF million)	2021	2020
Deferred income related to contributions in less than 12 months	155.7	204.9
Deferred income related to government loans in less than 12 months	0.2	0.2
Sub-total Current deferred income	156.0	205.0
Deferred income related to contributions in more than 12 months	93.3	64.5
Deferred income related to government loans in more than 12 months	10.7	10.9
Sub-total Non-current deferred income	103.0	75.0
Total Deferred income	259.0	280.0

2D. Reserves

Reserves are composed of the results from operating and non-operating activities. Accumulated reserves are classified as either restricted (permanently or temporarily) or unrestricted reserves.

a. Unrestricted reserves

Unrestricted reserves designated by the Assembly are not subject to any legal or third-party restrictions and can be allocated as the ICRC Assembly sees fit. Unrestricted reserves may be designated for specific purposes to meet future obligations or risks.

(CHF million)	At 1 January 2020	Use/release during 2020	Allocation 2020	At 31 December 2020	Use/release during 2021	Allocation 2021	At 31 December 2021
Future operations	344.8	-24.7	8.7	328.8	-	24.1	352.9
Assets replacement	287.2	-0.9	6.8	293.1	-10.4	3.9	286.6
Operational risks	25.0	-0.1	7.7	32.6	-	0.3	32.9
Financial risks	20.0	-21.4	20.8	19.4	-9.2	22.6	32.8
Specific projects	1.5	-1.1	-	0.4	-	0.2	0.6
Human resources	-231.7	-149.3	6.7	-374.3	-1.5	146.8	-229.0
Total Unrestricted reserves	447.0	-198.0	51.0	300.0	-21.0	198.0	477.0

Future operations reserves

The future operations reserves are intended for situations where there is insufficient operational funding. The target level is estimated at CHF 680.9 million (2020: CHF 666.7 million) based on an average of four months of expenses in cash, kind and services (including overheads) over the previous four years and the next year's initial budget.

Assets replacement reserves

The ICRC sets aside funds for capital expenses on real estate and equipment, in order to be able to make investments that are essential for its operations regardless of short-term financial fluctuations.

Operational risks reserves

These are primarily reserves relating to insurance coverage and to potential litigation.

Financial risks reserves

The financial risks reserves cover the risks of exchange rate variations and price fluctuations in securities. The foreign-exchange reserve target amount is estimated at the value at risk (VaR) (see Note [4E] for the method of calculation).

Specific projects reserves

Allocations for specific projects are in connection with contracts signed by ICRC headquarters during the financial year for which goods and/or services have not been delivered by the end of the year.

Human resources reserves

The human resources reserves mainly include the effects of under-coverage of the defined post-employment benefit plans for CHF -229.0 million (2020: CHF -375.8 million). The human resources reserves have shown a negative balance since 2011, when changes in employee benefit accounting resulted in the immediate recognition of re-measurement gains and losses in the period in which they arise.

b. Temporarily restricted reserves for the funding of operations

Donors' restricted contributions

Donors' restricted contributions may exceed specific expenses incurred in the field or at headquarters for the reporting period, resulting in a temporary surplus in funding. The cumulative excess is carried forward to the following year and recorded in reserves as *Donors' restricted contributions*. When the surplus funds cannot be used, the ICRC either obtains agreement from the donors to reallocate the funds for a different use or reimburses the funds to the donor, in which case they are recognized as a liability.

Field operations with temporary deficit funding

The ICRC incurs expenses for field operations which may not be fully funded by designated contributions, resulting in a temporary deficit for the reporting period. At year-end, management estimates the expected funding necessary to cover the expenses incurred and allocates unearmarked and loosely earmarked contributions available to field operations. The net position is reported as *Field operations with temporary deficit funding* in the reserves. Changes in these estimates could result in the need to re-assess the temporarily restricted reserves for the funding of operations.

The changes in temporarily restricted reserves for the funding of operations are summarized as follows:

(CHF million)	At 1 January 2020	Increase/(decrease) during 2020	At 31 December 2020	Increase/(decrease) during 2021	At 31 December 2021
Field operations with temporary surplus funding	70.6	-17.0	53.6	28.5	82.1
Headquarters restricted contributions	3.2	0.9	4.2	0.3	4.5
Donors' restricted contributions	73.8	-16.1	57.8	28.8	86.6
Field operations with temporary deficit funding	-140.3	86.6	-53.6	45.1	-8.5
Total Reserves for the funding of operations	-66.0	70.0	4.0	74.0	78.0

c. Temporarily restricted reserves for the funding of Innovation

The unspent restricted reserves amounting to CHF 2.5 million (2020: CHF 1.5 million) corresponding to the activities supervised by the Innovation Board are shown separately for management information purposes.

d. Permanently restricted reserves for the funds and foundations

The reserves corresponding to the seven funds and two foundations controlled by the ICRC are permanently restricted for the ICRC, as the use and allocation of these reserves are decided by the respective boards of the funds and foundations.

The permanently restricted reserves are summarized as follows:

(CHF million)	2021	2020
Foundation for the International Committee of the Red Cross	26.2	25.1
French Fund Maurice de Madrie	5.3	5.1
Clare Benedict Fund	2.5	2.4
Omar El Mukhtar Fund	1.1	1.1
Florence Nightingale Medal Fund	0.8	0.8
Paul Reuter Fund	0.8	0.7
National Societies Investment Alliance (NSIA)	0.8	0.6
Jean Pictet Fund	0.6	0.6
Total Reserves for the funds and foundations	38.0	36.0

3. Operations

3A. Operating expenses

Operating expenses are defined as direct programme-oriented expenses incurred in order to carry out the ICRC's humanitarian mission. Non-operating expenses are defined as expenses not directly related to the ICRC's mission and/or incurred in the management of cash and investments.

For management reporting purposes, costs are analysed as relating to "field", "headquarters", "other operations" or "funds and foundations", and the effects of IAS 19 on staff costs and IFRS 16 on rentals, depreciation and finance costs are shown separately.

The breakdown of operating expenses is as follows:

2021 (CHF million)	Field	Headquarters	Other operations	Funds and foundations	IFRS 16 effect	IAS 19 effect	Total 2021
Staff costs	722.6	186.2	1.9	0.2	-	3.1	914.0
Purchase of goods and materials	310.1	1.9	-	-	-	-	312.0
Rentals	146.7	3.1	-	-1.9	-13.0	-	135.0
Other expenses							
- Financial assistance	174.8	0.7	-	0.9	-	-	176.4
- General expenditure	98.6	41.3	1.4	0.1	-	-	141.4
- Sub-contracted maintenance	84.6	2.3	-	-	-	-	86.9
- Depreciation	34.6	9.8	-	-	17.5	-	61.9
- Mission costs	48.0	2.7	-	-	-	-	50.7
- Finance costs	4.8	0.6	0.4	-	2.0	-	7.8
Sub-total Other expenses	445.5	57.4	1.8	1.0	19.5	-	525.0
Total 2021 Operating expenditure	1,624.8	248.6	3.7	-0.7	6.5	3.1	1,886.0

2020 (CHF million)	Field	Headquarters	Other operations	Funds and foundations	IFRS 16 effect	IAS 19 effect	Total 2020
Staff costs	716.9	196.0	1.1	0.1	-	98.3	1,012.0
Purchase of goods and materials	314.5	2.5	-	-	-	-	317.0
Rentals	154.7	3.6	-	-2.0	-17.1	-	139.0
Other expenses							
- Financial assistance	150.9	1.8	-	1.3	-	-	154.0
- General expenditure	100.9	32.6	0.4	0.1	-	-	134.0
- Sub-contracted maintenance	65.6	2.4	-	-	-	-	68.0
- Depreciation	37.0	10.3	-	-	19.6	-	66.9
- Mission costs	39.7	2.9	-	-	-	-	42.6
- Finance costs	3.8	0.8	-	-	1.5	-	6.2
Sub-total Other expenses	397.9	50.8	0.4	1.4	21.1	-	472.0
Total 2020 Operating expenditure	1,584.0	252.9	1.5	-0.5	4.0	98.3	1,940.0

Operating expenses are mostly in cash but can take the form of goods (in kind) or services. Operating expenses in kind and in services amounted to CHF 8.8 million and CHF 3.2 million, respectively (2020: CHF 7.0 million and CHF 3.5 million, respectively).

3B. Staff costs

(CHF million)	Note	2021	2020
Wages and salaries		671.2	685.6
Social insurance and social benefits		142.0	130.0
Staff costs as contributed services		2.3	1.9
Post-employment benefit costs for supplementary plan	[4Gc]	12.3	10.9
Other post-employment benefit costs for resident staff		-4.4	14.5
Staff costs before defined benefit plans		823.4	842.9
Post-employment benefit costs for main pension plan	[4Gc]	70.7	161.9
Post-employment benefit costs for early retirement plan	[4Gc]	7.6	-5.6
Post-employment benefit costs for end-of-service plan	[4Gd]	12.7	13.4
Post-employment benefit costs for defined benefit plans	[4Ge]	91.0	169.7
Total Staff costs		914.0	1,012.0

The figures below show the monthly average of full-time-equivalent employees:

	2021	2020
In the field		
Mobile staff under ICRC contract	2,907	2,911
Mobile staff seconded by National Societies	62	66
Resident staff under ICRC contract	16,200	15,716
	19,169	18,693
At headquarters		
Staff under ICRC contract	1,186	1,180
Total Monthly average of full-time-equivalent employees	20,355	19,873

The breakdown of the current and non-current employee benefit liabilities can be found in Notes [4Ga] and [4Gb], respectively. Additional disclosures for the ICRC's post-employment plans can also be found in Note [4G].

3C. Related parties

a. Key management

The ICRC defines related parties as key management personnel or persons with authority and responsibility for planning, directing and controlling the ICRC's activities. Related parties are ICRC directors and senior management, and close members of their families or households. The members of the Assembly – the supreme governing body of the ICRC – and close members of their families or households, are also identified as related parties.

A number of key management personnel or their related parties hold positions in other companies and universities, with which the ICRC has had transactions during the year. The terms and conditions of these transactions were no more favorable than those available in similar transactions with non-key management personnel-related companies on an arms-length basis. Furthermore, the amount of these transactions is not material (both individually and in aggregate).

With the exception of the president, the vice-president and key management personnel, none of the other related parties received any remuneration from the ICRC during the year. The president and the vice-president were entitled to meeting fees, mission allowances and reimbursement for travel costs incurred.

The salaries and benefits of the ICRC's president, vice-president, director-general, deputy director-general, six directors, head of Internal Audit, chief financial officer, chief information officer and five regional directors are set by the Remuneration Commission. Their total remuneration below includes employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc.).

(CHF million)	2021	2020
Short-term employee benefits	5.4	5.9
Post-employment benefits	1.3	1.4
Total Remuneration of related parties	6.7	7.3

b. Interest in jointly-controlled operations

The ICRC has a 50% interest in a joint operation called the National Society Investment Alliance (NSIA). It was set up in late 2017 as a partnership with the International Federation to enhance the development of National Societies. The fund, hosted by the International Federation, is located in Switzerland. The NSIA incurred expenses of less than CHF 1.2 million in 2021 (2020: CHF 1.2 million). The ICRC recognizes its direct right to the assets, liabilities, revenues and expenses of joint operations and its share of any jointly held or incurred assets, liabilities, revenues and expenses. These have been incorporated in the financial statements under the appropriate headings.

3D. Leases

The ICRC enters into lease contracts concerning surfaces rented in offices, warehouses and residences. At 31 December 2021, the ICRC entered into approximately 600 non-cancellable leases for premises located where the ICRC operates (2020: 500).

The other leases entered by the ICRC are cancellable, short-term or for low-value assets. The ICRC elected to use the two recognition exemptions proposed by the IFRS 16 standard on short-term leases (defined as leases with a lease term of 12 months or less) and on lease contracts for which the underlying asset is of low value.

The ICRC's main accounting principles for leases are as follows:

- The ICRC uses a single on-balance sheet lease accounting model for lessees in accordance with IFRS 16. The lessee recognizes a right-of-use asset representing its right to use the underlying asset during the lease term and a lease liability representing its obligation to make lease payments. For these leases, the ICRC separately recognizes depreciation of the right-of-use assets and interest on the lease liabilities in the income statement.
- IFRS 16 determines whether a contract contains a lease on the basis of whether the customer has the right to control the use of an identified asset for a period of time in exchange for consideration.
- The lease term corresponds to the non-terminable period complemented, if necessary, by options for renewal which are reasonably certain. The ICRC has used hindsight when determining the lease term when the contract contains options to extend or terminate the lease.
- The ICRC has applied a single discount rate to a portfolio of leases with reasonably similar characteristics.
- IFRS 16 has no significant impact for leases in which the ICRC is a lessor.

Leases in the statement of income

- Rents for non-cancellable real estate leases are recognized as interest and depreciation expenses, while rents for cancellable, short-term and low value leases are still reported as rental expenses.
- For short-term leases (defined as leases with a lease term of 12 months or less) and leases of low-value assets (which include computers, office furniture and telephones), the ICRC opted to recognize a rental expense on a straight-line basis over the term of the lease as permitted by IFRS 16.

(CHF million)	2021	2020
Short-term rentals of buildings	49.9	49.5
Rentals of transport and equipment	84.3	88.4
Rentals as contributed services	0.5	1.2
Total Rentals	135.0	139.0
Depreciation of right-of-use assets	17.5	19.6
Interest expense on lease liabilities	2.0	1.5

Leases in the statement of financial position**Right-of-use assets**

- Right-of-use assets comprise the initial measurement of the corresponding lease liability, lease payments made at or before the commencement day and any initial direct costs, less any lease incentives received.
- They are subsequently measured at cost, less any accumulated depreciation and impairment losses.
- Right-of-use assets are depreciated over a period which is the shorter of the lease term and the useful life of the underlying asset.

(CHF million)	2021	2020
Right-of-use assets for buildings and fixed installations	35.0	22.0
Net carrying amount of right-of-use assets	35.0	22.0
Additions to right-of-use assets during the year ended	30.7	16.2

Lease liabilities

- The lease liability is initially measured at the present value of the lease payments to be made over the lease term.
- The lease liability is subsequently measured by increasing the carrying amount to reflect interest on lease liability, using the effective interest method, and by reducing the carrying amount to reflect the lease payments made.
- The ICRC remeasures the lease liability and makes a corresponding adjustment to the related right-of-use asset whenever the lease term has changed.
- Future cash outflows that are not reflected in the measurement of lease liabilities (extension and termination options) are immaterial.
- There were no leases with residual value guarantees or leases not yet commenced to which the ICRC is committed. There were no material restrictions or covenants imposed by leases.

(CHF million)	2021	2020
Current lease liabilities	14.0	11.0
Non-current lease liabilities	18.0	9.0
Total Lease liabilities	32.0	20.0
Total cash outflows for non-cancellable leases	-16.1	-16.3
Total cash outflows for cancellable leases	-50.1	-49.9
Total Lease cash outflows	-66.2	-66.2

The table below summarizes the maturity profile of the lease liabilities.

(CHF million)	2021	2020
Due within 12 months	14.0	11.0
Due within 2 to 5 years	15.0	7.0
Due in over 5 years	3.0	2.0
Total Lease liabilities	32.0	20.0

Leases commitments

The ICRC made commitments to pay the following cancellable real estate rentals in the coming years. These commitment estimates are based on contractual durations and terms.

(CHF million)	2021	2020
Due within 12 months	32.2	26.9
Due within 2 to 5 years	24.4	20.1
Due in over 5 years	3.7	5.6
Total Cancellable rental commitments	60.3	52.6

3E. Other income and expenses, net

(CHF million)	Note	2021	2020
Net gain from disposals of fixed assets		4.4	7.8
Revenues from services		3.0	3.1
Other non-operating income		1.7	1.1
Net gain from self-insurance		0.8	0.7
Impairment reversals		-	0.4
Sub-total Other income		9.9	13.1
Reimbursements of insurance premiums		0.8	6.5
Net interest on net defined benefit obligation	[4G]	-5.1	-5.0
Other non-operating expenses		-0.9	-0.3
Sub-total Other expenses		-5.2	1.2
Total Other income and expenses, net		5.0	14.0

FIGURES ARE IN CHF MILLION

The ICRC reassessed the presentation of the net provision increase and severance payments in its 2020 accounts. For the year ended 31 December 2020, the ICRC reported a net of CHF 9.0 million for other non-operating expenditure (including a net provisions increase of CHF 20.8 million and severance payments of CHF 2.5 million). In these 2021 accounts, the ICRC reclassified the 2020 provision movements and the severance payments from other non-operating income and expenses to staff costs. After this reclassification, other income and expenses was a net income of CHF 14.0 million for the year ended 31 December 2020. This reclassification did not impact the overall 2020 result.

3F. Overheads and administrative costs

a. Overheads

For internal reporting purposes, an additional 6.5% is added to the actual costs of each operation for cash and service movements as a contribution provided to headquarters. Headquarters support includes services essential to an operation's success, such as human resources, finance, logistics and information technology.

b. Administrative costs

The following cost centres are classified as administrative rather than direct programme-oriented expenses:

- the president's office, the directorate and management
- finance and administration
- human resources
- fundraising
- information systems

Their total administrative cost in 2021 amounts to CHF 160.1 million, which represents 8.5% of the ICRC's operating expenses (2020: CHF 158.8 million or 8.7%).

3G. Inventories

- Inventories are held at headquarters, at the principal regional distribution centres and in the main warehouses (130 sites in total; 2020: 130 sites). The expense is recognized at the moment such inventories are delivered or consumed.
- Inventories are recorded at cost and include expenses incurred in acquiring the inventories and bringing them to their present location and condition. The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost, and records an allowance against the inventory balance for any such declines. Obsolete inventories are written off.

(CHF million)	2021	2020
Medical and physical rehabilitation	68.6	68.0
Relief	45.9	42.5
Water and habitat	14.0	14.3
Other inventories	17.2	14.1
Allowances for obsolete inventories	-10.6	-16.3
Total Inventories	135.0	123.0

3H. Tangible and intangible assets

- Tangible assets are measured on initial recognition at cost.
- Contributed assets are either assets funded by contributions in cash for assets, or assets donated in kind, which are recognized at their fair value.
- The gross carrying amount of land, buildings and fixed installations below does not include the land surface rights that have been received by the ICRC as non-monetary in-kind donations from the Swiss federal, cantonal and communal authorities (Refer to note [2A]).
- Subsequent expenses are capitalized only when they increase the future economic benefits embodied in the item of property and equipment and are otherwise recognized in the consolidated statement of income.
- Intangible assets acquired separately are measured on initial recognition at cost.
- Internally generated intangible assets are not capitalized when the expenses attributable to the asset cannot be reliably measured; they are therefore reflected in the consolidated statement of income in the year in which the expense is incurred.
- Depreciation and amortization of tangible and intangible assets with finite useful lives is calculated using the "straight line" method so as to depreciate/amortize the acquisition cost over the asset's estimated useful life, which is as follows:

Tangible assets	Useful life
Buildings and land improvements – Switzerland	20 to 70 years
Buildings – other countries	3 to 20 years
Fixed installations	10 years
Equipment and vehicles	5 to 10 years
Hardware (IT equipment)	3 years
Land	Not depreciated
Intangible assets	
Software	5 years

FIGURES ARE IN CHF MILLION

- Tangible and intangible assets with finite useful lives are assessed for impairment whenever there is an indication that the asset may be impaired. The amortization period and method are reviewed at least at each financial year-end.

2021 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2021	166.4	7.2	34.2	208.0	81.0
Additions	9.0	2.6	10.6	22.2	26.8
Disposals and impairment	-	-	-1.1	-1.1	-
Depreciation charge for the year	-10.5	-3.5	-14.1	-28.1	-16.4
Net carrying value 31 December 2021	165.0	6.3	29.5	201.0	91.0
Gross value	295.8	36.8	120.4	453.0	191.9
Accumulated depreciation and impairment	-130.8	-30.5	-90.9	-252.2	-100.7
Net carrying value 31 December 2021	165.0	6.3	29.5	201.0	91.0

2020 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2020	169.5	9.0	44.3	223.0	75.0
Additions	8.3	3.4	6.0	17.7	22.3
Disposals and impairment	-	-0.9	-0.6	-1.5	-0.1
Depreciation charge for the year	-11.2	-4.2	-15.4	-30.8	-16.4
Net carrying value 31 December 2020	166.4	7.2	34.2	208.0	81.0
Gross value	287.3	35.6	119.5	442.4	174.8
Accumulated depreciation and impairment	-120.9	-28.4	-85.3	-234.6	-93.8
Net carrying value 31 December 2020	166.4	7.2	34.2	208.0	81.0

- A majority of the land, buildings and fixed installations are located in Switzerland, with a gross value of CHF 255.1 million (2020: CHF 250.5 million).
- At 31 December 2021, tangible assets included work in progress for construction and renovation of buildings worth CHF 5.4 million (2020: CHF 8.9 million). The ICRC still uses some fully depreciated tangible assets with a gross value of CHF 137.3 million.
- At 31 December 2021, intangible assets included CHF 63.4 million for software in development that was acquired externally (2020: CHF 44.0 million). The ICRC still uses some fully amortized software with a gross value of CHF 55.5 million.

3I. Commitments

(CHF million)	2021	2020
Commitments for fixed assets purchases and building constructions	14.8	11.8
Commitments toward IT projects	1.1	1.0
Capital commitments	15.9	12.8
Open purchase orders	79.3	76.1
Total Contractual commitments	95.2	88.9

3J. Contingencies

Due to the nature of its operations, the ICRC is exposed to risks (for example, through local employment), of which the definite amount and exact timing cannot be reasonably established ahead of time. The risks that management considers likely to be settled through a payment and that can be measured reliably have been reported as provisions in the balance sheet. Other potential and improbable risks are estimated at CHF 46.4 million (2020: CHF 31.0 million) and are reported as contingent liabilities.

4. Management of funds

4A. Financial assets and liabilities

The financial instruments of the ICRC are classified under the appropriate IFRS 9 categories as follows:

Financial assets	Measurement category
Cash and cash equivalents	Amortized cost
Short-term deposits	Amortized cost
Quoted equity securities	FVPL*
Quoted high yield debt funds	FVPL*
Quoted debt securities	FVPL*
Quoted debt securities that are held to collect	Amortized cost
Accounts receivable (excluding derivatives)	Amortized cost
Derivatives	FVPL*
Financial liabilities	
Accounts payable and accrued expenses (excluding derivatives)	Amortized cost
Derivatives	FVPL*
Loans and borrowings	Amortized cost
Lease liabilities	Amortized cost

*FVPL – fair value through profit and loss

4B. Cash and cash equivalents

- The ICRC considers cash on hand, cash at banks, and short-term deposits with an original maturity of three months or less to be cash and cash equivalents. Term deposits with an original maturity of over three months are classified as current and/or non-current investments (refer to Note [4D]). They are valued at amortized cost.
- Cash at banks generates interest at floating rates based on prevailing bank rates.
- Bank overdrafts that are repayable on demand and form an integral part of the ICRC's cash management are included as a component of cash and cash equivalents in the consolidated statement of cash flows.
- At 31 December 2021, the ICRC could draw on CHF 96.0 million (2020: CHF 96.0 million) of undrawn committed borrowing facilities with respect to which all prior conditions had been met.

(CHF million)	2021	2020
Cash at banks and on hand, net of overdrafts	270.1	486.0
Short-term deposits with an original maturity below three months	19.2	10.0
Total Cash and cash equivalents	289.0	496.0

The non-cash items of income and expense reported in the statement of cash flows are broken down as follows:

(CHF million)	Note	2021	2020
Depreciation of tangible assets	[3H]	28.1	30.8
Amortization of intangible assets	[3H]	16.4	16.4
Depreciation of right-of-use assets	[3D]	17.5	19.6
Impairment (reversals)/losses		-	-0.4
Net increase/(decrease) of provisions		5.3	6.3
Net increase/(decrease) in post-employment plans		32.8	129.7
Other items		0.5	-1.5
Total Non-cash items of income and expense		101.0	201.0

4C. Loans and borrowings

(CHF million)	Note	2021	2020
Current loans and borrowings		19.0	1.0
Non-current loans and borrowings		222.0	242.0
Total Loans and borrowings		241.0	243.0
Breakdown by counterpart:			
Loan granted by the Swiss confederation	[4Ca]	200.0	200.0
Loans granted by the FIPOI	[4Cb]	23.0	24.0
Loans granted by the PHII social investors	[4Cc]	18.0	19.0
Total Loans and borrowings		241.0	243.0

a. Loan from the Swiss confederation

In 2020, the Swiss confederation granted a loan to the ICRC under the Federal Act on International Development Cooperation and Humanitarian Aid. The nominal value of this loan is CHF 200.0 million. The loan is unsecured and interest-free. The full amount was received in December 2020. This loan will be repaid in four instalments, starting in 2024 and with a final repayment in 2027. This loan is initially recorded at fair value, which is the present value of expected future cash flows, discounted using a market interest rate.

b. Loans from the Foundation for Buildings for International Organizations (FIPOI)

All FIPOI loans are initially recorded at fair value, which is the present value of expected future cash flows, discounted using a market interest rate. The difference between the cost and the fair value at initial recognition results from the below-market interest rates: the loan for the Carlton building bears interest of 0.5% per annum, while the other loans are interest-free. This difference is recognized as deferred income in Note [2C] that is subsequently recognized as revenue over the loan period.

At 31 December, there were three loans related to buildings, granted by the FIPOI.

2021 (CHF million)	Nominal value	Loan amount at 31 Dec. 2021	Deferred income at 31 Dec. 2021	Total Amount due at 31 Dec. 2021	Repayment year	Interest rate
Renovation of the training center in Ecogia, Geneva	9.8	1.5	4.1	5.6	2048	-
Construction of the logistics building in Satigny, Geneva	26.0	14.2	6.1	20.3	2060	-
Renovation of the main Carlton building in Geneva	8.9	7.3	0.7	8.0	2048	0.50%
Total Loans granted by the FIPOI	44.7	23.0	10.9	33.9		

2020 (CHF million)	Nominal value	Loan amount at 31 Dec. 2021	Deferred income at 31 Dec. 2021	Total Amount due at 31 Dec. 2021
Renovation of the training center in Ecogia, Geneva	9.8	1.6	4.2	5.8
Construction of the logistics building in Satigny, Geneva	26.0	14.7	6.2	20.9
Renovation of the main Carlton building in Geneva	8.9	7.7	0.7	8.4
Total Loans granted by the FIPOI	44.7	24.0	11.1	35.1

c. Loans for the Programme for Humanitarian Impact Investment

Loans were provided by private and corporate investors to finance the Programme for Humanitarian Impact Investment (PHII) focused on the construction and operation of physical rehabilitation centres in the Democratic Republic of the Congo, Mali and Nigeria. The amount of these loans, totalling CHF 18.3 million (2020: CHF 18.6 million), was provided by the lenders to the ICRC in two equal instalments in 2017 and 2018. The loans are disclosed as current, as they are repayable in one instalment in 2022.

Depending on the achievement of certain staff efficiency ratio (SER) performance levels, the amount repayable ranges between CHF 11.0 million and CHF 24.6 million. The loans currently bear interest of 2.0%. These loans will be funded by correlated amounts from donors participating in the programme. The correlated pledges are recognized as short-term receivables in the financial statements.

There is a risk, currently evaluated by management to be remote, that the SER established at the inception of the programme will deteriorate below its historical average by the end of the programme. In this case, the ICRC would have to contribute 10% of the expenditure budget, equivalent to CHF 2.0 million at reporting date exchange rates.

d. Loan repayment terms

The terms of all loan repayments are as follows:

2021 (CHF million)	Note	Total 2021	< 1 year	2 – 5 years	> 5 years
Loan granted by the Swiss confederation	[4Ca]	200.0	-	150.0	50.0
Loans granted by the FIPOI	[4Cb]	23.0	1.0	3.0	19.0
Loans granted by the PHII social investors	[4Cc]	18.0	18.0	-	-
Total 2021 Loans and borrowings		241.0	19.0	153.0	69.0

2020 (CHF million)	Note	Total 2020	< 1 year	2 – 5 years	> 5 years
Loan granted by the Swiss confederation	[4Ca]	200.0	-	100.0	100.0
Loans granted by the FIPOI	[4Cb]	24.0	1.0	3.0	20.0
Loans granted by the PHII social investors	[4Cc]	19.0	-	19.0	-
Total 2020 Loans and borrowings		243.0	1.0	122.0	120.0

4D. Investments

In accordance with its documented investment management policy, the ICRC classifies its investments in two categories:

a. Investments at fair value through profit or loss

- Financial assets at fair value through profit or loss are held for trading. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term and presented within current assets.
- These investments are recognized and derecognized on the trade date that the ICRC, or the portfolio manager acting on behalf of the ICRC, commits to purchasing or selling them. Fair value gains or losses, dividend and interest income are recognized in the consolidated statement of income. Transaction costs are also recognized in the consolidated statement of income as incurred.

b. Investments at amortized cost

- Quoted debt securities are held to collect contractual cash flows where those cash flows represent solely payments of principal and interest. Such bonds are measured at amortized cost. A gain or loss on a debt investment that is subsequently measured at amortized cost is recognized in profit or loss when the asset is derecognized or impaired. Interest income from these financial assets is included in financial income using the effective interest rate method.
- The ICRC assesses on a forward looking basis the expected credit losses associated with its debt securities carried at amortized cost. Bonds in this category are considered to be low-risk, and the loss allowance is determined as 12 months expected credit losses. A default on a financial asset is when the counterparty fails to make contractual payments within 60 days when they fall due. The loss allowance for the bonds at amortized cost at 31 December 2021 and expected credit loss for the year then ended are both not material.

(CHF million)	2021	2020
Investments at fair value through profit or loss		
- Quoted equity securities	140.4	122.1
- Quoted high yield debt funds	10.6	10.2
- Quoted debt securities	225.0	77.0
Investments at amortized cost		
- Quoted debt securities	24.6	23.3
- Short-term deposits with an original maturity above three months	98.0	2.0
Sub-total Current investments	499.0	235.0
Investments at amortized cost		
- Quoted debt securities	108.0	107.4
Sub-total Non-current investments	108.0	107.0
Total Investments	607.0	342.0

4E. Financial risk management objectives and policies

The ICRC has various financial assets, such as cash and cash equivalents, investments, other financial assets, and accounts receivable. The main financial liabilities comprise loans, accounts payable and accrued expenses.

The main risks arising from these financial assets and liabilities are market risk and its subsets (foreign currency and interest rate risks, as well as equity price risk), credit/counterparty risk and liquidity risk, which are summarized below.

These risks are managed through several treasury policies. Compliance with these policies is monitored by the Treasury Committee, which is composed of the director of the Department of Financial Resources and Logistics, the chief financial officer, the head of Accounting and the Treasurer. The financial risk management policies in force have been approved by the Assembly Council, a subsidiary body of the ICRC's Assembly. These various policies are submitted by the Treasury Committee to the Assembly Council for adoption.

a. Foreign currency exposure and risks

The foreign currency risk is the risk that the financial statements for a particular period or as at a certain date may be affected by changes in the value of transactions executed in foreign currencies owing to fluctuations.

Exposure to fluctuations in foreign exchange (FX) rates arises from transactions denominated in currencies other than the Swiss franc.

In addition, exchange rate fluctuations can have a significant impact on the consolidated statement of income. The currencies giving rise to this risk are primarily the euro, the pound sterling and the US, Australian and Canadian dollars. The FX exposure on the long-term receivables in foreign currencies is offset by the FX exposure on the related deferred income liability. No hedge accounting is applied.

Forward foreign currency contracts

At year-end, the following positions of forward foreign currency contracts were open:

(CHF million)	2021	2020
Purchase of foreign currencies	106.6	102.9
Sale of foreign currencies	-71.1	-56.7

These contracts have a maturity of less than one year.

Exposure management

The ICRC uses derivative financial instruments – spots, forward contracts and swaps – to hedge its exposure to foreign currency risks. The forward foreign currency contracts have maturities of less than 12 months after the reporting date. Where necessary, the contracts are swapped at maturity. In accordance with its treasury policies, the ICRC uses derivative instruments exclusively for hedging purposes.

Such derivative financial instruments are recognized at fair value, initially on the date on which a derivative contract is entered into and subsequently at each reporting date. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. Any gains or losses arising from changes in fair value on derivatives during the year are recognized immediately.

With respect to other monetary assets and liabilities held in foreign currencies, the ICRC ensures that its exposure is kept to an acceptable level. In addition, the ICRC buys and sells foreign currencies when necessary.

To limit exposure from investments, the ICRC's investment management policy defines which currencies may be used for investments. At 31 December 2021, all investments were denominated in Swiss francs, with the exception of CHF 119.6 million (2020: CHF 108.5 million).

To limit exposure from the PHII programme, the foreign-denominated receivables from the donors match the corresponding liabilities to the private and corporate investors in currency to a reasonably close degree.

Exposure measurement

The ICRC uses a Value at Risk (VaR) computation to estimate the potential annual loss in the fair value of its financial assets and liabilities denominated in foreign currency.

The VaR estimates are made assuming normal market conditions, using a 95% confidence level. The ICRC cannot predict actual future movements of exchange rates. Therefore, the VaR numbers below do not represent actual losses or consider the effects of favourable movements in underlying variables. Accordingly, these VaR numbers are indicative of future movements over a one-year time horizon, and are based on historical data to best estimate future movements.

The estimated potential annual loss from the ICRC's foreign currency exposure is as follows:

(CHF million)	2021	2020
On income	-8.0	-8.5
On expenses	-7.5	-9.1
On investment portfolios	-1.7	-1.6
Value at Risk - Potential loss on foreign currencies	-17.2	-19.2

Equity price and interest rate risks

Investments in equity securities are exposed to equity price risk.

The ICRC is exposed to interest rate risks through its investments in debt securities, term deposits and other funds. These financial assets, except for the portion of the debt securities measured at amortized cost, are stated at fair value and are thus affected by interest rate changes. In addition, interest income recognized on floating-rate debt securities changes in response to movements in interest rates.

Sensitivity analysis for quoted equity securities at fair value through profit or loss

The ICRC's investments in the equity of other entities that are publicly traded are generally included in one of the following two equity indexes: the Swiss Performance Index (SPI) for Swiss shares and MSCI World for non-Swiss shares.

The table below summarizes the impact of increases/decreases in the two equity indexes on the ICRC's result for the year. The analysis is based on the assumption that the equity indexes have increased/decreased by 5% with all other variables – particularly foreign currency rates – held constant and that all the equity instruments have moved according to the historical correlation with the index.

(CHF million)	2021	2020
SPI index variation	+/-5%	+/-5%
Impact on ICRC's surplus/(deficit)	+/-3.1	+/-2.7

(CHF million)	2021	2020
MSCI World index variation	+/-5%	+/-5%
Impact on ICRC's surplus/(deficit)	+/-3.9	+/-3.4

Sensitivity analysis for quoted debt securities at fair value through profit or loss

A change of 100 basis points in interest rates at the end of the year – assuming that all other variables, particularly foreign currency rates, remain constant – would have the following impact on the ICRC's result for the year.

(CHF million)	2021	2020
Interest rate	+/-1 bp	+/-1 bp
Fixed-rate debt securities	+/-2.4	+/-0.9

To limit this market exposure, the ICRC's Investment and Treasury Committees have clarified the organization's tolerance for risk and volatility in investment guidelines based on an investment management policy. Portfolio managers are required to trade all investments at stock exchanges handling large volumes and with market makers. All selected financial assets must meet specific criteria defined in the policy, such as quality and negotiability of securities, minimum counterparty ratings and maximum percentages of total invested fund. The Investment Committee – which consists of the director of the Department of Financial Resources and Logistics, the chief financial officer and two external members – manages the market and interest rate risks.

The ICRC has also allowed portfolio managers to use futures contracts to hedge exposure to market risk. The futures contracts have maturities of less than 12 months after the reporting date.

b. Credit/counterparty risk

The ICRC's treasury policies focus on security of cash and cash equivalents. At headquarters, these positions are held in banks regulated by the Swiss National Bank (SNB) or by the central banks of any EU member states with a long-term rating of at least A-/A3 (Standard & Poor's and Moody's). In 2021, the number of bank counterparties did not change. For field positions, there is no significant exposure to banks in risky countries.

ICRC receivables are mostly with governments and government agencies, where credit risk is considered to be low. In addition, the ICRC has a relatively broad government donor base. The largest donor contributed 28% of overall income (2020: 26%) and the top five donors contributed 63% (2020: 66%).

Investments are allowed only in liquid securities and only with counterparties that have a high credit rating. The ICRC's investment policy defines the maximum exposure to a single counterparty in order to ensure diversification of investments.

Accounts receivable are offset against accounts payable only if the offsetting criteria are met. At the reporting date, there were no significant concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the consolidated statement of financial position.

c. Liquidity risk

The ICRC maintains a secure level of working capital at all times. This is reassessed and quantified periodically, based on cash flow forecasts. The ICRC's objective is to strike a balance between funding continuity and flexibility by maintaining sufficient funds in the form of cash in hand, cash at banks or deposits with initial maturities of three months or less, to meet short-term liabilities. Interest-bearing loans and borrowings, which are debt that requires servicing costs, are kept to a minimum.

In addition, the ICRC has liquidity risk associated with forward foreign currency cover. Funds in the appropriate foreign currency are retained to settle forward contracts when they become due, or the contract is swapped forward until sufficient foreign currency is available.

With regard to the PHII programme, the liquidity risk is minimal as the funds to cover operational costs are received before the costs are incurred. Furthermore, the pledges from the donors are due on the same day as the loan repayments. The ICRC will cover cash shortfalls, if any.

The table below summarizes the maturity profile of the ICRC's financial liabilities.

2021 (CHF million)	Note	Total 2021	< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		91.9	91.9	-	-
Loans and borrowings	[4C]	241.0	19.0	153.0	69.0
Lease liabilities	[3D]	32.0	14.0	15.0	3.0
Total 2021 financial liabilities		364.9	124.9	168.0	72.0

2020 (CHF million)	Note	Total 2020	< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		84.5	84.5	-	-
Loans and borrowings	[4C]	243.0	1.0	122.0	120.0
Lease liabilities	[3D]	20.0	11.0	7.0	2.0
Total 2020 financial liabilities		347.5	96.5	129.0	122.0

d. Capital management

By its nature, the ICRC does not have "capital". It views the reserves as a proxy for capital in terms of IAS 1. The target and position of the various reserves are indicated in Note [2D]. There were no changes in the organization's approach to reserves management during the year under review. The Assembly's policy is to maintain a strong level of reserves so as to maintain stakeholder and donor confidence and to sustain future development of operations.

4F. Fair value

A number of the ICRC's accounting policies and disclosures require the determination of fair value, for both financial and non-financial assets and liabilities. Fair value has been determined for measurement and/or disclosure purposes based on the methods outlined below.

a. Fair value measurement

- Fair value estimates are made at a specific point in time, based on market conditions and information about the financial instruments concerned. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect estimates.
- The fair values of cash and cash equivalents, accounts receivable, bank overdrafts, accounts payable and accrued expenses are not materially different from the carrying amounts.
- The fair value of equity and debt securities is determined by reference to their quoted closing price at the reporting date, or, if unquoted, by using a valuation technique. The valuation techniques employed include market multiple and discounted cash flow analysis using expected future cash flows and a market interest rate.
- Investments held-for-trading are measured at fair value through profit or loss, because their performance is actively monitored and they are managed on a fair value basis in accordance with the ICRC's investment strategy. The net result from fair value adjustments was a gain of CHF 18.8 million (2020: CHF 0.1 million).
- Debt securities held to collect contractual cash flows are measured at amortized cost. Their fair value is used for impairment testing.
- All loans are initially recorded at fair value, which is the present value of the expected future cash flows, discounted using a market interest rate. The involvement of arms-length parties from the corporate, financial and government sector in the PHII ensured that the PHII loans were valued at market price at the inception. Management estimates that the carrying value of these PHII loans at 31 December 2021 approximates their fair value.
- Derivative financial instruments are stated at fair value. The net result of marking derivative financial instruments at the reporting date was a gain of CHF 1.1 million (2020: loss of CHF 0.4 million). The fair value of forward currency contracts is calculated by reference to current forward foreign currency rates for contracts with similar maturity profiles. The fair value of futures exchange contracts is their market price at the reporting date.

b. Fair value hierarchy

Set out below is a comparison by class of the carrying amounts and fair values of the ICRC's financial assets and liabilities and their corresponding fair value measurement levels. The ICRC determines the fair value of financial instruments on the basis of the following hierarchy:

- Level 1:** The fair value of financial instruments quoted in active markets is based on their quoted closing price at the reporting date.
- Level 2:** The fair value of financial instruments that are not traded in an active market is determined by using valuation techniques based on observable market data.
- Level 3:** This level includes instruments where one or more of the significant inputs are not based on observable market data.

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2020 and 31 December 2021.

31 December 2021.

2021 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4D]	376.0	376.0	376.0	-	-
- Investments at amortized cost	[4D]	230.6	231.4	231.4	-	-
Financial liabilities						
- Unsecured loan from the Swiss confederation	[4Ca]	200.0	200.0	-	200.0	-
- Unsecured loans from the FIPOI	[4Cb]	23.0	23.0	-	23.0	-
- Unsecured loans from the PHII social investors	[4Cc]	18.3	18.3	-	-	18.3

2020 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4D]	209.4	209.4	209.4	-	-
- Investments at amortized cost	[4D]	132.8	134.2	134.2	-	-
Financial liabilities						
- Unsecured loan from the Swiss confederation	[4Ca]	200.0	200.0	-	200.0	-
- Unsecured loans from the FIPOI	[4Cb]	24.0	23.9	-	23.9	-
- Unsecured loans from the PHII social investors	[4Cc]	18.6	18.6	-	-	18.6

4G. Employee benefit liabilities

a. Current employee benefit liabilities

(CHF million)	2021	2020
Staff vacation accruals	42.3	44.9
Salaries due to staff	4.5	4.1
Social security and insurance contributions	27.8	16.0
Current account with ICRC Pension Fund	0.1	-
Total Current employee benefit liabilities	75.0	65.0

b. Non-current employee benefit liabilities

(CHF million)	2021	2020
Main pension plan:		
- Present value of defined benefit obligation	2,059.8	1,978.1
- Fair value of plan assets	-1,847.2	-1,621.2
Under-coverage of main pension plan	212.6	356.9
Early retirement plan	48.9	46.6
Supplementary plan (formerly Contribution Suppletive Plan)	76.9	64.6
Post-employment plans for headquarters and mobile staff	338.4	468.1
End-of-service plan	105.3	98.5
End-of-service plan: transitional measures	1.1	1.5
International Retirement Savings Plan (IRSP): transitional measures	7.8	13.0
Statutory post-employment and post-retirement benefits	1.3	-
Post-employment plans for resident staff	115.5	113.0
Total Non-current employee benefit liabilities	454.0	581.0

The ICRC reassessed the 2020 presentation of the transitional measures due to resident staff at year-end 2020. It reclassified CHF 14.5 million under current and non-current provisions and included them under non-current employee benefit liabilities. After correction, non-current employee benefit liabilities was CHF 581.0 million at 31 December 2020.

c. Description of the post-employment plans for headquarters and mobile staff

Main pension plan

- The main pension plan is hosted by an independent pension foundation called the ICRC Pension Fund, which is not controlled by the ICRC. The Pension Fund was established under article 80 et seq. of the Swiss Civil Code. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva.
- As such, the ICRC Pension Fund must comply with the compulsory insurance requirements set out in the Swiss Federal Law on Occupational Retirement, Survivors' and Disability Pension Funds (LPP/BVG in the French/German acronym). The fund undertakes to respect at least the minimum requirements imposed by the LPP/BVG and its ordinances.
- The ICRC Pension Fund Board is responsible for the fund's management. The board consists of six representatives appointed by the ICRC and six representatives elected by the pension plan participants.

- The main pension plan is the ICRC's most significant post-employment benefit plan. It covers all staff working at headquarters and all mobile staff working in the field:

Main pension plan	2021	2020
Active participants	4,140	4,075
Inactive participants, including pensioners	1,276	1,268
Total Number of main pension plan participants	5,416	5,343

- The main pension plan is a funded plan providing retirement benefits, as well as benefits on death and disability.
- In general, the ICRC must make contributions to the ICRC Pension Fund for each plan participant covered and as defined in the fund's regulations. Until 31 December 2021, it must contribute 2% of pensionable salaries up to 1 January following the participant's 24th birthday and 17% of pensionable salaries thereafter. Starting 1 January 2022, it must contribute 17% of pensionable salaries following the participant's 18th birthday. Should the ICRC Pension Fund become underfunded (from a Swiss legal funding perspective), then the ICRC could be required to make additional contributions.
- The main pension plan is a defined contribution scheme in accordance with Swiss law. However, under the IFRS, the plan is classified as a defined benefit plan.
- Various changes to the main pension plan were approved by the Pension Fund Board and communicated to all plan participants in 2020. These changes will be effective on 1 January 2022. They consist mainly of a decrease in the conversion rate and an increase in the amount credited to retirement savings, amongst others. The transitional measures, approved by the ICRC Assembly Council, are estimated at CHF 98.0 million (2020: CHF 99.5 million) and the payments will be made to the Pension Fund between 2022 and 2026. These plan changes were reflected as past service costs in the IAS 19 actuarial valuations at 31 December 2020.

Early retirement plan

- The ICRC Pension Fund regulations offer all staff working at headquarters and mobile staff the possibility of taking early retirement from the age of 58.
- The Collective Staff Agreement may change the benefits provided under the plan in the future. It was issued in 2018 and partially revised in 2020: certain clauses that were relevant to the early retirement plan were terminated by 31 December 2021.
- The early retirement plan is currently an unfunded plan that is classified as a defined benefit plan under the IFRS. The plan provides retirement benefits that are generally based on a maximum annual social security pension for single participants under certain conditions. The plan covers the period from the date of ICRC retirement up to the date of retirement under Swiss law. The amounts that the ICRC must contribute in any given year must be greater than the amounts of benefits that are due for that year.
- This plan is not subject to any minimum funding requirements. Future financial commitments arising from early retirement benefits are borne by the ICRC. The commission on enhanced old-age security (Prévoyance Vieillesse Améliorée) ensured compliance with the rules, until its dissolution at 31 December 2021.
- The following plan changes will be effective on 1 January 2022: the early retirement plan will be incorporated in the main pension plan; other plan changes meant to increase the number of plan participants by reducing conditions related to years of service and to reduce the benefits paid to each participant will be made. The switch to the new benefit calculation shall apply to the individual plan participants effective on 1 January 2022, or one year later if existing benefits are higher.
- In total, future benefits paid each year are expected to be of the same order of magnitude as existing benefits paid. These plan changes were reflected as a past service credit in the IAS 19 actuarial valuations at 31 December 2020.
- The ICRC will continue to fully finance the benefits, so that this plan is substantially funded at any time. In 2022, the ICRC will pay to the Pension Fund the remaining early retirement benefits of staff who began their early retirement before 31 December 2021. The remaining balance will be paid to the Pension Fund progressively, as staff leave for early retirement.

Supplementary plan (formerly Contribution Suppletive Plan)

- The ICRC has a defined contribution plan called the Contribution Suppletive Plan.
- The plan is for certain mobile staff working in the field who are not covered by the Swiss social security system. Starting 1 January 2021, the plan was extended to certain staff working at headquarters who are not covered by the Swiss social security system.
 - The Collective Staff Agreement may change the benefits provided under the plan in the future. It was issued in 2018 and partially revised in 2020: certain clauses that were relevant to the supplementary plan were terminated in 2020.
 - The expected contributions for this plan in 2022 amount to CHF 19.1 million. Expenses for the defined contribution post-employment benefit plan are recognized in the period in which the corresponding services are provided by the staff.
 - Starting 1 January 2022, the ICRC Pension Fund will manage these benefits in a new supplementary plan. Under the IFRS, Pension Fund assets are common to the new supplementary plan and the main pension plan. Therefore, these aggregated plans will be classified as a defined benefit plan.

- The supplementary plan will replace and incorporate the existing benefits under the Contribution Suppletive Plan. The other major plan changes are a decrease in contribution rates and the crediting of interest. In total, future benefits paid each year are expected to be of the same order of magnitude as existing benefits paid.
- The ICRC will transfer the funds corresponding to the existing obligations to the Pension Fund, so that the supplementary plan is substantially funded by 31 March 2022. At 31 December 2021, the ICRC recognized a non-current liability of CHF 76.9 million (2020: CHF 64.6 million) with respect to this plan.

These three plans are administered separately until 31 December 2021. The Pension Fund assets will be common to the main pension plan, the early retirement plan and the new supplementary plan from 1 January 2022. Therefore, these aggregated plans will be classified as a single defined benefit plan in 2022.

Overall, due to the above-mentioned plan changes, the ICRC will pay CHF 112.9 million to the ICRC Pension Fund in the first quarter of 2022. This total is composed of one fifth of the main pension plan transitional measures, the remaining early retirement benefits at 31 December 2021 for the staff who began their early retirement before this date and the full balance of the supplementary plan benefits at 31 December 2021.

d. Description for the post-employment plans for resident staff

In 2020 and 2021, two types of post-employment plans applied to resident staff. From 1 January 2022, there will be three types of post-employment plans, with the launch of the International Retirement Savings Plan.

International Retirement Savings Plan (IRSP)

- In 2021, the ICRC created the IRSP Fund in order to administer the new IRSP.
- The IRSP Fund, located in Geneva, is a pension fund, which is controlled by the ICRC. It is governed by article 80 et seq. of the Swiss Civil Code and article 10 of the ICRC's Status Agreement signed with the Swiss state. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva.
- The IRSP Fund Board is responsible for the fund's management. The board consists only of representatives appointed by the ICRC.
- The IRSP, effective 1 January 2022, is meant for ICRC resident staff working in certain countries. The IRSP will be a funded plan providing post-employment and retirement benefits. It will incorporate and replace the existing end-of-service benefits in these countries. It will not replace national social security systems and the benefits they provide, nor mandatory severance payments under local labour law.
- The other major plan changes compared to the existing end-of-service benefits are: an increase in the employer's contribution percentage; the denomination of liabilities in Swiss francs; the crediting of interest upon decision of the IRSP Fund Board; and the removal of the cap of 12 years of service.
- As there is only a lump-sum benefit at the end of employment, there will be no pensioners.
- In general, the ICRC must make contributions to the IRSP Fund for each plan participant covered and as defined in the fund's regulations, i.e. it must contribute 11.5% of pensionable salaries following the participant's 18th birthday. In article 13.1 of the fund's regulations, the ICRC has undertaken to cover the IRSP Fund's benefits if, despite the restructuring measures implemented, the fund's assets do not allow the IRSP Fund to pay the benefits to its beneficiaries. In this case, the ICRC would pay the IRSP Fund the amount required to cover the outstanding benefits.
- The IRSP was designed with defined contribution characteristics. However, under the IFRS, the plan will be classified as a defined benefit plan in 2022.
- In 2020, the ICRC Assembly Council approved transitional measures for all resident staff to offset the years when contributions were not made due to the 12-year cap. The ICRC recognized these transitional measures in its provisions at 31 December 2020. These measures are estimated at CHF 7.8 million (2020: CHF 13.0 million). A fifth of the transitional measures allocated to the countries transitioning to the IRSP plan will be paid to the IRSP Fund annually between 2022 and 2026.
- The ICRC will transfer funds to the IRSP Fund in 2022, so that the new plan is substantially funded by 31 March 2022. It will pay CHF 70.4 million in the first quarter of 2022 as the sum of the end-of-service benefits at 31 December 2021 and a fifth of the transitional measures due to the resident staff of the countries transitioning to the IRSP.
- At 31 December 2021, the not-yet-vested transitional measures allocated to the countries continuing with the IRSP are presented under the "International Retirement Savings Plan (IRSP): transitional measures" row within the non-current liabilities.

End-of-service plan

- The ICRC has agreed to provide post-employment benefits to local staff working in the field (resident staff) in accordance with the legislation of the countries concerned and the local collective staff agreements. The benefits are based on one month of compensation for every year of service up to a maximum of 12 months, except in countries where local regulations have a materially different impact than if ICRC regulations were followed.
- The end-of-service plan is an unfunded plan. Under the IFRS, the plan is classified as a defined benefit plan.

- The present value of future financial commitments due for end-of-service benefits (e.g. end of employment, retirement, severance pay, etc.) is borne by the ICRC. As there is only a lump-sum benefit at the end of service, there are no pensioners.
- The Human Resources Department is in charge of the plan's governance. Potential risk exposure is derived from future changes to local regulations on post-employment benefits or to local collective staff agreements.
- Following the launch of the IRSP on 1 January 2022, this end-of-service plan will continue only for certain countries, with one major plan change effective 1 January 2022. In the interest of fairness, the cap at 12 years of service is also removed for the end-of-service plan. In 2020, the ICRC Assembly Council approved transitional measures to offset the years when contributions were not made due to the 12-year cap. The ICRC recognized these transitional measures in its liabilities at 31 December 2020. A portion of the total transitional measures, worth CHF 1.1 million (2020: CHF 1.5 million), will be allocated to the countries continuing with the end-of-service plan. These transitional measures will be progressively vested between 2022 and 2026, and one-fifth will be credited to the individual retirement savings each year.
- At 31 December 2021, the not-yet-vested transitional measures allocated to the countries continuing with this plan are presented under the "End-of-service plan: transitional measures" row within the non-current liabilities.

Local multi-employer plans

- The ICRC opted for externalized multi-employer plans in certain countries. The decisions to choose these local plans, instead of the end-of-service plan, were taken based on the legislation of the countries concerned and the common local market practices.
- These contracted plans are funded plans providing post-employment benefits, including retirement benefits.
- Under the IFRS, these collective plans are considered as defined contribution plans. Expenses for these defined contribution plans are recognized in the period in which the corresponding services are provided by the staff and based on employer contributions. Their classifications as defined contribution plans are driven by the characteristics of the schemes and the obligation of the employer.
- It is expected that two additional countries will sign a multi-employer plan, effective 1 January 2022, to replace the existing end-of-service plan.

e. Disclosures for the post-employment benefit plans

In 2021, the ICRC operated three post-employment plans which are treated as defined benefit plans for IAS 19 purposes:

- Main pension plan
- Early retirement plan
- End-of-service plan

The disclosures below relate to these three defined benefit plans.

- The net obligation in respect of defined benefit plans is calculated separately for each plan by estimating the amount of future benefits that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. The fair value of the pension plan assets is deducted.
- When the calculation results in a benefit to the organization, the recognized asset is limited to benefits available in the form of refunds from the plan or reductions in future contributions to the plan.

For the main pension plan and the early retirement plan, the total pension cost and the defined benefit liability are determined by applying the projected unit credit method using actuarial assumptions. For the end-of-service plan, due to complexity, real-world limitations and materiality, a simplified method is used.

The components of the defined benefit cost are recognized and presented as follows:

- Under other non-operating expenses/(income): net interest on the net defined benefit liability/(asset) comprising the interest income on plan assets (measured using the same discount rate as that applied for the defined benefit obligation) and the interest expense (increase in present value of the defined benefit obligation as the date of settlement moves one period closer).
- Under staff costs: service cost, past service cost due to plan changes and administrative expenses, excluding investment management expenses.
- Under other comprehensive income: all re-measurement gains and losses on defined benefit plans are immediately recognized as other comprehensive income in the period they occur.

The following tables summarize the components of net benefit expense recognized in the consolidated statement of income:

Components of defined benefit expense

(CHF million)	Note	2021	2020
Interest expense on defined benefit obligation		7.7	8.8
Interest income on plan assets		-2.6	-3.8
Net interest on net defined benefit obligation		5.1	5.0
Current service cost		89.4	86.2
Past service cost, net		-	82.0
Administration costs, excluding costs for managing plan assets		1.6	1.5
Expense recognized within staff costs	[3B]	91.0	169.7
Total Defined benefit expense		96.1	174.7

Re-measurements of net defined benefit liability recognized in other comprehensive income

(CHF million)	2021	2020
Actuarial gains/(losses):		
- Due to changes in financial assumptions	45.6	-23.9
- Due to changes in demographic assumptions	-50.5	-35.0
- Due to experience adjustments	-49.9	-27.5
Actuarial losses on defined benefit obligation	-54.8	-86.4
Foreign currency adjustment on defined benefit obligation	6.5	14.2
Excess return on plan assets, excluding amounts in net interest	208.4	49.9
Total Re-measurement losses	160.0	-22.0

For the main pension plan, the decrease of the discount rate from 0.25% at 31 December 2019 to 0.16% at 31 December 2020, together with lower staff turnover and fewer options for lump sums instead of pensions upon retirement, generated significant actuarial losses in 2020. In 2021, the material actuarial losses caused by turnover rates or lump sums were partially offset by the increase of the discount rate to 0.30% at 31 December 2021. The excess return on plan assets in 2021 is due to a strong performance of the plan assets and the market valuation of real estate assets this year.

Changes in the present value of defined benefit obligation

The following table summarizes the movements in the defined benefit obligation. As the main pension plan is the most significant post-employment benefit plan, information is provided separately for this plan.

(CHF million)	2021			2020		
	Pension	Unfunded	Total	Pension	Unfunded	Total
Defined benefit obligation at 1 January	1,978.1	145.1	2,123.2	1,768.7	150.8	1,919.5
Current service cost	69.1	20.3	89.4	67.5	18.7	86.2
Past service cost	-	-	-	92.9	-10.9	82.0
Interest expense	3.1	4.6	7.7	4.3	4.5	8.8
Employee contributions	28.7	-	28.7	29.0	-	29.0
Net benefits paid	-69.4	-13.9	-83.3	-62.1	-12.4	-74.5
Actuarial losses	50.2	4.6	54.8	77.8	8.6	86.4
Foreign exchange adjustment	-	-6.5	-6.5	-	-14.2	-14.2
Defined benefit obligation at 31 December	2,059.8	154.2	2,214.0	1,978.1	145.1	2,123.2

Changes in the fair value of the main pension plan assets owned by the ICRC Pension Fund

(CHF million)	2021	2020
Fair value of main pension plan assets at 1 January	1,621.2	1,544.1
Employer contributions	57.4	57.9
Employee contributions	28.7	29.0
Net benefits paid	-69.4	-62.1
Interest income on plan assets	2.6	3.8
Excess return on plan assets	208.4	49.9
Actual administration costs paid, excluding costs for managing plan assets	-1.6	-1.5
Fair value of main pension plan assets at 31 December	1,847.2	1,621.2

Fair values of main pension plan assets by asset category

(CHF million)	2021	2020
Cash and cash equivalents	76.2	60.9
Gold	22.9	23.9
Equities:		
- Domestic (Swiss) equities	332.9	272.9
- Foreign equities	396.2	382.8
Bonds:		
- Domestic (Swiss) bonds	289.0	272.4
- Foreign bonds	315.4	279.6
Properties:		
- Domestic (Swiss) direct investments in properties	240.2	173.1
- Domestic (Swiss) property funds	111.5	105.4
- Foreign property funds	62.9	50.2
Total Main pension plan assets at 31 December	1,847.2	1,621.2

All plan assets, except direct investments in properties, certain property funds, and cash and cash equivalents, are listed. The market values of the direct investments in properties are validated every three years by an independent real estate appraiser. The last year of valuation was 2021. The next appraisal will be carried out in 2024, unless significant market changes occur before then. No main pension plan assets are occupied or used by the ICRC.

The ICRC Pension Fund performs periodic asset/liability studies, *inter alia*, to assess its risk capacity and help ensure that it has the right asset strategy to achieve the required rate of return. In addition, the stop-loss insurance contracted to limit the fund's exposure to disability and death risks was terminated and will be replaced by a reinsurance contract starting 1 January 2022.

Actuarial assumptions

The actuarial valuations involve making assumptions about discount rates, interest crediting rates, future salary increases, mortality rates, employee turnover and future pension increases. Due to the complexity of the valuation and the determination of the assumptions to be used, and the long-term nature of these plans, these estimates are sensitive to changes in assumptions. All assumptions are reviewed at each reporting date.

For the main pension plan and early retirement plan:

- In determining the appropriate discount rate, management considers the yield curve at the reporting date on corporate bonds in Switzerland with at least an AA rating that have maturity dates approximating the terms of the ICRC's obligations and that are denominated in the functional currency. The move from the discount rates provided by the Swiss Chamber of Pension Fund Experts (SKPE) to the alternative yield curve Swiss+ provided by the actuary Aon is a change in estimate. Had the ICRC continued to use the SKPE rates this year, the main pension plan discount rate used for 2021 would have been 0.35% and its defined benefit obligation at 31 December 2021 would have decreased by CHF 15.7 million.
- Future salary increases are based on expected future inflation rates for Switzerland.
- Mortality rates are based on the publicly available LPP/BVG 2020 tables projected with CMI_2019 improvement factors.

For the end-of-service plan:

- Discount rate is based on the average expected salary increase for all resident staff. These salary increase rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated.

Principal actuarial assumptions used

	Pension plan		Unfunded plans			
			Early retirement		End-of-service	
	2021	2020	2021	2020	2021	2020
Discount rate	0.30%	0.16%	0.30%	-0.13%	5.00%	5.00%
Future salary increase rate	1.40%	1.40%	-	-	5.00%	5.00%
Employee rotation rate	120% x LPP 2020	150% x LPP 2015	-	-	-	-

Sensitivity analysis on discount rate

The ICRC deems the discount rate to be the most significant actuarial assumption to which the main pension plan defined benefit obligation is most sensitive. A decrease/increase of 25 basis points would increase/decrease the main pension plan defined benefit obligation by CHF 78.3 million (2020: CHF 73.2 million).

2022 expected contribution amounts and benefit payments

(CHF million)	Main pension plan	Early retirement	End-of-service	Future IRSP
Expected employer regular contributions for 2022	58.5	5.9	1.3	19.6
Expected employer extraordinary contributions for 2022	27.0	-	0.2	1.6
Expected employee contributions for 2022	29.3	-	-	-
Expected benefits payments for 2022	-104.5	-5.9	-1.5	-8.2
Expected duration for the obligation at 31 December 2021	15.3 years	4.5 years	-	-

5. Subsequent events**Data breach**

On 18 January 2022, the ICRC detected a sophisticated cyber-security attack against its Central Tracing Agency (CTA) computer servers hosting sensitive information. Upon analysis, it determined that the first data breach occurred on 9 November 2021. There were no significant financial impacts as a result of the data breach.

Conflict in Ukraine

The ICRC has been working in Ukraine since 2014. Since the conflict unfolded at a new pace and scale on 24 February 2022, the ICRC has stepped up its operational response under its mandate, in partnership with the Ukraine Red Cross Society. The ICRC conducted a review following the recent events. Overall, the conflict escalation has not led to any material additional impairment losses on the ICRC's assets (cash and cash equivalents, investments, inventories, and owned or leased tangible assets), as well as on the main pension plan assets.



KPMG SA
Esplanade de Pont-Rouge 6
PO Box 1571
CH-1211 Geneva 26

+41 58 249 25 15
kpmg.ch

Statutory Auditor's Report to the Assembly Meeting of The International Committee of the Red Cross, Geneva

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of the International Committee of the Red Cross, which comprise the consolidated statement of financial position as at 31 December 2021 and the consolidated statement of income, consolidated statement of comprehensive income, consolidated statement of changes in reserves and consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion the accompanying consolidated financial statements give a true and fair view of the consolidated financial position of the International Committee of the Red Cross as at 31 December 2021, and its consolidated financial performance and its consolidated cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRS) and comply with Swiss law.

Basis for Opinion

We conducted our audit in accordance with Swiss law, International Standards on Auditing (ISAs) and Swiss Auditing Standards. Our responsibilities under those provisions and standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are independent of the organization in accordance with the provisions of Swiss law and the requirements of the Swiss audit profession, as well as the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) (IESBA Code), and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The consolidated financial statements of the International Committee of the Red Cross for the year ended 31 December 2020 were audited by another auditor who expressed an unmodified opinion on those statements on 28 April 2021.

Other information in the Annual Report

The Directorate is responsible for the other information in the annual report. The other information comprises all information included in the annual report, but does not include the consolidated financial statements of the International Committee of the Red Cross and our auditor's reports thereon.

Our opinion on the consolidated financial statements does not cover the other information in the annual report and we do not express any form of assurance conclusion thereon.



**International Committee
of the Red Cross, Geneva**

Statutory Auditor's Report on
the Audit of the Consolidated
Financial Statements to the
Assembly Meeting

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information in the annual report and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibility of the Directorate for the Consolidated Financial Statements

The Directorate is responsible for the preparation of the consolidated financial statements that give a true and fair view in accordance with IFRS and the provisions of Swiss law, and for such internal control as the Directorate determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, the Directorate is responsible for assessing the International Committee of the Red Cross's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directorate either intends to liquidate the International Committee of the Red Cross or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Swiss law, ISAs and Swiss Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Swiss law, ISAs and Swiss Auditing Standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made.
- Conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the International Committee of the Red Cross's ability to continue as a going concern.

**International Committee
of the Red Cross, Geneva**

Statutory Auditor's Report on
the Audit of the Consolidated
Financial Statements to the
Assembly Meeting

If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report.

However, future events or conditions may cause the International Committee of the Red Cross to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the International Committee of the Red Cross to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the audit. We remain solely responsible for our audit opinion.

We communicate with the Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Other Legal and Regulatory Requirements

In accordance with article 728a para. 1 item 3 CO and Swiss Auditing Standard 890, we confirm that an internal control system exists, which has been designed for the preparation of consolidated financial statements according to the instructions of the Directorate.

We recommend that the consolidated financial statements submitted to you be approved.

KPMG SA

Pierre Henri Pingeon
Licensed Audit Expert
Auditor in Charge

Stéphane Nusbaumer
Licensed Auditor

Geneva, 28 April 2022

FINANCIAL AND STATISTICAL TABLES

A. Income and expenditure related to the 2021 operations and headquarters appeals	530
B. Income and expenditure by delegation related to the 2021 operations appeals	532
C. Contributions in 2021	536
Summary of all contributions	536
1. Governments	536
2. European Commission	538
3. Supranational and international organizations	538
4. National Societies	538
5. Public sources	539
6. Private sources	540
D. Contributions in kind, in services and to integrated projects (IPs) in 2021	541
E. Comparative balance sheet and statement of income for the last five years	542
F. Assistance items figures	542
Receipt of assistance items by contributions in kind and purchases in 2021	543
Delivery of assistance items in 2021	544

A. INCOME AND EXPENDITURE RELATED TO THE 2021 OPERATIONS AND HEADQUARTERS APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)						
	2021 Initial budget	Budget extensions	2021 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2021 Total Expenditure	Overheads (already included in the total expenditure)
1. Field Operations Appeals										
Africa	848,308	48,557	896,865	123,197	493,850	59,927	43,650	7,240	727,864	44,343
Americas	130,609		130,609	43,064	47,633	18,677	7,228	1,689	118,291	7,210
Asia and the Pacific	285,311		285,311	47,681	137,770	30,462	14,576	5,106	235,596	14,377
Europe and Central Asia	169,427		169,427	42,382	82,044	19,119	10,082	1,121	154,748	9,028
Near and Middle East	604,027	16,298	620,325	74,807	352,820	29,063	29,544	7,118	493,352	30,085
Stock in kind										
Total Appeals: Field Operations	2,037,682	64,855	2,102,536	331,131	1,114,117	157,248	105,080	22,273	1,729,850	105,042
2. Headquarters Appeal										
Headquarters general										
Governing and Controlling Bodies	11,692	2,365	14,057			6,583	2,481	3,738	12,802	
Office of the Director-General	24,703	854	25,558			1,109	2,565	19,934	23,608	
Operations	56,817	10,632	67,449			3,140	1,789	55,729	60,658	
International Law and Policy	19,876	200	20,076			11,941		7,236	19,177	
Communication and Information Management	43,752	1	43,752			7,373	493	37,379	45,245	
Human Resources	28,248	174	28,422					23,625	23,625	
Financial Resources and Logistics	56,625	2,108	58,733				1,283	55,612	56,895	
Total Appeals: Headquarters	241,715	16,332	258,047			30,146	8,611	203,253	242,010	
3. Other operating structures										
Ecosystem innovation & collaboration	4,484		4,484						2,005	2
Ecosystem fundraising									1,730	
4. Total Funds and foundations									1,788	
5. Operating activities-related contributions and expenditure (according to consolidated profit and loss statement)										
Total income and expenditure									1,977,383	
Addition of provisions movements									6,574	
Deduction of field non-operating income										
Deduction of headquarters non-operating income										
Deduction of overheads									-105,044	
Deduction of cross-charging (funds and foundations)									-546	
Reconciliation with IFRS16 and IAS19 requirements									9,697	
Reconciliation with IAS16 and IAS20 requirements									-1,981	
Total Operating activities related contributions and expenditure									1,886,083	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

INCOME (Cash, kind and services)						FUNDING OF OPERATIONS (Balances brought forward)				
Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	2021 Total Income	2020 Donors' restricted contributions brought forward	2020 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2021 Donors' restricted contributions	2021 Field operations with temporary deficit financing
744,315	1,939		1,017	925	748,197	25,348	-23,217	-95	22,369	
114,867	329		187	172	115,555	9,377	-3,971	321	2,992	
282,161	4,400		130	508	287,199	269	-11,449	640	43,379	-2,316
149,504	-107		6,932	204	156,532		-7,674	-188	71	-6,150
492,475	1,682		290	531	494,978	18,643	-7,337	384	13,316	
			-1		-1	12			11	
1,783,322	8,244		8,555	2,339	1,802,460	53,650	-53,650	1,062	82,138	-8,466
141,785	1,769	105,044		4,960	253,558					
1,484					1,484	301		-227	75	
7,115					7,115	406		361	767	
4,569	49			417	5,035	2,388		118	2,507	
1,211	25				1,236			14	14	
1,000	4				1,004					
1,160	13				1,173	1,076		96	1,172	
158,324	1,859	105,044		5,377	270,605	4,172		363	4,534	
3,000					3,000					
1,332					1,332					
1,945,979	10,103	105,044	8,555	7,717	2,077,397	57,821	-53,650	1,425	86,672	-8,466
	-8,242				-8,242					
	-1,847				-1,847					
		-105,044			-105,044					
-546					-546					
				-4,557	-4,557					
1,945,433	14		8,555	3,159	1,957,161	57,821	-53,650	1,425	86,672	-8,466

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2021 OPERATIONS APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)						
	2021 Initial budget	Budget extensions	2021 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2021 Total Expenditure	Overheads (already included in the total expenditure)
AFRICA										
Abidjan (regional)	9,722		9,722	1,889	2,722	1,926	2,302	355	9,194	561
Algeria	2,069		2,069	905		497	237	80	1,718	105
Burkina Faso	26,747		26,747	2,625	13,290	2,051	1,666	82	19,714	1,197
Burundi	6,342		6,342	2,110	2,880	594	445	172	6,200	378
Central African Republic	50,634		50,634	7,703	29,501	3,081	2,784	568	43,638	2,652
Chad	14,396		14,396	3,066	6,635	1,453	1,249	150	12,553	766
Congo, Democratic Republic of the	90,791		90,791	19,754	51,998	4,383	3,763	611	80,509	4,887
Dakar (regional)	9,697		9,697	2,342	2,957	1,965	801	493	8,558	522
Eritrea	327		327	148				153	300	18
Ethiopia	26,592	39,053	65,646	10,158	39,479	4,447	3,555	138	57,777	3,513
Libya	75,709		75,709	6,202	32,802	3,525	2,635	249	45,413	2,770
Mali	59,435		59,435	6,533	39,915	3,261	2,027	463	52,199	3,186
Mauritania	5,269		5,269	721	3,207	801	233	92	5,055	309
Morocco	995		995	415	234	251	64	62	1,025	63
Nairobi (regional)	13,431		13,431	3,792	4,092	2,313	976	606	11,780	719
Niger	46,261		46,261	4,917	29,085	2,798	1,359	248	38,407	2,344
Nigeria	104,812		104,812	11,500	52,915	6,884	3,463	726	75,488	4,607
Pretoria (regional)	20,279		20,279	3,817	7,276	3,408	2,189	91	16,781	1,024
Rwanda	4,235		4,235	1,158	1,070	455	1,254	104	4,041	247
Somalia	84,978		84,978	6,155	57,775	4,714	3,982	396	73,021	4,457
South Sudan	128,048		128,048	15,429	79,782	6,160	5,017	680	107,068	6,513
Sudan	26,981	9,503	36,484	2,360	19,499	1,356	1,693	171	25,080	1,531
Tunis (regional)	5,837		5,837	2,370	1,498	567	61	133	4,628	282
Uganda	5,163		5,163	3,315		931	664	89	4,999	305
Yaoundé (regional)	29,560		29,560	3,812	15,240	2,107	1,233	328	22,718	1,387
Total Africa	848,308	48,557	896,865	123,197	493,850	59,927	43,650	7,240	727,864	44,343
AMERICAS										
Brasilia (regional)	9,360		9,360	5,073	642	1,658	1,094	98	8,565	523
Caracas (regional)	36,889		36,889	6,146	22,135	1,567	1,798	121	31,767	1,929
Colombia	39,103		39,103	15,233	14,202	2,636	1,503	1,116	34,691	2,117
Lima (regional)	6,020		6,020	2,712	670	1,267	588	52	5,289	323
Mexico City (regional)	24,271		24,271	10,332	8,530	3,004	1,069	183	23,119	1,411
New York	3,590		3,590			3,624		20	3,644	222
Panama City (regional)	3,084		3,084	1,370	649	523	898	38	3,478	212
Washington (regional)	8,292		8,292	2,198	804	4,398	276	61	7,738	472
Total Americas	130,609		130,609	43,064	47,633	18,677	7,228	1,689	118,291	7,210

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

INCOME (Cash, kind and services)					FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2021 Total Income	2020 Donors' restricted contributions brought forward	2020 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2021 Donors' restricted contributions	2021 Field operations with temporary deficit financing	
										AFRICA
9,975	58		91	10,125			-931			Abidjan (regional)
1,717	2			1,718						Algeria
18,512	39	123	34	18,708	2,861			1,855		Burkina Faso
5,022	47			5,069	1,132					Burundi
44,390	364	181	57	44,992		-1,128	61	286		Central African Republic
11,369	29		4	11,402	1,226			75		Chad
76,400	-241	435	52	76,646	13,914			10,051		Congo, Democratic Republic of the
8,284	80			8,363			194			Dakar (regional)
308	-8			300						Eritrea
59,060	199	94		59,354	5,203			6,780		Ethiopia
47,421	977		109	48,506		-3,305	211			Libya
53,665	134	0		53,800		-1,398		203		Mali
5,694	-2			5,692		-637				Mauritania
1,027	-2			1,025						Morocco
12,322	89		30	12,441			-222	440		Nairobi (regional)
39,767	91			39,858		-998	575	1,029		Niger
79,877	158		207	80,243		-3,731		1,024		Nigeria
16,751	12		18	16,781						Pretoria (regional)
3,770	31			3,802	818		-579			Rwanda
77,185	-5	1	86	77,266	195	-3,813		626		Somalia
113,339	-120	182	237	113,638		-6,772	202			South Sudan
26,364	-48	0		26,317		-1,435	198			Sudan
4,418	15		1	4,433			194			Tunis (regional)
5,006	-7			4,999						Uganda
22,670	48			22,718						Yaoundé (regional)
744,315	1,939	1,017	925	748,197	25,348	-23,217	-95	22,369		Total Africa
										AMERICAS
8,553	7		19	8,579				14		Brasília (regional)
25,310	-10	187	31	25,519	9,226			2,978		Caracas (regional)
36,414	285			36,699		-2,202	194			Colombia
5,026	64			5,091			198			Lima (regional)
24,826	-18			24,808	151	-1,769	-71			Mexico City (regional)
3,594	0		49	3,644						New York
3,479	-1			3,478						Panama City (regional)
7,664	1		73	7,738						Washington (regional)
114,867	329	187	172	115,555	9,377	-3,971	321	2,992		Total Americas

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2021 OPERATIONS APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)							
	2021 Initial budget	Budget extensions	2021 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2021 Total Expenditure	Overheads (already included in the total expenditure)	
ASIA AND THE PACIFIC											
Afghanistan	88,536		88,536	16,000	57,198	3,433	1,486	855	78,972	4,820	
Bangkok (regional)	15,217		15,217	2,963	4,553	3,077	672	2,270	13,535	826	
Bangladesh	19,091		19,091	3,361	9,617	1,550	888	214	15,630	952	
Beijing (regional)	16,043		16,043	343	1,674	5,025	1,730	143	8,915	544	
Jakarta (regional)	4,262		4,262	953	251	1,789	836	80	3,909	239	
Kuala Lumpur (regional)	6,703		6,703	2,115	764	2,897	584	120	6,481	396	
Myanmar	69,398		69,398	7,894	38,374	3,082	3,526	587	53,464	3,263	
New Delhi (regional)	8,335		8,335	2,111	2,049	1,111	1,205	171	6,647	406	
Pakistan	15,627		15,627	1,447	6,270	2,414	896	210	11,236	686	
Philippines	22,333		22,333	5,412	10,711	2,414	1,171	267	19,974	1,219	
Sri Lanka	8,403		8,403	2,834	2,914	940	217	107	7,011	428	
Suva (regional)	11,362		11,362	2,248	3,395	2,730	1,367	82	9,822	599	
Total Asia and the Pacific	285,311		285,311	47,681	137,770	30,462	14,576	5,106	235,596	14,377	
EUROPE AND CENTRAL ASIA											
Armenia	11,321		11,321	2,838	5,704	1,246	1,126	44	10,959	669	
Azerbaijan	35,384		35,384	7,180	21,327	1,335	1,342	85	31,270	1,889	
Balkans (regional)	7,297		7,297	4,287	711	701	903	114	6,716	410	
Brussels	4,210		4,210	721	176	2,553	280	30	3,760	229	
Georgia	6,893		6,893	4,230	507	660	296	105	5,799	354	
Greece	3,736		3,736	2,148	633	270	87	29	3,168	193	
London (regional)	4,986		4,986	1,599	89	2,379	536	76	4,679	286	
Moscow (regional)	6,929		6,929	1,403	318	2,964	951	90	5,726	349	
Paris (regional)	6,914		6,914	3,254		2,345	256	37	5,892	360	
Tashkent (regional)	8,780		8,780	2,977	1,975	1,746	988	114	7,800	476	
Ukraine	72,978		72,978	11,745	50,604	2,918	3,319	394	68,980	3,812	
Total Europe and Central Asia	169,427		169,427	42,382	82,044	19,119	10,082	1,121	154,748	9,028	
NEAR AND MIDDLE EAST											
Egypt	7,158		7,158	920	3,011	984	896	60	5,871	358	
Iran, Islamic Republic of	4,996	4,685	9,680	1,314	1,917	783	6,322	47	10,383	634	
Iraq	123,845		123,845	21,172	63,959	6,433	1,560	589	93,713	5,720	
Israel and the Occupied Territories	53,925	11,613	65,539	13,719	36,507	4,862	2,322	233	57,643	3,518	
Jordan	18,012		18,012	3,328	6,741	1,953	1,084	3,698	16,805	1,026	
Kuwait (regional)	9,508		9,508	2,456	391	4,740	1,079	972	9,638	588	
Lebanon	43,545		43,545	7,179	23,405	1,879	3,113	600	36,177	2,208	
Syrian Arab Republic	193,628		193,628	13,449	127,765	3,421	5,538	435	150,608	9,174	
Yemen	149,409		149,409	11,269	89,123	4,008	7,629	484	112,514	6,860	
Total Near and Middle East	604,027	16,298	620,325	74,807	352,820	29,063	29,544	7,118	493,352	30,085	
STOCK IN KIND											
TOTAL FIELD	2,037,682	64,855	2,102,536	331,131	1,114,117	157,248	105,080	22,273	1,729,850	105,042	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

INCOME (Cash, kind and services)						FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2021 Total Income		2020 Donors' restricted contributions brought forward	2020 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2021 Donors' restricted contributions	2021 Field operations with temporary deficit financing	
ASIA AND THE PACIFIC											
123,867	3,165	96	377	127,505			-5,321		43,212		Afghanistan
13,598	72			13,670				-136			Bangkok (regional)
16,052	5	34	19	16,110		269	-795	189	143		Bangladesh
8,662	75			8,737				202	24		Beijing (regional)
3,925	-16			3,909							Jakarta (regional)
6,466	13	2		6,481							Kuala Lumpur (regional)
52,499	666	-2	91	53,254			-2,106			-2,316	Myanmar
6,270	182			6,452				194			New Delhi (regional)
12,341	143			12,484			-1,437	189			Pakistan
21,698	65			21,763			-1,789				Philippines
6,991	21			7,011							Sri Lanka
9,793	9		21	9,822							Suva (regional)
282,161	4,400	130	508	287,199		269	-11,449	640	43,379	-2,316	Total Asia and the Pacific
EUROPE AND CENTRAL ASIA											
11,444	-49			11,395			-436				Armenia
32,244	-45	316	134	32,649			-1,379				Azerbaijan
6,667	49			6,716							Balkans (regional)
3,760	0			3,760							Brussels
5,847	-48			5,799							Georgia
3,161	7			3,168							Greece
4,641	-11		49	4,679							London (regional)
5,750	-24			5,726							Moscow (regional)
5,844	48			5,892							Paris (regional)
8,022	-13			8,009				-209			Tashkent (regional)
62,126	-22	6,616	20	68,739			-5,859	21	71	-6,150	Ukraine
149,504	-107	6,932	204	156,532			-7,674	-188	71	-6,150	Total Europe and Central Asia
NEAR AND MIDDLE EAST											
5,882	-11			5,871							Egypt
10,256	88			10,344				39			Iran, Islamic Republic of
97,804	760	-2	118	98,680			-3,505		1,462		Iraq
60,049	-402		39	59,686			-2,242	198			Israel and the Occupied Territories
15,921	13			15,935		870					Jordan
9,596	-45			9,551				87			Kuwait (regional)
37,559	-143		16	37,431		3,772		27	5,054		Lebanon
135,574	913		121	136,608		14,000					Syrian Arab Republic
119,834	509	292	236	120,872			-1,590	32	6,800		Yemen
492,475	1,682	290	531	494,978		18,643	-7,337	384	13,316		Total Near and Middle East
		-1		-1		12			11		STOCK IN KIND
1,783,322	8,244	8,555	2,339	1,802,460		53,650	-53,650	1,062	82,138	-8,466	TOTAL FIELD

C. CONTRIBUTIONS IN 2021

SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
1. Governments	147,970,130	1,550,578,762		5,176	1,698,554,068	854,419	647,861	1,700,056,348
2. European Commission ¹		128,930,305			128,930,305			128,930,305
3. Supranational and international organizations	45,928	11,451,008		1,986,622	13,483,557	6,958,349		20,441,906
4. National Societies	1,600,945	26,733,500		73,140	28,407,585	622,368	1,893,143	30,923,096
5. Public sources		4,742,857			4,742,857		4,950,446	9,693,303
6. Private sources	8,930,600	58,899,884	3,000,000	- 302,720	70,527,764	120,189	225,060	70,873,014
Grand total	158,547,603	1,781,336,315	3,000,000	1,762,218	1,944,646,136	8,555,325	7,716,510	1,960,917,971

Reconciliation between the 2021 consolidated contributions and the summary of all contributions to the ICRC (see above)

Total contributions to the ICRC	1,960,917,971
Contributions received from funds and foundations consolidated in ICRC accounts:	
- National Society Investment Alliance (NSIA)	1,332,476
Elimination of the contributions provided by funds and foundations to the ICRC actions	-546,000
Elimination of in-service contributions to net them against their related free rental costs	-4,557,434
Miscellaneous income	13,870
Total contributions to the ICRC as disclosed in the consolidated financial statements (see A. Income and expenditure related to the 2021 Operations and Headquarters Appeals above)	1,957,160,883

1. Governments (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Afghanistan							214,514	214,514
Albania	19,336				19,336			19,336
Algeria	50,000				50,000			50,000
Andorra	10,868	89,705			100,573			100,573
Argentina		159,519			159,519			159,519
Armenia	16,919				16,919			16,919
Australia ¹		34,800,740		- 7,774	34,792,966			34,792,966
Austria ¹	668,682	16,126,586			16,795,268			16,795,268
Azerbaijan	20,000				20,000			20,000
Belgium ¹	110,468	24,775,363			24,885,831			24,885,831
Bulgaria	114,713	129,127			243,840			243,840
Canada ¹		66,040,415			66,040,415			66,040,415
China	710,000				710,000			710,000
Costa Rica	28,327				28,327			28,327
Croatia		200,000			200,000			200,000
Cyprus	62,490				62,490			62,490
Czech Republic	751,687	1,782,543			2,534,230			2,534,230
Denmark ¹		25,946,180			25,946,180			25,946,180
Egypt	449,562				449,562			449,562
Estonia	89,388	483,205			572,593			572,593
Fiji	5,082				5,082			5,082
Finland ¹	1,081,000	11,462,794			12,543,794	854,419		13,398,212
France ¹		45,296,232			45,296,232		20,833	45,317,065
Georgia	19,336				19,336			19,336
Germany ¹	3,929,014	243,611,210		- 44,501	247,495,723			247,495,723
Greece	55,235				55,235			55,235
Guyana	4,711				4,711			4,711
Holy See	2,751	15,589			18,340			18,340
Hungary		21,620			21,620			21,620
Iceland		581,387			581,387			581,387
Iran, Islamic Republic of				9,806	9,806			9,806

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Iraq	4,511				4,511		16,474	20,985
Ireland ¹	142,818	17,646,250			17,789,068			17,789,068
Israel	46,135				46,135			46,135
Italy ¹	3,261,906	9,113,851			12,375,757			12,375,757
Japan ¹		51,019,885			51,019,885			51,019,885
Kazakhstan		55,182			55,182			55,182
Kenya	58,008				58,008			58,008
Korea, Republic of	252,982	3,266,220			3,519,202			3,519,202
Lao People's Democratic Republic	24,408				24,408			24,408
Lebanon				48,509	48,509			48,509
Liechtenstein	200,000	550,000			750,000			750,000
Lithuania	11,022	317,220			328,242			328,242
Luxembourg ¹	2,522,640	11,559,478			14,082,118			14,082,118
Malta		31,590			31,590			31,590
Mexico		1,106,000			1,106,000			1,106,000
Monaco		183,770			183,770			183,770
Montenegro	9,668				9,668			9,668
Morocco	132,935				132,935			132,935
Myanmar	24,170				24,170			24,170
Netherlands ¹	6,486,000	39,752,520			46,238,520			46,238,520
New Zealand ¹		10,198,850			10,198,850			10,198,850
Nicaragua	2,247				2,247			2,247
Norway ¹	5,024,273	81,844,493		- 18,675	86,850,091			86,850,091
Pakistan				2,342	2,342			2,342
Panama				23,158	23,158			23,158
Peru	11,549				11,549			11,549
Philippines	13,500				13,500			13,500
Poland		578,757			578,757			578,757
Portugal		207,580			207,580			207,580
Romania		54,840			54,840			54,840
Russian Federation		1,000,000			1,000,000			1,000,000
Saudi Arabia	185,400	6,304,286			6,489,686			6,489,686
Singapore	57,512				57,512			57,512
Slovakia		218,410			218,410			218,410
Slovenia	31,754	341,953			373,707			373,707
South Africa		225,106			225,106			225,106
Spain ¹	838,320	11,380,890			12,219,210			12,219,210
Sweden ¹	14,013,206	79,220,083			93,233,289			93,233,289
Switzerland ¹	81,612,536	74,466,225		- 7,690	156,071,071	396,041		156,467,112
Tajikistan	8,897				8,897			8,897
Thailand	91,535	70,400			161,935			161,935
United Arab Emirates		6,304,286			6,304,286			6,304,286
United Kingdom of Great Britain and Northern Ireland ¹	28,440	153,077,054			153,105,494			153,105,494
United States of America ¹	24,674,190	518,961,369			543,635,559			543,635,559
Total from governments	147,970,130	1,550,578,762		5,176	1,698,554,068	854,419	647,861	1,700,056,348

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

2. European Commission¹ (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Directorate General Humanitarian Aid (ECHO)		128,930,305			128,930,305			128,930,305
Total from the European Commission		128,930,305			128,930,305			128,930,305

3. Supranational and international organizations (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
African Development Bank		960,721			960,721			960,721
Kuwait Fund for Arab Economic Development		3,201,800			3,201,800			3,201,800
Médecins Sans Frontières						221,241		221,241
The Global Fund						5,665,309		5,665,309
Warner Media, LLC		97,593			97,593			97,593
World Bank		7,190,893		1,986,622	9,177,515			9,177,515
World Food Programme						497,198		497,198
World Health Organization						540,669		540,669
Various UN agencies	45,928				45,928	33,932		79,860
Total from supranational and international organizations	45,928	11,451,008		1,986,622	13,483,557	6,958,349		20,441,906

4. National Societies (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Albania		2,000			2,000			2,000
Andorra		1,994			1,994			1,994
Australia		320,400			320,400		50,769	371,169
Austria	16,241				16,241	187,221		203,461
Azerbaijan		7,511			7,511			7,511
Bangladesh	10,715				10,715			10,715
Bulgaria		3,000			3,000			3,000
Cambodia	4,698				4,698			4,698
Canada		571,898			571,898		121,935	693,833
China		550,000			550,000			550,000
China/Hong Kong		70,430			70,430			70,430
Cook Islands		597			597			597
Cyprus		1,053			1,053			1,053
Czech Republic		59,453			59,453			59,453
Denmark	25,773	9,237,661			9,263,434	435,147	164,335	9,862,916
Estonia		1,718			1,718			1,718
Finland		308,838			308,838		245,933	554,771
Germany		48,109			48,109		35,520	83,629
Iceland		314,674			314,674		2,575	317,249
Ireland		276,475			276,475			276,475
Italy		281,500			281,500			281,500
Japan	797,610	1,161,590			1,959,200		77,870	2,037,070
Korea, Republic of		290,130			290,130			290,130
Kuwait		468,446			468,446			468,446
Latvia		42,392			42,392			42,392
Liechtenstein		475,287			475,287			475,287
Luxembourg		21,208			21,208			21,208
Monaco	5,372	107,280			112,652			112,652
Montenegro		1,630			1,630			1,630
Morocco		1,494			1,494			1,494

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Netherlands		1,182,803			1,182,803			1,182,803
New Zealand		43,449		132,837	176,286		61,437	237,723
Nigeria		2,332			2,332			2,332
North Macedonia		540			540			540
Norway	488,540	6,471,895			6,960,435		624,240	7,584,675
Portugal		61,649			61,649			61,649
Romania		20,000			20,000			20,000
Serbia		1,500			1,500			1,500
Sweden							480,913	480,913
Switzerland		118,716			118,716			118,716
Thailand		58,078			58,078			58,078
Turkey		110,600			110,600			110,600
Turkmenistan		913			913			913
United Kingdom of Great Britain and Northern Ireland	251,997	3,448,118		- 59,697	3,640,418		27,617	3,668,034
Viet Nam		12,739			12,739			12,739
International Federation of Red Cross and Red Crescent Societies		573,400			573,400			573,400
Total from National Societies	1,600,945	26,733,500		73,140	28,407,585	622,368	1,893,143	30,923,096

5. Public sources (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Anières		5,500			5,500			5,500
Bellevue		1,000			1,000			1,000
Bernex		8,000			8,000			8,000
Carouge, City of		20,000			20,000			20,000
Céligny		5,000			5,000			5,000
Chêne-Bougeries		1,000			1,000			1,000
Collonge-Bellerive		4,000			4,000			4,000
Cologny		10,000			10,000			10,000
Confignon		2,294			2,294			2,294
Fondation des immeubles pour les organisations internationales (FIPOI)							173,268	173,268
Geneva, Canton of		4,500,000			4,500,000		4,437,434	8,937,434
Geneva, City of		71,500			71,500			71,500
Genthod		5,000			5,000			5,000
Grand-Saconnex, City of		10,000			10,000			10,000
Jussy		3,000			3,000			3,000
Onex, City of		7,000			7,000			7,000
Plan-les-Ouates		8,000			8,000			8,000
Presinge		1,800			1,800			1,800
Rüschlikon		1,000			1,000			1,000
Troinex		7,000			7,000			7,000
Versoix, City of		3,043			3,043		339,744	342,787
Wil, City of		5,000			5,000			5,000
Zurich, Canton of		60,000			60,000			60,000
Others and less than CHF 1,000		3,720			3,720			3,720
Total from public sources		4,742,857			4,742,857		4,950,446	9,693,303

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

6. Private sources (in CHF)

	Appeals: Headquarters	Appeals: Field Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Direct mail fundraising campaigns		13,189,790			13,189,790			13,189,790
Online donations		3,160,958			3,160,958			3,160,958
Spontaneous donations from private individuals		4,609,956		- 2,720	4,607,236		119,827	4,727,063
Donations from funds and foundations								
Chaîne Du Bonheur		300,000			300,000			300,000
Fondation du groupe Pictet		150,000			150,000			150,000
Fondation Ead Samawi		100,000			100,000			100,000
Fondation Lombard Odier	537,500	125,000		- 300,000	362,500			362,500
Fondation pour le Comité international de la Croix Rouge	146,000	200,000			346,000			346,000
Innovation Foundation		200,000			200,000			200,000
Kantonale St. Gallische Winkelriedstiftung		15,000			15,000			15,000
Konzen Family Foundation		259,532			259,532			259,532
Medicor Foundation		130,000			130,000			130,000
MINE-EX Stiftung		800,000			800,000			800,000
Schwab Fund		21,691			21,691			21,691
Swiss Re Foundation ²		520,000			520,000			520,000
The Point Break Foundation		137,490			137,490			137,490
Others and less than CHF 10,000	8,000,000	6,823,405	3,000,000		17,823,405			17,823,405
Total donations from funds and foundations	8,683,500	9,782,118	3,000,000	- 300,000	21,165,618			21,165,618
Legacies		18,064,258			18,064,258			18,064,258
Donations from private companies								
Amundi Asset Management		10,542			10,542			10,542
Centro de Estratégia Operacional, Propaganda, Publicidade e Comercio Ltda		17,593			17,593			17,593
Chopard & Cie SA		100,000			100,000			100,000
Crédit Suisse Group ²		516,163			516,163			516,163
Latham & Watkins LLP							83,009	83,009
Novo Nordisk A/S		508,494			508,494	120,189		628,683
Rolex SA		6,000,000			6,000,000			6,000,000
Vontobel		130,000			130,000			130,000
Zurich Insurance Group		500,000			500,000			500,000
Other private companies	181,754	1,997,093			2,178,847		22,225	2,201,072
Total donations from private companies	181,754	9,779,885			9,961,639	120,189	105,233	10,187,062
Donations from associations and service clubs								
Hong Kong University of Science and Technology	19,203				19,203			19,203
The University of Hong Kong	46,143				46,143			46,143
Union of European Football Association (UEFA)		108,400			108,400			108,400
Other associations and service clubs		204,519			204,519			204,519
Total donations from associations and service clubs	65,346	312,919			378,264			378,264
Total from private sources	8,930,600	58,899,884	3,000,000	- 302,720	70,527,764	120,189	225,060	70,873,014

2. Member of the Corporate Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS (IPs) IN 2021 (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs			Grand total		Number of days of employee service
	Headquarters	Field	Headquarters	Field	Services	Cash	Total IPs	Total kind	Total services	
National Societies										
Australia				50,769					50,769	304
Austria		187,221						187,221		
Canada				110,074	11,861	277,040	288,901		121,935	730
Denmark		435,147		164,335				435,147	164,335	1,490
Finland				245,933					245,933	1,349
Germany				35,520					35,520	214
Iceland				2,575					2,575	22
Japan				77,870					77,870	398
New Zealand				61,437					61,437	365
Norway				624,240					624,240	3,501
Sweden				480,913					480,913	3,553
United Kingdom of Great Britain and Northern Ireland				27,617					27,617	184
Sub-total		622,368		1,881,282	11,861	277,040	288,901	622,368	1,893,143	12,110
Governments										
Afghanistan				214,514					214,514	
Finland ¹		854,419						854,419		
France ¹			20,833						20,833	
Iraq				16,474					16,474	
Switzerland ¹			396,041						396,041	
Sub-total		854,419	416,874	230,987				854,419	647,861	
Supranational and international organizations										
Médecins Sans Frontières		221,241						221,241		
The Global Fund		5,665,309						5,665,309		
World Food Programme		497,198						497,198		
World Health Organization		540,669						540,669		
Various UN agencies		33,932						33,932		
Sub-total		6,958,349						6,958,349		
Public sources										
Fondation des immeubles pour les organisations internationales (FIPOI)			173,268						173,268	
Geneva, Canton of			4,437,434						4,437,434	
Versoix, City of			339,744						339,744	
Sub-total			4,950,446						4,950,446	
Private sources										
Spontaneous donations from private individuals				119,827					119,827	
Latham & Watkins LLP			9,976	73,033					83,009	
Novo Nordisk A/S		120,189						120,189		
Other private companies				22,225					22,225	
Sub-total		120,189	9,976	215,085				120,189	225,060	
Grand total		8,555,325	5,377,296	2,327,354	11,861	277,040	288,901	8,555,325	7,716,510	12,110

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents due to rounding-off addition differences.

E. COMPARATIVE BALANCE SHEET AND STATEMENT OF INCOME FOR THE LAST FIVE YEARS (in KCHF)

	2021	2020	2019	2018	2017
Balance Sheet					
Current assets	1,229,348	1,138,496	958,921	947,647	937,268
Non-current assets	529,847	487,279	571,167	585,194	658,747
Total Assets	1,759,195	1,625,775	1,530,088	1,532,841	1,596,015
Liabilities	(1,163,468)	(1,283,534)	(1,112,608)	(1,078,346)	(1,039,565)
Total Net Assets	595,727	342,241	417,480	454,495	556,450
Restricted reserves for funds and foundations	38,101	36,469	37,019	36,308	38,512
Restricted reserves for funding of current operations	80,749	5,720	(66,337)	7,892	47,689
Unrestricted reserves designated by the Assembly	476,877	300,052	446,798	410,295	470,249
Total Reserves	595,727	342,241	417,480	454,495	556,450
Statement of Income					
Contributions	1,957,161	1,871,523	1,823,717	1,823,499	1,799,405
Operating expenditure	(1,886,084)	(1,940,368)	(1,892,633)	(1,831,174)	(1,750,132)
Net result of operating activities	71,077	(68,845)	(68,916)	(7,675)	49,273
Net result of non-operating activities	22,425	15,927	33,057	(23,026)	13,831
Net result for the year	93,502	(52,918)	(35,859)	(30,701)	63,104
Administrative costs	160,147	158,787	164,296	148,297	142,609
Ratios					
Reserves in % of total assets	33.9%	21.1%	27.3%	29.7%	34.9%
Assets-to-reserves ratio	3.0	4.8	3.7	3.4	2.9
Administrative costs in % of operating expenditure	8.5%	8.2%	8.7%	8.1%	8.1%

F. ASSISTANCE ITEMS FIGURES

The statistical data in the following tables can be summarized as follows:

Receipt of assistance items by contributions in kind, cash for kind and purchases in 2021

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of reception between 1 January and 31 December 2021. The figures for contributions in kind cover all material support received as a gift but do not include any services received, such as the provision of human resources and/or logistical means. The figures for assistance item purchases comprise of all procurements carried out both with non-earmarked and with earmarked financial contributions ("cash for kind"). The grand total is CHF 266,808,208.

Delivery of assistance items in 2021

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2021. These goods were either purchased or received in kind during 2021 or taken from stock already constituted at the end of 2020.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND AND PURCHASES IN 2021

(by donor and purchase, according to stock reception date. Includes items in transit.)

Donors	Food	Relief kits	Blanket	Economic security*	Medical	Physical rehabilitation	Water and habitat	Grand total
	(kg)	(each)	(each)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
National Societies	11,239	26,572		621,328				621,328
Austria	11,239	26,572		186,181				186,181
Denmark				435,147				435,147
Governments	212,706		91,205	778,812			73,047	851,859
Finland	212,706		91,205	778,812			73,047	851,859
Various donors	111,000	15,000		572,202	6,651,861		365	7,224,428
Médecins Sans Frontières				2,989	218,098		154	221,241
Novo Nordisk A/S					120,189			120,189
The Global Fund				38,084	5,772,905		211	5,811,199
UNHCR				33,931				33,931
World Food Program	111,000	15,000		497,198				497,198
World Health Organization					540,669			540,669
Total contributions in kind	334,945	41,572	91,205	1,972,342	6,651,861		73,412	8,697,615
National Societies	4,977	52,505	8,080	838,114	54,587		34,462	927,164
Hong Kong				14,728	18,018			32,746
Ireland	4,977	3,371		120,011				120,011
Kuwait		10,536	8,080	156,108	13,081		10,981	180,170
Netherlands		700		28,465	23,489		23,481	75,435
United Kingdom of Britain and Northern Ireland		37,898		518,802				518,802
Governments	7,200,555	83,584		6,649,201				6,649,201
Austria	291,969			577,107				577,107
France	4,570,542	51,125		4,374,209				4,374,209
Saudi Arabia	1,145,696	13,132		848,943				848,943
United Arab Emirates	1,192,348	19,327		848,943				848,943
Various donors	27,427	297		18,471	272,730			291,201
Chaîne du Bonheur					272,730			272,730
The Semnani Family Foundation	27,427	297		18,471				18,471
Total contributions in cash for kind	7,232,960	136,386	8,080	7,505,786	327,318		34,462	7,867,566
ICRC								
ICRC purchases	67,749,595	2,714,765	1,111,243	134,171,629	69,082,904	5,164,612	41,823,882	250,243,027
Total ICRC	67,749,595	2,714,765	1,111,243	134,171,629	69,082,904	5,164,612	41,823,882	250,243,027
Grand total	75,317,500	2,892,723	1,210,528	143,649,758	76,062,083	5,164,612	41,931,755	266,808,208

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

DELIVERY OF ASSISTANCE ITEMS IN 2021

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(kg)	(CHF)	(CHF)	(CHF)	(CHF)
AFRICA	59,683,791	25,712,371	19,349,660	2,592,946	11,988,213	93,614,610
Algeria	18,958	-	53,235	4,889	2,851	79,933
Burkina Faso	3,940,839	368,226	521,689	27	150,452	4,613,007
Burundi	226,724	5,802	153,646	78	79,788	460,236
Cameroon	2,557,931	852,794	457,437	68	440,794	3,456,230
Central African Republic	2,502,675	1,289,632	944,575	43,658	682,173	4,173,081
Chad	1,240,796	50,677	99,497	-	186,422	1,526,715
Congo, Democratic Republic of the	5,995,159	2,616,256	1,678,483	204,688	404,875	8,283,205
Côte d'Ivoire	97,155	865	13,038	-	13,952	124,145
Ethiopia	9,699,859	1,505,467	2,310,848	558,411	1,968,256	14,537,374
Kenya	315,330	-	81,118	-	179,970	576,418
Libya	2,357,289	925,408	2,494,241	368,559	1,414,536	6,634,625
Mali	2,823,081	1,211,615	2,232,630	70,063	403,639	5,529,413
Mauritania	99,677	1,889	18,639	-	23,088	141,404
Mozambique	694,864	4,103	110,025	16,763	70,196	891,848
Niger	5,434,623	7,414,199	706,957	64,148	96,896	6,302,624
Nigeria	10,011,317	4,110,295	2,195,915	286,925	2,186,330	14,680,487
Rwanda	173,731	130,823	21,767	167,922	75,782	439,202
Senegal	101,679	287	9,041	-	27,136	137,856
Somalia	2,948,781	929,640	2,687,438	176,479	883,849	6,696,547
South Africa	8,180	-	-	-	-	8,180
South Sudan	5,681,342	3,334,190	2,125,461	233,453	2,218,694	10,258,950
Sudan	2,595,744	960,143	384,356	396,815	442,833	3,819,748
Tunisia	78,367	-	22,366	-	5,578	106,311
Uganda	40,297	46	26,092	-	28,305	94,694
Zimbabwe	39,393	14	1,166	-	1,818	42,377

AMERICAS	4,467,563	497,699	6,446,699	215,273	1,444,455	12,573,990
Bolivia, Plurinational State of	34,348	-	-	-	4,813	39,161
Brazil	99,460	-	6,126	-	33,768	139,354
Colombia	1,127,893	278,364	1,282,717	74,707	516,956	3,002,273
Cuba	47,331	-	2,111	-	-	49,442
Ecuador	23,585	-	5,256	34,386	-	63,227
El Salvador	103,485	4	30,628	67,359	6,176	207,648
Guatemala	112,559	1,785	57,616	38,808	20,333	229,316
Haiti	3,600	-	177,618	-	-	181,218
Honduras	251,803	-	69,421	-	34,394	355,618
Mexico	237,279	54,116	127,371	-	109,276	473,926
Nicaragua	25,861	326	1,845	-	69,849	97,555
Panama	13,791	-	15,619	-	37,791	67,201
Peru	77,332	-	89,474	-	62,933	229,739
Venezuela, Bolivarian Republic of	2,309,236	163,104	4,580,897	13	548,166	7,438,312

ASIA AND THE PACIFIC	14,118,720	14,324,274	10,104,574	1,677,390	2,029,510	27,930,194
Afghanistan	1,480,210	122,355	6,932,792	920,110	442,376	9,775,488
Bangladesh	1,118,867	1,160,800	173,446	158,056	64,341	1,514,710
Cambodia	46,286	-	12,195	202,047	25,736	286,264
China	47,419	-	-	31,890	-	79,309
Fiji	2,307	-	21,477	-	-	23,784
India	296,805	-	351,625	74,866	24,793	748,089
Indonesia	24,634	-	265,448	-	2,083	292,165
Korea, Democratic People's Republic of	-	-	15,715	-	8	15,723
Malaysia	48,862	-	62,950	-	12,841	124,653
Myanmar	9,920,767	12,951,719	871,875	115,620	912,579	11,820,841
Nepal	-	-	7,386	6,133	-	13,519
Pakistan	158,264	10,000	430,677	153,190	33,775	775,906
Papua New Guinea	233,360	1,073	114,055	2,295	55,448	405,158
Philippines	594,175	78,303	589,320	13,177	354,070	1,550,742
Sri Lanka	93,304	7	144,090	6	84,312	321,712
Thailand	48,115	17	94,244	-	16,965	159,324
Viet Nam	5,345	-	17,279	-	183	22,807

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs. Economic security column (kg) only reflects food items weight.

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(kg)	(CHF)	(CHF)	(CHF)	(CHF)
EUROPE AND CENTRAL ASIA	10,521,233	1,030,246	12,270,244	28,405	3,548,012	26,367,894
Armenia	303,054	12,511	214,070	314	68,092	585,530
Azerbaijan	2,701,950	378,235	397,481	5,699	693,183	3,798,313
Bosnia and Herzegovina	35,082	50	19,432	-	8,511	63,025
France	67,937	-	-	-	-	67,937
Georgia	252,243	88,460	75,226	7,705	18,045	353,219
Greece	65,746	-	62,215	-	-	127,961
Kyrgyzstan	31,280	-	70,817	-	4	102,101
Russian Federation	44,040	-	-	-	2,477	46,517
Tajikistan	22,665	4,334	51,526	-	3,324	77,515
Ukraine	6,989,438	546,656	11,379,477	14,687	2,754,376	21,137,978
Uzbekistan	7,798	-	-	-	-	7,798
NEAR AND MIDDLE EAST	62,167,948	47,157,413	22,329,496	2,016,866	18,383,679	104,897,989
Egypt	627,058	860,320	257,192	-	5,323	889,573
Iran, Islamic Republic of	6,244	25	96,892	17,243	-	120,379
Iraq	2,393,656	471,576	2,300,627	521,769	2,093,553	7,309,605
Israel and the occupied territories	2,452,830	1,173	1,288,589	115,810	4,183,028	8,040,257
Jordan	92,029	-	182,908	65,576	43,878	384,391
Lebanon	893,109	480,607	2,529,779	102,983	959,667	4,485,538
Syrian Arab Republic	45,272,561	37,616,345	5,726,286	533,332	9,664,448	61,196,627
Yemen	10,430,461	7,727,367	9,947,223	660,153	1,433,782	22,471,619
Grand total	150,959,255	88,722,003	70,500,673	6,530,880	37,393,869	265,384,677

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs. Economic security column (kg) only reflects food items weight.

FUNDS AND FOUNDATIONS

Statutory financial statements of the Foundation
for the International Committee of the Red Cross..... 548

Condensed financial statements for the funds
controlled by the ICRC..... 551

- Clare Benedict Fund
- Florence Nightingale Medal Fund
- French Fund Maurice de Madre
- Jean Pictet Fund
- Omar El Mukhtar Fund
- Paul Reuter Fund
- National Society Investment Alliance

STATUTORY FINANCIAL STATEMENTS OF THE FOUNDATION FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS

INCOME STATEMENT

For the year ended 31 December

(CHF thousands)	Note	2021	2020
Contributions		-	-
Personnel expenses		-135	-
Legal and external counsel expenses		-96	-24
Mission costs		-2	-
Total operating expenses		-233	-24
Foreign exchange result, net		49	-365
Financial income, net	[4]	1,587	591
Result for the year, before contributions to the ICRC		1,403	202
Contributions to the ICRC	[6]	-346	-584
Result for the year, before use of/ (allocation to) reserves		1,057	-382
Use of unrestricted reserves designated by the Board		44	760
Allocation to other unrestricted reserves		-1,101	-378
Result for the year after use of/(allocation to) reserves		-	-

STATEMENT OF FINANCIAL POSITION

At 31 December

(CHF thousands)	Note	2021	2020
Cash equivalents	[3]	1,121	1,546
Financial assets	[4]	25,550	24,081
Accrued income		78	94
Current assets		26,749	25,721
Assets		26,749	25,721
Accounts payable and accrued expenses	[6]	579	608
Current liabilities		579	608
Liabilities		579	608
Capital		886	886
Permanently restricted reserves		114	114
Capital and restricted reserves		1,000	1,000
Unrestricted reserves designated by the Board		19,268	19,312
Other unrestricted reserves		5,902	4,801
Unrestricted reserves		25,170	24,113
Capital and reserves		26,170	25,113
Liabilities and reserves		26,749	25,721

STATEMENT OF CHANGES IN RESERVES

(CHF thousands)	Capital	Permanently restricted reserves	Unrestricted reserves		Total Capital and Reserves
			Designated by the Board	Other reserves	
Balance at 1 January 2021	886	114	19,312	4,801	25,113
Net result for the year	-	-	-44	1,101	1,057
Balance at 31 December 2021	886	114	19,268	5,902	26,170
Balance at 1 January 2020	886	114	20,072	4,423	25,495
Net result for the year	-	-	-760	378	-382
Balance at 31 December 2020	886	114	19,312	4,801	25,113

NOTES TO THE FINANCIAL STATEMENTS

1. Activities

The Foundation for the International Committee of the Red Cross (FICRC) was created on 1 May 1931 in Geneva, Switzerland, in accordance with articles 80 and seq. of the Swiss Civil Code. It is a non-profit foundation. Its statutes were revised on 8 April 2021. The purpose of the Foundation is to secure long-term support for the ICRC by establishing a substantial endowment fund.

With the revision of the statutes, the Foundation has become an umbrella foundation and can offer its donors the possibility to establish dedicated funds under the Foundation to support specific humanitarian thematic and activities. As of 31 December 2021, no funds were set up (2020: nil).

The Foundation is administered by a minimum of three Board members, in accordance with its statutes. No indemnity was paid to any Board member during the year. The Board is made up of one representative of the Swiss Confederation and three members appointed by the ICRC. It is therefore controlled by the ICRC.

The Foundation is exempted from communal, cantonal and federal taxes in Switzerland, for an indefinite period.

2. Basis of preparation

The statutory financial statements were prepared in compliance with Swiss law and the FICRC's statutes and regulations. They were prepared in conformity with the principles of title 32 of the Swiss Code of Obligations.

The financial statements were prepared using the historical cost convention, except for the financial assets, which are recorded at fair value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. Summary of significant accounting policies

3.1 Cash equivalents

Cash equivalents include cash held by asset managers.

3.2 Reserves

Reserves are classified as either restricted or unrestricted reserves.

– CAPITAL AND PERMANENTLY RESTRICTED RESERVES

The inalienable amount of capital and permanently restricted reserves of the Foundation is CHF 1 million. It is comprised of the initial capital of CHF 886 thousand and CHF 114 thousand of permanently restricted reserves.

– UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These are not subject to any legal or third-party restriction and can be applied as the Board sees fit. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction, and may be designated for specific purposes to meet future obligations or risks.

– OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

4. Financial assets and financial income, net

In accordance with its documented investment management policy, the organization recognizes its financial assets at fair value. Financial assets at fair value are financial assets with an observable market price. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term.

(CHF thousands)	2021	
	Acquisition cost	Fair value
Quoted equity securities	6,155	9,285
Quoted debt securities	16,784	16,265
Total Financial assets	22,939	25,550

(CHF thousands)	2020	
	Acquisition cost	Fair value
Quoted equity securities	6,176	8,140
Quoted debt securities	16,170	15,941
Total Financial assets	22,346	24,081

Financial income consists mainly of fair value gains or losses, dividend and interest income and transaction costs that are recognized as incurred.

(CHF thousands)	2021	2020
Realized portfolio result, net	201	-115
Unrealized portfolio result, net	1,101	378
Securities income	371	421
Bank fees and other financial expenses	-86	-93
Total Financial income, net	1,587	591

5. Personnel expenses

In 2021, through the ICRC, the Foundation employed a director. The director is the only employee of the Foundation (2020: no employees).

6. Related parties

6.1 Contributions to the ICRC

In 2021, the Foundation Board made a commitment to pay a total contribution of CHF 346 thousand to the ICRC in 2022 for various projects. This grant is reported in 2021, under Contributions to the ICRC. The comparative amount in 2020 was CHF 584 thousand.

6.2 Current account with the ICRC

FICRC expenses during the year are prepaid by the ICRC, and kept in the current account with the ICRC together with the contributions to the ICRC. The balance of the current account with the ICRC is as follows:

(CHF thousands)	2021	2020
Payable to the International Committee of the Red Cross	579	608

7. Events after the balance sheet date

Effective 1 January 2022, the Clare Benedict Fund and the Paul Reuter Fund will be controlled directly by the Foundation for the ICRC, instead of the ICRC. Therefore the financial position and financial results of these two funds will be included in the financial statements of the Foundation for the first time in 2022.

CONDENSED FINANCIAL STATEMENTS FOR THE FUNDS CONTROLLED BY THE ICRC

The financial assets of these six funds are managed in two global portfolios by external asset managers in order to optimize returns, risk management and bank charges. The portfolios are held jointly by the funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.	The income of the Clare Benedict Fund (established 1968) is used for assistance activities for victims of armed conflict, in accordance with Miss Benedict's wishes.	The income of the Florence Nightingale Medal Fund (established 1907) is used to award a medal to honor Florence Nightingale. The medal may be awarded to Red Cross and Red Crescent nurses and voluntary aides who have distinguished themselves by their service to sick and wounded people in time of peace or war. The medal is awarded every two years.	The purpose of the French Fund Maurice de Madre (established 1974) is to assist first-aid workers, delegates and nurses, of international or national Red Cross or Red Crescent institutions, who have suffered injury and find themselves in straitened circumstances or in reduced health.
The purpose of the Jean Pictet Fund (established 1985) is to encourage and promote knowledge and dissemination of international humanitarian law, giving priority to co-financing the annual "Jean Pictet competition on IHL".	The income of the Omar El Mukhtar Fund (established 1980) is made up of one or more donations by the authorities of Libya and is used to finance the ICRC's general assistance activities.	The initial capital of the Paul Reuter Fund (established 1983) was donated by Professor Paul Reuter (the amount of his Balzan Prize). The purpose of the fund is to encourage and promote knowledge and dissemination of international humanitarian law. To that end, the fund awards a prize every two years.	The ICRC has a 50% interest in a joint operation called the National Society Investment Alliance (established 2017). It was set up as a partnership with the International Federation to enhance the development of National Societies. The fund hosted by the International Federation is located in Switzerland.

INCOME STATEMENTS

(CHF thousands)	2021								2020 Total funds
	Clare Benedict Fund	Florence Nightingale Medal Fund	French Fund Maurice De Madre	Jean Pictet Fund	Omar El Mukhtar Fund	Paul Reuter Fund	National Society Investment Alliance ¹	Total funds	
Contributions	-	-	-	-	-	-	1,332	1,332	915
Personnel expenses	-	-	-	-	-	-	-106	-106	-100
Sub-contracted maintenance	-	-	-	-	-	-	-4	-4	-5
Purchase of goods and materials	-	-6	-	-	-	-	-10	-16	-8
Financial assistance	-	-	-29	-20	-	-	-1,007	-1,056	-1,115
Legal and external counsel expenses	-	-	-	-	-	-	-21	-21	-10
Other expenses	-	-	-	-	-	-	-6	-6	-7
Foreign exchange result, net	-	-	-	-	-	-	18	18	-38
Financial income/(loss), net	34	11	76	10	16	11	-	158	-40
Result for the year before contributions to the ICRC	34	5	47	-10	16	11	196	299	-408
Contributions to the ICRC	-	-	-	-	-	-	-	-	-54
Result for the year	34	5	47	-10	16	11	196	299	-462
Allocation from/(to) unrestricted reserves designated by the Boards	-34	-5	-47	10	-16	-11	-196	-299	462
Result for the year after allocation to reserves	-	-	-	-	-	-	-	-	-

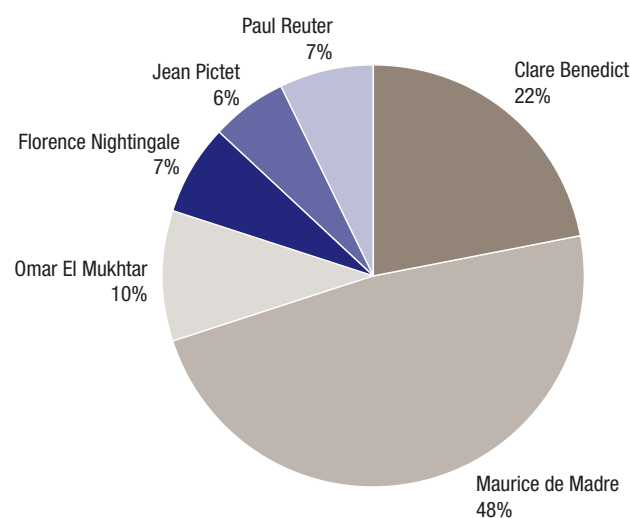
1. (NSIA) Amounts represent ICRC's 50% share only.

BALANCE SHEETS

(CHF thousands)	2021								2020 Total funds
	Clare Benedict Fund	Florence Nightingale Medal Fund	French Fund Maurice De Madre	Jean Pictet Fund	Omar El Mukhtar Fund	Paul Reuter Fund	National Society Investment Alliance ¹	Total funds	
Cash and cash equivalents	-	-	-	-	-	-	1,270	1,270	110
Financial assets	2,457	780	5,499	664	1,142	762	-	11,304	10,966
Accounts receivable	-	-	-	-	-	-	458	458	543
Inventories	-	14	-	-	-	-	-	14	20
Current assets	2,457	794	5,499	664	1,142	762	1,728	13,046	11,639
Assets	2,457	794	5,499	664	1,142	762	1,728	13,046	11,639
Accounts payable and accrued expenses	-	1	216	20	-	-	878	1,115	284
Current liabilities	-	1	216	20	-	-	878	1,115	284
Liabilities	-	1	216	20	-	-	878	1,115	284
Permanently restricted reserves	1,633	100	-	500	760	-	-	2,993	2,993
Restricted reserves	1,633	100	-	500	760	-	-	2,993	2,993
Unrestricted reserves designated by the Boards	217	505	3,903	-35	100	578	850	6,118	5,819
Other unrestricted reserves	607	188	1,380	179	282	184	-	2,820	2,543
Unrestricted reserves	824	693	5,283	144	382	762	850	8,938	8,362
Reserves	2,457	793	5,283	644	1,142	762	850	11,931	11,355
Liabilities and reserves	2,457	794	5,499	664	1,142	762	1,728	13,046	11,639

1. (NSIA) Amounts represent ICRC's 50% share only.

Breakdown of financial assets by fund

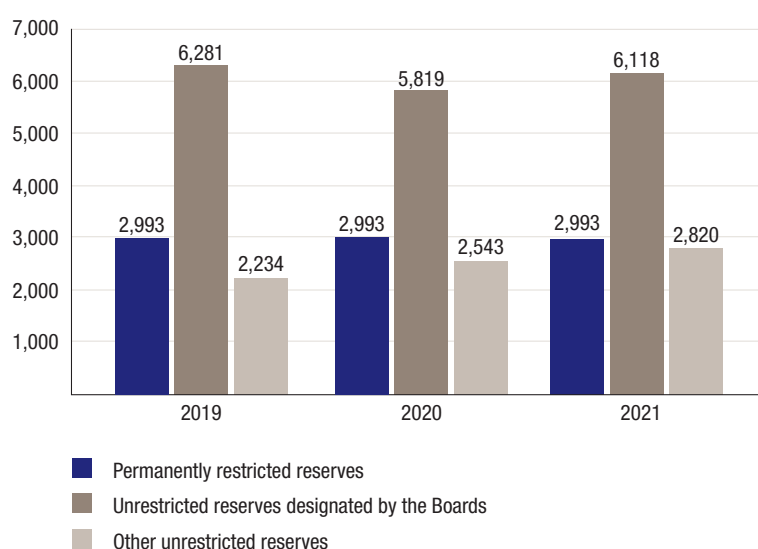


STATEMENTS OF CHANGES IN RESERVES

(CHF thousands)	Clare Benedict Fund	Florence Nightingale Medal Fund	French Fund Maurice De Madre	Jean Pictet Fund	Omar El Mukhtar Fund	Paul Reuter Fund	National Society Investment Alliance ¹	Total funds
Balance at 1 January 2021	2,363	770	5,101	637	1,098	733	653	11,355
Net surplus/(deficit) for the year	34	5	47	-10	16	11	196	299
Net allocation of unrealized portfolio result	60	18	135	17	28	18	1	277
Balance at 31 December 2021	2,457	793	5,283	644	1,142	762	850	11,931
Balance at 1 January 2020	2,342	751	4,999	661	1,088	715	952	11,508
Net surplus/(deficit) for the year	-46	-3	-49	-42	-21	-3	-298	-462
Net allocation of unrealized portfolio result	67	22	151	18	31	21	-1	309
Balance at 31 December 2020	2,363	770	5,101	637	1,098	733	653	11,355

(CHF thousands)

Breakdown of reserves by nature

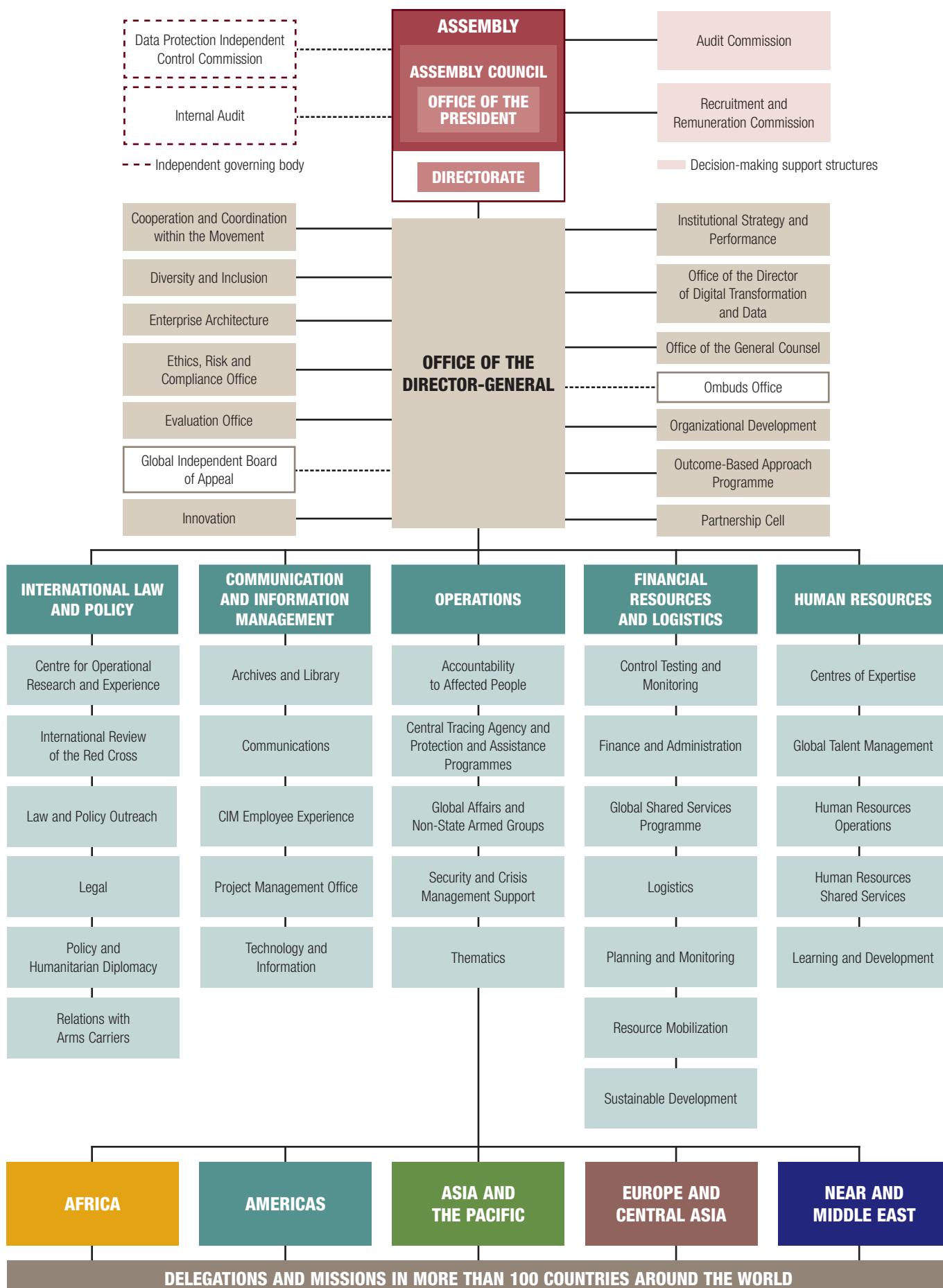


The financial statements of these funds are available upon request through the accounting department of the ICRC. They were prepared in conformity with the principles of title 32 of the Swiss Code of Obligations.

1. (NSIA) Amounts represent ICRC's 50% share only.

ANNEXES

ICRC ORGANIZATIONAL CHART



ICRC DECISION-MAKING STRUCTURES¹

ASSEMBLY

The Assembly is the supreme governing body of the ICRC and oversees all its activities. It defines general objectives and institutional strategy, adopts policy, approves the budget and accounts, and appoints the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted ICRC members of Swiss nationality, the Assembly is collegial in character. The Recruitment and Remuneration Commission, which is made up of members of the Assembly, handles matters relating to the Assembly's composition and submits proposals to the Assembly for the co-optation of new members. The Audit Commission assists and advises the Assembly in its task of ultimate oversight of the ICRC (see *Oversight mechanisms* below). The Assembly's president and vice-president are the president and vice-president of the ICRC. The Assembly convenes six times a year in ordinary session and can decide to hold an extraordinary session at any time.

Mr Peter Maurer, president, PhD in contemporary history from the University of Bern, former ambassador and permanent representative of Switzerland to the UN in New York (United States of America), former secretary of state for foreign affairs in Bern, ICRC president since 1 July 2012

Mr Gilles Carbonnier, vice-president, PhD in economics from the University of Neuchâtel, professor of development economics at the Graduate Institute of International and Development Studies, where he is also director of studies, former ICRC delegate and economic adviser, ICRC vice-president since 1 April 2018

Mr Mauro Arrigoni, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology, founder of the scientific journal *Il Volteriano*, former director of a high school in Mendrisio (Switzerland)

Mr Hugo Bänziger, PhD in banking history from the University of Bern, managing partner at the private bank Lombard Odier & Cie, former chief risk officer of Deutsche Bank, member of the European Union's High-level Expert Group on structural reforms in the banking sector, former chairman of the Eurex Group, lecturer on finance at the University of Chicago Booth School of Business and the London School of Economics

Mr Rémy Best, graduate of the University of Geneva law school, member of the Geneva Bar, managing partner at the Pictet & Cie Group, former financial advisor at McKinsey & Company, member of the board of INSEAD, chairman of the circle of patrons of the Geneva opera house, treasurer of the International Council of Museums Foundation

Mr Edouard Bugnion, PhD from Stanford University in computer science, co-founder of two Silicon Valley start-ups (VMware and Nuova Systems, acquired by Cisco), where he served as chief technology officer, professor at the Federal Institute of Technology in Lausanne (EPFL) School of Computer and Communication Science since 2012 and former EPFL vice-president for information systems, independent board member of Logitech and of Innosuisse (Swiss innovation agency), fellow of the Association for Computer Machinery and member of the Swiss Academy of Engineering Sciences

Mr Jacques Chapuis, psychiatric nurse, anaesthesia and resuscitation specialist, vice-president of the international secretariat of nurses in the French-speaking world (SIDIEF), director of La Source Institute and Faculty of Applied Health Sciences, former ICRC delegate

Mr Melchior de Muralt, PhD in political science from the University of Lausanne, partner in the asset management firm Pury Pictet Turrettini & Cie, president of Cadmos Fund Management, vice-chairman of BlueOrchard Finance

Mr Christoph Franz, PhD in political science from Darmstadt Technical University, honorary professor for business administration of the University of St Gallen, chairman of the board of directors of Roche Holding AG, member of the board of Stadler Rail AG, of the board of trustees of the Ernst Göhner Foundation and of the advisory board of the University of St Gallen

Ms Katja Gentinetta, PhD in political philosophy from the University of Zurich, independent political philosopher, lecturer at the Universities of Lucerne and Zurich, former deputy director of the think tank Avenir Suisse, former head of strategy and external affairs for the canton of Aargau, former project manager for the national exhibition *Expo.02*

Ms Maya Hertig Randall, PhD in law from the University of Fribourg and Master of Laws from Cambridge University, professor of constitutional law and co-director of the Certificate of Advanced Studies in Human Rights at the University of Geneva, member of the Swiss Federal Commission against Racism

Mr Alexis Keller, professor, PhD in political science from the University of Geneva, former fellow of the Carr Center for Human Rights Policy at Harvard University, former Swiss special representative for the Middle East peace process, professor at the Universities of Geneva and Paris (Sciences Po), president of the Theology Faculty Board at the University of Geneva, board member of the Pro Victimis Foundation and advisory board member of the International Center for Transitional Justice

1. As at 31 December 2021

Mr Jürg Kesselring, physician, senior ambassador and consultant emeritus of the Department of Neurology and Neurorehabilitation at the Valens Rehabilitation Centre, professor emeritus of clinical neurology and neurorehabilitation at the Universities of Bern and Zurich, at the Danube University Krems and at the Università Vita-Salute San Raffaele, honorary president of the Swiss Multiple Sclerosis Society, former ICRC delegate

Ms Laura Sadis, holder of a degree in economics from the University of Zurich and a federal diploma in tax accounting, former member of the Legislative Council of the Canton of Ticino, of the National Council (lower house of the Swiss parliament) and of the State Council of Ticino, former member of the Bank Council overseeing the Swiss National Bank, member of the board of AlpTransit Gotthard and the International Balzan Foundation “Fund”

Ms Doris Schopper, professor, PhD in public health from Harvard University, former president of Médecins Sans Frontières (MSF) Switzerland and of the MSF International Council, professor emeritus at the University of Geneva, director of the Centre for Education and Research in Humanitarian Action, chair of MSF’s ethics review board

Ms Béatrice Speiser, PhD in law from the University of St Gallen, member of the Basel Bar Association, attended the Advanced Management Program at the University of Pennsylvania’s Wharton School and the European Institute of Business Administration in France, founding president and executive director of Crescenda (a Swiss organization providing professional development opportunities for migrant women), independent lawyer and former substitute judge on the Basel Civil Court

Mr Bruno Staffelbach, professor, PhD in business administration from the University of Zurich, rector of the University of Lucerne, former professor at the Universities of Fribourg, Lucerne and Zurich, former Swiss army brigadier-general

Ms Suba Umathevan, master’s degree in international affairs with a specialization in international law from the Graduate Institute of International and Development Studies, honours degree in international studies and modern languages from the University of Ottawa, chief executive officer of the Drosos Foundation, research fellow at UNESCO’s International Bureau of Education, former chief executive officer of Plan International Switzerland

Ms Barbara Wildhaber, graduated from the University of Zurich with a federal diploma in medicine in 1994 and with a doctorate in 1995, paediatric surgeon specializing in paediatric hepatobiliary surgery, professor at the University of Geneva faculty of medicine and the University of Lausanne faculty of medicine and biology, director of the University Centre of Pediatric Surgery of Western Switzerland

Honorary members: Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Ms Christiane Augsburg, Ms Christine Beerli, Mr Paolo Bernasconi, Mr Ernst Brugger, Ms Suzy Bruschweiler, Mr François Bugnion, Mr Jean

de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Bernard G.R. Daniel, Mr Josef Feldmann, Mr Jacques Forster, Ms Paola Ghilani, Mr Rodolphe de Haller, Mr Jakob Kellenberger, Mr Pierre Keller, Ms Liselotte Kraus-Gurny, Mr Pierre Languetin, Ms Claude Le Coultre, Mr Thierry Lombard, Mr Jacques Moreillon, Ms Gabrielle Nanchen, Ms Anne Petitpierre, Mr Eric Roethlisberger, Mr Yves Sandoz, Mr Rolf Soiron, Mr Cornelio Sommaruga, Mr Jenö Staehelin, Ms Heidi Tagliavini, Mr Daniel Thürer, Mr Olivier Vodoz, Mr André von Moos

ASSEMBLY COUNCIL

The Assembly Council is a subsidiary body of the Assembly and comprises the president, the vice-president and three to five members elected by the Assembly. The Assembly Council oversees the ICRC’s functioning, ensuring that institutional risks and finances are properly managed and monitoring the development of key institutional projects. It facilitates the Assembly’s work by holding initial discussions of key topics and adopting budget extensions when needed. Its members are in regular contact with the members of the Directorate. The Assembly Council usually convenes on a monthly basis in ordinary session, alternating between physical meetings and videoconferences.

- **Mr Peter Maurer, president**
- **Mr Gilles Carbonnier, vice-president**
- **Mr Christoph Franz, member of the Assembly**
- **Ms Katja Gentinetta, member of the Assembly**
- **Ms Béatrice Speiser, member of the Assembly**
- **Mr Bruno Staffelbach, member of the Assembly**
- **Ms Barbara Wildhaber, member of the Assembly**

OFFICE OF THE PRESIDENT

The Office of the President is composed of the president and the vice-president. The president of the ICRC has primary responsibility for the organization’s external relations. As president of the Assembly and of the Assembly Council, he ensures that the spheres of competence of these two bodies are safeguarded and leads their work. The president engages in ongoing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme urgency.

OVERSIGHT MECHANISMS

Data Protection Independent Control Commission

The Data Protection Independent Control Commission is composed of three to five members (three members of the Assembly and two data-protection experts from outside the ICRC, one of whom chairs the Commission) and is responsible for checking, independently of other ICRC bodies and the administration, that the ICRC processes personal data in compliance with its Rules on Personal Data Protection and other applicable regulations. It is also tasked with ruling on the rights of individuals when their cases or other data-protection cases are referred to it.

- **Mr Gérald Page, external data-protection expert, president**
- **Mr Jean-Philippe Walter, external data-protection expert**
- **Mr Edouard Bugnion, member of the Assembly**
- **Ms Maya Hertig Randall, member of the Assembly**
- **Mr Alexis Keller, member of the Assembly**

Audit Commission

The Audit Commission is composed of five members of the Assembly who are not members of the Assembly Council. It helps the Assembly oversee the work of the organization. It controls the implementation of Assembly decisions, ensures that ICRC activities are conducted efficiently, reviews the reports of the external and internal auditors, and monitors the implementation of audit recommendations. It meets six times a year.

- **Mr Hugo Bänziger, president**
- **Mr Mauro Arrigoni, member of the Assembly**
- **Mr Melchior de Muralt, member of the Assembly**
- **Mr Alexis Keller, member of the Assembly**
- **Ms Laura Sadis, member of the Assembly**

Internal Audit

Internal Audit helps the ICRC to accomplish its objectives, using a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. It reports its findings directly to the president and the Audit Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly.

External audit

The Assembly appoints the external auditors for the ICRC's financial statements. The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. The external audit has been carried out by KPMG since 2021.

DIRECTORATE

The Directorate is the executive body of the ICRC. It is responsible for applying the institutional strategy, as defined by the Assembly, and implementing its objectives. It ensures that the organization runs smoothly and efficiently. The members of the Directorate are appointed by the Assembly for four-year terms.

The director-general chairs the Directorate and ensures that its decisions are implemented. The director-general reports to the presidency and the Assembly on the Directorate's objectives, decisions and activities, and the results achieved.

- **Mr Robert Mardini, director-general**
- **Ms Jennifer Hauseman** until 8 October 2021
and **Mr Sébastien Carliez** (ad interim until 30 June 2022),
director of communication and information management
- **Mr Balthasar Staehelin, director of digital transformation and data**
- **Ms Katie Sams, director of financial resources and logistics**
- **Mr Gherardo Pontrandolfi, director of human resources**
- **Ms Helen Durham, director of international law and policy**
- **Mr Dominik Stillhart, director of operations**

INSTITUTIONAL STRATEGY 2019-2024¹

THE EVOLVING OPERATING ENVIRONMENT

THE EXPANDING AND PERVASIVE EFFECTS OF ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE²

Conflict and violence continue to cause immense suffering throughout the world. While the methods have not fundamentally changed over the last decade, major conflicts are driving global instability, spreading fragility, triggering forced displacement and long-term disruption within societies and social systems and creating massive humanitarian needs. For many years now, responding to needs related to health, nutrition, shelter, water and sanitation has been at the heart of humanitarian assistance; however, owing to the disruptive effects of conflict and violence, a much broader range of vulnerabilities has begun to emerge, giving rise to additional needs. In many countries, socioeconomic development has resulted in expanded access to health care and education, and technological progress has lifted many people out of poverty; even so, millions of others remain trapped in a vicious cycle of violence and underdevelopment that is often linked to protracted conflict.

The operating environment is further complicated by parties to armed conflict and other actors fuelling violence and often operating within coalitions that transcend national borders. These coalitions have become more assertive in the pursuit of their interests and also more fragmented and volatile in the way they coalesce. Conflict-related violence regularly blends with criminality, and is continuously fed by war economies and the political exploitation of ethnic and religious differences.

Battlefields are less clearly defined as they increasingly move into urban areas and proliferate in the digital sphere. Conventional weapons continue to be readily available and new weapons are becoming more accessible to a broad range of State actors, non-State armed groups (NSAGs) and individuals, putting growing numbers of people in harm's way.

THE HUMAN COST OF WAR

The human cost, direct and indirect, exacted by conflict and violence is appalling. Every day, hundreds of thousands of civilians throughout the world are persecuted, abused, displaced, wounded or killed and regularly denied the fundamentals of humanity. The number of civilian deaths caused by conflicts doubled between 2010 and 2016 and the number of people displaced, missing or behind bars as a result of

conflict and violence is greater than at any point in several decades. The potential use of biological and other weapons of mass destruction and the use of chemical weapons is a dramatic setback for the international community, as is the re-emergence of famine and cholera, which threatens entire communities. The disregard for international humanitarian law (IHL) and other fundamental rules that protect people is both a root cause and a symptom on a dynamic continuum of conflict and violence. Greater connectivity makes information about IHL violations, violence and injustice instantly accessible to more people; ignoring them or denying their existence is therefore becoming increasingly unacceptable to the people affected and to the international community.

Acts of extreme violence against civilians have become commonplace, and massive civilian casualties are too often regarded as an inevitable consequence of war. Armed actors regularly pursue their military strategies with little or no respect for the laws of war. Counter-terrorism measures lead to unending 'states of emergency', in which fundamental rights are restricted or denied, and humanitarian imperatives are systematically overridden by security objectives. In such an environment, political discourse often becomes toxic, dehumanizing victims and eroding compassion for human suffering. This adversely influences States and other actors' willingness to uphold their obligations. In countries not affected by armed conflict but by extremely high levels of violence, particularly in territories where State authority is weak or being challenged, entire communities suffer the severe and chronic consequences, often without any support from either the authorities or traditional humanitarian and development organizations. These protection failures cause population displacements on a massive scale and result in the widespread perception that the international community is collectively failing the people and communities affected.

A MORE FRAGMENTED AND POLARIZED WORLD

Preventing, responding to or ending conflict and violence has been made more difficult by an increasingly fragmented international order and the attrition of diplomatic solutions. Political polarization at global and regional levels is feeding conflict dynamics. The international community often lacks the resolve to find political solutions and instead turns to humanitarian actors for short-term remedies to the most serious consequences of conflict. More alarmingly, the politicization of principled humanitarian action threatens to further reduce the neutral space required for responding to the consequences of increasingly complex and intractable conflicts. In the absence of such humanitarian space, decades-old conflicts remain with no end in sight, and newer conflicts gradually morph into protracted crises, characterized by long-term societal challenges, high levels of violence, poverty and economic underdevelopment, and failures of governance.

1. The Institutional Strategy 2019–2022 is extended until the end of 2024.

2. In this document, the term 'armed conflict and other situations of violence' will be shortened to 'conflict and violence' for ease of reading. Please note that the ICRC uses 'other situations of violence' (hereafter 'violence') to refer to situations of collective violence, perpetrated by one or several groups, that do not reach the threshold of an 'armed conflict', but that may have significant humanitarian consequences.

Short-term humanitarian problems caused by conflict and violence are made worse by longer-term trends like climate change, population growth, urbanization and uneven economic development. The economic inequalities between the haves and the have-nots is widening in many fragile contexts and the latter increasingly have instant access to information and images that deepen their sense of social injustice and deprivation. Inequality across different groups also exacerbates political, ethnic, and religious tensions, resulting in greater social and political instability.

Such tensions and injustice extend to issues of gender, where one sees the contrast between the persistence of sexual and gender-based violence and a growing resistance to oppressive and harmful gender practices across entire societies. In conflict-affected contexts and beyond, sexual and gender-based violence has become not only a matter of humanitarian concern but also a key political issue, and one to which humanitarian actors are expected to respond proactively, by protecting people from harassment, abuse and violence.

Governance systems also seem to be failing at multiple levels, causing a crisis of trust between authorities and populations. The resurgence of populist policies in many countries is accompanied by inward-looking and xenophobic rhetoric that challenges established areas of international cooperation. The very same technological achievements that have empowered individuals and communities are also creating unprecedented – and often not yet fully understood – risks to their safety, freedom and rights.

THE PARADOX OF PROGRESS

When all these dynamics intersect, the effects are pervasive, weakening existing systems and undermining the coping mechanisms of communities affected by conflict and violence. They can turn the front lines of conflict into a continuum of violence and instability across geographical and social boundaries. The expansion and deepening of front lines of conflict are exacerbating individual and structural vulnerabilities and turning affected States, including relatively stable middle-income countries, into heightened ‘states of fragility’.

On the other hand, with rapid socioeconomic and technological progress and the new opportunities it creates, there has never been as much potential for finding solutions to the complex problems confronting us. The physical and virtual worlds are merging into augmented realities, with possible transformations that are not yet fully understood. New actors are emerging on the political and humanitarian landscapes, to contest the traditional distribution of power and to challenge conventional aid policies with innovative approaches and strategies that are often rooted in local action and community partnerships.

Despite significant challenges, the ICRC and other principled humanitarian organizations are still able to successfully carve out and negotiate the humanitarian space required to protect and assist millions of people affected by conflict and violence. Recent studies and direct observation show that IHL is respected and implemented in many situations, and that it provides the framework for the protection and assistance efforts of numerous local, regional and international actors.

This is proof that armed actors, even in the most challenging contexts, can be influenced and persuaded to respect humanitarian principles and the laws of war.

A GUIDING COMPASS

The ICRC’s Institutional Strategy 2019–2022 provides a compass for action for the next four years. It guides the organization in both preventing and alleviating the suffering of people and communities affected, and in delivering relevant and sustainable humanitarian impact. The Strategy is rooted in the rich history and legacy of the ICRC, solidly grounded in the present reality and resolutely forward-looking. We hope that it will provide the necessary guidance for orienting the activities and development of the organization, inspiring staff, donors and other stakeholders, and responding proactively to the challenges and new opportunities that we are likely to encounter from 2019 to 2022.

OUR ACHIEVEMENTS AS WE LOOK TO THE FUTURE

The ICRC’s Strategy 2015–2018 has helped the organization to sustain the development of its activities in parallel with the growth of the global humanitarian sector, and to ensure their relevance to those affected by conflict and violence. Notwithstanding the challenging operating environment described above, the ICRC has managed to strengthen its ability to protect and assist people and to establish stronger synergies between legal, operational and policy activities throughout the organization. Our humanitarian diplomacy and public positioning have enabled the ICRC to secure further political and financial support. Stronger partnerships within the Movement, and with other humanitarian organizations, the private sector, professional networks and academia, have helped the ICRC become more capable of responding promptly and effectively to the growing needs of populations affected.

THE ICRC’S MISSION

“The ICRC is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of the victims of armed conflict and other situations of violence and to provide them with assistance.

The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.”

This mission statement will continue to provide the framework for the ICRC’s development. The core strengths and the distinctive character of the ICRC, developed over more than 150 years, can be seen in its ability to keep IHL and humanitarian principles alive in the worst of circumstances, to protect the rights and dignity of people affected, to alleviate their suffering, and to establish and maintain trustful relationships with combatants, governments and local communities in order to carve out the humanitarian space necessary to fulfil its mission. The ICRC’s ability to maintain a strictly humanitarian approach, while operating in some of the most testing political and security environments, is at the core of its past success and of critical relevance to its future.

In order to fulfil its mission and chart its way forward, the ICRC will continue to rely on:

- the Fundamental Principles – especially impartiality, neutrality and independence – which are the most powerful tools for guiding and safeguarding humanitarian action
- our ability to put these principles into action and to ensure the safety of our staff, so that we can continue to be close to people and their needs and to adapt the humanitarian response accordingly
- both our proximity to armed actors and other stakeholders on the front lines of conflict and our capacity to engage in a constructive dialogue to maintain our licence to operate
- our engagement with States and NSAGs in order to ensure implementation of IHL and negotiate safe and secure humanitarian spaces
- our engagement with the High Contracting Parties to the Geneva Conventions and other stakeholders in order to interpret and develop the norms of IHL and other relevant rules as a practical and experience-based tools to preserve the fundamentals of humanity in times of conflict and violence
- our combination of professional skills, operational expertise, humanitarian diplomacy and public engagement with stakeholders and audiences about humanitarian concerns and dilemmas, the ICRC's policies and actions and their impact.

The ICRC will have to navigate the dilemmas and tensions that arise from operating in highly complex environments. It will therefore:

- maintain its neutral, impartial and independent character, while providing humanitarian assistance and protection within an increasingly politicized environment
- continue to navigate and manage dilemmas and tensions between principled action and pragmatism, confidentiality and advocacy, while operating as an international organization delivering very local responses, and discharging its mandate from States to engage impartially with all actors of conflict and violence, including the adversaries of those same States
- strengthen its ability to work at multiple levels, from life-saving emergency operations to longer-term, systemic and innovative activities that address some of the most serious sources of vulnerability and fragility
- continue to address issues arising from conventional warfare and violence, while also preparing itself to deal with challenges associated with cyber security and the conduct of hostilities in the digital sphere and to respond to the related humanitarian consequences
- embrace innovation and digital transformation to become a more flexible and agile organization, one that responds more promptly and effectively to the changing needs of populations affected without losing the human, personal and informal character of its interaction with the populations and communities affected
- focus on its key priorities – with regard to humanitarian action – and engage in partnerships that build on the complementarity of skills and mandates of other humanitarian actors for greater impact

- influence the humanitarian sector to strengthen its capacity to respond to the humanitarian consequences of complex crises, while maintaining and developing its own principled operational capacity to respond directly to the needs of populations affected.

PEOPLE AND THEIR NEEDS AT THE CENTRE OF THE ICRC'S HUMANITARIAN ACTION

PEOPLE AT THE HEART OF OUR MISSION

Individuals, households and communities affected by conflict and violence are at the heart of the ICRC's mission. Saving lives, alleviating suffering and responding to people's needs remain the driving force of the ICRC's humanitarian engagement and the focus of its commitments and efforts. Just as the nature and means of war and violence change, so too do the needs and coping mechanisms of the people affected. But a great deal of humanitarian action is still largely directed by States, donor policies and international humanitarian agencies, which define the parameters and priorities of humanitarian action and measure its relevance and results. The populations affected and their needs might be taken into account, but people themselves are rarely at the centre of the design of the formal humanitarian response.

Today, too many vulnerable people fall into a 'protection gap' because they do not fit within existing programmatic criteria. Others are left unassisted and unprotected because they are silent (or have been silenced), invisible, hidden or uninformed about prevention or protection options. Facilitating the meaningful participation of people affected and ensuring that they have space and agency within the humanitarian response is critical in addressing this situation. This change will require time, new approaches, practical tools and techniques, and a deeper transformation of traditional structures. This will include a shift away from a culture of top-down operational control to one of genuine engagement with populations and communities affected and the local actors and influencers within their environment. Specific approaches will be needed to prevent or minimize the adverse effects of unequal power relations between international actors and vulnerable communities, and between the different social, age or gender groups within these communities.

PEOPLE AFFECTED ARE EXPERTS ON THEIR OWN SITUATION

By recognizing and respecting the fact that communities affected are experts on their own situation, first responders and agents of change, the ICRC aims to go beyond its traditional needs analysis and subsequent provision of assistance – goods, cash and services – to build a response that takes into account evolving priorities, irrespective of whether people's needs lie within its existing portfolio of operational responses. The ICRC will continue to assess and seek to address, in line with its principles, needs arising from conflict and violence. It will also adapt and evolve, both in the delivery of its humanitarian response and in the scope of its activities, particularly in conflict settings and 'forgotten' contexts, where it has a unique ability to negotiate humanitarian spaces and where it is often the first and last international actor present.

This approach opens up a space for populations affected to articulate their needs, tell their stories as individuals and communities, and have their perspectives and knowledge of the context incorporated in the design, implementation and review of the ICRC's humanitarian responses. In protracted crises, people's ability to deal with changing threats and vulnerabilities – as well as their coping mechanisms, agency and influence within the context – changes over time and varies with their status and circumstances. Sound cultural and contextual understanding is vital, and there cannot be a single approach. For instance, women may face specific protection issues in conflict settings, such as a disproportionate risk of sexual violence and other dangers exacerbated by cultural norms, their gender and their perceived place in society. Yet in many cases the influential, informal roles that women play are critical in upholding social cohesion and preventing further disruption. Such important contributions must be better acknowledged and leveraged to build resilient communities.

We acknowledge that a broad range of stakeholders (people and communities affected, States and NSAGs, donors, staff, National Societies and partners) may facilitate, control, deliver or block principled humanitarian action. With that in mind, we will engage not only with people and communities affected, but also with host communities, States and NSAGs to influence the upholding of IHL, alleviate the suffering created by conflict and violence and deliver concrete prevention and protection outcomes. We also recognize that the ICRC is but one actor within the broader humanitarian ecosystem, and will therefore seek to build formal and informal connections that enable a more relevant and sustainable humanitarian response and create greater impact for people affected.

OPEN, ACCESSIBLE AND WILLING TO LISTEN

To make these changes, the ICRC needs to remain open, accessible and interested in the views of people affected. Crucial reflections include determining who should be consulted. Who represents a legitimate expression of needs? How should the ICRC engage with those who are most vulnerable and manage local intermediaries? How should the ICRC respond when assessing needs is difficult and when it does not yet have responses for emerging needs? How does the ICRC build trust and a broad consensus in highly volatile situations? How does it structure operational decision-making processes? How can the ICRC use new technologies to facilitate engagement with people affected, and make sure their views and voices are heard and become more responsive to them? How can we address security challenges as well as political, social and bureaucratic obstacles at the local level? And how can we ensure that the humanitarian response reaches the right people? These are real and important challenges.

Responding to such questions is critical and will enable us to devise a humanitarian approach that is fit for the future. Ensuring that ICRC needs assessments systematically incorporate the views of people affected, while leveraging their knowledge and understanding of the social changes and public policies that influence their vulnerability and resilience, will be key. Maintaining and increasing the ICRC's physical proximity to people affected, in order to build relationships of trust that

enable the organization to respond to an evolving palette of needs, will be crucial. Interacting with a diverse range of local and international stakeholders, partners and influencers, who can together deliver a more relevant and impactful humanitarian response, is also vital.

The ICRC will also ensure that people-centred and influencing strategies bring together its humanitarian activities and institutional initiatives independent of their organizational labels or structures. By doing this we hope to ensure that our responses are perceived as more integrated and multidisciplinary by people affected, and to enable all ICRC staff, resident and mobile, to contribute to addressing people's need for protection and assistance effectively. The orientations in this Strategy are presented in this spirit and therefore go beyond the ICRC's traditional programmatic approach to its humanitarian activities. The orientations aim to influence those who cause suffering to change their behaviour; and when this is not successful, to mitigate the consequences for the people and communities affected.

STRATEGIC ORIENTATION 1

INFLUENCING BEHAVIOUR TO PREVENT VIOLATIONS OF IHL AND ALLEVIATE HUMAN SUFFERING

People affected by conflict and violence want to have their suffering alleviated, but they also want not to have to suffer at all. A people-centred approach therefore requires a stronger focus on prevention and protection. Efforts must be made to influence and change the behaviour of parties to conflict; prevent violations of IHL and fundamental rights; change laws, policies and practices that have a harmful impact on people affected; and ensure respect for principled humanitarian action, so that both those in need and those seeking to assist them are accessible.

Protection challenges are growing, but political reluctance to deal with protection issues is widespread. The ICRC will strengthen and adapt its strategies to influence the behaviour of those who threaten the safety, dignity, rights and well-being of people affected, such as children, women, older people, people with disabilities, people who are detained, victims and survivors of sexual violence, internally displaced people and migrants, and those who are persecuted or discriminated against.

To do this, we will leverage our proximity to affected populations, our concrete action on the ground, our adherence to humanitarian principles and our role as a neutral intermediary to establish and develop trustful relationships with States, with non-State armed actors and other stakeholders. We will continue to build bridges with all parties to conflict and endeavour to establish the necessary dialogue to carve out neutral spaces, prevent the escalation of violence and mitigate the impact of conflict on the lives of people affected.

We will combine our operational experience, technical expertise, diplomatic network and contextual knowledge with the relevant internal and external information and data flows to help us better understand the causal links between political and socioeconomic dynamics, technological developments,

human behaviour, disregard for fundamental rights and IHL and patterns of conflict and violence.

We will develop a solid base of knowledge and evidence to improve our ability to anticipate and influence the policies and behaviour that cause human suffering during situations of conflict and violence. We will continue to explore how formal and informal diplomatic and normative mechanisms can enhance respect for IHL and other rules protecting people in violent situations, and aim to demonstrate their relevance for protecting civilians, reducing fragility and contributing to the broader individual and societal aspirations of sustainable peace.

Based on our principled approach, we will develop alliances with organizations and other actors, especially those committed to humanitarian principles and IHL, within and beyond the humanitarian sector, in order to strengthen our influence, enhance the impact of our work and foster an environment more conducive to policies aligned with humanitarian principles and IHL, which is a building block of a broader system of rules-based order.

Objectives

- 1.1 The ICRC **strengthens its role as the reference organization on IHL** by:
 - increasing its capacity to **assist States and other relevant actors to uphold their legal obligations**
 - making a particular effort to **demonstrate the relevance, added value and practical application** of IHL and other norms
 - working to address **existing and emerging gaps** in the law
 - continuing to provide **thought leadership on IHL and its evolution**.
- 1.2 The ICRC strengthens its **collection and use of evidence, data and research in the areas of IHL, and humanitarian action** in general, as a means of reinforcing its protection response to people affected by urban violence, forced displacement, sexual violence, disappearance and family separation, and by attacks on health-care personnel and facilities.
- 1.3 In order to **deliver concrete prevention and protection outcomes**, the ICRC pursues advocacy and/or standard-setting in relation to existing and **new dimensions of warfare and law enforcement practices**, with a specific focus on:
 - **people** who are missing and/or detained and people experiencing forced displacement and family separation
 - **weapons-related issues** such as **cyber and autonomous weapons**, and the need to ensure human control and agency in decisions to use force
 - **leveraging operational and legal experience** and expertise to engage more consistently with parties to armed conflict, and communities affected, on the necessity of respecting IHL, and in particular the compatibility of counter-terrorism measures, detention practices and use of force policies with IHL.

- 1.4 The ICRC contributes to the **improved safety and security of people affected** by conflict and violence, and the preservation of their **dignity**, by:
 - developing field-based strategies and leveraging its **operational experience and expertise** in support of its confidential and bilateral dialogue, humanitarian diplomacy and public communication
 - enhancing its **negotiation skills by developing and more systematically sharing negotiation experiences, tools and methods** with peers, and across front-line agencies and organizations
 - ensuring greater diversity in humanitarian negotiation teams – in terms of background, gender and technical competencies – so that they are **relevant and effective** within the contexts in which they work.
- 1.5 The ICRC **prevents disappearances and increases positive case resolution** for people separated from and without news of their loved ones by:
 - **transforming the Central Tracing Agency** into the lead international mechanism for storing, standardizing, accessing and analysing data linked with people who have gone missing
 - **providing protected and secure digital storage** of personal data within the Central Tracing Agency and the Family Links platform, and through partnerships with National Societies and other key stakeholders
 - **making itself more accessible to families** of people separated, disappeared or missing in relation to conflict and violence.

STRATEGIC ORIENTATION 2

BUILDING RELEVANT AND SUSTAINABLE HUMANITARIAN IMPACT WITH PEOPLE AFFECTED

Humanitarian action was born with an emergency mindset, to save lives and alleviate the suffering caused by the immediate consequences of war, violence and other disasters. As a result, humanitarian responses often focus on short-term solutions for dealing with the immediate and visible costs of such crises.

Emergency needs arising from conflict and violence are and will continue to be the entry point for the ICRC, and will remain an important focus of its work. However, the longer-term effects of protracted crises and chronic situations of violence on the security, safety, dignity, identity and sense of belonging of people affected are a growing concern for us. These effects are not always easy to understand and are therefore more difficult to respond to. Despite the significant impact of such consequences on people's lives, the systemic, long-term and intangible needs created by protracted crises often remain invisible because they are not always revealed by humanitarian needs assessments.

It has therefore become essential when responding to protracted crises, to develop an approach that incorporates these longer-term and evolving needs in the design and implementation of humanitarian programmes. An enhanced vulnerability-based methodology, one that makes use of needs and impact assessments that are more participative and multifaceted, would help us to develop broader and more

inclusive means of addressing the various threats to the safety and dignity of people affected. This would also help to reduce the vulnerabilities that emerge over time, and support the coping mechanisms that enable people to return to their version of a normal life, sustain their livelihoods and meet their longer-term needs autonomously.

The ICRC will pay attention to a broader range of needs and work with others, seeking concrete ways to facilitate impartial and safe access to education, connectivity, information and other entitlements that enable people affected to gain greater control over their lives and future. Such an approach is crucial for strengthening people's ability to enjoy or defend their fundamental rights, or have those rights restored, and for finding more lasting ways of addressing the needs of people affected.

We also aim to develop more systemic, innovative and multi-stakeholder approaches alongside our emergency response, in order to ensure that our protection and assistance activities are more responsive, impactful and relevant to the evolving nature and complexity of humanitarian needs. This means that we will invest in improving our ability to address the underlying vulnerabilities in the delivery of basic services and in infrastructural systems (e.g. in the areas of health, water, shelter, physical rehabilitation for people with disabilities and nutrition) on which people and communities depend. It also means expanding our understanding of what is required to sustain the provision of basic services and to arrest the decline of these services. At the same time, we will strive to influence all parties to armed conflict to respect IHL so that essential infrastructure is protected from damage, personnel can continue working and humanitarian action is shown due regard.

Humanitarian action in protracted settings must therefore be adapted at several levels. First, the response must not be limited to disruptions of individual lives; it must also be capable of **dealing with more systemic and long-term problems**, particularly because the cumulative impact of conflict and violence in fragile urban environments can destabilize broader geographic areas. Second, the humanitarian response must **address not only the physical needs, but also the mental health and psychosocial impact** that war has on the overall well-being of populations. In the spirit of the 'do no harm' approach, humanitarian action must go beyond short-term substitution and support communities affected in strengthening their coping mechanisms, self-reliance and self-protection strategies.

All this must be accompanied by a more **diverse, efficient and sustainable use of humanitarian funding**, one that supports both the scalability of short-term, emergency-driven expenditures and longer-term, impact-driven humanitarian investments that enable humanitarian actors to meet emergency needs while simultaneously securing 'development holds'. This will help prevent the degradation of critical individual and public assets, boost the resilience of communities, reduce the cost of post-conflict reconstruction and contribute to the overall recovery of societies affected by conflict and violence.

In the coming years, the ICRC will therefore, in addition to providing emergency response, strengthen its response to needs generated by the time frames of protracted conflicts and the requirements of urban settings – and also work closely with people affected to design, implement and review its humanitarian activities – to deliver a more relevant and sustainable humanitarian response. The ICRC does not intend to become a development agency with a social-change agenda. It will however continue to be guided solely by its humanitarian mandate and maintain its ability to calibrate activities, expand or contract its operational surface according to evolving needs, identified gaps and opportunities to create greater humanitarian impact for people affected.

Objectives

- 2.1. To ensure the **relevance and sustainability of its humanitarian response**, the ICRC adapts its working procedures to:
 - **maintain and increase its physical proximity to and digital engagement** with populations affected by conflict and violence
 - **systematically engage people affected** on the relevance, design, implementation and review of its activities
 - focus on strengthening its **understanding of and response to people's broader needs**, such as mental health and psychosocial needs, or the need to access educational opportunities
 - improve the timeliness, reliability and scope of **needs assessments and feedback** mechanisms.
- 2.2. The ICRC enhances its comprehensive response throughout the crisis cycle, in order to **strengthen the resilience of people affected**, by:
 - acknowledging people's **self-determined priorities**
 - working together with people affected to ensure **safe access to the social, financial and physical resources and services** they require
 - reinforcing or supporting the development of **affected people's own risk reduction capacities**
 - supporting affected people to **build on their self-reliance and self-protection strategies**.
- 2.3. The ICRC continues to **develop and scale up its protection and assistance responses** with a focus on:
 - people and communities with specific characteristics that put them at greater risk in contexts of conflict and violence
 - addressing needs arising from **sexual and gender-based violence**, as well as needs related to **mother-and-child health care** and needs arising from the **disruption of livelihoods**
 - refining its analysis of the **various factors contributing to vulnerability and needs**
 - reducing social exclusion associated with **situational and identity-based barriers** that people affected are confronted with when trying to access services.

- 2.4. To bolster the sustainability of its humanitarian response, the ICRC seeks to reinforce conflict-affected communities' **ability to absorb the combined consequences** of conflict and climate shocks, and will:
- support communities to adapt and transform their capacities and resources to **better manage future stresses** caused by the **combined effects of conflict and climate change**
 - adapt its programming to systematically **prevent degradation of the environment on which populations affected rely** for their livelihood and well-being
 - enhance its **own environmental responsibilities and policies** by improving its energy efficiency, reducing its dependence on fossil fuels, reducing and ensuring proper treatment of hazardous waste in the field and demanding higher quality and sounder environmental practices of its suppliers.
- 2.5. The ICRC continues to **respond to emergencies, while concurrently strengthening its ability to address needs created by the breakdown of systems** and infrastructure in protracted conflicts by:
- ensuring that appropriate planning systems and **operational models** are in place
 - developing a **multi-year financing model, including contributions that sit outside of annual core planning** and that specifically **support large-scale, longer-term systemic responses in protracted conflicts**.
- 2.6. The ICRC **strengthens its ability and capacity to operate** in some of the most hazardous environments by:
- adopting, disseminating and reporting on adequate and regularly updated **security protocols and procedures**, in order to enhance the capacities of its operational teams, particularly at sites most exposed to security risks
 - providing managers with the necessary **professional training, competency testing and experience sharing** in security management, and awareness and skills training for all its operational staff on these assignments
 - **establishing an independent system of review** to support the organization in examining the causes, consequences and implications of major security incidents through the proper capturing, analysis and dissemination of lessons learned across field operations, while empowering its operational staff to manage risks in a proactive manner.
- 2.7. As a **learning organization**, the ICRC:
- strengthens its capacity to **evaluate the outcomes of its activities** and learn from its successes and failures
 - **embeds evaluation** more firmly in its planning and result-based management systems
 - takes advantage of the increasing availability and collection of **relevant data**
 - **leverages a variety of evaluation methods**, including qualitative and quantitative approaches, with a view to having a greater operational impact and promoting institutional learning.

STRATEGIC ORIENTATION 3

WORKING WITH OTHERS TO ENHANCE IMPACT

Two of the key features of protracted conflicts are the growing incongruence between humanitarian needs and the capacity of traditional humanitarian actors to respond to and cover those needs; and the increased interdependence between the vulnerabilities created by conflict and violence and the structural fragilities of society, such as poverty, social exclusion, bad governance and the effects of climate change. The gaps between needs and response, and the complexities of the challenges that arise, cannot be addressed by a single approach or by one organization. Cooperation, complementarity and work between different stakeholders and actors have therefore become more essential than ever.

In many contexts, broad acceptance by and proximity to people affected are determined by the ability to carve out and maintain humanitarian spaces, and the receipt of unearmarked funds for delivering services perceived as impartial, neutral and independent. The ICRC will pay particular attention to these crucial factors in framing operational and strategic partnerships with others to increase the impact of its activities. As the needs of populations affected grow in magnitude, complexity and interconnectedness, we should expect the ICRC to change its response and the way it works with others.

The careful delineation of areas and activities – those areas in which the ICRC will work directly on the basis of its mandated role, skills and resources; and those in which it will cooperate with partners to increase its impact – is a critical issue. The ICRC will focus on the special relationship it has with components of the Movement. It will also develop more cooperative strategies with international and local humanitarian organizations, the private sector and academia that are consistent with its principled approach. Finally, the ICRC will systematically consider experimentation and innovation with a range of partners whenever that is critical for achieving a greater impact and more durable solutions for people affected by conflict and violence.

Objectives

- 3.1. Striving for **greater impact for people affected**, the ICRC takes the lead in orchestrating an inclusive Movement response during armed conflict and ensures **funding, reporting and accountability of coordinated Movement activities**. Alongside this, it increases the relevance and impact of principled Red Cross and Red Crescent action by **creating opportunities and systems** within its humanitarian response for National Societies to contribute specific and complementary expertise, knowledge and resources that address the unmet needs of people affected by armed conflict.
- 3.2. The ICRC recognizes the **importance of National Society development in delivering a more relevant and sustainable humanitarian response, and therefore works to create alliances of competent and experienced partners, including with the International Federation of Red Cross and Red Crescent Societies**, that deliver broad institutional development support with National

Societies while focusing ICRC support on the areas of: Safer Access, IHL, Restoring Family Links, and the Fundamental Principles.

- 3.3. The ICRC increases its **capacity to shape debates and influence decision-making on humanitarian issues of concern** by building **communities of practice with front-line responders and creating coalitions with new and existing partners** – including National Societies, academia and the private sector – that employ a **principled humanitarian approach to protect people affected**.
- 3.4. The ICRC works with others to **facilitate access to tools and services that are not necessarily part of its existing response but that are regularly cited by people affected as important needs**. These include:
 - access to education, connectivity and information
 - services that enable people and communities affected to develop their own prevention and protection strategies and strengthen their resilience to recover and sustain their lives and livelihoods.
- 3.5. The ICRC **develops diverse models and forms of engagement and partnerships with States** and other relevant stakeholders to secure broader and safer humanitarian access, and to achieve greater impact on converging issues of interest, with a particular **focus on contexts where the coverage of humanitarian needs, and where the ICRC's access, accessibility or acceptance, is significantly challenged or limited**.
- 3.6. The ICRC engages with a **more diverse range of stakeholders – including States, donors and investors, development actors and international financial institutions** – to elicit principled donorship that supports an impartial and independent response, and to explore, test and secure innovative and sustainable humanitarian financing solutions that go beyond grants and philanthropy and ensure impact-driven investments.

STRATEGIC ORIENTATION 4

CREATING AN INCLUSIVE AND DIVERSE WORKING ENVIRONMENT

The greatest strengths and the most valuable assets of the ICRC and the Movement are their staff and volunteers. The ICRC's global workforce provides the organization not only with essential skills and knowledge, but also with an unwavering commitment to its humanitarian mission and action.

ICRC staff demonstrate their courage and dedication every day. They often sacrifice their safety and comfort to fulfil the ICRC's mission, very often in extremely challenging contexts. ICRC staff often have to deal with various aspects of the suffering caused by conflict and violence; and have to rely on their resilience and their internal reserves, and on institutional support networks, to maintain their well-being and motivation.

The ICRC is therefore committed to ensuring a safe and inclusive working environment in which the diversity of its global workforce is valued, and that enables ICRC staff members to listen to and connect with each other and with the people we strive to serve. This entails strengthening engagement, exchange and mutual respect amongst managers and staff to foster professional and personal development within the organization.

Objectives

- 4.1. The ICRC ensures that its **staff can maintain a spirit of initiative and innovation and develop the technical skills and functional competencies** required to **translate its institutional ambitions and priorities** into realities, by developing a **People Strategy and roadmap** with a focus on 1) ensuring a culture of decision-making and 2) developing competencies in the areas of:
 - integrity and accountability to populations affected
 - leadership and representing the ICRC
 - teamwork and collaboration
 - people and change management.
- 4.2. Engaged ICRC staff, leadership and governance share a **culture of integrity, mutual respect and collaboration** and foster the highest standards of conduct, including **compliance with the Code of Conduct** across all levels of the organization, with a focus on:
 - the inclusion of integrity in the annual objective-setting of senior leadership
 - the development and delivery of specific learning initiatives on integrity.
- 4.3. The ICRC **implements policies and practices that are inclusive and that enable it to value and leverage the diversity of its global workforce** and that of the Movement including ensuring the ICRC strives to reach its **goal of gender parity (50:50) among its managers by 2022**, through the necessary means and actions.
- 4.4. The ICRC ensures that its **management teams include both resident and mobile staff, are diverse in expertise and gender**, and are clear in authority, thereby ensuring a more efficient and **decentralized decision-making culture** that is supported by the relevant horizontal and vertical processes.
- 4.5. The ICRC, in line with its duty-of-care obligations, ensures that staff can safely and securely carry out their work by **further developing its security and crisis management model and systems**, and by mainstreaming security risk management practices and tools across all levels of the organization, as elaborated under objective 2.6.

STRATEGIC ORIENTATION 5

EMBRACING THE DIGITAL TRANSFORMATION

Digital technologies and artificial intelligence are transforming the way people and organizations function in both the physical and virtual worlds. Digitalization is also altering the way States, NSAGs and other actors interact with populations and protect or restrict fundamental rights, and also how they manage security and conduct warfare. The global digital transformation is changing the nature of humanitarian action, particularly in relation to the digital dimensions of protection, trust and privacy-related issues. While we may not be able to predict where technological progress will lead us, we know that we must equip ourselves to understand its exponentially increasing impact on our environment, so that we can exploit the opportunities it offers and mitigate the risks it carries. The ICRC will transform and optimize its information environment; it will focus on digital accessibility and engagement with populations affected and other key stakeholders as critical elements to support its protection, assistance and prevention activities.

The digitalization of our systems and operational responses is not just a matter of tools or technological assets; it also relies on its privileges and immunities recognized under international and domestic law, the Fundamental Principles of the Movement and the ICRC's standard working modalities, particularly confidentiality and security of information.

It will also require new processes, new working methodologies and the delivery of new services with and for people and communities affected. It will affect the core of our organization and will entail major transformational investments that will last for years. This transformation and the necessary investments will need to be managed transversally and with discipline throughout the organization, and governed through strong, intelligent and consistent leadership. The ICRC will also have to provide specific support to staff members to ensure that we all understand how to use, leverage and manage the digital tools at our disposal to create a more impactful and agile humanitarian response.

Objectives

- 5.1. The ICRC **increases digital opportunities for accessibility and engagement** for people affected by conflict and violence and other stakeholders and audiences, including by developing a platform and associated internal processes to enable people affected to securely upload, store and access digital information relating to their needs, especially in connection with restoring and/or maintaining contact with relatives and other loved ones.
- 5.2. The ICRC establishes the **relevant mechanisms to disaggregate the data** it collects about populations affected, with a particular focus on ensuring that vulnerabilities specific to gender, age and disability can be identified, so that it can provide a more relevant humanitarian response.
- 5.3. The ICRC **ensures that it can draw on the human and technical capacities necessary to generate, access, manage, analyse, and leverage the large amounts of internal and external data** required to inform and support its response and to enable its digital transformation.
- 5.4. The ICRC is a trusted manager of personal information on individuals in insecure environments and therefore applies data-protection, and digital, cyber, and information **security, standards that preserve the integrity, confidentiality and availability of information systems and data**.
- 5.5. Within the humanitarian ecosystem, the ICRC **influences other organizations to follow a humanitarian purpose-driven approach to the use of data concerning vulnerable individuals** affected by crises, while emphasizing that the collection and use of data on individuals is a risk factor in their safety, i.e. it stresses the importance of 'doing no digital harm'.
- 5.6. The ICRC ensures **that the required transformational endeavours are systematically geared to sustaining, preserving and strengthening its core humanitarian competencies**, and its natural operational and structural agility, by establishing change management and control mechanisms that guarantee continuous alignment between innovative investments, organizational development initiatives and its human, administrative, logistical and financial capacities.

THE ICRC AND ITS WORK WITH OTHER COMPONENTS OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The Movement is made up of the National Societies, the International Federation and the ICRC. Although each of the Movement's components enjoys distinct mandates and roles and engages in different activities, they are all united by the same mission: to alleviate human suffering, protect life and health, and uphold human dignity, in particular during armed conflicts and disasters. Moreover, they share the same Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As the founding institution of the Movement, the ICRC has certain statutory responsibilities towards the other components. In particular, it is responsible under the Statutes of the Movement for maintaining and disseminating the Fundamental Principles, recognizing newly established National Societies that meet the requisite conditions, and discharging the mandates entrusted to it by the International Conference. The ICRC, together with the International Federation, is actively involved in organizing statutory meetings of the Movement, namely the Council of Delegates and the International Conference. The latter is a unique global forum, bringing together the High Contracting Parties to the Geneva Conventions and the components of the Movement to review key humanitarian issues and make joint commitments.

National Societies in their respective countries and the ICRC both have the mandate to assist those affected by armed conflict and other situations of violence. National Societies are the primary partners of the ICRC, particularly in the areas of medical and relief assistance and restoring family links. Efforts to strengthen partnerships between National Societies and the ICRC, and the ICRC's work in building National Societies' capacities to respond to emergencies, contribute to a more effective Movement, optimizing each component's ability to fulfil their common mission.

The ICRC contributes to the strengthening of National Societies' technical and operational capacities, primarily in the following fields:

- promoting and disseminating knowledge of IHL and the Fundamental Principles;
- taking measures to ensure the domestic implementation of and respect for IHL;
- preparing for humanitarian activities in the event of armed conflict and other situations of violence, such as evacuation of the wounded, provision of pre-hospital care and delivery of relief assistance;

- restoring family links;
- responding to weapon contamination, including through risk reduction and victim assistance; and
- supporting the authorities in efforts to ensure the well-being of detained migrants.

In addition, complementing the efforts of the International Federation in the area of organizational development, the ICRC helps National Societies build a strong legal and organizational basis for effective, safe and principled humanitarian action, for instance by:

- advising National Societies on ways to foster acceptance for their work, increase their access to communities in need, and ensure their safety, especially in contexts affected by armed conflict and other situations of violence, through the Safer Access Framework;
- providing technical and legal assistance for the establishment and the recognition of new National Societies within the Movement;
- together with the International Federation, helping revise and strengthen National Societies' statutory and legal base instruments in the frame of the Joint Statutes Commission; and
- together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles and to the Movement's policy and regulatory framework.

Finally, either the ICRC or the International Federation may act as the lead agency, or support the National Society of the country concerned when it is acting as the lead agency, in coordinating the international relief operations conducted by the Movement. The ICRC may act as the lead agency when humanitarian operations are carried out in response to the direct consequences of armed conflicts and other situations of violence, or of armed conflicts that coincide with natural or technological disasters. The ICRC also coordinates activities to restore family links in all situations that require an international response by the Movement.

LEGAL BASES

The work of the ICRC is based on the 1949 Geneva Conventions, the 1977 Additional Protocols, Additional Protocol III, the Statutes of the Movement, and the resolutions of International Conferences. The ICRC's mission is to provide victims of armed conflict with protection and assistance. To that end, the ICRC takes direct and immediate action in response to emergency situations, while at the same time promoting preventive measures, such as dissemination and national implementation of IHL.

It was on the ICRC's initiative that states adopted the original Geneva Convention of 1864. Since then, the ICRC, with the support of the entire Movement, has put constant pressure on governments to adapt IHL to changing circumstances – in particular, to modern developments in the means and methods of warfare – so as to provide more effective protection and assistance for victims of armed conflict.

Today, all states are bound by the 1949 Geneva Conventions, which, in times of armed conflict, protect wounded, sick and shipwrecked members of the armed forces, prisoners of war and civilians.

Over three-quarters of all states are currently party to the 1977 Additional Protocols. Additional Protocol I protects victims of international armed conflicts, while Additional Protocol II protects victims of non-international armed conflicts. These instruments have, in particular, codified the rules protecting the civilian population against the effects of hostilities.

The legal bases of any action undertaken by the ICRC may be summed up as follows:

- The 1949 Geneva Conventions and Additional Protocol I confer on the ICRC a specific mandate to act in the event of international armed conflicts. In particular, the ICRC has the right to visit prisoners of war and civilian internees. The Conventions also give the ICRC a broad right of initiative.
- In situations of armed conflict that are not international in character, the ICRC enjoys a right of humanitarian initiative recognized by the international community and enshrined in Article 3 common to the 1949 Geneva Conventions.
- In the event of internal disturbances and tensions, and in any other situation that warrants humanitarian action, the ICRC also enjoys a right of initiative, which is affirmed and recognized in the Statutes of the Movement. Thus, wherever IHL does not apply, the ICRC may offer its services to governments without that offer constituting interference in the internal affairs of the states concerned.

UNIVERSAL ACCEPTANCE OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

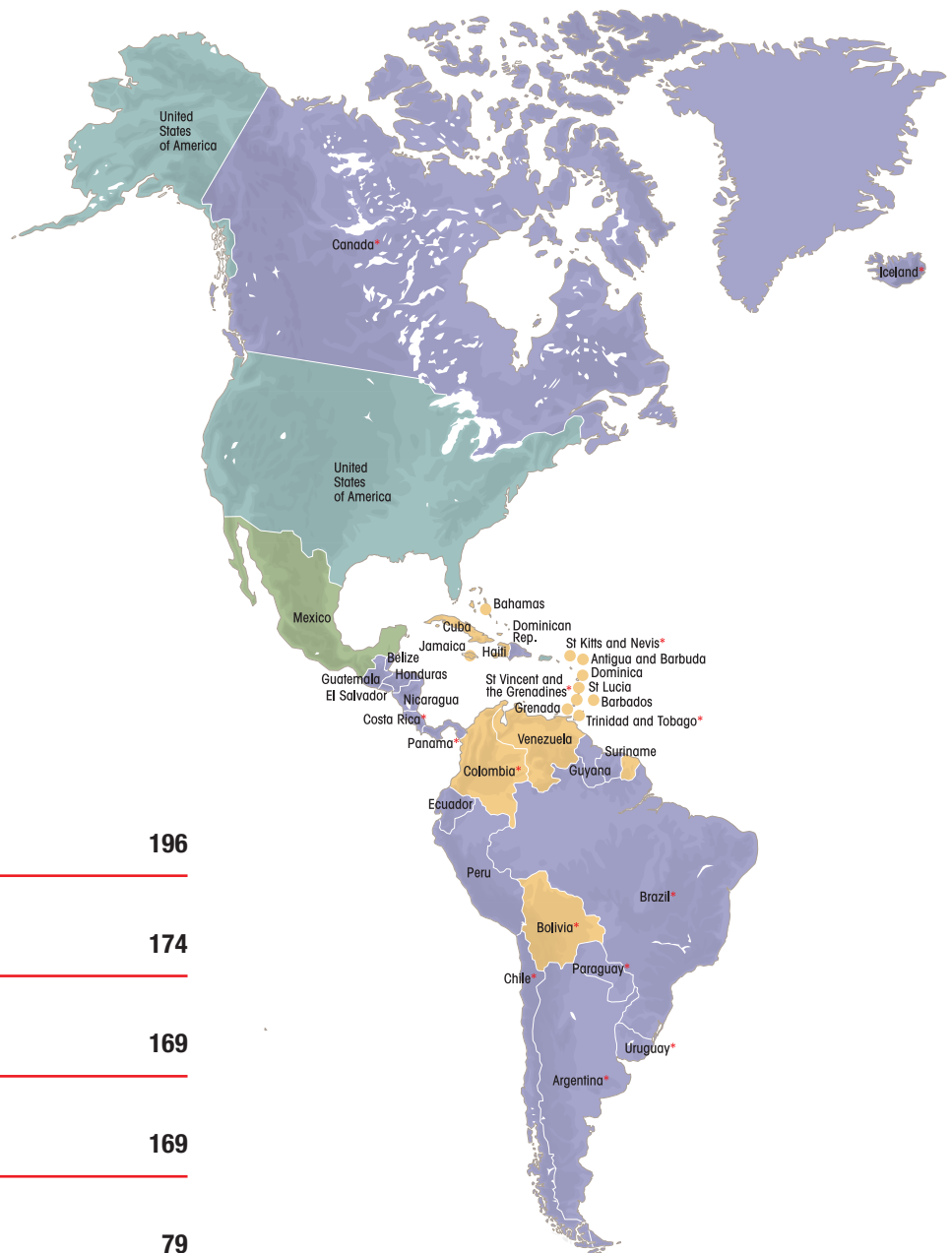
A total of 196 states are party to the 1949 Geneva Conventions. The numbers of states party to Additional Protocols I, II and III are 174, 169 and 79, respectively.

By 2021, 76 states have made declarations under Article 90 of Additional Protocol I, which provides for the establishment of an International Fact-Finding Commission to enquire into allegations of serious violations of IHL.

STATES PARTY TO THE GENEVA CONVENTIONS

This map shows which states were party to the 1949 Geneva Conventions and to their Additional Protocols, as at 31 December 2021. It also indicates which states had made the optional declaration under Article 90 of Additional Protocol I, recognizing the competence of the International Fact-Finding Commission.

N.B. The names of the countries given on this map may differ from their official names



States party to the 1949 Geneva Conventions: **196**

States party to the 1949 Geneva Conventions and to Additional Protocol I: **174**

States party to the 1949 Geneva Conventions and to Additional Protocol II: **169**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **169**

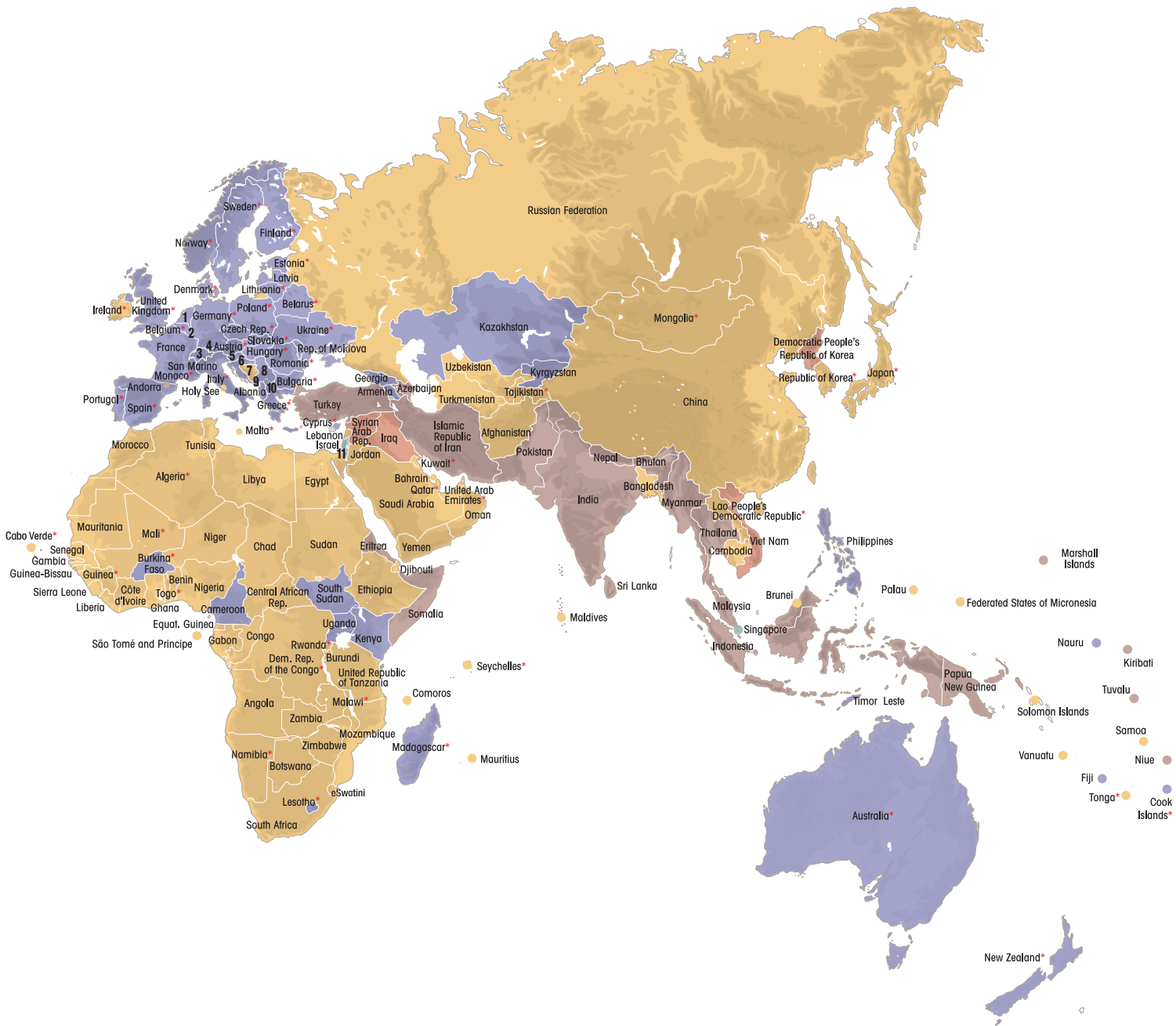
States party to the 1949 Geneva Conventions and to Additional Protocol III: **79**

States party to the 1949 Geneva Conventions, to the 1977 Additional Protocols and to Additional Protocol III: **75**

States having made the declaration under Article 90 of Additional Protocol I: **76**

AND THEIR ADDITIONAL PROTOCOLS

States party to the 1949 Geneva Conventions only	States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I and II	States having made the declaration under Article 90 of 1977 Additional Protocol I
States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I only	States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III	
States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III only	States party to the 1949 Geneva Conventions, 1977 Additional Protocol I and 2005 Additional Protocol III	



- 1 Netherlands*
- 2 Luxembourg*
- 3 Switzerland*
- 4 Liechtenstein*
- 5 Slovenia*
- 6 Croatia*
- 7 Bosnia and Herzegovina*
- 8 Serbia*
- 9 Montenegro*
- 10 Republic of North Macedonia*
- 11 Palestine*

ABBREVIATIONS

R/A/S =

Ratification: a treaty is generally open for signature for a certain time following the conference that has adopted it. However, a signature is not binding on a state unless it has been endorsed by ratification. The time limits having elapsed, the Conventions and the Protocols are no longer open for signature. The states that have not signed them may at any time accede or, in the appropriate circumstances, succeed to them.

Accession: instead of signing and then ratifying a treaty, a state may become party to it by the single act called accession.

Succession (declaration of): a newly independent state may declare that it will abide by a treaty which was applicable to it prior to its independence. A state may also declare that it will provisionally abide by such treaties during the time it deems necessary to examine their texts carefully and to decide on accession or succession to some or all of the said treaties (declaration of provisional application of the treaties). At present no state is bound by such a declaration.

R/D = **Reservation/Declaration:** unilateral statement, however phrased or named, made by a state when ratifying, acceding or succeeding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that state (provided that such reservations are not incompatible with the object and purpose of the treaty).

D90 = **Declaration** provided for under Article 90 of Additional Protocol I (prior acceptance of the competence of the International Fact-Finding Commission).

DATES

The dates indicated are those on which the Swiss Federal Department of Foreign Affairs received the official instrument from the state that was ratifying, acceding to or succeeding to the Conventions or the Protocols or accepting the competence of the Commission provided for under Article 90 of Additional Protocol I. They thus represent neither the date on which ratification, accession, succession or acceptance of the Commission was decided upon by the state concerned nor that on which the corresponding instrument was sent.

N.B.: The dates given for succession to the Geneva Conventions by **Congo, Democratic Republic of the Congo, Jamaica, Madagascar, Mauritania, Niger, Nigeria, Rwanda, Senegal** and **Sierra Leone** used to be those on which the corresponding instruments had been officially adopted. They have now been replaced by the dates on which the depositary received those instruments.

ENTRY INTO FORCE

Except as mentioned in footnotes at the end of the tables, for all states the entry into force of the Conventions and of the Protocols occurs six months after the date given in the present document; for states which have made a declaration of succession, entry into force takes place retroactively, on the day of their accession to independence. The 1949 Geneva Conventions entered into force on 21 October 1950. The 1977 Additional Protocols entered into force on 7 December 1978. The 2005 Additional Protocol III entered into force on 14 January 2007.

NAMES OF COUNTRIES

The names of countries given in the following list may differ from the official names of states.

ANNUAL UPDATE

196 states are party to the 1949 Geneva Conventions.

Ratifications of, or accessions or successions to, Additional Protocol I: 0

Ratifications of, or accessions or successions to, Additional Protocol II: 0

Ratifications of, or accessions or successions to, Additional Protocol III: 1

TOTALS

Number of states party to the 1949 Geneva Conventions: 196

Number of states party to Additional Protocol I: 174

Number of states having made the declaration under Article 90: 76

Number of states party to Additional Protocol II: 169

Number of states party to Additional Protocol III: 79

Number of UN member states: 193

States party to the Geneva Conventions but not members of the UN: **Cook Islands, Holy See** and **Palestine**.

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

COUNTRY	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Afghanistan	26.09.1956	R		10.11.2009	A		10.11.2009	A				
Albania	27.05.1957	R	X	16.07.1993	A		16.07.1993	A		06.02.2008	A	
Algeria	20.06.1960 03.07.1962	A		16.08.1989 16.08.1989	A	X 16.08.1989	16.08.1989 16.08.1989	A A				
Andorra	17.09.1993	A										
Angola	20.09.1984	A	X	20.09.1984	A	X	07.10.2019	A				
Antigua and Barbuda	06.10.1986	S		06.10.1986	A		06.10.1986	A				
Argentina	18.09.1956	R		26.11.1986	A	X	26.11.1986	A	X	16.03.2011	R	X
Armenia	07.06.1993	A		07.06.1993	A		07.06.1993	A		12.08.2011	A	
Australia	14.10.1958	R	X	21.06.1991	R	X	21.06.1991	R		15.07.2009	R	
Austria	27.08.1953	R		13.08.1982	R	X	13.08.1982	R	X	03.06.2009	R	
Azerbaijan	01.06.1993	A										
Bahamas	11.07.1975	S		10.04.1980	A		10.04.1980	A				
Bahrain	30.11.1971	A		30.10.1986	A		30.10.1986	A				
Bangladesh	04.04.1972	S	X	08.09.1980	A		08.09.1980	A				
Barbados	10.09.1968	S	X	19.02.1990	A		19.02.1990	A				
Belarus	03.08.1954	R		23.10.1989	R		23.10.1989	R		31.03.2011	A	
Belgium	03.09.1952	R		20.05.1986	R	X	20.05.1986	R		12.05.2015	R	
Belize	29.06.1984	A		29.06.1984	A		29.06.1984	A		03.04.2007	A	
Benin	14.12.1961	S		28.05.1986	A		28.05.1986	A				
Bhutan	10.01.1991	A										
Bolivia, Plurinational State of	10.12.1976	R		08.12.1983	A		08.12.1983	A				
Bosnia and Herzegovina	31.12.1992	S		31.12.1992	S		31.12.1992	S				
Botswana	29.03.1968	A		23.05.1979	A		23.05.1979	A				
Brazil	29.06.1957	R		05.05.1992	A		05.05.1992	A		28.08.2009	R	
Brunei Darussalam	14.10.1991	A		14.10.1991	A		14.10.1991	A				
Bulgaria	22.07.1954	R		26.09.1989	R		26.09.1989	R		13.09.2006	R	
Burkina Faso	07.11.1961	S		20.10.1987	R		20.10.1987	R		07.10.2016		
Burundi	27.12.1971	S		10.06.1993	A		10.06.1993	A				
Cabo Verde	11.05.1984	A		16.03.1995	A		16.03.1995	A				
Cambodia	08.12.1958	A		14.01.1998	A		14.01.1998	A				
Cameroon	16.09.1963	S		16.03.1984	A		16.03.1984	A		23.09.2021	A	
Canada	14.05.1965	R		20.11.1990	R	X	20.11.1990	R	X	26.11.2007	R	X
Central African Republic	01.08.1966	S		17.07.1984	A		17.07.1984	A				
Chad	05.08.1970	A		17.01.1997	A		17.01.1997	A				
Chile	12.10.1950	R		24.04.1991	R		24.04.1991	R		06.07.2009	R	
China	28.12.1956	R	X	14.09.1983	A	X	14.09.1983	A	X			
Colombia	08.11.1961	R		01.09.1993	A		14.08.1995	A				
Comoros	21.11.1985	A		21.11.1985	A		21.11.1985	A				
Congo	04.02.1967	S		10.11.1983	A		10.11.1983	A				
Congo, Democratic Republic of the	24.02.1961	S		03.06.1982	A		12.12.2002	A				
Cook Islands	07.05.2002	S		07.05.2002	A		07.05.2002	A		07.09.2011	A	
Costa Rica	15.10.1969	A		15.12.1983	A		09.12.1999	A		30.06.2008	R	
Côte d'Ivoire	28.12.1961	S		20.09.1989	R		20.09.1989	R				
Croatia	11.05.1992	S		11.05.1992	S		11.05.1992	S		13.06.2007	R	
Cuba	15.04.1954	R		25.11.1982	A		23.06.1999	A				
Cyprus	23.05.1962	A		01.06.1979	R		14.10.2002	A		27.11.2007	R	
Czech Republic	05.02.1993	S		05.02.1993	S		02.05.1995	S		23.05.2007	R	
Denmark	27.06.1951	R		17.06.1982	R	X	17.06.1982	R		25.05.2007	R	
Djibouti	06.03.1978	S		08.04.1991	A		08.04.1991	A				
Dominica	28.09.1981	S		25.04.1996	A		25.04.1996	A				
Dominican Republic	22.01.1958	A		26.05.1994	A		26.05.1994	A		01.04.2009	R	
Ecuador	11.08.1954	R		10.04.1979	R		10.04.1979	R		06.10.2020	R	
Egypt	10.11.1952	R		09.10.1992	R	X	09.10.1992	R	X			
El Salvador	17.06.1953	R		23.11.1978	R		23.11.1978	R		12.09.2007	R	
Equatorial Guinea	24.07.1986	A		24.07.1986	A		24.07.1986	A				
Eritrea	14.08.2000	A										
Estonia	18.01.1993	A		18.01.1993	A		18.01.1993	A		28.02.2008	R	
eSwatini	28.06.1973	A		02.11.1995	A		02.11.1995	A				

	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
COUNTRY	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Ethiopia	02.10.1969	R		08.04.1994	A		08.04.1994	A				
Fiji	09.08.1971	S		30.07.2008	A		30.07.2008	A		30.07.2008	A	
Finland	22.02.1955	R		07.08.1980	R	X	07.08.1980	R		14.01.2009	R	
France	28.06.1951	R		11.04.2001	A	X	24.02.1984	A	X	17.07.2009	R	
Gabon	26.02.1965	S		08.04.1980	A		08.04.1980	A				
Gambia	20.10.1966	S		12.01.1989	A		12.01.1989	A				
Georgia	14.09.1993	A		14.09.1993	A		14.09.1993	A		19.03.2007	R	
Germany	03.09.1954	A	X	14.02.1991	R	X	14.02.1991	R	X	17.06.2009	R	
Ghana	02.08.1958	A		28.02.1978	R		28.02.1978	R				
Greece	05.06.1956	R		31.03.1989	R	X	15.02.1993	A		26.10.2009	R	
Grenada	13.04.1981	S		23.09.1998	A		23.09.1998	A				
Guatemala	14.05.1952	R		19.10.1987	R		19.10.1987	R		14.03.2008	R	
Guinea	11.07.1984	A		11.07.1984	A		20.12.1993	A				
Guinea-Bissau	21.02.1974	A	X	21.10.1986	A		21.10.1986	A				
Guyana	22.07.1968	S		18.01.1988	A		18.01.1988	A		21.09.2009	A	
Haiti	11.04.1957	A		20.12.2006	A		20.12.2006	A				
Holy See	22.02.1951	R		21.11.1985	R	X	21.11.1985	R	X			
Honduras	31.12.1965	A		16.02.1995	R		16.02.1995	R		08.12.2006	R	
Hungary	03.08.1954	R		12.04.1989	R		23.09.1991	R		15.11.2006	R	
Iceland	10.08.1965	A		10.04.1987	R	X	10.04.1987	R		04.08.2006	R	
India	09.11.1950	R										
Indonesia	30.09.1958	A										
Iran, Islamic Republic of	20.02.1957	R	X									
Iraq	14.02.1956	A		01.04.2010	A							
Ireland	27.09.1962	R		19.05.1999	R	X	19.05.1999	R	X			
Israel	06.07.1951	R	X							22.11.2007	R	X
Italy	17.12.1951	R		27.02.1986	R	X	27.02.1986	R		29.01.2009	R	
Jamaica	20.07.1964	S		29.07.1986	A		29.07.1986	A				
Japan	21.04.1953	A		31.08.2004	A	X	31.08.2004	A				
Jordan	29.05.1951	A		01.05.1979	R		01.05.1979	R				
Kazakhstan	05.05.1992	S		05.05.1992	S		05.05.1992	S		24.06.2009	A	
Kenya	20.09.1966	A		23.02.1999	A		23.02.1999	A		28.10.2013	R	
Kiribati	05.01.1989	S										
Korea, Democratic People's Republic of	27.08.1957	A	X	09.03.1988	A							
Korea, Republic of	16.08.1966	A	X	15.01.1982	R	X	16.04.2004	R				
Kuwait	02.09.1967	A	X	17.01.1985	A		21.06.2013	A				
Kyrgyzstan	18.09.1992	S		18.09.1992	S		18.09.1992	S		25.01.2019	A	
Lao People's Democratic Republic	29.10.1956	A		18.11.1980	R		30.01.1998	R				
Latvia	24.12.1991	A		24.12.1991	A		24.12.1991	A		02.04.2007	R	
Lebanon	10.04.1951	R		23.07.1997	A		23.07.1997	A				
Lesotho	20.05.1968	S		20.05.1994	A		13.08.2010	A		06.01.2020	A	
Liberia	29.03.1954	A		30.06.1988	A		30.06.1988	A				
Libya	22.05.1956	A		07.06.1978	A		07.06.1978	A				
Liechtenstein	21.09.1950	R		10.08.1989	R	X	10.08.1989	R	X	24.08.2006	R	
Lithuania	03.10.1996	A		13.07.2000	A		13.07.2000	A		28.11.2007	R	
Luxembourg	01.07.1953	R		29.08.1989	R		12.05.1993	R		27.01.2015	R	
Madagascar	18.07.1963	S		08.05.1992	R		27.07.1993	R		10.07.2018	R	
Malawi	05.01.1968	A		07.10.1991	A		10.01.2014	A				
Malaysia	24.08.1962	A										
Maldives	18.06.1991	A		03.09.1991	A		03.09.1991	A				
Mali	24.05.1965	A		08.02.1989	A		09.05.2003	A				
Malta	22.08.1968	S		17.04.1989	A	X	17.04.1989	A	X			
Marshall Islands	01.06.2004	A										
Mauritania	30.10.1962	S		14.03.1980	A		14.03.1980	A				
Mauritius	18.08.1970	S		22.03.1982	A	X	22.03.1982	A	X			
Mexico	29.10.1952	R		10.03.1983	A					07.07.2008	R	
Micronesia, Federated States of	19.09.1995	A		19.09.1995	A		19.09.1995	A				
Moldova, Republic of	24.05.1993	A		24.05.1993	A		24.05.1993	A		19.08.2008	R	X
Monaco	05.07.1950	R		07.01.2000	A		26.10.2007	A		12.03.2007	R	
Mongolia	20.12.1958	A		06.12.1995	R	X	06.12.1995	R				

	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
COUNTRY	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Montenegro	02.08.2006	A		02.08.2006	A		02.08.2006	02.08.2006	A			
Morocco	26.07.1956	A		03.06.2011	R			03.06.2011	R			
Mozambique	14.03.1983	A		14.03.1983	A			12.11.2002	A			
Myanmar	25.08.1992	A										
Namibia	22.08.1991	S		17.06.1994	A	X	21.07.1994	17.06.1994	A	X		
Nauru	27.06.2006	A		27.06.2006	A			27.06.2006	A		04.12.2012	R
Nepal	07.02.1964	A										
Netherlands	03.08.1954	R		26.06.1987	R	X	26.06.1987	26.06.1987	R	X	13.12.2006	R
New Zealand	02.05.1959	R		08.02.1988	R	X	08.02.1988	08.02.1988	R	X	23.10.2013	R
Nicaragua	17.12.1953	R		19.07.1999	R			19.07.1999	R		02.04.2009	R
Niger	21.04.1964	S		08.06.1979	R			08.06.1979	R			
Nigeria	20.06.1961	S		10.10.1988	A			10.10.1988	A			
North Macedonia, Republic of	01.09.1993	S	X	01.09.1993	S	X	01.09.1993	01.09.1993	S		14.10.2008	R
Norway	03.08.1951	R		14.12.1981	R		14.12.1981	14.12.1981	R		13.06.2006	R
Oman	31.01.1974	A		29.03.1984	A	X		29.03.1984	A	X		
Pakistan	12.06.1951	R	X									
Palau	25.06.1996	A		25.06.1996	A			25.06.1996	A			
Palestine	02.04.2014	A		02.04.2014	A		26.03.2018	04.01.2015	A		04.01.2015	A
Panama	10.02.1956	A		18.09.1995	R		26.10.1999	18.09.1995	R		30.04.2012	R
Papua New Guinea	26.05.1976	S										
Paraguay	23.10.1961	R		30.11.1990	A		30.01.1998	30.11.1990	A		13.10.2008	R
Peru	15.02.1956	R		14.07.1989	R			14.07.1989	R		09.10.2018	R
Philippines	06.10.1952	R		30.03.2012	R	X		11.12.1986	A		22.08.2006	R
Poland	26.11.1954	R		23.10.1991	R		02.10.1992	23.10.1991	R		26.10.2009	R
Portugal	14.03.1961	R	X	27.05.1992	R	X	01.07.1994	27.05.1992	R	X	22.04.2014	R
Qatar	15.10.1975	A		05.04.1988	A	X	24.09.1991	05.01.2005	A			
Romania	01.06.1954	R		21.06.1990	R		31.05.1995	21.06.1990	R		15.05.2015	R
Russian Federation	10.05.1954	R	X	29.09.1989	R	X		29.09.1989	R	X		
Rwanda	05.05.1964	S		19.11.1984	A		08.07.1993	19.11.1984	A			
Saint Kitts and Nevis	14.02.1986	S		14.02.1986	A		17.04.2014	14.02.1986	A			
Saint Lucia	18.09.1981	S		07.10.1982	A			07.10.1982	A			
Saint Vincent and the Grenadines	01.04.1981	A		08.04.1983	A		04.11.2013	08.04.1983	A			
Samoa	23.08.1984	S		23.08.1984	A			23.08.1984	A			
San Marino	29.08.1953	A		05.04.1994	R			05.04.1994	R		22.06.2007	R
Sao Tome and Principe	21.05.1976	A		05.07.1996	A			05.07.1996	A			
Saudi Arabia	18.05.1963	A		21.08.1987	A	X		28.11.2001	A			
Senegal	18.05.1963	S		07.05.1985	R			07.05.1985	R			
Serbia	16.10.2001	S		16.10.2001	S		16.10.2001	16.10.2001	S		18.08.2010	R
Seychelles	08.11.1984	A		08.11.1984	A		22.05.1992	08.11.1984	A			
Sierra Leone	10.06.1965	S		21.10.1986	A			21.10.1986	A			
Singapore	27.04.1973	A									07.07.2008	R
Slovakia	02.04.1993	S		02.04.1993	S		13.03.1995	02.04.1993	S		30.05.2007	R
Slovenia	26.03.1992	S		26.03.1992	S		26.03.1992	26.03.1992	S		10.03.2008	R
Solomon Islands	06.07.1981	S		19.09.1988	A			19.09.1988	A			
Somalia	12.07.1962	A										
South Africa	31.03.1952	A		21.11.1995	A			21.11.1995	A			
South Sudan	25.01.2013	A		25.01.2013	A			25.01.2013	A		25.01.2013	A
Spain	04.08.1952	R		21.04.1989	R	X	21.04.1989	21.04.1989	R		10.12.2010	R
Sri Lanka	28.02.1959	R										
Sudan	23.09.1957	A		07.03.2006	A			13.07.2006	A			
Suriname	13.10.1976	S	X	16.12.1985	A			16.12.1985	A		25.06.2013	A
Sweden	28.12.1953	R		31.08.1979	R	X	31.08.1979	31.08.1979	R		21.08.2014	R
Switzerland	31.03.1950	R		17.02.1982	R		17.02.1982	17.02.1982	R		14.07.2006	R
Syrian Arab Republic	02.11.1953	R		14.11.1983	A	X						
Tajikistan	13.01.1993	S		13.01.1993	S		10.09.1997	13.01.1993	S			
Tanzania, United Republic of	12.12.1962	S		15.02.1983	A			15.02.1983	A			
Thailand	29.12.1954	A										
Timor-Leste	08.05.2003	A		12.04.2005	A			12.04.2005	A		29.07.2011	R
Togo	06.01.1962	S		21.06.1984	R		21.11.1991	21.06.1984	R			
Tonga	13.04.1978	S		20.01.2003	A		20.01.2003	20.01.2003	A			

COUNTRY	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III		
	R/A/S		R/D	R/A/S		R/D D90	R/A/S		R/D	R/A/S		R/D
Trinidad and Tobago	24.09.1963	A		20.07.2001	A	20.07.2001	20.07.2001	A				
Tunisia	04.05.1957	A		09.08.1979	R		09.08.1979	R				
Turkey	10.02.1954	R										X
Turkmenistan	10.04.1992	S		10.04.1992	S		10.04.1992	S				
Tuvalu	19.02.1981	S										
Uganda	18.05.1964	A		13.03.1991	A		13.03.1991	A		21.05.2008	A	
Ukraine	03.08.1954	R		25.01.1990	R	25.01.1990	25.01.1990	R		19.01.2010	R	
United Arab Emirates	10.05.1972	A		09.03.1983	A	X 06.03.1992	09.03.1983	A	X			
United Kingdom of Great Britain and Northern Ireland	23.09.1957	R	X	28.01.1998	R	X 17.05.1999	28.01.1998	R	X	23.10.2009	R	X
United States of America	02.08.1955	R	X							08.03.2007	R	
Uruguay	05.03.1969	R	X	13.12.1985	A	17.07.1990	13.12.1985	A		19.10.2012	R	
Uzbekistan	08.10.1993	A		08.10.1993	A		08.10.1993	A				
Vanuatu	27.10.1982	A		28.02.1985	A		28.02.1985	A				
Venezuela, Bolivarian Republic of	13.02.1956	R		23.07.1998	A		23.07.1998	A				
Viet Nam	28.06.1957	A	X	19.10.1981	R							
Yemen	16.07.1970	A	X	17.04.1990	R		17.04.1990	R				
Zambia	19.10.1966	A		04.05.1995	A		04.05.1995	A				
Zimbabwe	07.03.1983	A		19.10.1992	A		19.10.1992	A				

NOTES

Djibouti

Djibouti's declaration of succession in respect of the First Geneva Convention was dated 26.01.1978.

France

On accession to Additional Protocol II, France made a communication concerning Additional Protocol I.

Ghana

Entry into force of Additional Protocols I and II was on 07.12.1978.

Namibia

An instrument of accession to the Geneva Conventions and the 1977 Additional Protocols was deposited by the UN Council for Namibia on 18.10.1983. In an instrument deposited on 22.08.1991, Namibia declared its succession to the Geneva Conventions, which were previously applicable pursuant to South Africa's accession on 31.03.1952.

Niue

Pursuant to New Zealand law at the time of accession, and consistent with customary international law, the Geneva Conventions apply to Niue by virtue of New Zealand's accession, on 02.05.1959, to the four 1949 Geneva Conventions.

Philippines

The First Geneva Convention was ratified on 07.03.1951.

Republic of Korea

The Geneva Conventions entered into force on 23.09.1966, the Republic of Korea having invoked Art.62/61/141/157 common respectively to the First, Second, Third and Fourth Conventions (immediate effect).

Russian Federation

The Russian Federation withdrew its declaration under Article 90 of Additional Protocol I on 23.10.2019.

Sri Lanka

Accession to the Fourth Geneva Convention was on 23.02.1959 (Ceylon had signed only the First, Second and Third Geneva Conventions).

Switzerland

Entry into force of the Geneva Conventions was on 21.10.1950.

Trinidad and Tobago

Accession to the First Geneva Convention was on 17.03.1963.

Mission

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

 facebook.com/icrc
 twitter.com/icrc
 instagram.com/icrc



ICRC

International Committee of the Red Cross
19 Avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 60 01
shop.icrc.org
© ICRC, June 2022