

# AFRICA

PROTECTION		Total
<b>CIVILIANS</b>		
<b>Restoring family links</b>		
RCMs collected		138,902
RCMs distributed		110,614
Phone calls facilitated between family members		773,747
Tracing cases closed positively (subject located or fate established)		4,200
People reunited with their families		1,221
<i>of whom unaccompanied minors/separated children</i>		1,160
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>ICRC visits</b>		
Places of detention visited		325
Detainees in places of detention visited		206,797
<i>of whom visited and monitored individually</i>		13,043
Visits carried out		1,145
<b>Restoring family links</b>		
RCMs collected		3,403
RCMs distributed		1,708
Phone calls made to families to inform them of the whereabouts of a detained relative		3,687

EXPENDITURE IN KCHF	
Protection	123,197
Assistance	493,850
Prevention	59,927
Cooperation with National Societies	43,650
General	7,240
<b>Total</b>	<b>727,864</b>
<i>Of which: Overheads</i>	<i>44,343</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	81%

PERSONNEL	
Mobile staff	1,313
Resident staff (daily workers not included)	6,581

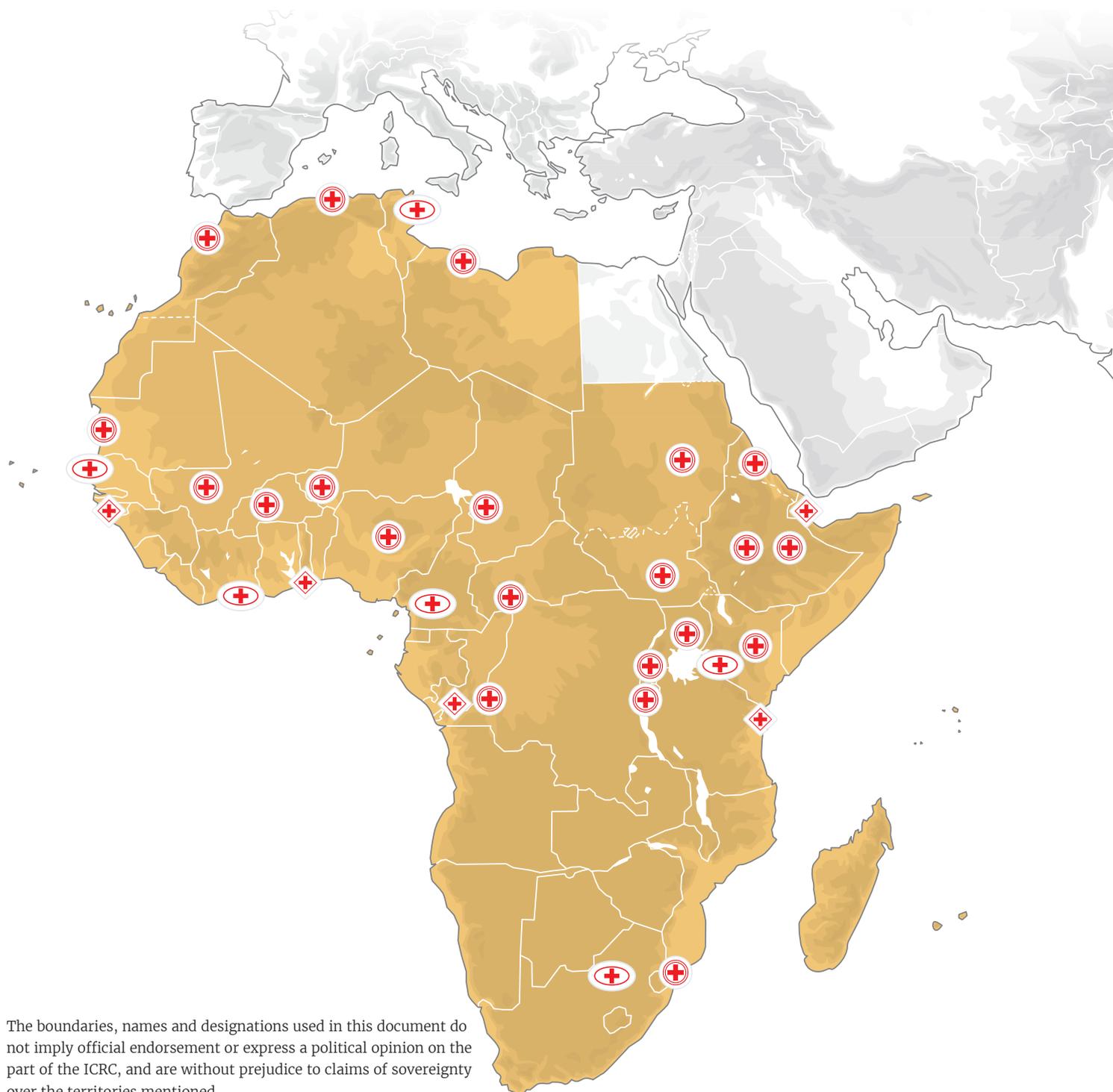
ASSISTANCE		2021 Targets (up to)	Achieved
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	1,452,969	1,746,597
Food production	People	4,239,500	4,856,977
Income support	People	1,110,740	860,144
Living conditions	People	1,616,730	1,447,563
Capacity-building	People	55,155	28,989
<b>Water and habitat</b>			
Water and habitat activities	People	8,265,946	7,170,297
<b>Health</b>			
Health centres supported	Structures	326	348
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	People	48,437	28,713
Living conditions	People	46,126	139,793
<b>Water and habitat</b>			
Water and habitat activities	People	128,813	109,446
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	153	250
<b>Physical rehabilitation</b>			
Projects supported	Projects	123	116
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	3,579	5,050

**DELEGATIONS**

Abidjan (regional)  
 African Union  
 Algeria  
 Burkina Faso  
 Burundi  
 Central African Republic  
 Chad  
 Congo, Democratic Republic of the  
 Dakar (regional)  
 Eritrea  
 Ethiopia  
 Libya  
 Mali

Mauritania  
 Morocco  
 Nairobi (regional)  
 Niger  
 Nigeria  
 Pretoria (regional)  
 Rwanda  
 Somalia  
 South Sudan  
 Sudan  
 Tunis (regional)  
 Uganda  
 Yaoundé (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.

## ABIDJAN (regional)

**COVERING:** Benin, Côte d'Ivoire, Ghana, Guinea, Liberia, Sierra Leone and Togo

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed and security forces to respect that law and visits detainees, working with the authorities to improve conditions for detainees. It works with the region's National Societies and supports their development. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by armed conflicts and other situations of violence in the greater region.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

### KEY RESULTS/CONSTRAINTS IN 2021

- In Côte d'Ivoire, the ICRC facilitated thousands of calls between families and their children held in a juvenile detention facility. Ivorian migrants in Italy sent RCMs or short oral messages to their families back home.
- The ICRC was able to resume visiting detainees in Benin, Côte d'Ivoire and Guinea. In Côte d'Ivoire, the ICRC mainly gave the penitentiary authorities expert advice, but it also directly assisted hundreds of detainees.
- In Benin and Togo, disabled people were treated at ICRC-supported centres. In Benin, Togo and Côte d'Ivoire, the ICRC helped the parties concerned to develop a regional platform for supporting the physical rehabilitation sector.
- Training and equipment from the ICRC enabled National Societies in the region to aid people affected by protests and other emergencies.
- The ICRC held several events to familiarize actors of influence, from the region and elsewhere, with IHL and regional issues such as missing people, disability, and the plight of the families concerned.

### EXPENDITURE IN KCHF

Protection	1,889
Assistance	2,722
Prevention	1,926
Cooperation with National Societies	2,302
General	355
<b>Total</b>	<b>9,194</b>
<i>Of which: Overheads</i>	<i>561</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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### PERSONNEL

Mobile staff	27
Resident staff (daily workers not included)	178



Ⓜ ICRC regional delegation   
Ⓜ ICRC mission   
Ⓜ ICRC regional logistics centre

### PROTECTION

	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	23
RCMs distributed	60
Phone calls facilitated between family members	7,065
Tracing cases closed positively (subject located or fate established)	54
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	2

### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	8
Detainees in places of detention visited	14,525
<i>of whom visited and monitored individually</i>	114
Visits carried out	15
<b>Restoring family links</b>	
RCMs collected	18
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	2

### ASSISTANCE

	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Capacity-building	People	29	
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	People	315	67
<b>Water and habitat</b>			
Water and habitat activities	People	1,300	1,125
<b>WOUNDED AND SICK</b>			
<b>Physical rehabilitation</b>			
Projects supported	Projects	13	13

## CONTEXT

Benin, Côte d'Ivoire, Ghana, Guinea and Togo tightened security measures in response to the activities of armed groups in their northern regions, including waves of attacks in recent years (see *Burkina Faso*). Military and security operations against these groups led to numerous arrests, and also to injury and death.

Communal, political and socio-economic tensions sometimes boiled over into violence, particularly during elections. Guinea had an interim president, after his predecessor was removed by a military coup. Protests in Benin, Guinea and Côte d'Ivoire caused injuries, and led to arrests.

Many Ivorian families still had no news of relatives who were missing in connection with migration or past conflict. A certain number of Ivorian refugees remained in neighbouring countries, notably Liberia and Ghana.

People from the countries covered by the regional delegation attempted to migrate to Europe or elsewhere in West Africa; they were at risk of physical assault or other unlawful conduct. Côte d'Ivoire was both a transit and a destination country for migrants.

COVID-19 infection rates were relatively low in the region, but measures to prevent its spread (among detainees, for example) were still necessary.

## ICRC ACTION AND RESULTS

The ICRC monitored the concerns of vulnerable people throughout the region – notably, people affected by the presence of weapon bearers in northern Côte d'Ivoire; members of families separated by migration or past conflict; and people affected by situations of violence other than armed conflict. The ICRC used various means – dialogue, briefings and advanced courses – to remind weapon bearers of IHL and other norms applicable to their duties.

Members of families dispersed by violence, migration, detention or other circumstances restored or maintained contact through Movement family-links services. In Côte d'Ivoire, the ICRC and the Red Cross Society of Côte d'Ivoire arranged some 7,000 phone calls between families and their children held in a juvenile detention facility. The ICRC relayed RCMs or short oral messages from Ivorian migrants in Italy to their families back home. Two Ivorian minors were reunited with their families. ICRC-supported forensic services gathered DNA samples from families whose relatives may have perished in maritime accidents in Italy and Tunisia, and sent them for analysis and matching with remains recovered from these accidents.

The ICRC visited – in accordance with its standard procedures – people held at six detention facilities in Côte d'Ivoire and one each in Benin and Guinea. In Côte d'Ivoire, particular attention was paid to people held in connection with “terrorist” attacks and the 2011 conflict, and to minors, women, the elderly, the ailing and foreigners. Findings from these visits were communicated confidentially to the pertinent authorities, to help them improve detainees' living conditions and treatment. In Côte d'Ivoire, the ICRC focused on giving penitentiary authorities

expert advice for improving prison services, and for training prison staff. It continued to provide some medicine and other supplies to clinics at four detention facilities, and made improvements at two of these facilities.

A few thousand persons with disabilities obtained treatment at three physical rehabilitation centres in Benin, and two in Togo, that received regular support from the ICRC. Aided by the ICRC, these five physical rehabilitation centres, physical rehabilitation schools and organizations, and the health ministries in Benin, Côte d'Ivoire and Togo continued to develop a regional platform to support the development of the physical rehabilitation sector. The ICRC supported efforts to advance the social inclusion of disabled people. It helped to organize an event to mark the International Day of Persons with Disabilities, and donated sports wheelchairs to a disabled athletes' association, for use in wheelchair-basketball tournaments.

National Societies and the ICRC worked to gather support for IHL and the Movement throughout the region. These Movement components worked with journalists to launch communication campaigns via radio and social media on humanitarian issues, such as the threats faced by health workers; the plight of detainees, disabled people, and missing people's families; migration and prevention of family separation; measures against COVID-19; and the Movement's work. The ICRC also held several events to familiarize actors of influence, from the region and elsewhere, with humanitarian issues and IHL.

Aided by the ICRC, National Societies in the region prepared for emergencies – such as electoral violence and raids or attacks by armed groups – and strove to ensure the safety of volunteers in violence-prone areas. Movement components in the region coordinated their activities through regular meetings and joint planning sessions.

The regional delegation in Abidjan continued to provide support – communication, logistical and technical – for ICRC operations in central, northern and western Africa.

## CIVILIANS

The ICRC monitored the concerns of vulnerable people throughout the region – notably, people affected by the presence of weapon bearers in northern Côte d'Ivoire; members of families separated by migration or past conflict; and people affected by situations of violence other than armed conflict. It used various means, such as dialogue, to remind weapon bearers of IHL and other norms applicable to their duties (see *Actors of influence*).

The ICRC and pertinent Ivorian parties discussed civilians' access to health care and schools. The ICRC began a study of Ivorian legislation pertaining to sexual violence, with a view to giving Ivorian authorities expert assistance in updating the pertinent laws.

### Minors and migrants stay in touch with relatives

The seven National Societies in the region and the ICRC broadened public awareness of the Movement's family-links services, and of ways to prevent family separation, via radio spots and posters, and, in Côte d'Ivoire, meetings with leaders

of communities, youth groups and women's associations. Staff and volunteers of the Guinean and Ivorian National Societies were given training in restoring family links and protecting the personal data that came into their hands.

Members of families dispersed by violence, migration, detention or other circumstances restored or maintained contact through the family-links services mentioned above and the "Trace the Face" website. In Côte d'Ivoire, the ICRC and the Red Cross Society of Côte d'Ivoire arranged about 7,000 phone calls between families and their children held in a juvenile detention facility. Some Ivorian migrants in Italy sent RCMs or short oral messages – via the ICRC and the National Societies concerned (see *Paris*) – to their families back home, to inform them of their safe arrival and their current situation. Two Ivorian minors were reunited with their families.

Owing to pandemic-related constraints, family visits were not organized for two ex-detainees who had resettled in Ghana after being released from the US detention facility at the Guantanamo Bay Naval Station in Cuba.

#### **Ivorian families participate in finding their missing relatives**

The ICRC continued to give the Ivorian authorities expert advice to resolve missing-persons cases linked to migration and the 2011 conflict. The national council for human rights, the national institute of forensic medicine and the ICRC organized an event to mark the International Day of the Disappeared (see *Actors of influence*); sixty families attended, and commemorated relatives who were missing in connection with the 2011 internal conflict or migration.

National Society volunteers and other first responders, and forensic authorities, received some training in handling human remains. Staff at the national institute of forensic medicine were given medical and IT equipment, and trained to gather DNA samples from the families of missing migrants. The institute drew on ICRC expertise to draft guidelines for handling human remains and collecting DNA samples; these guidelines were shared with the government agencies concerned.

As part of regional efforts to identify the remains of migrants who perished in maritime accidents in Italy and Tunisia (see *Dakar, Paris and Tunis*), the Ivorian National Society and the ICRC identified families whose relatives may have died in these accidents. Staff from the national institute of forensic medicine and ICRC personnel gathered 150 DNA samples from these families, and sent them for analysis.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **The ICRC visits detainees in Côte d'Ivoire, Benin and Guinea**

The ICRC sought access to all detainees within its purview. Because of the COVID-19 pandemic and the necessary measures to contain the virus, the ICRC suspended visits in 2020. In 2021, it was able to resume visiting – in accordance with its standard procedures – people held at six detention facilities in Côte d'Ivoire and one each in Benin and Guinea (collectively holding some 14,500 people).

In Côte d'Ivoire, particular attention was paid to people held in connection with "terrorist" attacks and the 2011 conflict, and to minors, women, the elderly, the ailing and foreigners. In Benin, the ICRC visited people held under the International Residual Mechanism for Criminal Tribunals. In Guinea, people held for security reasons were among the detainees visited by the ICRC.

Findings from these visits were communicated confidentially to the pertinent authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. In Côte d'Ivoire, the judicial and penitentiary authorities were advised in reducing overcrowding in prisons, and in applying the new penal codes – for example, in terms of the duration of detention – that had been drafted by the Ivorian authorities with technical support from the ICRC lasting several years.

In Côte d'Ivoire, detainees were still not allowed family visits, because of the pandemic; however, they had access to phone services. Foreign inmates were helped to notify their consular representatives of their situation.

### **Health care, food and water are more readily available to detainees in Côte d'Ivoire**

The ICRC focused on giving penitentiary authorities technical support to improve prison services. It organized a number of training sessions for 29 penitentiary staff in such areas as managing detainees' medical records and abiding by medical ethics; handling detainees with COVID-19 and vitamin deficiencies; and managing the food supply and averting shortages. Penitentiary staff took part in ICRC workshops to draft a document defining the minimum standards for prison infrastructure. The document was ready for printing and distribution by the end of the year; some staff had already been trained to evaluate existing infrastructure based on these standards.

The ICRC continued to provide some medicine and other supplies to clinics at the Abidjan central prison – the largest detention facility in the country – and three other detention facilities. These ICRC-supported clinics helped care for around 4,300 severely malnourished detainees. The national pharmacy service was able to supply micronutrients and other medical supplies to the 34 prisons in Côte d'Ivoire, which prevented disruption of health care.

Around 1,100 detainees benefited from ICRC-supported improvements to infrastructure. Kitchens were renovated, and new ovens installed, at one prison. At the Abidjan central prison, repairs were made to the clinic's electrical system and 50 beds were installed. The ICRC helped detainees at this prison to produce soap for their own use; this project was fully turned over to prison management.

## **WOUNDED AND SICK**

### **Persons with disabilities in Benin and Togo have access to rehabilitative care**

A total of 4,368 persons with disabilities<sup>1</sup>, including 2,617 children, were treated at three physical rehabilitation centres in Benin, and

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

two in Togo. The ICRC provided them regularly with supplies, funding and specialized training for staff. It also covered vulnerable patients' expenses for treatment and travel. In Benin, Côte d'Ivoire and Togo, the ICRC – together with a regional organization – trained health staff and relatives/legal guardians in caring for children with cerebral palsy.

The ICRC supported efforts to advance the social inclusion of disabled people. It helped organize an event to mark the International Day of Persons with Disabilities, and donated sports wheelchairs to a disabled athletes' association, for use in wheelchair-basketball tournaments. The ICRC also convened a conference in Togo, at which experts from neighbouring countries and the ICRC's vice-president discussed best practices in advancing disabled people's social inclusion.

### **Physical rehabilitation institutions build a regional network**

The five physical rehabilitation centres mentioned above and other physical rehabilitation organizations, together with the health ministries of Benin, Côte d'Ivoire and Togo, continued to develop a regional platform to support the development of the physical rehabilitation sector. Among the participating institutions was a school – the École Nationale des Auxiliaires Médicaux in Lomé, Togo – which trains ICRC-sponsored technicians from throughout francophone Africa.

The physical rehabilitation institutions mentioned above drew on the ICRC's expertise to standardize their working procedures and terms of reference. At online meetings convened by the ICRC, representatives of the health authorities and these institutions reviewed the application of international standards for prosthetics and orthotics in the region. The institutions also coordinated their training programmes, so that students could study specialized topics – for example, occupational therapy in Togo and treatment for diabetic foot in Benin – and afterwards, get practical experience at physical rehabilitation centres. The same information management systems were installed at all the centres, making it easier to transfer patients and students.

The ICRC continued to give the health authorities in Benin, Côte d'Ivoire and Togo expert advice for ensuring the sustainability of the physical rehabilitation sector. It funded studies of the sector in each of the three countries; the one for Côte d'Ivoire was completed and handed over to the Ivorian authorities.

## **ACTORS OF INFLUENCE**

### **Hundreds of weapon bearers learn more about international norms applicable to their duties**

The ICRC gave authorities throughout the region expert advice to integrate IHL and international standards for law enforcement more fully into the training, doctrine and operations of weapon bearers. Seven senior military officers from Côte d'Ivoire and Guinea attended an international workshop on applying IHL and other norms in operational decision-making (see *International law and policy*). Military schools and the ICRC held briefings on IHL for hundreds of cadet officers. In Côte d'Ivoire, the international school for counter-terrorism and the ICRC briefed over 100 military, intelligence and police units and magistrates from 17 countries, on the applicability of IHL to "terrorism".

In Côte d'Ivoire, 35 security-force officers deployed in the north – from the *gendarmerie*, police and forestry units – were briefed on IHL and the process of investigating IHL violations. In Benin and Togo, *gendarmerie* and police commanders were briefed on international law enforcement standards for the use of force – during electoral protests, for instance.

### **Members of civil society are urged to support the Movement's work**

The ICRC provided National Societies in the region with funding and other support to develop their capacities in communication, particularly in producing digital content, using social-media tools and recognizing false information. Journalists were briefed on the importance of covering humanitarian issues accurately.

National Societies and the ICRC, together with journalists, launched communication campaigns via radio and social media on humanitarian issues, such as the threats faced by health workers; the plight of detainees, disabled people and missing people's families; migration and prevention of family separation; measures against COVID-19; and the Movement's work. The ICRC produced four short animated films that explained the Fundamental Principles and two short video games on preventing the spread of COVID-19. In Côte d'Ivoire, the ICRC met with representatives of communities, and of youth and women's associations, and with missing migrants' families, and told them of the Movement's neutral, impartial and independent humanitarian action.

The ICRC also held several events to familiarize actors of influence, from the region and elsewhere, with humanitarian issues in the countries covered by the regional delegation. ICRC events that drew attention to such issues as missing people and disability, and the plight of the families concerned, helped keep these matters alive to the public, the authorities and other humanitarian actors. Such events also gave the ICRC opportunities to explore possibilities for cooperation with the African Development Bank and other development actors. For the tenth consecutive year, the ICRC held a contest on humanitarian reporting; its theme was "migration and missing people", which obliged participants to think about the subject, and generated articles on it. Health workers from throughout Africa attended an ICRC workshop, at which they learnt about the applicability of IHL to the provision of health care.

### **Lawmakers and academics add to their knowledge of IHL**

The ICRC and national IHL committees gave governments in the region advice on implementing IHL. Ghanaian, Ivorian and Sierra Leonean authorities drew on ICRC expertise to ratify the Treaty on the Prohibition of Nuclear Weapons. In Côte d'Ivoire, the ICRC, the National Society and the national IHL committee monitored the passage of a law on the proper use of the red cross emblem. The ICRC briefed 50 lawmakers on IHL and the emblems protected under IHL.

Hundreds of students and academics – advisers to lawmakers, or prospective lawmakers – learnt more about IHL at briefings and other events held by the ICRC. Students tested their knowledge of IHL at an essay-writing and a moot court

competition, held every year by the ICRC. The finals of the moot court competition were streamed live and garnered 20,000 views.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **National Society volunteers are given support to respond safely to emergencies**

The ICRC provided all seven National Societies with funding, equipment and training for staff to prepare for emergencies – such as violence related to elections or the activities of armed groups – and to ensure the safety of volunteers in violence-prone areas. In particular, National Societies were instructed in broadening awareness of the red cross emblem (see *Actors of influence*) and in training staff to analyse security risks. In Côte d'Ivoire and Guinea, the ICRC helped train National Society volunteers in the Safer Access Framework, and covered

insurance premiums for 50 Ivorian and 100 Guinean volunteers. Beninese National Society volunteers assigned to election duties were given first-aid training and equipment, and/or uniforms – as were Guinean National Society volunteers who responded to outbreaks of Marburg virus disease and Ebola.

The Guinean, Ivorian, Liberian and Togolese National Societies drew on the ICRC's technical expertise to strengthen their management of their human and financial resources. In Guinea, the ICRC covered the salary of a National Society employee in charge of managing partnerships with other organizations.

Movement components in the region coordinated their activities through regular meetings and joint planning sessions, conducted in person and online.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			UAMs/SC		
RCMs collected		23			
RCMs distributed		60			
Phone calls facilitated between family members		7,065			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		2			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		187	59	26	30
<i>including people for whom tracing requests were registered by another delegation</i>		12			
Tracing cases closed positively (subject located or fate established)		54			
<i>including people for whom tracing requests were registered by another delegation</i>		15			
Tracing cases still being handled at the end of the reporting period (people)		770	203	133	129
<i>including people for whom tracing requests were registered by another delegation</i>		51			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1	1		
UAMs/SC reunited with their families by the ICRC/National Society		2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4	1		
<b>Documents</b>					
People to whom travel documents were issued		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			Women	Minors	
Places of detention visited		8			
Detainees in places of detention visited		14,525	375	727	
Visits carried out		15			
			Women	Girls	Boys
Detainees visited and monitored individually		114	4	1	1
<i>of whom newly registered</i>		39	2	1	
<b>RCMs and other means of family contact</b>					
RCMs collected		18			
RCMs distributed		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		2			
People to whom a detention attestation was issued		1			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Capacity-building	People	29	7	
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	67		1
<b>Water and habitat</b>				
Water and habitat activities	People	1,125	45	34
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	4		
<b>WOUNDED AND SICK</b>				
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	50		
<b>Physical rehabilitation</b>				
Projects supported		13		
<i>of which physical rehabilitation projects supported regularly</i>		5		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	4,368	820	2,617
Prostheses delivered	Units	174		
Orthoses delivered	Units	2,373		
Physiotherapy sessions		1,461		
Walking aids delivered	Units	32		
Wheelchairs or postural support devices delivered	Units	*		

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

## AFRICAN UNION

**The ICRC, in its capacity as an official observer to the African Union (AU), works with member states to draw attention to problems requiring humanitarian action and to promote greater recognition of IHL and its integration into AU decisions and policies, as well as wider implementation of IHL throughout Africa. It also aims to raise awareness of and acceptance for the ICRC's role and activities within AU bodies. It endeavours to build strong relations with diplomatic representatives and humanitarian organizations working in Addis Ababa, Ethiopia.**

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

### EXPENDITURE IN KCHF

See under *Ethiopia*

### PERSONNEL

See under *Ethiopia*

### CONTEXT

The African Union (AU) continued to support diplomatic and military efforts to address the consequences of armed conflict and other situations of violence throughout Africa. Various AU organs – such as the Peace and Security Council (PSC), the African Commission on Human and Peoples' Rights (ACHPR), and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) – tackled issues of humanitarian concern and IHL-related matters. The Africa Centres for Disease Control and Prevention (Africa CDC), a public-health agency established by the AU, helped member states develop their ability to tackle the COVID-19 pandemic and other health-related issues. The AU also continued to work with the Regional Economic Communities (RECs) to promote economic development and cooperation.

The AU continued to mandate multinational peace-support operations, which were planned and mounted by the Peace Support Operations Division (AU PSOD) under the Peace and Security Department (AU PSD). Member states contributed troops to AU missions. The AU continued to support regional efforts to stabilize the Lake Chad and Sahel regions. The AU–UN Mission in Darfur, Sudan, completed the withdrawal of its personnel, and the AU Mission in Somalia continued to scale down throughout the year.

The AU's annual theme for 2021 – which focused on promoting and preserving African arts, culture and heritage – provided the ICRC with opportunities to draw attention to the necessity of protecting cultural property during armed conflict and other violence.

### ICRC ACTION AND RESULTS

The ICRC continued to broaden its engagement with AU organs, AU member states, RECs and other influential actors, such as diplomatic missions to the AU and think tanks. It discussed its mandate, working methods and activities with them, in order to secure their support for its neutral, impartial and independent humanitarian action and ensure that it could work in safety throughout the continent. The ICRC also made its expertise in IHL available to these parties, and explained its views on key issues to them, in order to strengthen its position as the primary source of reference with regard to IHL and to ensure that humanitarian and IHL-related concerns were taken into account in the AU's decisions and policies.

### The ICRC draws attention to the concerns of conflict-affected people

The ICRC discussed a number of humanitarian issues with the PSC, the ACHPR and other AU organs. These issues included: the COVID-19 pandemic, particularly its impact on vulnerable groups such as IDPs and migrants, including refugees; the necessity of ensuring that pandemic-related movement restrictions did not interfere with the delivery of humanitarian aid; the combined effects on communities of the climate crisis and conflict; sexual violence, especially that directed at women and girls; and forced displacement. Key messages on the topic of migration were discussed at various forums: the ICRC emphasized the necessity of addressing migrants' protection-related concerns during the 6th Pan-African Forum on Migration; and it contributed to a draft resolution of the ACHPR, which was subsequently adopted, on tackling the issue of missing migrants, including missing refugees, and addressing the plight of their families.

The ICRC engaged with other actors – particularly those who worked in partnership with the AU – who could also draw attention to humanitarian concerns and matters related to IHL compliance during their discussions with AU bodies. It worked with think tanks such as the Institute for Peace and Security Studies (IPSS) and Amani Africa to produce policy briefs and other documents for AU policymakers, researchers and the wider public on such matters as migration, the AU's annual theme, and the protection due to health services.

The ICRC sought to strengthen its working relationship with the Africa CDC, particularly with regard to tackling the COVID-19 pandemic and improving health services in detention facilities. It provided expert assistance for the Africa CDC's efforts to vaccinate people, throughout Africa, against COVID-19: during meetings of the AU's African Vaccine Delivery Alliance, the ICRC emphasized the importance of ensuring that vaccines reached conflict-affected communities; together with the International Federation, it also made presentations to AU member states about the Movement's experiences in carrying out communication campaigns in fragile contexts, in order to help these states develop community-engagement plans in connection with COVID-19 vaccines. During the first International Conference on Public Health in Africa, the Africa CDC and the ICRC organized a virtual side event, where they highlighted the use of innovative approaches to address

current and future health issues; the event was attended by health experts, policymakers, researchers and others from across the continent.

### **AU bodies endeavour to strengthen respect for IHL in peace-support missions**

An ICRC legal adviser seconded to the AU PSD continued to provide expert assistance for strengthening compliance with IHL and international human rights law in AU peace-support operations. The ICRC's recommendations helped ensure that IHL – particularly its provisions on the protection of children and detainees – featured more prominently in the AU's doctrine for these operations. The ICRC also briefed the ACERWC and other pertinent AU bodies on the dangers and difficulties that children face during armed conflict, in order to help the AU develop policies and legal instruments to address these matters.

Staff from the AU PSOD learnt more about IHL, and IHL-related matters such as urban warfare and partnered military operations, through high-level ICRC workshops. ICRC expertise

was made available to AU PSOD stakeholders for developing predeployment training programmes for troop-contributing AU member states.

### **IHL-related treaties are promoted during AU events**

The ICRC continued to advocate ratification and/or implementation of IHL and IHL-related treaties among AU member states. It participated in or organized meetings and other events on the AU's theme for the year; at these events, the ICRC highlighted the importance of the Hague Convention on Cultural Property. A webinar organized by the IPSS and the ICRC drew officials from AU member states, RECs and UNESCO, and academics and other members of civil society, to discuss the impact of armed conflict on cultural property. During meetings and other events involving AU bodies and AU member states, the ICRC reiterated the relevance of the AU Convention on IDPs and that of weapons-related treaties. After Sierra Leone took up the presidency of the Seventh Conference of States Parties to the Arms Trade Treaty, the ICRC provided it with expert guidance for helping states fulfil their obligations under the treaty.

# ALGERIA

The ICRC has been working in Algeria, with some interruptions, since the 1954–1962 Algerian war of independence. Aside from visiting people held in places of detention run by the justice ministry and people remanded in police stations and *gendarmeries*, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reforms process. Together, they restore links between separated family members.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2021

- Members of families separated by armed conflict, migration, detention or other circumstances used the Movement’s family-links services to reconnect. Fewer migrants and others benefited from such services than in previous years.
- Government officials, military personnel, diplomats, and journalists learnt more about IHL and the Movement, and about the ICRC and its activities, through briefings, workshops and other events organized by the ICRC.
- The ICRC remained unable to visit detainees, visits having been suspended in 2020, at the onset of the COVID-19 pandemic. It intensified its dialogue with the authorities aimed at restoring access in 2022.
- The Algerian Red Crescent responded to the pandemic, and needs arising from other emergencies, with the ICRC’s assistance. It endeavoured to broaden public awareness of COVID-19 and of vaccines against the disease.

## EXPENDITURE IN KCHF

Protection	905
Assistance	-
Prevention	497
Cooperation with National Societies	237
General	80
<b>Total</b>	<b>1,718</b>
<i>Of which: Overheads</i>	<i>105</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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## PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	14



## PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	18
RCMs distributed	20
Phone calls facilitated between family members	9
Tracing cases closed positively (subject located or fate established)	6

## CONTEXT

Algeria continued to carry out security operations against groups suspected of endangering the state or of being associated with unregulated trade in various commodities. Protests over socio-economic grievances continued to take place in Algiers and other major cities, and were reported to have led to several people being arrested or detained.

Algeria remained a key destination, and take-off or transit point, for migrants: such as people attempting to reach Europe by crossing the Mediterranean Sea from Algeria, and people coming from or passing through Mali and Niger. People in transit risked becoming separated from their families; many migrants lost their lives along migration routes; their remains were found on the Algerian coast or in the desert, if they were found at all.

The Algerian Red Crescent was the main humanitarian actor in the country. It responded to emergencies throughout the year, which included the pandemic and a record number of bushfires.

Algeria played an active role in regional politics and in matters related to regional security. It was a member of the African Union Peace and Security Council.

## ICRC ACTION AND RESULTS

The ICRC continued to engage the authorities, military officers, members of civil society, and other parties in dialogue, with a view to expanding their knowledge and understanding of IHL, the Movement and the ICRC's activities and working methods. It held meetings, workshops and other events for journalists, diplomats and others capable of influencing the humanitarian agenda. Some pandemic-related restrictions were lifted during the year; the ICRC continued to adapt its activities to the measures that were still necessary and in place.

People fleeing from armed conflict or other situations of violence in their countries sought refuge in Algeria; Algerian families and others were dispersed by detention, migration or natural disasters. The Movement's family-links services helped some of them maintain contact with relatives, but fewer migrants and others benefited from these services than in previous years, owing to pandemic-related and other difficulties which prevented them from visiting ICRC offices. The ICRC provided some technical support for forensic professionals, to help them more fully understand the role of forensics in addressing issues specific to migrants.

The ICRC remained unable to visit detainees, access having been suspended in 2020, at the onset of the pandemic. Owing to these circumstances, the ICRC was unable to implement most of the detention-related activities that it had planned for the year. It intensified its dialogue with authorities on the resumption of ICRC prison visits in 2022.

The ICRC continued to support the Algerian Red Crescent's efforts to respond to the pandemic and other emergencies. The National Society conducted information campaigns to broaden awareness of COVID-19 and counter disinformation about vaccines. Donations of oxygen concentrators and other

equipment and supplies to hospitals and other health facilities helped ensure the availability of suitable treatment for COVID-19. The ICRC also gave the National Society technical and material support to improve its family-links services, and broaden awareness of IHL and the Movement. The Movement components in Algeria maintained regular contact among themselves, to exchange information and coordinate activities.

## CIVILIANS

People fleeing from armed conflict or other situations of violence in their countries sought refuge in Algeria; Algerian families and others were dispersed by detention, migration or natural disasters. Some of them reconnected with relatives through RCMs and other family-links services provided by the Algerian Red Crescent with technical support from the ICRC. One family, aided by the ICRC, continued to send parcels and make video calls to a relative held at the US detention facility at the Guantanamo Bay Naval Station in Cuba. People put in requests to locate missing relatives, including some thought to have taken migration routes to Algeria passing through the desert. The ICRC resolved six tracing cases with the National Society's help. Fewer people than in previous years benefited from the National Society and ICRC's family-links services, partly because pandemic-related measures and other circumstances had made it more difficult for them, particularly migrants, to visit ICRC offices to seek help. National Society staff bolstered their capacity to provide family-links services with training and technical support from the ICRC.

The ICRC continued to discuss with the authorities the repatriation of Algerian nationals and the ICRC's availability as a neutral intermediary. No repatriations or reunification of families took place in 2021.

At a round table on standardizing forensic practices organized by the health ministry and forensic professionals, and at a workshop on irregular migration held by the authorities, the ICRC shared its approach on these issues and on addressing concerns specific to migrants.

The ICRC maintained contact with the IOM and the UNHCR and coordinated its activities with theirs. It stood ready to refer vulnerable people to these agencies or others for assistance.

## The National Society assists people affected by the pandemic

The ICRC continued to provide financial, material and technical assistance for the National Society's pandemic-related activities, including its response to a surge in infections during the year. The National Society put up 50,000 posters in public places, and used other means as well, to broaden awareness of infection-prevention measures and counter disinformation about vaccines against COVID-19. Donations of oxygen concentrators, and hundreds of thermometers and oximeters, helped hospitals and other health facilities provide effective treatment against COVID-19.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC remained unable to visit detainees, access having been suspended in April 2020, at the onset of the pandemic. As a result, the ICRC was unable to implement most of the detention-related activities that it had planned.

It intensified its dialogue with the justice ministry and other pertinent authorities regarding the resumption of visits in 2022. In addition, the ICRC discussed a number of other matters with them, such as the necessity of ensuring that detainees, foreigners in particular, had regular and equitable means of family contact, and the treatment of detainees.

Detainees held far from their homes, or whose families were not in Algeria, used the Movement's family-links services to exchange news with relatives (see also *Civilians*).

### ACTORS OF INFLUENCE

The easing of pandemic-related constraints before the end of the year enabled the ICRC to implement or adapt, as necessary, many of its planned activities.

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

Foreign ministry officials and other government staff, military officers, and members of civil society and others of influence learnt more about IHL, the Movement, and the ICRC's activities and working methods through workshops, meetings and other events organized by the ICRC. Notably, the ICRC organized an online seminar on the impact of armed conflict on women. It provided support for the production of a short film to broaden awareness of the gravity of the issue of nuclear weapons. Numerous diplomats attended the screening of a documentary film on the ICRC's work during the Algerian war of independence. Prospective civil servants strengthened their grasp of negotiation techniques and of IHL at a conference organized by the ICRC.

The ICRC and the defence ministry continued to work at further integrating IHL provisions in the military's operations. The ICRC enabled two senior military officers to attend a workshop on international rules governing military operations (see *International law and policy*). The ICRC continued to discuss, with the foreign ministry and others, Algeria's ratification and implementation of IHL-related treaties such as the Treaty on the Prohibition of Nuclear Weapons.

Eight journalists took part in an online ICRC seminar that sought to help them report more accurately on the humanitarian consequences of the use of nuclear weapons.

The ICRC provided the National Society with training, equipment, and other support for public communication (see also *Red Cross and Red Crescent Movement*).

### RED CROSS AND RED CRESCENT MOVEMENT

The Algerian Red Crescent continued to provide family-links services, broaden awareness of IHL and the Movement, respond to needs created by the pandemic (see *Civilians*), and strengthen its operational capacities, with technical and material support from the ICRC. It also sought to assist people affected by other emergencies, such as the brushfires that affected people in several cities. The National Society and the ICRC signed a two-year partnership agreement, ensuring support for the National Society's pandemic response and for developing joint activities in other areas.

The Movement components in Algeria maintained regular contact among themselves, to exchange information and coordinate their activities and their support for the National Society.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	18			
RCMs distributed	20			
Phone calls facilitated between family members	9			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	27	1	3	1
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)	6			
Tracing cases still being handled at the end of the reporting period (people)	152	21	30	21
<i>including people for whom tracing requests were registered by another delegation</i>	14			

## BURKINA FASO

Having worked in the country for over a decade, the ICRC opened a delegation in Burkina Faso in 2020, in response to increasing violence in the northern and eastern parts of the country. It seeks to ensure that the people affected are protected in line with IHL and other norms, and monitors detainees' treatment and living conditions. With the Burkinabe Red Cross Society, it helps people cope with the effects of armed conflict – which are often exacerbated by climate shocks – by providing health care, water, livelihood support and other assistance. It promotes IHL among the authorities and weapon bearers concerned.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

### KEY RESULTS/CONSTRAINTS IN 2021

- Conflict-affected people continued to report abuses such as attacks on health workers and ambulances. Key parties were reminded of their obligation under IHL and other bodies of law to protect civilians and health services.
- Local clinics and hospitals provided primary health care and treatment for sick or wounded people, with ICRC support. Aided by the ICRC, the health authorities carried out vaccination campaigns.
- The ICRC's activities to increase food production by farming and herding households benefited more people than planned. However, insufficient rainfall in 2021 resulted in poor harvests for farming communities.
- People affected by conflict bought food with cash or vouchers from the ICRC; some of them also received nutritional supplements. The displacement of communities in late 2021 delayed some cash/voucher distributions.
- The authorities, in consultation with the ICRC, took steps to broaden detainees' access to health care. At the ICRC's recommendation, they started vaccinating detainees against COVID-19.
- The Burkinabe Red Cross Society expanded its capacities in various areas: restoring family links; facilitating access to health care; and providing other assistance to people affected by conflict, climate change and COVID-19.

### EXPENDITURE IN KCHF

Protection	2,625
Assistance	13,290
Prevention	2,051
Cooperation with National Societies	1,666
General	82
<b>Total</b>	<b>19,714</b>
<i>Of which: Overheads</i>	<i>1,197</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	74%
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### PERSONNEL

Mobile staff	32
Resident staff (daily workers not included)	136



⊕ ICRC delegation ⊕ ICRC sub-delegation

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	318
RCMs distributed	48
Phone calls facilitated between family members	1,833
Tracing cases closed positively (subject located or fate established)	85
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	16
Detainees in places of detention visited	4,468
<i>of whom visited and monitored individually</i>	229
Visits carried out	39
<b>Restoring family links</b>	
RCMs collected	116
RCMs distributed	169
Phone calls made to families to inform them of the whereabouts of a detained relative	54

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	118,150	85,775
Food production	People	176,000	303,928
Income support	People	2,400	4,640
Living conditions	People	32,000	33,153
Capacity-building <sup>1</sup>	People	16,150	10
<b>Water and habitat</b>			
Water and habitat activities	People	49,500	53,082
<b>Health</b>			
Health centres supported	Structures	40	33
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Living conditions	People	2,500	2,741
<b>Water and habitat</b>			
Water and habitat activities	People	4,160	2,642
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	4	19

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

Burkina Faso's military and security forces – at times, as part of international coalitions – continued to fight armed groups active in the country and elsewhere (see *Mali and Niger*). Volunteers for the Defence of the Homeland (VDP) – recruited locally as auxiliaries of the army since 2020 – took part in operations against armed groups. Hostilities intensified in 2021, particularly in northern, eastern and south-western Burkina Faso. Arrests were made in relation to the conflict. The escalating security crisis sparked civilian protests, which resulted in the resignation of the prime minister, along with the entire government, in December.

Instances of communal violence, often linked to tensions over access to land, were reported.

By year-end, nearly 1.6 million IDPs who had fled in search of safety – mostly in urban centres – were registered by the authorities. They suffered from poor living conditions and the loss of their livelihoods.

Many violence-affected areas also had to endure the effects of the recurrent drought and floods that characterize the climate crisis in the Sahel region. These climate shocks, along with the hostilities, hampered agricultural production and shrank the food supply.

Attacks on medical workers and ambulances continued to be reported, and many health facilities remained closed because of the security situation. The COVID-19 pandemic added to the strain on the health system, already under massive pressure from conflict and displacement. The government launched a vaccination campaign against COVID-19.

Migrants passed through Burkina Faso on their way to Europe and elsewhere.

## ICRC ACTION AND RESULTS

The ICRC, together with the Burkinabe Red Cross Society, responded to the needs of people suffering the consequences of armed conflict, which were compounded by climate change and the pandemic. The ICRC incorporated measures against COVID-19 in all its activities, including aid distributions. It communicated information on COVID-19 to a broad range of people while carrying out its various activities.

The ICRC monitored the situation of conflict-affected communities, documented allegations of unlawful conduct and raised them with the parties concerned. It urged all parties to fulfil their obligation under IHL and other norms to ensure protection for civilians and everyone seeking or providing medical care. ICRC workshops helped weapon bearers to familiarize themselves with these norms.

The ICRC worked with communities to address the impact of conflict and climate change on their access to food, water and medical services. It responded to food shortages by combining relief aid with support for food production and treatment of malnutrition. It distributed vouchers or cash for buying food and provided opportunities for households to generate income;

these activities also helped revitalize local businesses. Some households were also given nutritional supplements. Tens of thousands of people cultivated crops or raised livestock with the ICRC's assistance: farmers received seed and tools, and herders' animals were dewormed or vaccinated free of charge. With malnutrition on the rise, National Society volunteers and health workers were trained to diagnose it in children and adults and refer them for suitable care.

The ICRC's food production and livelihood activities benefited more people than planned; however, food security remained precarious because of poor harvests due to inadequate rainfall. Owing to the abrupt displacement of communities in late 2021, some distributions of vouchers or cash for food could not be implemented within the year.

Health facilities struggled to remain in service because of the prevailing crisis. The ICRC kept up its comprehensive support for clinics and hospitals in conflict-affected regions, in order to ensure the availability of basic health care and treatment for wounded people. Local health teams, with material assistance from the ICRC, conducted vaccination campaigns, and ICRC-supported clinics sustained their primary-immunization activities, particularly for children. The ICRC, responding to various emergencies, assisted more hospitals than initially planned and put up tents at several primary-health-care clinics, to increase their capacity.

The ICRC strove to improve living conditions for people displaced from their homes by the fighting. It installed sanitation facilities for them and gave them hygiene items and other essentials. It repaired and/or built water infrastructure to make clean water available to both IDPs and residents.

People separated from their relatives by displacement, detention or migration used the Movement's family-links services to get back in touch. For example, at family-links kiosks run by the National Society with ICRC support, migrants and IDPs were able to make phone calls, send RCMs, or file requests to locate missing relatives.

The ICRC visited detainees to check on their well-being. Findings from these visits were communicated confidentially to the authorities. The ICRC gave these authorities comprehensive support for renovating prison infrastructure, broadening detainees' access to health care, improving their nutrition, and preventing the spread of COVID-19 in prisons. At the ICRC's recommendation, the health authorities included detainees in the national vaccination campaign against COVID-19.

The National Society remained the ICRC's main partner in assisting violence-affected communities. It strengthened its operational capacities with comprehensive support from the ICRC.

## CIVILIANS

### Dialogue with authorities and weapon bearers seeks to ensure protection for civilians

The ICRC monitored the situation of violence-affected communities in Burkina Faso. It engaged them in dialogue about their concerns and told them about the ICRC services

available to them. It documented allegations of unlawful conduct and raised them confidentially with the parties concerned, through bilateral talks and written representations. It reminded them of their obligations, under IHL and other applicable law, with regard to the conduct of hostilities and law enforcement operations, and the protection due to those seeking or providing health care.

Weapon bearers were urged to take measures – such as clear directives and punitive action – to prevent violations of IHL or international human rights law. They took part in ICRC workshops on these norms: 651 military personnel, 602 *gendarmes*, 165 police officers and 121 individuals under VDP learnt about IHL and other applicable norms at ICRC dissemination sessions.

The ICRC facilitated discussions in selected communities to identify measures to mitigate risks to community members' safety; however, implementing such measures proved difficult because of restrictions on their movement and their displacement following episodes of armed violence.

### **Relief assistance and agricultural support alleviate the effects of food shortages**

Newly displaced people and others affected by the conflict were given aid by the Burkinabe Red Cross Society and the ICRC, which focused on assisting communities in hard-to-reach areas. As the ICRC's main partner in the country, the National Society was given support for building its capacities. Its volunteers stood to benefit from better working conditions with the construction of two Burkinabe Red Cross offices in the northern and eastern regions.

The ICRC provided a combination of emergency relief, support for agricultural production, and health care in response to the food insecurity caused by conflict and climate change. The ICRC's support for farming, herding and other forms of livelihood benefited more people than initially planned; however, food security remained precarious because of poor harvests due to insufficient rainfall in 2021. As some communities were suddenly displaced by violence towards the end of the year, plans to distribute food vouchers or cash to them were delayed.

In the North and Sahel regions of Burkina Faso, 10,750 households (85,775 people), mostly IDPs, used cash or vouchers from the ICRC to buy three months' worth of food at local markets. This also helped shore up incomes among the farmers and traders in their communities. In addition, some of the households were given corn-soya blend, a nutrient-enriched food supplement for reducing malnutrition, especially among children and pregnant women. The ICRC trained 20 National Society volunteers to identify malnourished people – using the standard method of measuring the circumference of the mid-upper arm – and refer them for treatment at ICRC-supported clinics (see below). The volunteers helped disseminate useful health-related information, for example, on maintaining a balanced diet.

Agricultural support from the ICRC helped to increase the food supply in conflict-affected communities. Farming households (4,106 households/31,928 people) resumed or expanded their

cultivation of crops, with seed, tools and cash from the ICRC. They cultivated vegetables – in addition to staple grains – to improve their nutrition. Some of them were given extra cash, with a view to preventing them from having to consume grain meant for planting. The ICRC also gave herding households support for raising livestock. Some 453,000 animals belonging to 34,000 households (272,000 people) were dewormed and/or vaccinated during campaigns organized by the ICRC. The ICRC trained and equipped ten animal-health workers, with a view to improving veterinary services for some 8,000 people.

A total of 580 IDP households (4,640 people) earned cash to cover their daily needs by taking part in ICRC livelihood initiatives. Some of them pursued beekeeping, with training, supplies and equipment from the ICRC. Others were given cash in exchange for cleaning canals – which helped to reduce flooding and vector-borne diseases. Poultry-farming initiatives were put on hold because of an outbreak of avian flu.

Over 33,000 people (4,340 households), mostly IDPs, improved their living conditions with tarpaulins, cooking utensils, traditional garments, bedding, mosquito nets, and hygiene kits from the ICRC.

### **Clean water is more readily available in communities**

Conflict-affected people had a more reliable supply of water after the ICRC restored or built water infrastructure in areas where geological conditions made it difficult to extract groundwater. Over 41,000 people in rural areas benefited from construction and repair of boreholes and installation of water-distribution systems. Urban water networks – serving about 5,000 people in two towns – were revitalized after being connected to new boreholes and a generator. Some 1,500 herders were able to draw water for their livestock after the ICRC built water points for them.

Installing or building sanitation facilities at IDP settlements helped prevent the contamination of water sources and the spread of disease. Some 500 IDPs had more sanitary conditions following the construction of latrines. ICRC training enabled local masons to learn how to build latrines, and community volunteers, to facilitate orderly use of water points. Some 5,000 displaced people learnt about good hygiene at National Society information sessions; they were given the equipment necessary to install sanitation facilities.

### **Both children and adults benefit from basic health care**

People in conflict-affected areas obtained primary health care at ten clinics that regularly received ICRC support, which included supplies; equipment, such as solar-powered refrigerators for storing vaccines; infrastructural repairs; and training for staff, including in first aid and measures against COVID-19. Twenty-three other clinics were given supplies and other ad hoc support.

At ICRC-supported clinics, children were vaccinated against polio and other diseases, and screened for malnutrition. Pregnant women and mothers were given antenatal/postnatal care. Community-based birth attendants underwent training in facilitating safe deliveries and were encouraged to refer patients to medical facilities for further care. Mobile health

teams were deployed to sites hosting IDPs. Tricycle ambulances provided by the ICRC helped take patients from remote areas to clinics or referral hospitals.

The health ministry conducted vaccination campaigns against COVID-19 at the ten clinics regularly supported by the ICRC. The ICRC backed these campaigns by providing supplies (e.g. protective equipment, syringes) and conducting training for health workers and public information sessions. ICRC information sessions enabled some 137,500 people to learn more about vaccination and other measures against COVID-19. During dialogue with the authorities, the ICRC advocated the inclusion of IDPs and refugees in national vaccination campaigns against COVID-19.

Repairs to a clinic in Fada and the construction of a water point at a clinic in Djibo helped to sustain services at these facilities, which provided roughly 340 consultations every day. Construction of a maternity ward at a National Society health centre was still in progress at the end of 2021, owing to delays caused by the security situation. The ICRC responded to certain emergencies by putting up tents at six clinics and making repairs at a seventh; this expanded the capacity of all seven facilities.

### **Displaced people restore contact with relatives**

Malian refugees in camps, IDPs and migrants in urban areas, and other people separated from their families used the National Society and the ICRC's family-links services – such as RCMs and phone calls – to reconnect with relatives. Migrants obtained these services from National Society kiosks at key points along migration routes. National Society volunteers – some of whom were IDPs – were trained to help provide family-links services during emergencies, and to publicize these services.

People seeking family members who had gone missing, in connection with the violence, filed tracing requests with the ICRC. The ICRC broadened awareness of and explained – at meetings with authorities, weapon bearers and members of civil society – the right of families to know the fate of their missing relatives. An ICRC-commissioned study, on the domestic legal framework concerning missing people and their families, was completed; its findings were shared with the authorities. ICRC expertise was made available to military authorities for drafting procedures to handle cases of missing combatants and support their families.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited people in prisons, and at some places of temporary detention, to check on their treatment and living conditions; it communicated its findings confidentially to the authorities. Security detainees, including people held in connection with armed conflict, were monitored individually. At workshops for penitentiary and justice officials, various issues of prison management were discussed, such as those associated with water and food supply, and health care.

Detainees were able to stay in touch with their relatives through RCMs; oral messages relayed by ICRC delegates; and phone calls arranged by the detaining authorities, using phone credit

provided by the ICRC. The ICRC helped three people return home after their release. Foreign detainees were able to inform their consular authorities of their detention through the ICRC.

### **The authorities work to increase detainees' access to health care, including vaccination**

ICRC health staff visited seven places of detention to monitor health services at those facilities. The ICRC provided these facilities with drugs, medical equipment, protective gear and training for staff, to help them improve their health services. ICRC medical staff followed up ailing detainees; the ICRC covered treatment costs for some of them.

The ICRC supported the development of standard procedures for managing COVID-19 cases in prisons, and urged the authorities to include detainees in the national COVID-19 response, including vaccination campaigns. As a result, the health authorities began to vaccinate detainees against COVID-19 in the third quarter of 2021.

The ICRC trained prison health staff in identifying and treating malnutrition; it also donated nutritional supplements for detainees at four prisons. To help ensure hygienic preparation of meals, the ICRC equipped two prison kitchens with food containers, utensils, soap and other items. Penitentiary authorities were able to screen detainees for malnutrition, at 28 places of detention throughout the country, with equipment provided by the ICRC.

To make nutritious food more readily available to detainees, the ICRC provided high-quality seed and other supplies, and tools, for cultivating vegetable gardens at four prisons.

Roughly 2,600 detainees benefited from ICRC-supported projects to improve ventilation in cells, restore electrical and water systems, and create spaces for exercise. At ICRC workshops, prison authorities and local engineers made plans to improve infrastructure in prisons.

### **WOUNDED AND SICK**

#### **Wounded people receive surgical care at local hospitals**

Besides engaging the pertinent parties in dialogue on the need to safeguard access to health care (see *Civilians*), the ICRC held workshops for hospital managers, health workers, ambulance drivers and Burkinabe Red Cross Society personnel on the protection due to them under IHL and the ethics of health-care provision during armed conflict.

As armed violence wounded large numbers of people, the ICRC provided support for first aid and assisted more hospitals than planned. The National Society and the ICRC trained 230 ambulance drivers in emergency care; National Society volunteers were given first-aid kits. The ICRC expanded capacities at 19 hospitals in violence-affected areas: it provided surgical kits and other supplies, financial assistance for patients, and training for staff, and as a result, suitable treatment was available to people who were critically ill or wounded. The ICRC conducted a course in war surgery for 38 participants, including 12 doctors working in violence-affected areas and 3 military doctors.

## ACTORS OF INFLUENCE

### All parties are urged to respect IHL and facilitate principled humanitarian action

When the violence in Burkina Faso intensified, the ICRC made urgent appeals to all parties to protect civilians and comply with IHL and other applicable norms; at the same time, it also engaged the authorities and weapon bearers concerned in confidential dialogue on specific issues (see *Civilians*). It gave the armed forces support for integrating IHL into their operations. At the ICRC's encouragement, the army reinforced its IHL unit; military personnel underwent further training in applying IHL during military operations. The national coordinating committee for G5 Sahel, whose multinational force remained active in the Sahel region, convened a workshop to develop a strategy for protecting civilians; ICRC recommendations in this matter were shared at the workshop.

The ICRC drew attention to issues of humanitarian concern at regional forums organized by intergovernmental bodies and other institutions. To encourage the media to cover these issues, the ICRC conducted workshops for journalists and organized a competition in humanitarian reporting.

Together with the Burkinabe Red Cross Society, the ICRC sought to build support for the Movement's principled humanitarian action. Various means were employed to this end: information sessions, radio spots, press releases and digital campaigns. The National Society produced informational materials on humanitarian principles, measures against COVID-19, and other topics with funding and guidance from the ICRC. Conflict-affected people gave their views on ICRC activities, and suggestions for improving them, during focus-group discussions and through a call-in radio programme.

### The national assembly adopts a law to regulate the arms trade

The ICRC continued to assist the authorities' efforts to incorporate key IHL-related treaties in domestic legislation. A law

to regulate firearms and their components was adopted by Burkina Faso's national assembly, reinforcing implementation of the Arms Trade Treaty and the Economic Community of West African States Convention on Small Arms and Light Weapons. This law had been drafted with technical advice from the ICRC. The ICRC took part in discussions on facilitating domestic implementation of the African Union Convention on IDPs. Members of the national IHL committee and other government officials advanced their understanding of IHL through ICRC training sessions and related events.

The ICRC strove to develop local expertise in IHL by supporting IHL instruction at universities. Over 300 students took part in seminars on IHL and the ICRC's work. ICRC-trained IHL instructors helped draw attention to humanitarian issues by taking part in panel discussions in Burkina Faso and in an online IHL course for teachers in Chad. Local and regional moot-court competitions were put on hold, in accordance with measures to contain the spread of COVID-19.

## RED CROSS AND RED CRESCENT MOVEMENT

### The National Society is better placed to respond to growing humanitarian needs

The Burkinabe Red Cross Society received various forms of ICRC support – funding, supplies and equipment, infrastructural improvements, training, and expert guidance – for building its capacities in restoring family links, providing health care, promoting hygiene, and fostering acceptance for the Movement in violence-affected regions. To help National Society volunteers work more safely, the ICRC trained them in applying the Safer Access Framework. The National Society strove to strengthen its financial management with training – for example, in accounting and procurement procedures – and computer equipment from the ICRC.

Movement components working in Burkina Faso met regularly to coordinate activities and discuss security management and other matters of common concern.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		318	4		
RCMs distributed		48			
Phone calls facilitated between family members		1,833			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		640	18	3	20
	<i>including people for whom tracing requests were registered by another delegation</i>	32			
Tracing cases closed positively (subject located or fate established)		85			
	<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)		1,096	28	9	36
	<i>including people for whom tracing requests were registered by another delegation</i>	47			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		5			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		3	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		16			
Detainees in places of detention visited		4,468	88	121	
Visits carried out		39			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		229	10		18
	<i>of whom newly registered</i>	116	6		13
<b>RCMs and other means of family contact</b>					
RCMs collected		116			
RCMs distributed		169			
Phone calls made to families to inform them of the whereabouts of a detained relative		54			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	85,775	35,451	32,245
	<i>of whom IDPs</i>	82,975	34,219	31,629
Food production	People	303,928	117,707	56,486
	<i>of whom IDPs</i>	165,682	66,110	28,251
Income support	People	4,640	2,066	635
	<i>of whom IDPs</i>	4,640	2,066	635
Living conditions	People	33,153	14,562	6,333
	<i>of whom IDPs</i>	31,392	13,647	6,332
Capacity-building <sup>2</sup>	People	10		
<b>Water and habitat</b>				
Water and habitat activities	People	53,082		
	<i>of whom IDPs</i>	39,898		
<b>Primary health care</b>				
Health centres supported	Structures	33		
	<i>of which health centres supported regularly</i>	10		
Average catchment population		341,695		
<b>Services at health centres supported regularly</b>				
Consultations		445,790		
	<i>of which curative</i>	404,410	2,563	258,574
	<i>of which antenatal</i>	41,380		
Vaccines provided	Doses	197,319		
	<i>of which polio vaccines for children under 5 years of age</i>	60,203		
Referrals to a second level of care	Patients	3,353		
	<i>of whom gynaecological/obstetric cases</i>	674		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	2,741	757	
<b>Water and habitat</b>				
Water and habitat activities	People	2,642		
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	7		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	19		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		800		
Weapon-wound admissions (surgical and non-surgical admissions)		721		
Weapon-wound surgeries performed		469		
Patients whose hospital treatment was paid for by the ICRC		*		

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

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

## BURUNDI

The ICRC has been present in Burundi since 1962, opening its delegation there in 1992 to help people overcome the humanitarian consequences of armed conflict. It works with the prison authorities to ensure that detainees' treatment and living conditions meet internationally recognized standards. It supports the provision of health care for violence-affected people, and helps the Burundi Red Cross bolster its work, especially in terms of restoring links between separated family members. It supports the armed forces' efforts to train their members in applying IHL in their operations.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

### KEY RESULTS/CONSTRAINTS IN 2021

- Members of families separated for various reasons reconnected through the Movement's family-links services. Some unaccompanied and separated minors were reunited with their families in Burundi and elsewhere.
- Victims/survivors of sexual violence obtained medical and psychosocial care at ICRC-supported health facilities and counselling centres; two new counselling centres were given support, to broaden the availability of psychosocial care.
- The food supply for malnourished detainees was supplemented by therapeutic food rations from the ICRC and by the product of various projects (e.g. fishponds, vegetable gardens) carried out by detainees with ICRC support.
- Military and police personnel, including cadets and new recruits, learnt more about IHL and other pertinent norms, and about the ICRC, through briefings and training sessions; some of these were led by ICRC-trained instructors.

### EXPENDITURE IN KCHF

Protection	2,110
Assistance	2,880
Prevention	594
Cooperation with National Societies	445
General	172
<b>Total</b>	<b>6,200</b>
<i>Of which: Overheads</i>	<i>378</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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### PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	82



ICRC delegation

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	5,653
RCMs distributed	5,916
Phone calls facilitated between family members	2,591
Tracing cases closed positively (subject located or fate established)	74
People reunited with their families	20
<i>of whom unaccompanied minors/separated children</i>	17
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	26
Detainees in places of detention visited	13,875
<i>of whom visited and monitored individually</i>	184
Visits carried out	47
<b>Restoring family links</b>	
RCMs collected	35
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	29

ASSISTANCE	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Living conditions	People	217
<b>Health</b>		
Health centres supported	Structures	12
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	People	13,223
<b>Water and habitat</b>		
Water and habitat activities	People	11,000
		12,473

## CONTEXT

The situation in Burundi was relatively calm during the first half of the year. However, the rest of 2021 was marked by large-scale attacks by armed men and explosions in Bujumbura – the capital city – and in several provinces. These caused injuries and deaths. Attacks on civilians, though sporadic, were also reported. Political and socio-economic tensions persisted throughout the year.

Burundi continued to contribute troops to the African Union Mission in Somalia and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic.

Burundians continued to struggle under the strain of poor economic conditions; people displaced by past violence, returnees, and residents of host communities were especially affected. Some people left the country in pursuit of better economic opportunities. Hundreds of thousands of Burundians remained in neighbouring countries, but some returned – from Rwanda, for example – or registered in programmes for voluntary repatriation.

Despite the authorities' efforts, overcrowding in detention facilities remained an issue, because of delays in the processing of cases and other factors.

## ICRC ACTION AND RESULTS

The ICRC maintained dialogue with the authorities and weapon bearers, and organized courses and other events for them, to broaden understanding of and foster acceptance for IHL, international human rights law and other pertinent norms, and for the ICRC and the broader Movement. The ICRC and the Burundi Red Cross conducted communication campaigns about these subjects via radio and other means, which reached communities and civil society.

The ICRC visited places of detention to monitor detainees' treatment and living conditions. It paid close attention to minors and other detainees with specific needs and communicated its findings confidentially to the authorities; it also gave them technical and other support. It sustained dialogue with the authorities on expediting judicial proceedings for cases of prolonged pretrial detention, with a view to easing overcrowding in prisons.

Detainees learnt about good hygiene and good health practices through information sessions organized by the ICRC, while prison health staff were given expert advice on preventing and managing disease outbreaks. The ICRC also helped disinfect prison premises, and donated soap and cleaning materials to numerous prisons. It provided prison clinics with material and technical support, and supervised and guided health staff who were monitoring malnourished detainees. The food supply in several prisons was supplemented by the products of vegetable gardens, fishponds and other, similar projects carried out by detainees; the ICRC provided supplies and technical support for these initiatives. The ICRC also donated therapeutic food rations for malnourished detainees. It distributed hygiene items, bedding, blankets, and educational or recreational items, and renovated facilities at several prisons.

Members of families separated for various reasons – such as detention or past unrest in Burundi, or armed conflict or other situations of violence in neighbouring countries – restored and/or maintained contact through the Movement's family-links services. Several minors were reunited with their families in Burundi and elsewhere.

People in Bujumbura, and in several provinces, had access to preventive and curative health services at 11 primary-health-care centres and one hospital, receiving supplies, technical assistance, staff training and financial support from the ICRC. Victims of violence, including victims/survivors of sexual violence, received treatment and were referred when necessary for advanced care. They also obtained mental-health and psychosocial care at the ICRC-supported health facilities, of which several had counselling centres. The ICRC helped set up two new counselling centres and began supporting them in 2021; renovations at these centres improved conditions for both health personnel and patients. The ICRC donated personal protective equipment (PPE) and hygiene items to all the health facilities it supported.

The Burundi Red Cross remained the ICRC's main partner in implementing certain projects. The ICRC supported its efforts to develop its capacities in restoring family links and other areas.

In July, the ICRC delegation in Burundi became a mission under a newly established ICRC regional delegation based in Kampala, Uganda.

## CIVILIANS

The ICRC monitored the situation in Burundi. It pursued dialogue with the authorities and with military and police personnel, and organized training sessions, in IHL and international law enforcement standards, for them (see *Actors of influence*). These sessions also covered the protection due to health workers and facilities.

### Members of dispersed families stay in touch

Members of families separated for various reasons – such as detention or violence in Burundi, or armed conflict or other violence in neighbouring countries – exchanged news through RCMs, phone calls and other family-links services provided by the Movement. Eight unaccompanied children were reunited with their families in Burundi, and nine others, with their families elsewhere. The ICRC monitored the children's situation after they rejoined their families; it gave them household and hygiene items, and donated school supplies to those who returned to school. A total of 74 tracing cases were resolved, with the families concerned informed and, where possible, put in touch with their relatives.

The ICRC and the Burundi Red Cross worked closely together to provide family-links services: for example, they undertook joint field trips to refugee camps. The ICRC continued to give the National Society comprehensive support, which included training sessions for more than 200 volunteers, technical assistance, and material aid (e.g. bicycles). National Society staff and volunteers – after being briefed by the ICRC – promoted

the Movement's family-links services, especially among people affected by pandemic-related quarantine measures; they also strove to identify and address protection-related concerns while providing these services.

Coordination with ICRC delegations and National Societies in neighbouring countries, and with the UNHCR, UNICEF and other organizations working in such fields as child protection, continued. A guidance note was prepared jointly by the ICRC and the Burundi Red Cross and distributed along with the UNHCR's guidelines for repatriating children; it helped raise awareness of the Movement's family-links services.

The ICRC provided technical guidance to specialists and institutions involved in managing human remains. It donated body bags and other supplies to the police.

### **Victims of violence are tended to at ICRC-supported facilities**

People in Bujumbura and in several provinces obtained preventive and curative care at 11 primary-health-care centres and one hospital that received ICRC support regularly: supplies, technical assistance, staff training, coverage of staff salaries, and PPE. Thousands of people, including victims/survivors of sexual violence, were given consultations, treatment for common diseases and injuries, and specialized care. The ICRC helped transfer some people to facilities offering more advanced treatment. Several people were given health-insurance cards, which helped guarantee basic health care for them and their families.

A total of 3,890 victims of violence, including 494 victims/survivors of sexual violence, received mental-health and psychosocial support at the health facilities mentioned above. Six of the facilities had dedicated counselling centres, including two that the ICRC had helped set up and begun supporting in 2021. Notably, renovations made by the ICRC at the two centres enabled doctors or psychologists and their patients to have confidential sessions.

Health-care providers and psychologists at the ICRC-supported facilities were given expert advice and training to deal with cases of sexual violence, and identify patients in psychological distress and refer them for appropriate care. National Society volunteers – after instruction from the ICRC – conducted information sessions in communities, with a view to preventing stigmatization of victims/survivors of sexual violence and promoting the services available to them.

The ICRC covered treatment costs for the 36 people who received limb-fitting and other services at the Saint Kizito Institute. The ICRC and the institute decided to end their partnership at the end of the year.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees receive visits from the ICRC**

The ICRC visited, in accordance with its standard procedures, 26 places of detention to monitor the treatment and living conditions of detainees; 302 detainees were monitored individually. Findings and recommendations were shared

confidentially with the authorities concerned. The ICRC drew their attention to the situation of detainees with specific needs: minors, foreigners, malnourished detainees and detainees with disabilities. It also discussed the situation of detained minors, including foreigners, with the authorities and the Terre des Hommes foundation.

The ICRC and the detaining and judicial authorities continued to discuss the feasibility of expediting judicial proceedings for cases of pretrial detention beyond the prescribed legal limit, with a view to alleviating overcrowding in prisons. They visited prisons, prosecutors' offices, courts and tribunals to provide technical support for following up cases and to broaden awareness, among prison authorities and others involved, of the necessity of speeding up certain cases, such as those of people who had been prosecuted for minor offences or had been held for years without trial. Several detainees who had been released received financial assistance – for their journey home, for example – from the ICRC.

Detainees kept in touch with their relatives, in Burundi and elsewhere, through the Movement's family-links services. They called their families using telephones that the ICRC had donated after family visits organized by the authorities were suspended in 2020, as a precaution against COVID-19. When the government eased pandemic-related movement restrictions, the ICRC urged the authorities to resume family visits with the appropriate COVID-19 safety protocols.

At the request of foreign detainees – 23 people in all – the ICRC notified their consular representatives or the UNHCR of their detention. The ICRC also submitted allegations of arrest or detention to the authorities.

### **Authorities are given help to ease detainees' living conditions**

The ICRC discussed prison management with the detaining authorities, with a view to helping them improve detainees' living conditions. It donated bedding, soap, and recreational and educational items for detainees; it provided blankets and other supplies following a fire at one prison.

The ICRC gave prison health staff expert advice – on preventing disease outbreaks, for example – and prison clinics, essential medicines; it expanded its assistance in May and June, because of supply shortages. Several sick detainees received direct ICRC assistance: specialized medicine; support for their transfer to other health facilities for further treatment or examination; or coverage of their treatment costs.

Detainees learnt about good hygiene and good health practices at information sessions organized by the ICRC; several of them were trained to support these sessions as peer educators. The ICRC donated soap, cleaning materials and PPE to 11 prisons and two juvenile centres, and helped disinfect premises at nine prisons, in support of their efforts to prevent the spread of COVID-19.

The ICRC repaired the roof at one prison and carried out infra-structural work at three other prisons.

### **Malnourished detainees benefit from supplementary rations**

Routine medical screening of newly arrived detainees and monitoring of malnourished detainees continued at several prisons. The ICRC had helped to establish these monitoring systems in previous years and continued to provide guidance and supervision for prison officials and health staff in 2021. A total of 213 detainees received treatment for severe acute malnutrition; the ICRC donated more than 40,000 sachets of therapeutic food rations to 11 prisons.

Malnourished detainees' diet was supplemented with the product or revenue of projects (e.g. fishponds, pig farms, vegetable gardens) carried out by other detainees. The ICRC provided supplies (e.g. vegetable seed, fishing nets) and technical advice for these initiatives, which also enabled detainees to learn various skills. At six prisons where it had helped to plant vegetable gardens, the ICRC installed drip irrigation systems to obviate water shortages during the dry season. Detainees and prison staff were taught to maintain the projects and given reference materials on farming techniques.

### **ACTORS OF INFLUENCE**

The ICRC maintained its contacts among national and local authorities throughout Burundi, with a view to raising awareness of its activities and those of the broader Movement; it pursued these aims via communication campaigns on radio and other means. Journalists from community radio stations and other local media organizations were given reference materials and invited to ICRC events, to help them report on the ICRC's activities accurately.

The Burundi Red Cross, with financial and other support from the ICRC, conducted its own public-communication initiatives: for example, it produced radio programmes and supported IHL clubs in universities.

### **Military and police personnel strengthen their grasp of IHL**

The ICRC pursued dialogue with military, police and government officials, and made other efforts to promote respect for IHL and advance its domestic implementation.

In November, senior military officers attended an ICRC course, at which they refreshed their understanding of IHL and discussed how to integrate it into their operations, doctrine and training. Four senior officers participated in an international workshop on international rules governing military operations, which was held online in October. ICRC-trained

military and police instructors continued to conduct dissemination sessions on IHL and international human rights law for military recruits and police cadets, respectively. The trainers – 15 from the military and 40 from the police – attended train-the-trainer courses and worked with the ICRC to update their teaching modules. Some 3,750 soldiers bound for peacekeeping missions were briefed by the ICRC, on IHL and various issues of humanitarian concern, including protection of civilians and medical personnel. Personnel from different branches of the police learnt more about international human rights law through briefings and posters provided by the ICRC. All events for soldiers and police officers included sessions on the ICRC's work and the activities of the Movement in general. Some initiatives, such as helping military officers to attend advanced IHL courses in other countries, were cancelled.

During discussions, workshops and other events with government ministers and parliamentarians, the ICRC emphasized the importance of ratifying IHL and IHL-related treaties, especially those concerning weapons. Together with the National Society, it urged parliamentarians to adopt and implement a law on the emblems protected under IHL.

University instructors discussed the teaching of IHL at a round table organized by the ICRC; the ICRC donated books on IHL to nine universities and a police academy.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The Burundi Red Cross remained the ICRC's main partner in implementing certain projects (see *Civilians*). It strove to build its operational and organizational capacities, with support from the ICRC and other components of the Movement.

National Society staff and volunteers were trained in first aid, restoring family links, managing livelihood-support initiatives, and other areas. Workshops and joint activities with the ICRC helped staff and volunteers refresh their knowledge of the Safer Access Framework, the Fundamental Principles and the proper use of the red cross emblem. The ICRC provided the National Society with first-aid kits, stretchers and PPE; vests and blankets; vehicles; and financial assistance to cover staff salaries, volunteers' insurance, and operating costs, including internet connection at nine branches.

Movement components in Burundi met to coordinate and exchange information about their activities.

## MAIN FIGURES AND INDICATORS: PROTECTION

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	5,653	6		
RCMs distributed	5,916	9		
Phone calls facilitated between family members	2,591			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	20			
<i>including people registered by another delegation</i>	6			
People transferred or repatriated	6			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	88	25	25	12
<i>including people for whom tracing requests were registered by another delegation</i>	29			
Tracing cases closed positively (subject located or fate established)	74			
<i>including people for whom tracing requests were registered by another delegation</i>	33			
Tracing cases still being handled at the end of the reporting period (people)	179	46	45	25
<i>including people for whom tracing requests were registered by another delegation</i>	44			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	29	16		
UAMs/SC reunited with their families by the ICRC/National Society	17	6		
<i>including UAMs/SC registered by another delegation</i>	6			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	32	18		
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	12			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	26			
Detainees in places of detention visited	13,875	871	252	
Visits carried out	47			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	184	6	1	18
<i>of whom newly registered</i>	47	2	1	16
<b>RCMs and other means of family contact</b>				
RCMs collected	35			
RCMs distributed	19			
Phone calls made to families to inform them of the whereabouts of a detained relative	29			
People to whom a detention attestation was issued	9			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Living conditions	People	217	1	102
<b>Primary health care</b>				
Health centres supported	Structures	12		
	<i>of which health centres supported regularly</i>	12		
Average catchment population		247,488		
<b>Services at health centres supported regularly</b>				
Consultations		264,173		
	<i>of which curative</i>	227,522	60,973	128,630
	<i>of which antenatal</i>	36,651		
Vaccines provided	Doses	100,625		
	<i>of which polio vaccines for children under 5 years of age</i>	36,197		
Referrals to a second level of care	Patients	3,432		
	<i>of whom gynaecological/obstetric cases</i>	537		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		3,890		
People who attended information sessions on mental health		333,597		
People trained in mental-health care and psychosocial support		95		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	13,223	818	426
Capacity-building	People	11,913	547	67
<b>Water and habitat</b>				
Water and habitat activities	People	12,473	374	125
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	9		

## CENTRAL AFRICAN REPUBLIC

The ICRC has been working in the Central African Republic since 1983; it opened a delegation in the country in 2007. It seeks to protect and assist people affected by armed conflict and other situations of violence, providing emergency relief and medical and psychological care, helping people restore their livelihoods and rehabilitating water and sanitation facilities. It visits detainees, restores links between separated relatives, promotes IHL and humanitarian principles among the authorities, armed forces, armed groups and civil society, and, with Movement partners, supports the Central African Red Cross Society's development.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

### KEY RESULTS/CONSTRAINTS IN 2021

- Newly displaced people, returnees and others affected by armed conflict and other situations of violence met their basic needs with food and other emergency aid from the ICRC and the Central African Red Cross Society.
- ICRC-supported infrastructural upgrades broadened access to water for violence-affected people. Returnees and others affected by violence farmed, tended to their herds, and added to their income with ICRC livelihood support.
- An ICRC-supported hospital provided surgical and other care for the sick and the wounded. Victims/survivors of sexual and other violence received psychosocial assistance at ICRC-supported health facilities, and at IDP camps.
- The ICRC reminded the authorities and weapon bearers of their obligations under IHL, particularly their duty to protect civilians. It emphasized the importance of ensuring the safe return of displaced people to their places of origin.
- Detainees benefited from an ICRC nutritional programme, and from vaccination campaigns against COVID-19 and other efforts by the authorities – aided by the ICRC – to mitigate public-health risks in places of detention.
- The volatile security situation sometimes affected the implementation of the ICRC's activities. The authorities and health-care providers continued, with the ICRC's support, to strive to check the spread of COVID-19.

### EXPENDITURE IN KCHF

Protection	7,703
Assistance	29,501
Prevention	3,081
Cooperation with National Societies	2,784
General	568
<b>Total</b>	<b>43,638</b>
<i>Of which: Overheads</i>	<i>2,652</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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### PERSONNEL

Mobile staff	89
Resident staff (daily workers not included)	506



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	135
RCMs distributed	136
Phone calls facilitated between family members	228
Tracing cases closed positively (subject located or fate established)	124
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	<i>5</i>
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	10
Detainees in places of detention visited	1,848
<i>of whom visited and monitored individually</i>	<i>389</i>
Visits carried out	54
<b>Restoring family links</b>	
RCMs collected	104
RCMs distributed	36
Phone calls made to families to inform them of the whereabouts of a detained relative	253

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	38,700	79,195
Food production	People	119,780	90,330
Income support	People	7,000	7,758
Living conditions	People	37,500	37,765
Capacity-building	People		4
<b>Water and habitat</b>			
Water and habitat activities	People	265,000	343,700
<b>Health</b>			
Health centres supported	Structures	8	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	People	2,280	1,129
Living conditions	People		1,831
<b>Water and habitat</b>			
Water and habitat activities	People	1,080	1,373
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	7	5
<b>Physical rehabilitation</b>			
Projects supported	Projects	1	2
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	147	372

## CONTEXT

Conflict and other situations of violence persisted in the Central African Republic (hereafter CAR). Security conditions remained volatile and deteriorated sharply in 2020, despite the 2019 peace agreement between the government and 14 armed groups. The frequency and intensity of violence has reportedly increased significantly, including in areas bordering Chad. Armed violence was widespread and armed elements were present throughout the CAR. Criminal activities were widespread, and communal tensions boiled over into violence.

A surge in armed violence was reported after the presidential elections in late 2020. In response, the government declared a state of emergency that was in effect for over six months in 2021.

Some IDPs returned to communities where the security situation was relatively stable; many others remained displaced or were displaced by clashes. Violence-affected communities had little or no access to water and essential services such as health care. People struggled to pursue livelihoods because of the prevailing insecurity and because farmland and other resources were not readily accessible. These circumstances contributed to food insecurity. Cases of COVID-19 were reported.

The UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) remained operational throughout the country.

## ICRC ACTION AND RESULTS

The ICRC assisted IDPs, returnees and residents of conflict- and violence-affected areas throughout the CAR, stepping up its response to emergency needs. Whenever possible, it worked in conjunction with the Central African Red Cross Society. The volatile security situation sometimes affected the implementation of its activities. Where necessary, the ICRC adapted its activities to COVID-19 prevention measures.

The ICRC endeavoured to prevent violations of IHL, and to promote respect for IHL and other pertinent norms. It strove to build among the authorities, CAR soldiers, police officers, and *gendarmes* support for the Movement's activities. It reminded all these groups of their duty to protect civilians and medical personnel and facilities. It also documented allegations of unlawful conduct reported to it and, when appropriate, relayed them to the parties concerned; it urged these parties to take measures to prevent or end such misconduct.

With the National Society, the ICRC responded to the growth in humanitarian needs brought about by intensified violence by expanding its distribution of emergency aid. IDPs, returnees and residents of violence-affected areas were given food; they also received water and household essentials. Where the security situation allowed, farming and herding households, including returnees and residents, worked to produce more food with the ICRC's support, which included seed, cuttings and farming tools, and livestock-vaccination campaigns and veterinary services. The ICRC provided support for starting small businesses, or for supplementing their income, to a number of different vulnerable groups, such as: households headed by victims/survivors of sexual violence, people with disabilities and other violence-affected people. Local authorities and the

ICRC ensured a more reliable supply of safe water in rural and urban violence-affected areas by repairing and building water infrastructure, and by treating the water supply.

People in violence-affected areas benefited from services at primary-health-care centres and other facilities supported by the ICRC. Together with the National Society, the ICRC trained potential first responders to ensure that people affected by armed conflict and other violence had timely access to first aid; when necessary, people were referred for higher-level care. A hospital in Kaga Bandoro, which received material and technical support from the ICRC on a regular basis, treated mothers, children and others from throughout the violence-affected district of Nana Grebizi; the hospital also provided surgical services. Malnourished children were treated at an ICRC-run unit in Kaga Bandoro. The ICRC provided other hospitals with medical supplies and other forms of support to strengthen their services and respond to influxes of patients. Victims of violence, including victims/survivors of sexual violence, and children in IDP camps, obtained psychosocial support at ICRC-supported facilities and/or from personnel supervised or trained by the ICRC. Disabled people were given assistive devices, and physiotherapy, by an ICRC-supported rehabilitation centre.

National Society and ICRC family-links services helped members of families dispersed by violence, migration, detention, or other circumstances to restore or maintain contact. Unaccompanied minors, including those formerly associated with armed groups, were reunited with their families.

Communication campaigns by the National Society and the ICRC broadened awareness of IHL, the Movement and COVID-19. Local leaders, academics and others of influence learnt more about IHL and humanitarian issues in the CAR at round tables and other ICRC events.

The ICRC visited detainees in accordance with its standard procedures and monitored their treatment and living conditions. It conveyed its findings and recommendations confidentially to the detaining authorities. It aided the authorities' efforts to improve detainees' living conditions; these efforts included ensuring the availability of good-quality health care. The ICRC maintained a treatment programme for malnourished detainees.

The ICRC gave the National Society support for strengthening its public-communication activities, and for coordinating its activities more closely with those of other Movement components.

## CIVILIANS

The ICRC adapted its activities to national COVID-19 protocols and international guidelines for checking the spread of the disease.

### Weapon bearers strengthen their grasp of IHL and other applicable norms

The ICRC endeavoured to foster compliance with IHL and other applicable law among authorities and weapon bearers. It reminded these parties of their obligations under IHL and

other applicable norms, particularly to protect civilians and medical personnel and facilities. It documented allegations of unlawful conduct against civilians, including sexual violence, and when appropriate, discussed them confidentially with the parties concerned. It urged these parties to take measures to prevent or end such misconduct; it also impressed upon them the importance of ensuring that people were able to return, voluntarily and safely, to their places of origin.

Members of the military advanced their understanding of IHL and other pertinent norms at ICRC dissemination sessions. Such sessions also enabled police officers and *gendarmes* to familiarize themselves with international standards for law enforcement.

### **Particularly vulnerable violence-affected people are given emergency aid**

The ICRC responded to the growth in needs, caused by the intensification of conflict and other violence, by expanding its distribution of emergency aid. The Central African Red Cross Society and the ICRC distributed food to some 70,000 people (around 14,000 households) newly displaced by violence – for instance, in the southern town of Boyo – and returnees and others in violence-affected areas, including to help them cope with the prevailing food insecurity. During the reporting period, some households received these distributions more than once.

IDPs, returnees, and some of the households mentioned above who received food assistance – some 37,700 people (around 7,500 households) in all – also benefited from distributions of household essentials and items for setting up temporary shelter.

### **Violence-affected households work to restore their livelihoods**

Where security conditions permitted, some households were able to return to their places of origin. Residents affected by conflict and other violence were able to farm, tend to their livestock and add to their incomes; this also helped them strengthen their resilience against the effects of violence. The ICRC provided agricultural assistance to fewer people than planned, owing to constraints caused by the volatile security situation and its other priorities.

The ICRC and the National Society provided roughly 9,200 farming households (around 46,400 people in all) with higher-yield, drought-resistant seed, tools, and training in farming techniques; some of them received cassava cuttings, which were propagated with the ICRC's support in previous years. The ICRC and the authorities organized livestock-vaccination campaigns that enabled around 9,300 herding households (some 47,600 people) to preserve the health and productivity of their herds. These households also benefited from services provided by ICRC-supported veterinary clinics and community-based animal-health workers trained and equipped by the ICRC.

Roughly 1,500 heads of violence-affected households (supporting around 7,800 people in all) – some of whom were victims/survivors of sexual violence, and people with physical disabilities – supplemented their household income with the ICRC's

help. The ICRC's help took various forms, such as providing cash loans, through local associations, for people to start income-earning activities. Some people earned money by cultivating cassava cuttings for farmer's associations that received ICRC support, material and technical. Fifteen people who had received ICRC support for setting up income-earning activities refreshed their business skills at ICRC training sessions.

### **Returnees benefit from broadened access to water in rural areas**

Returnees in rural areas and elsewhere, IDPs, and residents of violence-affected urban areas and places in their vicinity had broader and more reliable access to clean water thanks to infrastructural upgrades and other activities carried out by the ICRC or with its support. The ICRC stepped up its water-supply activities in response to heightened needs, and was able to reach more people than initially planned.

In rural areas, the ICRC repaired hand pumps serving returnee households and IDPs, and trucked in water, benefiting roughly 171,000 people; training and equipment from the ICRC helped local technicians develop their ability to maintain these pumps and ensure that these functioned reliably. In Bangui, the capital, and in other urban areas, some 173,000 people were served potable water purified by local authorities with chemicals from the ICRC and/or facilities upgraded by the ICRC.

Some of the people mentioned above also benefited from ICRC-supported efforts to mitigate the risk of COVID-19 and other diseases. The ICRC installed handwashing stations and sanitation facilities at IDP sites, and distributed hygiene items. The National Society's hygiene-promotion activities helped people learn how to protect themselves against disease; 18,100 people learnt more about COVID-19 at ICRC information sessions.

### **Violence-affected people obtain primary-health-care services at ICRC-backed centres**

To help ensure the availability of basic health care, particularly including in the violence-affected prefectures of Nana Grebizi and Ouaka, the ICRC supported four primary-health-care centres and a therapeutic feeding unit. These facilities collectively served over 61,000 people; at the centres, people obtained consultations, antenatal care and other kinds of primary health care. Patients needing higher-level or specialized care were referred to appropriate facilities by the ICRC, which in some cases also arranged for their transport (see *Wounded and sick*).

Young children were vaccinated at ICRC-supported health facilities and also screened for malnutrition; those found to be malnourished received appropriate treatment, including at a therapeutic feeding unit run by the ICRC. Community health relays and mothers learnt more about how to treat malnutrition and nutrition, respectively, at ICRC information sessions. Children in treatment for malnutrition and their families – some 9,000 people in all (around 1,800 households) – were given cooked meals and other food suited to their needs.

The ICRC gave the facilities mentioned above material support for preventing the spread of COVID-19, and guidance on preventive measures. It also briefed community members

about ways to prevent the spread of the disease. Authorities in Nana Grebizi vaccinated people against COVID-19; the ICRC provided some logistical and financial support for these efforts.

### **Victims/survivors of sexual violence receive psychosocial support from ICRC-supported facilities**

Victims of violence, including victims/survivors of sexual violence, obtained psychosocial support – from personnel trained and/or supervised by the ICRC – at four health centres and at an ICRC-supported hospital in Kaga Bandoro (see *Wounded and sick*). Some of these victims/survivors of sexual violence were referred for financial support from the ICRC (see above).

The ICRC, in cooperation with the National Society, also made psychosocial support available to children and others at three IDP sites.

National Society volunteers developed their ability to provide psychological support for their peers, to help them cope with the stressful nature of their work, at ICRC training sessions.

### **Minors formerly associated with armed groups are reunited with their relatives**

Members of families separated by conflict or other violence, or detention, contacted each other through family-links services provided by the Central African Red Cross, National Societies in neighbouring countries and the ICRC. A total of five unaccompanied minors – some formerly associated with armed groups – were reunited with their families; 124 tracing cases were resolved.

Members of missing people's families participated, with the ICRC's support, in webinars and other events. This helped enable them to publicize their concerns and specific needs, and raise awareness of the plight of such families.

The ICRC endeavoured to expand its discussions with the justice ministry and other pertinent authorities on a number of issues: ascertaining the fate of missing people; and strengthening national mechanisms for managing and identifying human remains, including by ensuring that human remains are accorded due dignity during and after armed violence.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC continued to visit – in accordance with its standard procedures – 10 places of detention managed by the authorities; these places held 1,848 people in all. Close attention was given to particularly vulnerable detainees, such as women and children, and people held in connection with conflict. Findings and recommendations for improving detainees' living conditions and treatment, including respect for judicial guarantees, were communicated confidentially to the authorities. Systemic issues such as overcrowding were also discussed with the authorities.

### **Malnourished detainees are treated under an ICRC nutritional programme**

Penitentiary authorities and prison health staff endeavoured to improve detainees' access to good-quality health care, and reduce risks to their health, with the ICRC's help.

The authorities kept up their efforts to check the spread of COVID-19; the ICRC provided expert advice and donated medical and other supplies to ensure sanitary conditions in prisons (see below). Beginning in June, the authorities made COVID-19 vaccines available to detainees; they carried out a vaccination campaign with the ICRC's material support.

In response to an outbreak of measles at one prison, the authorities undertook a vaccination campaign against the disease with the ICRC's help. Detainees were also included in national programmes that entitled them to free treatment for medical conditions and diseases such as HIV/AIDS and TB; the ICRC had previously given the authorities advice and encouragement in this regard. The ICRC continued to urge the authorities to refer to external facilities those detainees who needed specialized treatment, and provided financial support to cover treatment costs for some cases. Prison health staff expanded their capacities with specialized training and medical supplies from the ICRC.

The ICRC kept up support to the authorities for treating and preventing malnourishment among detainees. A total of 1,129 detainees at the central prison in Bangui received supplementary meals, prepared with material and technical assistance from the ICRC and distributed by/with the ICRC's local partners. Prison staff in charge of detainees' food strengthened their capacities through ICRC training in such areas as nutrition. The ICRC urged the authorities to increase the funds allocated for detainees' nutrition.

### **The authorities take steps to improve sanitation in prisons**

The authorities took steps, with the ICRC's support, to ensure adequate hygiene and sanitation in places of detention. Notably, water and sanitation facilities at the central prison in Bangui were repaired and upgraded by the ICRC. The ICRC responded to disruptions of water supply and other emergencies by trucking in water and renovating waste-disposal facilities. These activities benefited 1,373 detainees in all. Some 1,800 detainees received bedding and other items from the ICRC to enhance their living conditions.

The ICRC also kept up its material and technical support for the authorities' efforts to prevent the spread of COVID-19 in places of detention. In addition to the activities mentioned above, the authorities purified water with chemicals from the ICRC, and installed handwashing stations with the ICRC's help.

## **WOUNDED AND SICK**

Patients and caregivers at ICRC-supported health facilities, including physical rehabilitation centres, learnt more about COVID-19 at information sessions conducted by the Central African Red Cross Society and the ICRC.

### **Weapon-wounded people are given first aid and referred for further care**

The National Society and the ICRC gave potential first responders – particularly members of violence-affected communities and armed groups – training in first aid for critically wounded people. Some of them were also given supplies and equipment, for instance for transporting patients; some people were given

materials and training for installing handwashing stations as part of COVID-19 prevention efforts.

The National Society and the ICRC stabilized people who were severely wounded or critically ill and transferred them to hospitals.

### **People obtain surgical and other services at hospitals supported by the ICRC**

The hospital in Kaga Bandoro, the district hospital for Nana Grebizi, continued to develop its ability to provide free, good-quality medical care and to strengthen its services, particularly those of its surgical, maternity and paediatric departments. The ICRC gave the hospital support to ensure the sustainability of its services and their availability, free of charge, to violence-affected people. Notably, it assigned an ICRC surgical team to the hospital and donated medical supplies; it made improvements to the hospital's maternity ward and other facilities, and infrastructure at other health facilities (372 beds in all). It provided technical support to hospital authorities for the implementation of measures to improve the safety of staff and patients during incidents of armed violence. The hospital also provided suitable care for victims/survivors of sexual violence. A therapeutic feeding unit at the hospital, run by the ICRC, continued to treat severely malnourished children.

Four other hospitals strengthened their services with the ICRC's support, which helped them cope with limited stocks of medical supplies and other constraints. The ICRC assisted these hospitals in drafting plans to deal with influxes of patients and other emergencies; it also gave them chlorine for treating their water supply.

### **Persons with disabilities obtain physiotherapy and assistive devices**

Persons with physical disabilities obtained rehabilitative care and assistive devices at an ICRC-supported centre in Bangui. The centre provided physical rehabilitation services for 713 people<sup>1</sup>, and distributed 2,309 prostheses and 110 orthoses. The ICRC helped to cover transport and other costs for some of the centre's patients; an association of disabled people provided room and board for patients who had no relatives with whom they could stay during their treatment. Some patients were referred for livelihood support (see *Civilians*).

The centre developed its capacity to produce assistive devices and provide physiotherapy, with the ICRC's help. The ICRC provided materials and components, training for technicians and other personnel, and expert guidance. The ICRC also supported the association of disabled people mentioned earlier: the association renovated its kitchen with the ICRC's help, and prepared meals for patients with supplies donated by the ICRC.

Construction of a new physical rehabilitation centre, by the ICRC and the authorities, got under way in March.

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

## **ACTORS OF INFLUENCE**

The ICRC engaged the authorities, weapon bearers, local leaders and community members in dialogue on a wide range of issues, such as the humanitarian consequences of armed conflict and other violence; the plight of victims/survivors of sexual violence; the specific concerns of IDPs; and the necessity of safeguarding civilians, and medical personnel and facilities.

The ICRC continued to support the efforts of the authorities and weapon bearers to integrate IHL and other applicable norms and standards into their doctrine, training and operations (see also *Civilians*).

The ICRC and the pertinent authorities continued to discuss the implementation of IHL and IHL-related treaties. The ICRC made its expertise available to them, for dealing with these matters, and for setting up a national IHL committee.

Law students demonstrated their grasp of IHL at moot court competitions organized by the ICRC. ICRC briefings enabled them to add to their knowledge. Law professors attended an ICRC workshop on teaching IHL. The ICRC provided academics with reference materials on IHL.

### **Communities learn more about IHL and the Movement**

The Central African Red Cross Society and the ICRC endeavoured to broaden awareness and understanding of IHL and the Movement among the general public – through radio spots in local languages, flyers distributed in public spaces and public communication via both traditional and digital media; some of these efforts also incorporated information on COVID-19 and measures to check its spread.

Journalists learnt more about how to enhance their reporting on humanitarian issues in conflict-affected areas, during ICRC briefing sessions on the topic.

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Central African Red Cross Society endeavoured to expand its operational capacities, with material and technical support from the ICRC. National Society staff and volunteers developed their ability to disseminate information about IHL, humanitarian issues and COVID-19 (see also *Actors of influence*). Owing to pandemic-related, administrative and other constraints, certain ICRC activities for National Society staff and volunteers – for instance, training in restoration of family links – did not take place.

The National Society also strove to strengthen its managerial capacities with ICRC support, which included financial assistance to help cover the salaries of key staff and repair National Society infrastructure damaged during armed violence.

Training and technical advice from the ICRC helped National Society staff and volunteers to become more capable of working in line with the Safer Access Framework. The ICRC also gave them face masks to help ensure that they could carry out their activities in accordance with measures against COVID-19.

Regular discussions between Movement components helped to reduce duplication of effort and ensure closer cooperation and more effective coordination.

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	135	20		
RCMs distributed	136	12		
Phone calls facilitated between family members	228			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	5			
<i>including people registered by another delegation</i>	1			
Human remains transferred or repatriated	49			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	234	41	48	42
<i>including people for whom tracing requests were registered by another delegation</i>	83			
Tracing cases closed positively (subject located or fate established)	124			
<i>including people for whom tracing requests were registered by another delegation</i>	54			
Tracing cases still being handled at the end of the reporting period (people)	442	70	97	66
<i>including people for whom tracing requests were registered by another delegation</i>	131			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	21	8		4
UAMs/SC reunited with their families by the ICRC/National Society	5	1		
<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	27	12		4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	10			
Detainees in places of detention visited	1,848	50	42	
Visits carried out	54			
Detainees visited and monitored individually	389	12	1	34
<i>of whom newly registered</i>	283	12	1	26
<b>RCMs and other means of family contact</b>				
RCMs collected	104			
RCMs distributed	36			
Phone calls made to families to inform them of the whereabouts of a detained relative	253			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Food consumption	People	79,195	32,079	14,336
	<i>of whom IDPs</i>	18,865	8,078	2,528
Food production	People	90,330	27,234	12,722
	<i>of whom IDPs</i>	3,929	785	785
Income support	People	7,758	4,164	150
	<i>of whom IDPs</i>	176	159	
Living conditions	People	37,765	15,939	6,476
	<i>of whom IDPs</i>	16,765	7,029	3,401
Capacity-building	People	4	1	
<b>Water and habitat</b>				
Water and habitat activities	People	343,700	103,110	147,791
	<i>of whom IDPs</i>	37,807	11,342	16,257
<b>Primary health care</b>				
Health centres supported	Structures	5		
	<i>of which health centres supported regularly</i>	5		
Average catchment population		61,076		
<b>Services at health centres supported regularly</b>				
Consultations		55,321		
	<i>of which curative</i>	49,107	11,042	30,359
	<i>of which antenatal</i>	6,214		
Vaccines provided	Doses	28,769		
	<i>of which polio vaccines for children under 5 years of age</i>	12,635		
Referrals to a second level of care	Patients	723		
	<i>of whom gynaecological/obstetric cases</i>	60		

CIVILIANS		Total	Women	Children
<b>Mental health and psychosocial support</b>				
People who received mental-health support		2,582		
People who attended information sessions on mental health		42,855		
People trained in mental-health care and psychosocial support		21		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	1,129		
Living conditions	People	1,831	22	36
<b>Water and habitat</b>				
Water and habitat activities	People	1,373		55
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	195		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	5		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	145	*	*
	(including those related to mines or explosive remnants of war)	*	*	*
	Non-weapon-wound admissions	800		
	Operations performed	912		
Medical (non-surgical) admissions		2,808	1,796	21
Gynaecological/obstetric admissions		2,220	2,168	52
Consultations		72,821		
<b>First aid</b>				
First-aid training				
	Sessions	39		
	Participants (aggregated monthly data)	773		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	372		
<b>Physical rehabilitation</b>				
Projects supported		2		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	713	172	183
	<i>of whom victims of mines or explosive remnants of war</i>	128		
Prostheses delivered	Units	178		
Orthoses delivered	Units	110		
Physiotherapy sessions		2,309		
Walking aids delivered	Units	259		
Referrals to social integration projects		40		

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

# CHAD

The ICRC has worked in Chad since 1978. It seeks to protect and assist people suffering the consequences of armed conflict in the region, follows up on the treatment and living conditions of detainees, and restores links between separated family members, including refugees from neighbouring countries. It also pursues longstanding programmes to promote IHL among the authorities, armed forces and civil society. It supports the Red Cross of Chad.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2021

- In connection with armed conflict in Chad and the wider region, authorities and weapon bearers were reminded to uphold IHL and other relevant norms. Documented allegations of violations were bilaterally shared with them.
- Members of families dispersed by violence, migration or detention – including refugees from the Central African Republic (hereafter CAR), Nigeria and Sudan – reconnected through the Movement’s family-links services.
- Violence-affected people met their needs with ICRC assistance, such as emergency relief, livelihood support and construction of wells. Given security and other constraints, the ICRC, at times, reached fewer people than planned.
- Detainees held in four prisons underwent regular malnutrition screening, through the efforts of the detention authorities and the ICRC; at one prison, this was incorporated into a system of medical examination upon detainees’ arrival.
- Legislators finalized the draft of a law on the domestic implementation of the African Union Convention on IDPs, during an ICRC-backed seminar. The authorities continued to be urged to establish a national IHL committee.

## EXPENDITURE IN KCHF

Protection	3,066
Assistance	6,635
Prevention	1,453
Cooperation with National Societies	1,249
General	150
<b>Total</b>	<b>12,553</b>
<i>Of which: Overheads</i>	766

## IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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## PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	123



## PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	264
RCMs distributed	335
Phone calls facilitated between family members	48,589
Tracing cases closed positively (subject located or fate established)	35

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	5
Detainees in places of detention visited	4,450
<i>of whom visited and monitored individually</i>	1,065
Visits carried out	24

<b>Restoring family links</b>	
RCMs collected	545
RCMs distributed	356
Phone calls made to families to inform them of the whereabouts of a detained relative	858

## ASSISTANCE CIVILIANS

		2021 Targets (up to)	Achieved
<b>Economic security</b>			
Food consumption	People	15,000	2,518
Food production	People	150,000	125,446
Income support	People	2,400	4,739
Living conditions	People	24,000	13,404
Capacity-building <sup>1</sup>	People	12,250	215

<b>Water and habitat</b>			
Water and habitat activities	People	78,400	55,620

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Economic security</b>			
Food consumption	People	8,000	4,373

<b>Water and habitat</b>			
Water and habitat activities	People	4,000	4,183

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

Chad – together with other members of the Multinational Joint Task Force (MNJTF) – continued to battle the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad, which were active in the wider Lake Chad region (see also *Niger, Nigeria and Yaoundé*). Fighting between Chadian forces and armed groups in Kanem province intensified in April, but ceased in May. Following the death of the Chadian president during the clashes, a transitional government was established, pending the organization of elections. Arrests in connection with conflict continued to be made. Communal tensions persisted in eastern and southern Chad.

Because of the violence, people fled or could not return to their homes. Abuses were reported. Access to basic services – including in detention facilities, which were dilapidated and overcrowded – and livelihood sources was hampered, as was the delivery of aid. The effects of climate change in the Sahel, such as heavy floods, and the COVID-19 pandemic, which necessitated movement restrictions, exacerbated people’s difficulties.

The number of refugees in Chad, from Cameroon, CAR, Nigeria and Sudan, increased during the year, owing to violence in these countries (see *Central African Republic, Nigeria, Sudan and Yaoundé*).

Chad remained part of the G5 Sahel Joint Force, a regional coalition against armed groups, and continued to host the headquarters of Operation Barkhane, a French operation supporting conflict-affected countries in the Sahel.

## ICRC ACTION AND RESULTS

The ICRC sustained its efforts to protect and assist people affected by armed conflict in Lac province and by other situations of violence in Chad, as well as those affected by crises in the wider region. The security situation, logistical issues, pandemic-related restrictions and/or other constraints compelled it to adapt or postpone certain activities; at times, it reached fewer people than planned.

The ICRC engaged in dialogue with the authorities, weapon bearers and other influential actors to foster respect for IHL and help facilitate the Movement’s activities to aid violence-affected people. It documented allegations of violations of IHL and other pertinent norms, and relayed them bilaterally to the parties concerned, with a view to ending or preventing such violations. The general staff of the Chadian National Army pursued the implementation of its memorandum of understanding with the ICRC, on integrating IHL principles more fully into its doctrine, training and operations. With ICRC support, lawmakers finalized the draft of a law on the domestic implementation of the African Union Convention on IDPs. The authorities continued to be urged to establish a national IHL committee.

Alongside the Red Cross of Chad, the ICRC assisted IDPs and residents of the communities hosting them in meeting their urgent and/or longer-term needs. Thousands received household

essentials and cash to buy food. Farming households were given seed and tools to grow staple crops and vegetables, and cash to tide them over the lean season. Pastoral households benefited from a livestock-vaccination campaign. Breadwinners augmented their income by drawing on cash grants or participating in cash-for-work projects.

The ICRC worked to improve access to water in violence-affected communities. It constructed water points, enabling IDPs and residents to better avail themselves of clean water for household and livelihood use. Dikes were reinforced to reduce people’s risk of flooding and waterborne diseases. In coordination with the authorities, the ICRC trained and equipped local water committees and technicians to maintain and repair water infrastructure. To help improve people’s living conditions, it conducted distributions of: soap and other hygiene essentials, coupled with hygiene-promotion sessions; and solar-powered devices that function as both lamps and phone chargers.

Members of families dispersed by violence, migration, detention or other circumstances – including refugees from CAR, Nigeria and Sudan – reconnected with one another via family-links services provided by the Movement in and near refugee camps and at other places where people had moved.

In accordance with its standard procedures, the ICRC conducted visits to detainees. It monitored their treatment and living conditions, paying close attention to people with particular vulnerabilities. The pertinent authorities were reminded to ensure that detainees’ diet and access to health care met internationally recognized standards; the ICRC endeavoured to promote their implementation of long-term measures in this regard, wherever possible. At four prisons, the detaining authorities drew on the ICRC’s comprehensive support in working to address detainees’ basic needs. The ICRC conducted regular malnutrition screening of detainees and, at one of the prisons, incorporated this into a system of medical examination upon detainees’ arrival that it established. The health and justice ministries continued to be encouraged to formalize a coordination agreement on providing health care to detainees.

The Red Cross of Chad, with support from the ICRC and other Movement partners, bolstered its capacities to help people in need. Movement components maintained regular contact to exchange information and coordinate their activities.

## CIVILIANS

### Authorities and weapon bearers are reminded to abide by IHL and other pertinent norms

The ICRC monitored the situation of IDPs, refugees, returnees and members of host communities affected by armed conflict and other situations of violence in Chad – particularly in border areas of Lac province – and the wider Lake Chad region. It documented allegations of violations of IHL and other applicable norms, especially in connection with the conduct of hostilities, the use of force in law enforcement operations, the rights and concerns of displaced people and returnees, and sexual violence. Whenever possible, the allegations were relayed bilaterally to the pertinent authorities and weapon

bearers, with a view to ending or preventing such violations. The ICRC also reminded these parties of the necessity of ensuring people's access to basic services and sources of livelihood.

### **People meet their immediate needs and build their resilience**

The ICRC, together with the Red Cross of Chad, assisted displaced people, residents and returnees in covering their urgent and/or longer-term needs. The security situation, logistical issues, pandemic-related restrictions and/or other constraints (see *Context*) compelled it to adapt or postpone certain activities, for example, by increasing income support to breadwinners in the communities that it could access (see below); at times, it reached fewer people than planned.

Relief distributions in IDP camps and host communities enabled people affected by violence or other emergencies to ease their immediate circumstances: about 13,400 people (2,233 households) received soap, buckets and other household essentials, and roughly 2,500 people (417 households), cash grants to buy food.

Approximately 6,500 farming households (38,878 people in all) were given seed and tools for growing staple crops and vegetables; many of them also received cash to tide them over the lean season. Of these households, 800 (4,800 people) obtained vouchers that they could exchange for off-season seeds from local suppliers. Over 14,400 pastoral households (86,568 people in all) had their livestock vaccinated during campaigns undertaken by the ICRC, in cooperation with local partners; as necessary, the animals were also dewormed.

Nearly 790 breadwinners (supporting 4,739 people in all) earned money from using ICRC cash grants to start small businesses or sustain their current income-generating activities, or from participating in ICRC cash-for-work projects to build or improve communal facilities (see below).

Local agricultural and veterinary services bolstered their capacities with ICRC backing. Government agricultural personnel benefited from donated motorcycles and subsidized staff allowances. Under a pilot project to broaden availability of veterinary medicines, community animal-health workers received vouchers that they could exchange for such medicines in their respective areas of work. Four veterinary posts were each sent a solar-powered refrigerator. Capacity-building training – including refresher training – and supplies were provided for seed producers and community animal-health workers. The ICRC discussed training for agricultural advisors with three government bodies, and formalized agreements in this regard with two of them. It handed over to the authorities a seed-testing laboratory that it had renovated.

### **Violence-affected communities have improved water and other communal facilities**

The ICRC provided 900 crisis-affected people with water-purification supplies and remained ready to distribute more of these supplies. The communal facilities that it built enabled 22,548 IDPs and residents to better avail themselves of clean water for household and livelihood use – for example, they benefited from the completion of wells (serving

some 3,500 people) and a pastoral station (serving about 2,400 people). Dikes were reinforced to reduce people's risk of flooding and waterborne diseases. Community members were employed in many of these projects. In coordination with the authorities, the ICRC trained and equipped local water committees and technicians to maintain and repair water infrastructure; the National Society extended monitoring support to those who had been trained.

Distributions of soap and other hygiene essentials, coupled with hygiene-promotion sessions conducted by the National Society and the ICRC, reached approximately 19,600 people.

A total of 6,870 households (41,220 people in all), many of them recently displaced, received – from the ICRC or through the National Society – solar-powered devices that function as both lamps and phone chargers; delivery delays prevented the provision of these devices to more people.

### **Members of separated families reconnect**

Members of families dispersed by violence, migration, detention and other circumstances reconnected with one another via short oral messages relayed by ICRC delegates, RCMs, phone calls and other Movement family-links services. These services were provided – and, as necessary, reinforced – in and near refugee camps and at other places where people, including IDPs and refugees from CAR, Nigeria and Sudan, had moved. The National Society and the ICRC sought to promote the availability of family-links services through radio spots and information sessions in the communities concerned. The families of 35 people learnt of their relatives' fate and/or whereabouts and, where possible, were put in touch with them. Pandemic-related and other constraints impeded the reunification of unaccompanied/separated minors with their families.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees are visited by the ICRC**

In accordance with its standard procedures, the ICRC visited people confined in five prisons. They included detainees whom the authorities transferred to a prison that opened in February, from another that was closed at around the same time. The ICRC monitored detainees' treatment and living conditions, paying close attention to those especially at risk, such as those detained in relation to armed conflict, ailing detainees, women, minors and foreigners.

Findings from the ICRC's visits were communicated confidentially to the relevant authorities, who were reminded, in particular, to respect judicial guarantees and ensure that detainees' diet and access to health care met internationally recognized standards. The ICRC continued to seek access to all detainees within its purview.

Detainees and their relatives contacted one another through short oral messages relayed by ICRC delegates, RCMs and other family-links services. At the request of foreign inmates, the ICRC notified their consular representatives or the UNHCR of their detention. During discussions with the authorities, the ICRC: followed up allegations of arrest; encouraged the use of detainee registries; urged the authorities to notify the families concerned whenever people were arrested, transferred to other

detention centres or released, or died; and emphasized the importance of facilitating family visits.

During workshops – including one organized with a European Union programme supporting judicial reforms in Chad – the ICRC provided the authorities with expert advice on ways to better uphold the welfare of detainees, notably by ensuring family contact and access to medical care. It maintained dialogue with judges, lawyers and other actors, in connection with its activities for detainees (see also *Actors of influence*).

### **Authorities strive to address detainees' basic needs**

At four prisons, the authorities – grappling with inadequate budgetary, human and other resources and systemic issues in penitentiary administration – drew on the ICRC's comprehensive support to look after the well-being of detainees. The ICRC endeavoured to promote the implementation of long-term measures to address detainees' needs, wherever possible.

The ICRC monitored the health of detainees, offered medical consultations and supplied essential medicines. It treated about 2,500 detainees and, as necessary, facilitated their referral for further care; some 200 detainees thus obtained services at local hospitals, with the ICRC's financial support. During workshops, prison health personnel added to their knowledge of providing primary care, and of preventing and treating malnutrition, COVID-19, HIV/AIDS and TB. Information sessions helped prison staff and inmates learn more about minimizing their COVID-19 risk; the ICRC also made regular donations of personal protective equipment and backed the detention authorities in vaccinating detainees against COVID-19. The ICRC maintained its advocacy for the systematic inclusion of detainees in national programmes for HIV/AIDS, malaria and TB; some detainees accessed testing and treatment as a result. The health and justice ministries continued to be encouraged to formalize a coordination agreement, drafted with ICRC input, on providing health care to detainees.

In cooperation with the authorities, the ICRC screened detainees regularly for malnutrition. At the prison that opened in February, such screening was incorporated into a system of medical examination upon detainees' arrival that the ICRC established. Around 4,000 inmates found to be malnourished were given therapeutic or supplementary food, in some cases complemented with vitamins. Some 50 prison staff members underwent training, including refresher training, on managing the food supply and monitoring detainees' nutrition. The ICRC provided one prison with kitchen tools and equipment and trained roughly 3,200 detainees in their use.

### **Detainees have improved living conditions**

The ICRC sent soap, disinfectants and other cleaning supplies to four prisons, enabling nearly 4,200 detainees to have more sanitary surroundings. Roughly 1,400 inmates in three detention centres also benefited from infrastructural improvements – for example, repairs to solar-powered pumps and water heaters and prison cells, and renovations to an infirmary.

## **ACTORS OF INFLUENCE**

Dialogue with authorities, military and security forces personnel, and representatives of civil society remained a priority for the ICRC, particularly because of Chad's position in the region and the number of international actors in the country. Such dialogue was aimed at fostering respect for IHL and other applicable norms, and helping facilitate the Movement's activities to aid violence-affected people (see above).

### **The Chadian National Army pursues efforts to bolster respect for IHL**

The ICRC sustained discussions with Chadian and multinational forces, on IHL and international human rights law. MNJTF and G5 Sahel Joint Force officers expanded their knowledge of these subjects through training courses. ICRC briefings enabled troops from these forces and police officers to learn more about IHL and the Movement.

The general staff of the Chadian National Army pursued the implementation of its memorandum of understanding with the ICRC, on integrating IHL principles more fully into its doctrine, training and operations.

### **Legislators finalize the draft of a law concerning the African Union Convention on IDPs**

The ICRC encouraged the Chadian government to ratify, accede to or implement IHL-related treaties, and incorporate key provisions of IHL into domestic law. During an ICRC-backed seminar, legislators finalized the draft of a law on the domestic implementation of the African Union Convention on IDPs. At a round table, judges, lawyers and prison administration officials strengthened their grasp of Chad's anti-terrorist legislation – which had been updated with the ICRC's expert advice – in connection with IHL. The authorities continued to be urged to establish a national IHL committee.

### **Members of civil society add to their knowledge of IHL and the Movement**

The ICRC sought to stimulate discussions on IHL among parties capable of influencing decision makers, or who were themselves prospective decision makers. It organized workshops for academics on teaching IHL, and dissemination sessions for university students on IHL and the ICRC. It provided support to a moot court competition between law students. During meetings with the ICRC, religious leaders and teachers discussed the common ground between Islamic law and IHL.

Feedback was elicited from the communities assisted by the ICRC (see *Civilians*). Information sessions for some 3,200 members of civil society – including traditional leaders and journalists – in Lac and other violence-affected areas of Chad sought to cultivate greater acceptance for humanitarian principles and the ICRC's mandate and work. These sessions were supplemented by radio spots, social-media posts and related materials, at times produced with the National Society.

The Red Cross of Chad bolstered its public-communication capacities with the ICRC's help, notably in relation to an awareness-raising campaign on the national law regulating the

use of the red cross and red crescent emblems; the campaign prompted compliance with the law among those it reached.

### RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross of Chad remained an important partner in helping people in need (see *Civilians*). Financial, material and technical support from the ICRC, including renovations to National Society facilities, and from other Movement components enabled it to reinforce its operational capacities – for instance, to assist people fleeing violence in Cameroon (see *Context*). Its staff and volunteers were trained in: the

Safer Access Framework; emergency-needs assessment and response; first aid, including in training others to provide it; family-links services; hygiene promotion; and public communication (see *Civilians* and *Actors of influence*). Security and pandemic-related constraints (see *Context*) led to the cancellation of some planned activities.

The National Society, the ICRC and other Movement components maintained regular contact to exchange information and coordinate their activities.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	264	3		
RCMs distributed	335	3		
Phone calls facilitated between family members	48,589			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	109	22	26	20
<i>including people for whom tracing requests were registered by another delegation</i>	85			
Tracing cases closed positively (subject located or fate established)	35			
<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)	729	111	165	156
<i>including people for whom tracing requests were registered by another delegation</i>	364			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
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	74	23		1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	5			
Detainees in places of detention visited	4,450	79	226	
Visits carried out	24			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	1,065	10	3	214
<i>of whom newly registered</i>	736	7	3	198
<b>RCMs and other means of family contact</b>				
RCMs collected	545			
RCMs distributed	356			
Phone calls made to families to inform them of the whereabouts of a detained relative	858			
People to whom a detention attestation was issued	1			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	2,518	1,266	274
	<i>of whom IDPs</i>	2,506	1,260	268
Food production	People	125,446	43,751	19,770
	<i>of whom IDPs</i>	56,118	21,632	13,288
Income support	People	4,739	1,922	383
	<i>of whom IDPs</i>	4,321	1,705	316
Living conditions	People	13,404	5,362	4,021
	<i>of whom IDPs</i>	13,150	5,262	3,944
Capacity-building <sup>2</sup>	People	215	37	36
	<i>of whom IDPs</i>	16		
<b>Water and habitat</b>				
Water and habitat activities	People	55,620	8,903	36,726
	<i>of whom IDPs</i>	47,856	7,657	31,584
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	4,373		
Capacity-building	People	3,335		
<b>Water and habitat</b>				
Water and habitat activities	People	4,183		84
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	4		

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

# CONGO, DEMOCRATIC REPUBLIC OF THE

**COVERING:** Congo-Brazzaville, Democratic Republic of the Congo

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. In 2019, the delegation also began covering ICRC operations in Congo-Brazzaville. The ICRC meets the emergency needs of violence-affected people, helps them obtain adequate health care and psychosocial support, and assists them in becoming self-sufficient. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the pertinent National Societies. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

### KEY RESULTS/CONSTRAINTS IN 2021

- Hundreds of children, including those formerly associated with weapon bearers, were reunited with their families. People displaced by violence, or the eruption of Mount Nyiragongo in May, phoned their relatives or sent RCMs.
- Conflict-affected people in the east had access to various kinds of care at over a hundred ICRC-supported facilities. Notably, victims/survivors of sexual violence had access to specialized care and psychosocial support.
- The National Society and the ICRC gave returnees, residents, and IDPs and their host families material aid to cover their basic needs. Some people were given cash or other assistance to produce food or set up businesses.
- Detainees were visited by the ICRC, which monitored their treatment and living conditions, and recommended improvements to the authorities. The authorities, guided by the ICRC, expedited the release of certain inmates.
- Security conditions, outbreaks of disease and other factors delayed some of the ICRC's activities. The ICRC was able to adapt, on the whole: for example, in Goma, it helped restore access to water after the volcanic eruption.
- Weapon bearers were reminded of their obligation under IHL and other applicable norms to safeguard civilians and their access to basic services. Reportedly, attacks on health personnel and aid workers were still taking place.

### EXPENDITURE IN KCHF

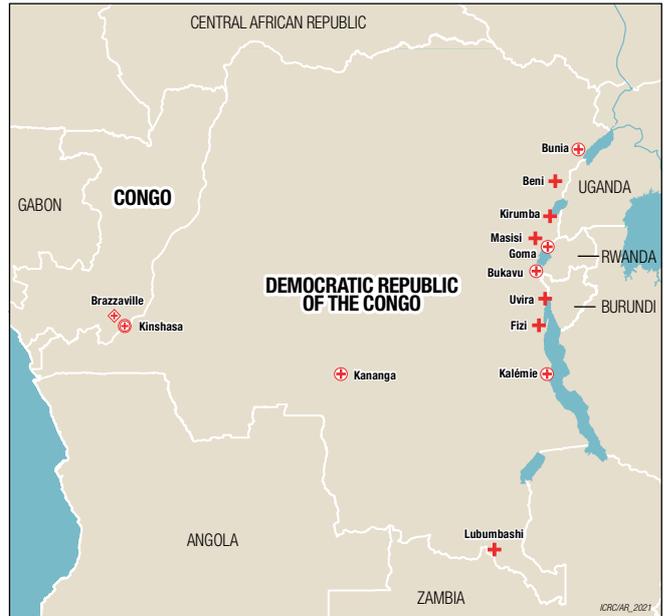
Protection	19,754
Assistance	51,998
Prevention	4,383
Cooperation with National Societies	3,763
General	611
<b>Total</b>	<b>80,509</b>
<i>Of which: Overheads</i>	<i>4,887</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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### PERSONNEL

Mobile staff	123
Resident staff (daily workers not included)	837



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC mission ⊕ ICRC office/presence

### PROTECTION

	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	35,482
RCMs distributed	27,096
Phone calls facilitated between family members	7,220
Tracing cases closed positively (subject located or fate established)	1,250
People reunited with their families	970
<i>of whom unaccompanied minors/separated children</i>	963

### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	37
Detainees in places of detention visited	27,067
<i>of whom visited and monitored individually</i>	1,741
Visits carried out	175
<b>Restoring family links</b>	
RCMs collected	1,766
RCMs distributed	804
Phone calls made to families to inform them of the whereabouts of a detained relative	299

### ASSISTANCE

	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	99,000	225,864
Food production	135,000	267,125
Income support	78,900	51,173
Living conditions	201,600	118,806

### Water and habitat

Water and habitat activities	People	924,000	369,201
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### Health

Health centres supported	Structures	28	46
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### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Economic security</b>			
Food consumption	People	14,000	9,418
Living conditions	People	24,000	34,383

### Water and habitat

Water and habitat activities	People	24,367	22,843
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### WOUNDED AND SICK

<b>Medical care</b>			
Hospitals supported	Structures	50	86

<b>Physical rehabilitation</b>			
Projects supported	Projects	9	7

### Water and habitat

Water and habitat activities	Beds (capacity)	574	1,346
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## CONTEXT

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by UN troops, continued to fight various armed groups, particularly in the eastern provinces of Ituri, North Kivu and South Kivu. Armed groups continued to break up and fight among themselves. Communal violence surged, particularly in Ituri. Demobilization processes continued, and many demobilized children were temporarily housed in transitional centres.

The armed conflict caused deaths and injuries. Instances of unlawful conduct were reported after episodes of armed violence. The violence set off fresh rounds of displacement; about 5 million people remained displaced within the DRC. Violence in neighbouring countries caused people to flee to the DRC and prevented refugees from returning home. The COVID-19 pandemic and outbreaks of Ebola exacerbated the difficulties of both residents and displaced people. Reportedly, health personnel and humanitarian workers were still being attacked. In November, two ICRC staff members were abducted; they were released after almost two weeks.

In May, a volcano, Mount Nyiragongo, erupted in the eastern DRC; lava flowed into the nearby city of Goma and seismic tremors undermined the city's infrastructure. Thousands of people fled, and dozens were killed.

In Congo-Brazzaville, the presidential elections ended in relative calm.

## ICRC ACTION AND RESULTS

The ICRC, together with the Red Cross Society of the Democratic Republic of the Congo, helped people affected by armed conflict and other situations of violence in the DRC. Some of its activities were hindered by security constraints, outbreaks of disease and a volcanic eruption, but the ICRC was still able to realize most of its plans. This was partly a consequence of its efforts to cultivate support for IHL and the Movement among authorities and weapon bearers, and in communities.

Discussions with all pertinent authorities and weapon bearers – about documented violations of IHL and other norms – continued. The ICRC monitored the protection-related concerns of conflict-affected people. In the eastern DRC, it did so through regular and direct engagement with communities via focus-group discussions, hotlines, help desks and other means. This engagement helped the ICRC and the communities to identify risks, and to develop or improve mitigation strategies, such as: creating warning systems; training designated intermediaries; mapping safe areas; fighting stigmatization of victims/survivors of sexual violence and of people with mental illnesses; and raising awareness of the risk to minors of recruitment into armed groups.

The discussions mentioned above enabled the ICRC to take into account the needs of the people affected – and the risks to their safety – when designing its activities. Where security conditions permitted pursuit of livelihoods or access to markets, the ICRC helped people to produce food, and particularly vulnerable people, including victims/survivors of sexual violence and persons with disabilities, to earn an income. This

encouraged self-sufficiency and resilience to the effects of armed conflict and violence. In areas where security conditions were particularly volatile, the ICRC focused on meeting urgent needs: it distributed material aid and repaired water systems. Following the volcanic eruption in North Kivu, the ICRC began trucking in water to Goma and a neighbouring city; it also helped repair water infrastructure damaged by lava.

Given the difficult terrain of the rural east, and the precarious security conditions, the ICRC directed its energies towards supporting a wide range of health services in the region and facilitating referrals to and from them. Thus, conflict-affected people in the east could obtain ICRC-supported services from hundreds of community workers and other first responders; 46 primary-health-care centres; 83 hospitals; and 7 physical rehabilitation centres. The ICRC equipped all these services/facilities to help prevent the spread of COVID-19. Specialized care for victims of conflict-related trauma, including sexual violence, and psychosocial support were among the services offered. Among the hospitals supported by the ICRC were three referral hospitals – in the cities of Beni, Bukavu and Goma – that received patients needing specialized care from throughout the eastern DRC. ICRC surgeons provided support – on-site or online – for these hospitals. The DRC's first centre of reference for physiotherapy and orthopaedic services, situated on the grounds of the general hospital in Kinshasa, began to offer physical rehabilitation services and training for physical rehabilitation technicians, and produce assistive devices.

The family-links programme in the DRC – run by the ICRC and the DRC Red Cross – remained one of the ICRC's largest, because of the scale of the needs. Hundreds of children – most of them formerly associated with weapon bearers – were reunited with their families. Displaced people phoned relatives from kiosks set up by the ICRC and the DRC Red Cross; RCM services were available where phone networks were not working, and for people wanting to contact detained relatives.

The ICRC monitored the treatment and living conditions of detainees, particularly people arrested in connection with the situation in the east; foreigners and people whose families lived far away; women; and minors. The ICRC continued to give the authorities expert advice on strengthening respect for judicial guarantees and improving penitentiary services despite resource constraints.

## CIVILIANS

### Weapon bearers are reminded of their obligations under IHL and other norms

The ICRC reminded authorities and weapon bearers of their obligations under IHL, international human rights law and other applicable norms, particularly their duty to protect civilians and ensure safe access to basic services, such as health care and water, and for children, schooling. It documented allegations of unlawful conduct – such as sexual violence, child recruitment, and attacks against health and humanitarian services – and made representations to the authorities and weapon bearers concerned. Bilateral dialogue with weapon bearers was supplemented by workshops on IHL and other norms (see *Actors of influence*).

Following such dialogue, two armed groups sought the ICRC's IHL expert assistance to draft and update codes of conduct for their members, and DRC military forces also drafted a strategy for preventing sexual violence and addressing its consequences.

### **Communities in the eastern DRC devise measures for self-protection**

The ICRC held focus-group discussions in communities, to discuss the threats to their inhabitants' safety – violence, including sexual violence, and recruitment of children – and mitigatory strategies such as creating response systems, training designated intermediaries and mapping safe areas. These discussions enabled the ICRC to take into account the needs of these people when designing activities to benefit them.

Communities were told about the stigmatization of victims of violence, including victims/survivors of sexual violence – and of people with mental illnesses – and encouraged to refer these people to the appropriate services when necessary. They were also alerted to the risk of child recruitment.

### **Members of dispersed families restore or maintain contact**

The family-links programme in the DRC – run by the ICRC and the DRC Red Cross – remained one of the ICRC's largest, because of the scale of the needs.

A total of 963 children, most of them formerly associated with weapon bearers, were reunited with their families. They learnt about the risk of rerecruitment before rejoining their families, via recreational and child-friendly activities at transitional centres.

The ICRC and the DRC Red Cross set up phone kiosks at IDP sites, to enable displaced people to stay in touch with their families. Following the volcanic eruption in May, the ICRC and the DRC Red Cross set up 11 of these phone kiosks. Where possible, phone services were also offered to refugees. RCM services were available where phone networks were not working, and for people wanting to contact detained relatives.

The ICRC trained DRC Red Cross volunteers in providing family-links services. Volunteers involved in restoring family links were given smartphones, to facilitate coordination and to record information about the people being assisted; they were also trained in data protection.

The ICRC provided forensic services, civil-defence authorities and the DRC Red Cross with support for standardizing and improving their management of human remains, with a view to ensuring their future identification. It also sponsored some of their representatives to attend conferences; donated body bags, PPE and other supplies; and helped them to develop standardized guidelines and documentation. The DRC Red Cross transported and buried hundreds of sets of human remains, after emergencies such as outbreaks of violence.

### **Medical services remain available during outbreaks of disease**

People in violence-affected areas of North and South Kivu, Ituri, and Tanganyika obtained primary health care at

46 ICRC-supported facilities. Roughly 275,700 consultations (including some 35,370 antenatal consultations) took place; 73,200 people were vaccinated against common contagious diseases; and 15,000 referrals were made for further care at ICRC-supported hospitals (see *Wounded and sick*). In addition, 709 victims/survivors of sexual violence received treatment, 592 within 72 hours of the incident; 588 received post-rape kits.

The 46 facilities mentioned above included 28 primary-health-care centres and 2 transitional centres providing paediatric care; the ICRC provided these 30 centres with financial, material and technical assistance regularly. Another 16 primary-health-care centres were given ad hoc material support and/or financial incentives for staff, to cope with emergencies such as disease outbreaks and natural disasters like the volcanic eruption in May.

The ICRC also began renovations at four health centres that were looted and/or damaged; work at one centre was completed before the end of the year. It donated ten tents to another organization that was vaccinating people against COVID-19.

Several thousand people – the wounded, victims/survivors of sexual violence, and unaccompanied and/or demobilized children – obtained psychosocial care at 13 ICRC-supported counselling centres and 16 health centres or from 335 ICRC-trained community-based volunteers and health workers.

The ICRC also trained staff at many of these centres, and provided PPE and other supplies, to prevent the spread of COVID-19. Information campaigns informing people how to prevent the spread of COVID-19 reached around 42,000 people.

### **People are assisted to become more resilient and self-sufficient**

Some 225,900 violence-affected people – IDPs, host families, and returnees – and those displaced by the volcanic eruption were given a month's supply of basic staples; 19,396 households (118,800 people) received soap, bedding, jerrycans and other essentials. Where possible, the ICRC distributed cash instead. Owing in part to the volcanic eruption and the nature of the ensuing needs, more food aid was distributed than planned.

Where security conditions permitted pursuit of livelihoods or access to markets, the ICRC helped people to produce food or augment their income. It gave 44,421 households (267,125 people) supplies to grow cassava and bananas, peanuts, amaranth and maize, and vegetables; fingerlings and fishing nets; cash in exchange for clearing fields or for participating in other cash-for-work projects. About 1,700 breadwinners started businesses with ICRC training and cash grants. They were given phones to receive the money sent by the ICRC: the ICRC made mobile money transfers, which meant that recipients did not have to travel and expose themselves to danger.

Before they returned home or after they were reunited with their families, 813 unaccompanied and demobilized children were given food and/or other aid to travel home, train for livelihoods and/or return to school.

### **Water and other services become available after the ICRC upgrades infrastructure**

Roughly 370,000 people had better access to water and other services after the ICRC completed several planned projects – installing water points and irrigation systems, and repairing urban water networks – and several emergency projects after the volcanic eruption in North Kivu. When Goma's water network failed, the ICRC – together with the DRC Red Cross, the International Federation, other Movement components, and other humanitarian actors as well – began trucking in water to the city. It also supplied thousands of litres of fuel for operating Goma's pumping station, and helped repair pipelines, a pumping station and other infrastructure: some of these were in line with an ongoing multiyear project to increase the availability of water in western Goma. The ICRC also trucked in water to Minova and Saké, which hosted people who had fled Goma, and later helped local water authorities repair and upgrade their water networks.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

#### **The cases of some detainees are expedited**

The ICRC visited, in accordance with its standard procedures, detainees at 37 detention facilities – including prisons, places of temporary detention and facilities run by the UN Stabilization Mission in the DRC (MONUSCO) – collectively holding around 27,700 people. It paid particular attention to people with specific concerns: security detainees; people arrested in connection with the situation in the east; foreigners and people whose families lived far away; women; and minors. Findings and recommendations were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions.

The ICRC urged detaining and judicial authorities to respect judicial guarantees and the principle of *non-refoulement*; it also discussed the issue of overcrowding with them. It continued to give them expert advice for expediting the sentencing of people in prisons who had not yet been brought to trial; and the release of eligible detainees and people who were particularly vulnerable to COVID-19; afterwards, 26 people were released.

The ICRC helped detainees to contact their families and foreign detainees to notify their consular representatives and/or the UNHCR of their detention.

#### **Detaining authorities improve the food supply**

The ICRC gave the penitentiary authorities expert advice for improving penitentiary services despite resource constraints. It discussed the situation with the central authorities; this led to a slight increase in the allocation of funds, food and medicines for penitentiary services. The ICRC also assisted penitentiary and health authorities' efforts to improve the quality and availability of health care. It helped them organize training for prison health staff, and gave them additional technical advice and PPE and disinfectants, to manage outbreaks of diseases such as COVID-19, Ebola and cholera.

The ICRC directly provided health staff at seven prisons with PPE, supplies and training, to support the provision of health care and regular monitoring of detainees' health, especially that of new arrivals. It helped health staff at one prison test

inmates for TB; 411 cases were diagnosed. The ICRC covered the costs of urgent, external treatment for 154 detainees. Additional supplies and medicines were distributed at a prison in Goma, following the volcanic eruption.

Some 9,400 detainees at five prisons – most of them malnourished, and some of them ailing – supplemented their diet with rations from the ICRC. In addition, therapeutic feeding was provided for 6,230 severely malnourished detainees. The ICRC distributed less food than planned, because the food supply had improved.

As a result of cleaning campaigns supported by the ICRC, 22,800 detainees, at nine prisons, had more sanitary living conditions. At six of these prisons, about 5,800 inmates benefited directly from ICRC-supported efforts to upgrade water systems; and renovate prison clinics and a prison kitchen, and the detainees' ward at the reference hospital designated for one prison. The ICRC helped create separate living quarters for minors at two prisons. The justice ministry set up a committee to maintain the improvements brought about by these infrastructural upgrades.

Around 34,400 detainees were given cleaning and hygiene items; eating and cooking utensils; firewood; clothes; and bedding.

### **WOUNDED AND SICK**

When violence surged in the DRC, the ICRC reminded weapon bearers once again that people seeking or providing medical care were protected under the law, and that the red cross and other emblems protected under IHL should also be shown due regard. ICRC-supported facilities continued to receive PPE, disinfectant, thermometers and other supplies – and/or training for staff – to prevent the spread of COVID-19.

#### **Wounded people in the eastern DRC receive life-saving care**

Conflict-affected people – including 1,459 wounded people – had 11,842 operations and other medical treatment free of charge at 21 hospitals regularly given funding, supplies and equipment by the ICRC. Three of these were the referral hospitals in Bukavu, Goma and Beni that received patients requiring advanced treatment from throughout the eastern DRC. These three hospitals were supported by ICRC surgeons, on site or via video calls. Another 67 hospitals were given drugs and other medical supplies for coping with sudden influxes of patients following surges in violence and other emergencies, such as the volcanic eruption or outbreaks of disease.

The ICRC covered treatment costs for 19,165 patients, including IDPs, unaccompanied and demobilized children, and wounded people. In addition, victims/survivors of sexual violence received post-rape kits – 317, within 72 hours of the incident; many of them received psychosocial care at the three referral hospitals in Bukavu, Goma and Beni, and elsewhere.

Given the difficult terrain of the rural east, and the precarious security conditions, the ICRC undertook to strengthen local capacities in basic life-saving care, and to facilitate the transport of patients in critical condition to rural hospitals or further along to the referral hospitals in cities. The ICRC

trained and equipped female community-based workers, weapon bearers and DRC Red Cross volunteers. The ICRC gave off-road vehicles and, in South Kivu, four motorcycles to serve as emergency vehicles to the DRC Red Cross, and coordinated medical evacuations by air with MONUSCO. In this way, thousands of patients, including those mentioned above, received urgent care.

### **Persons with disabilities receive good-quality physical rehabilitation services**

Around 2,600 people<sup>1</sup>, including those wounded by mines or explosive remnants of war, obtained services free of charge at five ICRC-supported physical rehabilitation centres in Bukavu, Bunia, Goma and Uvira that received financial, material and training support from the ICRC. Psychosocial care was available at two ICRC-supported centres; it helped patients cope with the traumatizing effects of violence and/or the loss of mobility.

The ICRC sought to advance the social inclusion of persons with disabilities. It gave some patients and other disabled people financial support to start small businesses (see *Civilians*), and helped 28 children to enrol in schools. The national Paralympic committee and the ICRC organized wheelchair-basketball events for 132 male and 89 female athletes; two of these athletes competed in the Paralympic Games in Tokyo, Japan. These sporting events helped raise public awareness of the plight of disabled people and remove some of the social stigma attached to disability.

The ICRC continued to advise the health ministry's community-based rehabilitation programme, with a view to ensuring the sustainability of the DRC's physical rehabilitation sector. The DRC's first centre of reference for physiotherapy and orthopaedic services, situated on the grounds of the general hospital in Kinshasa, began to offer physical rehabilitation services and training to physical rehabilitation technicians, and produce assistive devices. The centre was constructed under the Programme for Humanitarian Impact Investment (also known as the Humanitarian Impact Bond), a payment-by-results funding mechanism created to encourage social investment by the private sector.

## **ACTORS OF INFLUENCE**

### **Communities in the eastern DRC engage with the ICRC**

Focus groups allowed 2,300 people to express their needs and describe the threats to their safety and dignity (see *Civilians*). Help desks and dedicated hotlines reported approximately 2,000 conversations and 20,000 calls, respectively, during which people enquired about the ICRC's activities or shared their views on these activities. Tens of thousands of community leaders had an opportunity to enquire about the Movement at briefings organized by the ICRC and the Red Cross Society of the Democratic Republic of the Congo.

National Society volunteers were given training in public communication; with their help, the ICRC launched campaigns that reached millions of people in the country. Radio spots in

local languages, audiovisual materials shared via social and traditional media, and themed events fostered support for the Movement and its activities, and broadened awareness of humanitarian issues among the public, including among people living in remote or hard-to-reach areas. The ICRC's public communication emphasized weapon bearers' duty to facilitate access to health care; prevention of diseases like Ebola, COVID-19 and cholera; the respect due to health workers and those bearing the red cross emblem; and the plight of victims/survivors of sexual violence.

### **Weapon bearers are reminded of IHL and other international norms applicable to their duties**

The ICRC engaged senior officers from the military and security forces and international military contingents, and leaders of armed groups, in dialogue on applying IHL and human rights law. It urged them to integrate these laws into their decision-making, doctrine and training, via briefings on norms, and sharing with them case studies on violations and child recruitment. About 420 military officers were briefed specifically on means of integrating these norms into military planning.

The ICRC organized information sessions at which thousands of weapon bearers learnt more about IHL, human rights law, and other applicable norms, and how they bore on such matters as sexual violence, recruitment of minors, and the protection due to people seeking or providing health care. Attendees at these information sessions included military and security forces personnel; UN peacekeeping troops; and members of armed groups, who were briefed specifically on the ICRC's mandate and its neutral, impartial and independent humanitarian action.

In Congo-Brazzaville, the ICRC briefed large numbers of military and security forces personnel – including those bound for international peacekeeping missions – on IHL and international human rights law.

### **The DRC advances IHL implementation**

In the DRC and Congo-Brazzaville, the ICRC held workshops for the authorities, and offered them its legal expertise, with a view to advancing the domestic implementation of IHL treaties and other key legal instruments – such as a regional convention on IDPs and treaties on the arms trade and on the prohibition of the use of cluster munitions – and domestic laws on the emblems protected under IHL. The ICRC discussed security-sector reforms with judicial officials in the DRC.

The ICRC began a study of domestic laws pertinent to sexual violence, and commented on draft legislation for creating a national fund to support victims/survivors of sexual violence and a commission for transitional justice.

In the DRC, academics – who advise the government and/or become policymakers – were given reference materials on IHL, with a view to stoking their interest in it. The ICRC also organized two webinars at which students from several universities were introduced to IHL.

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

## RED CROSS AND RED CRESCENT MOVEMENT

### The DRC National Society responds to a volcanic eruption and to outbreaks of disease

The Red Cross Society of the Democratic Republic of the Congo responded to several large-scale emergencies throughout the year, with the Movement's help. For its part, the ICRC supported the DRC Red Cross's response to the volcanic eruption in May, with tents for use as first-aid posts, off-road vehicles, fuel and communication devices; and to outbreaks of disease, with handwashing kits, PPE and other materials for preventing contagion.

The ICRC helped the DRC Red Cross to organize training for volunteers in first aid; responding to sexual violence; forensics; and other areas of joint common concern (see *Civilians* and *Wounded and sick*). It also helped the DRC Red Cross to ensure that volunteers could move safely and efficiently on

difficult terrain, via training in the Safer Access Framework and donations of off-road vehicles, GPS devices and a boat. The ICRC provided the DRC Red Cross with funds to cover the running costs of some of its branches, and with expert guidance in developing its institutional capacities.

The Congolese Red Cross built up its capacity to respond to outbreaks of COVID-19 and other emergencies, with off-road vehicles, infrastructural upgrades and funding from the ICRC. The ICRC also made its technical expertise available to the Congolese Red Cross during the presidential elections in March.

The ICRC met with both National Societies regularly, to coordinate its activities with them, and to share updates on the security situation. It worked with both of them to devise new cooperation mechanisms before closing its offices in Kananga in the DRC and in Brazzaville within the year.

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>		<b>Total</b>			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		35,482	1,129		
RCMs distributed		27,096	657		
Phone calls facilitated between family members		7,220			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		970			
	<i>including people registered by another delegation</i>	24			
People transferred or repatriated		573			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		1,610	467	302	193
	<i>including people for whom tracing requests were registered by another delegation</i>	526			
Tracing cases closed positively (subject located or fate established)		1,250			
	<i>including people for whom tracing requests were registered by another delegation</i>	232			
Tracing cases still being handled at the end of the reporting period (people)		2,708	556	747	391
	<i>including people for whom tracing requests were registered by another delegation</i>	1,077			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		832	372		12
UAMs/SC reunited with their families by the ICRC/National Society		963	442		29
	<i>including UAMs/SC registered by another delegation</i>	23			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,069	427		44
<b>Documents</b>					
People to whom travel documents were issued		1			
People to whom official documents were delivered across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		37			
Detainees in places of detention visited		27,067	679	640	
Visits carried out		175			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		1,741	16	7	80
	<i>of whom newly registered</i>	1,130	14	7	71
<b>RCMs and other means of family contact</b>					
RCMs collected		1,766			
RCMs distributed		804			
Phone calls made to families to inform them of the whereabouts of a detained relative		299			
People to whom a detention attestation was issued		9			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Food consumption	People	225,864	78,068	96,499
	<i>of whom IDPs</i>	103,555	35,139	44,133
Food production	People	267,125	94,177	106,873
	<i>of whom IDPs</i>	28,941	10,119	12,806
Income support	People	51,173	18,482	19,660
	<i>of whom IDPs</i>	21,850	7,647	8,748
Living conditions	People	118,806	40,361	51,610
	<i>of whom IDPs</i>	84,313	28,902	35,978
<b>Water and habitat</b>				
Water and habitat activities	People	369,201	131,744	84,238
	<i>of whom IDPs</i>	57,480	20,118	9,772
<b>Primary health care</b>				
Health centres supported	Structures	46		
	<i>of which health centres supported regularly</i>	30		
Average catchment population		342,987		

CIVILIANS		Total	Women	Children
<b>Services at health centres supported regularly</b>				
Consultations		275,729		
	<i>of which curative</i>	240,360	749	2,762
	<i>of which antenatal</i>	35,369		
Vaccines provided	Doses	74,199		
	<i>of which polio vaccines for children under 5 years of age</i>	34,152		
Referrals to a second level of care	Patients	15,436		
	<i>of whom gynaecological/obstetric cases</i>	3,278		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		3,806		
People who attended information sessions on mental health		116,375		
People trained in mental-health care and psychosocial support		335		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	9,418	32	24
Living conditions	People	34,383	412	266
<b>Water and habitat</b>				
Water and habitat activities	People	22,843	1,827	2,284
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	6		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	86		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	21		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	1,459	183	124
	<i>(including those related to mines or explosive remnants of war)</i>	*	*	*
	Non-weapon-wound admissions	3,339		
	Operations performed	11,842		
Medical (non-surgical) admissions		8,399		
Gynaecological/obstetric admissions		9,383	2,754	
Consultations		52,808		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		707		
Weapon-wound admissions (surgical and non-surgical admissions)		739	*	*
Weapon-wound surgeries performed		200		
Patients whose hospital treatment was paid for by the ICRC		19,181		
<b>First aid</b>				
First-aid training				
	Sessions	79		
	Participants (aggregated monthly data)	1,414		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	1,346		
<b>Physical rehabilitation</b>				
Projects supported		7		
	<i>of which physical rehabilitation projects supported regularly</i>	4		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	2,596	687	410
	<i>of whom victims of mines or explosive remnants of war</i>	52		
Prostheses delivered	Units	794		
Orthoses delivered	Units	956		
Physiotherapy sessions		13,136		
Walking aids delivered	Units	1,409		
Wheelchairs or postural support devices delivered	Units	86		
Referrals to social integration projects		1,381		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		1,109		
People who attended information sessions on mental health		9,885		

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

# DAKAR (regional)

**COVERING:** Cabo Verde, Gambia, Guinea-Bissau, Senegal

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for several years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law throughout the region. It supports the activities of the National Societies; assists people affected by armed conflict and other situations of violence in Casamance, Senegal; seeks to facilitate efforts to clarify the fate of missing migrants; and visits detainees of ICRC concern, providing them with material aid where necessary.

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

## KEY RESULTS/CONSTRAINTS IN 2021

- ICRC-supported livelihood initiatives and upgrades to water and sanitation infrastructure enabled women in Casamance, Senegal to diversify their sources of income and mitigate their exposure to risks outside their communities.
- Physically disabled people, including victims of mines and explosive remnants of war (ERW) in Casamance, were treated at an ICRC-supported rehabilitation centre in Guinea-Bissau. ICRC support for the centre ended in 2021.
- Despite pandemic-related and other constraints, National Societies in the region were able to provide family-links services and, in Senegal, psychosocial care. Several missing-persons cases were resolved.
- Living conditions for detainees in Senegal improved, because of the authorities' efforts, assisted by the ICRC, to prevent the spread of COVID-19 in prisons and also because of the fans and mattresses provided by the ICRC.
- Weapon bearers and actors of influence learned about IHL and humanitarian issues in the region through communication initiatives and events organized by the ICRC in Dakar.

EXPENDITURE IN KCHF	
Protection	2,342
Assistance	2,957
Prevention	1,965
Cooperation with National Societies	801
General	493
<b>Total</b>	<b>8,558</b>
<i>Of which: Overheads</i>	<i>522</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	88%

PERSONNEL	
Mobile staff	41
Resident staff (daily workers not included)	142



ICRC regional delegation ICRC sub-delegation ICRC mission

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	9
RCMs distributed	12
Phone calls facilitated between family members	323
Tracing cases closed positively (subject located or fate established)	63
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	8
Detainees in places of detention visited	5,767
<i>of whom visited and monitored individually</i>	54
Visits carried out	15
<b>Restoring family links</b>	
RCMs collected	1
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	People 270	382
Income support	People 5,000	4,259
Living conditions	People 270	
Capacity-building	People 33	
<b>Water and habitat</b>		
Water and habitat activities	People 3,600	4,500
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	People	5,284
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Projects supported	Projects 4	3

## CONTEXT

Peace talks between the government and the factions of the *Mouvement des forces démocratiques de Casamance* (MFDC) continued. A few armed confrontations took place among weapon bearers in Casamance at the beginning of the year. Civilians, however, continued to feel the effects of 38 years of conflict, particularly the long-standing presence of weapon bearers and of mines and ERW. Many people were displaced over these years; a few had begun to return home.

In Gambia, presidential elections took place in December 2021; the peace-building mission of the Economic Community of West African States (ECOWAS) announced that it would retain some troops in the country.

Asylum seekers and refugees, and other migrants bound for Europe or elsewhere departed from or passed through the countries in the region. Many went missing or died along the way; sometimes, their remains were found along Senegal's coast.

Climate shocks – notably floods and drought caused by irregular rainfall – threatened food production in the region.

## ICRC ACTION AND RESULTS

The regional delegation in Dakar focused on addressing the needs of people affected by the conflict in Casamance. The ICRC met with all parties to conflict, and reminded them of their obligation under IHL and other norms to protect civilians and facilitate access to sources of livelihood. It documented allegations of unlawful conduct and, where possible, relayed them to the pertinent parties to prevent or end such misconduct.

The ICRC worked with conflict-affected people in Casamance in designing activities to limit their exposure to conflict-related risks. It implemented these activities with the Senegalese Red Cross Society. For example, radio spots produced by the ICRC and the National Society helped inform communities in Casamance about safe practices around mines and ERW, means to avert family separation, and measures against COVID-19. ICRC-supported livelihood projects – notably, market gardens cultivated by female breadwinners – and upgrades to water and sanitation infrastructure helped to increase resilience among conflict-affected people. These projects sought particularly to spare women unnecessary exposure to dangers by minimizing their need to leave their villages, to fetch water, for instance.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported *Centro de Reabilitação Motora* (CRM). They included Senegalese victims of mines/ERW, referred to the CRM by the Senegalese mine-action authorities. As planned, the ICRC ended its support for the centre and closed its mission in the country at the end of the year. The ICRC promoted the social inclusion of disabled people, for instance, by referring them to institutions offering livelihood support and organizing public events to draw attention to their plight.

Members of families dispersed by armed conflict, detention, migration, the COVID-19 pandemic, or by other circumstances, reconnected through the Movement's family-links

services. The ICRC gave the National Societies in Gambia, Guinea-Bissau and Senegal technical support to provide these services – notably training in data protection, and, in Senegal, in providing emergency assistance to shipwrecked migrants and psychosocial care for missing migrants' families in eastern and southern Senegal. The ICRC again collected DNA samples from families of missing migrants in Senegal, for purposes of comparison; two dead migrants were identified, and their families in Senegal informed. The ICRC kept up its efforts to find people reported missing – in connection with armed conflict or migration – by their families. In Senegal, the ICRC gave the authorities lists of names of missing people. In this way, some tracing cases were resolved; some of the people reported missing were found in detention.

The ICRC visited detainees in Senegal in accordance with its standard procedures. Findings from these visits were discussed with the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. The ICRC advised the Senegalese authorities on prison construction and maintaining prison infrastructure, and on the effects of the pandemic on detainees; it also gave them some material support that improved the living conditions of several thousand detainees.

The ICRC and the four National Societies in the region strove to raise support for IHL and the Movement among actors of influence and the public through communication initiatives and various themed events. In Dakar, the ICRC attended or organized events that broadened awareness of humanitarian issues within the region and elsewhere. It continued to advise the region's authorities on advancing IHL implementation and on furthering understanding of IHL among weapon bearers; in Gambia and Senegal, the ICRC organized workshops on IHL for various weapon bearers, including members of the MFDC in Senegal.

Some planned activities could not take place owing to pandemic-related restrictions and, in Gambia, political developments.

## CIVILIANS

### Communities in Casamance reduce their exposure to risks

The ICRC reminded MFDC factions and the Senegalese military of their obligation under IHL to protect civilians and facilitate their access to farmland and other sources of livelihood. It documented allegations of violation of IHL in Casamance and whenever possible, relayed them to the parties concerned, with a view to ending or preventing such unlawful conduct.

At focus-group discussions held in their villages, about 500 community representatives discussed, with the ICRC, the threats to their safety and their daily lives, and mitigatory measures. Call-in programmes on local radio stations, produced in cooperation with the Senegalese Red Cross Society and the ICRC, were another means of community engagement. All these discussions enabled the ICRC to more fully take into account the needs of the people it sought to help, while designing activities for their benefit, for example with regard to choice of location and type of livelihood support.

Radio spots produced by the ICRC and the National Societies addressed such matters as measures to check the spread of COVID-19 and safe practices around mines/ERW in Casamance (see *Actors of influence*).

The ICRC checked on the situation of people who had been resettled in Cabo Verde after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba.

### **People in rural Casamance strengthen their resilience to the effects of armed conflict**

The ICRC helped conflict-affected people in Casamance – including people in areas accessible to few other organizations – to diversify their sources of income and, at the same time, reduce their exposure to risks outside their communities. Women in particular were helped to develop livelihoods that they could pursue within their villages.

Livelihood support from the ICRC benefited 4,259 people with specific vulnerabilities, notably, female heads of households, families whose main breadwinners had gone missing, and physically disabled people. Notably, 166 female breadwinners (supporting 1,494 people) planted market gardens in their communities with training, tools and short-cycle varieties of seed from the ICRC, and ICRC-built irrigation systems. Several women's cooperatives were given mills, which spared them having to grind grains by hand for hours. About 250 households (2,250 people) started small businesses with ICRC cash grants. Roughly 780 people were employed in cash-for-work projects; particularly vulnerable people were given cash directly. Some of these households, and others, participated in an ICRC-supported rotating savings and credit association, which allowed them to save money and take out small loans for emergencies or to buy agricultural equipment.

The ICRC provided 41 households (382 people) that were displaced or otherwise affected by clashes, or were victims of mines/ERW, with food and other supplies.

### **People in rural Casamance have a more reliable supply of water**

The ICRC continued to improve infrastructure in Casamance, which benefited about 4,500 people.

Six wells dug by the ICRC and 50 latrines built by it benefited about 1,500 and 1,000 people, respectively. ICRC-trained Senegalese Red Cross volunteers promoted good hygiene. These efforts helped reduce people's exposure to water-borne diseases and safety risks; for example, women were spared from putting themselves at risk unnecessarily, to fetch water, for instance.

Community members constructed three dikes under ICRC cash-for-work projects, enabling 1,000 people to recover land that had become uncultivable and eventually farm it. Roughly 300 female market gardeners made use of solar-powered water pumps installed by the ICRC.

People repaired their houses – damaged by fighting or by lack of maintenance while the owners were displaced – using construction materials given to them by the ICRC or purchased with ICRC-supplied vouchers at participating shops. This

ICRC voucher system allowed people to buy exactly what they needed, while also supporting local merchants.

### **People contact their relatives through the Movement's family links network**

Members of families dispersed for various reasons – such as armed conflict, detention, migration, or the pandemic – reconnected through the Movement's family-links services. The ICRC gave the National Societies in Gambia, Guinea-Bissau and Senegal technical support to provide these services, notably training in data protection, and in emergency assistance for shipwrecked migrants in Gambia and Senegal. Drawing on this training, the Gambian and Senegalese National Societies provided first aid and family-links services for 34 Gambian and 214 Senegalese migrants returning from Mauritania.

The ICRC continued efforts to clarify the fate of people reported missing – in connection with armed conflict or migration – by their families. In Senegal, the ICRC gave the authorities lists of names of missing people. In this way, some tracing cases were resolved; some of the people reported missing were found in detention (see *People deprived of their freedom*). In Gambia, Guinea-Bissau and Senegal, the ICRC and the National Societies broadened awareness of means to prevent loss of family contact and of how to obtain the Movement's family-links services – through radio spots in local languages and, in Guinea-Bissau, via posters in train stations, schools and other public or semi-public spaces.

### **Families of missing migrants receive some psychosocial care**

The ICRC continued to work with the Bissau-Guinean, Gambian and Senegalese authorities on a project – carried out in coordination with other ICRC delegations and with National Societies in Europe and across Africa – to identify the remains of people who perished in an accident in the Mediterranean Sea in 2015. The ICRC checked up on the situation of families of missing migrants, and collected DNA samples and other ante-mortem data from those families whose relatives may have been involved in the accident, and sent the samples for analysis. Two dead migrants were identified from previous samples, and their families in Senegal informed.

The ICRC raised awareness of the needs of missing people's families, and the necessity of assisting them, among Senegalese authorities. Particularly in eastern and southern Senegal, the ICRC trained community-based health workers and National Society volunteers to provide psychosocial support. Some 320 people benefited from individual sessions and home visits from ICRC-trained first responders; 283 of them reported reduced levels of stress or anxiety. The ICRC marked the International Day of the Disappeared (30 August) by organizing a regional event to draw attention to the plight of the families of missing migrants; 10 members of these families attended and shared their experiences.

### **Senegalese authorities develop standards for managing human remains safely**

Senegalese agencies – those in charge of managing the remains of people whose deaths occurred in connection with migration, armed conflict or the pandemic – leant on ICRC expertise to draft contingency plans for mass-casualty events

and standards for managing human remains safely. The ICRC organized a few workshops and meetings on these subjects for forensic personnel from the government; National Society volunteers; health workers; and archaeology professors. National Society staff based in coastal areas were trained in managing the remains of shipwrecked migrants. The ICRC also donated body bags, personal protective equipment (PPE), manuals on forensic techniques and autopsy kits to these various personnel.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Living conditions improve for detainees in Senegal

The ICRC continued to brief government officials on its activities for people deprived of their freedom, and to discuss with them the issue of access to all detainees within its purview.

In Senegal, the ICRC visited detainees at eight prisons in accordance with its standard procedures. It monitored 54 security detainees individually: people held on charges of “terrorism”, or in connection with the conflict in Casamance, and foreigners. Findings and recommendations from these visits were discussed confidentially with the authorities, to help them ensure that detainees’ treatment and living conditions met internationally recognized standards. Discussions with the detaining authorities covered such issues as dealing with detainees on hunger strike and reducing overcrowding in prison via alternatives to detention. The authorities were also reminded of the necessity of facilitating family contact; with their help, some of the people reported missing were found in detention.

Detainees, including those in Casamance, used the ICRC’s family-links services to contact their relatives. The ICRC helped one former detainee return to his country of origin.

The ICRC gave the Senegalese authorities expert advice for constructing prisons and maintaining prison infrastructure; it also told them about the effects of the pandemic on detainees. It supplied PPE to six prisons, to help staff check the spread of COVID-19, and about 40 fans and 100 mattresses to help detainees sleep more comfortably; this benefited almost 5,300 detainees. In Guinea-Bissau, the ICRC advised the authorities on making COVID-19 vaccines available for detainees.

## WOUNDED AND SICK

Roughly 3,900 persons<sup>1</sup> with disabilities – including children with clubfoot and 109 victims of mines/ERW – obtained rehabilitative services and assistive devices free of charge at the CRM, the only physical rehabilitation centre in Guinea-Bissau. The ICRC covered treatment costs for 926 people, and transport and lodging costs of those unable to travel easily, for example the 109 victims of mines and ERW.

The ICRC provided the CRM with raw materials and components to make assistive devices, and equipment, and training for its prosthetic/orthotic technicians and physiotherapy

assistants. As planned, the authorities assumed full responsibility for the CRM at the end of 2021.

People living in remote areas were referred to the CRM through outreach by the CRM and the ICRC, and by the Senegalese mine-action authorities. At an ICRC workshop held at the National Institute of Public Health in Guinea-Bissau, 46 student midwives learnt to identify children with brachial plexus injuries and refer them for treatment.

The CRM, the National Societies in Guinea-Bissau and Senegal, and the ICRC broadened public awareness of the plight of disabled people, through communication initiatives and events such as a conference in Dakar to mark the International Day of Persons with Disabilities; and wheelchair-basketball tournaments organized by a local organization and supported by the ICRC with wheelchairs and other equipment. In addition, disabled people were given livelihood support or emergency cash to cope with their altered circumstances (see *Civilians*). All these efforts helped advance disabled people’s social inclusion.

The ICRC worked with a regional education council to incorporate modules on war surgery in university programmes for surgical trainees.

## ACTORS OF INFLUENCE

### Actors of influence in Dakar discuss pressing humanitarian needs in the region

In Dakar – a regional hub for diplomats, the media, and humanitarian and development agencies – the ICRC attended or organized events to broaden awareness of humanitarian issues in the region and elsewhere. For example, at the Dakar International Forum on Peace and Security, the ICRC’s president spoke of the consequences of armed conflict, displacement and the pandemic for civilians, and the Movement’s work, to an international audience. It was also an opportunity for him and participating heads of state – and officials from development agencies and think tanks – to discuss improvements to the humanitarian response to the issues mentioned above.

Academics, humanitarian workers and journalists from francophone Africa were briefed on IHL provisions and humanitarian principles relevant to their work, at ICRC workshops in Dakar. The ICRC also organized several events to draw attention to the plight of disabled people, and the families of missing migrants, throughout the region.

Communication initiatives by the ICRC, undertaken with National Societies and journalists – specifically, radio journalists – kept the public abreast of the issues mentioned above, and helped it learn about the Movement. Journalists made use of ICRC interviews, social-media posts and press releases to report on the Movement’s activities. Funding, training, and informational materials from the ICRC enabled National Societies to launch communication campaigns about COVID-19, family-links services, and other topics (see *Civilians* and *Wounded and sick*).

All these initiatives fostered support for IHL and the Movement’s work in the region.

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

### Senegalese and Gambian weapon bearers learn about international norms applicable to their duties

The ICRC and national IHL committees continued to advise authorities in the region on advancing IHL implementation and updating laws concerning missing people’s families. In Gambia, progress was slowed by political developments.

In Senegal, the ICRC and senior military officers discussed how to integrate IHL more fully into the training, doctrine and decision-making processes of the military. Two officers took part in an online conference on the application of IHL in military operations (see *International law and policy*). The ICRC organized workshops on IHL for hundreds of troops, including 160 peacekeepers bound for missions; 39 cadet officers from the national *gendarmerie* officer’s school; and 18 officers studying military medicine. The ICRC also conducted information sessions on its activities, and on the basic provisions of IHL, for members of MFDC factions.

Officials from the justice ministries in the Gambia and Guinea-Bissau tested their knowledge of IHL at an ICRC workshop. The ICRC also held workshops on IHL, and international guidelines for the use of force in law enforcement, for numerous members of the Gambian police and military forces.

### RED CROSS AND RED CRESCENT MOVEMENT National Societies in the region respond to needs arising from the pandemic and migration

The four National Societies built their operational capacities – notably in public communication and restoring family links – with ICRC support (see *Civilians*). They also developed their capacities in emergency response with funds and supplies from the ICRC, and training in applying the Safer Access Framework, for Senegalese National Society volunteers working in Casamance; and in first aid and the Safer Access Framework, for Gambian National Society volunteers assigned to the elections. The Bissau-Guinean, Gambian and Senegalese National Societies were given expert advice for planning for contingencies, such as maritime accidents.

Movement components in the region met online regularly to discuss the pandemic, migration and other issues of concern, and to coordinate their activities.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	9	1		
RCMs distributed	12			
Phone calls facilitated between family members	323			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	136	5	3	13
Tracing cases closed positively (subject located or fate established)	63			
Tracing cases still being handled at the end of the reporting period (people)	959	38	10	92
<i>including people for whom tracing requests were registered by another delegation</i>	3			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	8			
Detainees in places of detention visited	5,767	48	186	
Visits carried out	15			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	54	1		
<i>of whom newly registered</i>	6			
<b>RCMs and other means of family contact</b>				
RCMs collected	1			
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	2			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	382	134	152
Income support	People	4,259	1,552	1,520
	<i>of whom IDPs</i>	623	145	321
<b>Water and habitat</b>				
Water and habitat activities	People	4,500	2,250	1,355
<b>Mental health and psychosocial support</b>				
People who received mental-health support		318		
People who attended information sessions on mental health		23		
People trained in mental-health care and psychosocial support		42		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	5,284	97	16
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported		3		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	3,932	1,177	1,115
	<i>of whom victims of mines or explosive remnants of war</i>	109		
Prostheses delivered	Units	82		
Orthoses delivered	Units	321		
Physiotherapy sessions		49,906		
Walking aids delivered	Units	205		
Wheelchairs or postural support devices delivered	Units	38		
Referrals to social integration projects		94		

# ERITREA

The ICRC opened a delegation in Eritrea in 1998 in the context of the 1998–2000 international armed conflict between Eritrea and Ethiopia. It seeks to respond to some needs remaining from that two-year war, particularly among people separated from their families.

## YEARLY RESULT

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

## KEY RESULTS/CONSTRAINTS IN 2021

- Members of families separated by the past conflict with Ethiopia, the ongoing conflict in northern Ethiopia, migration or other circumstances reconnected through RCMs and other family-links services provided by the ICRC.
- Government restrictions on humanitarian work continued to limit the scope of ICRC activity. Parts of the country were inaccessible to ICRC staff; further restrictions on movement outside the capital were introduced in August.
- The ICRC sought to foster acceptance for its neutral, impartial and independent approach to humanitarian work among government officials, in order to secure access to people in need and expand its activities in the country.

## EXPENDITURE IN KCHF

Protection	148
Assistance	-
Prevention	-
Cooperation with National Societies	-
General	153
<b>Total</b>	<b>300</b>
<i>Of which: Overheads</i>	<i>18</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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## PERSONNEL

Mobile staff	-
Resident staff (daily workers not included)	4



## PROTECTION

	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	11
RCMs distributed	60
Tracing cases closed positively (subject located or fate established)	9

## CONTEXT

The situation in Eritrea remained calm as the governments of Eritrea and Ethiopia continued to work towards normalizing relations that had been strained since the 1998–2000 armed conflict between them, as per their joint declaration of July 2018. Eritrea and Djibouti maintained their efforts to resolve the border dispute that had led to hostilities in June 2008.

Some people remained unable to get in touch with their families who were separated from them by conflict, migration or other circumstances. People who had lost contact with relatives as a consequence of the past conflict with Ethiopia struggled to ascertain their fate or whereabouts, or to get in touch with them. Others could not easily contact family members in Tigray, Ethiopia, because of the ongoing conflict in that region (see *Ethiopia*). Eritreans living in other countries were unable to retrieve important documents across state borders – such as certificates of education – which damaged their prospects of employment or further education.

In May, the authorities lifted the lockdown that had been imposed to prevent the spread of COVID-19. Space for humanitarian work in the country remained limited, owing to government restrictions. As in previous years, ICRC mobile staff could not move freely within the country, and parts of southern Eritrea were inaccessible to the ICRC. In August, further restrictions were introduced, curtailing the movement of all ICRC staff beyond Asmara.

The “Red Cross Society of Eritrea” remained inactive, pending an internal audit by the government.

## ICRC ACTION AND RESULTS

Because of the long-standing restrictions on humanitarian work in Eritrea, the ICRC maintained only a small presence in the country, focusing on delivering family-links services in areas to which it had access. These services helped members of families separated by the past conflict with Ethiopia, the ongoing fighting in Tigray, migration or other circumstances to contact one another, and enabled people to obtain documents necessary for pursuing educational or employment opportunities or fulfilling legal requirements.

At the same time, the ICRC continued to foster acceptance for its neutral, impartial and independent approach to humanitarian work among government officials, and influential stakeholders who were in touch with them, with a view to securing humanitarian access throughout the country and expanding its activities to help the government address residual humanitarian issues from past conflict. These efforts were strengthened, following the imposition of further restrictions on movement out of Asmara. However, no progress was made during the year.

## CIVILIANS

The ICRC sought to meet with government officials to explain its neutral, impartial and independent approach to humanitarian work; it also discussed the topic with influential stakeholders, such as diplomats, who were in contact with them. The ICRC did so with a view to fostering acceptance among these officials for its activities, securing humanitarian access throughout the country and expanding its activities to help the government address residual humanitarian issues from past conflict, such as ascertaining the fate of missing people.

### Members of dispersed families reconnect

After the lockdown in response to the COVID-19 pandemic was lifted in May, the ICRC provided family-links services in areas accessible to it. These services enabled members of families dispersed by past conflict, the ongoing fighting in Tigray, migration or other circumstances to maintain contact with their relatives, or to locate and restore contact with them. People with no other means of contacting their relatives, such as those living in areas with poor phone service, used RCMs to get in touch with their families. Eritrean migrants in Italy informed their families of their situation through short messages relayed by the ICRC, in coordination with the Italian Red Cross. The fate and whereabouts of nine people were ascertained and communicated to their families. The ICRC also facilitated the transfer of school documents from Eritrea to a person living abroad to help them pursue educational or employment opportunities, and issued an attestation of detention to help an ex-detainee fulfil legal requirements.

The restrictions introduced in August hampered the delivery of further services. The ICRC strengthened its efforts to discuss with the authorities the broadening of its access in the country. However, no progress was made to this end during the year.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		11			
RCMs distributed		60			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		31	12		4
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases closed positively (subject located or fate established)		9			
Tracing cases still being handled at the end of the reporting period (people)		2,041	418	359	516
	<i>including people for whom tracing requests were registered by another delegation</i>	1,880			
PEOPLE DEPRIVED OF THEIR FREEDOM					
RCMs and other means of family contact					
People to whom a detention attestation was issued		1			

# ETHIOPIA

Present in Ethiopia since 1977, the ICRC seeks to protect and assist people affected by ongoing armed conflict and other situations of violence in the country, or by the lingering consequences of the 1998–2000 international armed conflict between Eritrea and Ethiopia. It helps preserve the livelihoods of violence-affected communities, and seeks to ensure that people have access to clean water and health care, including physical rehabilitation services. It visits detainees, restores family links, and works with the authorities to ensure compliance with IHL. It supports the Ethiopian Red Cross Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2021

- Expanded assistance from the Ethiopian Red Cross Society and the ICRC enabled people affected by the conflict in northern Ethiopia, or by violence elsewhere, to meet their basic needs, grow their own food and obtain clean water.
- The ICRC assisted more health facilities than planned, which enabled people – children, mothers, victims/survivors of sexual violence, wounded people and physically disabled people – affected by increased violence to obtain care.
- People unable to contact their families – because of displacement, migration, disrupted telecommunication services in Tigray or other circumstances – reconnected with them through the Movement's family-links services.
- Detaining authorities endeavoured, with the ICRC's support, to improve detainees' living conditions, particularly in terms of availability of health care and clean water, hygiene and sanitation, and protection against COVID-19.
- The National Society strengthened its operational capacities with the ICRC's support. Branches affected by the conflict in Tigray were given comprehensive assistance to recover and bolster their activities in the region.
- Some projects could not be carried out, because of a shift in resources towards emergency response in Afar, Amhara and elsewhere, or because of security and logistical constraints, especially restrictions on access to Tigray.

## EXPENDITURE IN KCHF

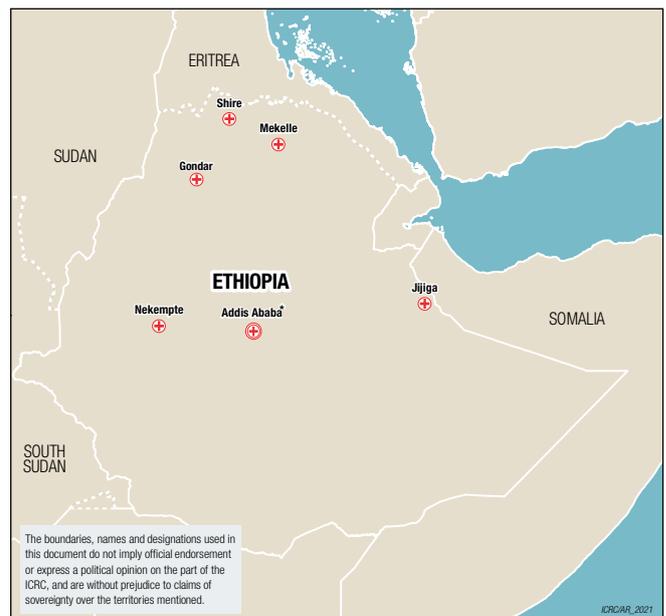
Protection	10,158
Assistance	39,479
Prevention	4,447
Cooperation with National Societies	3,555
General	138
<b>Total</b>	<b>57,777</b>
<i>Of which: Overheads</i>	<i>3,513</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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## PERSONNEL

Mobile staff	120
Resident staff (daily workers not included)	379



⊕ ICRC delegation ⊕ ICRC sub-delegation  
\*The ICRC delegation to the African Union is also in Addis Ababa.

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	9,040
RCMs distributed	8,249
Phone calls facilitated between family members	162,261
Tracing cases closed positively (subject located or fate established)	151
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	42
Detainees in places of detention visited	31,069
<i>of whom visited and monitored individually</i>	650
Visits carried out	66
<b>Restoring family links</b>	
RCMs collected	125
RCMs distributed	13
Phone calls made to families to inform them of the whereabouts of a detained relative	52

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food production	People	367,260	457,794
Income support	People	130,200	214,628
Living conditions	People	396,000	369,468
Capacity-building	People	19,821	15,600
<b>Water and habitat</b>			
Water and habitat activities	People	2,020,561	2,105,175
<b>Health</b>			
Health centres supported	Structures	34	42
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Living conditions	People		26,094
<b>Water and habitat</b>			
Water and habitat activities	People	22,400	24,130
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	22	44
<b>Physical rehabilitation</b>			
Projects supported	Projects	20	21

## CONTEXT

Intense clashes took place in northern Ethiopia between the Ethiopian National Defence Force and its allies, and the Tigray Defence Forces. The armed conflict spilled over from Tigray into the neighbouring regions of Afar and Amhara in July. Armed violence between government forces and the Oromo Liberation Army intensified in western and southern Oromia. Ethnic and political tensions – exacerbated by elections in June and September – led to increased violence in various areas of Ethiopia, but particularly in Amhara, Benishangul-Gumuz, and border areas between Afar and the Somali Regional State (SRS) and between Oromia and the SRS. Arrests were made in connection with these situations.

The hostilities had large-scale consequences. Sexual violence, attacks against people who were not or were no longer taking part in hostilities, including health workers, and other abuses were reported. Millions of people were displaced; tens of thousands of people from Tigray, and others from Benishangul-Gumuz, sought refuge in Sudan (see *Sudan*). IDPs arrived in camps and host communities with little means of sustaining themselves; resources in these areas were inadequate to meet the increased needs. Sources of food or livelihood were destroyed or looted during the fighting. On top of this, the COVID-19 pandemic caused additional strain to health services.

Telecommunication, banking, health and water services in Tigray were disrupted by the hostilities and by access restrictions that impeded the delivery of essential supplies to the region; these restrictions were tightened during the second half of the year. People faced difficulties in contacting their relatives and obtaining health care, clean water and cash, including their salaries.

Refugees from South Sudan and other neighbouring countries, migrants returning home, and families separated by the 1998–2000 armed conflict between Eritrea and Ethiopia struggled to locate and contact their relatives.

## ICRC ACTION AND RESULTS

The ICRC responded to the growth in humanitarian needs by scaling up its activities to help people affected by armed conflict or other situations of violence. At the beginning of the year, it stepped up its efforts to provide comprehensive support to people affected by the conflict in Tigray. In May, it reinforced these efforts and increased its assistance for people struggling with the consequences of intensified violence in Oromia, Benishangul-Gumuz and elsewhere. To support these activities, the ICRC increased its budget<sup>1</sup> and opened additional sub-delegations in Shire (Tigray) and Gondar (Amhara).

As the fighting in Tigray spilled over into Afar and Amhara, and intense fighting continued elsewhere in the country, the ICRC shifted some of its resources towards responding to urgent needs in these areas; as a result, other planned activities could not be carried out. ICRC activities were also hampered

by security and/or logistical constraints. In particular, volatile security conditions, disruption of banking services and impediments to the transport of essential materials – especially during the second half of the year – hindered some ICRC projects in Tigray. The ICRC strove to strengthen its dialogue with authorities and weapon bearers, in order to secure acceptance for its activities and expand its access to people in need.

Despite these constraints, the ICRC was able to reach more people than planned with its emergency assistance: it helped people cover their immediate needs and reconnect with their families, and made clean water and primary health and hospital care more accessible. It also enabled more people than planned to grow their own food, and thus meet their needs in a sustainable manner. Where possible, the ICRC provided local stakeholders with regular support to help bolster the availability of basic services in areas affected by conflict or other violence. People fetched clean water from systems repaired or upgraded by the ICRC. Children, pregnant/lactating women, victims/survivors of sexual violence, COVID-19 patients and people with physical disabilities – including people whose disability was a consequence of the conflict in northern Ethiopia – were given suitable treatment at ICRC-supported health facilities. These health facilities also implemented measures against COVID-19 with personal protective equipment (PPE) and technical advice from the ICRC.

The ICRC visited people detained in connection with conflict or other violence, in accordance with its standard procedures, and assisted the authorities to align detainees' treatment and living conditions with internationally recognized standards. It focused on making health care and clean water more readily available, promoting good hygiene, and tackling the threat of COVID-19.

The ICRC continued to raise people's protection-related concerns with the pertinent parties. It reminded weapon bearers of their obligations under applicable law, particularly their duty to protect health services and prevent sexual violence. It urged the authorities to ascertain the fate or whereabouts of missing people, including by ensuring that human remains were managed properly and in a manner conducive to their identification and handover to the families concerned.

The ICRC worked with the Ethiopian Red Cross Society to deliver aid to people in need, and gave it material, technical and financial support for strengthening its operational capacities, particularly in Tigray.

## CIVILIANS

When the conflict in Tigray spilled over into Afar and Amhara, and fighting elsewhere in the country remained intense, the ICRC expanded its emergency response to enable people in these areas to meet their immediate needs, obtain health care and reconnect with their families. The ICRC also enabled more people than planned to grow their own food, and thus meet their needs in a sustainable manner. It had to reallocate some of its resources to these activities; as a result, other planned projects could not be carried out: repairs to irrigation systems, cash-for-work initiatives, training sessions for health workers and production of photo booklets to help refugees reconnect with their families.

1. For more information, please see the latest [budget extension appeal](#) on the [ICRC Extranet for Donors](#).

The ICRC continued to strengthen its dialogue with federal and regional authorities, weapon bearers, religious/traditional leaders and community members, in order to explain its neutral, impartial and independent approach to humanitarian work, with a view to expanding its access to people in need. This dialogue enabled it to deliver aid to areas where virtually no other humanitarian actors were working, particularly in northern Ethiopia. However, ongoing hostilities and/or logistical constraints hindered some of its plans – for instance, to implement community-based protection projects in Oromia, provide capacity-building support to agriculture ministry workers in certain places, and upgrade water infrastructure in both rural and urban areas. Volatile security conditions, disruption of banking services and impediments to the transport of essential materials to the region – particularly during the second half of the year – hindered some of the ICRC's activities in Tigray: regular delivery of support for health facilities, technical advice for forensic workers, and livelihood assistance for conflict-affected households.

### **Vulnerable people's concerns are raised with the pertinent parties**

The ICRC documented people's protection-related concerns and raised these with the pertinent parties. It reminded the parties of their obligation under applicable law, including IHL, to protect people who were not or were no longer taking part in hostilities; safeguard health workers and facilities; ensure access to health care and other essential services; and prevent sexual violence. This led to improvements: for instance, a number of ambulances, previously appropriated by weapon bearers, were returned to the Ethiopian Red Cross Society. Under the Health Care in Danger initiative, the ICRC discussed the rights and duties of health workers with members of medical associations, and means of strengthening protection for health services with law students.

Vulnerable people were given support to meet their immediate needs and mitigate risks to their safety. Victims/survivors of sexual violence were provided with cash grants, family-links services, and/or transport to one-stop centres, which offered them comprehensive support; these centres were also given material and/or infrastructural assistance (see below). Wounded people received similar aid: they were evacuated to nearby hospitals by the National Society and the ICRC, and ICRC cash grants helped them cover their medical expenses.

The ICRC launched its community contact centre in June. This gave community members, particularly those in remote areas, a medium to express their needs, obtain information about the ICRC's services, and comment on the assistance they received. The ICRC responded to requests for support submitted through the centre: for example, family-links services were offered to people seeking news of relatives in Tigray. People learnt about the community contact centre through calling cards distributed by the ICRC and TV and radio spots produced by the National Society.

### **Violence-affected people cover their basic needs**

IDPs and others affected by the intensified violence met their basic needs with assistance from the Ethiopian Red Cross Society and the ICRC. Around 61,600 displaced households

(369,500 people) were given blankets, hygiene kits, solar-powered lamps and other items to help improve their living conditions. In areas where local markets and banks were functioning, some 30,700 households (184,600 people) were given ICRC cash grants to supplement their income and enable them to cover medical bills and other basic expenses. Around 30,000 people benefited from food items delivered by the ICRC to several health facilities in Tigray; this assistance enabled staff members who were still waiting for their salaries to support themselves and their families, and helped patients to recover.

Around 31,500 households (189,200 people) grew food with the ICRC's support: seed, fertilizer and/or cash for buying them, or supplies and training – provided in partnership with local institutions – for cooperatives to implement seed-multiplication projects. Their harvest helped them recover some degree of food security, earn an income, or stock up seed for the next planting season. Some 44,800 herding households (268,600 people) were given support to minimize losses to their livestock, their main source of food and livelihood. Vaccination campaigns carried out by workers trained and equipped by the ICRC helped protect their animals against common diseases. Under an ICRC pilot project, some herders insured their livestock against drought – with the ICRC covering part of the premium – to help them recover more quickly from such climate shocks. Training, and material and financial assistance, from the ICRC helped community-based animal-health workers and personnel from the agriculture ministry strengthen their capacities to provide livelihood support to around 15,600 community members.

### **Women and children obtain much-needed health care**

As primary-health-care centres faced increased needs from influxes of IDPs and wounded people, the ICRC extended ad hoc support to more facilities than planned: 21 centres were given wound-dressing kits and other medical items. Another 21 centres, 15 of which were in Tigray, were given supplies – including medicines for treating common childhood diseases and essential items for newborn infants and their mothers (e.g. blankets, soap, diapers) – and technical support on a regular basis for delivering antenatal/postnatal and paediatric care to violence-affected communities; staff at these centres strengthened their skills in emergency obstetric and newborn care at training sessions organized by the ICRC and local health authorities. The ICRC also donated materials to these regularly supported centres, and to several one-stop centres, for providing reproductive-health services and other assistance for victims/survivors of sexual violence. Primary-health-care centres in Tigray were given food for health staff and their families, and for patients (see above).

All ICRC-supported centres were given PPE and hygiene items to help them prevent the spread of COVID-19. The ICRC also conducted information sessions on COVID-19, which reached around 6,000 people.

The ICRC held briefing sessions for health workers on the Health Care in Danger initiative, and worked with them to document attacks against health services so it could raise these with the pertinent parties.

Plans to provide mental-health and psychosocial support to people affected by the conflict in Tigray could not be realized, owing to staffing constraints; these activities were postponed to 2022.

### **IDPs, host communities and residents have better access to water and essential services**

The ICRC's emergency response in northern Ethiopia improved access to clean water and sanitation facilities for around 1.88 million people in areas receiving influxes of IDPs. The ICRC trucked in water, together with the National Society; installed water tanks, latrines and showers; donated spare parts, electric generators and chemicals to help local operators keep water-treatment plants running; and repaired water mains and other infrastructure damaged during the fighting.

Around 220,300 people living in rural areas fetched water from systems repaired, or upgraded to run on solar power, by the ICRC. Some 2,000 people living in urban areas near the Oromia–SRS border benefited from ICRC upgrades to nearby wells. Personnel from local water boards strengthened their skills to operate and maintain water systems through ICRC training.

Infrastructural upgrades at essential facilities helped strengthen the delivery of services for around 600 people in violence-affected areas. The ICRC repaired or upgraded water and sanitation systems at several primary-health-care centres in Oromia. In northern Ethiopia, ICRC-donated generators helped ensure a reliable supply of electricity for operating theatres, child incubation rooms and other essential elements of health centres; the ICRC also upgraded sanitation and other facilities at one-stop centres in Tigray.

### **The Movement enables family contact across national and regional borders**

Members of families separated by conflict, migration or other circumstances restored or maintained contact through family-links services provided by the National Society with the ICRC's support. Thousands of RCMs were collected and distributed, and around 162,000 phone calls between family members, facilitated. These services enabled people in Tigray to contact their families in Ethiopia or abroad even when regular telecommunications services were unavailable in the region: approximately 30,000 of the calls mentioned above were facilitated, and around 8,000 short messages delivered, to inform people of their relatives' situation. Unaccompanied minors and other vulnerable people were given priority; four children were reunited with their families. Refugees from South Sudan and Somalia charged their phones through solar panels installed by the ICRC at several refugee camps. Somali refugees had the names of their missing relatives broadcast by an ICRC-sponsored radio programme on the BBC's Somali service (see *Somalia*). At their request, the ICRC issued travel documents to 17 people, so they could rejoin their families.

Dissemination sessions and informational materials helped broaden awareness of these services among refugees and organizations working with displaced people, so they could refer children and other vulnerable people to the National Society or the ICRC.

### **Authorities are urged to address the issue of missing people**

The ICRC reminded federal and regional authorities of the necessity of ascertaining the fate or whereabouts of missing people – particularly those who were missing in connection with the conflict in northern Ethiopia – and tackling their families' needs. It engaged the IOM in dialogue to establish mechanisms to search for Ethiopian migrants who went missing in the Mediterranean Sea in 2015. Plans to organize events for the families of people who had gone missing during the 1998–2000 armed conflict between Eritrea and Ethiopia were cancelled, owing to the conflict in northern Ethiopia.

Recognizing the implications of the rise in conflict-related casualties, the ICRC urged forensic workers, medical personnel and weapon bearers in northern Ethiopia to ensure that human remains were managed properly, and in a manner conducive to their identification and handover to the families concerned. Elsewhere, it trained National Society volunteers, police officers and forensic specialists in the skills necessary to respond to mass-casualty incidents in connection with electoral tensions.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited 42 places of detention, in accordance with its standard procedures, to check on the well-being of people held in connection with armed conflict and other violence in the country. It paid particular attention to vulnerable people: 650 detainees – including pregnant/lactating women, minors, elderly detainees and people with physical disabilities or mental illnesses – were monitored individually. Findings and recommendations from these visits were communicated confidentially to the authorities to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. The ICRC also continued to seek access to all detainees within its purview.

### **Detaining authorities work to meet detainees' needs**

Training, workshops and other events organized by the ICRC helped detaining authorities, federal and regional prison staff and police officers strengthen their grasp of international human rights law, international standards for the treatment of prisoners – particularly detained minors – and best practices in prison management. The ICRC emphasized the importance of ensuring that detainees with specific vulnerabilities were protected, and gave the authorities support for doing so: for example, it donated mattresses to one prison so that the authorities could set up separate quarters for adults and minors, and helped detained foreigners notify their consular representatives of their situation. The ICRC acted as a neutral intermediary in the release and transfer of five foreigners formerly held by an armed group.

### **Detainees have better access to essential services**

Health facilities at eight places of detention provided preventive and curative care for detainees, and implemented measures against COVID-19, with ICRC assistance (e.g. supplies, on-the-job mentoring, informational materials). The ICRC also provided the support necessary for detainees with specific needs: disabled detainees were given mobility aids, mentally ill detainees received mental-health services and hygiene items, and pregnant/lactating women were referred to nearby health centres. To help prison clinics manage disease

outbreaks, the ICRC donated medical supplies (including PPE for prisons with a high incidence of COVID-19), cleaning items and containers to store water. The Mekelle prison – which struggled to deal with overcrowded conditions and a lack of essential supplies – was given therapeutic food for malnourished women, children and sick people; and wound-dressing kits and other medical supplies for treating people who were critically wounded or ailing.

To ensure that measures to improve health care in prisons were enacted at a systemic level, the Federal Prison Commission and the ICRC organized a seminar at which federal and regional prison officials discussed how to coordinate their activities more closely and address common challenges; this led them to establish a technical working group for developing initiatives to this end. In its discussions with federal authorities, the ICRC also advocated the inclusion of detainees in national vaccination campaigns against COVID-19; as a result, thousands of detainees were vaccinated.

Around 24,130 detainees benefited from the ICRC's infrastructural projects and hygiene-promotion activities. The ICRC stepped up its sanitation projects to prevent the spread of COVID-19 and other communicable diseases. It upgraded water systems serving some 3,000 detainees; built or repaired showers, latrines and other sanitation facilities for around 17,500 detainees – including 10,000 people at the Mekelle prison; and installed energy-efficient stoves at facilities collectively holding some 3,300 detainees. ICRC training enabled around 400 technicians and other prison staff to become more capable of conducting hygiene-promotion campaigns and installing and maintaining electrical, plumbing and other facilities. Around 26,100 detainees had improved living conditions, thanks to ICRC material assistance: personal hygiene items, clothes, recreational materials, and face masks to prevent the spread of COVID-19. The authorities at one detention centre (holding around 800 detainees) were given ICRC support for helping detainees contact their relatives.

Some planned infrastructural projects could not be carried out, owing to security constraints, which limited the ICRC's access to certain places of detention, and logistical difficulties, which impeded the delivery of necessary materials and equipment.

## WOUNDED AND SICK

### Hospitals expand their capacities in emergency care

The ICRC gave assistance to 44 hospitals – including nine hospitals in Tigray – for responding to mass-casualty incidents and other emergencies; four hospitals received this support on a regular basis. In Tigray, fewer hospitals than planned were given assistance, owing to security and other constraints that hindered or prevented the transport of necessary materials to the region; the ICRC shifted its support to hospitals in Afar and Amhara. Overall, the ICRC extended support to more hospitals than planned, to help these facilities cope with the increased violence. Hospitals receiving influxes of wounded people were given medical supplies (including PPE to prevent the spread of COVID-19), surgical equipment and beds. Facilities treating COVID-19 patients were given financial or logistical support for ensuring a reliable supply of oxygen; the ICRC also set up a tent at one hospital in western Oromia, and helped construct a

COVID-19 ward at a hospital in Mekelle, to expand the capacity of these facilities. Food was donated to hospitals in Tigray to help staff members meet their basic needs, and to support patients' recovery. To strengthen local capacities in emergency care, the ICRC provided expert support and training for staff at two hospitals – one in western Oromia and the other in Tigray – in trauma care, mass-casualty management and optimization of patient triage and flow. Planned training sessions on preventing and managing COVID-19 were cancelled, as the ICRC focused on responding to mass-casualty and other emergencies, but hospital staff were given on-the-job mentoring and technical advice on the subject.

Ethiopian Red Cross Society branches running ambulance services in violence-affected areas replenished their first-aid kits with medical supplies, including PPE, from the ICRC.

Under the Health Care in Danger initiative, the ICRC organized meetings, and training and information sessions, for hospital administrators and health professionals on the rights and duties of health workers and measures for their self-protection. It also worked with them to document attacks against health services so it could raise these with the pertinent parties.

### Physically disabled people in violence-affected areas have access to rehabilitative care

The ICRC began supporting a physical rehabilitation centre in Mekelle so it could treat people who had been wounded or lost limbs during the conflict in Tigray, and others in the region with physical disabilities. It also covered food and transport costs for patients, and donated food to help staff members meet their needs while they waited for the restoration of banking and other services. Together with a national association, the ICRC trained physiotherapists and assigned them to hospitals in Amhara to provide early rehabilitative care for people wounded during the spillover of conflict from Tigray.

In addition to the centre in Mekelle, the ICRC provided support for ten other physical rehabilitation centres throughout the country; these centres collectively reached around 9,900 people.<sup>2</sup> They were given raw materials for making assistive devices, and training and on-the-job coaching for staff. To help health staff prevent the spread of COVID-19, the ICRC donated hygiene items to the centre in Mekelle, and gave several other ICRC-supported centres materials and training to produce PPE, which enabled them to make around 490 face shields and 50 masks; these were distributed to hospitals treating COVID-19 patients.

The ICRC continued to assist authorities and service providers in ensuring the sustainability of good-quality rehabilitative care. Guided by the ICRC, four universities reviewed and revised their curriculum for physiotherapy, and the health ministry and St Paul's Hospital Millennium Medical College established a programme in prosthetics and orthotics. The ICRC gave technical, financial or other assistance to two professional associations to arrange capacity-building programmes for local service providers. Local experts and the ICRC designed a

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

wheelchair that could be built with locally sourced materials, and produced prototypes for testing.

In partnership with other institutions, the ICRC sought to advance the social inclusion of people with physical disabilities. The women and social affairs ministry and the ICRC launched social-inclusion programmes – for disabled people to pursue livelihoods or opportunities in education or sports – at two ICRC-supported centres and gave these centres expert advice for making their premises more disabled-accessible. The ICRC gave the Ethiopian Wheelchair Basketball Association technical and financial support for organizing a national tournament that drew around 160 players, coaches and referees from six regions. The Federation of Ethiopian Associations of Persons with Disabilities, with the ICRC's financial backing, organized an event on the International Day of Persons with Disabilities, to raise awareness of the needs of disabled people and publicize the services available to them. The ICRC also conducted information sessions for health workers and prison health staff on disabled people's needs and the services available to them, with a view to encouraging them to refer disabled people for suitable treatment.

Plans to help physical rehabilitation centres implement mechanisms for monitoring and evaluation, and to conduct outreach to refer people for services, were postponed, as the ICRC prioritized its response to the conflict in northern Ethiopia.

## ACTORS OF INFLUENCE

### Weapon bearers strengthen their grasp of norms applicable to their duties

ICRC training sessions and workshops helped military personnel and other weapon bearers to learn more about IHL, and police officers to strengthen their grasp of human rights law, international standards for law enforcement – particularly those relevant to crowd management and other operations during elections – and other norms and standards applicable to their duties. Predeployment training sessions held by the ICRC enabled Ethiopian military and police troops bound for peace-keeping missions abroad to expand their knowledge of IHL and other applicable norms. At these events, the ICRC also reiterated the necessity of preventing sexual violence and protecting health services. The ICRC worked with military and police training centres to integrate these subjects into their curricula: it held train-the-trainer sessions for senior officers at the Ethiopian Police University College, and discussed the revision of their curriculum with officials from the Federal Democratic Republic of Ethiopia Defence War College.

### Authorities take steps to implement IHL and IHL-related treaties domestically

The ICRC urged the authorities to ratify and/or implement IHL and IHL-related treaties, with a view to ensuring protection for civilians. Together with the Ethiopian Red Cross Society, it impressed upon officials from the foreign, health and justice ministries the importance of adopting a law on the emblems protected under IHL, in order to prevent and address violence against health workers and facilities. It also gave the Ethiopian Human Rights Commission expert advice for developing strategies and organizing events to advocate protection and assistance for displaced people, in line with Ethiopia's obligations under the African Union Convention on IDPs.

Government officials and academics added to their knowledge of IHL at ICRC events. The ICRC held training sessions or lectures for officials from the foreign, health and justice ministries, and for law professors and students. Ethiopian students participated in an ICRC essay competition for East African universities, and a national moot court competition organized by the ICRC and a local university; the ICRC sponsored winners of the moot court competition to attend the All Africa competition. The IHL clinic at Addis Ababa University, established in 2020 with the ICRC's help, continued to receive expert assistance from the ICRC for broadening awareness of IHL and facilitating research on the subject: the clinic organized a seminar on the protection due to health services, with ICRC support, and published articles on IHL written by local academics and ICRC experts on its website.

### People in Ethiopia advance their understanding of the Movement's mission and activities

The National Society and the ICRC printed informational materials, produced audiovisual content for social media, and engaged with local and international media organizations to broaden awareness among Ethiopian authorities and the general public of the humanitarian needs in the country and of the Movement's neutral, impartial and independent humanitarian response. The National Society, with training and other support from the ICRC, also carried out public-communication initiatives to inform communities of the Movement's services, the protection due to health services and other matters of concern.

## RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society strengthened its capacity to respond to the needs of people affected by conflict or other violence, with the ICRC's support. The ICRC provided material aid – such as essential household items and first-aid kits – and training, on-the-job mentoring and expert advice in these areas: restoring family links during emergencies, first aid, disaster response, community engagement, drafting and implementing contingency plans for electoral unrest, applying the Safer Access Framework, and volunteer management. The ICRC also donated office equipment and furniture, and covered running costs for ambulances, staff salaries and office-maintenance costs.

In coordination with other Movement components in the country, the ICRC provided additional support for National Society branches in Tigray, which were seriously affected by the conflict: their staff and volunteers were displaced, supplies were looted and infrastructure, damaged. It gave the National Society technical support for recruiting staff, and financial assistance for covering salaries, which enabled it to mobilize hundreds of people to provide ambulance and family-links services in the region. The ICRC also renovated a National Society branch in western Tigray, to help it resume service provision and accommodate more personnel.

The ICRC participated in coordination mechanisms with other Movement components in Ethiopia – at strategic, operational and technical levels. It provided expert advice on matters such as security management, emergency response and public communication.

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	9,040	373		
RCMs distributed	8,249	19		
Phone calls facilitated between family members	162,261			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	4			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	3,164	766	244	231
<i>including people for whom tracing requests were registered by another delegation</i>	498			
Tracing cases closed positively (subject located or fate established)	151			
<i>including people for whom tracing requests were registered by another delegation</i>	26			
Tracing cases still being handled at the end of the reporting period (people)	5,967	1,422	855	970
<i>including people for whom tracing requests were registered by another delegation</i>	792			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	403	130		1
UAMs/SC reunited with their families by the ICRC/National Society	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	914	220		2
<b>Documents</b>				
People to whom travel documents were issued	17			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	42			
Detainees in places of detention visited	31,069	1,481	1,091	
Visits carried out	66			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	650	86	12	61
<i>of whom newly registered</i>	626	80	12	61
<b>RCMs and other means of family contact</b>				
RCMs collected	125			
RCMs distributed	13			
Phone calls made to families to inform them of the whereabouts of a detained relative	52			
People to whom a detention attestation was issued	9			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food production	People	457,794	334,208	71,034
	<i>of whom IDPs</i>	90,000	67,500	13,500
Income support	People	214,628	117,537	42,921
	<i>of whom IDPs</i>	214,450	117,492	42,921
Living conditions	People	369,468	253,834	65,848
	<i>of whom IDPs</i>	369,468	253,834	65,848
Capacity-building	People	15,600	10,920	
<b>Water and habitat</b>				
Water and habitat activities	People	2,105,175	1,052,614	315,792
<b>Primary health care</b>				
Health centres supported	Structures	42		
	<i>of which health centres supported regularly</i>	21		
Average catchment population		757,365		
<b>Services at health centres supported regularly</b>				
Consultations		109,405		
	<i>of which curative</i>	102,212	23,143	29,444
	<i>of which antenatal</i>	7,193		
Vaccines provided	Doses	27,155		
	<i>of which polio vaccines for children under 5 years of age</i>	15,748		
Referrals to a second level of care	Patients	1,228		
	<i>of whom gynaecological/obstetric cases</i>	405		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	26,094	400	57
Capacity-building	People	763		
<b>Water and habitat</b>				
Water and habitat activities	People	24,130	724	241
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	8		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	44		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	*	*	*
	Non-weapon-wound admissions	1,228		
	Operations performed	915		
Consultations		18,292		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,411		
Weapon-wound admissions (surgical and non-surgical admissions)		11,643	25	55
Weapon-wound surgeries performed		1,160		
<b>Physical rehabilitation</b>				
Projects supported		21		
	<i>of which physical rehabilitation projects supported regularly</i>	11		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	9,898	1,904	2,038
	<i>of whom victims of mines or explosive remnants of war</i>	889		
Prostheses delivered	Units	1,612		
Orthoses delivered	Units	2,760		
Physiotherapy sessions		1,059		
Walking aids delivered	Units	10,246		
Wheelchairs or postural support devices delivered	Units	568		
Referrals to social integration projects		127		

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

# LIBYA

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It promotes respect for IHL and works to respond to the needs of violence-affected people in terms of essential services, livelihood support, family contact and medical care. It visits people detained in relation to past and ongoing violence. It provides forensic authorities with technical advice. It works closely with the Libyan Red Crescent and supports it in developing its capacities.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2021

- Food and household essentials distributed by the Libyan Red Crescent and the ICRC helped thousands of IDPs, returnees, and others affected by violence in Tripoli and elsewhere to ease their living conditions.
- Emergency and curative health care were more readily available to violence-affected people at ICRC-supported facilities; the ICRC expanded support for primary-health-care centres and hospitals in areas hosting returnees and IDPs.
- Returnees, persons with disabilities, and others who were particularly vulnerable covered basic expenses and/or started income-earning activities with cash, cash grants and/or training from the National Society and the ICRC.
- First responders and forensic professionals bolstered their capacity to manage human remains, including the remains of COVID-19 victims, safely and properly, with material and technical support from the ICRC.
- Administrative constraints limited the ICRC's visits to detainees; even so, it continued to give penitentiary officials material aid and expert guidance to strengthen health services and the COVID-19 response in places of detention.
- Libyan military officials learnt more about IHL at ICRC workshops. Similar ICRC activities for other audiences had to be postponed because of human-resource constraints.

## EXPENDITURE IN KCHF

Protection	6,202
Assistance	32,802
Prevention	3,525
Cooperation with National Societies	2,635
General	249
<b>Total</b>	<b>45,413</b>
<i>Of which: Overheads</i>	<i>2,770</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	60%
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## PERSONNEL

Mobile staff	81
Resident staff (daily workers not included)	358



+ ICRC delegation 
 + ICRC sub-delegation 
 + ICRC office  
 \*Map shows structures supporting ICRC operations in Libya

## PROTECTION

	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	30
RCMs distributed	43
Phone calls facilitated between family members	120
Tracing cases closed positively (subject located or fate established)	68
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	3
Detainees in places of detention visited	1,024
<i>of whom visited and monitored individually</i>	11
Visits carried out	3
<b>Restoring family links</b>	
RCMs collected	5
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	1

## ASSISTANCE

	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	90,000	118,717
Food production	People	6,000	
Income support	People	49,800	56,729
Living conditions	People	90,000	167,260
Capacity-building	People	185	3,924
<b>Water and habitat</b>			
Water and habitat activities	People	1,399,985	1,188,264
<b>Health</b>			
Health centres supported	Structures	38	63
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Living conditions	People		9,723
<b>Water and habitat</b>			
Water and habitat activities	People	4,200	1,269
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	23	30
<b>Physical rehabilitation</b>			
Projects supported	Projects	4	4
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	15	460

## CONTEXT

The security situation in Libya remained volatile. In some parts of the country, such as Tripoli and elsewhere in western Libya, rising tensions between armed groups – particularly before the planned presidential and parliamentary elections in December – sometimes led to violence. Attacks on checkpoints and military officers in southern Libya were claimed by the Islamic State group. Criminality persisted, and instances of communal violence were reported.

A transitional government formed in March 2021 prepared for general elections, in line with negotiations aimed at reconciling competing government bodies, and their armed supporters; elections, however, were postponed.

Thousands of people returned to relatively calmer areas of Tripoli and elsewhere, often to looted or destroyed property and scarce livelihood resources. However, hundreds of thousands of people remained in protracted displacement. The COVID-19 pandemic exacerbated the dire economic situation in Libya and made it even more difficult for people to meet their basic needs. Access to essential services, which were affected by supply shortages and damaged infrastructure, grew more difficult. Mines and explosive remnants of war (ERW) caused injuries and deaths.

Libya remained a country of destination, transit and departure for migrants, including refugees and asylum seekers. They were vulnerable to abuse, and at risk of being arrested and losing contact with relatives. Thousands of people remained missing in relation to armed conflict or other circumstances.

## ICRC ACTION AND RESULTS

The ICRC adapted its activities in response to the increase in the number of returnees, and to the humanitarian needs in Libya that were exacerbated by the ongoing fighting and the pandemic. It expanded its emergency response and where possible, stepped up activities to help violence-affected people become more resilient. It coordinated its efforts with the Libyan Red Crescent, to which it also provided comprehensive support. The ICRC carried out all its activities in line with COVID-19 safety protocols.

Under a multidisciplinary programme for returnees, the ICRC scaled up its assistance for violence-affected households to meet their immediate needs; it helped people returning to southern Tripoli cover their basic needs and restore their livelihoods. Together with the National Society, it distributed food and household items to IDPs and others affected by the fighting. The ICRC gave returnees, IDPs and others cash to cover their household expenses. Violence-affected people set up or revived small businesses and strove to develop business skills and make their livelihoods more sustainable, with cash grants and other support from the ICRC. The ICRC repaired key water-supply infrastructure and sanitation facilities, including in areas hosting IDPs, and gave local authorities supplies to maintain and repair them.

In response to increased needs, for instance in areas hosting returnees, the ICRC stepped up its support for health services and backed more facilities than planned. First responders

were trained to provide first aid to the critically wounded. People availed of primary-health-care services at centres that received medical supplies, training, funds and infrastructural support from the ICRC. Wounded or sick people obtained advanced/specialized care at ICRC-supported hospitals in violence-affected areas. Rehabilitative care was available at ICRC-supported centres for persons with disabilities, who also benefited from activities to advance their social inclusion.

The ICRC was able to visit three detention facilities to check on detainees' treatment and living conditions; however, its access to others was limited owing to pandemic-related and administrative constraints. It engaged the authorities in dialogue aimed at securing access to all detainees within its purview. It provided the detaining authorities with its technical expertise and with material assistance, in support of their efforts to improve penitentiary health services, and to protect detainees against COVID-19. The ICRC provided, together with the National Society, family-links services for migrants at an immigration detention centre. The Movement's family-links services also enabled others to restore or maintain contact with relatives separated from them.

The ICRC discussed, with the authorities and pertinent institutions, the needs of missing people's families. Technical and material support from the ICRC helped strengthen capacities for forensic services in Libya.

Particularly because it was seeking to operate in a challenging working environment – the result of a complex political situation and volatile security conditions – the ICRC maintained its efforts to broaden acceptance for IHL and for its neutral, impartial and independent humanitarian approach among representatives of various government bodies and weapon bearers, and others who could facilitate its activities. Senior military personnel strengthened their grasp of IHL at ICRC training sessions. The ICRC launched public-communication campaigns and undertook other activities to foster awareness and understanding of its work, and draw attention to various issues of humanitarian concern.

Owing to the pandemic and the measures it necessitated, and also because of various administrative, staffing and security-related constraints, the ICRC was unable to implement some of its activities, such as livelihood support for farmers and herders and workshops on IHL for government officials and academics.

## CIVILIANS

Together with other Movement components, the ICRC scaled up its activities to assist the increased number of returnees to certain parts of Libya, and to respond to needs of other violence-affected people that had been exacerbated by the combined effects of displacement and the pandemic (see *Context*). Where the situation was comparatively stable, it sought to strengthen these groups' resilience. Owing to security and administrative constraints, some activities – in support of food production, for instance – could not be carried out.

The ICRC continued to remind authorities and weapon bearers of their obligations under IHL and other applicable law to

protect civilians, including displaced people, and public infrastructure. It also made representations to the parties concerned about such issues as: freedom of movement, including for migrants fleeing to safety from hostilities; maintaining access to basic services; and the risk of mines/ERW to civilians, particularly for people returning to their places of origin.

The ICRC monitored the situation of migrants, including those held in immigration detention centres (see *People deprived of their freedom*). It continued to discuss, with influential actors at national and international levels – such as the Libyan authorities and European Union member states and institutions – issues related to the protection of migrants, including respect for and the implementation of legal frameworks in this regard.

### **IDPs and returnees are assisted to cover their basic needs and resume their livelihoods**

Under an ICRC multidisciplinary programme for returnees, families who had gone back to their homes in southern Tripoli were given cash or in-kind assistance to replace looted or destroyed property and restore their livelihoods. The ICRC contacted returnee households to monitor their health-related and other concerns. It also endeavoured to engage with authorities and other relevant actors to find alternative solutions for displaced families unwilling or unable to return to their homes.

IDPs, people living in areas affected by long-term violence, and other economically vulnerable people met their immediate needs with the help of the Libyan Red Crescent and the ICRC. Approximately 27,800 households (167,310 people) were given clothes, cooking utensils, hygiene kits and other essentials to help ease their living conditions; and around 19,800 households (118,717 people) received food parcels.

Some 9,600 households (56,729 people) comprised of returnees, IDPs and others added to their household income with the help of the National Society and the ICRC. Some households were given cash to buy food and other necessities, and cover living expenses. Returnees, violence-affected residents and other particularly vulnerable people, including persons with disabilities, revived or started small businesses with ICRC cash grants.

About 650 households (supporting 3,968 people) developed vocational and/or business skills through training from the ICRC or from ICRC-supported local institutions. This assistance was aimed at helping people, including persons with disabilities, ensure the sustainability of their livelihoods.

### **IDPs and others have broader access to potable water and more sanitary conditions**

Roughly 1.2 million people had broader and more reliable access to clean water, more sanitary surroundings and better protection against disease following ICRC-led or -supported improvements to essential infrastructure. The ICRC repaired or rehabilitated water-supply and wastewater disposal systems; it also provided training and various forms of material support (e.g. tools, equipment) to the authorities to help improve their capacities in maintaining these facilities. Infrastructure for sanitation and other essential services at IDP centres in Sabha and Murzuq were repaired. The ICRC provided local water

committees, water authorities and health-care facilities with personal protective equipment (PPE) and disinfectants.

### **People obtain primary health care at ICRC-supported centres**

Good-quality preventive and curative care was more readily accessible for returnees and other violence-affected people throughout Libya, at ICRC-supported health-care centres and other facilities. The ICRC supported more centres than planned, as it expanded its response to cover the increased needs in areas with a large number of returnees.

The ICRC provided 29 primary-health-care centres – which included three diabetes treatment centres – with medical supplies, training for staff, and infrastructural and other support on a regular basis. At these centres, children were vaccinated against disease and pregnant women given antenatal/postnatal care. People in violence-affected communities, including those in remote areas, were also able to obtain treatment from five National Society mobile health units, which drew on regular ICRC support. The ICRC made donations of medicine and medical supplies, on an ad hoc basis, to 29 primary-health-care centres, to help ensure the continuity of their services.

The ICRC continued to assist the authorities' efforts to strengthen their COVID-19 response; health staff were given PPE and training in measures against COVID-19, and ICRC-supported facilities with vaccination programmes against COVID-19, and several isolation centres, were given additional PPE and other supplies as needed.

Patients at ICRC-supported facilities participated in focus-group discussions, where they shared their mental-health concerns and needs with the ICRC.

### **Members of separated families reconnect**

Members of families dispersed by armed conflict, violence, migration or other circumstances – including migrants held in immigration detention centres – used family-links services provided by the National Society and the ICRC to stay in touch. They made 120 phone calls and 14 video calls, some to relatives detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

At the UNHCR's request, the ICRC issued travel documents for three people who were going to be resettled elsewhere. The ICRC, sometimes with the National Society, provided people who were particularly vulnerable with additional aid: for instance, financial assistance for an unaccompanied minor.

In all, 68 tracing cases were resolved, sometimes through coordination with Libyan authorities, or with information from other humanitarian actors. The ICRC relayed the needs and concerns of missing people's families to the authorities and other pertinent institutions, and continued to serve as a neutral intermediary in efforts to ascertain the fate and whereabouts of people missing in connection with past and recent hostilities. It gave the authorities some technical support for setting up a mechanism to notify families about new information on missing relatives. It also helped facilitate referrals of families of missing people to pertinent organizations for other forms of support.

### **Forensic actors bolster their capacities in managing and identifying human remains**

The ICRC continued to engage the pertinent authorities and other stakeholders in dialogue to ensure the safe and dignified management of human remains, and strengthen the medico-legal system in Libya. Notably, medico-legal authorities and the ICRC organized round tables on improving coordination in forensics among pertinent government bodies and institutions.

Health authorities, forensic specialists and others drew on the ICRC's support to develop their ability to identify human remains – linked to migration, hostilities or the pandemic – safely and accurately. The ICRC provided the authorities with technical support for their efforts to develop standardized procedures and practices pertinent to the identification of human remains, for instance those linked to conflict.

In response to the increase in deaths along migration routes, the ICRC donated body bags and other supplies to mortuaries, and to National Society branches in areas through which large numbers of migrants transited.

Training and material support (e.g. PPE) from the ICRC helped local institutions to develop their ability to safely manage the remains of COVID-19 victims. The ICRC also produced printed materials to help the families of COVID-19 victims familiarize themselves with the necessary measures to handle their relatives' remains safely.

### **The authorities add to their knowledge of mitigating risks in weapon-contaminated areas**

The ICRC gave the authorities and other local parties advice to mitigate the risks posed by mines/ERW to returnees and others, and those assisting them. It also trained National Society personnel to carry out risk assessments, promote safe practices in communities, and protect themselves.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

In the last quarter of the year, the ICRC was able to visit, in accordance with its standard procedures, three places of detention in Misrata and Benghazi collectively holding 1,024 detainees; these visits included a technical assessment of a military prison to help identify and address the gaps in living conditions of detainees.

The ICRC cultivated its dialogue with the detaining authorities, as well as other pertinent ministries and institutions, and sought to gain access to all detainees within its purview, including foreign detainees. It drew the authorities' attention to migrants held in custody and urged the pertinent authorities to consider alternatives to detention.

Detaining authorities strengthened health services in places of detention, with advice and other support from the ICRC. The ICRC also supported their efforts to protect detainees against COVID-19; it continued to provide technical support for effective infection prevention and control, and donated PPE and medicines to penitentiary health authorities. Judicial and health authorities learnt more about health care in detention at an ICRC seminar. A penitentiary health facility in Benghazi enhanced its services with ICRC-donated medicine.

To help improve living conditions in places of detention, the ICRC provided hygiene kits, blankets, mattresses and books for some 9,700 detainees. The ICRC provided a generator to the women's section of one prison to improve detainees' access to water, benefiting 71 detainees. Another prison holding 1,269 detainees was given hygiene items to prevent the spread of COVID-19.

Administrative and other constraints limited implementation of ICRC activities, for instance training for health staff.

### **Detained migrants restore or maintain contact with relatives**

The ICRC continued to monitor the situation of migrants detained in Libya. It regularly engaged pertinent parties in Libya and abroad in dialogue and took opportunities to explain its general position on issues related to immigration detention, particularly with regard to the specific vulnerabilities of unaccompanied children and families with children.

Migrants at an immigration detention centre in Benghazi restored or maintained contact with their families through phone calls facilitated by the Libyan Red Crescent, backed by the ICRC. The ICRC reminded penitentiary authorities of the need to ensure detainees are able to maintain contact and stay together with their families.

### **WOUNDED AND SICK**

#### **People who are critically wounded or ill receive emergency medical attention**

Military personnel and other potential first responders learnt how to provide first aid at training sessions provided by the ICRC; at these sessions they were also able to familiarize themselves with the Health Care in Danger initiative. National Society staff developed their ability to teach first aid at train-the-trainer sessions organized by the ICRC.

The ICRC endeavoured to reinforce the capacities of emergency services in Libya, to help ensure that suitable care was available to people who were critically ill or wounded. Doctors strengthened their capacities in emergency and trauma care at an ICRC-organized training course. Donations of medical and surgical supplies from the ICRC helped 30 health facilities to treat wounded people.

The ICRC upgraded infrastructure at five hospitals and other facilities (460 beds in all) and donated electric generators to help them enhance their services. Construction of a dormitory – located inside a physical rehabilitation centre in Benghazi – for patients receiving physical rehabilitation was still in progress at the end of the year.

#### **Persons with disabilities obtain rehabilitative care of good quality**

Despite staffing constraints at the centres that were exacerbated by the pandemic, ICRC-supported physical rehabilitation centres in Benghazi, Misrata and Tripoli provided rehabilitative services for 3,498 people.<sup>1</sup> The centres took the necessary steps

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

against COVID-19, and implemented measures to prevent and control infections; the ICRC gave them PPE kits to enhance these efforts. Where needed, the ICRC also donated equipment for physiotherapy training in some rehabilitation centres. Nine particularly vulnerable patients were given financial assistance to cover the costs of travelling to and from treatment facilities; owing to operational constraints, the ICRC reached fewer people with financial assistance than planned.

Together with the Libyan Paralympic Committee, the ICRC strove to advance the social inclusion of the centres' patients and other persons with disabilities. For instance, it helped the committee to organize a national wheelchair-basketball tournament; it donated sports wheelchairs and spare parts for them. The ICRC helped the centres to organize an event to mark the International Day of Persons with Disabilities. Hundreds of disabled people being treated at the centres mentioned above were referred to ICRC income-support programmes (see *Civilians*).

Five students worked towards completing studies abroad in physical rehabilitation and returning to Libya to work at the centres after graduation; the ICRC sponsored their studies, with a view to expanding the pool of qualified personnel in Libya and ensuring the sustainability of services at the centres.

### ACTORS OF INFLUENCE

The ICRC endeavoured to broaden acceptance for IHL, and for its neutral, impartial and independent humanitarian approach, among those who could help facilitate its activities in Libya. This was particularly important in Libya, where the complex political situation and volatile security conditions contributed to a more challenging working environment. The ICRC maintained contact with various government officials, and with weapon bearers, and endeavoured to expand its network of contacts among community leaders and members of civil society. During meetings with the authorities and weapon bearers, the ICRC discussed the protection-related concerns of migrants, displaced families in Libya and families separated by conflict and other situations of violence and by migration, and emphasized the necessity of addressing their needs.

The ICRC helped the Libyan military to integrate IHL more fully into their doctrine, training and operations. Notably, senior officers strengthened their grasp of IHL through ICRC training courses.

Owing to human-resource constraints, some planned workshops on IHL, events for academics, and other activities did not take place.

### Communities familiarize themselves with the Movement

The ICRC kept up its efforts to broaden awareness of humanitarian needs in Libya, and of the efforts made by the Libyan Red Crescent and the ICRC to address them. It continued to convey crucial information to the public, mainly online,

including through social-media posts, on a number of subjects: IHL; the risk from mines/ERW and how to mitigate it; ICRC activities; and measures to check the spread of COVID-19. People were able to communicate their concerns and their views on its activities directly to the ICRC, and to learn more about the services available to them, through the ICRC's social-media platforms and a community contact centre operated jointly by the National Society and the ICRC. Community members also learnt about the ICRC's activities through dissemination sessions that were sometimes included in the ICRC's economic-security activities (see *Civilians*).

The ICRC published information on its activities and on IHL online, and some of it was also shared with members of civil society, key stakeholders and selected government officials. Journalists attended ICRC workshops on humanitarian reporting aimed at helping them report on IHL and key humanitarian issues in Libya.

The National Society strengthened its public communication with the ICRC's help; National Society staff added to their knowledge of public communication and engagement at a training session in Tunis (see *Tunis*).

### RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent remained the ICRC's main partner in the country: the two organizations renewed their partnership agreement and continued to work closely together to respond to the increased humanitarian needs arising from the increase in the number of returnees and the pandemic.

Training, and financial, material and technical support from the ICRC enabled the National Society to strengthen its operational capacities in various areas: it bolstered its ability to distribute emergency aid and provide family-links services (see *Civilians*); boosted its emergency preparedness and response (see *Wounded and Sick*); and improved its public-communication initiatives (see *Actors of influence*). The National Society also took steps to improve its management of financial and human resources. The ICRC provided support for these efforts by donating office equipment and by organizing training sessions – in some instances, together with the International Federation – for National Society personnel in organizational development and financial management.

The ICRC trained National Society staff in the Safer Access Framework, to help them do their work in safety. Plans to sponsor personnel for training outside Libya were postponed because of administrative constraints. PPE and other supplies from the ICRC helped National Society staff to protect themselves against COVID-19 and carry out their activities in line with COVID-19 safety protocols.

The ICRC strove to improve coordination among Movement components in Libya through meetings and discussions, and to foster closer cooperation to avoid duplication of effort.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		30			
RCMs distributed		43			
Phone calls facilitated between family members		120			
Names published in the media		97			
<b>Reunifications, transfers and repatriations</b>					
People transferred or repatriated		3			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		448	26	18	40
<i>including people for whom tracing requests were registered by another delegation</i>		165			
Tracing cases closed positively (subject located or fate established)		68			
<i>including people for whom tracing requests were registered by another delegation</i>		18			
Tracing cases still being handled at the end of the reporting period (people)		2,479	214	131	163
<i>including people for whom tracing requests were registered by another delegation</i>		549			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		10	1		
<b>Documents</b>					
People to whom travel documents were issued		3			
People to whom official documents were delivered across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		3			
Detainees in places of detention visited		1,024	7		
Visits carried out		3			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		11	5		
<i>of whom newly registered</i>		10	5		
<b>RCMs and other means of family contact</b>					
RCMs collected		5			
RCMs distributed		3			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		1			
People to whom a detention attestation was issued		2			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	118,717	35,620	47,477
	<i>of whom IDPs</i>	84,021	25,208	33,605
Income support	People	56,729	16,981	22,055
	<i>of whom IDPs</i>	53,476	16,022	21,216
Living conditions	People	167,260	30,328	106,603
	<i>of whom IDPs</i>	109,581	22,942	63,697
Capacity-building	People	3,924	1,134	
	<i>of whom IDPs</i>	1,033	331	
<b>Water and habitat</b>				
Water and habitat activities	People	1,188,264	356,479	475,307
	<i>of whom IDPs</i>	71,337	21,401	28,535
<b>Primary health care</b>				
Health centres supported	Structures	63		
	<i>of which health centres supported regularly</i>	34		
Average catchment population		2,173,702		
<b>Services at health centres supported regularly</b>				
Consultations		1,051,169		
	<i>of which curative</i>	966,315	296,920	188,470
	<i>of which antenatal</i>	84,854		
Vaccines provided	Doses	75,295		
	<i>of which polio vaccines for children under 5 years of age</i>	27,665		
Referrals to a second level of care	Patients	5,688		
	<i>of whom gynaecological/obstetric cases</i>	1,953		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	9,723	856	
<b>Water and habitat</b>				
Water and habitat activities	People	1,269	1,231	38
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	1		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	30		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Consultations		221,280		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		27,668		
Weapon-wound admissions (surgical and non-surgical admissions)		242		3
Weapon-wound surgeries performed		117		
Patients whose hospital treatment was paid for by the ICRC		111		
<b>First aid</b>				
First-aid training				
	Sessions	17		
	Participants (aggregated monthly data)	253		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	460		
<b>Physical rehabilitation</b>				
Projects supported		4		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	3,498	477	1,377
	<i>of whom victims of mines or explosive remnants of war</i>	229		
Prostheses delivered	Units	671		
Orthoses delivered	Units	2,288		
Physiotherapy sessions		2,081		
Walking aids delivered	Units	757		
Referrals to social integration projects		1,024		

## MALI

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups, and of other situations of violence. It seeks to protect and assist violence-affected people, who also often struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among military and security forces and armed groups and encourages the authorities to ensure its implementation. It works closely with the Mali Red Cross and helps it develop its operational capacities.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

### KEY RESULTS/CONSTRAINTS IN 2021

- Violence-affected people met their basic needs with assistance from the Mali Red Cross and the ICRC. Stepped-up distributions of relief – food, household essentials and/or cash – helped more people ease their immediate situation.
- Displaced people, and residents of the communities hosting them, had improved access to clean water for household and livelihood use after the ICRC renovated or built such facilities as boreholes, wells and micro-dams.
- Ailing, injured and disabled people received good-quality services at primary-health-care centres, hospitals and physical rehabilitation centres that sustained their operations with comprehensive support from the ICRC.
- Detainees, including those held in relation to armed conflict, received standard ICRC visits. Some detainees benefited from efforts by the authorities and the ICRC to improve their access to health care, food supply and living conditions.
- Members of families separated by violence, migration or detention used the Movement's family-links services to reconnect. Children, including some formerly associated with weapon bearers, were reunited with their families.
- Authorities and weapon bearers were reminded to fulfill their obligations under IHL and other pertinent norms. Security, COVID-19 pandemic-related and/or other constraints compelled the ICRC to adapt or postpone certain activities.

### EXPENDITURE IN KCHF

Protection	6,533
Assistance	39,915
Prevention	3,261
Cooperation with National Societies	2,027
General	463
<b>Total</b>	<b>52,199</b>
<i>Of which: Overheads</i>	<i>3,186</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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### PERSONNEL

Mobile staff	85
Resident staff (daily workers not included)	457



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	372
RCMs distributed	177
Phone calls facilitated between family members	7,315
Tracing cases closed positively (subject located or fate established)	167
People reunited with their families	36
<i>of whom unaccompanied minors/separated children</i>	35
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	22
Detainees in places of detention visited	4,437
<i>of whom visited and monitored individually</i>	849
Visits carried out	199
<b>Restoring family links</b>	
RCMs collected	146
RCMs distributed	38
Phone calls made to families to inform them of the whereabouts of a detained relative	1,206

ASSISTANCE	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	People 78,000	102,258
Food production	People 892,560	600,216
Income support	People 21,000	15,096
Living conditions	People 72,000	85,150
Capacity-building	People 1,328	415
<b>Water and habitat</b>		
Water and habitat activities	People 208,540	228,034
<b>Health</b>		
Health centres supported	Structures 23	31
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Food consumption	People 3,170	432
Living conditions	People 3,276	5,937
<b>Water and habitat</b>		
Water and habitat activities	People 3,296	3,061
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 7	10
<b>Physical rehabilitation</b>		
Projects supported	Projects 10	10
<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity) 334	294

## CONTEXT

Intense clashes took place between armed groups and Malian and international forces, including French forces and the UN Multidimensional Integrated Stabilization Mission in Mali. Efforts to fully operationalize the G5 Sahel joint force – composed of troops from Mali and the neighbouring countries of Burkina Faso, Chad, Mauritania and Niger – were pursued. Implementation of a 2015 peace agreement between the Malian government and certain armed groups remained slow. Northern and central Mali were the main sites of fighting. Civilians were wounded or killed in attacks or by improvised explosive devices (IEDs); health-care centres, schools and humanitarian actors were targeted. Over 400,000 people were reportedly displaced. Malian and international forces arrested people in connection with armed conflict.

Communal violence, criminality, competition over limited resources and the effects of climate change, such as drought and erratic rainfall, also affected the country.

Mali has been in transitional military rule since September 2020; in May 2021, a second interim president assumed office.

All the above-mentioned circumstances contributed to disruptions in people's access to livelihood sources and essential services – including in detention facilities, which were overcrowded. The COVID-19 pandemic remained of concern.

Migrants passing through Mali on their way to Europe were at risk of physical assault or other unlawful conduct.

## ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs engendered by the combined consequences of protracted armed conflict, communal violence and climate change, particularly in northern and central Mali.

In partnership with the Mali Red Cross, local authorities and community leaders, it reached communities accessible to few or no other humanitarian organizations. Security, pandemic-related and/or other constraints compelled the ICRC to adapt or postpone certain activities, at times helping fewer people than planned.

During discussions with local authorities and weapon bearers, the ICRC sought safe access to people at risk. It emphasized to influential parties the necessity of respecting IHL and humanitarian principles and ensuring unimpeded access to health care and other basic services.

Violence-affected people addressed their urgent and longer-term needs with ICRC assistance, provided directly and/or in partnership with the National Society. Displaced people, and residents of the communities hosting them, received food, household essentials or cash to purchase these; stepped-up distributions of such emergency aid helped more people ease their immediate situation. Farming households benefited from seed, tools and training, and pastoral households, from livestock vaccination and treatment. Breadwinners used cash grants to start or improve small businesses, participated in cash-for-work projects and/or underwent vocational training.

Residents and IDPs had increased access to clean water, and herders and market gardeners could better sustain their livelihoods, after the ICRC renovated or built such communal facilities as boreholes and wells. Emergency upgrades to water points afforded newly displaced people improved access to drinking water.

The ICRC maintained its support to various health facilities. People had access to adequate services, such as curative and antenatal consultations, vaccination – including for COVID-19 – and referrals for further care, at primary-health-care centres. Ailing and/or injured people requiring higher-level treatment, such as weapon-wound surgery, obtained good-quality services at hospitals in Gao, Kidal and Mopti. Persons with disabilities received suitable care at physical rehabilitation centres. ICRC-trained counsellors provided psychosocial support to violence-affected people, among them victims/survivors of sexual violence.

The ICRC visited detainees in accordance with its standard procedures. It checked on their treatment and living conditions, paying close attention to particularly vulnerable people, such as those held in connection with armed conflict. It helped the relevant authorities meet the needs of detainees. Material assistance and infrastructural upgrades helped improve detainees' living conditions. Detainees had access to health care at ICRC-backed prison clinics. At ICRC-organized round tables, pertinent officials discussed implementing mechanisms for the 2020 coordination agreement between the health and justice ministries, on providing health care to detainees.

Members of families dispersed by violence, migration, detention or other circumstances – including unaccompanied minors and children formerly associated with weapon bearers – reconnected through the Movement's family-links services.

The Mali Red Cross, with ICRC support, bolstered its capacities to help crisis-affected people. Movement components in Mali met regularly to coordinate their activities and reinforce their security measures.

## CIVILIANS

In all its interactions with authorities, weapon bearers and other influential actors, the ICRC endeavoured to foster among them acceptance for IHL and the Movement, with a view to contributing to the protection of people in need and the delivery of humanitarian aid to them.

The ICRC sought proximity to violence-affected communities, to involve them in addressing their needs and developing measures for their safety.

### Parties to conflict or other violence are reminded to respect IHL and other pertinent norms

Whenever possible, the ICRC reminded parties to armed conflict or other situations of violence to uphold IHL and other relevant norms. It urged them to: protect civilians, including IDPs and migrants; safeguard access to health care, education and other essential services, and to livelihood sources; facilitate safe passage for health and humanitarian workers; and prevent unlawful conduct, including recruitment

of minors and sexual violence. The ICRC confidentially shared documented allegations of violations of pertinent norms with the parties concerned, towards ending or preventing such violations.

The ICRC monitored the situation of migrants and IDPs; those whom it found particularly at risk were referred to other humanitarian actors or given assistance (see below).

### **Members of dispersed families reconnect**

Family members separated by violence, migration, detention or other circumstances restored contact through short oral messages relayed by ICRC delegates, phone calls, RCMs and/or other family-links services provided by the Movement in Mali and in countries hosting Malian refugees (see *Burkina Faso* and *Mauritania*). To broaden access to these services, the Mali Red Cross and the ICRC set up mobile kiosks at IDP camps and transit sites, and along migration routes, in Bamako and Mopti. They conducted information sessions and other activities to raise awareness of means to prevent loss of family contact and of the availability of family-links services. The families of 167 missing people learnt of their relatives' fate and/or whereabouts and, where possible, were put in touch with them. Thirty-five minors, including twenty-seven formerly associated with weapon bearers, were reunited with their families.

To help increase the likelihood of dead people being properly identified, and their families, notified, the ICRC worked on several initiatives. First responders – among them civil-protection personnel and *gendarmes* – attended ICRC-backed workshops, including train-the-trainer sessions, on managing human remains; some workshops also covered IHL and international human rights law. First responders and two hospitals received body bags and/or personal protective equipment (PPE). Formalization of an agreement between one of the hospitals and the ICRC, on developing a pilot project to facilitate identification of the human remains stored in the hospital's morgue, was pursued. Planned forensic training for medical students did not take place, given security and pandemic-related constraints.

The ICRC endeavoured to encourage the authorities to clarify the fate of Malian migrants who went missing in the Mediterranean Sea, off the Libyan coast, in 2015.

### **People in need ease their immediate situation and build their resilience**

People affected by the combined consequences of armed conflict, communal violence and climate change were given ICRC assistance, directly and/or in partnership with the National Society.

Approximately 102,200 people (17,000 households) – IDPs and residents of host communities – received one month's supply of food or cash to buy it; 20,016 of them (3,336 households) obtained a second round of aid. About 85,000 people (14,000 households) – including IDPs, residents and migrants – were given hygiene and household essentials, or money to purchase these. Stepped-up distributions of such emergency aid helped more people ease their immediate situation.

Roughly 12,500 farming households (75,300 people) received seed – including for drought-tolerant crops and soil-conserving plants – and tools, or cash to buy these. Around 87,480 pastoral households (524,900 people) – fewer than planned, given security and logistical issues – had their livestock vaccinated or treated. Vouchers that could be exchanged for fodder from local suppliers were provided to 2,050 herders (supporting 12,300 people in all) with particular vulnerabilities to the lean season. Training and/or infrastructural improvements also helped many of the above-mentioned households (see below).

Over 2,500 breadwinners (supporting about 15,000 people) generated income by drawing on ICRC-provided cash grants – at times, coupled with training – to start or improve small businesses, or by joining ICRC-organized cash-for-work projects to repair irrigation systems and other communal facilities. Fewer breadwinners were supported than planned, in connection with operational adjustments made to increase distributions of emergency aid (see above).

Through ICRC-backed vocational training courses, 415 people honed their livelihood skills in such areas as agricultural production, business management and animal-health service provision. Pandemic-related considerations prompted the ICRC to scale down these courses.

### **Violence-affected communities have improved water and other facilities**

Nearly 169,000 residents and IDPs in Gao, Kidal, Menaka, Mopti and Timbuktu had increased access to clean water after the ICRC renovated or built such facilities as boreholes, micro-dams and other water-supply facilities; where feasible, these facilities were solar-powered. Construction of wells and livestock-vaccination pens helped around 58,200 herders and market gardeners better sustain their livelihoods. Sixteen government technicians strengthened their ability to manage the above-mentioned facilities, during an ICRC workshop.

Emergency upgrades to water points in Kidal afforded 900 newly displaced people improved access to drinking water.

ICRC infrastructure projects carried over from 2020, aimed at mitigating COVID-19 risk by broadening access to water and sanitation services, were completed.

### **People in northern and central Mali obtain adequate primary health care**

Thirty-one primary-health-care centres operated with ICRC support: funds, supplies, equipment – including PPE – and staff training and supervision. At the 23 regularly backed centres, around 137,300 curative and antenatal consultations and nearly 123,000 vaccine doses were provided; some 13,000 doses were for COVID-19, administered at 7 centres. About 890 people, including pregnant women, were referred for higher-level care; the ICRC covered their transportation costs. Information sessions helped 60 health workers to familiarize themselves with the Health Care in Danger initiative, and over 150,000 people to learn how to reduce their risk of COVID-19.

Some 1,300 violence-affected people received psychosocial support from ICRC-trained counsellors at the above-mentioned centres or National Society-run facilities. They included victims/survivors of sexual violence, some of whom were given post-exposure prophylactic treatment within 72 hours of the incident.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Detainees receive visits from the ICRC

In accordance with its standard procedures, the ICRC visited people confined in 22 detention centres under the authority of security forces and the justice ministry. It checked on detainees' treatment and living conditions, including respect for judicial guarantees and the principle of *non-refoulement*; 849 detainees were monitored individually. Close attention was paid to: security detainees, especially those held in connection with armed conflict; minors; women; and people serving sentences pronounced by the UN Mechanism for International Criminal Tribunals and/or its predecessors. Findings were confidentially communicated to the relevant authorities. They were encouraged to follow up on the cases of people held past state-prescribed limits and address structural challenges within the judicial and penitentiary systems, notably to alleviate overcrowding. The ICRC continued to seek access to all detainees within its purview.

Detainees and their relatives contacted one another through short oral messages relayed by ICRC delegates, RCMs, family visits and other family-links services. Foreigners notified their consular representatives of their detention. Cases of detained minors were brought to the attention of UNICEF. After their release from detention, some people were given financial or other assistance for returning home. The ICRC reminded the authorities to notify the families concerned whenever people were arrested or transferred to other detention facilities.

### Ailing detainees have access to health care

The ICRC regularly monitored the health of detainees in eight detention facilities, at some of which a system of medical screening of detainees upon entry facilitated individual follow-up and referrals for further care, including for malnutrition. Thirty-nine inmates received life-saving treatment at hospital, and three newly released detainees, mental-health services, through the ICRC. Four prison clinics sustained their services with material and technical input and staff training from the ICRC. During information sessions, detainees and staff at five prisons learnt more about preventing and managing diseases like TB and COVID-19. At ICRC-organized round tables, detention and health officials discussed implementing mechanisms for the 2020 coordination agreement between the health and justice ministries, drafted with ICRC advice, on providing health care to detainees.

Prison and health authorities drew on ICRC support to manage disease outbreaks in two prisons and carry out COVID-19 vaccination campaigns in four prisons; staff at the four prisons also received donations of PPE.

### Detainees have improved living conditions

To help penitentiary staff members better prevent and address malnutrition, the ICRC organized workshops for 64 of them, on food-supply management, meal preparation and nutritional-status monitoring. Some 430 malnourished detainees were given therapeutic food and/or fortified porridge made from locally sourced ingredients.

Almost 6,000 detainees received soap, laundry detergent, other hygiene essentials and clothing from the ICRC.

Water, sanitation and kitchen facilities were upgraded in, and/or cleaning materials regularly donated to, seven prisons.

## WOUNDED AND SICK

### People have access to good-quality emergency and health care, including physical rehabilitation

More than 1,400 weapon bearers, health workers, community members and Mali Red Cross volunteers were trained in first aid by the National Society and the ICRC.

One hospital each in Gao, Kidal and Mopti operated with comprehensive ICRC backing: funds, equipment, supplies, training and on-site staff reinforcement and supervision. Ailing, injured or disabled people obtained appropriate treatment at these hospitals, including mental-health support (see *Civilians*). Hospital personnel honed their capacities in emergency care, weapon-wound surgery, and infection prevention and control. In coordination with first responders, the hospitals ran simulations of their contingency plans for mass patient influxes. Seven other hospitals were given medical supplies, PPE and/or other support on an ad hoc basis. To help treat influxes of patients in state-run primary-health-care centres in remote areas, the ICRC sent surgical teams to these centres.

At various hospitals and primary-health-care facilities (294 beds in all), the ICRC upgraded water, sanitation and electrical systems, and/or donated generators and key supplies, such as water and fuel.

To help improve services for disabled people and advance their social inclusion, the ICRC maintained its efforts to bolster the physical rehabilitation sector.

Five physical rehabilitation centres were regularly backed by the ICRC with equipment, supplies, training and on-site supervision. They included the first such centre in Mopti, whose construction the ICRC completed in 2020, in coordination with the solidarity ministry – which has been subsumed under the health ministry – and in partnership with the private sector (under the Programme for Humanitarian Impact Investment). Around 13,300 disabled people<sup>1</sup> received suitable care at the centres. Those with particular vulnerabilities had their travel, food and/or accommodation expenses covered by the ICRC.

Two people who, as at the end of 2020, were still completing ICRC-sponsored training in orthopaedics in Lomé, Togo,

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

fulfilled their pending requirements and returned to Mali. One of them, alongside two others who had previously finished the said training with ICRC assistance, joined the staff of the Mopti centre.

The ICRC continued to support the activities of local associations of persons with disabilities. One association produced face shields, and another, soap; these items were sent to ICRC-supported hospitals treating COVID-19 patients.

### ACTORS OF INFLUENCE

To the extent permitted by security and access constraints, the ICRC pursued contact with a broad range of actors critical to facilitating safe and timely delivery of humanitarian aid, safeguarding health and humanitarian workers, and preventing unlawful conduct. It continued to seek security guarantees from authorities and weapon bearers (see also *Civilians*).

#### Parties to conflict are urged to abide by IHL and other pertinent norms

During dialogue and events with the ICRC, armed and security forces personnel were reminded to fulfill their obligations under IHL and/or other applicable norms (see *Civilians* and *People deprived of their freedom*). Measures to uphold the principle of distinction were discussed with operational commanders of international forces. The Malian military drew on ICRC expertise to update its service regulations. Malian officers and instructors participated in IHL sessions conducted by the ICRC at six military training centres. The ICRC ran an IHL course for staff of a multilateral body involved in instructing the Malian armed forces; the two organizations formalized an agreement on further IHL-related training.

During bilateral discussions and information sessions, members of armed groups were urged to respect IHL and humanitarian principles – notably, to ensure access to health care and other basic services for violence-affected people, and safe passage for health and humanitarian personnel.

Some IHL sessions for weapon bearers were coupled with first-aid training (see *Wounded and sick*).

Authorities involved in revising the national penal codes maintained dialogue with the ICRC. Judicial officials strengthened their grasp of IHL and international human rights law, at workshops organized by the justice ministry and the ICRC. A legal adviser from the foreign-affairs ministry attended, as an observer, an ICRC-organized international conference of national IHL committees.

#### Civil society representatives stay abreast of humanitarian issues

To foster greater acceptance for it, the ICRC kept up regular contact with religious and traditional leaders and other civil society representatives. They added to their knowledge of humanitarian principles, the Movement, and the emblems protected under IHL, during meetings with the ICRC; some meetings, additionally, covered the common ground between sharia law and IHL. Communities were consulted for feedback on the ICRC's efforts to assist them (see also *Civilians*).

Alongside the Mali Red Cross whenever possible, the ICRC organized field trips and workshops for journalists, and produced radio spots, social-media posts and other materials, helping broaden public awareness of the Movement. Violence-affected people also learnt more about the services available to them and ways to reduce their exposure to risk, such as from IEDs or COVID-19.

#### Religious and academic circles discuss IHL

At one university, students and professors augmented their knowledge of IHL, during an ICRC presentation. Teachers at another university, who were involved in organizing workshops with religious leaders, discussed with the ICRC ways to systematize exchanges between these leaders and promote key messages on the shared ground between sharia law and IHL.

### RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross continued to assist people in need (see *Civilians* and *Wounded and sick*). With the ICRC's financial, material, and technical support – including facility upgrades – the National Society bolstered its capacities to assist crisis-affected people. Its personnel were trained in such fields as first aid, family-links services, livelihood support and public communication.

With input from Movement partners, the National Society pursued incorporation of the Safer Access Framework in its activities.

The Mali Red Cross, the ICRC and other Movement components in Mali met regularly to coordinate their work and reinforce their security measures.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		372	31		
RCMs distributed		177	19		
Phone calls facilitated between family members		7,315			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		36			
Human remains transferred or repatriated		1			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		356	15	14	27
<i>including people for whom tracing requests were registered by another delegation</i>		20			
Tracing cases closed positively (subject located or fate established)		167			
<i>including people for whom tracing requests were registered by another delegation</i>		5			
Tracing cases still being handled at the end of the reporting period (people)		780	27	24	55
<i>including people for whom tracing requests were registered by another delegation</i>		93			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		44	7		30
UAMs/SC reunited with their families by the ICRC/National Society		35	4		27
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		19	4		12
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		22			
Detainees in places of detention visited		4,437	10	108	
Visits carried out		199			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		849			97
<i>of whom newly registered</i>		658			96
<b>RCMs and other means of family contact</b>					
RCMs collected		146			
RCMs distributed		38			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,206			
People to whom a detention attestation was issued		6			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	102,258	39,899	36,138
	<i>of whom IDPs</i>	90,919	35,051	32,832
Food production	People	600,216	155,074	150,108
	<i>of whom IDPs</i>	3,284	568	
Income support	People	15,096	4,603	1,369
	<i>of whom IDPs</i>	1,441	384	169
Living conditions	People	85,150	30,374	33,300
	<i>of whom IDPs</i>	81,621	28,599	32,437
Capacity-building	People	415	227	28
	<i>of whom IDPs</i>	4	3	
<b>Water and habitat</b>				
Water and habitat activities	People	228,034	68,458	91,278
	<i>of whom IDPs</i>	25,101	7,530	10,041
<b>Primary health care</b>				
Health centres supported	Structures	31		
	<i>of which health centres supported regularly</i>	23		
Average catchment population		198,977		
<b>Services at health centres supported regularly</b>				
Consultations		137,335		
	<i>of which curative</i>	113,033	35,525	49,982
	<i>of which antenatal</i>	24,302		
Vaccines provided	Doses	122,786		
	<i>of which polio vaccines for children under 5 years of age</i>	44,067		
Referrals to a second level of care	Patients	885		
	<i>of whom gynaecological/obstetric cases</i>	271		

CIVILIANS		Total	Women	Children
<b>Mental health and psychosocial support</b>				
People who received mental-health support		644		
People who attended information sessions on mental health		63,399		
People trained in mental-health care and psychosocial support		248		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	432		
Living conditions	People	5,937	5	32
Capacity-building	People	64		
<b>Water and habitat</b>				
Water and habitat activities	People	3,061	31	
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	10		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	3		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	566	26	44
	(including those related to mines or explosive remnants of war)	30	*	
	Non-weapon-wound admissions	2,450		
	Operations performed	4,801		
Medical (non-surgical) admissions		439	174	
Gynaecological/obstetric admissions		1,575	*	*
Consultations		35,047		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		*		
<b>Patients whose hospital treatment was paid for by the ICRC</b>				
		35		
<b>First aid</b>				
First-aid training				
	Sessions	56		
	Participants (aggregated monthly data)	1,421		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	294		
<b>Physical rehabilitation</b>				
Projects supported		10		
	<i>of which physical rehabilitation projects supported regularly</i>	5		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	13,386	2,910	6,821
	<i>of whom victims of mines or explosive remnants of war</i>	117		
Prostheses delivered	Units	489		
Orthoses delivered	Units	544		
Physiotherapy sessions		50,131		
Walking aids delivered	Units	707		
Wheelchairs or postural support devices delivered	Units	*		
Referrals to social integration projects		43		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		615		
People who attended information sessions on mental health		8,851		

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

# MAURITANIA

The ICRC has worked in Mauritania since 1970, opening a delegation there in 2013. It visits detainees and helps improve their living conditions, particularly their access to health care. It offers them and other people in need, including refugees, family-links services. It works to meet the basic needs of both refugees who have fled conflict and of vulnerable residents in communities hosting them. It promotes IHL and humanitarian principles among the armed and security forces, authorities and civil society, and supports the development of the Mauritanian Red Crescent.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2021

- Refugees and residents accessed clean water from ICRC-upgraded infrastructure in rural and urban areas. Herders among them were given cash to buy fodder and other necessities during the lean season, and free veterinary services.
- Detainees at six prisons were treated for contagious and/or chronic diseases at ICRC-supported clinics. The ICRC provided logistical support for the authorities to vaccinate detainees against COVID-19.
- Refugees unable to get in touch with their families, and migrants in transit or remaining in Mauritania, contacted relatives through RCMs, phone calls and other services provided by the Mauritanian Red Crescent and the ICRC.
- Owing to administrative constraints, the ICRC was not able to realize its plans to visit people held in police stations, and to support forensic services.
- At ICRC events, Islamic leaders and clerics learnt about the common ground between IHL and Islamic law, and hundreds of military and security forces personnel were reminded of international norms applicable to their duties.

## EXPENDITURE IN KCHF

Protection	721
Assistance	3,207
Prevention	801
Cooperation with National Societies	233
General	92
<b>Total</b>	<b>5,055</b>
<i>Of which: Overheads</i>	<i>309</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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## PERSONNEL

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



⊕ ICRC delegation ⊕ ICRC sub-delegation

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	58
RCMs distributed	39
Phone calls facilitated between family members	328
Tracing cases closed positively (subject located or fate established)	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	8
Detainees in places of detention visited	2,271
<i>of whom visited and monitored individually</i>	2
Visits carried out	52

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food production	People	60,000	66,678
Income support	People	15,000	13,200
Capacity-building	People	32	65
<b>Water and habitat</b>			
Water and habitat activities	People	18,500	11,009
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Water and habitat</b>			
Water and habitat activities	People	1,200	1,228

## CONTEXT

The fighting in neighbouring Mali continued to drive people into Mauritania and prevent them from returning home (see *Mali*). Tens of thousands of Malian refugees remained in the Bassikounou department of the Hodh el-Chargui region, near the Mali–Mauritania border – either at the UNHCR camp in M’bera or among host communities.

In host communities, the water infrastructure was inadequate to the needs of residents, refugees and their livestock. In addition, irregular rainfall and bushfires greatly limited the availability and raised the prices of food and fodder, particularly during the lean season. The scarcity of resources caused tensions between refugees and residents.

Migrants passed through Mauritania, often through Nouadhibou in the west, on their way north. Maritime accidents off the Mauritanian coast caused deaths among migrants.

Mauritania continued to support efforts to counter armed groups in the wider Sahel region. It remained a member of the G5 Sahel Joint Force and hosted the G5 Sahel defence college in Nouakchott.

The effects of the COVID-19 pandemic continued to be felt in the country. People living in densely populated areas, including prisons, were particularly at risk. The authorities maintained their efforts to check the spread of the coronavirus, via vaccination and communication campaigns.

## ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of refugees, host communities, migrants and others, in order to respond to their needs and raise their concerns with the pertinent authorities.

In south-eastern Mauritania, the ICRC and the Mauritanian Red Crescent assisted both refugees and residents to cope with the scarcity of resources. The ICRC upgraded water infrastructure in the city of Bassikounou; it did so in rural areas as well, making it easier for refugees and returnees to obtain water for their livestock and for household use. Greater availability of water also helped to make their living conditions more sanitary and protect them against contagious diseases like COVID-19. The National Society, funded and counselled by the ICRC, ran communication campaigns on preventing the spread of COVID-19. The ICRC helped train and equip animal-health workers and the livestock authorities; with their help, it provided refugee and resident herders free vaccinations for their hundreds of thousands of heads of livestock, their main source of food and income. Thousands of refugee and resident herders were given cash to buy enough food and/or fodder to see them and their livestock through the lean season. The ICRC gave households in one village supplies and tools to farm and harvest crops for their own consumption or for sale.

The ICRC maintained its support for the National Society to develop its family-links and data-protection capacities. With its help, the ICRC continued to provide family-links services for refugees in the M’bera camp and migrants in Nouadhibou and Nouakchott. In 2019, the ICRC identified the remains of

two migrants who had died at sea; it was able, in 2021, to inform the families concerned. Foreign detainees and other vulnerable people contacted their families through RCMs or brief oral messages relayed by the ICRC.

The ICRC visited – in accordance with its standard procedures – detainees in eight prisons, paying particular attention to women, minors, foreigners, people in solitary confinement, and others especially at risk. Findings and recommendations from these visits were communicated confidentially to the penitentiary authorities, the ministries concerned, and the National Guard – whose personnel also served as prison guards – to help them improve detainees’ treatment and living conditions.

The ICRC focused on giving the health, justice and penitentiary authorities expert advice for improving penitentiary services, specifically the provision of health care and food, and the maintenance of prison infrastructure. It also continued to directly assist detainees at six prisons in Mauritania: it provided training and supplies for clinics to treat detainees suffering from chronic diseases, malnutrition and other medical conditions; logistical support for the authorities’ efforts to vaccinate detainees against COVID-19; and training and supplies for hygiene committees to conduct disinfection and fumigation campaigns.

In its dialogue with local and national authorities, armed forces personnel, members of civil society, and recipients of its assistance, the ICRC strove to foster support for IHL and other international norms and for the ICRC and the wider Movement. At events organized by the ICRC, Islamic leaders and clerics learnt more about the common ground between IHL and Islamic law, and hundreds of military and security forces personnel were reminded of the international norms applicable to their duties.

## CIVILIANS

The ICRC continued to monitor the situation of Malian refugees – particularly those living outside the M’bera camp – members of host communities, migrants and others, in order to develop responses that match their needs and bring their concerns to the attention of the pertinent authorities.

### Refugees and residents have broader access to water

In south-eastern Mauritania, around 11,000 residents and refugees had more water for their livestock and for household use, as a result of projects implemented by the ICRC in cooperation with the local water authorities. This made their living conditions more sanitary and helped to protect them against contagious diseases like COVID-19.

The ICRC dug boreholes in four villages and equipped them with solar-powered pumps and reservoirs, making clean water more accessible to about 5,000 refugees and residents. It also built cement troughs specifically for watering animals; this helped prevent contamination of water for human consumption. In the village of Néré, the ICRC upgraded the water system, which helped 200 female heads of households to organize and cultivate market gardens.

The Mauritanian Red Crescent, funded and counselled by the ICRC, ran communication campaigns on preventing the spread of COVID-19, which concentrated on Nouadhibou and Nouakchott, the two most densely populated cities in the country. Administrative and pandemic-related restrictions forced the cancellation of hygiene-promotion sessions that had been planned.

The ICRC completed a technical study of the water network in Bassikounou, and presented it to the water authorities and a development actor supporting the long-term upgrading of the network. At the same time, the ICRC reinforced the city's water supply by completing the construction of a high-capacity borehole and continuing to lay a pipeline – work it had begun in 2020 – that will benefit approximately 5,000 people.

### **Refugee and resident herders benefit from livestock-vaccination campaigns**

The National Society and the ICRC gave 2,000 herding households (13,000 people) cash grants to buy food and other necessities, and fodder for their livestock.

The ICRC helped train new animal-health workers, including refugees, and refresh the skills of those previously trained – 65 workers in all; 39 were also given veterinary instruments. Pertinent authorities were given cold-chain equipment for storing vaccines. With the help of these authorities, the ICRC vaccinated – free of charge, at two ICRC-built vaccination pens – 727,744 heads of cattle and goats belonging to 11,113 households (66,678 people). This helped these households to maintain the market value and productivity of their livestock, their main source of food and income.

The ICRC, in collaboration with the local agricultural services, provided 200 farmers with seeds and tools, as well as technical training, with which to improve their yields.

### **Members of dispersed families reconnect**

The ICRC continued to give the National Society support for developing its family-links and data-protection capacities. National Society volunteers in Nouadhibou were trained specifically to provide psychosocial care to survivors of maritime accidents, manage the remains of dead migrants, and protect themselves against contagion.

Aided by the National Society, the ICRC continued to provide family-links services where needed. In the M'bera camp, refugees maintained contact with their families in Mali through RCMs and phone calls that were made available five days a week. Some refugees put in requests to locate relatives with whom, because of the conflict in Mali, they had lost contact. In Nouadhibou and Nouakchott, the National Society, with financial support from the ICRC, also arranged phone calls for migrants.

The ICRC supported the authorities' COVID-19 response and their management of the bodies of migrants who had died in Mauritania, with a view to identifying the bodies and handing

them over to the families concerned. First responders, including coast guard personnel, were given training, body bags and personal protective equipment (PPE), to help them manage the remains of dead migrants properly. In 2019, the ICRC identified the remains of two migrants who had died at sea; it was able, in 2021, to inform the families concerned (see *Abidjan*). A number of activities in support of forensic services did not take place, owing to administrative issues.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees contact their relatives**

The ICRC visited – in accordance with its standard procedures – detainees in eight prisons, paying particular attention to women, minors, foreigners, people in solitary confinement, and others especially at risk. Findings and recommendations from these visits were communicated confidentially to the penitentiary authorities, the ministries concerned, and the National Guard – whose personnel also served as prison guards – to help them improve detainees' treatment and living conditions. Owing to administrative constraints, the ICRC was not able to realize its plans to visit people held in police stations.

Foreign detainees and other vulnerable people contacted their families through RCMs or brief oral messages relayed by the ICRC.

### **Detainees have more effective protection against COVID-19 and hygiene-related illnesses**

The ICRC focused on giving the health, justice and penitentiary authorities expert advice for improving penitentiary services, specifically the provision of health care and food, and the maintenance of prison infrastructure. It also continued to directly assist detainees in six prisons in Mauritania: a detention centre for minors, a women's prison, and four prisons holding large numbers of detainees.

Prison health staff were trained to care for detainees with contagious or chronic diseases, in line with the health ministry's new guidelines; they were also given PPE. At the request of the authorities, the ICRC provided logistical support for campaigns to vaccinate detainees against COVID-19. ICRC-supported clinics at the six prisons mentioned above – all six were given supplies and one was renovated – treated detainees suffering from chronic diseases, malnutrition and other medical conditions. At two prisons, malnourished detainees, or detainees who had TB or HIV/AIDS, regained some weight under an ICRC-supported therapeutic feeding programme. At the ICRC's recommendation, the detention centre for minors, mentioned above, signed a referral agreement with a nearby hospital.

Engineers, prison directors, penitentiary officials, and others attended ICRC workshops on evaluating prison infrastructure and drafting maintenance plans. About 1,200 detainees at the six prisons mentioned above had cleaner and more sanitary living conditions after the ICRC and detainee hygiene committees – trained and equipped with cleaning supplies by the ICRC – conducted disinfection and fumigation campaigns.

## ACTORS OF INFLUENCE

### Actors of influence are encouraged to support IHL and the Movement

In its dialogue with local and national authorities, armed forces personnel, members of civil society and recipients of its assistance, the ICRC strove to foster support for IHL and other international norms, and for the ICRC and the wider Movement. At conferences held online, or during first-aid training sessions and other in-person events, the ICRC explained to 165 Islamic leaders and clerics – some of whom were at the M'bera camp or living in host communities – the points of correspondence between IHL and Islamic law. The ICRC and 105 imams in Bassikounou and Aleg discussed how detainees should be treated according to IHL and Islamic law. Personnel from local NGOs were briefed on IHL and its applicability to humanitarian work.

The public learnt about IHL and the Movement through ICRC-produced communication materials published through both traditional and social media. The ICRC gave the Mauritanian Red Crescent funding and expert advice for its public-communication initiatives. Journalism and law professors from one university, and journalists, were briefed on IHL and humanitarian reporting at ICRC seminars.

### Authorities and weapon bearers strengthen their grasp of IHL

The ICRC continued to give the authorities expert advice for advancing the implementation of IHL, and to urge them to establish a national IHL committee. Lawmakers were briefed on IHL, treaties of specific interest to the ICRC, and the importance of taking IHL into account when updating legislation.

The ICRC maintained its long-standing support for the provision of pertinent legal instruction at Mauritanian training institutions for military and security forces personnel, including the G5 Sahel defence college in Nouakchott. The ICRC also briefed about 540 cadets and other troops on norms applicable to their work: notably, *gendarmes* bound for a peacekeeping mission in the Central African Republic were briefed on IHL, international human rights law and the Movement; and members of the G5 Sahel Joint Force added to what they already knew about IHL and measures to protect civilians.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society volunteers are given training in family-links services

By working with the ICRC, the Mauritanian Red Crescent developed its ability to assist Malian refugees and those hosting them (see *Civilians*). National Society volunteers were trained to restore family links in accordance with the Movement's data-protection standards. A few volunteers travelled to Senegal for practical experience in assisting and providing family-links services to migrants who survived accidents at sea. ICRC-trained National Society volunteers assisted pilgrims, and provided basic care and family-links services, at large religious gatherings.

Movement components working in Mauritania met to coordinate their activities, particularly their pandemic response, and their support for the National Society.

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	58			
RCMs distributed	39			
Phone calls facilitated between family members	328			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	57			1
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	5			
Tracing cases still being handled at the end of the reporting period (people)	171	6	3	14
<i>including people for whom tracing requests were registered by another delegation</i>	35			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	8			
Detainees in places of detention visited	2,271	50	76	
Visits carried out	52			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	2			
<i>of whom newly registered</i>	1			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Food production	People	66,678	19,519	28,602
Income support	People	13,200	3,987	5,534
Capacity-building	People	65	10	16
<b>Water and habitat</b>				
Water and habitat activities	People	11,009	3,854	4,955
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Water and habitat</b>				
Water and habitat activities	People	1,228	25	61
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		

## MOROCCO

The ICRC's work in Morocco dates back to 1975, during the Western Sahara conflict. Opened in 2015, the delegation in Morocco promotes IHL and the ICRC's work among the authorities and civil society. It also seeks to support the Moroccan Red Crescent in building its operational capacities, particularly in family-links services and mine-risk education.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

### KEY RESULTS/CONSTRAINTS IN 2021

- Aided by the ICRC, a Moroccan family made video calls to a relative held at the US detention facility at the Guantanamo Bay Naval Station in Cuba. After this detainee's release, the ICRC issued an attestation of detention for him.
- The Moroccan Red Crescent and the ICRC enabled families of detainees held abroad, and migrants, to restore and maintain family links and resolved five missing-persons cases associated with migration.
- The ICRC reduced its presence in Morocco, but remained active there, via its regional delegation in Tunisia. It continued to help the Moroccan Red Crescent to strengthen its capacities, in restoring family links and other areas.

### EXPENDITURE IN KCHF

Protection	415
Assistance	234
Prevention	251
Cooperation with National Societies	64
General	62
<b>Total</b>	<b>1,025</b>
<i>Of which: Overheads</i>	<i>63</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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### PERSONNEL

Mobile staff	-
Resident staff (daily workers not included)	1



⊕ ICRC delegation

### PROTECTION

#### CIVILIANS

#### Restoring family links

	Total
RCMs collected	36
RCMs distributed	114
Phone calls facilitated between family members	306
Tracing cases closed positively (subject located or fate established)	5

## CONTEXT

A number of Moroccans, including women and children, were detained in conflict-affected countries or returned to Morocco from these countries (see *Libya* or *Syrian Arab Republic*). Those returning from conflict-affected countries often suffered mental illness and stigmatization, and struggled with reintegration.

Despite periodic socio-economic protests, Morocco remained relatively stable. The status of Western Sahara remained a point of contention between Morocco and the Polisario Front; the mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended to October 2022 (see *Tunis*). Families living in the south were at risk of injury or death from mines and explosive remnants of war (ERW) dating from the 1975–1991 Western Sahara conflict; many of these families were also still waiting for news of relatives who went missing during or after the conflict.

Thousands of migrants bound for Europe, including asylum seekers and refugees, continued to arrive in or pass through Morocco. Some irregular migrants had little or no access to basic services and were at risk of arrest. The families of migrants who had died along migration routes – in accidents at sea, for example – did not always know what had become of their loved ones.

## ICRC ACTION AND RESULTS

As planned, the ICRC reduced its presence in Morocco, but will maintain, through its regional delegation in Tunisia (see *Tunis*), some activities for vulnerable people in the country. It therefore sought to bolster the capacities of the Moroccan Red Crescent: it signed a four-year partnership agreement to help the National Society develop its capacities in various areas, notably in restoring family links, promoting safe behaviour around mines/ERW, applying the Safer Access Framework and managing disasters.

Supported by the ICRC, the National Society continued to enable Moroccan families to restore and maintain family links with relatives living in or detained in conflict-affected countries. The ICRC enabled a Moroccan family to make video calls to a relative being held at the Guantanamo Bay detention facility. The detainee was released later in the year, and was able to return to Morocco; the ICRC checked on him after his return, referred him to a local foundation for further support and issued an attestation of detention for him. The ICRC also continued to follow cases of Moroccans and others who went missing along migratory routes, and assist regional efforts to ascertain their fate. It also monitored developments in missing-persons cases related to the 1975–1991 Western Sahara conflict.

The ICRC continued to endeavour – through meetings and other means – to make its mandate and activities known and understood more fully among actors capable of influencing humanitarian action in Morocco. It made its views – on the needs of migrants, detainees and Moroccan returnees, and other humanitarian issues – known to officials from the foreign and justice ministries, and to representatives of

the penitentiary authorities and the national human rights council. Together with the national IHL committee, the ICRC continued to counsel the Moroccan authorities on advancing domestic implementation of IHL, and the integration of IHL into military doctrine, training and decision-making.

## CIVILIANS

### Vulnerable Moroccans and migrants receive psychosocial care

The ICRC continued to monitor the needs of migrants – paying particularly close attention to unaccompanied minors, women and Moroccans who had returned from conflict-affected countries or from detention abroad. It did so through its contacts, for instance, among migrants' associations and other humanitarian actors.

The ICRC referred people with certain needs to the appropriate government agencies and NGOs; traumatized children were referred to mental-health specialists. The ICRC also provided – for some 100 social workers, health workers and staff of detention/transit centres for minors – training in caring for the mental health of victims of violence, of children and of their peers. The ICRC drafted a manual on these subjects, printed French and Arabic versions, and distributed copies to the people concerned. All these efforts helped ensure that the distinct needs of migrants and vulnerable Moroccans, including their psychological needs, were met.

### People reconnect with relatives through the Movement's family-links services

The Moroccan Red Crescent continued to offer family-links services, with the ICRC's support. The ICRC enabled Moroccan families to send or receive RCMS to and from their relatives living in or detained in conflict-affected countries – for instance, Iraq or the Syrian Arab Republic. The ICRC enabled a Moroccan family to make video calls to a relative being held at the Guantanamo Bay detention facility. The detainee was released later in the year, and was able to return to Morocco; following his request, the ICRC referred him to a local foundation for further follow-up, and issued an attestation of detention for him (see *Washington*).

The ICRC assisted regional efforts to ascertain the fate of Moroccans and others who went missing along migratory routes (see, for example, *Dakar* and *Paris*). It monitored the situation of people who had survived accidents at sea and tracked the handling of human remains from these accidents; five missing-persons cases were resolved in this way. The ICRC continued to follow developments in missing-persons cases related to the 1975–1991 Western Sahara conflict, and remained ready to provide support.

The ICRC publicized its services through various means, but primarily through regular contact with communities of migrants and vulnerable people, and with private organizations and government agencies.

### National Society volunteers develop their capacities

The ICRC reduced its presence in Morocco, but will remain active in the country, via its regional delegation based in Tunisia (see *Tunis*). In line with this planned reduction in

its presence, it therefore sought to bolster capacities at the National Society, for instance, through funding and expert guidance. Notably, it helped the National Society to assess its capacities in providing family-links services and in promoting safe practices around mines/ERW and referring victims of mine/ERW-related accidents to proper care. Some training activities could not be carried out as planned, for pandemic-related reasons.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to make its expertise available to government personnel, and others, working on detention-related matters – with a view to ensuring the well-being of detainees. As part of the national human rights council's task force, it gave the penitentiary authorities and ministries concerned advice for handling hunger strikes. Training in this matter, though planned, did not take place.

### ACTORS OF INFLUENCE

#### Moroccan authorities and military forces learn more about IHL

The ICRC continued to endeavour – through meetings and other means – to make its mandate and activities known and understood more fully among actors capable of influencing humanitarian action in Morocco. It made its views – on the needs of migrants, detainees and Moroccan returnees, and other humanitarian issues – known to officials from the foreign and justice ministries, and to representatives of the penitentiary authorities and the national human rights council. It assured them that it would continue to discuss these matters with them, even after scaling back its presence in Morocco.

Together with the national IHL committee, the ICRC continued to counsel the Moroccan authorities on advancing domestic implementation of IHL. It gave the committee reference materials on IHL and assistance for organizing a seminar for lawmakers on the common ground between IHL and Islamic law. The ICRC also continued to discuss – with the authorities and senior military officers – the integration of IHL into military doctrine, training and decision-making. One officer was sponsored to attend a regional workshop on the applicability of IHL, and other relevant international norms, to military planning (see *International law and policy*). The ICRC gave the military books and other reference materials on IHL.

### RED CROSS AND RED CRESCENT MOVEMENT

#### The National Society responds to the COVID-19 pandemic and other emergencies

Movement components in the country met regularly to coordinate their activities, especially their support for the country's response to the pandemic. The ICRC, the International Federation and the German Red Cross provided the Moroccan Red Crescent with funding or supplies – personal protective equipment for volunteers, in particular – to vaccinate people against COVID-19.

The ICRC signed a four-year partnership agreement to help the National Society develop its capacities in various areas, such as restoring family links, applying the Safer Access Framework, promoting safe behaviour around mines/ERW, responding to disasters, raising awareness of IHL and communicating with the public.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	36			
RCMs distributed	114			
Phone calls facilitated between family members	306			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	120	5	3	17
Tracing cases closed positively (subject located or fate established)	5			
Tracing cases still being handled at the end of the reporting period (people)	290	21	14	30

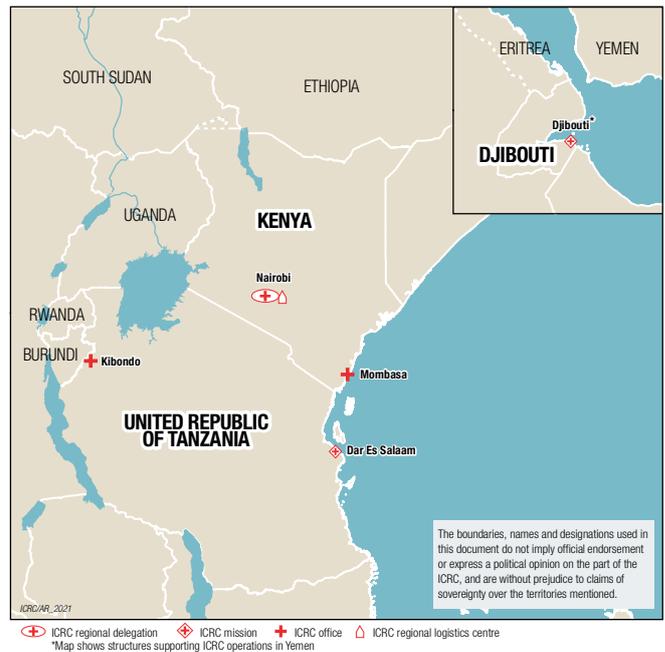
## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total		
<b>Mental health and psychosocial support</b>			
People who received mental-health support	43		
People trained in mental-health care and psychosocial support	97		

# NAIROBI (regional)

**COVERING:** Djibouti, Kenya, United Republic of Tanzania

The ICRC’s regional delegation in Nairobi was set up in 1974. It has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflicts or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in central and eastern Africa, and further afield.



## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2021

- Migrants in the countries covered, including refugees and asylum seekers, reconnected with their relatives through family-links services provided, in line with COVID-19 safety protocols, by the National Societies and the ICRC.
- The Kenya Red Cross Society and the ICRC provided people affected by violence, climate shocks and the COVID-19 pandemic with various forms of support for meeting their immediate needs or supplementing their income.
- In Kenya, the ICRC provided penitentiary authorities with support to check the spread of COVID-19, vaccinate detainees and improve their living conditions. It visited detainees held under restrictive regimes.
- In the United Republic of Tanzania (hereafter Tanzania), people with disabilities received physical rehabilitation services or other assistance from local projects supported by the ICRC.
- Comprehensive support from the ICRC and other Movement components enabled the National Societies in Djibouti, Kenya and Tanzania to assist authorities in addressing humanitarian needs.

## EXPENDITURE IN KCHF

Protection	3,792
Assistance	4,092
Prevention	2,313
Cooperation with National Societies	976
General	606
<b>Total</b>	<b>11,780</b>
<i>Of which: Overheads</i>	<i>719</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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## PERSONNEL

Mobile staff	82
Resident staff (daily workers not included)	421

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	8,486
RCMs distributed	7,123
Phone calls facilitated between family members	136,686
Tracing cases closed positively (subject located or fate established)	208
People reunited with their families	64
<i>of whom unaccompanied minors/separated children</i>	62
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	8
Detainees in places of detention visited	11,393
<i>of whom visited and monitored individually</i>	5
Visits carried out	38
<b>Restoring family links</b>	
RCMs collected	1
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	9

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	6,180	15,810
Food production	People	5,400	5,401
Income support	People	13,500	12,943
<b>Water and habitat</b>			
Water and habitat activities	People	21,500	28,265
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Water and habitat</b>			
Water and habitat activities	People	14,900	2,520
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	3	
<b>Physical rehabilitation</b>			
Projects supported	Projects	10	10

## CONTEXT

In Kenya, military and security forces continued to conduct operations along the coast and in north-eastern areas bordering Somalia, in response to attacks by groups reportedly affiliated with the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). They also dealt with communal violence in various parts of the country. Arrests were made during these operations.

Tanzanian forces carried out security operations along the country's southern border, in connection with the conflict in northern Mozambique (see *Pretoria*).

Djibouti, Kenya and Tanzania hosted refugees, asylum seekers and other migrants from the wider region: people who had fled Ethiopia, Somalia (see *Somalia*) or South Sudan for Kenya; Burundi, the Democratic Republic of the Congo, or Mozambique for Tanzania; and Eritrea, Ethiopia or Yemen for Djibouti. Some refugees were in camps; others were living in urban areas.

Communities in coastal and north-eastern Kenya continued to endure injuries and deaths, displacement and disrupted livelihoods – the consequences of armed groups' activities and the security operations conducted in response. The pandemic, and climatic emergencies such as severe drought, exacerbated the effects of violence.

In Djibouti, Kenya and Tanzania, members of families separated by migration, detention or other circumstances had difficulty staying in touch. Many migrants could not afford mobile-phone services. People in refugee camps and other migrants reported protection-related concerns, such as abuse in their countries of origin or during their journeys. In Djibouti, local institutions needed assistance to manage migrants' remains, identify them, and inform the families concerned.

In 2022, regional and local elections are scheduled to take place in Djibouti, and parliamentary elections in Kenya.

## ICRC ACTION AND RESULTS

The regional delegation in Nairobi remained a vitally important hub for the ICRC's operations in central and eastern Africa. It continued to enable the ICRC to contribute to protection- and assistance-related activities in nearly 30 countries, and sought to influence regional discussions and policies affecting humanitarian action. As in past years, neighbouring delegations received supplies through the regional logistics centre in Nairobi, and staff at the Djibouti mission provided administrative and logistical support for the ICRC's operations in Yemen.

The ICRC continued to carry out its activities in accordance with the measures in place to prevent the spread of COVID-19. It discussed migrants' protection-related concerns with the pertinent authorities. Migrants, and other people separated from their relatives, made use of family-links services offered by the National Societies and the ICRC. First responders and authorities in Djibouti attended ICRC workshops on managing human remains.

In Kenya, the ICRC and the Kenyan Red Cross helped tens of thousands of people affected by violence, climate shocks and the pandemic to cover their basic expenses and emergency needs, grow their own food, supplement their income, and/or have a stable supply of clean water. Violence-affected communities discussed their protection-related concerns with the ICRC and were assisted to devise methods of self-protection.

In Tanzania, the ICRC supported projects for people with physical disabilities, including a physical rehabilitation centre that served several thousand people, a local institute that provided training in prosthetics and orthotics, and local organizations of athletes with disabilities. The ICRC continued to work with the health ministry and the WHO to finalize a strategy for ensuring the sustainability of the national physical rehabilitation sector.

A hospital in Mombasa, Kenya received ICRC guidance and support for developing capacities among their health staff. Pandemic-related restrictions forced the postponement of a seminar on war surgery.

The ICRC visited detainees held under restrictive regimes at seven places of detention in Kenya. It assisted penitentiary authorities' efforts to check the spread of COVID-19 and vaccinate detainees against the disease. Materials for renovating quarantine facilities were donated to three places of detention. Penitentiary authorities attended workshops on prison management organized by the Kenyan Red Cross and the ICRC. Detainees contacted their families through the Movement's family-links services.

The ICRC pursued engagement with authorities and weapon bearers, with a view to advancing their understanding of IHL and the Movement's work. It continued to encourage the authorities to incorporate key IHL provisions in domestic law. It informed the general public about the ICRC and its work, the red cross and red crescent emblems, and humanitarian issues, through traditional and online media; it also helped the National Societies develop the capacities necessary to explain the Movement's work to the wider public. It interacted with religious scholars and organized events for academics to help develop local interest and expertise in IHL.

Various forms of support from the ICRC and other Movement components helped the National Societies in Djibouti, Kenya and Tanzania to assist migrants and other people affected by violence, climate shocks and the pandemic.

## CIVILIANS

### Migrants reconnect with their families

The ICRC discussed the protection-related concerns of migrants, including refugees and asylum seekers, with national and local authorities. It reminded them of the fundamental rights of refugees and other migrants, and the importance of respecting the principle of *non-refoulement*.

The National Societies in Djibouti, Kenya and Tanzania worked with the ICRC to provide family-links services to migrants, refugees and others separated from their relatives – including

unaccompanied minors – and enable them to re-establish contact with their families, via RCMs and phone services; the ICRC arranged 136,686 phone calls between family members. A website managed by the ICRC ([tracetheface.org](http://tracetheface.org)) collected tracing requests in the countries covered. The National Societies adapted their family-links services to COVID-19 safety protocols.

In Kenya, 84 vulnerable households – mainly those unable to visit sites offering family-links services – were visited by National Society personnel to ensure that they could avail of such services; members of these households included elderly people, people with physical disabilities or illnesses, and minors. The Kenyan Red Cross and the ICRC visited child-friendly areas at two refugee camps and delivered family-links services to children there.

The Burundi Red Cross, the Tanzania Red Cross National Society and the ICRC helped 62 Burundian children in Tanzania to rejoin their families in Burundi, in accordance with Movement guidelines. The Red Crescent Society of Djibouti and the ICRC distributed booklets containing safety tips for migrants at refugee camps in Djibouti.

The ICRC provided the National Societies with training, funding and guidance for strengthening their family-links services. The National Societies and the ICRC coordinated their activities with those of other organizations assisting migrants, such as the IOM and the UNHCR.

### **Communities in Kenya cope with the effects of violence, climate shocks and COVID-19**

The ICRC monitored the protection-related concerns of communities in coastal and north-eastern Kenya, particularly the counties of Garissa and Lamu, and helped them build their resilience to the effects of violence, climate shocks and the pandemic. It held a workshop for Kenyan Red Cross personnel, on helping violence-affected communities devise methods of self-protection. At a joint workshop conducted by the ICRC and the Kenyan Red Cross, 25 police officers in Lamu developed a better understanding of the rights of civilians. The ICRC organized a workshop for community members on measures to mitigate risks to their safety.

The Kenyan Red Cross and the ICRC carried out economic-security activities for people affected by violence, climate shocks and the pandemic. Cash grants were given to 2,635 households (15,810 people) in Garissa and Lamu to help them cover their expenses for food and other necessities. Some of these households lost their livelihoods when they were displaced by fighting or drought, and some were financially vulnerable for other reasons; others, in particular, fishermen from Pate Island, were affected by a ban on illegal fishing gear. Donations of seed, pesticides and equipment, and training in farming techniques, enabled 900 households (5,401 people) in Garissa and Lamu to grow corn, tomatoes and cowpeas.

Various forms of income support were also given to 2,157 other households (12,943 people) in Garissa and Lamu. Fishermen learnt entrepreneurial skills and new fishing techniques, and were given fishing equipment; those who received

solar-powered freezers in 2020, to keep their catch fresh, were provided with spare parts. Beekeeping households received training in modern beekeeping techniques, and the necessary equipment. Other households were given cash grants and training to start new businesses; some breadwinners were helped to expand their vocational skills. Members of savings and loan associations were given training and expert advice.

The ICRC held workshops for Kenyan Red Cross personnel working on projects to provide economic assistance.

A number of water projects completed by the Kenyan Red Cross and the ICRC in Garissa and Lamu made clean water more readily available to 28,265 people; some of these people attended ICRC information sessions on good hygiene, treatment of water for household use, and safe storage of water.

### **Authorities in Djibouti receive support for managing the dead**

Together with the Djibouti Red Crescent and local authorities, the ICRC carried out two workshops – one in May and another in October – on proper management of the dead, for emergency responders in Obock. Thirty members of the coast guard, police and *gendarmerie* in Djibouti learnt best practices in managing the dead at an ICRC workshop.

In addition, the ICRC donated equipment for managing dead bodies to the Obock branch of the Djibouti Red Crescent and organized a workshop on humanitarian forensics for 25 medical students from the Faculty of Medicine of Djibouti.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees receive ICRC visits and contact their families**

The ICRC visited – in accordance with its standard procedures – detainees, including those held under restrictive regimes, at several Kenyan prisons. Findings and recommendations were communicated confidentially to the authorities, to help them align detainees' treatment and living conditions with internationally recognized standards. The ICRC provided recreational materials such as books, games and sports items to the detainees it visited.

Since family visits were suspended because of pandemic-related restrictions, detainees at 129 prisons in Kenya got in touch with their families through phone calls supported by the Kenyan Red Cross and the ICRC.

Detainees at a facility in Djibouti also received visits from the ICRC.

### **Detainees' living conditions improve**

Together with the Kenyan Red Cross, the ICRC helped penitentiary authorities ensure that prison staff and detainees were vaccinated against COVID-19. Some 21,500 detainees had received the first dose of the vaccine by September. In December, when COVID-19 cases surged, the ICRC provided personal protective equipment for the penitentiary authorities and the Kenyan Red Cross, in support of the vaccination campaigns in progress at several prisons. Additional materials for improving quarantine facilities were delivered to three places of detention and renovations were under way.

Penitentiary authorities added to their knowledge of prison management at three workshops organized by the ICRC.

The ICRC completed installation of an elevated water tank and a groundwater tank at one prison, and repaired a perimeter wall at another. Owing to internal constraints, some water and sanitation projects planned for the fourth quarter were postponed to 2022.

## WOUNDED AND SICK

### Health professionals in Kenya enhance their skills

The ICRC provided technical guidance and staff training for the emergency department of a hospital in Mombasa. A plan to assist another hospital in Garissa had to be revised to enable resources to be concentrated on the hospital in Mombasa. At the emergency department of the Mombasa hospital, the ICRC trained five nurses to oversee triage; 30 health personnel learnt basic triage through ICRC training, and several others learnt how to deal with mass casualties.

Pandemic-related restrictions forced the ICRC to cancel a seminar on war surgery for surgeons working in violence-affected areas of Kenya.

### People with disabilities in Tanzania have access to rehabilitative services

In Tanzania, 3,869 disabled people<sup>1</sup> obtained physical rehabilitation services at a centre receiving ICRC support, which included staff mentoring and technical guidance in making prosthetic devices; 173 of these patients received financial or material assistance from the ICRC.

The ICRC supported nine other projects. For example, a training centre for prosthetists and orthotists was given funds to procure components and materials for 30 students undergoing clinical training. At the centre, academic staff attended a train-the-trainer workshop on teaching methodologies, and ICRC-sponsored students attended an awareness-raising session on disability. The ICRC helped develop a course on diabetic foot management and orthotics, which was uploaded to the centre's online learning platform; ten prosthetists and orthotists from various institutions took the online course.

Four organizations for disability sports received financial support, and donations of sports equipment – basketballs, crutches, and sports wheelchairs and spare parts for them – from the ICRC.

The ICRC worked with the health ministry, members of a rehabilitation technical working group, and the WHO to finalize a strategy for ensuring the sustainability of the national physical rehabilitation sector. The final version of the strategy was approved by the health ministry in the fourth quarter and then officially launched.

## ACTORS OF INFLUENCE

### Various groups of people familiarize themselves with IHL and the Movement

National authorities, weapon bearers, religious leaders, academics, members of civil society and others learnt more about IHL, issues of humanitarian concern, and the Movement's role and its activities, through various forums and other events (online or in-person) organized by the ICRC – together with the National Societies in the countries covered, whenever possible. At briefings, dissemination sessions and workshops, these people – including 611 chief inspectors and inspectors from the Kenya Police Service, 74 officers from the Tanzania People's Defence Force, and members of the Djiboutian national *gendarmerie* and the Djibouti National Police – learnt more about IHL and other applicable law, and the Movement's work.

The ICRC and the National Societies in Djibouti and Kenya used both traditional and online media (e.g. radio spots, flyers, news releases, social-media posts) to relay humanitarian messages to the public and promote the ICRC's activities and proper use of the red cross and red crescent emblems. Both National Societies received funding, training and other support from the ICRC to expand their capacities in public communication. Members of the media in Kenya attended a workshop on the Movement. Together with the Kenyan Red Cross, the ICRC organized a workshop in Kenya on humanitarian data protection; representatives from a wide range of humanitarian organizations, and others concerned, took part.

The ICRC maintained contact with religious scholars in the countries covered, via online discussions and in-person meetings. Together with the Tanzanian Red Cross, the ICRC conducted first-aid training for 100 members of Muslim and Christian organizations in Tanzania; round-table discussions on humanitarian principles in Islam were arranged for 75 Muslim clerics and teachers.

The ICRC engaged with academics in Djibouti, Kenya and Tanzania, with a view to developing local interest and expertise in IHL. In Kenya, some 70 students participated in IHL training, moot court and essay competitions, and lecturers and humanitarian professionals attended IHL courses. The ICRC signed a memorandum of understanding with a Kenyan university to establish an online IHL journal, with a view to providing a platform for people in East Africa to discuss IHL and humanitarian issues. The ICRC also donated reference materials to academic institutions in Kenya. Four universities in Tanzania received ICRC support to participate in an annual regional IHL competition.

The ICRC continued to urge authorities in the countries covered to incorporate key IHL provisions in domestic law. It participated in and contributed funds for an interministerial conference on Kenya's accession to the Treaty on the Prohibition of Nuclear Weapons, which was attended by 20 officials from various government ministries. The ICRC continued to provide expert guidance for the national IHL committee in Kenya.

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

## RED CROSS AND RED CRESCENT MOVEMENT

Technical, material and financial support from the ICRC and other Movement components enabled the National Societies in Djibouti, Kenya and Tanzania to assist authorities in addressing the needs of people affected by violence, climate shocks and COVID-19.

The ICRC helped the National Societies cover the salaries of key personnel. In addition, it organized sessions of psychosocial support for 25 Kenyan Red Cross volunteers to deal with work-related stress. The ICRC donated three satellite phones and a laptop to branches of the Kenyan Red Cross.

It assisted the Kenyan Red Cross's emergency response by providing medical supplies for a referral hospital, and logistical assistance for transporting food to Marsabit. A total of 26 volunteers and staff of the Tanzanian Red Cross enhanced their communication skills through ICRC training. The ICRC helped the Tanzanian Red Cross construct two new offices and donated three laptops for use at its headquarters.

Through regular meetings, the National Societies coordinated their activities with those of the ICRC and other Movement components working in the region.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	8,486	263		
RCMs distributed	7,123	116		
Phone calls facilitated between family members	136,686			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	64			
<i>including people registered by another delegation</i>	1			
People transferred or repatriated	1			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	469	116	107	43
<i>including people for whom tracing requests were registered by another delegation</i>	122			
Tracing cases closed positively (subject located or fate established)	208			
<i>including people for whom tracing requests were registered by another delegation</i>	44			
Tracing cases still being handled at the end of the reporting period (people)	1,839	420	418	380
<i>including people for whom tracing requests were registered by another delegation</i>	567			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	82	39		
UAMs/SC reunited with their families by the ICRC/National Society	62	22		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	317	132		
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	8			
Detainees in places of detention visited	11,393	26	17	
Visits carried out	38			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	5			
<b>RCMs and other means of family contact</b>				
RCMs collected	1			
RCMs distributed	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	9			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	15,810	7,928	2,490
Food production	People	5,401	2,098	762
Income support	People	12,943	6,212	90
<b>Water and habitat</b>				
Water and habitat activities	People	28,265		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Water and habitat</b>				
Water and habitat activities	People	2,520		
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported		10		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	3,869	353	3,240
Prostheses delivered	Units	75		
Orthoses delivered	Units	1,441		
Physiotherapy sessions		11,826		
Walking aids delivered	Units	98		
Wheelchairs or postural support devices delivered	Units	110		

# NIGER

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, those affected by communal violence, and vulnerable migrants. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. The ICRC works closely with the Red Cross Society of Niger and helps it develop its operational capacities.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2021

- The ICRC, together with the National Society, expanded its provision of food and/or e-vouchers, water, household essentials, and hygiene items in areas that had large IDP populations or were affected by intensified violence.
- Residents, IDPs and others farmed and raised livestock, or earned additional income, with ICRC livelihood support. These groups also benefited from ICRC-supported upgrades to water infrastructure.
- People wounded in armed violence, persons with disabilities, and others were treated at ICRC-supported hospitals and health-care centres. They included people wounded during armed violence in border areas.
- Detainees had better access to services, including health care, through the authorities' efforts, which the ICRC assisted with medical supplies, therapeutic food and expert advice. They were also vaccinated against COVID-19.
- Members of families separated by conflict reconnected through the Movement's family-links services. The ICRC helped military personnel and other first responders develop their ability to manage human remains properly.
- The ICRC briefed weapon bearers, including troops bound for missions elsewhere, on IHL and other pertinent norms. It fostered awareness of and acceptance for the Movement, which helped facilitate Movement activities.

## EXPENDITURE IN KCHF

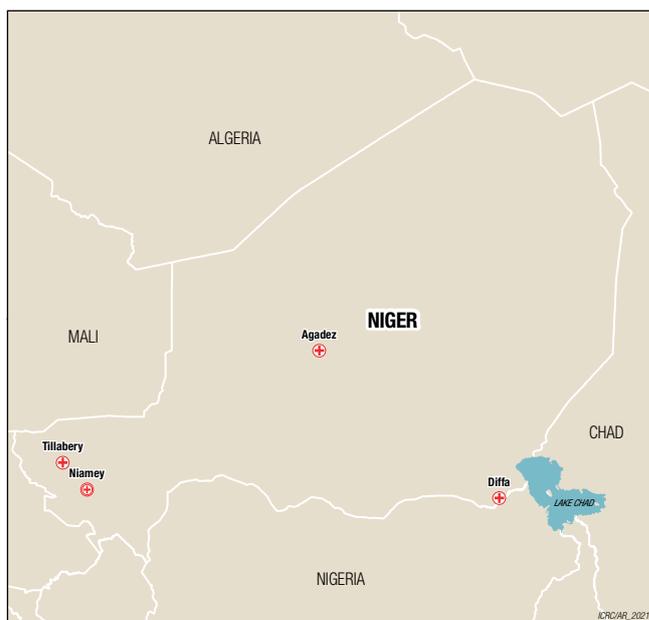
Protection	4,917
Assistance	29,085
Prevention	2,798
Cooperation with National Societies	1,359
General	248
<b>Total</b>	<b>38,407</b>
<i>Of which: Overheads</i>	<i>2,344</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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## PERSONNEL

Mobile staff	54
Resident staff (daily workers not included)	241



⊕ ICRC delegation ⊕ ICRC sub-delegation

	Total
<b>PROTECTION</b>	
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	123
RCMs distributed	90
Phone calls facilitated between family members	19,296
Tracing cases closed positively (subject located or fate established)	35
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	11
Detainees in places of detention visited	3,899
<i>of whom visited and monitored individually</i>	609
Visits carried out	39
<b>Restoring family links</b>	
RCMs collected	66
RCMs distributed	33
Phone calls made to families to inform them of the whereabouts of a detained relative	114

	2021 Targets (up to)	Achieved	
<b>ASSISTANCE</b>			
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	210,000	146,664
Food production	People	542,500	558,271
Income support	People	42,000	2,442
Living conditions	People	70,000	25,242
Capacity-building	People	1,145	486
<b>Water and habitat</b>			
Water and habitat activities	People	268,500	227,014
<b>Health</b>			
Health centres supported	Structures	17	13
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	People	1,500	1,821
Living conditions	People	2,850	2,604
<b>Water and habitat</b>			
Water and habitat activities	People	3,600	6,325
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	5	7
<b>Physical rehabilitation</b>			
Projects supported	Projects	10	10
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	434	749

## CONTEXT

Armed groups operated in Niger: the ones that called themselves “Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad fought over territory in the Diffa region and elsewhere in the Lake Chad area (see also *Chad, Nigeria*). Other armed groups were active in the Tillabery region (see also *Burkina Faso, Mali*). Incidents of armed violence were more frequent and more intense than in 2020.

Niger undertook military and security operations against these groups by itself or in regional coalitions, notably as a member of the Multinational Joint Task Force and the G5 Sahel Joint Force. These operations sometimes led to arrests.

The prevailing situation endangered people’s lives and property, and displaced hundreds of thousands of people within Niger or to neighbouring countries. In June, the government launched a programme to facilitate the return of IDPs to their homes, particularly in Diffa.

In remote areas affected by armed conflict and other situations of violence – such as in Diffa and Tillabery – basic services were unavailable, or under strain because the needs of both displaced people and residents had to be met. The combined effects of the volatile security situation, the COVID-19 pandemic, and climatic shocks made food more scarce and disrupted livelihoods.

Migrants on their way to Algeria, Libya, and European countries passed through the Agadez region.

## ICRC ACTION AND RESULTS

The ICRC continued to cultivate support for IHL and other international norms among authorities, weapon bearers, traditional/religious leaders and members of civil society, through dialogue and other means. It strove to ensure safe access for itself, and for the Red Cross Society of Niger, to people in violence-prone areas, particularly where humanitarian activities were affected by security constraints. It endeavoured to broaden awareness and acceptance of IHL, and of the Movement and its activities. Where necessary, it adapted its activities to the exigencies of the pandemic.

The ICRC documented allegations of unlawful conduct against civilians. It discussed these allegations confidentially with the parties allegedly concerned, with a view to helping prevent or end such misconduct. It provided expert assistance to the military and security forces, including personnel bound for peace-support operations in other countries, for strengthening respect among their personnel, for IHL and other pertinent norms, and to the authorities for implementing IHL-related legal instruments.

Together with the National Society, the ICRC helped people affected by violence and by other emergencies in Diffa, Tillabery and Tahoua region to cope with the effects of conflict and other violence and, where possible, to build their resilience. IDPs and residents in violence-affected areas were given household essentials, food and/or e-vouchers used, among other purposes, for buying goods at small local markets set up

by the ICRC. Farmers and herders, including IDPs with access to land, resumed or expanded their livelihoods with the ICRC’s support: seed and tools, and veterinary services for live-stock. The ICRC gave persons with disabilities, female breadwinners, and others cash grants and vocational and other training for pursuing income-earning activities. The groups mentioned above benefited from ICRC-supported upgrades to water-supply and waste-management infrastructure. Distributions of hygiene items and information sessions on good hygiene practices helped people protect themselves against disease.

The ICRC provided health facilities in violence-affected areas with medical supplies, infrastructural upgrades and technical and other support. It focused on strengthening health services in areas hosting large numbers of displaced people and others affected by violence. IDPs and host communities in Diffa and Tillabery regions obtained primary health care at ICRC-supported health facilities. Patients at ICRC-supported hospitals included casualties of the violence along Niger’s borders with Mali and Nigeria. Disabled people obtained free physical rehabilitation services and/or assistive devices at ICRC-supported centres. The ICRC maintained training and other initiatives to develop physical rehabilitation capacities in Niger, and strove to advance the social inclusion of persons with disabilities.

Members of families separated by conflict or other violence, detention, or migration contacted one another through the Movement’s family-links services. Material and technical support was given to people involved in managing and identifying human remains.

The ICRC visited detainees in accordance with its standard procedures. It paid especially close attention to security detainees; people held by the military forces and counter-terrorism services; and particularly vulnerable detainees, including foreigners. Afterwards, it communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees’ living conditions and treatment.

The ICRC continued to provide support for the authorities to improve detention conditions, particularly the availability of health care. It organized training for prison health staff, and donated therapeutic food and food rations. Detainees benefited from ICRC-supported improvements to prison kitchens and other infrastructure, and the disinfection of prisons.

The National Society was given support to carry out its activities in safety, assist vaccination campaigns against COVID-19, expand its capacities, and coordinate its activities with those of other Movement components.

## CIVILIANS

The ICRC documented allegations of unlawful conduct reported by violence-affected people, migrants and others who were vulnerable. It communicated these allegations confidentially to the parties concerned, with a view to preventing or ending such misconduct. It discussed the conduct of military and security operations – particularly, in Diffa, north Tahoua and

Tillabery – with the pertinent Nigerien officials (see *Actors of influence*). It also engaged the authorities in dialogue on ensuring the voluntary, safe return of IDPs to their places of origin.

### **IDPs and other violence-affected people meet their basic needs**

IDPs and residents of violence-affected areas, who also had to cope with food insecurity and the economic consequences of the pandemic and other circumstances, met their basic needs with the help of food aid from the Red Cross Society of Niger and the ICRC. Tens of thousands of farming households avoided having to consume seed for planting, even during the lean season. In some areas where poor security conditions had closed down local markets, the ICRC set up small markets where people could buy goods like powdered milk and tea with ICRC e-vouchers. Mothers being treated at ICRC-supported health facilities, and assessed as suffering from malnourishment, were given suitable food for their specific needs or cash for buying it. Community members learnt more about nutrition for infants and young children, and how to broaden awareness of these matters in their communities. In all, around 17,500 households (122,444 people) received food. During the lean season, households in Agadez, Diffa and North Tahoua bought grain at more affordable prices from ICRC-supported food/seed banks (see below).

Approximately 3,600 households (25,242 people) affected by violence, or whose homes were destroyed by fires in Diffa, were given cooking utensils and or items necessary for preparing meals, setting up temporary shelters and protecting themselves from the elements during the rainy season.

### **Violence-affected farmers and herders produce food with ICRC livelihood support**

In Diffa and Tillabery, farmers and herders strove to recover from the effects of conflict and other violence, strengthen their resilience and produce more food. They did so with various forms of livelihood support from the National Society and the ICRC. Around 11,100 farming households (77,931 people) – including IDPs with access to land and households headed by women who cultivated vegetable gardens – were given seed and tools, or cash for buying fertilizer or other agricultural supplies. Some of these distributions took place in conjunction with the agriculture ministry; the ICRC and the ministry jointly assessed the impact of climate change on agriculture in Tillabery. Herders, aided by the ICRC, took steps to keep their animals healthy and productive. Millions of heads of livestock belonging to 63,122 herding households (441,959 people) were vaccinated and/or treated by animal-health workers trained and equipped by the ICRC.

Seed and fodder banks, with support from the ICRC in the form of supplies and infrastructural upgrades, sold food/seed and animal fodder at more affordable prices to 3,460 farming households (24,220 people) and 5,480 herding households (38,381 people) respectively; only around half of the banks which the ICRC had aimed to support were functioning during the year, so this assistance benefited fewer people than planned.

Some 280 households (2,442 people) – some of them containing people who were particularly vulnerable, such as persons with disabilities – received cash grants and other support from the ICRC to help them set up income-earning activities. For instance, some households were helped to purchase goats, or hens and feed so they could sell eggs at local markets. Others added to their household income through ICRC cash-for-work projects. Owing to the security situation and access constraints, the ICRC was not able to assist as many people with this type of assistance as originally planned.

At ICRC training sessions, around 480 people strengthened their capacities; they included animal-health workers, and female breadwinners and people with disabilities who learnt more about business skills necessary for pursuing income-earning activities.

### **People in Diffa and Tillabery have better access to clean water**

Some 71,300 people in violence-affected urban areas in Diffa region, and around 39,900 people in rural areas in Agadez, Diffa, Tillabery and Tahoua regions, had broader access to safe water after the ICRC repaired or upgraded wells and other water infrastructure serving them. In addition, the ICRC completed a water project in the city of Ayorou, in Tillabery region, which improved access to water for 33,600 people in all. It trained local water committees to maintain these systems, with a view to helping ensure a sustainable supply of water in these communities.

Around 10,800 herders in Diffa and Tillabery had more reliable access to water for their livestock from ICRC-renovated wells and other infrastructure – for instance, mobile livestock-vaccination sites for vaccination campaigns (see above).

The ICRC stepped up activities to broaden access to adequate means to maintain good hygiene and sanitation facilities for students and teachers at Koranic schools in Diffa, Maradi and Zinder. Some 40,950 students and teachers at around 20 Koranic schools received hygiene kits and benefited from ICRC-built latrines in their schools.

Some 30,400 people displaced by intensified violence in Diffa and Tillabery received emergency assistance, including hygiene items. The National Society and the ICRC briefed them, the students and teachers mentioned above, and others on ways to mitigate their risk of contracting water-borne and other diseases; over 23,400 people learnt more about COVID-19 at information sessions.

### **Violence-affected people obtain primary health care**

In border areas of Tillabery, and other places affected by violence, people received preventive and curative care at 13 primary-health-care centres supported by the ICRC. At these centres, children were vaccinated against contagious diseases, and pregnant women given antenatal/postnatal care. Comprehensive support from the ICRC, including infrastructural upgrades, enabled these facilities to deal with the influx of casualties of intensified violence. The ICRC also donated medical supplies, and provided other additional support to nine of these facilities in areas with large IDP populations.

Patients, the people accompanying them and health staff added to their knowledge of COVID-19 during National Society and ICRC briefings.

Migrants in Agadez and elsewhere obtained health services and psychosocial support at two facilities run by Movement partners; these efforts received some support from the ICRC.

### Members of dispersed families reconnect

Members of families separated by conflict/other violence, detention or migration – including unaccompanied minors – reconnected through family-links services provided by the National Society and the ICRC. The ICRC continued to discuss the issue of missing people and the plight of their families with the authorities, and to impress upon these authorities the necessity of preventing disappearances along migration routes.

Military and security-forces personnel, *gendarmes* and other first responders became more capable of instructing others in the proper management of human remains after attending ICRC train-the-trainer sessions. The ICRC donated body bags to the police. It held dissemination sessions for traditional/religious leaders, briefing them on the proper management of human remains.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at eleven places of detention. It paid especially close attention to security detainees; people held by military forces and counter-terrorism services; and particularly vulnerable detainees such as minors and people held far from their families, including foreigners. The authorities renewed the ICRC's access to detainees on a quarterly basis; discussions between the authorities and the ICRC, on further formalizing this access, continued.

After these visits, the ICRC communicated its findings and recommendations confidentially to the authorities, with a view to helping them improve detainees' living conditions and treatment. It discussed various subjects with them, such as reinforcing respect for judicial guarantees, improving the availability of health care for detainees, and ensuring that detainees can contact their families.

The ICRC arranged for video calls for some detainees, and for one detainee being treated at a hospital to be visited by his family. Other detainees sent RCMs, made phone calls and/or contacted their consular representatives or the UNHCR. Around 300 detainees were assisted to return home after their release, and were given clothes and shoes.

### Detainees have broader access to good-quality health care

The ICRC continued to give the authorities material and technical support for improving penitentiary services, particularly health care, and detainees' living conditions. To this end, it strove to foster cooperation between the health, justice and interior ministries. It also assisted the authorities' efforts to prevent the spread of COVID-19 in places of detention. Notably, it gave them expert advice on implementing measures against COVID-19, and assigned ICRC personnel to support their campaign to vaccinate detainees against the disease.

Health staff expanded their capacities to diagnose and provide appropriate treatment to ill detainees; they did so with ICRC training, and ICRC-donated medicine and other supplies. At three places of detention, health staff continued to develop their ability to screen and treat detainees for malnourishment. Around 1,800 detainees found to be malnourished or at risk of malnutrition were given therapeutic food and supplementary rations, which the ICRC provided. At prisons in Niamey and Tillabery, staff prepared food in kitchens renovated by the ICRC (see below); they also attended ICRC training sessions to learn more about the preparation of standard, nutritious meals for detainees.

Approximately 6,300 people benefited from ICRC-supported improvements to prison facilities, which included: upgrades to waste-management systems, construction of kitchens and visiting areas, and vector-control programmes to reduce the risk of disease. Some 2,600 detainees benefited from distributions of hygiene and other items.

### WOUNDED AND SICK

#### Health services treating patients from border areas are reinforced

People needing emergency, or surgical or other specialized care – including casualties of the violence along Niger's borders with Mali and Nigeria, and patients referred from health-care centres – obtained free treatment at seven ICRC-supported hospitals in all, which included the regional hospitals in Diffa and Tillabery; four of these hospitals received ICRC support on a regular basis. These facilities enhanced their services with medical supplies and expert advice from the ICRC. The ICRC upgraded waste-management facilities at one hospital (98 beds). Surgeons and other medical professionals honed their skills at specialized training conducted by the ICRC, or were enabled by the ICRC to attend such training provided elsewhere.

To help ensure staff at ICRC-supported hospitals above were able to ensure their safety from infection, they were provided with ICRC-donated personal protective equipment (PPE). The ICRC led information sessions on COVID-19 for patients and their relatives/caregivers, and for the public.

Thousands of patients from the hospitals above, and their caregivers, covered transport, accommodation or other costs while they underwent treatment with the financial support of the ICRC.

#### Persons with disabilities regain some mobility and independence

In all, 696 physically disabled people<sup>1</sup> obtained free rehabilitation services and/or assistive devices at the national hospitals in Niamey and Zinder. Two workshops/facilities in Agadez and Zinder run by disabled people's associations produced and distributed tricycles, which worked better than conventional wheelchairs on the sandy terrain of Niamey. The ICRC supplied all of the facilities above with materials for producing devices and provided other kinds of assistance as well – for

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

instance, masks to ensure that staff could work in accordance with COVID-19 protocols, and infrastructure improvements (see below). With the ICRC's training and other support, the Niamey hospital opened a small workshop that made wheel-chairs for children.

Staff at ICRC-supported centres attended specialized training conducted by the ICRC. Physical rehabilitation professionals continued their ICRC-sponsored training; associations for professionals also benefited from the ICRC's technical and other support. These activities helped to reinforce Niger's limited capacities in physical rehabilitation.

The ICRC provided financial and other support for efforts to advance the social inclusion of disabled people through sports. It supported the work of the national sports federation and the Paralympic committee, and helped upgrade a gym and basketball court for persons with disabilities. It also helped to refurbish facilities belonging to disabled people's associations in Zinder and Tillabery, and some of the facilities mentioned above (651 beds in all).

## ACTORS OF INFLUENCE

### Members of civil society familiarize themselves with the Movement

In view of the volatile security situation, safe access to people in violence-prone areas – for itself and for the Red Cross Society of Niger – remained a matter of priority for the ICRC.

The National Society and the ICRC cultivated support for IHL and for humanitarian action – and broadened awareness of humanitarian issues, such as those associated with the Health Care in Danger initiative – among traditional and religious leaders, members of civil society and others of influence. They used various means, such as bilateral dialogue, posts on social media, and radio broadcasts. Journalists learnt more about these matters at an ICRC workshop on humanitarian journalism. The ICRC also implemented various public-communications initiatives to help ensure that violence-affected people knew of the services available to them.

The National Society developed its own communication initiatives, for instance to broaden awareness of COVID-19 and encourage people to get vaccinated against the disease; the ICRC provided technical and financial support to this end, for instance, by covering the salaries of National Society communication staff.

### Weapon bearers add to their knowledge of IHL

Cadets and military personnel, including those bound for peace-support operations in other countries, advanced their understanding of IHL and other pertinent norms at ICRC briefings and training sessions. Police officers and *gendarmes* familiarized themselves with international standards pertinent

to their duties. Military trainers, and security-forces personnel attended ICRC train-the-trainer sessions, where they developed their ability to instruct others.

The ICRC gave the military and security forces expert advice for integrating IHL and international human rights law into their training, doctrine and operations. It also helped organize themed events for them: a round table of experts, for instance.

### The authorities work to improve implementation of IHL

The authorities – with guidance from the ICRC and the national IHL committee – took steps to advance the implementation of IHL-related laws.

The interior ministry and other pertinent authorities revised the penal code with expert advice from the ICRC. Justice ministry officials and other stakeholders learnt more about IHL implementation at an ICRC training session. The government – with technical input from the ICRC – worked towards implementing various IHL-related legal instruments, including the African Union Convention on IDPs. Notably, government officials familiarized themselves with IHL, and the issues confronting displaced people through training organized by the ICRC.

Law students demonstrated their grasp of IHL at national moot court competitions organized by the ICRC; in some cases, the ICRC enabled them to attend such competitions organized by others.

## RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger and the ICRC worked together to assist people affected by armed conflict or other violence, or other emergencies. ICRC training expanded capacities among National Society volunteers in a number of areas, such as carrying out activities to promote IHL (see *Actors of influence*) and assisting national vaccination efforts.

National Society volunteers learnt how to apply the Safer Access Framework and protect themselves more effectively, through ICRC training. They were also trained in basic first aid by the National Society and the ICRC. The ICRC kept the National Society and other Movement components up to date on the security situation in the country.

The National Society developed its managerial capacities with the help of Movement components. The ICRC gave it technical and other support, to manage its personnel, for instance.

The National Society, the ICRC and other Movement components in the region organized meetings to coordinate their activities and avoid duplication of effort, particularly in connection with responding to emergencies such as displacement and natural disasters.

## MAIN FIGURES AND INDICATORS: PROTECTION

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	123	23		
RCMs distributed	90	1		
Phone calls facilitated between family members	19,296			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	1			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	97	7	9	1
<i>including people for whom tracing requests were registered by another delegation</i>	27			
Tracing cases closed positively (subject located or fate established)	35			
<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)	549	38	83	65
<i>including people for whom tracing requests were registered by another delegation</i>	127			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	23	1		
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	58	12		6
<b>Documents</b>				
People to whom travel documents were issued	8			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	11			
Detainees in places of detention visited	3,899	114	150	
Visits carried out	39			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	609	12		11
<i>of whom newly registered</i>	395	6		10
<b>RCMs and other means of family contact</b>				
RCMs collected	66			
RCMs distributed	33			
Phone calls made to families to inform them of the whereabouts of a detained relative	114			
Detainees visited by their relatives with ICRC/National Society support	1			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	146,664	36,677	73,313
	<i>of whom IDPs</i>	64,938	16,240	32,461
Food production	People	558,271	139,222	278,261
	<i>of whom IDPs</i>	48,757	12,191	24,375
Income support	People	2,442	1,338	655
	<i>of whom IDPs</i>	401	89	159
Living conditions	People	25,242	6,314	12,614
	<i>of whom IDPs</i>	9,724	2,432	4,860
Capacity-building	People	486	204	30
<b>Water and habitat</b>				
Water and habitat activities	People	227,014	68,115	90,850
	<i>of whom IDPs</i>	56,781	17,034	22,713
<b>Primary health care</b>				
Health centres supported	Structures	13		
	<i>of which health centres supported regularly</i>	13		
Average catchment population		231,943		
<b>Services at health centres supported regularly</b>				
Consultations		157,594		
	<i>of which curative</i>	126,646	23,766	85,064
	<i>of which antenatal</i>	30,948		
Vaccines provided	Doses	162,864		
	<i>of which polio vaccines for children under 5 years of age</i>	59,658		
Referrals to a second level of care	Patients	1,220		
	<i>of whom gynaecological/obstetric cases</i>	327		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	1,821	5	116
Living conditions	People	2,604	26	15
Capacity-building	People	131	2	
<b>Water and habitat</b>				
Water and habitat activities	People	6,325	190	63
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention visited by health staff	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	7		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	7		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	542	39	40
	<i>(including those related to mines or explosive remnants of war)</i>	*	*	*
	Non-weapon-wound admissions	1,527		
	Operations performed	1,802		
Medical (non-surgical) admissions		1,577	654	216
Gynaecological/obstetric admissions		3,974	*	*
Consultations		6,770		
Patients whose hospital treatment was paid for by the ICRC		2,711		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	749		
<b>Physical rehabilitation</b>				
Projects supported		10		
	<i>of which physical rehabilitation projects supported regularly</i>	4		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	696	147	232
	<i>of whom victims of mines or explosive remnants of war</i>			
Prostheses delivered	Units	112		
Orthoses delivered	Units	467		
Physiotherapy sessions		1,090		
Walking aids delivered	Units	298		
Wheelchairs or postural support devices delivered	Units	116		

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

## NIGERIA

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to respond to the needs of people affected by armed conflict and other violence throughout the country, particularly the conflict in the north-east. It visits detainees. It works closely with the Nigerian Red Cross Society and supports its capacity-building efforts in restoring family links and delivering other assistance. Working with the authorities, the armed forces, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

### KEY RESULTS/CONSTRAINTS IN 2021

- The Nigerian Red Cross and the ICRC expanded food aid and livelihood support for people affected by violence, the pandemic and economic difficulties. Efforts to improve living conditions were hindered by security constraints.
- ICRC support made clean water more readily available to displaced people and their hosts, and helped returnees to rebuild their homes. Various constraints hampered projects to improve infrastructure in urban areas and health centres.
- People obtained primary health care, surgery, rehabilitative care and psychosocial services at ICRC-supported centres. The ICRC covered treatment costs, or provided transportation or referrals, to help people access the care that they needed.
- Communities affected by cholera outbreaks or high malnutrition rates received ICRC assistance for improving access to suitable treatment and preventing cases of these diseases.
- Separated families reconnected or were reunited through the Movement's family-links services. An ICRC programme provided psychosocial, financial and other support for missing people's families.
- Aided by the ICRC, authorities strove to improve detainees' treatment and living conditions. Pandemic-related access restrictions forced the cancellation of some ICRC water projects and food distributions.

### EXPENDITURE IN KCHF

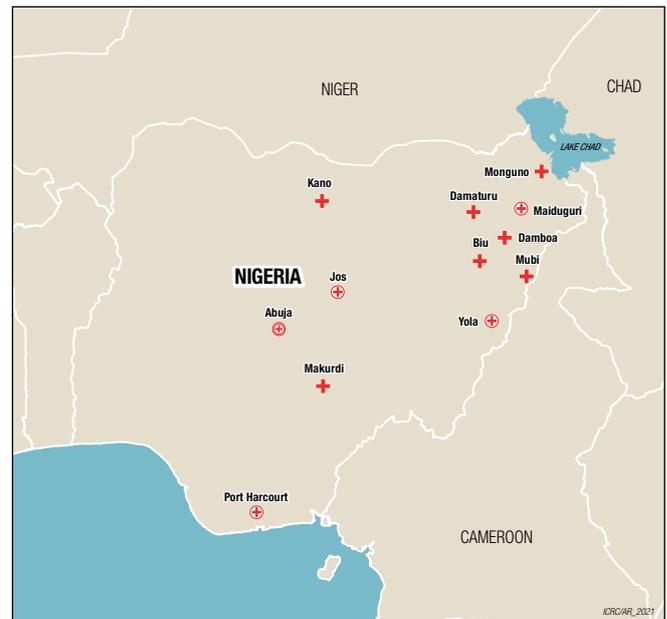
Protection	11,500
Assistance	52,915
Prevention	6,884
Cooperation with National Societies	3,463
General	726
<b>Total</b>	<b>75,488</b>
<i>Of which: Overheads</i>	<i>4,607</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	72%
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### PERSONNEL

Mobile staff	152
Resident staff (daily workers not included)	637



### PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	99
RCMs distributed	314
Phone calls facilitated between family members	1,424
Tracing cases closed positively (subject located or fate established)	377
People reunited with their families	14
<i>of whom unaccompanied minors/separated children</i>	8

### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	16
Detainees in places of detention visited	16,579
<i>of whom visited and monitored individually</i>	6,099
Visits carried out	59
<b>Restoring family links</b>	
RCMs collected	8
RCMs distributed	21
Phone calls made to families to inform them of the whereabouts of a detained relative	603

### ASSISTANCE CIVILIANS

		2021 Targets (up to)	Achieved
<b>Economic security</b>			
Food consumption	People	171,869	206,901
Food production	People	540,000	572,806
Income support	People	274,590	304,860
Living conditions	People	150,360	115,344
Capacity-building	People	2,026	338

<b>Water and habitat</b>			
Water and habitat activities	People	1,194,100	735,162

<b>Health</b>			
Health centres supported	Structures	28	16

### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Economic security</b>			
Food consumption	People	13,000	6,750
Living conditions	People	7,500	8,865

<b>Water and habitat</b>			
Water and habitat activities	People	14,960	8,351

### WOUNDED AND SICK

<b>Medical care</b>			
Hospitals supported	Structures	9	10

<b>Physical rehabilitation</b>			
Projects supported	Projects	2	2

<b>Water and habitat</b>			
Water and habitat activities <sup>1</sup>	Beds (capacity)	917	114

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 armed conflict in the north-eastern states of Adamawa, Borno and Yobe – between government forces and the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad – intensified. Attacks attributed to the armed groups took place in many rural areas. Armed conflict also continued in the wider Lake Chad region (see *Chad, Niger, and Cameroon under Yaoundé*). Communal violence, over resources, flared up in the North Central region. In the south, violence linked to crime and secessionist movements persisted. Arrests were made in connection with the conflict or other situations of violence. Refugees from the violence in south-western and north-western Cameroon continued to arrive in south-eastern Nigeria (see *Yaoundé*).

Injuries and deaths among civilians, sexual violence, attacks on health facilities and other abuses have been reported. Mass displacement, particularly in north-eastern Nigeria, strained resources in host communities and IDP camps. People returning home because of the closure of IDP camps in Maiduguri, and other returnees, found that their property had been destroyed and essential services were non-existent. Communities struggled to cope with the combined effects of the fighting, the COVID-19 pandemic and high inflation: prices of food and other necessities rose, and people’s sources of food or livelihood were disrupted. This made it difficult for many people to meet their basic needs. Food insecurity, high rates of malnutrition and outbreaks of cholera were all issues of major concern. The volatile security situation, especially in north-eastern Nigeria, sometimes restricted humanitarian access.

IDPs, refugees and others lost contact with their families while fleeing their homes. Many people remained without news of relatives reported missing in connection with conflict or other situations of violence.

## ICRC ACTION AND RESULTS

The ICRC and the Nigerian Red Cross Society worked together to help people affected by the cumulative effect of conflict or other violence, the pandemic and a dire economic situation. It sought to expand its engagement with authorities, weapon bearers and community members, in order to gain acceptance for its work and broaden its access to communities. Security, administrative and/or other constraints hampered some planned activities such as those to repair or upgrade water and other essential facilities in urban areas and health centres.

In response to the deterioration of the security and economic situation, the ICRC stepped up its assistance for IDPs, returnees, refugees and residents. ICRC food distributions or cash grants helped people have more meals per day and cover their basic needs. The ICRC also increased its livelihood support for farmers, herders and other breadwinners to enable them to meet their needs in a sustainable manner. Displaced or returnee households were given essential items to improve their living conditions, however, distributions in some areas were hampered by security constraints. ICRC projects made clean water, shelter, and sanitation more readily available to IDPs, refugees, host communities and returnees.

Children, pregnant/lactating women, malnourished people, and others obtained services at ICRC-supported primary-health-care facilities. Referral mechanisms established by the ICRC facilitated access to higher-level or specialized services, in order to strengthen the continuum of care. An ICRC surgical team assigned to the State Specialist Hospital in Maiduguri (SSH-M) provided life-saving treatment for people wounded in conflict. Physically disabled people in north-eastern Nigeria obtained rehabilitative care at the ICRC-supported National Orthopaedic Hospital (NOH) in Kano, and at the physical rehabilitation centre the ICRC built at the University of Maiduguri Teaching Hospital (UMTH). Conflict-affected people – including victims/survivors of sexual violence and wounded people – and health workers received mental-health and psychosocial support from the ICRC or ICRC-trained volunteers. The ICRC continued to help health facilities and communities strengthen their efforts against COVID-19 by giving them personal protective equipment (PPE) and expert guidance in preventive measures.

The ICRC and the National Society implemented multi-disciplinary projects to address prevalent health issues. Malnourished children and pregnant/lactating women were given supplementary food or referred by community-based volunteers for treatment at ICRC-supported primary-health-care facilities. The ICRC assisted health authorities and a number of health centres in responding to outbreaks of cholera; the National Society, aided by the ICRC, conducted communication campaigns in communities on measures against the disease.

IDPs, refugees and others reconnected with their families through the Movement’s family-links services. The ICRC’s accompaniment programme enabled missing people’s families to obtain psychosocial, financial and other support.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their well-being. It provided the authorities with material, technical and infrastructural support for improving detainees’ living conditions. However, it was unable to implement some water projects and food distributions because of pandemic-related restrictions.

The ICRC drew the pertinent parties’ attention to protection-related issues and reminded them of their obligations under IHL and other applicable norms. It continued to urge authorities in Nigeria and the wider region to strengthen protection for IDPs, victims/survivors of sexual violence, and other conflict-affected people – in particular, by ratifying IHL and IHL-related treaties and/or implementing them domestically.

In coordination with other Movement components in Nigeria, the ICRC gave the National Society support for developing its operational capacities.

## CIVILIANS

### People’s concerns are raised with the pertinent parties

The ICRC documented people’s protection-related concerns and brought them up with the pertinent parties, whom it urged to prevent or end unlawful conduct. It discussed

with the authorities the rights of IDPs, returnees, children and other vulnerable people. It reminded weapon bearers of their obligations under applicable law, particularly in connection with the conduct of hostilities; the use of force during law-enforcement operations; the prevention of sexual violence; and the protection due to medical personnel and facilities. The ICRC also drew attention to these matters during training sessions for weapon bearers (see *Wounded and sick* and *Actors of influence*).

Community members expressed their needs to the ICRC, and gave their views and suggestions concerning the ICRC's relief, family-links, health and other activities, through individual or group discussions, surveys and a hotline that served as a community contact centre. Vulnerable people were given assistance to help them meet their distinct needs, mitigate risks to their safety, and reduce their dependence on harmful coping mechanisms. Wounded people, female breadwinners, caretakers of unaccompanied minors, and others were given cash for meeting urgent needs or pursuing livelihoods (see below). Children and victims/survivors of sexual violence were able to obtain health care, including mental-health and psychosocial support, and other assistance through referral mechanisms established by the ICRC.

### **Relief aid and livelihood support reach more people than planned**

The ICRC worked with the Nigerian Red Cross Society to respond to needs arising from the deterioration of the security and economic situation. It expanded relief aid to help ease the immediate situation of IDPs, returnees, refugees and residents, and increased its livelihood support to enable them to meet their needs in a sustainable manner.

ICRC food parcels enabled around 174,300 people (29,200 households) to have a larger and more diversified diet. Under a multidisciplinary programme to address malnutrition, supplementary food rations were given to some 4,100 households (30,900 people) with malnourished children or pregnant/lactating women, and around 1,700 community volunteers were trained in diagnosing malnutrition and in infant-feeding practices; these volunteers disseminated this information in their communities and referred severely malnourished women and children for appropriate care (see below). Around 115,300 IDPs and returnees (18,000 households) were given mosquito nets, soap and other items for improving their living conditions; security constraints hampered the delivery of this assistance to some areas in north-eastern Nigeria.

People bolstered their food production with the ICRC's assistance. Around 383,200 people (64,000 households) cultivated vegetables or staple crops using higher-yield seed, farming tools and/or cash for buying agricultural supplies donated by the ICRC; some of them were also given food, or cash to buy food, to see them through to the harvest season. Some 189,600 people (31,600 households) kept their livestock healthy and productive with the help of vaccination and treatment services provided by the ICRC and the local authorities, or by veterinary clinics using ICRC-donated drugs and equipment. Around 130 animal-health workers, and some 200 representatives of farming communities, developed their

capacities in livelihood support through training and supplies provided by the agriculture ministry and the ICRC.

Approximately 304,900 people (50,800 households) supplemented their income with ICRC support: cash transfers or cash-for-work projects helped community members cover food costs, medical bills and other expenses; cash grants and/or vocational training enabled disabled people, victims/survivors of sexual violence, families whose breadwinners were missing, and others to set up or expand small businesses in tailoring, carpentry, poultry farming, etc.

Administrative constraints delayed plans to provide support, in partnership with a Lagos-based foundation, for young entrepreneurs, and to bolster capacities at agricultural cooperatives by renovating their irrigation systems.

### **People obtain health care through the ICRC's community-based initiatives**

Children, pregnant/lactating women, victims/survivors of sexual violence and others obtained services at 16 primary-health-care facilities that regularly received ICRC support: donations of supplies and equipment, training and incentives for staff, and/or infrastructural upgrades (see below). The health ministry and eight of the centres mentioned above were given ad hoc assistance to deal with outbreaks of cholera. Plans to provide assistance to other centres were cancelled after further needs assessments. In partnership with the health ministry and local educational institutions, the ICRC sponsored students from remote areas to study midwifery, with a view to strengthening birthing services in those areas.

The ICRC continued to support local efforts against the pandemic. It provided PPE for staff at several primary-health-care centres, and for local health bureaus, in support of their COVID-19 vaccination campaigns. Information sessions on COVID-19, organized by the ICRC at health centres or in communities, reached approximately 500,000 people.

Community members trained by the ICRC helped facilitate access to services for people with specific needs: under an ICRC programme, National Society and community-based volunteers referred severely malnourished mothers and children for treatment at some of the centres mentioned above; traditional birth attendants and community-based committees encouraged women to obtain antenatal/postnatal care; and health staff referred wounded people and others needing advanced or specialized care to nearby hospitals, with their transport and medical expenses covered by the ICRC. Together with other Movement components in Nigeria, the ICRC provided support to the National Society for implementing various health initiatives. ICRC-trained National Society volunteers promoted good hygiene – particularly in order to prevent cholera and COVID-19 – and conducted information campaigns in communities on preventing sexual violence.

Together with local health authorities and a Swiss institute, the ICRC trained health staff in Adamawa to use the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses), an application for improving preventive and curative care for children. By the end of the year, the application was in use

at all the primary-health-care facilities in Adamawa. The Swiss institute and the ICRC also helped the local health authorities to develop their administrative and technical capacities, in preparation for running and maintaining the application independently; by year's end, the ICRC had handed over management of the ALMANACH project to the health authorities.

The ICRC and ICRC-trained workers offered mental-health and psychosocial support for conflict-affected people. Some 1,100 people – including victims/survivors of sexual violence, members of missing people's families and those helping conflict-affected people, such as health workers and National Society volunteers – obtained these services. This support was also provided to some 300 patients at the SSH-M and the UMTH physical rehabilitation centre. Around 8,800 community members and health workers – and some 400 patients, health staff and caretakers at the SSH-M and UMTH centre – learnt about the psychological consequences of conflict, and about the services available to address these consequences, at ICRC information sessions, enabling them to seek help themselves or refer others.

The ICRC conducted information sessions and produced posters on key messages of the Health Care in Danger initiative for health staff and community members. With their help, it documented attacks against health services, which it then brought up with the pertinent parties.

#### **Displaced people, host communities and returnees have better access to water, shelter and sanitation**

Around 354,400 people benefited from water or sanitation projects carried out by the ICRC in areas hosting IDPs and Cameroonian refugees: the ICRC installed latrines, repaired or built water points – some of them solar-powered – and helped National Society volunteers promote good hygiene and broaden awareness of COVID-19 to prevent the spread of diseases. Following cholera outbreaks, these hygiene-promotion campaigns were expanded and accompanied by distributions of water-purification tablets, soap and informational materials, which benefited around 150,000 people. Roughly 200,000 people in urban Adamawa had better access to clean water after the ICRC made repairs at a water-treatment plant.

The ICRC repaired or built temporary shelters for IDPs, and helped returnees rebuild their homes with stabilized-soil bricks or gave them the materials to do so; roughly 30,700 people benefited. Repairs were made at pharmacies, water and waste-management systems, and other essential facilities at several primary-health-care centres and hospitals. The ICRC also repaired or upgraded the offices of National Society branches in a number of violence-affected areas.

Plans to upgrade other urban water facilities, irrigation infrastructure and some primary-health-care centres were hampered by security and administrative constraints.

#### **Members of separated families reconnect**

The National Society, with support from the ICRC, provided family-links services to IDPs, refugees and others separated from their families. Efforts to trace missing people were

bolstered: community leaders were engaged in dialogue to gather information on missing people; booklets containing photos of people enquiring after missing relatives were passed around in communities; and the names of missing people were broadcast via radio. The fate or whereabouts of 377 people were ascertained. Fourteen people were reunited with their families; some of them were given food and other items to ease their reintegration into their communities. The ICRC used information sessions, leaflets, posters, radio broadcasts, social media and other means to tell people about family-links services and what they could do to prevent loss of family contact. It also provided National Society volunteers with PPE and training in measures against COVID-19.

#### **National authorities endeavour to address the issue of missing people and the plight of their families**

The ICRC continued to help authorities deal with the large number of missing-persons cases in Nigeria. It gave the National Human Rights Commission advice and equipment for creating a national database of missing people. At events to mark the International Day of the Disappeared, the ICRC drew attention to the needs of missing people's families and urged national authorities to respond to them. The ICRC's accompaniment programme was extended to more areas in north-eastern Nigeria, which enabled more members of missing people's families to obtain psychosocial, legal, administrative and/or financial assistance. Efforts to establish pathways for referral to other services, and to design an accompaniment programme for children, were ongoing at year's end.

The ICRC impressed upon forensic workers and military personnel the importance of managing human remains properly, in order to facilitate their identification and prevent disappearances. It donated supplies and equipment – such as body bags – and guidance documents to health workers, National Society volunteers and military personnel to help them respond to mass-casualty incidents; it gave a hospital in southern Nigeria similar support to manage unidentified human remains. The ICRC helped the health ministry and the Nigeria Centre for Disease Control (Nigeria CDC) to organize training or issue guidance in managing the bodies of victims of COVID-19 and other infectious diseases. Legal experts, medical professionals and others developed mechanisms to improve local medico-legal frameworks at ICRC workshops and round tables. The National Emergency Management Agency, with expert assistance from the ICRC, drafted a national plan for responding to mass-casualty emergencies. The health ministry and the ICRC discussed next steps towards developing national standards for managing human remains.

#### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited people held by the military, the police and the Nigerian Correctional Service (NCS), in accordance with its standard procedures; 6,099 vulnerable detainees – people detained in connection with conflict, women and minors – were monitored individually. The ICRC communicated its findings confidentially to the authorities and gave them support for ensuring that detainees' treatment and living conditions met internationally recognized standards. It continued to seek access to all detainees within its purview.

The ICRC was not able to visit certain detention facilities, as the authorities put restrictions in place to prevent the spread of COVID-19. This also hindered implementation of infrastructure projects, and the delivery of food, for those facilities.

### **Detaining authorities expand their managerial capacities**

ICRC training, workshops and expert guidance helped prison administrators and staff develop their capacities in managing prisons, addressing malnutrition and responding to the needs of detained minors. At workshops and round tables it organized for them, the ICRC impressed upon detaining authorities, legal officers and members of the judiciary the necessity of respecting judicial guarantees. It also emphasized the importance of reinforcing measures against COVID-19, and of including detainees in COVID-19 vaccination campaigns, in its discussions with detaining and health authorities. It urged authorities to ensure that detainees' relatives were informed of their arrest and/or transfer, and that all detainees could contact their families. When necessary, it provided family-links services directly: detainees got in touch with their families through RCMs; allegations of arrest were submitted to the authorities, and ICRC delegates relayed short messages to the families of some of the detainees who had been located. Several ex-detainees were given essential items or cash grants to meet their immediate needs.

### **Detainees have access to health care and better living conditions**

The ICRC provided support (e.g. supplies, training, on-the-job mentoring and staff incentives) for health facilities at five places of detention. This helped health staff to deliver essential services – such as medical screening upon arrival, treatment for malnutrition and management of TB and HIV/AIDS – and to respond to outbreaks of conjunctivitis and infectious diseases, while also preventing the spread of COVID-19. At the ICRC's recommendation, officials from the health ministry and the Nigeria CDC had meetings with detaining authorities, with a view to incorporating health services at places of detention in national health initiatives.

ICRC water and sanitation projects benefited around 8,400 detainees: the ICRC donated cleaning and hygiene items – including feminine hygiene products tailored to the needs of female detainees – for them, renovated water-supply and sewage systems serving approximately 3,600 of them, and provided emergency assistance for restoring the water supply for 150 detainees among them. ICRC training enabled NCS officials to develop their ability to maintain essential facilities. Staff and detainees at one prison learnt, through ICRC training, to produce soap and disinfectant, which were distributed to other detention facilities for use in efforts against COVID-19.

Around 6,800 detainees received regular supplies of food, including fortified cereal for malnourished detainees, from the ICRC. Twelve prison staff were given training and on-the-job mentoring to manage the food supply chain and prepare nutritious meals. The ICRC also helped the NCS to hire and train nutritionists, in order to deal systematically with malnutrition in places of detention. Clothes, blankets and personal-hygiene items from the ICRC helped improve living conditions for

8,900 detainees – more than planned, as the ICRC extended this support to a number of overcrowded detention facilities.

## **WOUNDED AND SICK**

### **Wounded people receive life-saving care**

The ICRC gave the SSH-M comprehensive support – including supplies, training and incentives for staff, and infra-structural upgrades – for providing emergency care to conflict-affected people. An ICRC surgical team at the SSH-M treated wounded people and trained hospital staff to do so as well. Some patients received mental-health and psychosocial support from the ICRC (see *Civilians*). The SSH-M was also given technical and material assistance for bolstering services that support the delivery of health care: running the blood bank, the pharmacy and the X-ray laboratory; preventing and controlling infections; and providing nutritious meals for patients. The ICRC made repairs to essential facilities, donated a generator and fuel, and trained maintenance staff – all this with a view to ensuring a reliable supply of electrical power and preventing the spread of COVID-19 at the SSH-M's surgical ward (36 beds).

Three other hospitals were given ICRC support for paying staff salaries and/or repairing essential infrastructure (60 beds) to enable them to provide paediatric care and treatment for malnutrition. The ICRC sought to ensure that people could obtain the care they needed: it airlifted some patients to the SSH-M, referred others for specialized care – such as surgery for more serious injuries, or physical rehabilitation – and covered transport and treatment costs for destitute patients. Guidance from the ICRC and/or donations of PPE helped strengthen measures against COVID-19 at the SSH-M and six other hospitals. Pandemic-related restrictions forced the cancellation of plans to build capacities in emergency response at a number of hospitals.

Around 1,400 community volunteers, weapon bearers and health staff were trained and equipped by the National Society and the ICRC to provide first aid during emergencies. Key messages on the Health Care in Danger initiative were communicated during first-aid training, and through briefings for staff at the SSH-M.

### **Conflict-affected people with physical disabilities improve their mobility**

The ICRC continued to provide raw materials for assistive devices, staff training, on-the-job mentoring and other assistance to the few facilities providing physical rehabilitation in north-eastern Nigeria, in order to make physiotherapy, limb-fitting and other services available to conflict-affected people. Such support was given to the NOH in Kano and the physical rehabilitation centre at the UMTH, which treated around 300 and 400 people,<sup>2</sup> respectively. The ICRC covered transportation, food, accommodation and/or treatment costs for people from remote areas who sought treatment at the ICRC-supported centres. However, fewer people than envisaged made use of the UMTH centre, as volatile security conditions prevented people who lived outside Maiduguri from

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

travelling to the centre. Staff from the NOH and the UMTH centre continued to study prosthetics and orthotics on ICRC scholarships.

The centre at the UMTH was built by the ICRC under the Programme for Humanitarian Impact Investment (also known as the Humanitarian Impact Bond), with support from the private sector; its construction was completed in 2020. The ICRC continued to provide material, technical and other support for the centre to set up its services and optimize their delivery. Together with UMTH staff, the ICRC organized information sessions and distributed flyers to publicize the centre's services among IDPs and others, some of whom were referred for treatment at the centre. ICRC-trained staff provided patients at the centre with mental-health and psychosocial support (see *Civilians*). The ICRC also gave staff members training and other assistance in using a digital tool to efficiently manage supplies and patients' information; it arranged exposure trips for NOH staff to exchange best practices with UMTH staff on the use of this tool and the provision of services. Infrastructural upgrades carried out by the ICRC helped make the centre (18 beds) safer and more accessible.

Breadwinners with disabilities, and parents with disabled children, started small businesses with cash grants and technical support from the ICRC (see *Civilians*). A local association that employed disabled people to make tricycles was given a generator and other equipment to boost its productivity.

### ACTORS OF INFLUENCE

The ICRC explained its neutral, impartial and independent humanitarian action during meetings, training sessions and other events for government troops, representatives of armed groups, community leaders, members of Islamic circles, and authorities from Nigeria and the Economic Community of West African States (ECOWAS). It did so to foster acceptance for its activities, increase respect for IHL, and secure access to people in need.

Information on the ICRC's activities, and on the humanitarian situation in Nigeria, was disseminated through the ICRC's social-media accounts, and by local and international media organizations that drew on ICRC materials. Communities learnt about ways they could obtain ICRC services, or comment on these services, through social media, radio spots, posters and leaflets. They were also informed about cholera prevention, the emblems protected under IHL, and other pertinent matters through public-communication initiatives carried out by the National Society with training and other support from the ICRC.

Because of restrictions on movement and large gatherings, necessitated by the pandemic, certain events were cancelled or postponed.

### Weapon bearers add to their knowledge of applicable norms

Military personnel strengthened their grasp of IHL and international human rights law through ICRC training sessions in the field or at military training institutions. Foreign troops supporting the Nigerian military in the north-east of the country were also briefed on IHL. The ICRC trained police

personnel in human rights law and international standards for law enforcement. It also organized train-the-trainer sessions for police instructors in standard procedures for the use of force and firearms – which were developed with expert assistance from the ICRC – in order to help ensure that these procedures were integrated into the curricula of police academies.

### Authorities seek to implement IHL and IHL-related treaties

The ICRC continued to engage with authorities from Nigeria and ECOWAS to advance ratification and/or implementation of IHL and IHL-related treaties. It organized a workshop for the National Commission for Refugees, Migrants and IDPs on domestic implementation of the African Union Convention on IDPs, and engaged with justice ministry officials and members of the national IHL committee to follow up a draft bill for implementing the 1949 Geneva Conventions and their 1977 Additional Protocols. During ECOWAS meetings, workshops and other events, or through a newsletter distributed to ECOWAS representatives, the ICRC emphasized the importance of implementing IHL and IHL-related treaties, in order to ensure protection for IDPs, victims/survivors of sexual violence and other conflict-affected people.

At an ICRC round table, representatives from the health ministry, police, associations of medical professionals and others discussed how to ensure protection for health workers and facilities. The ICRC also discussed the issue of strengthening respect for judicial guarantees with justice ministry officials, legal officials and detaining authorities.

Academics and students added to their knowledge of IHL through ICRC briefings or virtual events: a workshop for lecturers on teaching IHL and a moot court competition for students. Islamic scholars learnt more about the points of correspondence between Islamic law and IHL at virtual conferences organized by the ICRC.

### RED CROSS AND RED CRESCENT MOVEMENT

The ICRC helped the Nigerian Red Cross Society develop its ability to respond to the needs of people affected by conflict or other violence. It provided basic or refresher training, on-the-job mentoring and material assistance for National Society staff and volunteers in such areas as restoring family links in line with the Movement's data-protection standards; repairing and maintaining hand pumps and solar-powered water systems; first aid and emergency preparedness and response; and implementing shelter projects and hygiene-promotion campaigns. Briefings and train-the-trainer sessions on the Safer Access Framework were held for staff members or incorporated in the training sessions mentioned above.

The National Society was also given support for expanding its organizational capacities. Staff members learnt best practices in managing finances and carrying out administrative tasks at ICRC training sessions. The National Society's governing body developed or revised its policies and guidelines to streamline procurement processes and prevent fraud, with technical support from the ICRC. The ICRC also donated office furniture and equipment to several National Society branches in violence-affected areas, and covered staff salaries and running costs.

Movement components in Nigeria continued to meet to coordinate their activities, particularly with regard to security management, emergency response – including the response to cholera outbreaks – and support for the National Society.

As the Council of Delegates was postponed to 2022, the ICRC postponed its plans to sponsor National Society personnel's attendance.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		99	4		
RCMs distributed		314	1		
Phone calls facilitated between family members		1,424			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		14			
	<i>including people registered by another delegation</i>	4			
People transferred or repatriated		2			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		1,650	235	344	313
	<i>including people for whom tracing requests were registered by another delegation</i>	82			
Tracing cases closed positively (subject located or fate established)		377			
	<i>including people for whom tracing requests were registered by another delegation</i>	12			
Tracing cases still being handled at the end of the reporting period (people)		25,381	3,534	6,718	7,252
	<i>including people for whom tracing requests were registered by another delegation</i>	714			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		55	20		8
UAMs/SC reunited with their families by the ICRC/National Society		8	2		1
	<i>including UAMs/SC registered by another delegation</i>	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		581	254		14
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		16			
Detainees in places of detention visited		16,579	225	106	
Visits carried out		59			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		6,099	69	7	80
	<i>of whom newly registered</i>	1,777	30	6	66
<b>RCMs and other means of family contact</b>					
RCMs collected		8			
RCMs distributed		21			
Phone calls made to families to inform them of the whereabouts of a detained relative		603			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	206,901	86,508	46,584
	<i>of whom IDPs</i>	116,109	50,041	36,058
Food production	People	572,806	219,706	24,206
	<i>of whom IDPs</i>	112,837	37,648	7,350
Income support	People	304,860	143,517	47,849
	<i>of whom IDPs</i>	47,681	28,267	4,478
Living conditions	People	115,344	41,225	57,643
	<i>of whom IDPs</i>	84,542	32,035	43,059
Capacity-building	People	338	98	
	<i>of whom IDPs</i>	20	8	
<b>Water and habitat</b>				
Water and habitat activities	People	735,162	294,130	220,598
	<i>of whom IDPs</i>	515,270	206,108	154,581
<b>Primary health care</b>				
Health centres supported	Structures	16		
	<i>of which health centres supported regularly</i>	16		
Average catchment population		639,061		
<b>Services at health centres supported regularly</b>				
Consultations		741,570		
	<i>of which curative</i>	632,081	157,170	367,174
	<i>of which antenatal</i>	109,489		

CIVILIANS		Total	Women	Children
<b>Primary health care</b>				
Vaccines provided	Doses	509,117		
	<i>of which polio vaccines for children under 5 years of age</i>	141,845		
Referrals to a second level of care	Patients	2,264		
	<i>of whom gynaecological/obstetric cases</i>	744		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		1,141		
People who attended information sessions on mental health		8,843		
People trained in mental-health care and psychosocial support		359		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	6,750	317	
Living conditions	People	8,865	382	
Capacity-building	People	12	6	
<b>Water and habitat</b>				
Water and habitat activities	People	8,351	167	
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	5		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	10		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	337	53	79
	Non-weapon-wound admissions	53		
	Operations performed	1,520		
Gynaecological/obstetric admissions		3,427	3,427	
Consultations		1,488		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		*		
Weapon-wound admissions (surgical and non-surgical admissions)		*	*	*
Weapon-wound surgeries performed		*		
Patients whose hospital treatment was paid for by the ICRC		2,217		
<b>First aid</b>				
First-aid training				
	Sessions	70		
	Participants (aggregated monthly data)	1,450		
<b>Water and habitat</b>				
Water and habitat activities <sup>3</sup>	Beds (capacity)	114		
<b>Physical rehabilitation</b>				
Projects supported		2		
	<i>of which physical rehabilitation projects supported regularly</i>	2		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	690	122	172
of whom victims of mines or explosive remnants of war		123		
Prostheses delivered	Units	358		
Orthoses delivered	Units	79		
Physiotherapy sessions		1,827		
Walking aids delivered	Units	140		
Wheelchairs or postural support devices delivered	Units	*		
Referrals to social integration projects		500		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		267		
People who attended information sessions on mental health		398		

\* 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.

# PRETORIA (regional)

**COVERING:** Angola, Botswana, eSwatini (formerly Swaziland), Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe

The ICRC opened a regional delegation in Pretoria in 1978, but has been present in parts of the region since the Second World War. It seeks to assist people in violence-prone areas, particularly in Mozambique. It visits migrants at immigration holding facilities in South Africa, and other detainees within its purview in the countries covered. It helps vulnerable migrants restore contact with relatives, and facilitates efforts to clarify the fate of missing migrants. It promotes IHL and supports the incorporation of the law into military training and university curricula. It supports the region’s National Societies in building their capacities.

### YEARLY RESULT

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

### KEY RESULTS/CONSTRAINTS IN 2021

- IDPs and other conflict-affected people in northern Mozambique met their essential needs and strengthened their resilience to the effects of conflict, with relief aid and livelihood support from the ICRC.
- In Mozambique, people obtained adequate care at primary-health-care centres and hospitals receiving material and other support from the ICRC. The ICRC helped refer patients from the centres to the hospitals.
- Some infrastructure projects planned by the ICRC, including expanding the coverage of urban water networks to make clean water more readily available in Cabo Delgado, were delayed because of pandemic-related reasons.
- Members of dispersed families throughout the region reconnected through the Movement’s family-links services. The ICRC launched RedSafe, a mobile app that migrants can use to store documents and access information.
- The ICRC visited detainees at numerous places of detention, but pandemic-related restrictions significantly disrupted its work in this regard in Mozambique. The authorities were given recommendations for improving detention conditions.
- The ICRC used various means to explain IHL, international human rights law, and its own work to authorities and weapon bearers, including troops bound for peace-support operations within and beyond the region.

### EXPENDITURE IN KCHF

Protection	3,817
Assistance	7,276
Prevention	3,408
Cooperation with National Societies	2,189
General	91
<b>Total</b>	<b>16,781</b>
<i>Of which: Overheads</i>	<i>1,024</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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### PERSONNEL

Mobile staff	29
Resident staff (daily workers not included)	122



⊕ ICRC regional delegation ⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office

### PROTECTION

	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	155
RCMs distributed	79
Phone calls facilitated between family members	37,160
Tracing cases closed positively (subject located or fate established)	193
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	8
Detainees in places of detention visited	6,268
<i>of whom visited and monitored individually</i>	208
Visits carried out	51
<b>Restoring family links</b>	
RCMs collected	35
RCMs distributed	22
Phone calls made to families to inform them of the whereabouts of a detained relative	57

### ASSISTANCE

	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food production	People 22,500	21,280
Income support	People 29,050	23,880
Living conditions	People 15,000	30,870
Capacity-building	People 15	676
<b>Water and habitat</b>		
Water and habitat activities	People 386,000	19,765
<b>Health</b>		
Health centres supported	Structures 13	9
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 3	3

## CONTEXT

Mozambican forces – supported by foreign troops – continued to battle an armed group in northern Mozambique, in the province of Cabo Delgado. Reportedly, arrests were made in connection with the conflict. Large numbers of civilians were wounded or killed, subjected to abuse or psychologically traumatized. There were reportedly hundreds of thousands of IDPs, and escalations in the fighting – such as the large-scale attack on the town of Palma in March 2021 – caused further displacement. Many IDPs were in host communities or camps, where living conditions were often dire and resources and essential services – including health care – were overstretched. Some IDPs returned to their homes – which were often in areas badly damaged in the fighting, where basic services were not yet fully available.

Migrants and others dispersed by armed conflict or other situations of violence, natural disasters, detention or other circumstances often lost touch with their relatives; many were reported missing.

South Africa participated in diplomatic initiatives and contributed troops to peace-support operations abroad. It continued to host the Pan-African Parliament and other regional organizations, as well as an extensive diplomatic community, UN regional offices, humanitarian agencies, think tanks and major media organizations.

The COVID-19 pandemic continued to worsen the economic situation in the region and added to the difficulties of IDPs and migrants.

## ICRC ACTION AND RESULTS

The ICRC, working in tandem with other Movement components, carried out its humanitarian activities in the region in line with COVID-19 safety protocols. It expanded its efforts to assist IDPs and other conflict-affected people in Mozambique. It upgraded its mission in Maputo to a delegation and reinforced its presence in Pemba in Cabo Delgado. Owing to pandemic-related restrictions, it postponed or cancelled certain activities and focused on responding to the most pressing needs.

In Mozambique, aid distributed by the ICRC, together with the Mozambique Red Cross Society, brought some relief to IDPs in the north. Farming and fishing families were given supplies and equipment. Cash from the ICRC helped people to augment their income or start small businesses. Clean water was more readily available in communities after the ICRC renovated communal facilities and provided members of local water committees with technical support for maintaining infrastructure. However, some infrastructural work was delayed because of logistical constraints.

In Mozambique, preventive and curative care was available at nine health centres, and a COVID-19 treatment centre, that received comprehensive support from the ICRC. The ICRC, in conjunction with the Mozambique Red Cross Society, helped conflict-affected communities learn how to protect themselves against COVID-19. The ICRC also provided fuel and/or transport in support of vaccination campaigns against COVID-19, particularly in conflict-affected areas. Wounded and sick people were treated at three hospitals that received

personal protective equipment (PPE) and other medical supplies from the ICRC; the ICRC assisted in referring patients from the centres mentioned above to these hospitals.

Members of families dispersed by violence, migration or detention – including people in IDP and refugee camps – reconnected through the Movement's family-links services. Relatives of missing migrants made use of Trace the Face Southern Africa, an online tracing service with a centralized database. RedSafe, a mobile app that enabled vulnerable migrants to store important documents safely and to access timely information on available humanitarian services, was launched in South Africa and Zimbabwe. Forensic professionals throughout southern Africa drew on ICRC expertise to develop their ability to manage the dead safely and properly – including the bodies of people confirmed or suspected to have died of COVID-19. The ICRC briefed the South African and Zimbabwean authorities on the needs of missing migrants' families and helped them to coordinate their efforts to ascertain the fate of missing migrants.

The ICRC visited detainees at an immigration detention facility in South Africa and seven places of detention in Mozambique; however, visits to certain prisons – suspended in 2020 because of the pandemic – resumed only in the second half of 2021. Findings from prison visits were discussed confidentially with the pertinent authorities. In the facility in South Africa, detainees were able to contact their relatives through a phone call service set up by the ICRC. Because of the suspension of visits mentioned above, some activities for detainees could not be carried out.

The ICRC made its legal expertise available to governments and national IHL committees; it continued to work with Mozambican authorities to establish a national IHL committee. National Societies and the ICRC strove to broaden support for humanitarian principles and the Movement throughout the region, and to disseminate information on measures against COVID-19. ICRC courses enabled military and security forces personnel to learn more about IHL and other pertinent norms.

The ICRC gave National Societies in the region comprehensive support to strengthen their organizational development and develop their capacities in emergency response and providing family-links services.

## CIVILIANS

The ICRC focused its attention on the most pressing humanitarian needs in the region, particularly in northern Mozambique (see *Context*). It upgraded its mission in Maputo to a delegation and reinforced its presence in Pemba in Cabo Delgado. It carried out its activities in line with COVID-19 safety protocols and when possible, supported local responses to the pandemic. However, owing to pandemic-related restrictions, some activities – notably, improvements to water networks – had to be curtailed or could not be carried out.

### **Authorities and weapon bearers are reminded of their obligations under IHL and other pertinent norms**

The ICRC continued to track the situation in the countries covered by the regional delegation. It strove to develop its

dialogue with the authorities, military and police. It reminded them of their responsibility under applicable norms to protect displaced civilians, migrants and other people from unlawful conduct, including sexual violence, and to ensure their safe access to health care and other essential services. Personnel from the military, navy and security forces in Mozambique attended ICRC training in IHL and other applicable norms, or in internationally recognized standards for law enforcement; at some training sessions they also learnt about the protection due to people seeking or providing health care.

The ICRC continued to discuss protection-related concerns with representatives of conflict-affected communities in northern Mozambique; people in these communities learnt about the ICRC's work, and the services available to them, at information sessions and from radio spots produced by the ICRC. The ICRC, and ICRC-trained volunteers from the Mozambique Red Cross Society, referred victims/survivors of sexual violence, and other vulnerable people, for medical, financial or other assistance.

### **Conflict-affected people in Mozambique cover their essential needs**

The ICRC expanded its response to humanitarian needs in Cabo Delgado. Together with the Mozambique Red Cross, the ICRC distributed household essentials, hygiene items and shelter materials among some 30,900 people (around 6,170 households). Some 4,260 households (around 21,300 people) were given fishing kits (e.g. nets, hooks, buckets for octopus fishing) or seeds and farming tools. It gave displaced people and others at risk (approximately 12,900 people; 2,580 households) cash to cover immediate needs or start small businesses.

The ICRC continued a project providing educational support in central Mozambique; the project had been carried over from 2020. It helped to reduce families' basic expenses by covering the costs of school supplies for around 11,000 school-children. It also helped to improve conditions at two schools (680 students) by providing them with furniture.

Displaced people, vulnerable residents and others affected by the conflict obtained preventive and curative care at nine ICRC-supported primary-health-care centres, and at a COVID-19 treatment centre. The ICRC gave these centres expert advice, and PPE and other medical supplies; renovated infrastructure; and trained their staff. Its aim was to improve services and develop the authorities' ability to run these centres independently. Health-promotion activities – carried out by the Mozambique Red Cross and ICRC-trained health personnel – taught thousands of people living near the centres how to protect themselves against COVID-19, cholera, malaria, and other communicable diseases. Together with the Mozambique Red Cross, the ICRC provided fuel and/or transport in support of vaccination campaigns conducted by Mozambique authorities in conflict-affected areas.

Because the ICRC prioritized building capacities at the centres mentioned above, it was not able to provide ad hoc assistance for other centres, as initially planned. It put on hold its plans to support mobile clinics assigned to remote areas because other actors were already involved in similar activities. It had also

planned to provide briefings for health personnel on the Health Care in Danger initiative, but was unable to do so because of administrative and logistical constraints.

The ICRC enabled roughly 19,800 people in Cabo Delgado to maintain sanitary conditions in their communities. People had better access to water after it repaired, constructed or installed boreholes, hand pumps and washing areas. Water committees, with women on them, were set up in communities and their members trained to operate and maintain water infrastructure; these committees were also taught how to promote good hygiene. The committees were reinforced by the presence of ICRC-trained volunteers from the Mozambique Red Cross. Other infrastructural work by the ICRC to increase the water supply in the area – for instance, a project with local authorities to expand the coverage of urban water networks – was delayed for pandemic-related reasons.

### **Members of dispersed families reconnect**

Members of families dispersed by conflict or other violence, migration, detention or natural disasters reconnected through the Movement's family links-services, such as phone calls and internet access. National Societies in the region offered these services regularly in IDP and refugee camps, and at other places frequented by migrants. People learnt about these services during ICRC dissemination sessions and community visits, and through other means (e.g. posters on public transport, billboards, radio spots). The ICRC gave National Societies comprehensive support for their family-links services. It provided training; assisted in the recruitment of new personnel; and/or sponsored National Society personnel to attend regional workshops on ways to help separated families address their various needs.

The ICRC followed up tracing requests, for instance, when more information was needed to continue the search for a missing person. People throughout southern Africa learnt about Trace the Face, an online Movement tracing service that enabled people looking for their relatives to post photos of themselves on a website. In Angola, Mozambique and Zambia, the ICRC worked with the National Societies, and other humanitarian actors dealing with migrants, to reunite children with their families. It issued travel documents for more than 100 particularly vulnerable people who were being reunited with their families based in Canada and the United States of America.

The ICRC launched RedSafe, a mobile app that enabled vulnerable migrants to store important documents securely and to access updated information regarding humanitarian assistance and other services available to them; it was piloted in South Africa and Zimbabwe, and then made available in other countries in the region, particularly Botswana, eSwatini, Lesotho, Malawi, Mozambique and Zambia. Kiosks offering family-links services were used to publicize the app, as were billboards and promotional campaigns on radio. Tens of thousands of people had made use of the app by the end of the year.

The ICRC briefed the South African and Zimbabwean authorities on the needs of missing migrants' families and the importance of coordinating their efforts to ascertain the fate of missing migrants. It helped to establish and organize meetings

for a committee to enable these authorities to exchange information on missing migrants. In Zimbabwe, police forces were trained to register the names of migrants missing from their communities and relay these files to the concerned authorities. Families of missing migrants learnt – at ICRC workshops in their communities – about the process of reporting a missing relative and where/how to find administrative and/or legal support.

Training, material support, and expert guidance from the ICRC helped authorities, forensic specialists and others to develop their ability to manage the dead safely and with due dignity – including the bodies of COVID-19 victims. Forensic authorities throughout southern Africa drew on ICRC expertise to strengthen medico-legal frameworks that ensured dignified management of human remains, and to revise their operating procedures and contingency plans in this connection.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its dialogue with detaining authorities in the countries covered. It visited, in accordance with its standard procedures, people held at an immigration detention facility in South Africa and at seven places of detention in Mozambique. However, owing to pandemic-related restrictions, it was only able to visit some of the facilities in Mozambique starting in the second half of the year. Detainees with specific vulnerabilities – sick or malnourished people, women, detainees held far from their homes, and people detained in relation to armed conflict – were monitored individually. The ICRC sought to gain access to all detainees within its purview.

Findings and recommendations from these visits were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. In the discussions that followed, the ICRC emphasized the necessity, for instance, of facilitating family visits for detainees and ensuring a nutritious diet for them. It provided a prison farm in Mozambique with seeds, tools and irrigation equipment, with a view to helping diversify the diet of some 700 detainees at the prison; the farm produced lettuce, kale and other vegetables throughout the year.

Foreigners and other detainees contacted relatives through the Movement's family-links services. Thousands of migrants detained in South Africa were able to reach their families through a system of phone calls set up by the ICRC. Some 30 newly released detainees in Mozambique were given material and financial assistance for returning home. The ICRC also supported the return of former Mozambican detainees from Lesotho back to their communities of origin.

The ICRC planned to conduct workshops on prison management, provide support for health facilities and do infrastructural work at prisons in Mozambique; however, because of the restrictions on prison visits mentioned above, these activities could not be carried out. Some of these facilities made use of medical equipment and supplies that the ICRC had provided in 2020, in anticipation of these pandemic-related restrictions.

### WOUNDED AND SICK

The Mozambique Red Cross Society and the ICRC strengthened health services for violence-affected people in Cabo Delgado. Besides strengthening primary-health-care services (see *Civilians*), the ICRC sought to ensure that wounded people in Cabo Delgado – including those injured in attacks (see *Context*) – had access to life-saving care by reinforcing first-aid capacities and hospital services. Community members and other potential first responders, about 150 people in all, attended first-aid training sessions organized by the ICRC and the National Society.

The ICRC provided medicines, wound-dressing kits, blood bags and other supplies for three hospitals, with a view to ensuring good-quality treatment for their patients, especially those wounded in armed violence. It also provided two of the hospitals with PPE, soap and other supplies for handling COVID-19 patients safely and preventing the spread of the disease. The ICRC referred hundreds of patients to these hospitals from the health centres it supported. Two hospitals, and the previously mentioned health centres, were given body bags for managing the dead safely and with due dignity.

Owing to pandemic-related constraints, the ICRC was unable to conduct workshops on war surgery.

### ACTORS OF INFLUENCE

The ICRC and authorities throughout the region continued to discuss issues of common concern, such as protection of health services and displacement caused by regional conflict and other violence. ICRC expertise – in incorporating IHL in domestic law and ratifying relevant treaties – was made available to authorities and national IHL committees. The ICRC continued to offer Mozambican government officials expert guidance for establishing a national IHL committee.

Various ICRC events helped government officials understand their role in ratifying and implementing key IHL and IHL-related treaties. Representatives from the countries covered attended regional events, at which they discussed their plans for domestic implementation of IHL and related treaties.

### Military and security forces personnel strengthen their grasp of IHL and other norms

The ICRC continued to expand its contact with the armed forces – including personnel bound for international peacekeeping missions – and security forces in the region, with a view to furthering their understanding of IHL, human rights law and other norms applicable to their duties. Armed forces personnel – notably, in Mozambique – strengthened their grasp of IHL and other norms at ICRC dissemination and training sessions; these included predeployment sessions for troops bound for international peacekeeping missions and in Namibia and Zimbabwe, train-the-trainer sessions. The ICRC provided these forces with expert guidance to integrate IHL more fully into their training and doctrine. The police and other security forces in Cabo Delgado learnt about internationally recognized law enforcement stands at ICRC dissemination sessions.

### Members of civil society learn more about the ICRC's work

The ICRC sought to help key members of civil society and the general public learn more about humanitarian principles and the Movement. It explained the nature of its work to journalists and others. It organized various events to broaden awareness of the Movement, such as a press conference and a photo exhibition celebrating the anniversary of the Mozambique Red Cross Society.

The ICRC used posters, radio spots and videos to draw attention to IHL-related issues and tell people about the humanitarian services available to them. It publicized RedSafe and its tracing services (see *Civilians*), for the benefit of families who might need these services. It also made available, on RedSafe, information on COVID-19 vaccines; for instance, alerts were sent out to people whenever there was news of pop-up vaccination sites.

Aided by the ICRC, National Societies throughout the region developed their capacities in public communication. For instance, volunteers from the Zimbabwe Red Cross Society were trained to document their field visits on mobile-phone photographs, for potential use in public communication.

The ICRC continued to seek to stimulate academic interest in IHL – by organizing IHL-related training, webinars and other activities. It hosted the 18th All Africa Course on IHL, at which

academics debated weapons-related issues and other matters of humanitarian concern.

### RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region strove to expand their organizational and operational capacities, with comprehensive support from the ICRC. They responded to people's needs, reconnected families, contributed to local responses to COVID-19, and broadened awareness of the Movement (see *Civilians* and *Actors of influence*). The ICRC helped to enable these activities by contributing its expertise; providing supplies and equipment; and/or covering staff salaries, insurance premiums for volunteers, and other running costs.

The ICRC briefed National Society personnel in eSwatini, Malawi, Mozambique, South Africa, Zambia and Zimbabwe on the Safer Access Framework, and trained them in first aid, in preparation for the possibility of electoral violence or other emergencies.

National Societies worked to reinforce their legal bases and organizational structure; the ICRC provided technical support.

Movement components and other humanitarian actors continued to coordinate their activities and discuss their pandemic response and other issues of common concern.

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	155	5		
RCMs distributed	79	2		
Phone calls facilitated between family members	37,160			
Names published on the ICRC family-links website	32			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	4			
<i>including people registered by another delegation</i>	1			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	4,581	1,372	1,142	897
<i>including people for whom tracing requests were registered by another delegation</i>	34			
Tracing cases closed positively (subject located or fate established)	193			
<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)	6,721	1,948	1,780	1,376
<i>including people for whom tracing requests were registered by another delegation</i>	107			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	50	18		
UAMs/SC reunited with their families by the ICRC/National Society	2	2		
<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	225	84		
<b>Documents</b>				
People to whom travel documents were issued	121			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	8			
Detainees in places of detention visited	6,268	108	13	
Visits carried out	51			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	208	41	6	5
<i>of whom newly registered</i>	164	32	6	5
<b>RCMs and other means of family contact</b>				
RCMs collected	35			
RCMs distributed	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	57			
Detainees visited by their relatives with ICRC/National Society support	1			
Detainees released and transferred/repatriated by/via the ICRC	6			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
<b>Economic security</b>					
Food production	People		21,280	8,254	6,626
	<i>of whom IDPs</i>		19,641	7,622	6,122
Income support	People		23,880	4,600	15,835
	<i>of whom IDPs</i>		23,307	4,586	15,289
Living conditions	People		30,870	11,259	10,149
	<i>of whom IDPs</i>		30,445	11,090	10,021
Capacity-building	People		676		676
	<i>of whom IDPs</i>		658		658
<b>Water and habitat</b>					
Water and habitat activities	People		19,765	10,278	7,904
<b>Primary health care</b>					
Health centres supported	Structures		9		
	<i>of which health centres supported regularly</i>		9		
Average catchment population			537,611		
<b>Services at health centres supported regularly</b>					
Consultations			308,861		
	<i>of which curative</i>		278,698	70,316	152,142
	<i>of which antenatal</i>		30,163		
Vaccines provided	Doses		59,167		
	<i>of which polio vaccines for children under 5 years of age</i>		20,903		
Referrals to a second level of care	Patients		711		
	<i>of whom gynaecological/obstetric cases</i>		404		
<b>WOUNDED AND SICK</b>					
<b>Hospitals</b>					
Hospitals supported	Structures		3		
<b>Services at hospitals not monitored directly by ICRC staff</b>					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			1,104		
Weapon-wound admissions (surgical and non-surgical admissions)			229		
Weapon-wound surgeries performed			129		

# RWANDA

Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It helps reunite children and other people with relatives separated from them as a result of the genocide and its aftermath, or of violence in neighbouring countries. The ICRC backs the authorities' efforts to incorporate IHL in domestic legislation. It supports the development of the Rwandan Red Cross.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2021

- Members of families separated by events in Burundi and the Democratic Republic of the Congo contacted one another through the Movement's family-links services. Minors rejoined their families in Rwanda and elsewhere.
- Thousands of disabled people obtained good-quality treatment and assistive devices at ICRC-supported centres. Physical rehabilitation professionals developed their capacities through ICRC-supported training.
- The Rwandan Red Cross and the ICRC helped thousands of people severely affected by the COVID-19 pandemic to strengthen their livelihoods, maintain access to health care, and stay abreast of pandemic-related developments.
- Security forces, military and law enforcement personnel, members of the judiciary, and others added to their knowledge of IHL through events or training organized and/or supported by the ICRC.

## EXPENDITURE IN KCHF

Protection	1,158
Assistance	1,070
Prevention	455
Cooperation with National Societies	1,254
General	104
<b>Total</b>	<b>4,041</b>
<i>Of which: Overheads</i>	247

## IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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## PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	43



ICRC delegation

ICRC/AR\_2021

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	1,750
RCMs distributed	1,753
Phone calls facilitated between family members	2,516
Tracing cases closed positively (subject located or fate established)	285
People reunited with their families	128
<i>of whom unaccompanied minors/separated children</i>	126
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>Restoring family links</b>	
RCMs collected	46
RCMs distributed	52
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Living conditions	People	52
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Projects supported	Projects	12

## CONTEXT

Rwanda continued to host people fleeing armed conflict or other situations of violence in neighbouring countries. Many of them were in transit centres and refugee camps; some were living in urban areas. People from Burundi and the Democratic Republic of the Congo (hereafter DRC) continued to seek refuge in Rwanda, while Libyan refugees and asylum seekers passing through Rwanda were housed in transit camps.

Unaccompanied minors – and other members of families dispersed by armed conflict or other violence, migration or natural disasters – needed help to locate or restore contact with relatives. For some unaccompanied minors, including those formerly associated with weapon bearers, rejoining their families or communities was complicated by socio-economic and protection-related concerns.

The country took various measures to check the spread of COVID-19, including mass vaccination campaigns.

Physical rehabilitation was not available to everyone who needed it because of the expenses involved and a lack of qualified personnel.

National agencies and forensic specialists made efforts to strengthen their capacities in the management of human remains, with the aim of preventing disappearances especially after mass-casualty incidents, but often found obstacles in their way.

Rwanda contributed troops to UN peacekeeping missions.

## ICRC ACTION AND RESULTS

Together with the Rwandan Red Cross, the ICRC helped to reconnect members of families separated by events in Burundi and the DRC – or by migration, natural disasters, detention or other reasons. Minors and others were reunited with their families in Rwanda and elsewhere; and people in refugee camps and transit centres were enabled to phone and/or send messages to their relatives. Measures against the pandemic – especially movement restrictions – slowed down the provision of family-links services.

The ICRC continued to provide forensic agencies and others with technical support to develop a national disaster-management plan. Some forensic specialists participated in courses organized or sponsored by the ICRC.

Thousands of persons with disabilities obtained treatment and assistive devices at ICRC-supported physical rehabilitation centres. Physical rehabilitation professionals, including staff from ICRC-supported centres, and students benefited from courses, scholarships and expert guidance provided by the ICRC. Several cooperatives for physically disabled people were given cash vouchers or material assistance under a programme for economic assistance in response to the pandemic. Wheelchair-basketball and amputee-football coaches were trained to administer first aid and treat sports-related injuries.

The ICRC endeavoured to maintain dialogue with decision makers and parties capable of influencing the humanitarian

agenda, with a view to advancing their understanding not only of humanitarian principles and IHL, but also of their role in implementing them. The ICRC also sought to secure their support for its activities. Armed forces and security forces personnel, members of the judiciary, academics, and others learnt more about IHL and/or other pertinent norms at ICRC lectures and workshops. The ICRC conducted a workshop on Rwanda's ratification of the Arms Trade Treaty, which was attended by various government officials and other decision makers.

With the ICRC's support, the National Society continued to address some of the needs created by the pandemic. Its information campaigns helped communities to familiarize themselves with COVID-19 safety protocols. The ICRC covered health-insurance costs for thousands of people made financially vulnerable by the pandemic. It provided small business owners and cooperatives with vouchers and/or material assistance to strengthen their livelihoods.

The National Society and the ICRC renewed their cooperation agreement. The ICRC helped to coordinate the Movement's activities in Rwanda.

In July, the ICRC delegation in Rwanda became part of a newly established ICRC regional delegation based in Kampala, Uganda; it maintained its status as a delegation.

## CIVILIANS

### People affected by conflict or other violence reconnect with their families

Members of families separated by conflict or other violence, migration, natural disasters, or for other reasons used the Movement's family-links services, such as RCMs and phone calls, to contact their relatives. Those using these services included unaccompanied minors; families of detainees; Congolese refugees and Rwandan returnees whose lives were affected by a volcanic eruption; and people separated from their families by events in Burundi and the DRC or by migration. Measures to contain the pandemic – including movement restrictions – slowed down the efforts of the Rwandan Red Cross and the ICRC to provide family-links services, particularly at the refugee camps and transit centres. Because of the pandemic, some RCMs had to be transmitted electronically. The resolution of 285 tracing cases meant that some families had news of missing relatives.

A total of 128 people, most of them unaccompanied minors, were reunited with their families in Rwanda, Burundi or elsewhere; 52 were given kits of essential items to help them resettle with their families and in their communities. The ICRC monitored the situation of these minors, particularly the demobilized children among them; where appropriate, it brought protection-related and other concerns to the attention of the authorities or organizations able to deal with them. In some cases, because of improvements in the referral mechanisms between the ICRC and other humanitarian organizations in the region, it was possible to expedite family reunification.

The National Society was given support – financial and technical – to improve its family-links services. Eight National

Society volunteers attended an ICRC workshop on children's protection-related needs; nine others were given the training necessary to follow up registered children, and twenty were trained to provide family-links services during emergencies.

### **Forensic agencies receive technical support for managing human remains**

The ICRC continued to impress upon the national forensic laboratory and the Ministry of Emergency Management (MINEMA) the importance of developing guidelines and procedures to ensure that pandemic-related deaths and burials were dealt with respectfully and safely. It continued to provide MINEMA with technical support to develop a national disaster-management plan.

The ICRC sponsored ten officials from the national forensic laboratory to participate in online training related to the accreditation of forensic laboratories. It conducted an online course in laboratory management that drew participants from all over Africa.

The ICRC donated body bags, documentation tools and a kit for managing human remains to the central morgue.

### **WOUNDED AND SICK**

Two ICRC-supported physical rehabilitation centres provided 5,781 disabled people<sup>1</sup> in Rwanda with assistive devices and physiotherapy and other services. The ICRC provided the centres with support – technical expertise and raw materials and equipment for making assistive devices – to ensure the quality and sustainability of their services.

Aided by the ICRC, staff at one of the physical rehabilitation centres completed an inventory of all the equipment and materials supplied by the ICRC, and also developed a system to calculate tuition fees for students scheduled to register for courses in prosthetics and orthotics. The ICRC provided material support (e.g. raw materials and components for assistive devices) for the national Paralympic committee and a university hospital.

The ICRC provided and/or sponsored training to develop capacities among personnel at both physical rehabilitation centres. Thus, staff members – prosthetists/orthotists, nurses, physiotherapists and other health professionals – attended courses and conferences on prosthetics and orthotics, prosthetic management, clinical placement, and physiotherapy. The ICRC provided members of two professional associations of prosthetists/orthotists with support to take part in international conferences online. In collaboration with the London School of Health and Tropical Medicine, the ICRC organized a course in cerebral palsy that was attended by 20 physiotherapists from Rwanda and Somalia. A total of 32 physical rehabilitation professionals completed training – online and in-person – in foot orthotics and diabetic-foot management.

The ICRC provided support for three students from the health ministries in Madagascar and Zambia to complete their studies in prosthetics and orthotics, and in pedorthics, even though it had wrapped up its physical rehabilitation programmes in both countries in 2020.

With a view to helping strengthen the Rwandan physical rehabilitation sector, the ICRC made its expertise available to a multi-sectoral technical working group that was evaluating rehabilitation services in the country, in preparation for drafting a national strategy for physical rehabilitation. The ICRC also lent its expertise to the national biomedical centre, which was training midwives and nurses to detect early signs of disability.

A volcanic eruption in Goma, in the DRC, displaced a number of disabled people; the ICRC donated several mobility aids to a camp for displaced persons.

### **Physically disabled people are given help to advance their social inclusion**

Four cooperatives for physically disabled people received cash vouchers, or material assistance for starting businesses from the ICRC, under a programme for economic assistance in response to the pandemic; vouchers were given directly to some 94 disabled people. The ICRC referred 43 wheelchair-basketball and amputee-football players to a vocational training programme, with a view to helping advance their social inclusion. Four social workers and six professionals working in disability sports attended a train-the-trainer session on career development.

The national wheelchair basketball team was sponsored by the ICRC to participate at the International Wheelchair Basketball Federation's commonwealth games in South Africa. The ICRC trained several wheelchair-basketball and amputee-football coaches to treat simple sports-related injuries. Some coaches and referees were given training in first aid. The ICRC renovated two basketball courts at two schools to help ensure that wheelchair-basketball players could continue playing there.

### **ACTORS OF INFLUENCE**

#### **Various parties learn more about IHL and other applicable norms**

The ICRC strove to maintain dialogue with various parties – the authorities, military and security forces, academics, members of the judiciary, and other decision makers and parties capable of influencing the humanitarian agenda – with a view to advancing their understanding not only of humanitarian principles, IHL, international human rights law and other applicable norms, but also of their role in implementing them. The ICRC also sought to secure their support for its activities. At ICRC lectures and workshops, these people – including more than 50 company and platoon commanders of the Rwanda Defence Forces, undergraduates preparing to join the Rwanda National Police, and 22 investigators from the Rwanda Investigation Bureau – learnt more about IHL and international human rights law.

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

The ICRC continued to engage with the justice ministry on ratifying the Arms Trade Treaty. It conducted a workshop on the subject, which was attended by officials from various ministries, security forces personnel, members of the judiciary, and others. The ICRC discussed the creation of a national IHL committee with the foreign affairs ministry.

A moot court competition and an essay contest organized by the ICRC helped students and lecturers add to what they already knew about IHL; the ICRC also gave them reference materials on IHL.

The ICRC used traditional and social media to disseminate vitally important information, such as the services available to vulnerable people and the nature of the ICRC's activities. Mechanisms were available to recipients of ICRC assistance to let the ICRC know how best to address their needs. Aided by the ICRC, the Rwandan Red Cross continued to conduct information campaigns on the pandemic, and measures against COVID-19, throughout the country.

### **RED CROSS AND RED CRESCENT MOVEMENT**

#### **Thousands of people are given help to endure the effects of the pandemic**

With the ICRC's support, the Rwandan Red Cross, the main humanitarian actor in the country, continued to address some of the needs created by the pandemic. It conducted information sessions in three districts to explain COVID-19 safety

protocols to people. People living in remote areas were given radios so that they could stay abreast of pandemic-related announcements. The ICRC provided the National Society with 20 motorcycles and 4 tricycles, in support of its information campaigns and other activities.

Through the National Society, the ICRC covered the costs of health insurance – under the national social-security system – for 21,942 people who had been made financially vulnerable by the pandemic. It gave 1,317 small-business owners and 110 cooperatives vouchers to buy materials necessary to restore or strengthen their livelihoods. Some other cooperatives were given material aid.

#### **The Rwandan Red Cross and the ICRC strengthen their partnership**

The National Society and the ICRC renewed their partnership agreement, with the goal of strengthening the National Society's capacity to provide safe and effective help for people in need. Based on the agreement, the ICRC will continue to give the National Society support in the same areas: public communication, family-links services, and emergency assistance, including its pandemic response.

The National Society and the ICRC coordinated their activities with those of other Movement components, to ensure a coherent response to emergencies, develop operational partnerships and make the most effective use of their resources.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		1,750	278		
RCMs distributed		1,753	186		
Phone calls facilitated between family members		2,516			
Names published in the media		5			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		128			
	<i>including people registered by another delegation</i>	86			
People transferred or repatriated		40			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		278	85	61	61
	<i>including people for whom tracing requests were registered by another delegation</i>	82			
Tracing cases closed positively (subject located or fate established)		285			
	<i>including people for whom tracing requests were registered by another delegation</i>	81			
Tracing cases still being handled at the end of the reporting period (people)		686	212	119	155
	<i>including people for whom tracing requests were registered by another delegation</i>	184			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		193	81		1
UAMs/SC reunited with their families by the ICRC/National Society		126	61		1
	<i>including UAMs/SC registered by another delegation</i>	86			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		509	143		7
<b>Documents</b>					
People to whom official documents were delivered across borders/front lines		3			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>RCMs and other means of family contact</b>					
RCMs collected		46			
RCMs distributed		52			
Phone calls made to families to inform them of the whereabouts of a detained relative		2			
People to whom a detention attestation was issued		2			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Living conditions	People	52		52
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported		12		
	<i>of which physical rehabilitation projects supported regularly</i>	2		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	5,781	2,273	1,335
	<i>of whom victims of mines or explosive remnants of war</i>	*		
Prostheses delivered	Units	101		
Orthoses delivered	Units	991		
Physiotherapy sessions		27,583		
Walking aids delivered	Units	744		
Referrals to social integration projects		*		

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

# SOMALIA

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it provides emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2021

- Security risks, and restrictions necessitated by the COVID-19 pandemic, limited ICRC staff's movements; even so, the ICRC was able to assist people in certain areas accessible to only a few humanitarian organizations.
- The ICRC facilitated access to water and guided the National Society's distributions of food, cash and other essentials, enabling vulnerable people to cope with the immediate effects of conflict, natural disasters and the pandemic.
- Communities affected by violence or natural disasters strove to gain some degree of self-sufficiency; the ICRC provided support for such productive activities as farming, fishing, beekeeping and starting small businesses.
- To help check the spread of disease, the National Society and the ICRC ran hygiene-promotion sessions and distributed hygiene items in communities, prisons, and areas served by National Society-run hospitals and clinics.
- The penitentiary authorities endeavoured, with the ICRC's support, to address malnutrition among detainees and improve their living conditions, and renovate prison facilities. Some detainees got in touch with their families.
- Authorities and weapon bearers learnt more about IHL and the Movement's work. The ICRC reminded them of their duty – under IHL and other applicable law – to protect civilians and facilitate their access to humanitarian aid.

## EXPENDITURE IN KCHF

Protection	6,155
Assistance	57,775
Prevention	4,714
Cooperation with National Societies	3,982
General	396
<b>Total</b>	<b>73,021</b>
<i>Of which: Overheads</i>	<i>4,457</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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## PERSONNEL

Mobile staff	47
Resident staff (daily workers not included)	277



⊕ ICRC Somalia delegation is in Nairobi, Kenya ⊕ ICRC sub-delegation ⊕ ICRC office/presence

## PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	72,159
RCMs distributed	56,374
Phone calls facilitated between family members	163,381
Tracing cases closed positively (subject located or fate established)	397

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	5
Detainees in places of detention visited	1,736
<i>of whom visited and monitored individually</i>	56
Visits carried out	14
<b>Restoring family links</b>	
RCMs collected	4
Phone calls made to families to inform them of the whereabouts of a detained relative	38

## ASSISTANCE CIVILIANS

		2021 Targets (up to)	Achieved
<b>Economic security</b>			
Food consumption	People	338,000	465,081
Food production	People	72,500	324,072
Income support	People	18,000	17,970
Living conditions	People	30,000	
Capacity-building	People	1,700	6,906

## Water and habitat

Water and habitat activities	People	600,000	1,022,927
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## Health

Health centres supported	Structures	32	32
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## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Economic security</b>			
Food consumption	People	600	1,415
Living conditions	People	1,000	1,139

## Water and habitat

Water and habitat activities	People	3,110	3,183
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## WOUNDED AND SICK

<b>Medical care</b>			
Hospitals supported	Structures	4	4
<b>Physical rehabilitation</b>			
Projects supported	Projects	5	3
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	597	797

## CONTEXT

Somali forces – supported by the African Union Mission in Somalia and foreign forces – continued to clash with armed groups, particularly the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). Clan rivalries in southern and central Somalia often led to deadly armed violence. Electoral tensions exacerbated the insecurity prevailing in the country. The armed conflict between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland continued; fewer military confrontations took place, but tensions in the disputed areas remained high.

The consequences of the locust invasion did not dissipate; food insecurity grew sharply in parts of Somalia. Access to basic services, such as health care and clean water, remained precarious. Health and water/sanitation facilities were severely damaged by conflict and/or recurrent floods; this put people at greater risk of disease. Acute malnutrition among IDPs and people in rural areas continued to cause concern.

The pandemic made life even more difficult for vulnerable people, especially the millions in refugee camps and people in detention facilities. Large numbers of people lost jobs and income because of pandemic-related movement restrictions; this led to a rise in poverty rates.

Approximately 3 million people were thought to have been displaced in Somalia by armed conflict and other situations of violence, and/or climatic shocks. A few thousand Somali refugees from Yemen and Kenya continued to return. Somalia remained a transit country for people fleeing violence in Ethiopia.

Widespread insecurity and blurring of front lines continued to complicate the delivery of humanitarian aid, particularly in areas controlled by armed groups.

## ICRC ACTION AND RESULTS

The ICRC pursued discussions with authorities and weapon bearers, with a view to helping them understand more fully – and securing their acceptance for – the ICRC's mission and its work. These discussions enabled the ICRC, together with the Somali Red Crescent Society, to assist communities accessible to virtually no other organization.

The National Society and the ICRC worked together to respond to emergencies; address health needs; restore family links; and build people's resilience to the effects of armed conflict and other violence, which were compounded by climatic shocks and the pandemic.

The ICRC provided – mainly through the National Society – food, cash, and essential household items to vulnerable communities, enabling them to meet their immediate needs. Repairs to and/or construction of water systems made clean water available to hundreds of thousands of people.

The ICRC assisted people to work towards self-sufficiency. Vulnerable households benefited from initiatives to increase food production; strengthen fishing and agricultural services;

and fund small businesses, particularly those run by female heads of households.

Primary-health-care clinics run by the National Society, and facilities offering specialized treatment for malnutrition, received ICRC support. At these clinics, pregnant women obtained antenatal/postnatal care; children were immunized against polio and other diseases; and victims/survivors of sexual violence received suitable care from ICRC-trained health staff. Malnourished people recovered their health through therapeutic nutrition programmes.

The ICRC continued to provide four hospitals with regular support for upgrading infrastructure, developing staff capacities, and responding to emergencies. It provided health staff with personal protective equipment (PPE) and gave them refresher training in communicating vital information about COVID-19.

In communities served by these clinics and hospitals, and in areas without clean water, the National Society and the ICRC held information sessions on checking the spread of COVID-19 and other diseases, and donated soap and chlorine tablets.

The ICRC provided technical, financial, and material support for three physical rehabilitation centres run by the National Society. It provided and/or sponsored training for staff at these centres, including National Society health personnel. It covered the expenses of several clubfoot patients and their carers. A train-the-trainer course, for staff at two organizations for people with disabilities, was postponed because of unavailability of a trainer, and the pandemic.

The ICRC visited – in accordance with its standard procedures – inmates at several detention facilities in Puntland and Somaliland. It communicated its findings – and where necessary, its recommendations for improving detention conditions – confidentially to the authorities. The ICRC donated food, mosquito nets, and medical kits for detainees. To help check the spread of COVID-19, the ICRC conducted information sessions and distributed hygiene items at ten places of detention across Somalia.

Families separated by conflict or other violence, migration, detention or natural disasters benefited from the Movement's family-links services. In Somaliland, health ministry personnel, the police, the National Society and others attended an ICRC workshop on the proper and dignified management of dead bodies. The ICRC's community contact centre dispensed information on COVID-19, and the humanitarian services available to callers. The ICRC used information sessions and briefings, and web-based and other media, to explain its activities and the basic provisions of IHL to a broad range of people.

The National Society received comprehensive support for developing its ability to assist vulnerable communities, provide health care, first aid and physical rehabilitation, and deliver family-links services. The ICRC facilitated the coordination of Movement activities in Somalia.

## CIVILIANS

### Relevant parties reach a fuller understanding of IHL and the necessity of protecting civilians

The ICRC made confidential representations – based on documented allegations of IHL violations – to authorities and weapon bearers, regarding their obligation to respect and protect medical facilities and people who were not or were no longer involved in the fighting; and ensure safe delivery of health care and humanitarian aid. The ICRC gave victims of such violations cash to help them cope with their situation.

The ICRC sought closer engagement with a number of affected communities. It documented the protection-related concerns of people in areas controlled by armed groups or under their influence. It met with other humanitarian actors regarding responses in favour of migrants.

Authorities, weapon bearers, academics and community members advanced their understanding of IHL and the ICRC's work at information sessions or meetings. People called the ICRC's community contact centre in Mogadishu to make enquiries or comment on the ICRC assistance that they had received.

The ICRC drew the attention of weapon bearers and the general public to the necessity of protecting and safeguarding the provision of health care. This message was promoted on one radio outlet and reflected in posters translated into Somali.

### People affected by violence or disasters meet their immediate needs and work towards self-sufficiency

A total of 465,081 people received supplementary food rations or bought food with cash from the ICRC. They included people displaced or otherwise affected by incidents of violence; households affected by floods or drought; and the families of malnourished children and pregnant or lactating women registered in therapeutic-feeding programmes. In response to emergent needs, the ICRC cancelled plans to distribute essential household items and directed its resources towards providing more cash grants for food instead.

Over 17,900 people in impoverished communities were better placed to recover their livelihoods and supplement their income after receiving ICRC support: fishing households were given fishing kits; and beekeeping households received training and equipment. Cash grants and skills training enabled destitute urban households, including those headed by women, to start small businesses.

Farming and herding households (324,072 people) expanded their capacities with ICRC support in the form of cash grants or cash-for-work projects to repair agricultural infrastructure; those in riverine areas protected their crops or herds against floods with sandbags from the ICRC.

The ICRC gave agricultural cooperatives training and supplies to grow good-quality corn and sorghum to sell in local markets. Community-based animal-health workers and veterinary pharmacists received training and veterinary supplies. These ICRC initiatives benefited around 6,900 people.

### Communities have better access to water and sanitation

Water for household consumption, or for crops and livestock, was more readily available to civilians after the ICRC completed a number of water projects; because the drought increased the need for water, more projects were completed than targeted, benefiting more civilians than planned. The ICRC repaired *berkads* and rainwater catchment systems; it also constructed an elevated water tank and a generator house, and donated and installed equipment for water infrastructure, in areas controlled by armed groups. It provided borehole operators and technicians in Galmudug and Puntland training, tools and/or equipment for maintenance and/or repairs.

In areas where the risk of cholera and diarrhoea was high, people received soap and chlorine tablets from the ICRC; at information sessions conducted by the National Society, they learnt about good hygiene and measures to prevent the spread of COVID-19 and other diseases. The ICRC trucked in water for hundreds of thousands of people displaced from their villages by violence and/or floods.

A total of 1,022,927 people benefited from the activities described above.

### Vulnerable people receive life-saving care

People obtained preventive and curative health care at 32 clinics run by the National Society that received comprehensive support (supplies, equipment, financial assistance) regularly from the ICRC. When COVID-19 cases spiked in March, the ICRC reinforced the triage areas that it had set up at these clinics. Communities served by these clinics, including IDPs and people living in rural areas, became more aware of COVID-19 and/or other diseases through information sessions conducted by ICRC-trained volunteers and National Society staff.

Pregnant women availed themselves of antenatal/postnatal care at these clinics; many of them gave birth with the help of ICRC-trained health staff. Female community-based health workers trained by the ICRC conducted information sessions on reproductive health for women using these clinics. Victims/survivors of sexual violence obtained medical services, including post-exposure prophylaxis within 72 hours of the incident. The ICRC continued to document cases of sexual violence; it also gave the National Society support for training midwives in providing medical care for victims/survivors of sexual violence.

The ICRC supported implementation of ALMANACH, a mobile application used by health-care staff to make informed decisions on patient care, specifically for children under five years old; the application has reduced unnecessary antibiotic prescriptions and improved counseling and preventive care. Some 69,500 children were vaccinated against polio, and many others against measles and other common infectious diseases. The ICRC supported the inpatient malnutrition treatment centres in Baidoa and Kismayo; therapeutic nutrition programmes enabled a total of 3,445 malnourished children to recover their health. National Society staff were trained by the ICRC in community-based management of acute malnutrition.

The ICRC referred patients needing emergency or specialized care to ICRC-supported hospitals and covered their transport costs to and from different referral health facilities. It also made emergency donations of medical supplies to several of these clinics, to help them tend to the wounded.

The ICRC set up two mobile health teams in flood-affected communities. In some areas, the ICRC upgraded health infrastructure: it renovated a clinic in Cabado and another in Xabash Wale.

An arson attack against a National Society-run clinic in Bardheere, in August, forced it to suspend its activities until October.

### **People ascertain the fate of missing relatives**

Members of families separated by conflict, violence, migration, detention or natural disasters reconnected with relatives in Somalia and elsewhere, through the Movement's family-links services. Digital tools were also used, such as the Red Cross and Red Crescent's website ([tracetheface.org](http://tracetheface.org)), which features an online photo gallery of people looking for their lost relatives. Those who benefited from family-links services included IDPs in settlements, migrants and returnees at ports. The ICRC facilitated 163,381 phone calls. Two detainees in the US detention facility at the Guantanamo Bay Naval Station in Cuba were able to reconnect with their families in Somalia through video calls. Families had the names of their missing relatives (5,039 names) broadcast by an ICRC-sponsored radio programme on the BBC's Somali service. The ICRC ascertained the whereabouts of 397 people and informed their families; and provided the National Society with technical support and equipment to expand its family-links capacities.

In Somaliland, an ICRC workshop on the proper and dignified management of human remains was attended by personnel from the health, justice, and interior sectors; the National Society; members of religious circles; community representatives, and others.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees receive ICRC visits and contact their families**

The ICRC visited detainees at five places of detention in Somaliland and Puntland, in accordance with its standard procedures. Findings from these visits, and recommendations, were communicated confidentially to the authorities, to help them align detainees' treatment and living conditions with internationally recognized standards.

Detainees contacted their families by means of RCMs and brief oral messages relayed by ICRC delegates. Some detention facilities suspended family visits, as a measure against COVID-19.

With the ICRC's help, 13 foreign detainees notified their embassies of their imprisonment.

### **Detainees' living conditions improve**

The ICRC carried out hygiene-promotion campaigns at ten prisons collectively holding 3,183 detainees: hygiene items were distributed, measures against COVID-19 and other diseases discussed, and committees established to promote

good hygiene among detainees. Plans to help the authorities ensure that COVID-19 vaccines reached places of detention were not realized because there was no need for such assistance anymore after the Somali government and other actors rolled out vaccination campaigns.

At the prison in Mandera, the ICRC checked cases of malnutrition among detainees. To help ensure proper nutrition for these detainees, the ICRC distributed nutritional supplements and monitored cultivation of the vegetable garden, and maintenance of the greenhouse, that it had helped detainees set up in 2020. The ICRC renovated a kitchen and a bakery, which benefited all detainees there. Several detainees and prison staff were given training in baking, and several other detainees were trained in vegetable gardening.

At the Hargeisa and Mandera prisons, food items were distributed for 1,415 detainees and prison staff for the month of Ramadan, and mosquito nets were given to 1,139 detainees. The ICRC also donated recreational items to detainees in both prisons.

The ICRC covered the travel expenses of health staff visiting the Mandera prison to check on patients. It donated medical supplies to the Mandera prison, and to the prisons in Bossaso and Mogadishu.

## **WOUNDED AND SICK**

### **Wounded people and others are given first aid and other medical care**

Thousands of people obtained surgical or other medical treatment at four hospitals regularly supported and monitored by the ICRC – two in Baidoa and Kismayo (including the malnutrition treatment centres there), and two in Mogadishu (Keysaney and Medina). Together with the Norwegian Red Cross, the ICRC provided logistical and administrative support, and monitoring, for a fistula treatment programme at the Keysaney hospital. The ICRC covered running costs, and provided medical supplies and equipment, and training for staff, at the four hospitals; it also gave management expert advice for handling human resources and controlling infections.

The Somali Red Crescent and the ICRC conducted information sessions on COVID-19 in the areas served by these hospitals. The ICRC provided hospital staff with PPE; refresher training in using PPE, managing COVID-19 cases, and communicating vital pandemic-related messages; and guidance in implementing measures against COVID-19.

The ICRC provided the maintenance teams at the Keysaney and Kismayo hospitals with material (e.g. back-up generator, pump) and technical assistance for making basic repairs to equipment. It completed renovations to the surgical wards, operation theatre, kitchen, and X-ray room at the Baidoa hospital (87 beds); the surgical and physical rehabilitation wards, and the waste-management area at the Keysaney hospital (110 beds); the measles unit and the wastewater disposal system at the Kismayo hospital (400 beds); and the waste-management area at the Medina hospital (200 beds).

The ICRC gave the National Society technical and material support for boosting its first-aid capacities and training its staff and volunteers to become more capable of dealing with mass-casualty influxes and other emergencies. Community members and emergency responders throughout the country were trained in first aid. Wounded patients were given first aid by National Society emergency response teams before being transferred to hospital. The National Society received technical and material support from the ICRC for the provision of pre-hospital emergency care in Mogadishu. It also implemented an ICRC project to expand such services in Las Anod and Galkayo.

Another ICRC project that enabled the National Society to alert first responders to an emergency got under way; by this means, ambulance team responders could provide an immediate response to a person in need of care. The National Society began to implement an ICRC-supported programme in Mogadishu under which motorcycles were used to deliver first aid.

### **Persons with disabilities receive physical rehabilitation services**

A total of 7,170 people<sup>1</sup> with disabilities obtained physiotherapy, and prostheses and other assistive devices, at three physical rehabilitation centres in Galkayo, Hargeisa and Mogadishu: the National Society operated these centres with technical and material support, and staff training from the ICRC; funds from the Norwegian Red Cross shouldered the centres' operational costs. The ICRC covered food, lodging and transport costs for several clubfoot patients and their carers, as part of a pilot programme for treating clubfoot at the centre in Galkayo; it also shouldered the expenses for minor surgeries of some patients.

The ICRC provided and/or sponsored training to develop the necessary capacities of personnel at the physical rehabilitation centres, including National Society staff. Thus, managers and administrative staff developed their ability to collect and analyse data, and staff members – nurses, physiotherapists, prosthetists, orthotists and other health personnel – attended courses in gait and wheelchair training, prosthetics and orthotics, and management of clubfoot cases; because of the pandemic, some of these courses were conducted online. The ICRC mentored 20 rehabilitation professionals on service delivery.

A train-the-trainer course in career development, for staff at two organizations for people with disabilities, was postponed because of trainer unavailability and the pandemic.

## **ACTORS OF INFLUENCE**

### **Various groups familiarize themselves with IHL and the Movement**

The ICRC sought dialogue with authorities, armed groups, and members of civil society to foster acceptance for its mission and work in Somalia throughout Somali society. At briefings, presentations and dissemination sessions, these

people – including 140 members of the Puntland police forces, 110 members of the Somali national army, and other weapon bearers – learnt more about IHL, the National Society, and the ICRC's work. Whenever possible, the ICRC raised awareness among certain parties to the conflict of the lawful conduct of hostilities, counter-terrorism measures, and international standards for law enforcement, especially in connection with detention. Pandemic-related movement restrictions continued to make direct contact with relevant actors impracticable; several IHL-related events had to be postponed or cancelled.

The ICRC and the National Society used various means to communicate humanitarian messages to the general public and advance their understanding of the Movement's work in Somalia. A broad range of people, including weapon bearers and Somalis living abroad, had access to ICRC-produced materials via traditional or web-based channels (news articles, social media posts, and publications) and could therefore learn about IHL, the humanitarian situation in Somalia, the National Society and the ICRC's activities. Around 100 students learnt about these matters at an information session conducted by the ICRC.

The ICRC's community contact centre in Mogadishu provided callers with information about COVID-19 and the humanitarian services available to them; callers used the toll-free line to communicate their views on the assistance they had received and make suggestions. The National Society and the ICRC, together with teams of volunteers, conducted COVID-19 information sessions, and distributed hygiene items, in communities: hundreds of thousands of people benefited.

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Somali Red Crescent remained the ICRC's main partner in addressing the immediate and chronic needs of vulnerable people in Somalia. It continued to receive ICRC support for strengthening its capacity to deliver emergency assistance, provide health care, restore family links – in line with the Safer Access Framework – and promote the Movement's work.

The ICRC helped strengthen the institutional capacities of the National Society, for instance, by covering its operating costs and staff salaries. The ICRC completed renovations at four National Society branch offices and donated two vehicles to two National Society branches.

The National Society, the ICRC and the Norwegian Red Cross signed a tripartite agreement setting out the terms of their support to and the transition of the physical rehabilitation programme, particularly the exit of the Norwegian Red Cross from the programme – provisionally – by the end of 2022. The National Society and the ICRC renewed three project agreements: on primary health care; first aid and pre-hospital care; and restoration of family links.

The National Society and the ICRC coordinated their activities with those of other Movement components, to ensure a coherent response to emergencies, develop operational partnerships and make the most effective use of their resources.

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

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	72,159			
RCMs distributed	56,374			
Phone calls facilitated between family members	163,381			
Names published in the media	5,039			
Names published on the ICRC family-links website	31			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	3,794	360	493	99
<i>including people for whom tracing requests were registered by another delegation</i>	51			
Tracing cases closed positively (subject located or fate established)	397			
<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases still being handled at the end of the reporting period (people)	9,015	1,504	1,789	377
<i>including people for whom tracing requests were registered by another delegation</i>	426			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	5			
Detainees in places of detention visited	1,736	9	167	
Visits carried out	14			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	56			1
<i>of whom newly registered</i>	31			1
<b>RCMs and other means of family contact</b>				
RCMs collected	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	38			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	465,081	83,022	312,025
	<i>of whom IDPs</i>	224,389	38,144	148,101
Food production	People	324,072	55,092	213,888
Income support	People	17,970	15,600	1,884
Capacity-building	People	6,906	1,177	4,552
<b>Water and habitat</b>				
Water and habitat activities	People	1,022,927	276,191	470,547
	<i>of whom IDPs</i>	409,172	110,476	188,220
<b>Primary health care</b>				
Health centres supported	Structures	32		
	<i>of which health centres supported regularly</i>	32		
Average catchment population		512,925		
<b>Services at health centres supported regularly</b>				
Consultations		644,113		
	<i>of which curative</i>	550,651		
	<i>of which antenatal</i>	93,462		
Vaccines provided	Doses	244,748		
	<i>of which polio vaccines for children under 5 years of age</i>	69,507		
Referrals to a second level of care	Patients	1,415		
	<i>of whom gynaecological/obstetric cases</i>	794		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	1,415		71
Living conditions	People	1,139		57
<b>Water and habitat</b>				
Water and habitat activities	People	3,183	64	32
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	2		
Health facilities supported in places of detention visited by health staff	Structures	1		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	4		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	1,721	233	228
	(including those related to mines or explosive remnants of war)	59	*	*
	Non-weapon-wound admissions	3,468		
	Operations performed	11,047		
Consultations		30,235		
<b>First aid</b>				
First-aid training				
	Sessions	308		
	Participants (aggregated monthly data)	5,850		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	797		
<b>Physical rehabilitation</b>				
Projects supported		3		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	7,170	1,583	2,876
	<i>of whom victims of mines or explosive remnants of war</i>	203		
Prostheses delivered	Units	490		
Orthoses delivered	Units	1,409		
Physiotherapy sessions		17,683		
Walking aids delivered	Units	1,204		
Wheelchairs or postural support devices delivered	Units	196		

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

## SOUTH SUDAN

Present in Juba since 1980, the ICRC opened a delegation in South Sudan in mid-2011. It works to ensure that people affected by armed conflicts and other situations of violence are protected in accordance with IHL and other applicable norms, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities and weapon bearers. It works with and supports the South Sudan Red Cross.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

### KEY RESULTS/CONSTRAINTS IN 2021

- Communities displaced by violence and heavy floods received emergency aid. With the ICRC's help, farming, fishing and herding households worked to build their self-sufficiency.
- Children, pregnant women and ailing people obtained preventive and curative care at ICRC-supported health centres. ICRC water and sanitation projects gave them access to clean water and helped to protect them against disease.
- ICRC surgical teams treated wounded people at ICRC-supported hospitals. Many of the surgical patients had been airlifted by the ICRC from sites of communal violence.
- Persons with physical disabilities received rehabilitative care at ICRC-supported rehabilitation centres. The ICRC sought to advance their social inclusion through sports and livelihood activities.
- Detainees at places of detention with high rates of malnutrition were given consultations and treatment at ICRC-supported prison clinics.
- Weapon bearers learnt more about IHL, international human rights law and humanitarian principles. The ICRC reminded them that attacking health facilities, committing sexual violence or recruiting children were all unlawful.

### EXPENDITURE IN KCHF

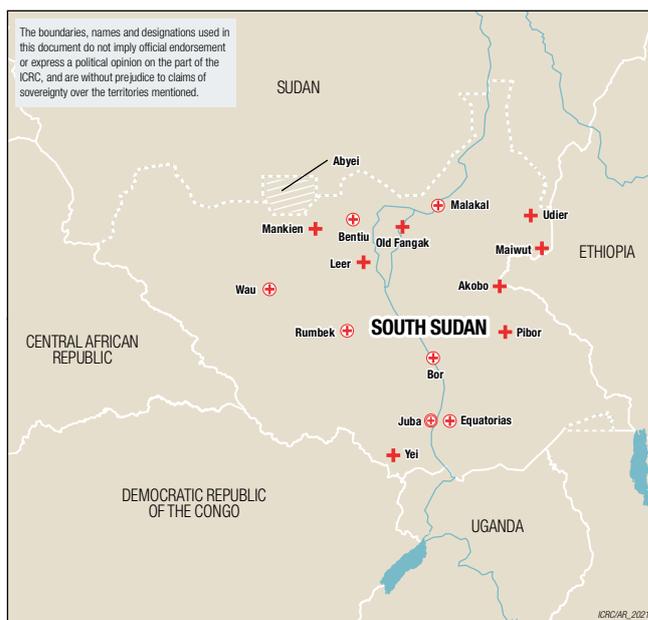
Protection	15,429
Assistance	79,782
Prevention	6,160
Cooperation with National Societies	5,017
General	680
<b>Total</b>	<b>107,068</b>
<i>Of which: Overheads</i>	<i>6,513</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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### PERSONNEL

Mobile staff	179
Resident staff (daily workers not included)	924



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	2,002
RCMs distributed	800
Phone calls facilitated between family members	46,068
Tracing cases closed positively (subject located or fate established)	683
People reunited with their families	25
<i>of whom unaccompanied minors/separated children</i>	10
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	29
Detainees in places of detention visited	7,102
<i>of whom visited and monitored individually</i>	79
Visits carried out	125
<b>Restoring family links</b>	
RCMs collected	28
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	People 228,000	206,388
Food production	People 399,000	571,356
Income support	People 5,650	6,460
Living conditions	People 252,000	278,285
Capacity-building	People 178	167
<b>Water and habitat</b>		
Water and habitat activities	People 266,600	337,154
<b>Health</b>		
Health centres supported	Structures 31	22
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Food consumption	People 2,500	2,736
Living conditions	People 5,000	18,742
<b>Water and habitat</b>		
Water and habitat activities	People 1,490	4,745
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 2	2
<b>Physical rehabilitation</b>		
Projects supported	Projects 6	4
<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity) 561	520

## CONTEXT

A transitional unity government – formed in 2020, in line with the peace agreement of 2018 between the government and the opposition – remained in place. Fighting between government forces and an armed group, one that did not sign the peace agreement, continued in the Equatorias region. Communal violence – arising from ethnic tensions and disputes over cattle and scarce resources – persisted in many parts of the country, and particularly in the states of Jonglei, Lakes, Unity, Upper Nile and Warrap, and in the Pibor Administrative Area.

The violence caused injuries and deaths, destroyed property and displaced people. The proliferation of small arms and light weapons – which made communal violence more lethal – continued to threaten many communities in which security conditions were already volatile. Disarmament processes, launched by the government in 2020 to collect weapons from armed youths, progressed slowly.

Millions of people remained displaced by protracted armed conflict and other situations of violence. The UN estimated that there were around 2.4 million South Sudanese refugees in neighbouring countries and around 1.6 million IDPs in South Sudan.

Heavy floods – which began in May and continued in large areas of the country until December – displaced many communities, destroyed crops and made roads impassable. According to OCHA, roughly 835,000 people were affected.

Millions of South Sudanese remained food-insecure and without access to basic services.

Attacks against health and aid workers, occupation of schools, sexual violence and other unlawful conduct by weapon bearers continued to take place.

Many members of dispersed families had lost contact with their relatives owing to conflict, detention and other circumstances.

## ICRC ACTION AND RESULTS

Despite the volatile security conditions, and the logistical difficulties caused by the pandemic and the widespread floods, the ICRC maintained its access to areas affected by armed conflict and communal violence. It documented protection-related concerns in the communities affected and brought them up with the pertinent parties. Authorities and weapon bearers on all sides were urged, through confidential dialogue, to fulfil their obligations under IHL and other applicable norms. This dialogue, and its interaction with communities, helped broaden acceptance and support for the ICRC, enabling it to assist people in violence-affected and/or remote areas.

Together with the South Sudan Red Cross, the ICRC provided emergency aid to communities displaced by violence and/or floods, particularly in areas not covered by other organizations. It also gave resident communities – particularly farming, fishing and herding households – material, technical and other support to produce more food and protect their livelihoods.

The ICRC strove to make essential services more readily available. In cooperation with local authorities and the National Society, it repaired or constructed water systems in both rural and urban areas: people thus had clean water and more protection against disease. First responders trained by the National Society and the ICRC tended to wounded people, some of whom were airlifted by the ICRC to hospitals with ICRC surgical teams. ICRC-supported primary-health-care centres, hospitals, and physical rehabilitation centres provided suitable care for ailing and wounded people, and persons with physical disabilities. At these facilities, the ICRC repaired water, electrical and waste-management systems, and created safer and more sanitary surroundings for patients and health workers. All ICRC-supported facilities implemented measures to prevent the spread of COVID-19. Victims of violence, including victims/survivors of sexual violence, and physically disabled people were given mental-health and psychosocial support by ICRC-trained counsellors. Various forms of support were provided for communities in which children's schooling had been disrupted by violence.

The ICRC visited places of detention to which it had been granted access, and gave the detaining authorities recommendations for ensuring that detainees' treatment and living conditions complied with IHL and/or met internationally recognized standards. It gave detaining authorities expert advice on addressing systemic issues in prisons. Donations of food, soap, blankets and other essentials, and repairs to water and sanitation facilities, helped ease living conditions for detainees at some prisons. Sick and malnourished detainees were treated at ICRC-supported prison clinics.

Members of families separated by violence, detention, pandemic-related movement restrictions or other circumstances reconnected through the Movement's family-links services. The ICRC strove to ensure that the authorities fully understood their obligation to clarify the fate of missing people and to prevent disappearances. People and institutions involved in managing human remains were given guidance and supplies for doing so properly.

Lawmakers were given technical support in matters related to domestic implementation of the Arms Trade Treaty, the African Union Convention on IDPs and other international legal instruments. Weapon bearers learnt about IHL, human rights law and other subjects at ICRC briefings and training sessions.

The National Society and the ICRC used radio, social media, information sessions and other means to extend the reach of their public communication on humanitarian principles and the Movement's work. As the ICRC's main partner, the National Society received comprehensive support for strengthening its operational capacities.

## CIVILIANS

### The ICRC raises protection-related concerns with authorities and weapon bearers

Through field visits and conversations with community leaders, local authorities and people affected by armed conflict and/or communal violence, the ICRC monitored the humanitarian

situation in the country and documented the concerns of those affected. It also held meetings with the South Sudanese authorities, the IOM, the UNHCR, OHCHR, the United Nations Mission in South Sudan (UNMISS) and other organizations to discuss the protection-related needs of refugees, IDPs and other violence-affected people in the country.

The ICRC urged authorities and weapon bearers on all sides – through dialogue and written representations – to meet their obligations under IHL, human rights law and other applicable norms, particularly their duty to facilitate access to humanitarian aid and essential services, such as medical care and education; protect medical services and people who are not or who are no longer participating in the fighting; protect and assist refugees, IDPs and returnees; ascertain the fate of missing people; and prevent sexual violence, recruitment of children into fighting forces, and other abuses. ICRC training helped weapon bearers learn more about the issues mentioned above, and about IHL and humanitarian principles (see also *Actors of influence*).

The ICRC provided victims of violence – including victims/survivors of sexual violence, demobilized children, missing people's families, and women and children formerly abducted by weapon bearers – with suitable assistance (see below), and when necessary, referred them to government agencies, NGOs, or aid organizations for further support. At ICRC workshops conducted in six violence-affected communities, traditional and religious leaders, parents, teachers and other community members discussed the effects of violence on their lives and the mitigatory measures that they could take, collectively. They were given advice on such matters as communicating with local authorities about threats to their safety, and forming and mobilizing parent-teacher associations to promote school attendance among young people.

The ICRC undertook projects to facilitate children's schooling in places where it had been disrupted by past violence. Using supplies from the ICRC, members of one remote community set up eight temporary learning spaces and hand-washing stations, which benefited around 1,000 students; preparations for erecting permanent structures were ongoing at year's end. The ICRC donated school supplies to some 3,000 students, and hygiene kits, including menstrual pads, to around 1,600 adolescent girls. This helped increase enrolment among students from impoverished families. A total of 63 teachers received chalk and other supplies; 39 of them took part in ICRC-organized refresher sessions on pedagogy, codes of conduct for teachers, basic counselling and other topics. Desks (310 in all) were donated to three schools. In five communities, parent-teacher associations and community leaders – mobilized by the ICRC – tidied up schools ahead of their reopening in May.

The ICRC trained South Sudan Red Cross personnel in the principles on which the ICRC's protection-related work was based, and in applying these principles when assisting victims of violence, including victims/survivors of sexual violence. Approximately 25,000 people learnt more about the issue of sexual violence, and the services available to victims/survivors, at information sessions conducted by ICRC-trained

National Society volunteers; other topics – such as the notion of consent in sexual relations, alcohol use and domestic violence, and protection of children – were also discussed during these sessions. On the occasion of the International Day for the Elimination of Sexual Violence in Conflict, the ICRC conducted an information campaign – through community outreach, social media and other means – on the availability of post-exposure prophylaxis at all ICRC-supported health centres and about the ICRC's activities in behalf of victims/survivors of sexual violence.

### **Violence-affected communities are given emergency relief and livelihood support**

Despite the volatile security conditions and the logistical challenges posed by the pandemic and by the floods in the second half of the year, the ICRC, together with the National Society, helped people meet their immediate needs and build their resilience to the effects of violence and climatic shocks. All these activities incorporated measures against COVID-19.

Emergency distributions of food and household essentials were carried out for communities displaced by armed conflict in Central Equatoria and by communal violence in Jonglei and elsewhere, and for communities affected by the heavy floods, particularly in isolated areas not covered by other organizations. Food was also given to farming households during the lean season, so that they would not have to consume seed meant for planting or barter farm implements for food. In total, 34,398 households (206,388 people) received food, and 46,394 households (278,285 people) received hygiene kits, jerrycans, mosquito nets, sleeping mats, supplies for cooking, and other essentials.

The ICRC helped 95,226 households (571,356 people) to produce more food and/or protect their livelihoods. Approximately 21,000 households received portable fishing kits that could be carried away without difficulty in emergencies. Some 50,000 households – including farmers assisted in 2020 but set back by bad weather – cultivated crops and grew vegetables with seed (e.g. maize, okra, pumpkin and sorghum) and tools from the ICRC; of these households, 16,100 were also given fishing kits that enabled them to exploit other sources of food. About 24,000 farming and herding households benefited from campaigns to vaccinate livestock and/or treat them for disease; the campaigns, organized by the livestock and fisheries ministry and the ICRC, covered about 654,000 head of livestock.

Community-based animal-health workers – 167 people in all – attended refresher sessions and received veterinary kits; some of them participated in the livestock-vaccination campaigns mentioned above.

A total of 6,460 people – most of them, victims of violence, including victims/survivors of sexual violence; missing people's families; persons with physical disabilities; and female heads of households – benefited from the ICRC's provision of cash grants, supplies and training for starting small businesses or for cultivating cash crops or communal vegetable gardens.

### **Displaced and underserved communities have clean water and are safer from disease**

The ICRC's activities were affected by pandemic-related movement restrictions in the first half of the year, and wide-spread floods in the second. Nevertheless, approximately 337,000 people benefited from the ICRC's water and sanitation projects. More people than planned were assisted because of flood-related emergency response carried out by the National Society and the ICRC.

Clean water was more readily available to some 147,000 people in rural areas after the ICRC, often working with the National Society, dug wells, drilled boreholes and connected them to water kiosks, and repaired or installed hand pumps; these water points were installed closer to communities, to make it easier for women and children to fetch water, and to help reduce the incidence of sexual violence and abduction. In Juba, the ICRC constructed and handed over to the authorities a water-filling station for trucks, which enabled delivery of water to households (around 120,000 people) not yet connected to a water distribution network. Some 13,000 people benefited from solar-powered water yards constructed in two other urban areas. The ICRC trained National Society volunteers, water-management committees and technicians to operate, maintain and monitor the facilities, with a view to ensuring their long-term functioning.

The National Society distributed water-purification tablets and water filters donated by the ICRC, in flood-affected communities (some 57,000 people).

Fewer community-based projects than planned were carried out, owing to the constraints mentioned above. A small solar-powered water yard enabled approximately 700 female breadwinners to run a communal vegetable farm. A solar-powered electrical system was upgraded at one special protection unit – a police facility that provides emergency assistance to women and children.

Consultations at 10 ICRC-supported health centres (see below) took place in safer and more sanitary surroundings following infrastructural work that included repairs to latrines, water systems, and incinerators and other waste-management facilities. Some of these facilities reported a slight decrease in the number of consultations for diarrhoea, which could be attributed in part to the rural water projects described above.

### **Residents, IDPs and returnees have access to health services**

The ICRC, in cooperation with health authorities and the South Sudanese and Canadian National Societies, worked to make primary health care available in violence-affected communities. With the ICRC's support, 22 health centres conducted some 46,000 antenatal check-ups and approximately 353,000 curative consultations for malaria, diarrhoea, TB, malnutrition and sexually transmitted infections. Vaccinations (153,689 doses for polio, measles, tetanus, etc.) helped reduce the incidence of illness and death among infants, children and pregnant women. Briefings for health workers and community members on the goals of the Health Care in Danger initiative promoted respect for people seeking or providing health services.

The health centres mentioned above received medical supplies and equipment from the ICRC – and their staff, financial incentives and comprehensive training. All ICRC-supported health centres were assisted to contain the spread of COVID-19 (e.g. staff training and donations of face masks, gloves and hand sanitizer). All health centres were equipped to provide treatment for victims/survivors of sexual violence, but demand for this service remained low.

At ICRC-supported primary-health-care centres, hospitals and physical rehabilitation centres, ICRC-trained counsellors – some of them, National Society volunteers – helped victims of violence, including victims/survivors of sexual violence, wounded people in recovery and disabled people deal with their psychological distress. People learnt more about the counselling services available, and about measures against COVID-19, from information sessions conducted at the facilities and during community outreach.

### **People reconnect through the Movement's family-links services**

People restored contact with relatives through the Movement's family-links services. The fate or whereabouts of 683 people were ascertained and their families notified. Under the ICRC's auspices, 25 people (including 10 children) were reunited with their families. The ICRC, in coordination with other organizations, made follow-up visits to demobilized children and others reunited with their families, including participants in reunifications that took place in 2020; 260 families were given material and financial support for their children's schooling, or cash for buying household essentials.

A total of 2,002 RCMs were collected and 800 delivered. At sites hosting IDPs, the National Society and the ICRC arranged approximately 46,000 phone calls among members of families separated by armed conflict, communal violence, detention, migration, pandemic-related movement restrictions and other circumstances. Some 8,000 IDP households were given phone credit, enabling them to make these calls themselves.

The ICRC continued to help people obtain official documents across borders. Its intercession resulted in the education ministry issuing certificates (see *Uganda*) accrediting South Sudanese refugee students and teachers in Uganda, which enabled them to continue their education and find jobs, respectively.

Training, and financial and material support from the ICRC and other Movement components helped the National Society to become more capable of providing family-links services for people newly displaced by violence and other emergencies. Information campaigns broadened awareness of the Movement's family-links services and of measures to prevent family separation during large-scale population movements.

The ICRC strove – through dialogue, workshops and information sessions – to ensure that authorities fully understood their obligation, under international law, to ascertain the fate of missing people and prevent disappearances. It advocated the development of legal and policy frameworks for resolving missing-persons cases and assisting the families concerned,

and provided expert advice to the working group set up by the government to address the issue. It organized round tables for authorities and missing people's families, held information sessions in communities, and issued news releases to draw attention to the plight of missing people's families.

The ICRC interviewed missing people's families, individually and in groups, to understand their needs and coping mechanisms more fully. It also interviewed some people previously missing, to learn about the difficulties they experienced when they rejoined their families and communities. Findings from these interviews will be incorporated in ICRC plans to create – in 2022 – community-based support groups for missing people's families. Some of the families interviewed were referred to ICRC economic-security projects.

### **Authorities and weapon bearers receive support for managing human remains properly**

An interministerial steering committee, established by the government in 2020, oversaw – in an informal capacity – the management of dead bodies during mass-casualty incidents. The ICRC gave the committee expert advice, and urged the government to enact a law formalizing the committee's status and responsibilities.

The ICRC held information sessions, and distributed informational materials – for authorities, weapon bearers and community members – on the importance of managing human remains in a manner conducive to their identification; it explained the basic principles of human-remains management during training sessions for military and police personnel. As part of its pandemic response, the ICRC monitored mortuaries and shared with their staff its expertise in managing dead bodies; it also gave them body bags, face masks and gloves. It also renovated the morgue (storage capacity: 33 cadavers) at the Juba Teaching Hospital to make room for additional refrigerators.

The National Society was trained, and equipped with the supplies necessary, to manage human remains.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC discussed its working procedures with authorities and weapon bearers, with a view to gaining access to everyone detained in connection with armed conflict or for security reasons. It visited detainees in civilian and military prisons and people held by armed groups and UNMISS, and monitored 79 people individually. It interviewed people released from detention facilities to which it had no access, and provided some 120 with medical care and/or cash to pay for their transport home or to buy essentials.

Findings from the ICRC's detention visits and from interviews with ex-detainees – as well as recommendations for improvements – were communicated confidentially to the pertinent authorities and weapon bearers, to help them ensure that detainees' treatment and living conditions complied with IHL and/or met internationally recognized standards.

Detainees maintained contact with relatives through the ICRC's family-links services. The ICRC, acting on behalf of families who had lodged tracing requests, sought information from the pertinent authorities and weapon bearers about people alleged to have been detained or captured; some 70 tracing cases were resolved and the families notified. At seven places of detention, phones lent by the ICRC enabled detainees to call their relatives; an estimated 5,600 phone calls were made. One foreign ex-detainee was repatriated with the ICRC's assistance.

The National Prisons Service (NPS) and the ICRC discussed how best to address systemic issues in prisons during the NPS's annual planning meeting and on other occasions. The ICRC promoted closer coordination between the NPS and the finance and interior ministries, and gave the NPS advice on securing the resources necessary to provide an uninterrupted supply of food in its prisons. A nutrition team and an engineer worked with the ICRC to monitor and support nutrition programmes and maintenance work at NPS prisons. At three round tables organized by the NPS and the ICRC, judicial and detaining authorities from three states in South Sudan drafted measures to ensure respect for detainees' judicial guarantees; application of these measures resulted in the release of some pretrial detainees from one prison. The ICRC helped improve record-keeping at three military prisons by donating registry books and training staff in managing the files on detainees.

Together with the WHO and other organizations, the ICRC persuaded the health ministry and the NPS to more systematically address the needs of mentally ill detainees: the ministry and other government ministries jointly drafted a plan of action to tackle the issue; in December, the NPS announced its decision to stop admitting to its prisons people who were mentally ill but were not being criminally prosecuted; at year's end, the interior ministry was yet to give its approval to the NPS's decision.

The NPS, the education ministry and the ICRC implemented a project to support education for juveniles at the Juba Reformatory School. A total of 65 young people attended classes taught by two teachers in classrooms built by the ICRC.

### **Detainees have health care and better living conditions**

Dialogue between the health and interior ministries and the ICRC, on the systematic inclusion of prison health care in the national health system, continued. The ICRC continued to advocate the inclusion of detainees in the national programme for vaccination against COVID-19; at year's end, vaccination campaigns, carried out by the health ministry and the WHO, took place at three prisons.

Detainees at the Juba Central Prison, and at two other prisons with high rates of malnutrition, attended health consultations at prison clinics supported by the ICRC. Detainees requiring advanced or specialized care were referred by the prison clinics to local health authorities, who facilitated their treatment at hospitals. A total of 2,736 detainees were given supplementary food to prevent or treat malnutrition. The ICRC gave the clinic at the Juba Central Prison material and technical support for containing an outbreak of chicken pox; other prison clinics benefited from ad hoc donations of laboratory equipment,

registry books, personal protective equipment (PPE), malaria testing kits, drugs for malaria and scabies, and vitamins for micronutrient deficiencies. Health staff attended ICRC training in managing malnutrition, TB, malaria and other diseases and illnesses; they were also given tools to manage detainees' medical records.

A total of 18,742 detainees at 21 places of detention received mosquito nets, sleeping mats, blankets, soap and other essentials from the ICRC. At seven civilian and two military prisons, some 4,800 detainees had access to clean water and functioning toilets and other facilities, as a result of the ICRC's water and sanitation projects. More detainees than planned benefited because of ad hoc donations of tools and materials to maintenance teams at three prisons.

### WOUNDED AND SICK

All ICRC-supported hospitals and physical rehabilitation centres implemented measures to contain the spread of COVID-19. The ICRC provided guidance and refresher training for staff, installed or repaired handwashing stations, and donated PPE and cleaning materials.

#### Wounded and sick people have access to suitable care

First responders – including community volunteers and weapon bearers – trained by the South Sudan Red Cross and the ICRC treated wounded civilians and fighters. Organizing first-aid training, particularly train-the-trainer courses, was beset by logistical and pandemic-related difficulties. Nevertheless, some 2,400 National Society staff, health workers, weapon bearers and community-based volunteers were trained in first aid.

The ICRC provided technical and other support for the Akobo County Hospital – which it ran, together with local health authorities – and for the Juba Military Hospital, where it ran a surgical ward. At the two hospitals, ICRC surgical teams performed a total of 2,634 surgical operations, including surgery on 521 wounded people (mostly gunshot victims) – of whom around 380 had been airlifted by the ICRC from sites of communal violence. When necessary, patients in recovery were given physiotherapy or referred to ICRC-supported physical rehabilitation centres (see below) for more comprehensive care. A total of 40,089 outpatient consultations took place at the Akobo County Hospital, which also provided treatment for victims/survivors of sexual violence, and for HIV/AIDS and TB in line with national programmes.

The ICRC gave the hospitals mentioned above medical supplies and equipment, and financial incentives for doctors, nurses, pharmacists, and other staff. Hospital staff were given comprehensive training, including in managing medical waste and in preventing and controlling infections; they were also briefed on matters covered by the Health Care in Danger initiative, such as their rights and responsibilities, and best practices in de-escalating tensions in health-care settings.

Around 250 wounded people, victims/survivors of sexual violence, and disabled people received mental-health and psychosocial support (see also *Civilians*).

The ICRC made repairs to wards and pharmacies and to electrical, water and sanitation systems at the two hospitals mentioned above (total capacity: 470 beds). Training from the ICRC enabled maintenance teams at the Juba Military Hospital and at a physical rehabilitation centre in Juba (capacity: 50 beds; see below) to expand their capacities.

#### Persons with disabilities receive rehabilitative care and support for social inclusion

The ICRC strove to make good-quality services more widely available to physically disabled people, and to lower barriers to these services. In cooperation with the Ministry of Gender, Child and Social Welfare, it provided comprehensive support for three physical rehabilitation centres – in Juba, Rumbek and Wau. Teams from the centres made 22 trips to remote communities to provide consultations and publicize the centres' services. Improvements to the roads leading to the centres encouraged more people to visit – for the first time, or to have their devices repaired or replaced; as a result, more people than envisaged sought and received services. Construction of a new physical rehabilitation centre in Wau, and support for the maintenance team at another centre (in Rumbek), was scheduled for 2022.

Around 4,600 people with disabilities<sup>1</sup> received rehabilitative care at the three ICRC-supported centres. The ICRC covered transportation, food and/or accommodation costs for 496 patients and 117 carers. In addition, around 100 disabled people from remote and violence-affected areas were airlifted by the ICRC to Juba, enabling them to visit the centre there; 18 people were referred for orthopaedic consultations and/or surgery at the Juba Military Hospital.

The three physical rehabilitation centres sustained their operations and improved their services with technical, financial and material support from the ICRC. The ICRC provided on-the-job training for prosthetists/orthotists, physiotherapists, technical assistants and social workers/counsellors, and for teams maintaining equipment and facilities. Four students on ICRC scholarships were studying prosthetics/orthotics or physiotherapy; they also received practical training at the ICRC-supported centres.

The ICRC and the Ministry of Gender, Child and Social Welfare held a few meetings about creating a national oversight board for the physical rehabilitation sector; however, no concrete progress had been made in this regard at year's end.

The ICRC sought to advance the social inclusion of persons with disabilities. Roughly 150 disabled people were referred to the ICRC's economic-security projects (see *Civilians*); those who received support in 2020 for starting small businesses were followed up and, when necessary, given additional cash or refresher training in business skills. Seven children with disabilities – patients at ICRC-supported physical rehabilitation centres – were given cash, school supplies and other support to ensure their continued attendance to school. Three wheelchair-basketball teams (around 100 people)

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

received training, and material and financial support, from the ICRC; they participated in a national tournament to mark the International Day of Persons with Disabilities. Owing to staffing and other constraints, activities to support amputee football were postponed to 2022.

### ACTORS OF INFLUENCE

The ICRC's dialogue with national and local authorities and weapon bearers from all sides, and its interaction with community leaders, enabled it, together with the South Sudan Red Cross, to assist violence-affected people, including those accessible to only a few other organizations. ICRC staff answered questions from community members during information sessions; people's views on the assistance given to them were collected and passed on to the ICRC teams concerned. Public communication – radio spots, social-media posts, online information campaigns, and news releases – enabled the ICRC to reach people with useful information about the services provided by the National Society and the ICRC, in particular those available for victims/survivors of sexual violence, missing people's families, persons with disabilities, and people traumatized by violence. Members of the media drew on ICRC news releases to broaden awareness of the humanitarian consequences of the violence in Jonglei, Central Equatoria and other areas; the issue of missing people; the goals of the Health Care initiative; and the help provided by the ICRC for victims of violence.

The ICRC gave the National Society material, technical and financial support for its public communication. Aided by the ICRC, the National Society's legal adviser briefed senior officials from the states of Bentiu, Jonglei and Unity on the National Society's activities and humanitarian role; the adviser also contributed to ICRC training sessions for judicial officials and academics.

### Weapon bearers, lawmakers and academics learn more about IHL and other norms

Roughly 800 military personnel and members of armed groups were trained in IHL, and around 300 law enforcement personnel, in human rights law. The training also covered certain key issues: the unlawfulness of sexual violence and of the recruitment of minors into fighting forces; the protection owed to health workers and facilities; the importance of managing human remains properly; and the necessity of facilitating safe access to basic services, including health care and education. Eight senior military officers took part in an advanced IHL workshop (see *International Law and Policy*); 21 others attended a workshop on the domestic

legal framework, and international standards, applicable to disarmament processes and law enforcement operations conducted by the military.

The ICRC kept up its dialogue with the ministries of justice and parliamentary affairs, and other pertinent government bodies, on the domestic implementation of IHL-related treaties most pertinent to the situation in South Sudan, for example, the African Union Convention on IDPs and the Arms Trade Treaty. However, such dialogue was limited because the newly formed Transitional National Legislative Assembly had not yet set up parliamentary committees for tackling these matters. The Bureau for Community Security and Small Arms Control prepared, with ICRC input, a draft national strategy for addressing the proliferation of small arms and light weapons in the country.

Students and lecturers from two universities held a round table to explore possibilities for stimulating interest in IHL research. Students from the two universities participated in a moot court competition organized by the ICRC; sponsored by the ICRC, the winning team went on to participate in a competition outside South Sudan.

### RED CROSS AND RED CRESCENT MOVEMENT

The South Sudan Red Cross met periodically with other National Societies working in the country, the International Federation and the ICRC to coordinate activities and to fine-tune contingency plans for emergencies. The ICRC provided advice on security management for Movement components working in the country. The National Society received various forms of support from the ICRC and other Movement components to develop its organizational capacities, particularly in these areas: recruiting and retaining volunteers; mobilizing and managing financial and other resources; and developing its organizational structure and capacities at its branches.

The National Society received capacity-building support in restoring family links; managing human remains; implementing water, sanitation and economic-security projects; training first responders in first aid; disseminating IHL and publicizing the Movement's activities; assisting victims/survivors of sexual violence; and conducting activities in volatile areas in line with the Safer Access Framework. The National Society distributed food parcels donated by the ICRC to some 30,000 people affected by floods. The ICRC provided the National Society with four-wheel-drive vehicles, bicycles and plastic canoes, enabling it to reach more communities in need of assistance.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		2,002	21		
RCMs distributed		800	4		
Phone calls facilitated between family members		46,068			
Names published in the media		280			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		25			
	<i>including people registered by another delegation</i>	6			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		753	187	127	117
	<i>including people for whom tracing requests were registered by another delegation</i>	216			
Tracing cases closed positively (subject located or fate established)		683			
	<i>including people for whom tracing requests were registered by another delegation</i>	270			
Tracing cases still being handled at the end of the reporting period (people)		5,384	1,679	592	678
	<i>including people for whom tracing requests were registered by another delegation</i>	2,644			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		56	23		18
UAMs/SC reunited with their families by the ICRC/National Society		10	6		
	<i>including UAMs/SC registered by another delegation</i>	5			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		190	72		29
<b>Documents</b>					
People to whom official documents were delivered across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		29			
Detainees in places of detention visited		7,102	303	438	
Visits carried out		125			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		79	4	1	7
	<i>of whom newly registered</i>	67	3	1	7
<b>RCMs and other means of family contact</b>					
RCMs collected		28			
RCMs distributed		7			
Phone calls made to families to inform them of the whereabouts of a detained relative		2			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		2			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	206,388	104,564	46,092
	<i>of whom IDPs</i>	141,378	73,554	33,334
Food production	People	571,356	193,708	198,964
	<i>of whom IDPs</i>	389,304	126,588	139,598
Income support	People	6,460	2,788	1,024
	<i>of whom IDPs</i>	2,984	1,100	744
Living conditions	People	278,285	110,762	92,606
	<i>of whom IDPs</i>	192,773	79,751	66,985
Capacity-building	People	167	19	14
	<i>of whom IDPs</i>	110	14	11
<b>Water and habitat</b>				
Water and habitat activities	People	337,154	101,031	134,902
	<i>of whom IDPs</i>	43,936	13,181	17,574
<b>Primary health care</b>				
Health centres supported	Structures	22		
	<i>of which health centres supported regularly</i>	22		
Average catchment population		554,570		
<b>Services at health centres supported regularly</b>				
Consultations		399,001		
	<i>of which curative</i>	353,222	116,735	155,826
	<i>of which antenatal</i>	45,779		

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
Vaccines provided	Doses	153,689		
	<i>of which polio vaccines for children under 5 years of age</i>	81,839		
Referrals to a second level of care	Patients	6,760		
	<i>of whom gynaecological/obstetric cases</i>	687		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		1,859		
People who attended information sessions on mental health		63,325		
People trained in mental-health care and psychosocial support		341		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	2,736	159	358
Living conditions	People	18,742	880	1,002
Capacity-building	People	30		3
<b>Water and habitat</b>				
Water and habitat activities	People	4,745	48	
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	521	40	28
	Non-weapon-wound admissions	364		
	Operations performed	2,634		
Medical (non-surgical) admissions		467	*	*
Gynaecological/obstetric admissions		1,243	*	*
Consultations		40,089		
Patients whose hospital treatment was paid for by the ICRC		464		
<b>First aid</b>				
First-aid training				
	Sessions	129		
	Participants (aggregated monthly data)	2,458		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	520		
<b>Physical rehabilitation</b>				
Projects supported		4		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	4,571	1,094	364
	<i>of whom victims of mines or explosive remnants of war</i>	*		
Prostheses delivered	Units	484		
Orthoses delivered	Units	291		
Physiotherapy sessions		9,133		
Walking aids delivered	Units	2,839		
Wheelchairs or postural support devices delivered	Units	284		
Referrals to social integration projects		306		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		256		
People who attended information sessions on mental health		422		

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

# SUDAN

The ICRC has been present in Sudan since 1978 to address the consequences of armed conflict. While pursuing dialogue with the authorities on increasing its direct access to violence-affected people, it focuses on activities aiming to: promote respect for IHL; help communities build their resilience to the effects of violence; bolster health care and physical rehabilitation services; re-establish links between separated family members; and seek information on the fate of persons allegedly detained in connection with conflict. The ICRC works with and supports the Sudanese Red Crescent.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2021

- People affected by intensified violence met their need for water and other essentials with ICRC assistance. The ICRC increased its support to help them grow crops or run businesses, so they could have a reliable source of food or income.
- Some ICRC activities were hampered by the political and security situation, or other constraints. This particularly affected efforts to improve people’s living conditions, as supply chains for the necessary materials were disrupted.
- Children, pregnant women, people injured during clashes or protests, physically disabled people and other IDPs, refugees and residents obtained treatment at health facilities supported by the ICRC.
- Ethiopian refugees in camps and transit centres in eastern Sudan contacted their relatives through the Movement’s family-links services; over 20,000 phone calls were facilitated to enable them to reach their relatives in Ethiopia.
- Discussions with the pertinent authorities resulted in the ICRC being granted access to several places of detention, where it delivered family-links services, upgraded essential facilities, and helped check the spread of COVID-19.
- Aided by the ICRC, the Sudanese Red Crescent provided humanitarian assistance to communities affected by intensified violence, people injured during protests, and refugees.

## EXPENDITURE IN KCHF

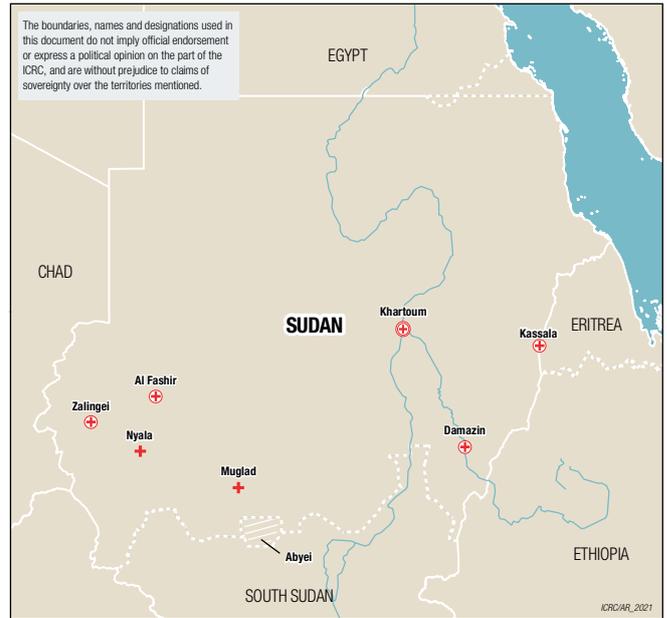
Protection	2,360
Assistance	19,499
Prevention	1,356
Cooperation with National Societies	1,693
General	171
<b>Total</b>	<b>25,080</b>
<i>Of which: Overheads</i>	<i>1,531</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	69%
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## PERSONNEL

Mobile staff	41
Resident staff (daily workers not included)	343



## PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	346
RCMs distributed	291
Phone calls facilitated between family members	36,897
Tracing cases closed positively (subject located or fate established)	142
People reunited with their families	7
<i>of whom unaccompanied minors/separated children</i>	<i>7</i>

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	9
Detainees in places of detention visited	1,480
Visits carried out	14
<b>Restoring family links</b>	
RCMs collected	56
Phone calls made to families to inform them of the whereabouts of a detained relative	44

## ASSISTANCE CIVILIANS

	2021 Targets (up to)	Achieved
<b>Economic security</b>		
Food consumption <sup>1</sup>	People 1,800	
Food production	People 339,000	384,908
Income support	People 32,250	41,602
Living conditions	People 210,000	135,634
Capacity-building	People 292	154

## Water and habitat

Water and habitat activities	People	335,580	341,500
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## Health

Health centres supported	Structures	8	9
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## PEOPLE DEPRIVED OF THEIR FREEDOM

	2021 Targets (up to)	Achieved
<b>Water and habitat</b>		
Water and habitat activities	People 1,600	1,650

## WOUNDED AND SICK

<b>Medical care</b>		
Hospitals supported	Structures 8	20
<b>Physical rehabilitation</b>		
Projects supported	Projects 10	11

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 ethnic tensions, and political turmoil, led to an increase in violence in various areas of Sudan, particularly in the Darfur region and in the east. Communal violence, though episodic, took place in the states of Blue Nile and South Kordofan. In the Jebel Mara area of Darfur, government forces continued to clash with armed groups not party to a peace agreement signed in 2020 by Sudan's transitional government and a coalition of the main opposition forces in Darfur, Blue Nile and South Kordofan.

The transitional government – composed of civilian and military representatives and established in 2019 after the previous administration was ousted – was dissolved in October. Efforts were made to form a new government. In Khartoum and other major cities, there were protests, sometimes violent, over political and socio-economic issues, including shortages of basic goods and high inflation.

The increase in violence in Sudan displaced tens of thousands of people. People in some areas were able to return home; however, more than 2 million people remained displaced at the end of the year, according to IOM estimates, because of violence within the country. IDPs, returnees and residents struggled to meet basic needs and obtain essential services: the violence disrupted their harvests and livelihoods, and water facilities and health centres were unable to meet the needs of residents and displaced people. Heavy floods destroyed homes and crops, and contaminated water sources. On top of this, the COVID-19 pandemic continued to strain local health systems.

Sudan continued to host around 1 million refugees from South Sudan and other nearby countries. Fighting in the Tigray and Benishangul-Gumuz regions of Ethiopia caused tens of thousands of people to flee to eastern Sudan (see *Ethiopia*).

Many IDPs, refugees and detainees lost contact with their families and were unable to reconnect with them.

## ICRC ACTION AND RESULTS

The ICRC scaled up its activities<sup>2</sup> in response to the increase in violence in Darfur and eastern Sudan, and the arrival of tens of thousands of Ethiopian refugees in the country. In particular, it expanded its emergency assistance and livelihood support for violence-affected communities, and helped Ethiopian refugees to reconnect with their families and obtain health care. It opened sub-delegations in Damazin (in Blue Nile State) and Kassala (in Kassala State), in order to respond more quickly to the needs in those areas. The ICRC worked with the Sudanese Red Crescent to deliver assistance to people in need throughout the country.

The ICRC continued to develop its dialogue with authorities and weapon bearers on its neutral, impartial and independent humanitarian work, in order to foster acceptance for its activities and broaden its access to people in need. It also sought to raise the concerns of violence-affected people and migrants, including refugees, with the pertinent parties. It explained its detention-related activities to the authorities, with a view to securing permission to visit detainees in accordance with its

standard procedures; as a result of these discussions, the ICRC was granted access to visit several places of detention, where it delivered family-links services, upgraded infrastructure, and helped to prevent the spread of COVID-19.

The ICRC helped people affected by intensified violence to meet their urgent needs. It gave them essential items or cash grants for covering necessary expenses; donated supplies and equipment to local water authorities for maintaining or increasing the supply of clean water; and extended support to more hospitals than planned, to help them treat people wounded during clashes or protests. At the same time, the ICRC gave communities increased support for growing crops or raising livestock, to enable them to have a reliable source of food or income and recover a degree of self-sufficiency.

IDPs, refugees and violence-affected residents obtained primary health care and physical rehabilitation at health facilities that received material, technical and/or infrastructural support from the ICRC. The ICRC helped strengthen emergency care for wounded people and Ethiopian refugees in eastern Sudan by providing comprehensive assistance for the Kassala Teaching Hospital. It also helped community members and health facilities reinforce their efforts against COVID-19 by giving them personal protective equipment (PPE), hygiene items and/or training in preventive measures.

Members of families separated by violence, migration or other circumstances contacted each other through the Movement's family-links services. These services were particularly valuable for Ethiopian refugees, who struggled to get in touch with their families.

Some of the ICRC's planned activities could not be realized, because of the political and security situation, the pandemic and/or staffing, administrative or logistical constraints. In particular, fewer people than planned were given assistance for improving their living conditions, as the political and security situation disrupted supply chains for the necessary materials.

In coordination with other Movement components in Sudan, the ICRC gave the National Society support to strengthen its response to violent protests and other situations of violence, and to reform its governance.

## CIVILIANS

### Community members discuss their concerns with the ICRC

The ICRC monitored the situation of people affected by armed violence in Sudan, and the plight of migrants, including Ethiopian refugees. It endeavoured to raise their protection-related concerns with the pertinent parties and to address their needs, focusing on those most at risk, such as people in remote areas. Projects to help violence-affected people develop community-based means of self-protection were in progress at year's end. The ICRC also provided communities with potentially useful information: for example, it put up banners during aid distributions to inform people of basic measures against COVID-19, and publicized family-links services among Ethiopian refugees through leaflets in Tigrinya.

2. For more information, please see the latest [budget extension appeal](#) on the [ICRC Extranet for Donors](#).

### **Violence-affected people meet their immediate needs**

The ICRC gave around 135,600 people (22,600 households) cash or essential items (e.g. sleeping mats, mosquito nets, hygiene kits) to help them cover their basic needs and improve their living conditions. This benefited IDPs, returnees, flood-affected households, and institutions helping vulnerable people: a COVID-19 isolation centre, an orphanage in Khartoum, and an organization assisting physically disabled people. Fewer people than planned benefited from this assistance, as supply chains for the necessary materials were disrupted by the political and security situation.

### **People recover some measure of self-sufficiency with increased ICRC support**

Aided by the ICRC, around 44,100 returnee or resident households (264,500 people) grew crops for food or money. They received seed, tools and food, so that they would not have to consume planting seed, or cash or vouchers for buying them. To broaden the availability of good-quality seed in local markets, the ICRC provided the agriculture ministry and an agricultural research centre in Nyala with support for implementing seed-multiplication projects. It gave them solar-powered pumps for irrigation, and financial assistance for buying agricultural supplies, training staff members and repairing local facilities. Some households who received support from them in 2020 harvested and packaged their seed for sale, while other farmers were given training and supplies to begin producing seed. Approximately 1 million heads of livestock belonging to some 20,100 households (120,400 people) were protected against common diseases as a result of vaccination and treatment campaigns carried out by veterinary technicians and nurses trained and equipped by the animal resources ministry and the ICRC.

The ICRC helped local service providers to develop their capacities to provide livelihood support for farmers and herders. The animal resources and agriculture ministries trained around 150 veterinary workers and agriculture ministry staff, with technical and other support from the ICRC. The political and security situation towards the end of the year made it difficult to organize other training sessions, which were postponed to 2022. Veterinary clinics in remote areas benefited from supplies (e.g. syringes, surgical equipment, solar-powered refrigerators for storing vaccines) and/or infrastructural support from the ICRC, or from the animal resources ministry with the ICRC's financial assistance.

With ICRC support, vulnerable breadwinners started or bolstered their small businesses so they could increase their income. Around 400 households in Darfur headed by disabled people (supporting 2,600 people) were given cash grants for farming, or to start and/or maintain handicrafts and other businesses. Some 6,500 breadwinners (supporting 39,000 people) were given cash grants, supplies and/or training for raising livestock, making cheese or pursuing other livelihoods.

### **IDPs, refugees and violence-affected residents have better access to health care and clean water**

IDPs, Ethiopian refugees and violence-affected residents obtained medical care at nine ICRC-supported primary-health-care centres. The centres received medical supplies,

hygiene items, and/or solar-powered refrigerators for storing vaccines, and their staff were given training and incentives. This helped them provide antenatal/postnatal and reproductive-health care; treatment for malaria and other prevalent diseases; outreach services to vaccinate children; and emergency trauma care. The ICRC also provided these centres with PPE and disinfectants, and trained staff in measures against COVID-19. During ICRC information sessions, community members learnt more about the health services available to them, the importance of obtaining such services, and measures to prevent COVID-19. Plans to facilitate referrals to higher care for women and children were hampered by logistical challenges; these were planned to be addressed in 2022.

Around 332,500 people had better access to clean water, and protected themselves against water-borne diseases, thanks to ICRC assistance. The ICRC renovated, built or installed water mains, chlorination systems and other water infrastructure, and repaired rainwater-harvesting facilities that had been damaged by heavy floods in 2020. It also donated chemicals to a water-treatment plant in Kassala. In response to urgent needs, it provided a water-treatment plant in Gedaref with chemicals so that flood-affected communities would have access to clean water, and gave a water station in North Darfur an electric generator to enable it to cope with influxes of returnees; these activities benefited around 9,000 people. Repairs carried out by the ICRC helped improve the supply of water and/or electricity at four primary-health-care facilities and two hospitals.

With expert assistance from the ICRC, water authorities in Blue Nile developed a plan to ensure a sustainable supply of water for violence-affected residents and Ethiopian refugees. ICRC training enabled Sudanese Red Crescent volunteers to develop their skills in water chlorination and hygiene promotion.

### **Members of dispersed families reconnect across national borders**

Members of families separated by violence, migration or other circumstances contacted one another through family-links services, such as RCMs and phone calls, provided by the Sudanese Red Crescent and the ICRC. These services were offered to Ethiopian refugees at camps and transit centres in Gedaref and Kassala, so that they could get in touch with relatives in Tigray or elsewhere: over 20,000 phone calls were facilitated and around 700 tracing requests were collected in these areas. The fate and whereabouts of 142 people were ascertained and communicated to their relatives. Unaccompanied minors, and other vulnerable people, were registered and their situation monitored, in order to mitigate risks to their safety; seven minors were reunited with their parents in other countries.

The ICRC gave forensic workers technical assistance for ensuring that human remains were treated in a safe and dignified manner, for the humanitarian purpose of facilitating their identification and return to their families. Other planned activities to this end could not be carried out, owing to staffing constraints and the political situation.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### The ICRC continues to visit places of detention

The ICRC sought to expand its activities for detainees in Sudan, building on the support it gave places of detention in 2020 for dealing with COVID-19. It strove to develop its dialogue with detaining authorities on its detention-related activities and working methods, with a view to securing permission to visit detainees in accordance with its standard procedures. As a result of these discussions, the ICRC was granted access to nine places of detention under the interior ministry, in order to help detainees contact their families, renovate basic infrastructure and prevent the spread of COVID-19. It also continued to seek access to other detainees within its purview.

Detainees got in touch with their families through RCMs, phone calls or short oral messages conveyed by ICRC delegates. The ICRC also submitted allegations of arrest to the authorities, and relayed the information it received to the families concerned. At the request of the parties involved, the ICRC acted as a neutral intermediary in the release of one person formerly held by an armed group, and reunited them with their family; it also covered the released detainee's medical expenses.

Around 1,650 detainees had better living conditions after the ICRC repaired or upgraded water, ventilation and/or sanitation systems at several prisons, or gave prison staff tools and supplies for maintaining them. The ICRC also continued to provide detainees and prison staff with soap to protect themselves against COVID-19.

## WOUNDED AND SICK

### Persons with disabilities benefit from rehabilitative services

Around 5,900 physically disabled people<sup>3</sup> obtained rehabilitative care (e.g. provision of assistive devices, physiotherapy) at discounted rates or free of charge at nine ICRC-supported facilities: eight centres run by the National Authority for Prosthetics and Orthotics (NAPO), and the Khartoum Cheshire Home. The ICRC's support included components and raw materials for making assistive devices, equipment, and technical support for providing services in line with best practices. To facilitate access to these services, the ICRC referred around 60 destitute people from Darfur to the rehabilitation centre in Nyala and covered their expenses for food, accommodation and/or transport. Two Ethiopian refugees at a transit centre and around ten detainees at several prisons were given assistive devices and other services during ICRC visits. Fewer detainees than planned were assisted, as access to provide these services was limited; the ICRC continued to build its dialogue with the pertinent authorities in order to obtain the necessary access (see *People deprived of their freedom*). Aided by the ICRC, NAPO's mobile workshop reached around 150 people in remote areas.

The ICRC continued to help build local capacities in physical rehabilitation, with a view to ensuring the sustainability of good-quality services in Sudan. The ICRC sought to enable NAPO to provide wheelchair services at its centres; to that end, it gave NAPO wheelchairs and, together with a training

institute, organized certification courses for NAPO staff. It also gave NAPO expert advice for improving its services and strengthening its managerial capabilities. NAPO and Al Neelain University in Khartoum continued to offer a joint training programme in prosthetics and orthotics, with technical and material support from the ICRC. A NAPO staff member continued to study prosthetics and orthotics online, on an ICRC scholarship.

The ICRC worked with the Disability Challengers Organization (DCO) to advance, through wheelchair basketball, the social inclusion of people with physical disabilities. It provided the DCO with sports wheelchairs, and with technical and financial support, for conducting train-the-trainer sessions for coaches, equipping new teams from Darfur and Blue Nile, and organizing a tournament to mark the International Day of Persons with Disabilities. The ICRC also referred disabled people in Darfur for livelihood assistance, to enable them to support themselves and their families (see *Civilians*).

### Hospitals strengthen their capacities in emergency care

The ICRC began assisting the Kassala Teaching Hospital in developing its emergency-response capacities; the hospital treated people injured or wounded during social unrest and communal violence, and Ethiopian refugees. The ICRC had intended to provide support on a regular basis, but staffing and administrative constraints delayed its plans. Instead, the ICRC gave the hospital ad hoc support: donations of medical supplies (including PPE); training and on-the-job mentoring for staff and administrators in managing patients and ensuring adherence to good hygiene, in order to prevent the spread of COVID-19 and other infectious diseases; and repairs to the emergency room and installation of handwashing facilities. Through ICRC briefings or information sessions, hospital staff learnt more about their rights and duties, and how they should record incidents of violence against health services so that they can be brought to the attention of the pertinent parties.

More hospitals than planned were supported by the ICRC, because of the large number of casualties caused by situations of violence or protests. Nineteen hospitals were given medical supplies and equipment – wound-dressing kits, surgical equipment and PPE – for treating wounded people.

## ACTORS OF INFLUENCE

Whenever possible, the ICRC endeavoured to advance understanding of its neutral, impartial and independent humanitarian work among authorities, weapon bearers, community leaders, violence-affected people, journalists and the general public, in order to foster acceptance for its activities and expand its access to violence-affected people and detainees. It discussed its mission and activities, the emblems protected under IHL and the Movement's Fundamental Principles during meetings, dissemination sessions or other events – such as IHL training sessions (see below) – and published informational materials and content for social media on these subjects. The Sudanese Red Crescent conducted its own public-communication initiatives to raise awareness of its activities and of IHL, with technical and other support from the ICRC.

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

### **Weapon bearers, authorities and academics add to their knowledge of IHL**

On the basis of agreements with the Sudanese armed forces and the interior ministry, which were renewed in 2020, the ICRC helped military and security forces personnel to build their knowledge of IHL and other norms applicable to their duties. It held training sessions and distributed informational materials on IHL, for military and security forces personnel and members of the armed groups that signed the 2020 peace agreement; and on international policing standards and international human rights law, for police officers.

Government authorities and academics strengthened their grasp of IHL, at various events organized by the ICRC, with a view to advancing domestic implementation of its provisions. Judicial officials learnt more about IHL at ICRC training sessions. At an ICRC round table, academics, military officers and justice ministry officials discussed how to strengthen protection for health services. This topic was also tackled by law students in an essay contest organized by the ICRC.

The ICRC sought to engage authorities in dialogue on the ratification and/or domestic implementation of IHL-related treaties. Its advocacy, in previous years, was instrumental in Sudan ratifying the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and acceding to the Convention on Enforced Disappearance, in August. However, pandemic-related restrictions and administrative constraints hampered further discussion of this subject and implementation of other planned activities.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The Sudanese Red Crescent, with support from the ICRC, provided humanitarian assistance to communities affected by intensified violence, people injured during protests and refugees from neighbouring countries. Training – including train-the-trainer sessions – on-the-job mentoring, and

expert guidance from the ICRC helped National Society staff and volunteers to develop their capacities in restoring family links; emergency preparedness and response, including first aid; implementation of economic-security projects; financial management; public communication; and application of the Safer Access Framework. The National Society also received material support – including first-aid kits, stretchers, office equipment and furniture, and jackets with the red crescent emblem – and financial assistance for covering salaries and incentives for staff, running costs for offices, and expenses involved in maintaining or repairing vehicles, particularly ambulances. In particular, training and other support from the ICRC helped the National Society bolster its emergency services for people injured during protests.

The National Society continued to reform its governance, as required in 2020 by the transitional government, with support from the ICRC and other Movement components in the country. Newly appointed managers and other staff learnt about the Movement through courses conducted with the ICRC's support. The ICRC participated in various working groups established by the National Society: it provided expert guidance for carrying out reforms, particularly with regard to managing resources and volunteers. It continued to make its expertise available to the National Society for drafting a new Sudanese Red Crescent Law.

Movement components in the country met regularly to share updates and coordinate their activities – particularly their response to the needs of Ethiopian refugees, flood-affected communities and people in areas affected by violence or civil unrest – and their support for the reforms undertaken by the National Society. The ICRC continued to provide information on security management to other Movement components. All parties involved continued to discuss the drafting of a Movement coordination agreement.

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	346			
RCMs distributed	291			
Phone calls facilitated between family members	36,897			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	7			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	1,135	348	140	108
<i>including people for whom tracing requests were registered by another delegation</i>	160			
Tracing cases closed positively (subject located or fate established)	142			
<i>including people for whom tracing requests were registered by another delegation</i>	60			
Tracing cases still being handled at the end of the reporting period (people)	2,189	583	268	280
<i>including people for whom tracing requests were registered by another delegation</i>	420			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	57	11		
UAMs/SC reunited with their families by the ICRC/National Society	7	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	145	58		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	9			
Detainees in places of detention visited	1,480	50	66	
Visits carried out	14			
<b>RCMs and other means of family contact</b>				
RCMs collected	56			
Phone calls made to families to inform them of the whereabouts of a detained relative	44			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption <sup>4</sup>	People			
Food production	People	384,908	81,970	230,948
	<i>of whom IDPs</i>	62,110	13,452	37,266
Income support	People	41,602	8,750	24,937
	<i>of whom IDPs</i>	6,000	1,260	3,600
Living conditions	People	135,634	29,296	81,419
	<i>of whom IDPs</i>	91,742	19,398	55,043
Capacity-building	People	154	35	
<b>Water and habitat</b>				
Water and habitat activities	People	341,500	170,777	102,490
	<i>of whom IDPs</i>	68,410	34,205	20,523
<b>Primary health care</b>				
Health centres supported	Structures	9		
	<i>of which health centres supported regularly</i>	3		
Average catchment population		64,916		
<b>Services at health centres supported regularly</b>				
Consultations		35,957		
	<i>of which curative</i>	33,108	12,636	14,071
	<i>of which antenatal</i>	2,849		
Vaccines provided	Doses	5,608		
	<i>of which polio vaccines for children under 5 years of age</i>	584		
Referrals to a second level of care	Patients	66		
	<i>of whom gynaecological/obstetric cases</i>	21		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Water and habitat</b>				
Water and habitat activities	People	1,650	33	17
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	20		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,974		
Weapon-wound admissions (surgical and non-surgical admissions)		906		
Weapon-wound surgeries performed		406		
<b>Physical rehabilitation</b>				
Projects supported		11		
	<i>of which physical rehabilitation projects supported regularly</i>	9		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	5,938	1,005	2,276
	<i>of whom victims of mines or explosive remnants of war</i>	*		
Prostheses delivered	Units	1,411		
Orthoses delivered	Units	2,021		
Physiotherapy sessions		2,706		
Walking aids delivered	Units	276		
Wheelchairs or postural support devices delivered	Units	*		
Referrals to social integration projects		177		

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

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

## TUNIS (regional)

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

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

### KEY RESULTS/CONSTRAINTS IN 2021

- Migrants in transit or quarantine centres made thousands of calls to their families using phone sites in coastal cities or phone credit set up or provided by the ICRC. Shipwrecked migrants were also offered family-links services.
- Tunisian Red Crescent volunteers and other first responders, and forensic staff used ICRC-provided equipment and training to respond to 43 maritime accidents and other emergencies, and protect themselves from COVID-19.
- Six technicians completed their ICRC-sponsored training and started working at an ICRC-supported centre, which enabled the centre to offer free physical rehabilitation services to more Sahrawi refugees.
- Detainees had improved living conditions and access to health care after the ICRC renovated a water system for one prison and cells and outdoor areas at three other prisons, and donated medical supplies to prison clinics.
- The ICRC trained 16 military instructors to teach IHL; some were able to begin conducting IHL courses before the end of the year.

### EXPENDITURE IN KCHF

Protection	2,370
Assistance	1,498
Prevention	567
Cooperation with National Societies	61
General	133
<b>Total</b>	<b>4,628</b>
<i>Of which: Overheads</i>	282

### IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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### PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	43



ICRC regional delegation + ICRC presence

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	85
RCMs distributed	216
Phone calls facilitated between family members	9,808
Tracing cases closed positively (subject located or fate established)	91
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	19
Detainees in places of detention visited	18,903
<i>of whom visited and monitored individually</i>	273
Visits carried out	62
<b>Restoring family links</b>	
RCMs collected	194
RCMs distributed	29
Phone calls made to families to inform them of the whereabouts of a detained relative	15

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Income support	People	17	
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Living conditions	People	100	
<b>Water and habitat</b>			
Water and habitat activities	People	3,000	2,700
<b>WOUNDED AND SICK</b>			
<b>Physical rehabilitation</b>			
Projects supported	Projects	4	4

## CONTEXT

Government forces launched operations against armed groups in north-western Tunisia. People were arrested and detained under anti-terrorism legislation, or for their alleged involvement in fighting in other countries. A number of Tunisians, including women and children, were detained in conflict-affected countries or returned to Tunisia from these countries (see *Libya* or *Syrian Arab Republic*). People protested the political deadlock between the legislative and executive branches, the government's response to the outbreak of COVID-19, and the state of the economy. There were reports of violence and arrests during these protests.

Tunisians and migrants passing through Tunisia took dangerous sea routes to reach Europe. Many of them died when their boats capsized or were shipwrecked on the Tunisian coast.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front; the mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended to October 2022. Tens of thousands of Sahrawi refugees were living in refugee camps in the Tindouf province of Algeria – for instance, in the Rabouni camp – and at risk from mines or explosive remnants of war (ERW).

## ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of vulnerable people in Tunisia – such as migrants and Tunisians returning from conflict-affected countries – and counsel the authorities and embassies concerned on suitable responses to these people's needs and concerns. Some Tunisian families were helped to register children born outside Tunisia, and given financial assistance.

Members of families separated by armed conflict, migration or other circumstances reconnected through family-links services offered by the ICRC and ICRC-trained Tunisian Red Crescent volunteers. Survivors of 43 maritime accidents were offered family-links services; migrants rescued after shipwrecks, in transit or quarantine centres and recent returnees made thousands of calls to their families using phone sites set up by the ICRC in coastal cities or phone credit from the ICRC. The ICRC continued to give the Tunisian authorities support for developing forensic capacities: it gave them specialized training, and expert assistance in standardizing guidelines for handling human remains. It also worked closely together with Ivorian and Tunisian authorities to transport, to Tunisia, DNA samples taken from families in Côte d'Ivoire for comparison with samples taken from the remains of deceased migrants (see *Abidjan*). Health authorities, forensic staff and first responders were given personal protective equipment (PPE), to protect themselves against COVID-19 while responding to emergencies.

Sahrawi refugees, including mine victims, regained mobility through physical rehabilitation and/or assistive devices provided free of charge by an ICRC-supported centre at the Rabouni hospital near Tindouf. More patients were treated than in past years, because six technicians, having finished their ICRC-funded training, started working at the centre, and

because the ICRC was able to assign an ICRC physiotherapist there. The ICRC helped the Sahrawi Mine Action Coordination Office (SMACO) to alert Sahrawi refugees to the dangers of mines/ERW.

The ICRC visited, in accordance with its standard procedures, detainees held by the interior and justice ministries at 19 places of detention. Some people received particular attention: security detainees; people in solitary confinement and/or in temporary detention; people who had returned to Tunisia from other countries; people held in connection with protests; women; and children. The ICRC advised the authorities on means to broaden the availability of health care and maintain prison infrastructure, in part to check the spread of COVID-19 and other contagious diseases; it also provided training for prison staff. It supplied medicines to three prison clinics, upgraded infrastructure at four prisons, and donated mattresses, books and board games to detainees.

The ICRC continued to give the authorities expert advice for implementing IHL, revising the penal code, and updating legislation pertinent to missing people and their families, and to assist the Tunisian military and security forces' efforts to integrate IHL and other pertinent norms more fully into their operational decision-making, doctrine and training. Military personnel, academics and other actors of influence learnt about the Movement's neutral, impartial and independent humanitarian action via briefings and other means. The ICRC organized several events, and produced communication materials, to draw attention to the plight of missing people's families, migrants and disabled people.

Several of the ICRC's activities – training for forensic professionals, detention staff, influential figures in Sahrawi mine action, and people involved in physical rehabilitation; Movement coordination meetings; and several events for actors of influence – did not take place as planned or were postponed to 2022, because of pandemic-related restrictions.

## CIVILIANS

The ICRC continued to monitor the situation of vulnerable people in Tunisia – such as migrants and Tunisians returning from conflict-affected countries – and counsel the authorities and embassies concerned on suitable responses to these people's needs and concerns. Tunisian parents were referred to the authorities and NGOs offering legal assistance, to register their children who were born outside Tunisia as Tunisian citizens. The ICRC gave households of 17 particularly vulnerable children cash to cover their immediate needs and to facilitate their reintegration into Tunisian society.

### Tunisians and migrants contact their families abroad

Members of families separated by armed conflict, migration or other circumstances reconnected through the Movement's family-links services. Families exchanged RCMs with relatives in conflict-affected countries such as Libya and Syria, or with relatives detained in Tunisia. The ICRC worked with the authorities to help a few Tunisians obtain the documents they needed to visit relatives resettled in third countries after their release from the US detention facility at the Guantanamo Bay

Naval Station in Cuba. When an ex-Guantanamo detainee died, a death certificate was sent to his family in Tunisia.

ICRC-trained Tunisian Red Crescent volunteers provided basic care for survivors of 43 maritime accidents and referred some of them for psychosocial or other care; they were also offered family-links services. Migrants in transit or quarantine centres made thousands of calls to their families using phone sites set up by the ICRC in coastal cities or phone credit from the ICRC.

The ICRC continued to monitor developments in the search for people who went missing during the 1975–1991 Western Sahara conflict. In Tunisia, it resolved 91 missing-persons cases, many of which were opened by families elsewhere whose relatives had died in maritime accidents in Tunisian waters (see, for example, *Abidjan* and *Dakar*). It continued to give the authorities advice for updating legislation pertinent to missing people and their families. The general public learnt more about the plight of missing people's families from a video posted online by the ICRC, to mark the International Day of the Disappeared. The local communities of migrants from Cameroon, Côte d'Ivoire and Guinea were given cash for ceremonies to commemorate their deceased shipmates.

### **Tunisian forensic experts are helped to identify the remains of migrants who died at sea**

The authorities endeavoured to enhance national capacities in managing and identifying human remains. The ICRC shared draft guidelines for dealing with deaths at sea. Standardized guidelines for handling human remains – drafted by the authorities in 2019 with the ICRC's help – are being implemented at the national level.

Tunisian forensic experts, National Society volunteers and health ministry officials attended ICRC workshops on managing human remains, particularly within the context of the pandemic and maritime accidents. Four forensic experts attended an advanced course online in laboratory management. Over a thousand sets of PPE and some three hundred body bags were donated to health and forensic authorities in coastal areas – Gabès, Sfax and Zarzis – and, to a lesser extent, border-police and coast-guard personnel. The ICRC helped forensic authorities in the city of Sfax to cope with an unexpectedly large number of deceased by improving the insulation of their cold-storage units, and by partially covering the costs of burying the remains of several score migrants.

Aided by the Tunisian Red Crescent in four regions, the ICRC collected information from the sites of maritime accidents and interviewed surviving migrants. Based on this information, the ICRC and the authorities concerned took steps to contribute to identifying the dead migrants: for example, the ICRC compiled collections of personal effects that relatives and acquaintances of missing migrants could go through and perhaps identify. The ICRC worked closely with Ivorian and Tunisian authorities to transport, to Tunisia, DNA samples taken from families in Côte d'Ivoire for comparison with samples taken from the remains of deceased migrants (see *Abidjan*). It also followed the progress of clarifying the fate of missing Bangladeshi and Moroccan migrants, with the respective consular services in Tunisia.

### **Communities are alerted to the dangers of mines/ERW**

The ICRC trained SMACO staff in alerting people to the dangers of mines/ERW, and gave a local association of mine victims IT equipment to create an electronic database of mine/ERW incidents and produce materials on mine-risk awareness. About 1,500 flyers and pamphlets were printed and handed out to Sahrawi refugees, and around 900 young people were briefed by ICRC-trained mine-action personnel.

SMACO staff were not able to attend training outside Tunisia because of the pandemic and other reasons.

### **PEOPLE DEPRIVED OF THEIR FREEDOM Detainees benefit from improved treatment and family contact**

The ICRC visited, in accordance with its standard procedures, detainees held by the interior and justice ministries at 19 places of detention. Particularly close attention was paid to security detainees; people in solitary confinement and/or in temporary detention; people who had returned to Tunisia from other countries; people held in connection with protests; women; and children. Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. The ICRC raised a number of issues with authorities, such as availability of legal counsel; family visits for detainees; and overcrowding.

Detainees, notably foreigners and returnees, phoned their families or sent RCMs or short oral messages that were collected and relayed from one party to the other by the ICRC.

### **Detainees have more sanitary living conditions**

The ICRC advised the authorities in broadening the availability of health care and maintaining prison infrastructure, in part to check the spread of COVID-19 and other contagious diseases. It shared its expertise in these areas and organized several workshops for prison staff; it also gave the authorities advice for managing COVID-19 outbreaks at numerous prisons. Several planned training activities were postponed to 2022, because of the pandemic.

The ICRC provided support directly to staff at several overcrowded prisons. It donated medical supplies to clinics at three prisons. A total of 2,700 detainees at four prisons benefited from ICRC-supported infrastructural upgrades, notably: renovation of the water system that helped ensure a reliable supply of water for detainees, particularly when the weather turned hot; renovation of outdoor areas and a number of cells; and reapplication of waterproofing. The ICRC donated mattresses, books and board games to several prisons.

### **WOUNDED AND SICK**

#### **Sahrawi mine victims and other persons with disabilities regain some mobility**

Around 770 Sahrawi refugees,<sup>1</sup> including mine victims, obtained physical rehabilitation and/or assistive devices free of charge at an ICRC-supported centre in the Rabouni hospital,

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

near Tindouf, despite the centre having to close for pandemic-related reasons from April to May. The ICRC covered travel costs for 187 patients who were destitute or from faraway camps. The ICRC and the centre's staff made seven outreach visits to refugee camps, to provide basic care and identify potential patients. More people were treated in 2021 than in previous years, partly because the centre had more qualified personnel; an ICRC physiotherapist and six technicians who, having completed ICRC-sponsored training, had started working at the centre.

Health officials and the ICRC continued to discuss how to ensure the sustainability of physical rehabilitation services in the area. They agreed that uninterrupted provision of training would be a step in that direction. Despite pandemic-related restrictions, the ICRC and health officials were able to organize a second year of training for ten physiotherapy students, and a workshop – conducted by a Spanish physical rehabilitation expert – for health staff.

The ICRC helped organize events to draw attention to the plight of disabled people and advance their social inclusion. It gave health officials and a local organization financial support to organize basketball and volleyball tournaments for disabled athletes and an event, for 100 disabled children, to mark the International Day of Persons with Disabilities. The ICRC also provided funding and technical support for health, SMACO and school staff to disseminate information on measures to prevent the spread of COVID-19.

### ACTORS OF INFLUENCE

Because of pandemic-related restrictions, some in-person events for actors of influence had to be moved online or postponed to 2022.

#### **Authorities and weapon bearers strengthen their grasp of IHL**

The ICRC remained in touch with the Tunisian authorities and continued to give them expert advice for implementing IHL and revising the penal code, specifically with regard to sanctions for war crimes. It continued to assist the efforts of the authorities and the Tunisian military and security forces to integrate IHL and other pertinent norms more fully into their operational decision-making, doctrine and training.

The ICRC sponsored three senior military officers to participate in an online workshop on applying IHL and other relevant

norms to the planning and conduct of military operations (see *International law and policy*). The ICRC trained 16 military instructors to teach IHL; some were able to begin conducting IHL courses before the end of the year. The ICRC convened a workshop, at which officers of the national police discussed how to ensure that police personnel followed international standards for law enforcement. Briefings on IHL and the Movement's neutral, impartial and independent humanitarian approach were held for military officers and cadets at military schools, including Tunisia's military academy.

Briefings on IHL were organized for post-graduate students at law faculties, and books on IHL donated to the European University of Tunis.

#### **Tunisian civil society learns more about humanitarian issues in the region**

The ICRC strove to explain its neutral, impartial and independent humanitarian activities, and to broaden support for this approach. It did so by raising awareness of its work for migrants, detainees and missing people's families, and its activities to advance the social inclusion of disabled people. The ICRC used social media to keep the public and actors of influence abreast of its activities. The media covered some of the ICRC's public statements and activities, such as an ICRC workshop for forensic professionals.

The ICRC helped SMACO produce pamphlets on COVID-19 and the Movement's work. It produced a video that it published through social media.

### RED CROSS AND RED CRESCENT MOVEMENT

#### **Tunisian Red Crescent volunteers are trained to respond to accidents at sea**

The Tunisian Red Crescent remained active in the country and continued to respond to emergencies such as maritime accidents and the pandemic. The ICRC trained volunteers at National Society branches in coastal and southern areas to provide family-links services, including during the pandemic and other emergencies (see *Civilians*). Progress in strengthening the National Society's operational and organizational capacities was limited, partly because of internal administrative constraints. Certain coordination meetings – involving the National Society, the International Federation, the ICRC, and other Movement components – could not be arranged.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		85			
RCMs distributed		216			
Phone calls facilitated between family members		9,808			
Names published on the ICRC family-links website		6			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		317	79	25	28
<i>including people for whom tracing requests were registered by another delegation</i>		35			
Tracing cases closed positively (subject located or fate established)		91			
<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)		751	139	62	69
<i>including people for whom tracing requests were registered by another delegation</i>		158			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		6	3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		19			
Detainees in places of detention visited		18,903	683	227	
Visits carried out		62			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		273	28		1
<i>of whom newly registered</i>		51	18		
<b>RCMs and other means of family contact</b>					
RCMs collected		194			
RCMs distributed		29			
Phone calls made to families to inform them of the whereabouts of a detained relative		15			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Income support	People	17		17
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	100		
<b>Water and habitat</b>				
Water and habitat activities	People	2,700	54	27
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	3		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported		4		
<i>of which physical rehabilitation projects supported regularly</i>		1		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	771	233	218
<i>of whom victims of mines or explosive remnants of war</i>		*		
Prostheses delivered	Units	*		
Orthoses delivered	Units	138		
Physiotherapy sessions		442		
Walking aids delivered	Units	388		
Wheelchairs or postural support devices delivered	Units	68		

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

# UGANDA

The ICRC has been present in Uganda since 1979. It helps reunite children and their families who were separated in relation to the non-international armed conflict in northern Uganda (1986–2006), or to violence in neighbouring countries, such as South Sudan or the Democratic Republic of the Congo. The ICRC monitors the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among government forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

### YEARLY RESULT

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

### KEY RESULTS/CONSTRAINTS IN 2021

- Refugees, including unaccompanied minors, restored contact with their relatives through the Movement’s family-links services. Aided by the Uganda Red Cross Society and the ICRC, some of them rejoined their families.
- Government officials, and military and security forces personnel, including peacekeeping troops bound for Somalia, learnt about IHL, international human rights law and the ICRC’s work at ICRC training sessions.
- The National Society, the ICRC, and a humanitarian NGO launched a pilot project to provide vocational training and psychosocial support for adolescent female refugees to help build their resilience.
- Aided by the ICRC, the National Society strengthened its ability to deliver family-links services and emergency response, in accordance with the Safer Access Framework.

### EXPENDITURE IN KCHF

Protection	3,315
Assistance	-
Prevention	931
Cooperation with National Societies	664
General	89
<b>Total</b>	<b>4,999</b>
<i>Of which: Overheads</i>	<i>305</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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### PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	56



⊕ ICRC delegation ⊕ ICRC sub-delegation

### PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	2,112
RCMs distributed	1,201
Phone calls facilitated between family members	82,320
Tracing cases closed positively (subject located or fate established)	534
People reunited with their families	66
<i>of whom unaccompanied minors/separated children</i>	39

### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	15
Detainees in places of detention visited	19,389
<i>of whom visited and monitored individually</i>	377
Visits carried out	27
<b>Restoring family links</b>	
RCMs collected	99
RCMs distributed	95
Phone calls made to families to inform them of the whereabouts of a detained relative	42

### ASSISTANCE CIVILIANS

	2021 Targets (up to)	Achieved
<b>Economic security</b>		
Living conditions	People	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	People	9,127

## CONTEXT

Uganda continued to host people fleeing armed conflict or other situations of violence in neighbouring countries. There were reportedly 1.5 million refugees in Uganda, mostly from the Democratic Republic of the Congo (hereafter DRC) and South Sudan. As in the past, people from South Sudan continued to enter north-western Uganda, specifically, the West Nile region.

Land disputes in western and northern Uganda remained unresolved, and natural disasters and epidemics continued to blight people's lives. Tensions caused by the general elections led to violence.

In June, the Ugandan government instituted various measures to soften the impact of the second wave of the COVID-19 pandemic: it suspended public and private transport, shuttered businesses, and implemented a countrywide lockdown and curfew. These restrictions, some of which were partially lifted after 42 days, continued to slow down economic activity and limit access to essential services.

Expanded security operations – in response to political violence and to enforce measures against COVID-19 – reportedly led to thousands of people being arrested and/or detained; allegations of use of excessive force were reported. Detainees were held in overcrowded places of detention: the situation was exacerbated by delays in judicial processes and arbitrary arrests. Many detainees were unable to notify their families of their incarceration or whereabouts.

In November, the Uganda People's Defence Force (UPDF) and the armed forces of the DRC launched a joint operation against the Allied Democratic Forces in the eastern DRC.

The UPDF contributed troops to the African Union Mission in Somalia.

## ICRC ACTION AND RESULTS

The ICRC monitored the situation of vulnerable people in Uganda – particularly refugees and detainees – and responded to some of their needs. Documentation of the protection-related concerns of these people was stalled because of restrictions necessitated by the pandemic but resumed in the latter part of the year.

As people fleeing violence continued to enter Uganda, the ICRC – together with the Uganda Red Cross Society – strengthened family-links services in the country. It put up offices in a refugee settlement, to house the National Society's family-links services, and helped the National Society to recruit, train and equip additional family-links personnel. These joint efforts enabled thousands of refugees to restore or maintain contact with their families through phone calls and RCMS. The National Society and the ICRC also made phone calls available for others who, quarantined or hospitalized in selected hospitals, may have lost contact with their relatives.

The ICRC paid particular attention to unaccompanied minors, including those previously associated with armed groups or who had fled violence in Uganda or elsewhere; it helped reunite

a number of them with their families. The ICRC, the National Society, and Finn Church Aid (a humanitarian NGO) launched a pilot project to help adolescent female refugees obtain vocational training combined with psychosocial support.

The ICRC visited detainees, in accordance with its standard procedures, to assess their treatment and living conditions. Afterwards, it communicated its findings – and, where necessary, its recommendations – confidentially to the authorities. Some detainees used the ICRC's family-links services to stay in touch with their relatives. Family visits, suspended because of the pandemic, resumed in October. The ICRC responded by providing prison staff with mobile phones, for detainees to use, to contact their relatives. It gave prison authorities material and technical support for their COVID-19 response in prisons. ICRC training helped prison staff add to what they already knew about COVID-19.

The ICRC maintained its efforts to advance understanding of IHL, and reinforce support for the Movement, among government officials and military and security forces personnel. It also briefed them on IHL and human rights law.

The ICRC helped the National Society strengthen its family-links capacities, engage with communities in need, and deliver emergency response, in line with the Safer Access Framework. The National Society and the ICRC signed a three-year cooperation agreement.

In July, a new ICRC regional delegation – covering Burundi, Rwanda and Uganda – was established, with a regional team based in Kampala, Uganda.

## CIVILIANS

The ICRC reminded authorities and weapon bearers of their obligations under IHL, human rights law and other applicable norms to protect civilians and ensure access to health care and other essential services. It made written representations to the authorities that were based on alleged violations of international human rights law. It communicated to them the importance of abiding by law enforcement standards, with a view to preventing arbitrary arrests and illegal imprisonment, especially during the elections.

### **The National Society and the ICRC undertake a pilot project for adolescent female refugees**

The ICRC, together with the Uganda Red Cross Society and Finn Church Aid, implemented a pilot project to provide vocational training combined with psychosocial support for adolescent female refugees, with the aim of building their resilience. In coordination with community leaders and relevant agencies, some 40 vulnerable adolescent female refugees from the DRC – some of whom were mothers – were selected for the project. They acquired employable skills through vocational training and were given psychosocial support by National Society volunteers; they were also given personal protective equipment (PPE), and materials for starting small businesses. The ICRC provided protection-related training for some National Society and Finn Church Aid staff and volunteers, to help them implement the project.

### Members of separated families reconnect

The National Society and the ICRC worked together to provide family-links services to people in refugee settlements. These services were hampered by restrictions necessitated by a second wave of COVID-19 in May, but resumed – with preventive measures in place – after the partial lifting of the lockdown in July.

Comprehensive support from the ICRC enabled the National Society to carry out family-links activities more effectively and tackle staffing issues. The National Society was given bicycles, fuel, phones, external speakers and other equipment; additional personnel were recruited to deliver family-links services, with the ICRC's help. The ICRC trained National Society staff and volunteers to restore family links and manage tracing cases, including at designated hospitals. The subjects covered during this training included risk communication, child protection, and incorporation of family-links services in the COVID-19 emergency response. The ICRC put up offices within a refugee settlement to house National Society family-links services. It provided National Society personnel with PPE and hand sanitizer, to help them follow the government's COVID-19 safety protocols while restoring family links.

The Movement's family-links services – phone calls (82,320), RCMs (2,112 collected; 1,201 distributed) and tracing – enabled people who had fled armed conflict and other violence in South Sudan (see *South Sudan*) and other countries to get back in touch with their relatives. National Society volunteers, supported by the ICRC, reunited 66 people with their families. As part of their pandemic response, the National Society and the ICRC continued to make free phone calls available for people who, quarantined or hospitalized in selected hospitals, may have lost contact with their relatives.

The ICRC met with community leaders to assess family-links needs in their communities, and to learn what they thought of the ICRC assistance they had received. It assessed conditions in refugee settlements, paying close attention to unaccompanied minors, some of whom had been associated with armed groups or had fled violence in Uganda or elsewhere. The ICRC coordinated its activities – related to the protection-related needs of children – with those of the UNHCR and other child-protection actors. Some 39 minors rejoined their families with the help of the National Society and the ICRC.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at 15 places of detention. These facilities collectively held 19,389 people, including minors and women. Findings from these visits, concerning detainees' treatment and living conditions, were submitted confidentially to the authorities. Because of the pandemic, visits to detention facilities were suspended briefly, but restored by the end of August.

The ICRC also made a written representation to the Uganda Police Force (UPF) and the UPDF on the treatment of people held in connection with the elections; a meeting to discuss this was postponed because of the lockdown. The ICRC continued to seek access to all detainees within its purview.

Discussions with the authorities – the Chieftaincy of Military Intelligence, the UPF, the UPDF and the Uganda Prisons Service – continued. These discussions covered such subjects as the availability of health care and sanitation for detainees and checking the spread of COVID-19 in prisons. The ICRC continued to monitor the situation of minors at one prison; it was in the process of finalizing the construction of cells, at that prison, to ensure the separation of minors and adults.

The ICRC helped the authorities control the spread of COVID-19 in prisons by donating hygiene items and PPE. Some prison staff learnt more about COVID-19 through training that was financially supported by the ICRC.

The ICRC distributed recreational items for 9,127 detainees, held collectively at a number of different detention facilities, and completed small-scale repairs to water and sanitation facilities at one prison.

### Detainees restore or maintain contact with their relatives

Some detainees made use of the ICRC's family-links services, such as RCMs or brief oral messages relayed by ICRC delegates. Family visits, suspended because of the pandemic, resumed in October: visiting family members had to have been vaccinated or to have tested negative for COVID-19. The ICRC provided detaining authorities at seven places of detention with mobile phones, USB keys and notebook computers, so that they could help detainees stay in touch with their families.

With the ICRC's help, foreign detainees notified their embassies or the UNHCR of their situation.

## ACTORS OF INFLUENCE

### Military and security forces personnel, and others, learn more about IHL

The ICRC continued to advance understanding of its mission and activities, and of IHL and other applicable norms, among government officials and military and security forces personnel. At ICRC training and dissemination sessions, these people – including 45 marine forces officials, 30 trainers from the UPF, 40 officials from a Ugandan military training school, 19 military officers and 10 police officers – strengthened their grasp of IHL, human rights law, international policing standards, particularly for arrests, detention and the use of force, and the ICRC's work. Around 1,500 troops and 105 UPDF officers bound for the African Union Mission in Somalia learnt about these matters from ICRC presentations during their predeployment training. An IHL train-the-trainer session was conducted for 25 field officers from the UPF.

The ICRC stayed in touch with the internal affairs ministry to track progress in adopting the Arms Trade Treaty. It also followed up the status of the national IHL committee with Uganda's commissioner for refugees.

The ICRC signed an agreement with a Ugandan university to set up a blog that will cover IHL-related issues in Uganda and the rest of the region. Students from four universities participated in the national IHL moot court competition organized by the ICRC.

Uganda Red Cross branch managers, and National Society volunteers, learnt more about IHL at a dissemination session held by the ICRC. Several National Society personnel developed their capacities in community engagement through training provided by the ICRC. To help ensure that National Society personnel observed COVID-19 safety protocols while performing their duties, the ICRC provided them with PPE.

### RED CROSS AND RED CRESCENT MOVEMENT

The Uganda Red Cross Society and the ICRC worked together to address the needs of people affected by violence, or by natural disasters and other emergencies. The ICRC provided technical, material, and financial support for the National Society's emergency response, especially in relation to the pandemic and the elections, in coordination with other Movement components.

The ICRC, through training and other means, strengthened the National Society's ability to deliver family-links services, engage with communities in need and respond to emergencies. It helped the National Society develop a concept note for their provision of family-links services, within the context of the pandemic, to people in refugee settlements, quarantine centres and hospitals. The National Society set up a steering committee for implementing the Safer Access Framework, with financial support from the ICRC; it also received technical guidance for evaluating its plan of action to apply the framework.

The ICRC provided financial support for sending 90 members of the National Society's Red Cross Action teams, and 12 ambulances, to respond to emergencies throughout Uganda.

The National Society and the ICRC signed a three-year cooperation agreement. The ICRC continued to coordinate its activities with other Movement components.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	2,112	177		
RCMs distributed	1,201	110		
Phone calls facilitated between family members	82,320			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	66			
People transferred or repatriated	12			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	834	191	230	11
<i>including people for whom tracing requests were registered by another delegation</i>	136			
Tracing cases closed positively (subject located or fate established)	534			
<i>including people for whom tracing requests were registered by another delegation</i>	56			
Tracing cases still being handled at the end of the reporting period (people)	1,630	442	359	148
<i>including people for whom tracing requests were registered by another delegation</i>	340			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	242	112		
UAMs/SC reunited with their families by the ICRC/National Society	39	19		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	510	213		
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	30			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	15			
Detainees in places of detention visited	19,389	889	45	
Visits carried out	27			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	377	13		14
<i>of whom newly registered</i>	280	9		14
<b>RCMs and other means of family contact</b>				
RCMs collected	99			
RCMs distributed	95			
Phone calls made to families to inform them of the whereabouts of a detained relative	42			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Living conditions	People	1		1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	9,127	298	

# YAOUNDÉ (regional)

**COVERING:** Cameroon, Equatorial Guinea, Gabon, São Tomé and Príncipe

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between separated family members, including migrants, and responds to the emergency needs of refugees, IDPs and other violence-affected people in Cameroon. It pursues long-standing programmes to spread knowledge of IHL among the region’s authorities, armed forces and civil society, and supports the development of the National Societies.

### YEARLY RESULT

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

### KEY RESULTS/CONSTRAINTS IN 2021

- In Cameroon, the ICRC stepped up food distributions and support for food production. However, it had to scale down or cancel several planned activities because of administrative, security-related and other constraints.
- IDPs and other violence-affected people in Cameroon met their basic needs with food, water and household essentials from the ICRC. They also benefited from ICRC-backed improvements to water-supply infrastructure.
- In Cameroon, the ICRC gave violence-affected farming and other households livelihood support to produce more food. Cash grants and other assistance enabled people to augment their income and cover expenses.
- Health centres and hospitals in Cameroon provided basic health care and treated people wounded in clashes with the ICRC’s support. ICRC-trained personnel gave missing people’s families psychosocial care.
- Cameroonian authorities improved detainees’ living conditions with ICRC assistance. Owing to limited access, the ICRC cancelled some activities; it intensified dialogue aimed at securing access to all detainees within its purview.
- Aided by the ICRC, the National Societies in Cameroon, Gabon, and São Tomé and Príncipe worked to inform people about the Movement and draw attention to humanitarian issues.

### EXPENDITURE IN KCHF

Protection	3,812
Assistance	15,240
Prevention	2,107
Cooperation with National Societies	1,233
General	328
<b>Total</b>	<b>22,718</b>
<i>Of which: Overheads</i>	<i>1,387</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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### PERSONNEL

Mobile staff	43
Resident staff (daily workers not included)	204



📍 ICRC regional delegation 📍 ICRC sub-delegation 📍 ICRC office

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	136
RCMs distributed	68
Phone calls facilitated between family members	3
Tracing cases closed positively (subject located or fate established)	140
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	20
Detainees in places of detention visited	9,247
<i>of whom visited and monitored individually</i>	49
Visits carried out	27
<b>Restoring family links</b>	
RCMs collected	5
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	58,000	91,044
Food production	People	382,000	507,366
Income support	People	384,000	77,748
Living conditions	People	36,000	36,912
<b>Water and habitat</b>			
Water and habitat activities	People	187,580	99,925
<b>Health</b>			
Health centres supported	Structures	14	15
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	People	572	572
<b>Water and habitat</b>			
Water and habitat activities	People	7,800	5,645
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	6	10
<b>Physical rehabilitation</b>			
Projects supported	Projects	3	
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)		348

## CONTEXT

In the Far North region of Cameroon, fighting continued between government forces and factions of the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad. Cameroon – along with Chad, Niger and Nigeria – contributed troops to the Multinational Joint Task Force. In the North-West and South-West regions, armed encounters between government forces and the armed opposition remained intense. Instances of unlawful conduct by weapon bearers were reported.

The violence had an outsized impact on those not involved in the fighting: many were displaced or remained so; and all struggled to meet their needs. The COVID-19 pandemic and the government measures it necessitated only added to their difficulties. Few health facilities were functioning. Arrests were made in connection with the violence described above; overcrowding and limited access to health care remained a concern in places of detention.

Security-related, logistical and financial constraints continued to prevent humanitarian organizations from reaching communities in some areas: the North-West and South-West regions of Cameroon, near the border with Nigeria, along the shores of Lake Chad, and elsewhere.

Large numbers of Cameroonians sought refuge in Nigeria. The pandemic and the situation in their country prevented refugees from the Central African Republic (hereafter CAR) from returning home.

Socio-economic and political tensions persisted in the countries covered by the regional delegation and throughout the wider region.

## ICRC ACTION AND RESULTS

The ICRC, together with the Cameroon Red Cross Society, continued to assist people affected by armed conflict and other situations of violence. It expanded food distributions and efforts to support food production; however, owing to the precarious security situation and administrative and other constraints, it scaled down, put on hold or cancelled several activities in Cameroon. IDPs and other vulnerable households received food and/or household essentials. Distributions of seed and farming tools, and campaigns to vaccinate poultry, expanded households’ capacities to produce food. People met their household expenses with the help of cash from the ICRC and/or with money earned from ICRC cash-for-work projects and income-earning activities made possible by ICRC cash grants. The ICRC repaired, installed or constructed hand pumps and water-supply systems, and trained local technicians to maintain these different sources of water; as a result, clean water was more readily available. More projects to broaden access to potable water were still in progress at the end of the year. The ICRC provided support on a regular basis to health-care centres, and one hospital; in response to intensified violence, the ICRC also donated medical supplies on an ad hoc basis, and provided other forms of support, to hospitals and other health facilities.

Members of families separated by armed conflict or other violence, or by detention, restored and maintained contact through the Movement’s family-links services. Some minors were reunited with their relatives in Cameroon and elsewhere. People put in requests to locate missing relatives; the ICRC strove to assist more families of missing people in Cameroon, by training health staff and others in providing psycho-social care for such families and referring these families for assistance.

Where it had access, and when possible, the ICRC visited detainees in Cameroon, in accordance with its standard procedures, to monitor their treatment and living conditions. It communicated its findings and recommendations confidentially to the authorities concerned. With the ICRC’s support, authorities at one prison endeavoured to help malnourished detainees meet their nutritional requirements, and to improve detainees’ living conditions, including their access to health care. Owing to limited access to places of detention, the ICRC put on hold or cancelled several activities to benefit detainees; it intensified its efforts to gain access to all detainees within its purview.

In all its interactions with authorities, weapon bearers and members of civil society, the ICRC strove to foster understanding and acceptance of the ICRC and the Movement as a whole, of neutral, impartial and independent humanitarian action, and of IHL and other relevant norms. One of the ICRC’s main aims in doing so was to ensure the delivery of aid to vulnerable people and contribute to their protection. Military and security forces personnel, and cadets, attended various ICRC events aimed at strengthening their grasp of the norms applicable to their duties. The authorities and weapon bearers were urged to take action against unlawful conduct.

The ICRC gave the National Societies in the region, particularly the Cameroon Red Cross, various forms of support to expand their operational and administrative capacities. Pandemic-related restrictions, and the political and/or economic situation in their countries, sometimes hampered discussions and limited activities with the National Societies. Movement components, especially those working in the Lake Chad region, met regularly to coordinate their activities.

## CIVILIANS

The ICRC continued to carry out its activities in line with the measures necessitated by the pandemic. Owing to these measures, and to administrative and other significant constraints, several ICRC activities were postponed or cancelled (see also *People deprived of their freedom, Wounded and sick*).

### IDPs and refugees in Cameroon reconnect with relatives

The ICRC endeavoured to intensify its dialogue with authorities and various weapon bearers in Cameroon on the protection due to civilians under IHL, international human rights law and/or other norms applicable to their operations – especially in connection with conflict in the Far North and other violence in the North-West and South-West (see *Actors of influence*). It reminded them to protect people against unlawful conduct, including sexual violence; it also urged them to protect and

assist IDPs, and ensure access to basic services such as health care (in line with the Health Care in Danger initiative).

In Cameroon, people separated from their families by conflict or other violence, or by detention, reconnected with them through RCMs and other family-links services (see also *People deprived of their freedom*) provided through the Cameroon Red Cross Society and the ICRC. The ICRC gave the National Society training and other support for improving its family-links services.

People sought the ICRC's help to ascertain the fate and whereabouts of missing relatives. They lodged tracing requests with the ICRC; 140 tracing cases were resolved. The ICRC stepped up its support for missing people's families: it met with them to understand their needs more fully, and referred them for economic and/or psychosocial support (see below) and other forms of assistance, where necessary.

The ICRC and the Cameroon Red Cross continued to assist IDPs in the North-West and South-West. Under a project carried over from the previous year to help IDPs obtain official documents, the ICRC and the National Society helped IDPs in Douala to obtain national identity cards. The ICRC met with local authorities and others throughout the year, and discussed the specific needs of IDPs and the importance of addressing them; it also raised awareness among IDPs, and among conflict-affected people in the north, of the services available to them. Where necessary, it referred people to appropriate services (see below). Through dialogue with parties concerned and by other means, the ICRC strove to broaden awareness of the plight of victims/survivors of sexual violence, and of the necessity of referring them for appropriate medical and other assistance.

### **Violence-affected people are helped to meet their needs**

The ICRC continued to aid violence-affected people in need, in the Far North and elsewhere. Based on its assessment of needs, and in line with the delegation's priorities, it expanded food distributions and activities to help households produce more food; in view of this, fewer people than planned were given support for carrying out income-earning activities. During information sessions for them, the ICRC told violence-affected people how to protect themselves against COVID-19.

Some 15,200 vulnerable households (around 91,000 people), notably including households with malnourished children under the age of five, and pregnant or nursing women identified as being at risk of malnutrition, were given beans, rice, fortified flour and other supplementary food. Some households received this assistance on a monthly basis. Households were also briefed on good cooking and hygiene practices.

Around 6,150 displaced and other households (some 36,900 people) affected by armed violence, including communal violence, were given hygiene kits, solar-powered lamps, cooking utensils and other household essentials. They included some missing people's families.

Households in the Far North and the South-West were helped to produce more food. The ICRC, together with the live-stock

ministry, vaccinated poultry against disease; it also gave personnel from the ministry equipment for providing these services independently. The Cameroon Red Cross and the ICRC provided farming households with seed and tools, and held training sessions for them in agricultural techniques. The ICRC also supported improvements to irrigation infrastructure (see below). In all, around 84,600 households (some 507,400 people) benefited from all of these activities.

The ICRC helped some 13,000 violence-affected households (around 77,700 people) to cover their basic expenses and augment their income. People earned cash by participating in cash-for-work projects to improve communal infrastructure, such as irrigation canals. Households were given cash grants and other support for starting small businesses or undertaking other income-earning activities. Some households were also given cash to buy food or cover other expenses.

ICRC training helped enable National Society staff to develop their ability to carry out activities in the area of economic security.

### **Access to potable water is broadened**

Roughly 21,000 IDPs – some of them displaced by communal violence – had better access to potable water and more sanitary conditions after the ICRC distributed jerry cans, and built latrines and other infrastructure, at camps. They were also given materials for setting up temporary shelters. Clean water was more readily available to some 75,600 people after the ICRC repaired, installed or built hand pumps, solar-powered pumps and other water infrastructure. Construction of livestock-vaccination pens and a pastoral well benefited farming and herding households, about 3,000 people in all. Fewer people than planned benefited from projects scheduled for the year, as some water infrastructure projects were still in progress at year's end. The ICRC provided local technicians with training and material support, with a view to ensuring the long-term functioning of water systems, including those it had repaired or constructed.

Improvements were made to waste-management, water-distribution and other infrastructure at various ICRC-supported health facilities (see below). These projects included the construction of fences around two health facilities to provide better protection during armed violence.

### **Suitable health care is made available in violence-affected areas of Cameroon**

Because of the volatility of the security situation, and other constraints, the ICRC was not able to reach and regularly support as many health facilities as planned. Nevertheless, suitable health services were available at eight health centres that received regular support from the ICRC; this support included supplies, training and technical advice, and/or infrastructural repairs. Malnourished people, pregnant women and others obtained good-quality curative, preventive and antenatal/postnatal care. People who required higher-level care were referred to hospitals (see *Wounded and sick*).

The ICRC endeavoured to ensure that victims of violence, missing people's families, and others had adequate access to

psychosocial support. Health staff at ICRC-supported facilities were trained to provide such care. The ICRC also helped missing people's families to set up support groups among themselves and hold commemorative events.

To help them handle influxes of patients during periods of intensified violence, and to deal with COVID-19, the ICRC provided seven facilities with medical supplies, personal protective equipment and other support. Together with the National Society, it briefed health staff and patients on measures against COVID-19.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### The ICRC visits detainees in Cameroon

The ICRC was able to visit, in accordance with its standard procedures, 20 places of detention in Cameroon, holding around 9,200 people – this included a prison in Maroua under the authority of the justice ministry, and places of detention run by the *gendarmerie*. It paid particular attention to people with specific needs: security detainees, women, minors and foreigners; 49 detainees were monitored individually. Findings and recommendations were communicated confidentially to the relevant authorities, with a view to ensuring that detainees' treatment and living conditions met internationally recognized standards.

Owing to limited access to places of detention, the ICRC put on hold or cancelled some of the activities that it had planned for the year in behalf of people in detention. It strove to intensify dialogue with detaining authorities (see also *Actors of influence*), in order to secure access to all detainees within its purview.

Some detainees in Cameroon contacted their relatives through the Movement's family-links services. The ICRC made five phone calls to inform families of the whereabouts of detained relatives. The ICRC enabled one detainee to receive visits from their relatives, and foreigners to notify their consular representatives or the UNHCR of their detention. It gave some detainees financial assistance to return home after their release.

### Detaining authorities take steps to improve detainees' living conditions

The ICRC provided medical, nutritional and other assistance to one priority prison in Maroua; it donated medicine and therapeutic food for treating malnourished detainees (572 people). Owing to various constraints (see above) the ICRC suspended this support before the end of the year.

The ICRC gave the authorities equipment and technical support for preventing and controlling infections, and donated hygiene items for detainees at several places of detention holding some 5,600 people – including some run by the *gendarmerie*. It completed a few projects to improve living conditions in places of detention carried over from the previous year.

## WOUNDED AND SICK

People wounded during armed violence, and people needing surgical or other specialized care, were referred to and/

or treated at ten regional and other hospitals in Cameroon receiving support from the ICRC.

Notably, the ICRC continued to support a hospital in Mada, the only facility in the Logone-et-Chari department where surgery was available. Medicine, wound-dressing kits, technical advice and training, and other forms of support from the ICRC helped ensure that the hospital could continue serving people affected by conflict and other violence. The ICRC covered the costs of surgery for approximately 300 patients.

Following incidents of violence in Logone Birni and Kousseri in the latter half of the year, the ICRC donated additional equipment and medical supplies to hospitals in the area, to help ensure that the wounded could receive adequate care.

Owing to other priorities of the delegation, and other constraints, the ICRC was not able to implement planned activities to assist persons with disabilities during the year.

## ACTORS OF INFLUENCE

### Military and security forces familiarize themselves with IHL and other norms

In Cameroon, military and security forces personnel attended briefings and other events organized by the ICRC, at which they added to their knowledge of IHL, human rights law, and other norms applicable to their duties. *Gendarmes* were given training in international policing standards. The Cameroonian armed forces – whose troops often joined the police in maintaining public order – were also trained in these standards, to ensure that they could determine the legal framework applicable to a given situation, and act accordingly.

Military and *gendarmerie* cadets familiarized themselves with IHL and human rights law, respectively, at ICRC dissemination sessions. Senior military officers were urged to integrate IHL and other applicable norms into their operations. The ICRC enabled senior Cameroonian military officers to participate in courses and other events where they furthered their understanding of IHL, the issue of weapon contamination and other related topics.

The ICRC conducted briefings on IHL and other topics at a military school in Libreville, Gabon. At ICRC sessions, numerous officers from the militaries of states in the region learnt more about IHL, the ICRC and its mandate, and various other issues of humanitarian concern – including protection of medical services. The ICRC sponsored a Gabonese officer to attend a workshop on IHL in another country.

The ICRC sought to contact certain armed opposition groups, with a view to ensuring that they were acquainted with the rudiments of human rights law, IHL and other applicable norms.

### The authorities and members of civil society learn more about the Movement

Together with the Cameroon Red Cross Society, the ICRC strove to draw attention to humanitarian issues and make humanitarian principles and the Movement more widely known in

the countries covered by the delegation, through public-communication efforts on social media, and on national and regional traditional media outlets. Notably, radio spots in local languages in the North-West of Cameroon raised awareness of the ICRC and its activities. While carrying out economic-security activities in Cameroon, the ICRC briefed people about its mandate and mission and collected feedback on its activities.

Briefings, press releases and reference materials from the ICRC gave members of the local and the international media a fuller picture of humanitarian work during armed conflict and other violence, and enabled them to cover the ICRC and other Movement components' activities more accurately.

In Cameroon, the ICRC strove, through such means as dialogue, to help weapon bearers, local leaders, members of civil society and others of influence to reach a fuller understanding of its activities, and the needs of IDPs. For instance, it organized a workshop – on the African Union Convention on IDPs, and protection for IDPs – for students at the national school of prison administration run by the justice ministry.

Whenever the opportunity arose, the ICRC urged legislators to ratify IHL and IHL-related treaties and adopt related legislative measures.

## RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components provided National Societies in the region with technical and other support to strengthen their operational and administrative capacities. Pandemic-related restrictions, and the political and/or economic situation in their countries, sometimes hampered discussions and limited activities with some National Societies.

The Cameroon Red Cross Society, in particular, responded to the needs of people affected by conflict and other violence – including missing people's families – and broadened awareness of humanitarian principles and the Movement (see *Civilians and Actors of influence*). The ICRC trained its volunteers in first aid, and donated tablet devices and other equipment in support of their work.

The ICRC gave the Sao Tomé and Príncipe Red Cross financial and other support for its activities. For instance, it helped cover the cost of internet services for the National Society.

Regional Movement meetings were held online. Movement components, especially those working in the Lake Chad region, coordinated their activities to maximize impact and avoid duplication of effort.

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	136	17		
RCMs distributed	68	7		
Phone calls facilitated between family members	3			
Names published on the ICRC family-links website	1			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	6			
<i>including people registered by another delegation</i>	2			
People transferred or repatriated	1			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	381	41	69	70
<i>including people for whom tracing requests were registered by another delegation</i>	34			
Tracing cases closed positively (subject located or fate established)	140			
<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases still being handled at the end of the reporting period (people)	2,279	183	265	369
<i>including people for whom tracing requests were registered by another delegation</i>	354			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	36	17		
UAMs/SC reunited with their families by the ICRC/National Society	5	2		1
<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	104	35		5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	20			
Detainees in places of detention visited	9,247	27	29	
Visits carried out	27			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	49	2	1	8
<i>of whom newly registered</i>	49	2	1	8
<b>RCMs and other means of family contact</b>				
RCMs collected	5			
RCMs distributed	7			
Phone calls made to families to inform them of the whereabouts of a detained relative	5			
Detainees visited by their relatives with ICRC/National Society support	1			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	People	91,044	36,777	38,086
	<i>of whom IDPs</i>	37,075	15,058	15,028
Food production	People	507,366	151,508	125,795
	<i>of whom IDPs</i>	154,896	38,853	36,847
Income support	People	77,748	31,939	28,802
	<i>of whom IDPs</i>	46,614	23,117	13,850
Living conditions	People	36,912	10,484	18,488
	<i>of whom IDPs</i>	21,077	5,902	10,691
<b>Water and habitat</b>				
Water and habitat activities	People	99,925		
<b>Primary health care</b>				
Health centres supported	Structures	15		
	<i>of which health centres supported regularly</i>	8		
Average catchment population		127,350		
<b>Services at health centres supported regularly</b>				
Consultations		130,594		
	<i>of which curative</i>	113,376	34,022	62,155
	<i>of which antenatal</i>	17,218		
Vaccines provided	Doses	124,073		
	<i>of which polio vaccines for children under 5 years of age</i>	37,886		
Referrals to a second level of care	Patients	1,238		
	<i>of whom gynaecological/obstetric cases</i>	175		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		669		
People who attended information sessions on mental health		297		
People trained in mental-health care and psychosocial support		43		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	572	5	75
<b>Water and habitat</b>				
Water and habitat activities	People	5,645	169	113
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	1		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	10		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,027		
Weapon-wound admissions (surgical and non-surgical admissions)		168	*	*
Weapon-wound surgeries performed		140		
Patients whose hospital treatment was paid for by the ICRC		957		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	348		

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