

# AMERICAS

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	227
RCMs distributed	249
Phone calls facilitated between family members	359,259
Tracing cases closed positively (subject located or fate established)	376
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	105
Detainees in places of detention visited	181,445
<i>of whom visited and monitored individually</i>	1,019
Visits carried out	327
<b>Restoring family links</b>	
RCMs collected	782
RCMs distributed	561
Phone calls made to families to inform them of the whereabouts of a detained relative	69
<b>EXPENDITURE IN KCHF</b>	
Protection	43,064
Assistance	47,633
Prevention	18,677
Cooperation with National Societies	7,228
General	1,689
<b>Total</b>	<b>118,291</b>
<i>Of which: Overheads</i>	<i>7,210</i>
<b>IMPLEMENTATION RATE</b>	
Expenditure/yearly budget	91%
<b>PERSONNEL</b>	
Mobile staff	235
Resident staff (daily workers not included)	1,049

ASSISTANCE		2021 Targets (up to)	Achieved
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	People	31,300	65,081
Food production	People	10,800	6,244
Income support	People	11,670	21,885
Living conditions	People	22,250	50,877
Capacity-building	People		1,700
<b>Water and habitat</b>			
Water and habitat activities	People	587,520	586,370
<b>Health</b>			
Health centres supported	Structures	29	28
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	People	6,000	16,246
Living conditions	People	11,000	64,161
<b>Water and habitat</b>			
Water and habitat activities	People	32,188	121,764
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	33	43
<b>Physical rehabilitation</b>			
Projects supported	Projects	35	34
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	2,213	3,978

### DELEGATIONS

- Brasilia (regional)
- Caracas (regional)
- Colombia
- Lima (regional)
- Mexico City (regional)
- New York
- Panama City (regional)
- Washington (regional)

-  ICRC delegation
-  ICRC regional delegation
-  ICRC mission



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# BRASILIA (regional)

**COVERING:** Argentina, Brazil, Chile, Paraguay, Uruguay

The ICRC has been present in the region since 1975. It helps address the needs of people affected by violence in Brazil and elsewhere in the region, including vulnerable migrants and missing people’s families. It works with the region’s National Societies, and supports them in strengthening their capacities. It helps the authorities identify human remains to enable them to inform the families concerned, and seeks to monitor detainees’ treatment and living conditions. The ICRC promotes the integration of IHL and/or international human rights law into national legislation and the doctrine, training and operations of armed and security forces.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

### KEY RESULTS/CONSTRAINTS IN 2021

- Migrants in the Amazonas and Roraima states of northern Brazil stayed in touch with their relatives through the Movement’s family-links services, which included connectivity points set up with ICRC aid.
- Thousands of migrants and detainees in Brazil benefited from the ICRC’s water-and-habitat projects, such as upgrades to sanitation and water-treatment systems at transitional shelters in Amazonas and Roraima.
- Municipal authorities, and their partners in violence-prone urban areas, implemented measures to ensure safe access to health care, schools and other essential services, with material and technical support from the ICRC.
- The government of Brazil created a committee for drafting a national policy on ascertaining the fate of missing people and for responding to the needs of their families; the ICRC provided technical guidance.
- Families of people missing in connection to the armed violence in the states of Ceará and São Paulo received mental-health and psychosocial support through the ICRC’s accompaniment programme.
- The ICRC exhumed and identified the remains of Argentine soldiers, as mandated by the Argentine and UK governments. Argentine authorities promptly notified the families concerned.

### EXPENDITURE IN KCHF

Protection	5,073
Assistance	642
Prevention	1,658
Cooperation with National Societies	1,094
General	98
<b>Total</b>	<b>8,565</b>
<i>Of which: Overheads</i>	<i>523</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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### PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	106



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected <sup>1</sup>	6
RCMs distributed	6
Phone calls facilitated between family members	95,730
Tracing cases closed positively (subject located or fate established)	33
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	2
Detainees in places of detention visited	1,117
<i>of whom visited and monitored individually</i>	1
Visits carried out	12
<b>Restoring family links</b>	
RCMs collected	1
RCMs distributed	1

ASSISTANCE	2021 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Water and habitat</b>		
Water and habitat activities	People	6,670
		6,924

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

Violence persisted between armed groups and security forces personnel in urban areas of Brazil, particularly in the states of Ceará and Rio de Janeiro. In Brazil and other countries in the region, political or socio-economic protests sometimes turned violent, and caused casualties, disrupted essential services, displaced people and led to arrests.

Migrants entered Brazil in large numbers after the government opened its border with the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) for the first time in 15 months. Migrants from Venezuela, including refugees, remained in Amazonas and Roraima; the Brazilian government resettled other migrants elsewhere in the country. Resources in Roraima were overstretched, and migrants struggled to obtain essential services and stay in touch with relatives. Migrants were also reportedly victims of various abuses and recruited by armed groups.

Many families in the region remained without news of relatives missing in connection with past or more recent circumstances, including violence. The COVID-19 pandemic, and the safety measures it necessitated, increased the strain on essential services and compounded the difficulties of vulnerable people.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Brasilia helped the authorities, and the armed forces or security forces, in Brazil to protect people affected by armed violence, and to facilitate their access to essential services and humanitarian aid, in accordance with applicable laws. It monitored the concerns of violence-affected people – IDPs, migrants, members of sexual and gender minority groups, and missing people's families – and discussed them, whenever possible, with the Brazilian authorities and others. Municipal authorities reinforced the implementation of ICRC-supported measures to reduce safety risks for people providing or obtaining basic services in violence-prone areas.

The ICRC made ad hoc donations of personal protective equipment (PPE) and disinfectants to authorities, health workers and other service providers, and to National Societies in the countries covered, to enable them to address, safely and adequately, urgent needs created by the pandemic.

With financial and technical support from the ICRC, the region's National Societies developed their family-links services and provided these services in accordance with the Movement's standards for data protection. Members of families dispersed by various circumstances used the Movement's family-links services to stay in touch. These services included connectivity stations for Venezuelan migrants in Amazonas that were set up with the ICRC's assistance.

Migrants and detainees in Brazil had access to clean water and healthier surroundings as a consequence of the ICRC's water-and-habitat projects: material aid; and upgrades to water and sanitation systems in border communities and at a prison in Boa Vista.

The ICRC provided the Brazilian authorities with support to ascertain the fate of missing people; it adapted this support to the necessity of properly managing the bodies or remains of people who had died of COVID-19. The ICRC's accompaniment programme helped missing people's families cope with their emotional distress and cover their material and other needs.

In November, the ICRC completed the second phase of a project – mandated by the Argentine and UK governments in 2016 – to exhume and identify the remains of Argentine soldiers; the families concerned were notified by Argentine authorities.

The ICRC visited detainees in Ceará, in accordance with its standard procedures, and supplied some prisons with PPE and disinfectants to bolster their pandemic response. It interviewed detainees, particularly those with specific vulnerabilities, in order to adapt the ICRC's services based on their views and the needs identified. Findings and recommendations from these visits were communicated confidentially to authorities to help them mount a multidisciplinary response.

Aided by ICRC expertise, security forces in Brazil strove to integrate international standards for law enforcement and other applicable norms into their training, doctrine and operations. Informational materials produced by the ICRC – in print and digital formats – helped raise public awareness of humanitarian issues and the Movement's work.

## CIVILIANS

### Authorities in Brazil work to protect violence-affected people

The ICRC worked with the Brazilian authorities, and military and security forces personnel at various levels – notably in Ceará and Rio de Janeiro – to ensure respect for the rights of people affected by armed violence and facilitate their access to essential services and humanitarian aid, in accordance with applicable laws. It monitored and documented the protection-related concerns of violence-affected people and migrants. Where possible, it discussed issues of concern with the authorities, armed forces or security forces personnel, international organizations, and others. These issues included respecting the principle of *non-refoulement*; protecting migrants and regularizing their status in accordance with existing laws; preventing discrimination and violence against sexual and gender minorities; and addressing the specific needs of unaccompanied migrant children and IDPs.

The ICRC gave officials in Ceará and other key parties expert advice for implementing policies in response to the protection-related and other concerns of people displaced by armed violence. Pertinent actors in Fortaleza exchanged views with representatives from the ICRC's missions in El Salvador and Honduras, where measures to protect and assist IDPs were drafted with the aid of ICRC expertise. Security forces in Ceará and Rio de Janeiro drew on the ICRC's support to integrate international standards for law enforcement and applicable norms into their doctrine and operations (see *Actors of influence*).

In coordination with the National Societies in the region and other humanitarian organizations, the ICRC provided violence-affected people – including IDPs, migrants, sexual

and gender minorities, and missing people's families – with material, psychosocial or other support (see below), or referred them to pertinent organizations.

### **Service providers and vulnerable people in Brazil learn safe practices and maintain well-being**

The ICRC continued to urge Brazilian authorities to expand the implementation of measures to protect users and providers of essential services in densely populated and violence-prone areas. Together with municipal authorities, academics and researchers, it shared best practices and promoted sustainable measures for protecting essential services.

The ICRC provided municipal authorities, and their partners in violence-prone urban areas, with material and technical support to review and strengthen measures to ensure safe access to health care, schools and other essential services. Digital platforms developed by the ICRC helped them to collect data on the impact of violence on these services. The city of Duque de Caxias strengthened its public policy for safe practices with a directive aimed at mitigating the risks to service providers and residents who used essential services in violence-affected communities. The municipality of Porto Alegre in southern Brazil incorporated similar safety measures in its municipal health plan, with a view to protecting people seeking or providing health care.

Health workers, teachers and others learnt – through ICRC training or e-learning modules developed by the ICRC – how to minimize the risk to them from violence and safeguard their facilities. To ensure the safety and well-being of people providing or using essential services, the authorities and the ICRC counselled thousands of service providers and emergency responders on risk reduction and self-care, which included means of coping with the effects of the pandemic and with stigmatization linked to COVID-19.

The ICRC continued to provide Brazilian authorities with technical support for addressing the mental-health and psychosocial needs of violence-affected people. In Roraima, the ICRC conducted mental-health assessments among social workers and others, and implemented activities to match the needs identified. It developed a training module on stress management that it will hand over to authorities and service providers in 2022.

Ad hoc financial and other support from the ICRC helped various people to cover their essential needs: several migrant and displaced families in Brazil, and ex-detainees resettled in Uruguay after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba. ICRC-trained counsellors spoke with victims of violence and/or referred them to other health providers for specialized care. In Amazonas and Roraima, the ICRC coordinated with the United Nations Population Fund and other actors to support the existing systems for referring victims/survivors of sexual violence to pertinent services, and to train National Society personnel in implementing measures against gender-based violence.

The ICRC donated water fountains and electrical supplies to three shelters in Brazil; as a result, 4,104 migrants had

access to clean drinking water and better living conditions. Some 700 people benefited from ICRC upgrades to sanitation and water-treatment systems in Amazonas and Pacaraima, which included a donation of temporary toilets after a transitional shelter in Manaus was damaged by floods. In addition, approximately 2,100 detainees, of whom 315 were migrants, benefited from ICRC upgrades to a prison's water system and the ICRC's donation of materials for installing a solar-powered water-pumping system.

Staff at a hospital treating COVID-19 patients, personnel at migrant shelters, people involved in handling human remains, and other providers of essential services protected themselves and others against COVID-19 with PPE and/or cleaning materials from the ICRC.

### **Migrants and other members of dispersed families stay in touch with relatives**

Financial and technical support from the ICRC enabled National Societies in the region to develop their family-links services during the pandemic and carry them out in accordance with the Movement's standards for data protection.

Members of families dispersed by migration or other circumstances reconnected through the Movement's family-links services (e.g. phone calls, internet access, charging stations for mobile devices). Venezuelan migrants made phone calls at family-links posts in Amazonas and Roraima; additional connectivity points in Amazonas were set up with the ICRC's assistance. The ICRC facilitated around 96,000 phone and video calls. It helped reunite several minors with their families and enabled vulnerable migrants to acquire official documents for administrative and other purposes.

ICRC communication materials – printed and digital – enabled violence-affected people in Brazil, including migrants, to learn about the humanitarian services available to them and, subsequently, also tell the ICRC what they thought of these services.

### **Authorities and forensic professionals receive support for managing and identifying human remains**

The ICRC organized regional webinars, and provided expert advice, to help authorities in the region refine their capacities in ensuring that the dead bodies of COVID-19 victims were handled safely and with due dignity. Brazilian authorities published a handbook on the subject, which incorporated the ICRC's recommendations. The ICRC gave health authorities in Ceará body bags for victims of COVID-19, and others.

The ICRC participated in a regional event on forensics, where it held bilateral discussions on humanitarian forensics with various state forces and forensic associations. It conducted a workshop for forensic professionals, academics and others on searching for, recovering, and identifying the bodies or remains of people buried in unmarked graves.

In November, the ICRC completed the second phase of a humanitarian forensic identification project on the Falkland

Islands (Malvinas)<sup>2</sup> mandated by the Argentine and UK governments. It exhumed and identified the remains of six Argentine soldiers; the families concerned were notified by Argentine authorities.

### **Missing people's families receive psychosocial and other support**

In Brazil, the ICRC – through meetings and public communication – raised awareness among the authorities and others of the rights of missing people's families. Guided by the ICRC, the authorities developed or implemented legislative measures to ascertain the fate of people reported missing in connection with past or more recent circumstances, including violence, and to address their families' needs.

In May, authorities in Brazil established a national committee tasked with drafting a national policy for resolving missing-persons cases and responding to the needs of their families; at the ICRC's recommendation, representatives of missing people's families were nominated to the committee. The municipal authorities in São Paulo established the first multi-disciplinary service for missing people's families; with ICRC input, the service will include a referral mechanism and awareness-raising campaigns.

The ICRC concluded its three-year accompaniment programme for families of people missing in connection with armed violence in the states of Ceará and São Paulo; 46 people from 36 families covered their material and other needs, including those created by the pandemic. At events organized for them, the families exchanged experiences and solaced one another. Health workers were trained to provide mental-health and psychosocial support for missing people's families.

### **PEOPLE DEPRIVED OF THEIR FREEDOM Detaining authorities strive to address systemic issues and the needs of vulnerable detainees**

The ICRC visited detainees in Ceará in accordance with its standard procedures, and assessed their treatment and living conditions. Findings and recommendations from these visits were communicated confidentially to relevant authorities. At two places of detention, the ICRC conducted 350 interviews with detainees, including those particularly vulnerable (e.g. women, disabled people and members of sexual and gender minority groups), with a view to understanding and responding to their protection-related concerns more fully; the results of the interviews were also relayed to the pertinent parties, to help them mount a multidisciplinary response.

The ICRC supplied some prisons with PPE and disinfectants for their pandemic response, and donated tablet devices to enable detainees to maintain contact with their families when family visits were suspended. Some 2,000 detainees in Boa Vista benefited from upgrades to a prison's water system (see *Civilians*).

The ICRC discussed subjects of common interest with penitentiary and judicial officials in the region, such as COVID-19 safety protocols; implementing vaccination campaigns in places of detention; and early-release schemes and other measures to reduce overcrowding in prisons.

The ICRC continued to provide technical support for establishing regional standards for prison infrastructure. Argentinian, Brazilian, Chilean, Paraguayan and Uruguayan penitentiary authorities attended an ICRC conference, where they learnt about best practices in prison management and design; some of them also took part in ICRC workshops on the same subject.

### **ACTORS OF INFLUENCE**

#### **State weapon bearers strengthen their grasp of international norms**

Security forces in Brazil drew on the ICRC's guidance to integrate international standards for law enforcement and applicable norms into their training, doctrine and operations. As per an agreement with the ICRC, local authorities in Fortaleza published a manual on standard procedures for policing; the manual covers the use of force during law enforcement operations, and draws attention to the necessity of safeguarding violence-affected people and ensuring access to essential services. In Rio de Janeiro, the ICRC signed an agreement with the city's police force to conduct train-the-trainer sessions on policing standards.

The ICRC organized webinars, workshops and train-the-trainer sessions to help the Ceará and Rio de Janeiro police in Brazil, and the Chilean national police, to develop their expertise in the rules and principles governing the use of force in operations to maintain or restore public order.

State weapon bearers attended an ICRC conference, at which they learnt about the humanitarian considerations to take into account when using force during law enforcement operations; representatives from 14 countries in the region attended the event. Senior officials from Argentina, Brazil and Uruguay participated in an online workshop on international rules governing military operations. Briefings for peacekeeping forces on preventing sexual violence did not take place because of pandemic-related and other constraints.

#### **Members of civil society learn more about IHL and the Movement's activities**

The ICRC held meetings and arranged events – for authorities, members of civil society and others – at which it discussed such matters as its own neutral, impartial and independent humanitarian activities; humanitarian issues of common concern; and the Movement's activities in the region, particularly in connection with migrants. It also urged all pertinent officials to ratify IHL-related treaties and implement related legislation, including laws on the emblems protected under IHL.

Violence-affected people learnt about the humanitarian services available to them from ICRC communication materials, printed and digital. The ICRC, in collaboration with local actors, gathered feedback from the people it assisted, using an online and a printed form.

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The wider public learnt about humanitarian issues, and the Movement's efforts to address them, through National Society and ICRC informational materials channelled through social media and other means. The ICRC published articles and conducted press conferences on the successful conclusion of the second phase of its humanitarian forensic identification project on the Falkland Islands (Malvinas).<sup>3</sup>

As reinforcement for its project to ensure the safety of essential services in violence-prone Brazilian municipalities (see *Civilians*), the ICRC launched a countrywide multimedia campaign to broaden awareness of the necessity of protecting and supporting health workers and other professionals providing essential services.

Journalism students in Brazil attended an online ICRC course on covering situations of violence. Elsewhere in the region, academics, students and policymakers attended ICRC lectures on IHL and the ICRC's mandate. At an ICRC webinar, representatives from over 20 countries in the region discussed the humanitarian consequences of violence in urban settings; protection for children during armed conflict; and other contemporary IHL-related issues.

Aided by the ICRC's technical expertise, national IHL committees in the region met online to discuss, *inter alia*, best practices in ratifying and implementing IHL treaties; the applicability of IHL in cyber operations; and the work of the Movement.

The ICRC gave National Societies in the region the support necessary to build their capacities in public communication.

## RED CROSS AND RED CRESCENT MOVEMENT

Aided by the ICRC, the National Societies in the region strengthened their ability to tackle humanitarian needs arising from violence, migration and the pandemic. The ICRC provided them with technical, financial and material support to expand their capacities in such areas as assisting vulnerable people, providing family-links services and conducting first-aid training and other activities, in line with the Safer Access Framework.

Despite pandemic-related restrictions, the National Societies were able to conduct training sessions and train-the-trainer courses in first aid, and activities to promote hygiene and prevent COVID-19, with the ICRC's support. The International Federation and the ICRC gave the National Societies the support necessary to expand their operational capacities, and pursue organizational development in financial management and governance.

The International Federation, the ICRC and other Movement components exchanged best practices and lessons learnt at a regional meeting on restoring family links in South America, at which data protection and strengthening family-links services were among the issues discussed.

Movement components coordinated their emergency activities for migrants and other vulnerable people, in connection with the pandemic as well.

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## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected <sup>4</sup>	6			
RCMs distributed	6			
Phone calls facilitated between family members	95,730			
<b>Reunifications, transfers and repatriations</b>				
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	77	12	4	4
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	33			
<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)	239	43	28	10
<i>including people for whom tracing requests were registered by another delegation</i>	7			
<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	39	13		1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	51	21		
<b>Documents</b>				
People to whom travel documents were issued	2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	2			
Detainees in places of detention visited	1,117	938	5	
Visits carried out	12			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	1		1	
<i>of whom newly registered</i>	1		1	
<b>RCMs and other means of family contact</b>				
RCMs collected	1			
RCMs distributed	1			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Water and habitat</b>				
Water and habitat activities	People	6,924	3,393	2,839
<b>Mental health and psychosocial support</b>				
People who received mental-health support		126		
People who attended information sessions on mental health		2,529		

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

# CARACAS (regional)

**COVERING:** Bolivarian Republic of Venezuela, Trinidad and Tobago, Aruba, Bonaire, Curaçao

The ICRC has been active in the Bolivarian Republic of Venezuela since 1966; it established a regional delegation in Caracas in 1971. It helps people living in violence-prone areas in Venezuela, including those along the border with Brazil and Colombia. It responds to the needs of displaced people, migrants and people in transit in the region. It visits people held in Venezuela and supports the authorities in improving detainees' treatment and living conditions. It reinforces National Society capacities and supports the incorporation of IHL and international human rights law in military and police procedures, respectively.

### YEARLY RESULT

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

### KEY RESULTS/CONSTRAINTS IN 2021

- ICRC support for water authorities broadened people's access to clean water. Material or financial assistance from the ICRC enabled people to meet their urgent needs, bolster their livelihoods and improve their living conditions.
- The ICRC enabled health-care providers – first responders, and staff at primary health-care centres and hospitals – to treat the wounded and sick, particularly in areas of intensified violence and places prone to disease outbreaks.
- People separated from their families by violence, migration or detention used family-links services to reconnect. The ICRC and the authorities, working together, reunited unaccompanied minors with their families.
- Aided by the ICRC, penitentiary authorities strove to prevent the spread of disease and tackle malnutrition at Venezuelan places of detention. Detainees were given nutritional supplements and essential items by the ICRC.
- Military and police personnel, judges, prosecutors and other pertinent actors added to their knowledge of international standards for the use of force, through training organized or supported by the ICRC.
- The Venezuelan Red Cross received comprehensive support from the ICRC for its organizational development and activities – which included vaccinating people against COVID-19.

### EXPENDITURE IN KCHF

Protection	6,146
Assistance	22,135
Prevention	1,567
Cooperation with National Societies	1,798
General	121
<b>Total</b>	<b>31,767</b>
<i>Of which: Overheads</i>	<i>1,929</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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### PERSONNEL

Mobile staff	59
Resident staff (daily workers not included)	202



### PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	133
RCMs distributed	171
Phone calls facilitated between family members	5,629
Tracing cases closed positively (subject located or fate established)	78
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	<i>5</i>

### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	11
Detainees in places of detention visited	8,946
<i>of whom visited and monitored individually</i>	<i>316</i>
Visits carried out	79
<b>Restoring family links</b>	
RCMs collected	311
RCMs distributed	231
Phone calls made to families to inform them of the whereabouts of a detained relative	28

### ASSISTANCE CIVILIANS

	2021 Targets (up to)	Achieved
<b>Economic security</b>		
Food consumption	People 13,300	9,248
Food production	People 2,400	256
Income support	People 250	144
Living conditions	People 4,250	15,456
<b>Water and habitat</b>		
Water and habitat activities	People 492,700	450,578
<b>Health</b>		
Health centres supported	Structures 17	16

### PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Economic security</b>		
Food consumption	People 6,000	16,246
Living conditions	People 11,000	14,266
<b>Water and habitat</b>		
Water and habitat activities	People 9,388	15,874
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 20	15
<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity) 2,213	3,359

## CONTEXT

Political tensions persisted in the Bolivarian Republic of Venezuela (hereafter Venezuela). The socio-economic situation, characterized by violence and hyperinflation and shortages of fuel, medicine and other essential goods, deteriorated even further. The health system continued to be hobbled by a lack of supplies, maintenance and qualified personnel. Armed violence in some urban settings and along border areas intensified in the first half of the year. Communities living in or around those areas, such as La Victoria in Apure State and Cota 905 in Caracas, were badly affected. Heavy rains made life even more difficult for violence-affected people.

Many Venezuelans had left for neighbouring countries, such as Brazil and Colombia, or for nearby Caribbean islands in search of better economic opportunities and safety. They often had little or no access to basic services and risked losing touch with their families. Their vulnerable relatives in Venezuela – young mothers, their children and older people – lacked the means to sustain themselves.

The COVID-19 pandemic and measures to contain it, though necessary, exacerbated the already dire economic situation in Venezuela. Obtaining health services and covering their basic needs became even more difficult for people. Detention facilities were overcrowded and detainees were at even greater risk of disease.

## ICRC ACTION AND RESULTS

The ICRC continued to respond to the needs of vulnerable people in Venezuela, paying particular attention to those affected by armed violence and the pandemic. It also continued to assist displaced people, migrants and others in transit. It incorporated measures against COVID-19 in all its activities, in line with national and international guidelines, and supported local efforts to check the spread of the disease. It carried out its activities with the help of the Venezuelan Red Cross and in line with the Fundamental Principles and the Safer Access Framework.

The ICRC continued to provide comprehensive support for first responders – including Venezuelan Red Cross staff and medical professionals – to expand their capacities. People living in or passing through areas vulnerable to violence and/or disease obtained suitable care at ICRC-supported facilities, from ICRC-trained first responders, or during activities organized by the ICRC. These facilities included primary-health-care centres and malaria diagnosis and treatment centres. The ICRC expanded its support for certain health centres and hospitals in areas where violence had intensified, which helped them cope with influxes of wounded people. The ICRC organized workshops on emergency-room trauma care for personnel at selected hospitals. It also helped these health facilities, and community-based structures, to bolster their response to the pandemic. The ICRC made repairs and upgrades to essential infrastructure and provided tools and training for the pertinent authorities and technicians. This helped to reinforce water, sewage, electrical and other critical systems and ensure uninterrupted provision of essential services.

Together with the Venezuelan Red Cross, the ICRC provided family-links services for people separated from their families by violence, migration, detention and other circumstances. These services were made available at connectivity sites run by the National Society at bus terminals, border areas and other key areas. Unaccompanied minors were reunited with their families in Venezuela, with the ICRC's help. The fate and whereabouts of a number of people were ascertained and the information relayed to their families in Venezuela and in Trinidad and Tobago. The ICRC continued to help National Societies in the region strengthen their family-links capacities.

In Venezuela, the ICRC supported or carried out projects to help vulnerable communities build their resilience to the consequences of violence. Living conditions improved for more people than planned – and they were also better placed to protect themselves against disease – after the ICRC expanded its assistance in areas of intensified violence. It continued to help people to cover their basic needs and make ends meet, as the pandemic accelerated the deterioration in Venezuela's economic situation. Community-based facilities, such as school canteens and public kitchens, reinforced their services with comprehensive support from the ICRC.

The ICRC continued to visit several places of detention in Venezuela. It monitored detainees' treatment and living conditions and communicated its findings, and recommendations for improvement, confidentially to the pertinent authorities. It provided support for selected prison clinics in Venezuela, which helped to improve health care for detainees, and prevent the spread of infectious diseases, at those prisons. More detainees than planned benefited from the ICRC's efforts to improve the food supply and infrastructure at detention facilities.

The ICRC continued to promote international policing standards in Venezuela. Venezuelan military officials and instructors took part in ICRC training sessions and workshops, online and in other countries.

The ICRC continued to give the Venezuelan Red Cross support to build its capacities in emergency preparedness and response, restoring family links, and broadening acceptance for the Movement's activities. Close coordination among Movement partners in the region helped ensure that projects were implemented efficiently.

## CIVILIANS

The ICRC responded to the needs generated by the situation in Venezuela, including the intensification of violence in some urban neighbourhoods and along its borders with Colombia, and disease outbreaks in El Callao and other communities. The ICRC incorporated, in all its activities, measures against COVID-19 in line with national and international guidelines. ICRC activities focused on strengthening protection for violence-affected people; helping members of dispersed families maintain contact; helping build the resilience of the health system, including to intensified violence and disease outbreaks; and enabling vulnerable groups to cope with their circumstances and build their resilience to violence. Whenever

possible, the ICRC worked with the Venezuelan Red Cross and other Movement components in the region.

### **The ICRC fosters support for humanitarian action and respect for applicable law**

The ICRC intensified its efforts to engage authorities, police and military officers, armed groups, and others in dialogue to foster support for its principled humanitarian action and discuss matters of common concern (e.g. protection for violence-affected people, health workers and people in transit). The ICRC documented vulnerable people's protection-related concerns, and issues related to the use of force during law enforcement operations. Whenever possible, it relayed them to the relevant actors, whom it urged to address these matters.

About 350 police and military officers involved in law enforcement operations added to their knowledge of international policing standards (see *Actors of influence*), and the protection due to health workers, at ICRC training sessions.

The ICRC organized workshops in areas of intensified violence to help community members devise effective methods of self-protection. It provided some people in these communities with ad hoc cash assistance to alleviate the effects of violence on their daily lives. The ICRC visited violence-affected communities regularly to ascertain needs and understand the impact of violence more fully, with a view to developing activities appropriate to their circumstances.

### **Vulnerable people in Venezuela have access to basic health care**

People living in or passing through areas vulnerable to violence and/or disease outbreaks obtained preventive and curative care at ICRC-supported health facilities. The ICRC referred critically ill or wounded people to secondary-care facilities. It gave 11 primary-health-care centres and some mobile health posts medical supplies and equipment to bolster their capacities. The ICRC trained health staff to manage supplies and made monitoring visits in support of their daily operations. Patient attendance rate at five of these centres reportedly doubled because of the availability of medicines amid widespread shortages. The ICRC also trained health staff and provided them with material support to respond to a diarrheal outbreak in a violence-affected community in Petare, Miranda State. The ICRC responded to intensified violence in Apure State, bordering Colombia, by increasing its support for one of the health centres mentioned above, in La Victoria.

The ICRC supported five malaria diagnosis and treatment centres in El Callao in Bolivar State. They were given medicine and medical supplies, and their technicians were trained in microscopy. Thanks to its efforts since 2019, the ICRC observed a 90% reduction in new cases of malaria in these communities from 2018 to 2021, and a continued decrease in the mortality rate for malaria in 2021 from 2020. These efforts to tackle malaria were turned over to the UNDP at the end of the year.

The ICRC continued to support the COVID-19 response of the facilities mentioned above. It helped them operate triage and isolation facilities, conducted refresher training in measures against COVID-19, and donated personal protective equipment

(PPE), rapid diagnostic tests and other essentials. About 10,850 people attended information sessions on COVID-19 organized or supported by the ICRC. The ICRC also backed countrywide vaccination efforts by the health ministry: for example, it donated fully equipped trucks to health centres, and provided food for volunteers at National Society vaccination centres (see *Actors of influence*).

The ICRC made improvements to water, sanitation and electrical systems at 17 health facilities to help them maintain or fortify their services. It waterproofed or repaired roofs, increased water-storage capacities, and renovated facilities for patients; it installed a backup solar-powered system at one centre.

Owing to administrative constraints, training for health workers and community members in psychosocial support for missing migrants' families and victims of violence was postponed to 2022.

### **Venezuelan communities meet their basic needs and receive livelihood support**

About 8,450 people were given meals free of charge, every day, at 10 canteens supported financially by the ICRC; some of them, including cooks at the canteens and people taking care of malnourished children, learnt about good hygiene, safe handling of food and proper nutrition, at ICRC training sessions. National Society volunteers were trained in screening for malnutrition at the ICRC-supported canteens and at some of the awareness-raising sessions mentioned above. The ICRC donated 56,000 packets of nutritional supplements to the National Institute of Nutrition and other pertinent actors in Venezuela. Some 300 people – including victims of violence in Venezuela and Venezuelan migrants in Aruba – bought food and other necessities or covered their other expenses (e.g. utilities, rent, school fees) with cash transfers from the ICRC; administrative constraints and pandemic-related travel restrictions limited the reach of this assistance, but emergency needs were also on a smaller scale than expected.

ICRC support enabled people affected by violence and/or the pandemic to improve their living conditions, protect themselves against illness and/or earn an income; about 15,500 people benefited. The ICRC donated hygiene kits and cleaning materials to health facilities and schools, with a view to promoting good hygiene and checking the spread of disease. People in transit coped with the help of food, water and other essentials distributed by the ICRC. Families whose houses had been damaged by violence were given cooking utensils and mattresses. Educational institutions were given school supplies, and local organizations providing income support to people in need received office equipment.

Some 144 people attended vocational training – in sewing and baking, for instance – and/or learnt basic business skills from local, ICRC-supported organizations; some of them were also given cash by the ICRC to start small businesses. The ICRC, together with a local organization, trained about 64 people (supporting 256 people) in poultry rearing, fishing and vegetable farming; they were also given seed, tools and/or cash for increasing their food production.

### **Water systems and other public infrastructure are upgraded**

The ICRC expanded water networks, replaced mains and transformers, and installed chlorination systems. All this, together with its other work on urban water systems, enabled about 12,400 people in Bolívar, Caracas and Tachira States to maintain or improve their access to clean water. The ICRC gave regional and municipal authorities technical and material support (e.g. PPE, tools) to maintain critical water systems serving approximately 431,800 people. Around 6,500 more people benefited from the ICRC's repairs at several schools, canteens and sports courts; and from the water it trucked-in to bus terminals in border areas. The ICRC stocked National Society branches with supplies for use in emergencies.

### **Dispersed families reconnect or receive news of their relatives**

Members of families dispersed by violence, migration, detention or other circumstances made use of the services available (e.g. phone calls, charging stations, internet access) at connectivity points set up by the Venezuelan Red Cross and the ICRC, where they could also find information on protecting themselves against COVID-19 and other dangers. The connectivity points were set up at bus terminals, public squares and other well-frequented places in Venezuela. In light of changing migration dynamics, the ICRC reassessed the situation of these points and repositioned them in places where needs were most significant. National Society teams were given PPE and disinfectants to enable them to carry out family-links services safely and in accordance with measures against COVID-19. The Movement's family-links services were also made available in Trinidad and Tobago, particular attention being given to families of people alleged to have participated in fighting in other countries.

People in Venezuela, Trinidad and Tobago, and Curaçao put in requests – by phone, email and in person – to trace missing relatives. The fate and whereabouts of 78 people were ascertained and the families in Venezuela and Trinidad and Tobago informed, through the concerted efforts of Movement components. The ICRC helped to deliver identification documents to 64 Venezuelans who had settled in other countries. Through the efforts of the ICRC and the authorities, five unaccompanied minors in Colombia were reunited with their families in Venezuela. The ICRC facilitated the repatriation of several sets of human remains to Venezuela and handed them over to the families concerned.

The Venezuelan Red Cross continued to strengthen its family-link services, with support and training from the ICRC. For instance, its volunteers learnt more about data protection and the use of a case management tool, at ICRC training sessions; the National Society incorporated data-protection rules in its handbook. The ICRC, albeit remotely, provided support for the family-links services of the Trinidad and Tobago Red Cross Society and the Netherlands Red Cross's branch in Aruba; it organized online training sessions for their volunteers.

The ICRC used social media, dissemination sessions, radio spots and other means to publicize the Movement's family-links services.

### **Venezuelan forensic services are given support for managing dead bodies and human remains**

In Venezuela, the ICRC provided forensic services, health workers, first responders and others with technical support for handling human remains, particularly in connection with violence and COVID-19. The ICRC provided guidance in such matters as forensic genetic testing, traceability and identification of human remains, and the needs of missing people's families. The ICRC also provided body bags, PPE and biosafety equipment, and training in their use of these. Posters and other informational materials were distributed to medico-legal facilities and first responders.

The ICRC maintained contact with the National Institute of Legal Medicine and Forensic Sciences and others, with a view to ensuring that pending legislation concerning forensics was in consonance with international law and followed internationally recognized best practices. To strengthen coordination in managing human remains, the authorities – at the ICRC's recommendation – organized intragovernmental meetings on such matters as handling COVID-related deaths.

The ICRC gave five families financial assistance to arrange funerals for relatives who had died along migration routes or during violence. It helped exhume the remains of one victim of clashes along the Venezuela-Colombia border and return them to the family concerned. It helped Venezuelan families convey biological reference samples and ante-mortem data to forensic authorities in Colombia, Ecuador and Peru for the identification of human remains in their possession. It reminded the relevant authorities that families had a right to know the fate or whereabouts of their missing relatives. It had discussions with Venezuelan authorities about ascertaining the fate of migrants who went missing after a maritime accident off the coast of Curaçao in 2018; and with Trinbagonian authorities about identifying the human remains found onboard a boat off the coast of Trinidad and Tobago in 2021.

The ICRC completed renovations to the electrical and water systems, and the storage facilities, at seven morgues in Venezuela; it also helped their staff ensure that their management of remains was aligned with international standards. With the ICRC's support, a facility for forensic medicine renovated rooms where victims/survivors of sexual violence were examined, and their injuries documented.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees receive ICRC visits and contact their families**

The ICRC visited 11 places of detention in Venezuela under the authority of the defence and penitentiary affairs ministries, which collectively held around 8,950 people. During these visits, which were carried out in accordance with its standard procedures, the ICRC monitored detainees' treatment and living conditions. Findings, and recommendations for improvement, were communicated confidentially to the pertinent authorities. The ICRC discussed a number of issues with them, such as ensuring respect for judicial guarantees and meeting internationally recognized standards for detention. It sponsored representatives of the penitentiary authorities to attend a regional ICRC workshop organized to develop, jointly, regional criteria for prison management and design.

Detainees reconnected with their relatives through the ICRC's family-links services, such as RCMs and phone calls. The ICRC donated phones to the penitentiary affairs ministry, for use at six prisons in Venezuela. It helped foreign detainees in Venezuela notify their consular representatives of their detention. Some 27 detainees received ICRC-financed visits from their families, some of whom were given food and other material support.

The ICRC was unable to secure access to detained migrants in Aruba, Curaçao, and Trinidad and Tobago, because of pandemic-related restrictions and other reasons. It held training sessions online for the Netherlands Red Cross branch in Aruba, to guide its activities for detained migrants.

### **Authorities are given support to improve detention conditions**

Venezuelan authorities, aided by the ICRC, worked to lower malnutrition rates, improve detainees' living conditions and make health care more readily available in places of detention. ICRC health staff visited five prison infirmaries and provided technical support, incentives for staff and material aid (e.g. medicine, consumables, medical equipment). The aims of ICRC support included helping prison health staff to conduct individual medical examinations, treat sick detainees and manage COVID-19 cases. To help check the spread of COVID-19, the ICRC donated PPE to a central pharmacy, for distribution to 56 places of detention under the penitentiary affairs ministry. It provided additional material assistance when high rates of COVID-19 were reported at one prison. It also organized training in diagnosing and treating TB, and made presentations to the authorities on the subject.

The ICRC distributed hygiene kits, soap, kitchen equipment and other essential items to help improve living conditions for about 14,300 detainees. The ICRC donated nutritional supplements and cooking items, and renovated kitchens (see below), to help prison staff prepare and provide adequate food to detainees. It paid particular attention to detainees with severe or moderate malnutrition, who were given twice the amount of supplementary food as others. Nutritionists and health staff were given laptops to register and monitor cases of malnutrition. All these efforts benefited about 16,200 detainees and some 480 prison staff.

The ICRC carried out infrastructural improvements at a number of prisons: it repaired water systems, drilled boreholes, installed solar-powered water pumps, donated water-purification tablets, hygiene kits and cleaning items, and trucked in water. It also installed gas tanks, stoves and other equipment at several kitchens, with a view to assisting efforts to check malnutrition and improve food supply in detention facilities. Prison staff were trained to operate and maintain wastewater and other critical facilities, and given supplies and equipment to this end. These activities helped to make safe water and better sanitation, and safely prepared food, available to around 15,900 detainees.

## **WOUNDED AND SICK**

### **Emergency medical services in Venezuela are strengthened**

In Venezuela, the ICRC maintained its efforts to help ensure the availability of timely and good-quality health services. It trained over 900 first responders, including Venezuelan Red Cross volunteers, in first aid or pre-hospital care; training sessions also informed participants about the rights of health workers and the violence committed against these personnel. The ICRC provided material support (e.g. medical supplies, hygiene items, PPE) to the Venezuelan Red Cross, emergency services, civil-protection authorities and others responding to emergencies. Approximately 10,200 people – victims of violence, floods, or COVID-19, and others – benefited from these ICRC-supported services.

Some of these services also strengthened their referral and transport systems: the ICRC helped repair and maintain their ambulances, or donated new ones, and ensured that they were well equipped. Such support helped ensure that people who were critically ill or wounded could be transported to secondary-care facilities. The ICRC also worked with these services and the authorities to standardize patient-care reports and guidelines for transferring people to emergency services; these efforts were in progress at year's end.

The ICRC made regular donations of medicine, supplies and equipment to 15 hospitals treating casualties of violence, people suffering from COVID-19 and others. The hospitals were given hygiene items, cleaning materials, PPE and wound-surgery kits; the aim was to reinforce their capacities in emergency care for trauma patients and people with life-threatening conditions. ICRC staff, including emergency teams and a biomedical engineer, provided direct assistance at five of these hospitals: for instance, they trained health staff in the proper use of critical equipment. It is worth noting that the ICRC was the only organization in Venezuela that was providing biomedical support in hospitals.

Roughly 1,000 medical professionals expanded their capacities in emergency-room trauma care by attending ICRC-supported training sessions at ICRC-supported hospitals. Some 480 health professionals were trained in such areas as implementing measures against COVID-19, setting up triage facilities and handling the bodies of people who had died of COVID-19.

The ICRC renovated emergency rooms, and electrical, water and sanitation systems, at nine hospitals (3,359 beds); it also trained and equipped health staff and technicians to operate and maintain these systems.

## ACTORS OF INFLUENCE

### Venezuelan police and military personnel add to their knowledge of applicable law

Pandemic-related restrictions continued to hamper the implementation of certain ICRC activities. The ICRC was, however, able to maintain dialogue with the defence and interior ministries, military, police, and other influential actors in Venezuela on matters of common interest. High-level meetings took place between the ICRC and Venezuelan authorities, which helped foster support for the ICRC's humanitarian work for Venezuelans.

The ICRC worked with the National School of Public Defence, and gave them material support, to conduct workshops on the use of force in law enforcement; partly as a result, some 1,200 people – military and police personnel, judges, prosecutors, and public defenders – were able to add to their knowledge of the subject. To this end, the ICRC also provided computer equipment for the National Experimental University of Security and the General Police Council. In addition, officials from the Ombudsman's Office improved their knowledge of IHL and the ICRC's principled humanitarian action through ICRC training sessions. The ICRC enabled senior military and police officers in Venezuela to participate in a high-level workshop – carried out online and in-person – on international rules governing military operations (see *International law and policy*) and a regional seminar on good practices in policing (see *Brasilia*), respectively.

### Venezuelan civil society familiarizes itself with the ICRC

The ICRC strove to broaden awareness of its activities in Venezuela, and support for them. It conducted information sessions for various sections of civil society, particularly the media. It took part in a panel of experts, organized for journalists by OCHA, and discussed the principle of neutrality in delivering humanitarian aid. Quarterly reports on its activities, operational updates and infographics, were produced and published online. It used its social-media platforms to circulate information about its response to the situation in Venezuela and about measures against COVID-19. It also assisted the Venezuelan Red Cross's efforts to support the national vaccination campaign against COVID-19 in Venezuela.

The ICRC and the Venezuelan Red Cross expanded their joint public communication – online and through printed and audiovisual materials – to broaden awareness of the Movement's activities. For instance, they used radio spots, social media and web-based messaging applications to

promote the Movement's family-links services. The ICRC used the same means to inform people affected by violence and/or the pandemic of ICRC activities in their behalf. This, and community-engagement sessions, enabled the ICRC to learn what people thought of its activities and the preferred communication channels of specific groups; the ICRC adapted its messages and means to promote them accordingly. Venezuelan Red Cross staff were trained to undertake public communication on the Movement's Fundamental Principles and the nature of its humanitarian action.

## RED CROSS AND RED CRESCENT MOVEMENT

The ICRC gave the Venezuelan Red Cross comprehensive support for developing its ability to respond – in accordance with the Safer Access Framework and the Fundamental Principles – to needs in Venezuela, particularly in connection with armed violence and the pandemic. Its volunteers were trained in such matters as security and operational risk management, and safe driving, by the ICRC or ICRC-trained National Society staff. They were given telecommunication equipment, uniforms, identification materials, and other items for doing their work in safety.

The ICRC regularly provided National Society branches throughout Venezuela with guidance in planning and implementing projects. ICRC training helped National Society staff in Venezuela and Aruba to develop their capacities in restoring family links (see *Civilians*) and explaining the Movement's activities to the general public (see *Actors of influence*). The ICRC provided financial and logistical support for the Venezuelan Red Cross's efforts to assist national vaccination campaigns against COVID-19 (see *Wounded and sick*); roughly 1,196,000 people were immunized at vaccination centres run by the National Society. The ICRC, acting through the International Federation, gave the Venezuelan Red Cross support to implement its plan for organizational development.

Owing to travel restrictions and other pandemic-related measures, some of the ICRC's activities for the Trinidad and Tobago Red Cross Society, and the Curaçao branch of the Netherlands Red Cross, could not be carried out.

Movement components from throughout the region exchanged experiences regularly and explored possibilities for cooperation – through meetings, peer-to-peer sessions and other events. This helped ensure a coherent Movement response and prevented 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		133	5		
RCMs distributed		171	8		
Phone calls facilitated between family members		5,629			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		5			
	<i>including people registered by another delegation</i>	5			
<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		130	38	6	7
	<i>including people for whom tracing requests were registered by another delegation</i>	33			
Tracing cases closed positively (subject located or fate established)		78			
	<i>including people for whom tracing requests were registered by another delegation</i>	39			
Tracing cases still being handled at the end of the reporting period (people)		222	60	8	13
	<i>including people for whom tracing requests were registered by another delegation</i>	68			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC reunited with their families by the ICRC/National Society		5	2		
	<i>including UAMs/SC registered by another delegation</i>	5			
<b>Documents</b>					
People to whom travel documents were issued		1			
People to whom official documents were delivered across borders/front lines		64			
<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		8,946	1,428	1	
Visits carried out		79			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		316	75		
	<i>of whom newly registered</i>	190	58		
<b>RCMs and other means of family contact</b>					
RCMs collected		311			
RCMs distributed		231			
Phone calls made to families to inform them of the whereabouts of a detained relative		28			
Detainees visited by their relatives with ICRC/National Society support		27			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Food consumption	People	9,248	3,324	2,310
Food production	People	256	128	
Income support	People	144	70	
Living conditions	People	15,456	4,996	4,276
<b>Water and habitat</b>				
Water and habitat activities	People	450,578	81,048	72,193
<b>Primary health care</b>				
Health centres supported	Structures	16		
	<i>of which health centres supported regularly</i>	16		
Average catchment population		219,547		
<b>Services at health centres supported regularly</b>				
Consultations		377,961		
	<i>of which curative</i>	374,385	137,163	87,915
	<i>of which antenatal</i>	3,576		
Vaccines provided	Doses	25,596		
	<i>of which polio vaccines for children under 5 years of age</i>	7,601		
Referrals to a second level of care	Patients	10,960		
	<i>of whom gynaecological/obstetric cases</i>	88		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	People	16,246	1,786	
Living conditions	People	14,266	2,550	24
<b>Water and habitat</b>				
Water and habitat activities	People	15,874	2,381	317
<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	5		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	15		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	12		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Consultations		83,453		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		303		
Weapon-wound admissions (surgical and non-surgical admissions)		181		
Weapon-wound surgeries performed		38		
Patients whose hospital treatment was paid for by the ICRC		2,035		
<b>First aid</b>				
First-aid training	Sessions	89		
	Participants (aggregated monthly data)	921		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	3,359		

# COLOMBIA

In Colombia since 1969, the ICRC strives to protect and assist victims of armed conflicts and other situations of violence and promote compliance with IHL and other pertinent norms among weapon bearers. It visits detainees and assists the authorities in addressing systemic issues affecting the penitentiary system. It supports efforts to address the needs of families of missing persons, provides aid to violence-affected people and migrants, and helps ensure their access to health care. It runs a comprehensive mine-action programme. The ICRC works closely with the Colombian Red Cross.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2021

- Authorities and armed groups were reminded by the ICRC of their obligations under IHL and other pertinent norms. The ICRC acted as a neutral intermediary in the release and transfer of 25 people formerly held by armed groups.
- Vulnerable people, notably those displaced by an intensification of hostilities, covered their basic needs and built their resilience to the effects of violence, with relief aid and other support from the National Society and the ICRC.
- Migrants reconnected with relatives through family-links services provided by ICRC-supported local organizations, including the Colombian Red Cross. Unaccompanied migrant children were reunited with their families.
- Aided by the ICRC, detaining authorities strove to tackle systemic issues, and the COVID-19 pandemic. They organized an online health course for prison health workers, with a view to improving health care in detention.
- The ICRC provided support for health ministry teams that were vaccinating people against COVID-19. The wounded and sick obtained life-saving care from health workers trained and supported by the ICRC.
- Persons with disabilities were treated at centres receiving training, supplies and expertise from the ICRC; the ICRC assisted some disabled people to take part in sports, go to school or earn an income.

## EXPENDITURE IN KCHF

Protection	15,233
Assistance	14,202
Prevention	2,636
Cooperation with National Societies	1,503
General	1,116
<b>Total</b>	<b>34,691</b>
<i>Of which: Overheads</i>	<i>2,117</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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## PERSONNEL

Mobile staff	81
Resident staff (daily workers not included)	405



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

## PROTECTION

	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	39
RCMs distributed	16
Phone calls facilitated between family members	171,426
Tracing cases closed positively (subject located or fate established)	168
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	16
Detainees in places of detention visited	42,144
<i>of whom visited and monitored individually</i>	3
Visits carried out	37
<b>Restoring family links</b>	
RCMs collected	2
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	18,000	55,833
Food production	People	8,400	5,988
Income support	People	10,780	19,477
Living conditions	People	18,000	35,383
Capacity-building	People		1,700

<b>Water and habitat</b>		2021 Targets (up to)	Achieved
Water and habitat activities	People	48,200	43,920

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Water and habitat</b>		2021 Targets (up to)	Achieved
Water and habitat activities	People	2,800	70,000

## WOUNDED AND SICK

<b>Medical care</b>		2021 Targets (up to)	Achieved
Hospitals supported	Structures	12	24

<b>Physical rehabilitation</b>		2021 Targets (up to)	Achieved
Projects supported	Projects	19	19

<b>Water and habitat</b>		2021 Targets (up to)	Achieved
Water and habitat activities	Beds (capacity)		319

## CONTEXT

Armed conflicts – between government forces and armed groups, and among armed groups – and other situations of violence continued to steadily increase, in intensity and complexity, throughout the country. These resulted in more casualties and people becoming displaced. Socio-economic protests, particularly countrywide demonstrations during the first half of the year, also led to casualties.

The consequences of ongoing and past hostilities, such as the presence of mines and explosive remnants of war (ERW), protest-related roadblocks and movement restrictions necessitated by the COVID-19 pandemic, made it more difficult for violence-affected people to obtain basic services and pursue livelihoods. Attacks against health services impeded the provision of life-saving care.

Many families remained without news of relatives missing in connection with past and ongoing conflict.

The Colombian government and the Fuerza Alternativa Revolucionaria del Común (FARC, or Common Alternative Revolutionary Force, the political successor to the Revolutionary Armed Forces of Colombia – People's Army, or FARC-EP) took steps to implement the terms of their 2016 peace agreement.

Migrants, including refugees, who were passing through, or had settled in violence-affected areas, were at risk of destitution, exploitation and loss of family contact.

National vaccination campaigns against COVID-19 were ongoing.

## ICRC ACTION AND RESULTS

Despite pandemic-related restrictions and countrywide protests, particularly during the first half of the year, the ICRC – focusing on helping strengthen people's resilience to and mechanisms for coping with the effects of armed conflicts – continued its humanitarian work in Colombia. It did so by working with local partners and other Movement components – notably, the Colombian Red Cross, for which it provided technical and financial support to work in line with the Safer Access Framework. It adapted its activities to pandemic-related constraints and followed COVID-19 protocols.

The ICRC discussed the protection-related concerns of violence-affected people with authorities and armed groups and reminded them of their obligations under IHL and other pertinent norms. These discussions contributed to the issuance of a temporary statute protecting and assisting Venezuelan migrants, and facilitated the safe passage of medical personnel, and National Society volunteers, conducting vaccination campaigns against COVID-19. ICRC workshops broadened people's awareness of the risk to them from mines and ERW.

Victims of violence, migrants and missing people's families were made aware of the state services available to them, and shared their views on ICRC activities, including through the ICRC's community contact centre. The ICRC provided technical support for the state's victim assistance unit and other bodies,

but also intervened directly, whenever necessary, to address the immediate needs of these people.

IDPs, migrants and others were given food and hygiene items – or cash for buying them. Because of forced displacements that created more needs, the ICRC provided more aid than planned; emergency support was extended to those in serious financial difficulties because of displacement and the pandemic. Members of missing people's families or violence-affected households worked towards self-sufficiency as they secured jobs, or started or strengthened small businesses, with ICRC cash grants and training. People had broader access to clean water and basic services as a result of renovations to water systems and communal facilities by the ICRC; violence-affected communities benefited from ad hoc water-and-habitat projects.

The ICRC or ICRC-trained volunteers gave migrants – and victims/survivors of sexual or other violence – psychological or psychosocial care. The ICRC provided support for health ministry teams that were vaccinating people against COVID-19. It trained volunteers and medical professionals in first aid and surgical care, which increased the likelihood of people receiving life-saving care. People with physical disabilities were treated at ICRC-supported centres; the ICRC assisted some disabled people to take part in sports, go to school or earn an income.

The ICRC provided the Missing Persons Search Unit (UBPD) with technical support for ascertaining the fate of missing people and assisting their families. It discussed standards for humanitarian forensic work and the management of human remains with forensic authorities and others. First responders involved in managing human remains, and community members, were trained in these standards and given personal protective equipment (PPE). The ICRC made renovations at cemeteries, and at a forensic institute, to help state agencies identify victims of violence. Migrants, including unaccompanied children, reconnected or reunited with their relatives through family-links services provided by the National Society and other local partners with comprehensive ICRC support.

ICRC visits to detainees, carried out in accordance with standard ICRC procedures, resumed. The ICRC gave authorities technical support for addressing systemic issues such as overcrowding; ensuring the provision of health care in detention; and preventing the spread of COVID-19. Detaining authorities in Colombia worked with their counterparts in other countries to develop regional criteria for prison management and design.

Military and police personnel were helped to strengthen their grasp of IHL and other applicable norms. Academics, journalists and members of the general public learnt more about IHL and humanitarian issues in Colombia through various ICRC initiatives.

## CIVILIANS

The ICRC engaged authorities and weapon bearers in dialogue on their obligations under IHL and other pertinent norms – more specifically, on protection for civilians; allegations of sexual violence; and access to humanitarian aid and basic

services. Following the ICRC's confidential dialogue, weapon bearers facilitated safe access, particularly to rural areas, for health ministry vaccination teams – accompanied by Colombian Red Cross volunteers – that were immunizing people against COVID-19. Discussions with the authorities contributed to the issuance of a temporary statute protecting and assisting Venezuelan migrants in Colombia. The ICRC also conducted workshops on international policing standards for the use of force to restore public order and enforce pandemic-related lockdowns (see *Actors of influence*).

The ICRC acted as a neutral intermediary in the release and transfer of 16 civilians and 9 military personnel formerly held by armed groups.

The ICRC pursued efforts to strengthen communities' resilience to and mechanisms for coping with the various humanitarian consequences of armed conflicts, as well as other emergencies. Vulnerable people participated in ICRC community-based workshops on mitigating risks to their safety. Some 14,000 people learnt safe practices around mines/ERW at ICRC workshops and from information sessions conducted by ICRC-trained community members. ICRC radio spots also broadened public awareness in this regard. The ICRC donated some 1,800 backpacks containing school supplies to students in these areas.

People learnt about the humanitarian services available to them, and shared their views on ICRC activities, through the ICRC community contact centre that went into service in September.

### **Vulnerable people meet some of their most urgent needs**

The ICRC, together with the government's victim assistance unit and other local organizations, informed violence-affected people – including victims/survivors of sexual violence, casualties of mines/ERW, migrants and missing people's families – of state services and strove to make these services accessible to them. It provided 1,700 members of community organizations and other stakeholders with financial support to strengthen their ability to give people the help they need.

The ICRC helped the National Society to develop its capacities, including its ability to take the protection-related concerns of violence-affected people into account when providing aid to them. When necessary, the ICRC, often with the National Society, directly intervened to assist people ineligible for state benefits – or who had not received the benefits to which they were entitled – especially in rural areas inaccessible to others for security reasons. More people than planned benefited from such assistance, because of the needs among people recently displaced by renewed fighting.

Some 55,800 people (15,198 households) – including IDPs, victims/survivors of sexual and other violence, and missing people's families – were given food parcels, food vouchers or cash to buy food, or were employed in cash-for-work projects by the ICRC. Around 35,400 people (9,179 households) received hygiene kits and other essential items. There were migrants in transit among all of the above-mentioned people, and they were given meals prepared by ICRC-supported community kitchens and/or essential items by other ICRC local partners.

Around 3,600 particularly vulnerable households (17,159 people) who had been put into serious financial difficulties by the pandemic and by forced displacement were provided with emergency cash assistance to cover their basic needs, or transport and other expenses for obtaining state services.

### **Violence-affected people work towards self-sufficiency**

The ICRC, together with its local partners, provided income support for around 490 heads of households (2,318 people), including migrants, victims/survivors of sexual violence and relatives of missing people. Breadwinners completed training in soft skills from a local partner. This helped some of them get jobs at local businesses (at least 30% of their wages were covered by the ICRC for six months); others learnt basic business skills and received expert advice and/or cash grants from the ICRC to start or strengthen their small businesses. Members of agricultural producers' associations benefited from expert advice given by consultants and an organization supported by the ICRC on such matters as beekeeping and chicken sales to increase their income.

Roughly 1,200 households (5,988 people) in conflict-affected rural areas grew food with seed and tools for cultivating crops – and raised animals with livestock supplies and training in poultry management – from local institutions and the ICRC.

### **People in distress obtain psychosocial care**

Mental-health and psychosocial support – through in-person or virtual counselling sessions at health facilities and counselling centres – was given to 2,413 people struggling with the effects of violence and/or the pandemic: victims/survivors of sexual violence, missing people's families, migrants and disabled people. The support was provided by ICRC psychologists or by community volunteers and other local partners trained or supported by the ICRC. Health workers and others learnt psychological self-care and stress management.

### **Communities have access to water and other basic services**

Around 44,000 people in violence-prone or underserved areas – including IDPs – were helped to obtain clean water and other basic services, and assistance from National Society programmes, through ICRC activities and support. The ICRC renovated shelter areas and water-distribution points – which benefited some 14,400 migrants in transit – and school facilities, which enabled 4,760 children to continue their education. Some National Society premises and forensic infrastructure (see below) also benefited from ICRC upgrades.

Roughly 11,100 of the people mentioned above received emergency aid from the ICRC. They included some 4,400 newly displaced people who were given hygiene items. Others received construction materials to repair houses and schools that were damaged during hostilities.

### **The authorities maintain their efforts to ascertain the fate of missing people**

The ICRC continued to engage authorities and armed groups in dialogue about informing families of the fate of their missing relatives and implementing measures to prevent disappearances. The remains of 30 people were forwarded to the authorities for identification; 14 sets of remains were

identified and handed over to the families concerned. During round tables and training sessions, the ICRC drew attention to the needs of missing people's families. The UBPD was given technical support to expand their capacities: for instance, the ICRC gave UBPD staff training in providing psychosocial care to missing people's families. The ICRC met with officials from the UBPD and other government bodies to coordinate the collective effort to ascertain the fate of missing people and assist their families. Some families received economic or psychosocial support from the ICRC (see above).

Judicial, forensic and other authorities learnt about humanitarian forensics and other subjects at ICRC meetings, seminars and workshops. The ICRC offered them technical support to develop professional standards for forensic work, information-sharing and data protection. It trained National Society personnel, community members and other emergency responders in the proper management of human remains and gave them PPE. The ICRC upgraded forensic facilities and donated equipment to protect informal burial sites for unidentified victims of violence, with a view to facilitating future identification by state agencies.

### **Migrants restore contact with their families**

Migrants restored contact with their families through family-links services – phone calls, internet connectivity and mobile-phone charging stations – offered by the National Society and other local organizations. The ICRC sustained its financial, material and technical support for these service providers. Some 171,000 phone calls between family members were facilitated. The ICRC reunited five unaccompanied migrant children and adolescents with their families in the Bolivarian Republic of Venezuela, the first cross-border operation of its kind. It prioritized provision of family-links services in violence-affected areas.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detaining authorities take steps to address issues in the penitentiary system**

The ICRC resumed its visits to places of detention during the second quarter of the year. It visited – in accordance with its standard procedures – 16 places of detention, which collectively held around 42,000 detainees. It monitored detainees' treatment and living conditions, particularly the availability of health care and physical rehabilitation services at three places of detention. Findings and recommendations were communicated confidentially to the relevant authorities.

The authorities continued to draw on ICRC expertise to reform the criminal-justice system. Discussions with them focused on implementing alternatives to incarceration – for example, for female heads of households – and on establishing a national mechanism to ensure effective coordination among all state institutions involved in providing health care and food in detention.

The ICRC, together with the National Penitentiary School, trained the school's staff in international human rights law and other norms regulating the use of force. The ICRC worked with detaining authorities to draft and review guidelines for preventing ill-treatment: this included completion of a booklet

on protocols for medical isolation. Together, they launched a pilot project for prison staff at three places of detention – for replication elsewhere – to implement a revised manual on managing isolation wards. Current and newly hired health workers attended a virtual course on prison health developed by the detaining authorities, the National Training Service and the ICRC.

### **Prison facilities are improved, and equipped to tackle the pandemic**

The ICRC worked with national authorities to improve prison management and infrastructure. It also carried out, in coordination with prison officials, small-scale projects to improve detainees' living conditions.

Colombian authorities and their counterparts in other countries held an online workshop under an ongoing project to develop regional standards for prison management and design. At this workshop, Colombian authorities presented their national standards for designing and maintaining prison kitchens, standards that they had developed with the ICRC's expert assistance.

The ICRC continued to distribute handwashing equipment, cleaning items and posters promoting good hygiene to 25 prisons. A total of 70,000 detainees at these prisons were given hygiene kits, to enable them to protect themselves and others against COVID-19.

Owing to pandemic-related restrictions during the first half of the year, renovation of prison facilities – for instance, to make them more disabled-accessible – was delayed. Some of the ICRC's water-and-habitat projects were still in progress at year's end.

## **WOUNDED AND SICK**

### **Hospitals strengthen their services**

The ICRC covered accommodation and other costs for 817 people – including migrants, wounded people, victims of mines/ERW and victims/survivors of sexual violence – given treatment at state-run facilities; critically wounded people were evacuated to hospitals by the ICRC or referred to suitable health facilities. It provided training in dealing with cases of sexual violence for health workers and authorities involved in the referral process.

To help ensure the availability of life-saving care, the Colombian Red Cross and the ICRC trained community members, health workers and weapon bearers in first aid, basic emergency care and medical evacuation. The ICRC conducted a basic course in wound management for 156 health workers. It also organized, for these participants and for the authorities, information sessions on the Health Care in Danger initiative. Twenty-four health facilities were marked with the protective emblem of the country's medical services, and health staff were given identification materials.

People obtained emergency care at 24 hospitals supported by the ICRC. These hospitals included 12 facilities that regularly received ICRC donations of medicines, medical supplies (including PPE for personnel dealing with COVID-19 cases) and equipment, and furniture; owing to the increase in wounded

people (see *Context*), the ICRC provided similar support for one additional hospital. It provided expert guidance for some of these hospitals and other institutions and trained their staff in the treatment of victims/survivors of sexual violence and other clinical areas. Ad hoc donations of wound-dressing kits and PPE were made to other health-care providers, in response to mass-casualty events and outbreaks of COVID-19.

The ICRC – partly with the National Society – supported the health ministry's vaccination campaign against COVID-19. It provided transport and food for vaccination teams and helped to arrange lodgings for them. It also gave health facilities (319 beds), particularly those in remote areas, material support for tackling the pandemic: for example, two hospitalization tents for COVID-19 patients, and cold-chain equipment to store COVID-19 vaccines.

### **People with disabilities receive rehabilitative care and other assistance**

Persons with disabilities obtained state services with the help of the National Society and the ICRC: 107 people receiving treatment at physical rehabilitation centres were given financial assistance to cover their expenses for transport, food or accommodation and another 30 people were helped to access state services. Treatment costs were covered for some 453 patients – including detainees and migrants – of seven orthopaedic centres regularly supported by the ICRC. Aided by the ICRC, these facilities continued to implement measures to contain the spread of COVID-19. Staff and patients received PPE; and around 30,500 face shields were made at some of these centres, with materials supplied by the ICRC.

Material and technical support, and training, from the ICRC helped 12 universities, professional associations and other institutions to develop their capacities in various aspects of rehabilitative care – such as wheelchair services and tending to children with cerebral palsy – or in training professionals in these areas. The ICRC attended meetings organized by authorities and experts, at which rehabilitative care for disabled detainees was discussed along with other subjects. One university, with advice from the ICRC, improved their curriculum for physical therapy by adding a course in management of lower-limb amputees.

The ICRC sought to advance the social inclusion of persons with disabilities – for instance, by opening up educational opportunities for disabled children. It held training sessions and donated sports equipment for wheelchair-basketball, para-badminton and sitting-volleyball teams, including at six prisons where disabled detainees played this sport. It organized a workshop on job skills for people with disabilities. Some disabled people were referred for ICRC livelihood assistance.

## **ACTORS OF INFLUENCE**

### **Authorities, weapon bearers and others strengthen their grasp of IHL**

The ICRC helped authorities, legal experts, judicial officials, legal advisers to the armed forces and representatives of civil-society organizations to strengthen their grasp of IHL. It held meetings and other events with and for members of the

UBPD and the Special Jurisdiction for Peace – a transitional-justice mechanism established in accordance with the terms of the peace agreement between the Colombian government and the FARC-EP. These events also served to reiterate the enduring pertinence of IHL, for instance, to such issues as missing people and the conduct of hostilities. The ICRC organized conferences, courses and meetings for government officials – including members of the national IHL committee – legislators and academics to discuss the domestic implementation of IHL and other applicable legal frameworks that address the needs of vulnerable people.

Roughly 4,800 military and police personnel expanded their knowledge of IHL, human rights law and other norms through ICRC conferences and training sessions. The ICRC provided expert help for integrating these norms into the defence ministry's education policy and into military doctrine. Meetings and high-level round tables with military and police forces also included discussion of such matters as regulating the use of force and preventing sexual violence.

In its dialogue with weapon bearers, particularly members of armed groups, the ICRC emphasized the necessity of ensuring civilians' access to humanitarian aid (see *Civilians*).

### **The general public learns about the ICRC's activities**

ICRC reports, news releases and interviews helped to broaden public awareness of the ICRC's work, including its COVID-19 response. Communities learnt more about the community contact centre (see *Civilians*) and services available to them – for instance, to restore family links – through ICRC radio spots and the ICRC's social-media accounts. The ICRC also produced informational materials for them – such as booklets on mental health, sexual violence and social inclusion of people with disabilities – and translated, into a local language, tips on self-protection around mines/ERW.

The ICRC met with members of the local and the international media – in person and online – to draw their attention to the plight of violence-affected people, missing people's families and migrants, and to the ICRC's response. To promote accurate media coverage of these and other humanitarian issues, the ICRC organized online workshops and field trips for journalists.

The ICRC organized events with Colombian universities – such as conferences on human rights and IHL, and moot court competitions for students – to help students and teachers add to their knowledge of IHL.

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

The Colombian Red Cross remained the ICRC's main partner in responding to the humanitarian needs of violence-affected people in the country (see *Civilians* and *Wounded and sick*). Comprehensive support from the ICRC enabled the National Society to build up its organizational and operational capacities in, for example, broadening access to health services, restoring family links and implementing economic-security programmes.

The ICRC maintained its support for the National Society's efforts to incorporate the Safer Access Framework in its activities. It organized meetings, training sessions and workshops on the subject.

The National Society, the International Federation and the ICRC met regularly, online, to ensure uniformity of views on key protection issues and to coordinate assistance activities, particularly in connection with the pandemic (vaccinating people against COVID-19, for instance).

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		39	10		
RCMs distributed		16	3		
Phone calls facilitated between family members		171,426			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		5			
People transferred or repatriated		21			
Human remains transferred or repatriated		43			
<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		465	51	32	47
<i>including people for whom tracing requests were registered by another delegation</i>		22			
Tracing cases closed positively (subject located or fate established)		168			
<i>including people for whom tracing requests were registered by another delegation</i>		7			
Tracing cases still being handled at the end of the reporting period (people)		2,824	264	251	507
<i>including people for whom tracing requests were registered by another delegation</i>		65			
<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		35	17		2
UAMs/SC reunited with their families by the ICRC/National Society		5	3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		50	23		3
<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		42,144	5,016	1	
Visits carried out		37			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		3		1	
<i>of whom newly registered</i>		3		1	
<b>RCMs and other means of family contact</b>					
RCMs collected		2			
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		55,833	18,250	18,182
	<i>of whom IDPs</i>		16,636	5,890	5,077
Food production	People		5,988	1,742	2,750
	<i>of whom IDPs</i>		271	95	104
Income support	People		19,477	7,325	6,669
	<i>of whom IDPs</i>		13,697	4,878	4,838
Living conditions	People		35,383	11,203	10,514
	<i>of whom IDPs</i>		1,868	691	663
Capacity-building	People		1,700	424	847
<b>Water and habitat</b>					
Water and habitat activities	People		43,920	13,951	15,961
	<i>of whom IDPs</i>		19,143	5,934	6,508
<b>Mental health and psychosocial support</b>					
People who received mental-health support			2,413		
People who attended information sessions on mental health			785		
People trained in mental-health care and psychosocial support			156		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>Water and habitat</b>					
Water and habitat activities	People		70,000	5,600	
<b>Health care in detention</b>					
Places of detention visited by health staff	Structures		3		
<b>WOUNDED AND SICK</b>					
<b>Hospitals</b>					
Hospitals supported	Structures		24		
<b>Services at hospitals not monitored directly by ICRC staff</b>					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			2,388		
Weapon-wound admissions (surgical and non-surgical admissions)			634		
<b>First aid</b>					
First-aid training					
	Sessions		24		
	Participants (aggregated monthly data)		444		
<b>Water and habitat</b>					
Water and habitat activities	Beds (capacity)		319		
<b>Physical rehabilitation</b>					
Projects supported			19		
	<i>of which physical rehabilitation projects supported regularly</i>		7		
<b>Services at physical rehabilitation projects supported regularly</b>					
People who received physical rehabilitation services	Aggregated monthly data		590	102	80
	<i>of whom victims of mines or explosive remnants of war</i>		118		
Prostheses delivered	Units		209		
Orthoses delivered	Units		80		
Physiotherapy sessions			81		
Walking aids delivered	Units		60		
Wheelchairs or postural support devices delivered	Units		175		
Referrals to social integration projects			300		

# LIMA (regional)

**COVERING:** Plurinational State of Bolivia, Ecuador, Peru

The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons and monitors the humanitarian situation in violence-prone areas, particularly in the Apurímac, Ene and Mantaro Valley (VRAEM) in Peru. It seeks to address the needs of violence-affected people and of vulnerable migrants. It helps the region's National Societies to reinforce their capacities. The ICRC supports the integration of IHL, human rights norms and international law enforcement standards into the military and security forces' doctrine, training and operations; it promotes the incorporation of IHL in national legislation.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2021

- Vulnerable people in Peru had access to clean water and sanitation after the ICRC renovated water infrastructure in coordination with community members and local authorities.
- Migrants throughout the region reconnected with relatives through the Movement's family-links services. Missing people's families received psychosocial care and cash or logistical support for travelling or constructing burial sites.
- In Ecuador, the ICRC sponsored further education for staff at physical rehabilitation centres run by the health ministry. It also covered the costs of rehabilitative care for some at-risk patients.
- Aided by the ICRC, detaining authorities expanded a programme under which detainees made video calls to relatives; and sought to address systemic issues such as overcrowding and unavailability of health care.
- In Ecuador and Peru, authorities and weapon bearers were reminded by the ICRC that they must protect and assist vulnerable people in line with applicable norms. Peru ratified the Treaty on the Prohibition of Nuclear Weapons.

## EXPENDITURE IN KCHF

Protection	2,712
Assistance	670
Prevention	1,267
Cooperation with National Societies	588
General	52
<b>Total</b>	<b>5,289</b>
<i>Of which: Overheads</i>	323

## IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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## PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	44



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	8
RCMs distributed	9
Phone calls facilitated between family members	22,761
Tracing cases closed positively (subject located or fate established)	96
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	26
Detainees in places of detention visited	55,700
<i>of whom visited and monitored individually</i>	123
Visits carried out	50
<b>Restoring family links</b>	
RCMs collected	7
RCMs distributed	12
Phone calls made to families to inform them of the whereabouts of a detained relative	14

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Income support	People	1,279	
Living conditions	People	38	
<b>Water and habitat</b>			
Water and habitat activities	People	1,150	2,405
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Living conditions	People	25,666	
<b>Water and habitat</b>			
Water and habitat activities	People	401	
<b>WOUNDED AND SICK</b>			
<b>Physical rehabilitation</b>			
Projects supported	Projects	4	4

## CONTEXT

In Peru, government forces continued to carry out military operations against the Militarized Communist Party of Peru (PCP-M), and against drug trafficking, in the Apurímac, Ene and Mantaro Valley (VRAEM). In the Plurinational State of Bolivia (hereafter Bolivia), Ecuador and Peru, protests over socio-economic and political issues – and in Ecuador, prison riots as well – became more frequent. All this led to casualties and arrests, damaged infrastructure and/or displaced people; moreover, emergency aid or basic services, and livelihood opportunities became less accessible, particularly for people in remote areas.

Migrants, including refugees, from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) and elsewhere passed through Bolivia, Ecuador and Peru, or stayed there. During their journeys, some of them lost touch with relatives and were subjected to abuse.

The Peruvian government continued to implement a 2016 law – based on humanitarian principles – that regulated the search for people missing in connection with the 1980–2000 conflict.

In the countries covered, movement restrictions necessitated by the COVID-19 pandemic made it more difficult for the authorities to address the needs of vulnerable people. National vaccination campaigns against COVID-19 got under way.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Lima, Peru maintained its efforts to protect and assist vulnerable people, including communities affected by violence in the VRAEM. It did so with the Bolivian, Ecuadorean and Peruvian National Societies – whose organizational and operational capacities were strengthened by the International Federation and the ICRC – and other ICRC-supported partners.

The ICRC reminded Ecuadorean and Peruvian authorities and weapon bearers to ensure protection for vulnerable people and safe access to essential goods and services. Armed forces and security forces personnel, especially those deployed to violent-prone areas, furthered their understanding of IHL and/or international policing standards.

ICRC water projects, carried out in coordination with the authorities and community members, made clean water and sanitation services available to people in the VRAEM. The ICRC trained these communities in first aid and preventive health care, which increased the likelihood of people receiving suitable care during emergencies. Remote indigenous communities broadened their awareness of and protection against COVID-19 through the health ministry's vaccination programme, supported by Movement components, including the ICRC. Victims of violence, and detainees' families, were given household essentials, cash and/or other assistance to cope with pandemic-related and other difficulties.

The National Societies and the ICRC helped unaccompanied children and others dispersed by migration, natural disasters, or for other reasons, to reconnect with relatives.

The ICRC continued to assist Peruvian authorities' efforts to ascertain the fate of people missing in connection with the 1980–2000 conflict and address the needs of missing people's families. A tripartite commission – consisting of the Ministry of Justice and Human Rights, the public prosecutor's office and the ICRC – was established to speed up the identification of human remains. The ICRC helped Peruvian authorities to improve an accompaniment programme through which missing people's families were given psychosocial and other support. It enabled missing people's families to participate in the search for their relatives and helped organize events to draw attention to their plight. Financial and technical support from the ICRC enabled associations of missing people's families to carry out projects and expand their dialogue with the authorities. The ICRC provided training in human remains management for forensic experts and others throughout the region.

ICRC visits to detainees in Bolivia, Ecuador and Peru, carried out in accordance with standard ICRC procedures, resumed, after their suspension last year owing to pandemic-related restrictions. Findings and recommendations from prison visits were communicated confidentially to the authorities, with a view to helping improve detainees' treatment and living conditions. The ICRC continued to engage with authorities on addressing systemic issues such as over-crowding and unavailability of health care; it also sought to help them check the spread of COVID-19. Detainees were able to stay in contact with their families through family visits and, with the ICRC's support, a programme of video calls.

In Ecuador, the ICRC sponsored further education in prosthetics and orthotics for staff at physical rehabilitation centres run by the health ministry. Migrants and other vulnerable people with disabilities obtained care at an NGO-run centre; the ICRC covered the costs of their treatment. As planned, the ICRC's support for physical rehabilitation projects ended in June.

Together with the pertinent National Societies, the ICRC provided authorities and national IHL committees with support for implementing and fostering respect and acceptance for IHL. Peru ratified the Treaty on the Prohibition of Nuclear Weapons. Academics and students in Ecuador and Peru added to their knowledge of IHL and humanitarian issues at online workshops, seminars and competitions organized or supported by the ICRC. Journalists were kept up to date on the ICRC's work through meetings and field trips. These efforts by the ICRC – together with media-related initiatives by the National Societies and the ICRC – helped academics and journalists to cultivate support for IHL and the Movement's activities and shape public discussions.

## CIVILIANS

The ICRC reminded authorities and weapon bearers in Ecuador and Peru, through confidential dialogue, of their obligations under IHL and other applicable norms to protect vulnerable people and safeguard their access to basic goods and services, including health care. Violence-affected people, particularly in the VRAEM, reported their concerns to ICRC delegates; the ICRC monitored these concerns and provided ad hoc assistance (see below).

Aided by the ICRC, armed forces and security forces personnel in violence-prone areas strengthened their grasp of IHL, international human rights law and international law enforcement standards for the use of force to restore public order (see *Actors of influence*).

Information campaigns carried out by the National Societies and the ICRC told violence-affected communities, migrants and missing people's families about the services available to them, and how to prevent loss of family contact and protect themselves against COVID-19. These groups of people used online channels and other means to express their views on ICRC activities in their behalf.

In Peru, the ICRC trained community members in the VRAEM in IHL, first aid and preventive health care, to enable them to provide emergency care for others. Together with the Peruvian Red Cross and the International Federation, it helped the health ministry to explain the benefits of vaccination against COVID-19 in remote indigenous communities, and provided financial and logistical support for the ministry's vaccination teams.

#### **Clean water and humanitarian aid are made available to violence-affected people**

In the VRAEM, clean water and sanitation services were more readily available to roughly 2,400 people, including students, after the ICRC renovated water infrastructure in coordination with community members and local authorities.

Hundreds of victims of violence received cash from the ICRC and/or were referred to others for psychosocial, legal or other support. This helped them to better cope with pandemic-related and other difficulties; numerous relatives of people who had been detained were given essential household items to the same end.

#### **Migrants stay in touch with relatives**

The National Societies in the region strove to make family-links services available to people separated from their families by migration, natural disasters or protests. Comprehensive support from the ICRC enabled the National Societies to publicize and provide these services, especially during emergencies; these services were provided in line with data-protection standards. The ICRC trained Ecuadorean Red Cross personnel to respond to the protection-related and other distinct concerns of migrants – for instance, by registering unaccompanied children – with a view to enabling them to take the lead in handling these cases.

Migrants, including refugees, had access to family-links services at fixed and mobile posts situated strategically in border areas and along migration routes in the region. Recognizing that COVID-19 patients at hospitals were particularly at risk of losing touch with their loved ones, the Ecuadorean Red Cross and the ICRC continued to provide family-links services in these places, as well as at migrant shelters. Migrants in Ecuador were able to obtain legal documents – to regularize their status and for other purposes – with the ICRC's assistance.

#### **Peruvian authorities ascertain the fate of missing people and support their families**

The Peruvian authorities endeavoured to help families ascertain the fate of relatives missing in connection with the 1980–2000 conflict, and address their needs, as per a 2016 law. The government offices in charge of implementing a mechanism for this purpose continued to be given expert advice and other support by the ICRC; a tripartite commission – consisting of the Ministry of Justice and Human Rights, the public prosecutor's office and the ICRC – was established to speed up the identification and return of human remains to the families concerned. Government officials attended events organized or supported by the ICRC, such as a video conference on the national plan for searching for missing people, and a regional meeting on the lessons learnt from other countries' experiences in the use of search mechanisms to locate missing people.

Peruvian authorities drew on the ICRC's expertise to improve an accompaniment programme through which missing people's families were given psychosocial and other support. Staff involved in the programme attended ICRC training in providing psychosocial care for these families, and in practicing emotional self-care.

Financial and/or logistical support from the ICRC enabled missing people's families in Peru to participate in the search for their relatives. They were able to travel to or construct burial sites for their relatives, and those most vulnerable among them were able to better cope, to some extent, with the consequences of the pandemic. Financial and technical support from the ICRC enabled associations of missing people's families to carry out livelihood-support projects and commemorative activities, and expand their dialogue with the authorities. The ICRC marked the International Day of the Disappeared by launching a regional communication campaign to draw attention to the issue of missing people and the plight of their families.

#### **Authorities in the region strengthen their forensic capacities**

Forensic authorities and other stakeholders in Bolivia, Ecuador and Peru drew on the ICRC's expertise to work more effectively. In Peru, expert advice from the ICRC continued to help two government bodies with forensic responsibilities to coordinate their activities more closely; the ICRC also gave genetic laboratories chemical reagents and other supplies for processing DNA samples and obtaining genetic profiles for a genetic data bank.

Medico-legal officials and forensic experts in Ecuador and Peru attended events organized or supported by the ICRC: an online workshop on forensic anthropology; coordination meetings concerning identification and repatriation of dead migrants; and a regional meeting on the management of dead bodies in emergencies.

The ICRC gave the Ecuadorean Red Cross 800 body bags, and trained some of its volunteers in managing the human remains of COVID-19 victims.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC resumed visits, in accordance with its standard procedures, to detainees in Bolivia, Ecuador and Peru, after their suspension last year owing to pandemic-related restrictions. A total of 123 people held in connection with armed violence were monitored individually. Findings and recommendations from these visits were communicated confidentially to the authorities, to help them improve the treatment and living conditions of security detainees and others at risk, particularly women, ailing detainees and the elderly. When pandemic-related constraints led the ICRC to temporarily suspend prison visits, the ICRC followed up – via phone conversations with them and their families – some of the detainees it was monitoring individually.

In light of the situation in Ecuadorean prisons (see *Context*), the ICRC arranged discussions on addressing prison violence with detaining authorities – and among others – at meetings and a high-level police seminar.

Family visits, suspended by the authorities for pandemic-related reasons, resumed during the second half of the year in all three countries, but at times with some limitations in Peru, where COVID-19 preventive measures were generally stricter than in Bolivia and Ecuador. Detaining authorities in Peru and the ICRC continued to expand a programme under which detainees made video calls to relatives – and to their lawyers – using ICRC-donated computers. Financial assistance from the ICRC enabled destitute families in Ecuador and Peru to visit relatives serving long sentences at detention facilities far from their homes.

### Detaining authorities take steps to address systemic issues

The ICRC urged authorities to reduce overcrowding in places of detention and mitigate its effects. In Peru, a practical guide for public defenders – on exceptional measures for releasing detainees, in connection with the pandemic – was completed by the authorities and the ICRC, with a view to helping decongest prisons. The ICRC arranged workshops and other events for penitentiary and judicial officials involved in implementing similar measures.

Guided by the ICRC, Peruvian authorities drafted a new directive on comprehensive care for vulnerable detainees. The ICRC monitored the implementation of another directive concerning the treatment of female detainees. It also enabled 11 female security detainees to obtain mental-health care.

Ecuadorean and Peruvian officials drew on the ICRC's expertise to revise national prison management policies. Detaining authorities in Bolivia, Ecuador and Peru participated in online ICRC workshops on prison infrastructure and management; these workshops were part of a regional project to develop, jointly, regionwide standards in these areas (see also *Colombia*).

### Detainees' living conditions improve

Detaining authorities in Bolivia, Ecuador and Peru continued to draw on the ICRC's guidance to implement measures for controlling the spread of COVID-19, such as vaccination campaigns for prison staff and detainees in Peru. Around 26,000 detainees in these three countries received emergency

material assistance – including hygiene items – from the ICRC. Some security detainees in Peru were given books and other items to help them better cope with their circumstances.

In Bolivia, the ICRC helped the authorities to complete water and sanitation projects at two prisons, which benefited 401 detainees.

## WOUNDED AND SICK

In Ecuador, the ICRC provided equipment and supplies, including materials to manufacture assistive devices, for three physical rehabilitation centres operated by the health ministry. The ICRC also referred migrants with disabilities to a fourth centre – operated by an NGO and regularly supported by the ICRC – and covered the costs of their treatment, along with those of other vulnerable patients at the centre; 71 people benefited.

Personnel from these centres took part in online courses that were organized by the ICRC or to which the ICRC had referred them. Health ministry staff, sponsored by the ICRC, continued their distance-learning modules in prosthetics and orthotics at a university in El Salvador. Management and staff at the NGO-run centre mentioned above attended a course in treating diabetic foot, and another in clinical orthotics, provided by the Salvadorean university and the ICRC.

As planned, the ICRC's material and technical support for physical rehabilitation projects ended in June.

## ACTORS OF INFLUENCE

### State weapon bearers strengthen their grasp of international norms

State weapon bearers in Bolivia, Ecuador and Peru, particularly those conducting joint operations in violence-affected areas, took steps to integrate IHL, international human rights law and/or international standards for law enforcement into their doctrine, training and operations; the ICRC provided expert advice and other support. Bolivian and Peruvian officials drew on the ICRC's expertise to draft or update manuals on the use of force to maintain public order.

Thousands of armed forces and police personnel, including senior officers and legal advisers, strengthened their grasp of these norms and standards at workshops, conferences and courses organized or supported by the ICRC; some of them were also trained to instruct others.

### Peru ratifies the Treaty on the Prohibition of Nuclear Weapons

National IHL committees and the authorities, together with the National Societies concerned, drew on the ICRC's expertise to advance implementation of IHL-related treaties or legislation: in Bolivia and Peru, this meant the Rome Statute; and in Ecuador, laws governing the use of force, by police and armed forces, to maintain public order. Ecuador adopted a law to protect and regulate use of the red cross emblem. Peru ratified the Treaty on the Prohibition of Nuclear Weapons and adopted new regulations concerning its national IHL committee.

Government officials, the National Societies in the region and others developed their understanding of IHL through

courses and events organized by the ICRC. In Bolivia and Peru, officials from the foreign ministry, judiciary, armed forces and national police took part in online IHL courses organized by their national IHL committees, with support from the ICRC, to promote the incorporation of penalties for war crimes in their respective criminal codes. The ICRC gave the Ecuadorean and Peruvian national IHL committees technical support to broaden awareness among authorities of the applicability of IHL to cyber warfare and the use of explosive weapons in populated areas; committee members attended meetings on these subjects organized by the ICRC.

### **Academics and journalists learn about IHL and humanitarian issues**

Academics and students in Bolivia, Ecuador and Peru added to their knowledge of IHL and humanitarian issues at online workshops, seminars and competitions organized or supported by the ICRC; this helped them – particularly academics – to cultivate support for IHL and the Movement’s activities and shape public discussions on these subjects. The Ecuadorean Red Cross, the Centre for Research and Fostering of Humanitarian Studies of Ecuador, and the ICRC organized a regional IHL moot court competition for university students from Brazil, Ecuador and Peru.

Journalists were kept up to date on the ICRC’s activities in the region – for instance, its work for vulnerable people in the VRAEM – through bilateral meetings and field trips; this helped them report on humanitarian issues more accurately.

### **The National Societies launch media initiatives**

The public learnt about the ICRC’s mission and the Movement’s activities through media initiatives by the National Societies and the ICRC. The National Societies developed their public-communication strategies – for instance, in connection with detention-related issues in Ecuador – with expert guidance and other support from the ICRC, sometimes in tandem with the International Federation.

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

The Bolivian, Ecuadorean and Peruvian National Societies strove to strengthen their organizational and operational capacities, with financial and technical support from the International Federation and the ICRC. They signed cooperation agreements with the ICRC on, for example, strengthening family-links and emergency response capacities among their volunteers (see *Civilians*).

Training and other support from the ICRC enabled National Society personnel throughout the region to work in accordance with the Safer Access Framework. The Peruvian National Society drafted a contingency plan for electoral violence, with comprehensive support from the International Federation and the ICRC.

Movement components in the region met regularly – online – to coordinate their activities, particularly in connection with pandemic response.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		8			
RCMs distributed		9			
Phone calls facilitated between family members		22,761			
<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		44	9	1	
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)		96			
	<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)		1,174	247	67	1
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
<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	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		5			
<b>Documents</b>					
People to whom official documents were delivered across borders/front lines		6			
<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		55,700	3,459		
Visits carried out		50			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		123	50		
	<i>of whom newly registered</i>	55	17		
<b>RCMs and other means of family contact</b>					
RCMs collected		7			
RCMs distributed		12			
Phone calls made to families to inform them of the whereabouts of a detained relative		14			
Detainees visited by their relatives with ICRC/National Society support		27			
People to whom a detention attestation was issued		3			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Income support	People	1,279	556	160
	<i>of whom IDPs</i>	2	1	1
Living conditions	People	38	34	3
<b>Water and habitat</b>				
Water and habitat activities	People	2,405	842	842
<b>Mental health and psychosocial support</b>				
People who received mental-health support		2,163		
People who attended information sessions on mental health		2,224		
People trained in mental-health care and psychosocial support		236		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	25,666	2,075	51
<b>Water and habitat</b>				
Water and habitat activities	People	401	401	
<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		71		

# MEXICO CITY (regional)

**COVERING:** Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region’s National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of migrants, IDPs and persons affected by organized armed violence. It endeavours to clarify the fate of missing persons and helps address their families’ needs, and monitors detainees’ conditions. It encourages the integration of IHL and other pertinent laws into legislation and into universities’ curricula, and human rights norms applicable to the use of force into the doctrine, training and operations of security forces.

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

## KEY RESULTS/CONSTRAINTS IN 2021

- Migrants obtained health, water, shelter and other services from ICRC-supported local partners. The ICRC maintained its dialogue with the pertinent authorities on the issue of respect for the rights of migrants and returnees.
- The ICRC renovated schools, health centres and other communal facilities in violence-affected areas of El Salvador, Guatemala and Mexico.
- The ICRC assisted a Honduran hospital to manage patient flow more efficiently, prevent the spread of COVID-19 and prepare its staff to handle mass-casualty situations.
- Members of families separated by migration, detention, ongoing violence, past armed conflict, and natural disasters maintained or restored contact through the Movement’s family-links services.
- In El Salvador, Guatemala and Honduras, the ICRC gave detention authorities material and other support for vaccinating many thousands of detainees against COVID-19.
- The ICRC gave police and military forces throughout the region expert advice for abiding by international policing standards – and IHL, where applicable.

EXPENDITURE IN KCHF	
Protection	10,332
Assistance	8,530
Prevention	3,004
Cooperation with National Societies	1,069
General	183
<b>Total</b>	<b>23,119</b>
<i>Of which: Overheads</i>	<i>1,411</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	44
Resident staff (daily workers not included)	212



## PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	19
RCMs distributed	28
Phone calls facilitated between family members	55,075
Tracing cases closed positively (subject located or fate established)	53

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	43
Detainees in places of detention visited	49,790
<i>of whom visited and monitored individually</i>	545
Visits carried out	89
<b>Restoring family links</b>	
RCMs collected	30
RCMs distributed	20
Phone calls made to families to inform them of the whereabouts of a detained relative	25

## ASSISTANCE CIVILIANS

	2021 Targets (up to)	Achieved
<b>Economic security</b>		
Income support	People 640	985
<b>Water and habitat</b>		
Water and habitat activities	People 38,800	82,543
<b>Health</b>		
Health centres supported	Structures 12	12

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Economic security</b>		
Living conditions	People	24,229
<b>Water and habitat</b>		
Water and habitat activities	People 13,000	16,489
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 1	1
<b>Physical rehabilitation</b>		
Projects supported	Projects 12	11
<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity)	300

## CONTEXT

Organized armed violence persisted throughout the region; murder rates in El Salvador, Guatemala, Honduras and Mexico were among the highest in the world. People in violence-affected areas were reportedly abducted, subjected to sexual violence and other abuses, or killed. Some people struggled to obtain basic services or became displaced.

Because of the violence and the dearth of economic opportunities, people sought safety and better prospects elsewhere. Stricter migration policies in transit and destination countries complicated migrants' journeys and/or ended them. The difficulties encountered by migrants, along migration routes or after their deportation, were similar to those confronting people in violence-affected areas. Under an agreement between Mexico and the United States of America (hereafter US), people seeking asylum in the US waited in Mexico while their applications were processed. Central Americans, Haitians, Cubans and people from other continents also sought asylum in Mexico.

In some states, the military took part in local law-enforcement operations to quell the violence. Sometimes they also took part, with the police, in implementing national migration policies and measures to check the spread of COVID-19. Although these measures included the closure of international borders, the return of thousands of migrants from transit and destination countries continued.

Families throughout the region sought information about relatives who had gone missing in connection with migration, past armed conflict or ongoing situations of violence.

In the countries covered, numerous people were detained in connection with armed violence and drugs-related offences.

General elections took place in Honduras and Nicaragua.

## ICRC ACTION AND RESULTS

The ICRC maintained its bilateral dialogue with authorities, and with military and police forces. The subjects discussed included the necessity of respecting pertinent international law and humanitarian principles and of addressing the concerns of migrants, returnees, IDPs and violence-affected communities.

The ICRC upgraded infrastructure at migrant shelters and other facilities and provided them with materials for cleaning and construction and other activities; it told migrants about the services available to them and explained the risks to their safety along migration routes. Migrants obtained health care, free of charge, at fixed or mobile health facilities run by National Societies with comprehensive support from the ICRC.

The ICRC gave IDPs in El Salvador and Honduras cash to help them pay for food, transport and accommodation or to operate small businesses or pursue other livelihoods. It also renovated schools, health centres and other communal facilities in violence-affected areas of El Salvador, Guatemala and Mexico. In El Salvador, the ICRC helped one community to develop and implement plans for mitigating the threat of violence.

Members of families separated by migration, detention, ongoing violence, past armed conflict, and natural disasters maintained or restored contact through the Movement's family-links services. In El Salvador, Guatemala, Honduras and Mexico, the ICRC gave authorities, forensic professionals and others financial support and/or expert advice for searching for missing people and managing human remains. The ICRC helped to organize an international symposium on the use of genetic banks for humanitarian purposes, which was attended by representatives from these and other states.

Hundreds of National Society volunteers, health workers and other potential first responders in El Salvador, Honduras, Mexico and Nicaragua learnt about first aid, pre-hospital emergency care and/or emergency-room trauma care at training sessions organized or supported by the ICRC. Wounded and sick people in Honduras, including victims of violence, were given life-saving treatment at a hospital supported by the ICRC. Persons with disabilities, including disabled migrants and victims of violence, received free rehabilitative care at ICRC-supported physical rehabilitation centres or institutions in El Salvador, Guatemala, Honduras and Mexico.

The ICRC visited detainees, in accordance with its standard procedures, in El Salvador, Guatemala, Honduras, Mexico and Nicaragua, to check on their treatment and living conditions. In El Salvador, Guatemala and Honduras, the ICRC gave the authorities material and other support for vaccinating detainees against COVID-19. It helped to ease the living conditions of thousands of detainees by giving them hygiene kits, books and other support; this was an ad hoc response to needs identified during the year.

The ICRC promoted humanitarian principles, IHL and the Movement among the authorities, regional organizations, members of civil society and the wider public. Together with the Mexican foreign ministry, it hosted a regional conference on the applicability of IHL to cyber operations in armed conflict.

National Societies in the region strengthened their ability to respond to the humanitarian consequences of large-scale migration movements, violence, and other emergencies with comprehensive support from the ICRC and other Movement components.

## CIVILIANS

The ICRC impressed upon the authorities, and military and police forces, the necessity of respecting pertinent international law and humanitarian principles (see *Actors of influence*). It discussed a number of important issues with them, such as the rights of migrants, returnees, IDPs and violence-affected communities, and the issues they were having to deal with; the principle of *non-refoulement*; the use of force by law enforcement personnel; safe and impartial access to health care, education and other basic services; and prevention of sexual violence.

The ICRC helped the Honduran and Nicaraguan National Societies prepare for the possibility of electoral violence in their countries. It trained their staff and volunteers in the

Safer Access Framework and other areas; in Honduras, it also equipped them with first-aid kits, helmets, vests and other items to carry out their work safely and effectively.

### **People along migration routes obtain assistance and authorities are urged to take steps to better protect them**

In El Salvador, Guatemala, Honduras and Mexico, the ICRC supported the efforts of National Societies and other local partners to protect migrants and enable them to meet their basic needs. Notably, as a result of such efforts, authorities in Veracruz, Mexico, adopted new intragovernmental protocols for supporting migrants. Also in these countries, National Society personnel attending to migrants underwent ICRC training in professional standards for protection-related work and the minimum protection approach. The ICRC also organized training for government officials in migrants' rights and in international law enforcement standards for the use of force.

The ICRC upgraded infrastructure, and provided material support for cleaning, construction and other activities at migrant shelters and other facilities, leading to better water systems and other improvements. This benefited about 76,000 people in total – more facilities than initially planned were given support, and many facilities hosted greater numbers of people when restrictions connected to COVID-19 were loosened.

The ICRC explained to well over 100,000 migrants the risks to their safety along migration routes. It also made them aware of the services available to them. It did all this through social media, a mobile messaging app, posters at migrant shelters and other means.

Migrants contacted their relatives through RCMs, phone calls and other family-links services provided by National Societies and the ICRC at shelters and other points along migration routes. The Honduran Red Cross organized dissemination sessions in selected communities to describe the family-links services available to prospective migrants and their relatives.

Migrants obtained health care, free of charge, at fixed or mobile health facilities – two in Guatemala, two in Honduras and eight in Mexico – operated by the National Societies with comprehensive support from the ICRC. The ICRC guided national health authorities, National Societies and others – in El Salvador, Guatemala, Honduras and Mexico – in preventing the spread of COVID-19 and ensuring equitable access for migrants to COVID-19 vaccines.

### **IDPs and residents in violence-affected communities obtain essential services**

The ICRC covered consultation and treatment costs for 30 IDPs in El Salvador and Honduras with serious injuries (e.g. gunshot wounds) or chronic illnesses. It provided personal protective equipment and medical supplies to a health centre serving an IDP shelter. Health workers and authorities were briefed on the protection due to medical personnel and the necessity of ensuring access to health services. Guatemalan authorities were urged to address the needs of victims/survivors of sexual violence, and given expert guidance for doing so.

Health workers, trained and guided by the ICRC, provided – remotely and in person – mental-health and psychosocial support to missing people's families, notably during emotionally difficult occasions connected to the search for their relatives; victims of violence, including victims/survivors of sexual violence; people made particularly vulnerable by the COVID-19 pandemic; and health personnel and other community workers.

The ICRC gave IDPs in El Salvador and Honduras cash to help them pay for food, transportation and accommodation or to operate small businesses or pursue other livelihoods; it also organized training for IDPs in basic business skills; about 770 people benefited. In Guatemala and Honduras, about 200 people visited detained relatives using financial support from the ICRC (see *People deprived of their freedom*). The ICRC organized training for the pertinent authorities to help in their own assistance programmes for IDPs.

The ICRC renovated schools and other communal facilities in El Salvador, Guatemala and Mexico, benefiting some 6,600 people in violence-affected areas. Notably, in Acapulco, Mexico, the ICRC completed the construction of a community centre that also served as a site for vocational training. It also renovated health centres in El Salvador and Guatemala, and an orthopaedic centre in Guatemala.

In Guatemala, the ICRC organized workshops for students, teachers and school administrators on protecting themselves against violence and dealing with its impact on their lives. It awarded scholarships to 16 students from violence-affected communities. In El Salvador, the ICRC helped one community to develop plans for mitigating the threat of violence; it provided the community with first-aid kits and stretchers to put those plans into effect.

### **Members of separated families stay in touch and states strengthen efforts to ascertain the fate of missing people**

Members of families separated by migration (see above), ongoing violence, past armed conflict, and natural disasters maintained or restored contact through the Movement's family-links services. Family-links services were also provided to hospitalized COVID-19 patients, to help them update their families on their situation. Training, funding and technical support from the ICRC enabled the National Societies to reinforce their family-links services and apply the pertinent data-protection standards in their work.

In El Salvador, Guatemala, Honduras and Mexico, the authorities, forensic professionals and others drew on ICRC support to search for missing people, manage human remains and/or coordinate all these activities at local and regional levels. ICRC assistance included financial support; expert advice for instituting legal reforms; training in forensic identification; upgrades to morgues; and donations of body bags and other equipment. Notably, the ICRC organized a regional symposium on the use of genetic databanks for humanitarian purposes, at which experts from Mexico, Spain, Central America and South America developed state-level policy recommendations.

### Missing people's families are helped to meet their needs

Through public communication and engagement with the pertinent authorities, and by supporting associations of missing people's families, the ICRC strove to broaden awareness of the plight of missing people's families and the services available to them. The families were given various forms of support to meet their mental-health (see above), administrative and legal needs; for example, Mexican families learnt more – from the ICRC – about the process of searching for their missing relatives; and the ICRC gave Mexican and Guatemalan authorities advice for communicating with the families. Scholarships were provided for some children whose parents were missing.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, in El Salvador, Guatemala, Honduras, Mexico and Nicaragua; they included migrants in administrative detention in Mexico. The ICRC monitored their living conditions and treatment, paying particular attention to women, minors, members of sexual/gender minority groups, and others who had specific needs or were particularly vulnerable. Afterwards, it communicated its findings confidentially to the authorities concerned.

The ICRC discussed – with the pertinent officials from these countries, and from Costa Rica – various aspects of prison management and the treatment of detainees, such as judicial guarantees, alternatives to detention, social reintegration of released women and minors, and the development of regional standards for maintaining prison infrastructure. It also organized workshops and other events – in-person and online – at which judicial and penitentiary officials advanced their understanding of these matters; some of these events were regional in scope.

Detainees reconnected with relatives through the ICRC's family-links services or, in Honduras, through an ICRC-supported association of detainees' families; the services provided included RCMs, video calls and family visits.

The ICRC helped to ease the living conditions of some 24,200 detainees by providing them with hygiene kits, books and other items, donating gym equipment to their places of detention and, in Honduras, providing them with training and material support for producing face masks. Much of this assistance was unplanned, and a response to needs identified during the year, mainly among women, children and other particularly vulnerable detainees.

### Detainees benefit from improved health services and water infrastructure

The ICRC urged the authorities in El Salvador, Guatemala and Honduras to ensure that detainees and migrants had access to vaccinations against COVID-19. About 112,000 detainees in El Salvador and Honduras were vaccinated by authorities who were given material and other support by the ICRC; similar aid was given for a vaccination campaign in Guatemala as well.

The ICRC provided health services at places of detention in El Salvador, Honduras, Mexico and Nicaragua with expert guidance, material support and training for staff; it also

repaired medical facilities and equipment. Detention authorities from these countries, and from Costa Rica and Guatemala, exchanged experiences and best practices at round tables and other events – including one regional event with representatives from all of these countries – organized by the ICRC. Medical ethics and mental-health care were among the subjects discussed at these events.

The ICRC renovated water infrastructure at prisons in El Salvador and Honduras, and at a juvenile detention centre in Guatemala; in Honduras, it also provided authorities with the equipment necessary to maintain such infrastructure; and in El Salvador, it renovated a facility where detainees learnt and practised sewing as a vocational skill. About 16,500 people benefited from the ICRC's activities.

### WOUNDED AND SICK

Hundreds of National Society volunteers, health workers and other potential first responders in El Salvador, Honduras, Mexico and Nicaragua attended training, organized or supported by the ICRC, in first aid, pre-hospital emergency care and/or emergency-room trauma care; the ICRC worked with National Societies and health ministries to provide this training.

Wounded and sick people in Honduras, including victims of violence, were given life-saving treatment at a hospital (300 beds) supported by the ICRC. The ICRC gave the hospital expert advice to improve its security protocols and develop its organizational and operational capacities, which helped it to manage patient flow more effectively. New guidelines for handling mass-casualty situations, developed with the ICRC's assistance, helped the hospital deal with the aftermath of a prison riot and other incidents. Doctors and nurses from the hospital attended training – which included train-the-trainer sessions – in mass-casualty triage and other areas. Expert advice and material support from the ICRC also helped the hospital guard against the spread of infectious diseases such as COVID-19. The ICRC also carried out renovations to improve security and logistics, and essential infrastructure, at the hospital.

### Persons with disabilities have better and more accessible rehabilitative care

The ICRC provided comprehensive support for eight physical rehabilitation centres or institutions: four in El Salvador, two in Honduras, and one each in Guatemala, and Mexico. About 4,800 persons with disabilities, including disabled migrants and victims of violence, received rehabilitative care, free of charge, at these facilities. Some of the facilities also manufactured assistive devices. ICRC support also helped these facilities to take the measures necessary against COVID-19. The ICRC covered transport and/or accommodation costs for about 400 patients from remote areas. Staff at these facilities developed their skills through ICRC training. Guided by the ICRC, two of the centres made financial preparations for the conclusion of ICRC support, which happened in September.

Two universities offering courses in physical therapy and the production of assistive devices were given logistical and financial support by the ICRC; the ICRC also trained

instructors at these universities in various aspects of physical rehabilitation.

The ICRC provided pertinent national officials and others with expert advice for making use of existing public resources to ensure that disabled people continued to receive rehabilitative care; notably, in El Salvador, it conducted information sessions – for a collective of national and local health authorities, and their partner organizations – on technical standards for physical rehabilitation.

## ACTORS OF INFLUENCE

The ICRC gave military and security forces in the region expert advice and other support to ensure that their doctrine, training and operations complied with international human rights law – and, where applicable, IHL – and followed international standards for law enforcement. In El Salvador, Guatemala, Honduras, Mexico and Nicaragua, the ICRC organized workshops, training sessions and other events on these subjects for police officers and military personnel.

### States take steps to advance the implementation of IHL-related treaties

Governments pursued efforts to advance the ratification of IHL-related treaties, and legislation on such matters as missing people and the use of force in law enforcement; the ICRC lent its expertise in this connection. It organized a regional conference for officials from the national IHL committees of Costa Rica, El Salvador, Guatemala, Mexico and Nicaragua. It continued to draw attention to humanitarian issues and IHL at multilateral forums such as the Organization of American States. Together with the Mexican foreign ministry, it hosted a regional conference on the applicability of IHL to cyber operations in armed conflict.

University professors and other members of civil society stayed abreast of IHL-related developments through events organized or attended by the ICRC. Students learnt about IHL by participating in an essay-writing contest organized by the ICRC and the ICRC's Jean Pictet Competition in IHL.

### The general public stay abreast of humanitarian issues

The ICRC strove to broaden public awareness of the humanitarian issues arising from migration, violence and the pandemic: it published content on social and traditional media, and organized workshops for journalists. It provided National Societies in the region with training and expert guidance to enhance their public communication. It also helped develop capacities in public communication among missing people's families, to enable them to draw more attention to their plight.

## RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region developed their ability to respond to the humanitarian consequences of migration, violence and other emergencies with comprehensive support from the ICRC and other Movement components; all these organizations met regularly to coordinate their activities.

The ICRC provided National Societies with training, expert guidance and other support for applying the Safer Access Framework, improving their security policies, strengthening their public communication and expanding their operational and organizational capacities in other ways as well. It gave the Mexican Red Cross financial support for providing thousands of people in a violence-affected community with food and medical and other assistance; and for training community members in first aid, fire-fighting and search-and-rescue. The ICRC also helped the Guatemalan Red Cross to organize a workshop for its volunteers, at which they learnt how to provide a minimum response to vulnerable people's protection-related needs.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		19			
RCMs distributed		28			
Phone calls facilitated between family members		55,075			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		61	13	4	6
Tracing cases closed positively (subject located or fate established)		53			
Tracing cases still being handled at the end of the reporting period (people)		602	130	83	27
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		43			
Detainees in places of detention visited		49,790	4,264	622	
Visits carried out		89			
			Women	Girls	Boys
Detainees visited and monitored individually		545	158	8	
	<i>of whom newly registered</i>	503	154	5	
RCMs and other means of family contact					
RCMs collected		30			
RCMs distributed		20			
Phone calls made to families to inform them of the whereabouts of a detained relative		25			
Detainees visited by their relatives with ICRC/National Society support		183			
People to whom a detention attestation was issued		2			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Income support	People	985	278	194
	<i>of whom IDPs</i>	621	227	127
<b>Water and habitat</b>				
Water and habitat activities	People	82,543	20,636	20,642
<b>Primary health care</b>				
Health centres supported	Structures	12		
	<i>of which health centres supported regularly</i>	12		
Average catchment population		110,052		
<b>Services at health centres supported regularly</b>				
Consultations		22,676		
	<i>of which curative</i>	22,626	4,772	1,701
	<i>of which antenatal</i>	50		
Referrals to a second level of care	Patients	232		
	<i>of whom gynaecological/obstetric cases</i>	46		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		1,671		
People who attended information sessions on mental health		3,021		
People trained in mental-health care and psychosocial support		367		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	People	24,229	8,745	3,490
<b>Water and habitat</b>				
Water and habitat activities	People	16,489	3,299	
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	24		
Health facilities supported in places of detention visited by health staff	Structures	4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Consultations		66,552		
<b>First aid</b>				
First-aid training				
	Sessions	31		
	Participants (aggregated monthly data)	566		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	300		
<b>Physical rehabilitation</b>				
Projects supported		11		
	<i>of which physical rehabilitation projects supported regularly</i>	8		
<b>Services at physical rehabilitation projects supported regularly</b>				
People who received physical rehabilitation services	Aggregated monthly data	4,835	1,406	1,700
	<i>of whom victims of mines or explosive remnants of war</i>	*		
Prostheses delivered	Units	556		
Orthoses delivered	Units	2,816		
Physiotherapy sessions		26,311		
Walking aids delivered	Units	339		
Wheelchairs or postural support devices delivered	Units	290		

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

# NEW YORK

New York is a centre of global diplomacy, being home to the UN headquarters, Security Council and General Assembly – all whose work affect humanitarian operations and related legal developments. Operating since 1983 and granted observer status by the General Assembly in 1990, the ICRC delegation to the UN elevates concerns of people affected by armed conflict to governments and other policy-makers, promotes IHL, and develops relationships that are important for the ICRC’s credibility with parties to conflict. The delegation enhances the ICRC’s ability to influence those who can facilitate access to vulnerable communities or determine how conflicts are fought.

YEARLY RESULT	
Level of achievement of ICRC yearly objectives/plans of action	HIGH

EXPENDITURE IN KCHF	
Protection	-
Assistance	-
Prevention	3,624
Cooperation with National Societies	-
General	20
<b>Total</b>	<b>3,644</b>
<i>Of which: Overheads</i>	222

IMPLEMENTATION RATE	
Expenditure/yearly budget	102%

PERSONNEL	
Mobile staff	5
Resident staff (daily workers not included)	16

## CONTEXT

The UN continued to play a crucial role in developing, promoting and implementing IHL. It formulated and put into effect policies and decisions that had a bearing on humanitarian affairs around the world. In light of shifting global power dynamics, the increasing difficulty of consensus decision-making, and declining public trust in multilateralism, the UN committed itself to intensifying its efforts to assert the role of international cooperation in tackling global issues. Challenges related to armed conflict, the COVID-19 pandemic, “terrorism”, weapons, climate change, gender equality and the digital revolution featured prominently in world leaders’ discussions.

In 2021, the UN’s principal bodies and member states conducted their work in person and virtually – as movement restrictions and other measures against COVID-19 were still being implemented in certain countries.

Think tanks, the media, academic institutions and NGOs in New York influenced opinion and policymaking on humanitarian issues, and were able to mobilize UN member states and the UN Secretariat to address these issues.

## ICRC ACTION AND RESULTS

### The ICRC promotes the humanitarian perspective at the UN

As certain countries continued to implement various pandemic-related restrictions, the UN’s principal organs and member states worked remotely, and conducted discussions and negotiations virtually, most of the time; however, they met in person whenever possible. The ICRC maintained regular contact with them, to ensure that humanitarian concerns, principled humanitarian action and IHL were given proper consideration in their discussions and decision-making. In its dialogue with these actors, the ICRC drew on its long-standing

presence in volatile contexts, its expertise in IHL and other related bodies of law, and its own published work.

The ICRC followed international debates and shifts in policy on issues of relevance to its work, for instance: the protection of civilians and provision of essential services; counter-terrorism and sanctions regimes; arms control; new means and methods of warfare, such as cyber attacks; displacement; and sexual violence. As a Permanent Observer, it attended various UN events on these issues – online and in person; whenever possible, it made its positions known through live statements, pre-recorded messages and other means, with a view to ensuring that policies, resolutions and other outcomes of UN processes aligned with IHL and other relevant norms and protected the space for principled humanitarian action.

For instance, during the 76th session of the General Assembly, the ICRC urged states to adopt legally binding rules regulating the use of autonomous weapons, with a view to strengthening protection for civilians. In the lead-up to the 26th Climate Change Conference, the ICRC drew attention to the role played by the humanitarian sector in addressing the climate crisis; it also promoted the Climate and Environment Charter for Humanitarian Organizations, which it completed in 2021 in consultation with Movement partners and others.

The ICRC’s humanitarian diplomacy also aimed to mobilize the international community to collectively mitigate the immediate effects, and address the broader impact, of the pandemic. The ICRC emphasized the necessity of ensuring equitable access to immunization and other essential health services, particularly for conflict-affected people in hard-to-reach areas; Security Council Resolution 2565, adopted in 2021, included humanitarian references on international cooperation to facilitate equitable and affordable access to COVID-19 vaccines in conflict areas.

### **UN bodies and member states seek the ICRC's operational and legal expertise**

The Security Council invited the ICRC's president to serve as an expert briefer at its annual debate on the protection of civilians, as in previous years, and its open debate on the protection of essential services; these were conducted virtually and webcast live by the UN. The ICRC president was also invited to other side events, and to bilateral meetings, to discuss pressing humanitarian concerns. Such invitations were extended to other ICRC representatives as well: they made statements on matters directly within the ICRC's purview (see above) and cross-cutting themes that had a bearing on humanitarian issues (e.g. the pandemic, climate issues). The number of invitations received by the ICRC was greater than in previous years, partially because there were more opportunities for virtual engagement.

The ICRC engaged with UN officials and representatives of member states – for instance, through visits by the ICRC's senior leaders, and briefings by heads of ICRC delegations. States sought the ICRC's neutral, impartial and independent humanitarian perspective on the conflict zones where it works (e.g. Ethiopia, South Sudan, the Syrian Arab Republic and Yemen). Whenever possible, the ICRC appealed to states – including those who were party to armed conflict or could influence warring parties – to comply more fully with IHL and to support humanitarian action. The ICRC also made presentations to various member states on the protection of civilians and other key topics mentioned above. The ICRC briefed the Security Council's Counter-Terrorism Committee on the humanitarian impact of sanctions linked to counter-terrorism.

Some member states sought legal guidance from the ICRC. The inclusion of stronger language on IHL in several Security Council and General Assembly statements and resolutions was evidence that IHL and humanitarian considerations continued

to command attention. This was borne out by, for example, resolutions concerning the provision of humanitarian aid to Afghanistan, ensuring vaccination against COVID-19 in conflict areas and ensuring access to essential services for civilians.

### **Future decision makers and the general public learn about IHL**

Some 500 diplomats strengthened their grasp of IHL at the annual seminar organized by the New York University School of Law and the ICRC; the seminar continued to be held online, which allowed even more people than in 2020 to participate. During the International Law Weekend in New York, the ICRC's chief legal officer had bilateral meetings with legal advisers to UN member states and discussed matters pertaining to IHL; the ICRC also organized a side event, online, about the domestic implementation of IHL.

UN-accredited members of the media and other journalists paid attention to the ICRC's news releases and press briefings, and presentations by its senior staff on key issues or its activities worldwide; efforts by the ICRC to strengthen its engagement with members of the media resulted in more interviews and features than in the past. By strengthening its presence on social media and producing audiovisual content, the ICRC was able to further amplify its key messages and reach a much broader audience. For example, it raised awareness among the general public of the Treaty on the Prohibition of Nuclear Weapons and its entry into force in January 2021; it also called on states to ratify or advance implementation of the treaty.

The ICRC maintained regular contact with the International Federation and other Movement partners, working in complementarity and with other organizations and NGOs doing humanitarian or development work, and promoted coherent and well-coordinated responses to humanitarian issues.

# PANAMA CITY (regional)

**COVERING:** Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Panama, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname

Having worked intermittently in Panama since 1989, the ICRC has had a stable presence in the country since 2010. In 2019, it opened a regional delegation in Panama City. The delegation helps build the capacities of the region’s National Societies and works with them to respond to the humanitarian concerns of violence-affected people and vulnerable migrants. It aims to raise awareness of and mobilize support for humanitarian principles, IHL and the ICRC’s activities through regular contact with representatives of multilateral and international organizations, governments and the military and police forces. It monitors the treatment and living conditions of detainees.

YEARLY RESULT	
Level of achievement of ICRC yearly objectives/plans of action	<b>HIGH</b>

## KEY RESULTS/CONSTRAINTS IN 2021

- Migrants in the Darién region of Panama used the Movement’s family-links services to reconnect with relatives. The Red Cross Society of Panama and the ICRC scaled up these services in response to an influx of migrants.
- First responders and hospital staff in places affected by armed violence in Haiti reinforced their capacities to stabilize or treat victims of the fighting with the help of various forms of ICRC assistance.
- In Panama, more detainees than planned benefited from increased ICRC aid for COVID-19 disinfection campaigns. Officials drew on ICRC support to implement initiatives to ease the socio-economic reintegration of detainees.
- With ICRC input, police officials and/or members of border-control teams in the Dominican Republic and Panama learnt more about international policing standards. Those in Panama also learnt how to instruct others in the subject.

EXPENDITURE IN KCHF	
Protection	1,370
Assistance	649
Prevention	523
Cooperation with National Societies	898
General	38
<b>Total</b>	<b>3,478</b>
<i>Of which: Overheads</i>	212

IMPLEMENTATION RATE	
Expenditure/yearly budget	113%

PERSONNEL	
Mobile staff	18
Resident staff (daily workers not included)	24



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.

ICRC regional delegation (red cross icon) ICRC mission (red diamond icon)

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	4
Phone calls facilitated between family members	8,332
Tracing cases closed positively (subject located or fate established)	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	6
Detainees in places of detention visited	23,708
Visits carried out	56

ASSISTANCE	2021 Targets (up to)	Achieved	
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Water and habitat</b>			
Water and habitat activities	People	7,000	19,000
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures		3

## CONTEXT

Violence remained an issue in several member states of the Caribbean Community (CARICOM). Armed confrontations in densely populated urban areas of Haiti intensified, amid persisting political, economic and social tensions. The situation resulted in casualties and displacement. People living in areas controlled by armed gangs could hardly obtain basic services; emergency health-care providers likewise faced difficulties accessing these places.

People seeking safety or better economic prospects continued to pass through or remain in Panama and certain states of the CARICOM. There were reports of migrants being kidnapped, subjected to sexual and other abuse, or killed; some of them lost contact with their families. Strict migration policies implemented by transit or destination countries resulted in migrants taking more dangerous routes. Panama faced an influx of migrants: over 130,000 people – many of them from Haiti – reportedly entered Darién.

The detainee population in the countries covered consisted mainly of people held in connection with violence.

The region continued to deal with the COVID-19 pandemic and natural disasters. National measures to check the spread of the pandemic remained in place. In August, an earthquake struck Haiti and caused injuries and deaths, and damaged infrastructure.

People in all the countries covered sought information about relatives missing in connection with migration, natural disasters and other circumstances.

Panama remained a regional hub for policymaking on humanitarian issues and international affairs. It hosted numerous multilateral and international organizations, donor and cooperation agencies, and diplomatic missions from dozens of countries.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Panama City strove to help address humanitarian issues in the countries covered and to reinforce its humanitarian diplomacy among actors of influence. It worked with other Movement components to mount a coordinated response to migration, armed violence, natural disasters and the COVID-19 pandemic. Together with the International Federation, it endeavoured to help develop the operational and organizational capacities of the National Societies in the region.

The ICRC maintained its discussions with the pertinent authorities about protecting and respecting the rights of migrants affected by violence along the migration route. With the Red Cross Society of Panama, it expanded the Movement's family-links services in response to the influx of migrants into Darién.

In July, the ICRC opened a mission in Port-au-Prince, Haiti, to strengthen its response to the humanitarian consequences of the armed violence in the country. It began to cultivate dialogue with various actors on humanitarian principles and issues of common concern. It assisted first responders and hospital staff to develop their ability to stabilize or treat victims of armed violence.

In the countries covered, the ICRC drew attention to the issue of missing people and the plight of their families. It also helped foster an environment in which officials and experts could exchange best practices among peers and develop their capacities in managing human remains. As a result of these efforts, stakeholders drafted guidelines for regulating the operations of genetic banks and protecting related data, which awaited adoption at the national level.

In accordance with its standard procedures, the ICRC visited detainees in Panamanian detention facilities to monitor their treatment and living conditions. It maintained its efforts to help Panamanian officials implement initiatives to ease the socio-economic reintegration of detainees after their release. These initiatives included workshops on vocational skills for detainees and composting and planting projects carried out by the detainees themselves. More detainees than planned benefited from more sanitary living conditions, because of the additional assistance provided by the ICRC to check the spread of COVID-19. The ICRC continued to work with officials in the Dominican Republic and Panama, in coordination with other officials throughout the region, to raise standards for prison management and design.

Despite pandemic-related restrictions and some staffing constraints, the ICRC engaged multilateral and international organizations in the region in dialogue on IHL and humanitarian issues of common interest. It provided national authorities with support for moving towards ratifying IHL-related treaties and for drafting domestic laws to address various issues of humanitarian concern. Police officials and/or members of border-control teams in the Dominican Republic and Panama drew on ICRC expertise to expand their knowledge of international standards for law enforcement and, in Panama, to also learn how to instruct others in this subject. Communication campaigns carried out by Movement components helped broaden public awareness of the Movement and its work.

## CIVILIANS

The ICRC discussed migration-related and other humanitarian issues of concern with CARICOM and Panamanian authorities and pertinent international organizations. It reminded authorities of their obligation to protect migrants during detention, deportation and repatriation and to respect the principle of *non-refoulement*. In Panama, it organized workshops or meetings on protecting migrants from sexual violence and on procedures for assisting victims/survivors of such violence. Guided by the ICRC, National Society personnel from the Dominican Republic and Panama strengthened their grasp of professional standards for protection work.

Following the opening of its mission in Port-au-Prince, the ICRC began to engage various actors in Haiti in dialogue on humanitarian principles and on the humanitarian issues arising from high levels of armed violence, for instance, constraints in relation to the provision of health care.

### National Societies strengthen their capacities in restoring family links

Support from the ICRC enabled National Societies in the region to strengthen their family-links capacities. Staff from CARICOM National Societies and the Red Cross Society of

Panama participated in online regional workshops on family-links services and data-protection standards. Representatives from the Saint Lucian and Surinamese National Societies obtained certification in data protection in humanitarian action from a Dutch university working in partnership with the ICRC and other stakeholders. At the Panamanian Red Cross, work continued on a draft of its national family-links strategy.

Migrants in Darién used the Movement's family-links services to reconnect with relatives. The Panamanian Red Cross and the ICRC expanded the scale of these services, which included phone calls, internet connectivity and stations for charging phone batteries, in response to the influx of migrants into the area (see *Context*). Migrants also received informational materials on preventing loss of family contact and protecting themselves during their journey.

The ICRC contributed to the Movement's response to natural disasters in the region. For instance, following an earthquake in Haiti, an ICRC team helped Haiti Red Cross Society staff and volunteers carry out family-links and forensic activities by giving them the supplies and training they needed.

### **Officials and forensic specialists in the region add to their knowledge of human-remains management**

Various events organized by the ICRC enabled the authorities and others in the countries covered to learn about the plight of missing people's families and what could be done to assist them – in their search for their relatives and to cover their needs.

Authorities in the region drew on the ICRC's guidance to tackle such matters as managing human remains properly, including those of migrants who died along the migration route through Darién. Several officials and forensic experts took part in online ICRC events on the subjects mentioned above and shared with each other best practices and lessons learnt from their work. Participants at one regional workshop developed guidelines, to regulate the operations of genetic banks and to protect related data, for adoption at the national level. The ICRC did not identify any need for support in handling the remains of COVID-19 victims.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees in Panama have more sanitary living conditions**

The ICRC visited, in accordance with its standard procedures, detainees held in Panamanian prisons. It monitored their treatment and living conditions and communicated its findings and recommendations confidentially to the authorities concerned. It also discussed with prison officials measures for checking the spread of COVID-19.

The ICRC continued to encourage Panamanian officials to implement early-release and capacity-building initiatives aimed at boosting detainees' employment prospects and easing their socio-economic reintegration after their release. It counselled and provided other small-scale support to these officials and to detainees in charge of some of the activities associated with the initiatives mentioned above. Under these initiatives, people on probation participated in workshops for developing social, vocational and managerial skills; other detainees contributed to projects that turned organic waste into compost and helped reforest watersheds by tending to a plant nursery.

Prison officials and detainees used supplies, equipment and other forms of support from the ICRC to keep premises clean or maintain prison infrastructure. The ICRC expanded its distribution of cleaning supplies in support of disinfection campaigns in prisons, thereby contributing to more sanitary conditions and a reduction in the spread of COVID-19. This increased assistance also resulted in more people than planned benefiting from such support (19,000 inmates). Detainees at one of these prisons carried out waste-management and other activities related to environmental sanitation, under the reintegration initiatives mentioned above.

### **Penitentiary officials in the region exchange ideas for improving prison management and design**

At online ICRC workshops, representatives from the Dominican Republic, Panama and other countries in the Americas furthered their understanding of prison management and design and contributed to developing regional standards in this regard. These discussions were part of an ongoing ICRC project to help penitentiary authorities in the region establish, in a collaborative way, regional technical criteria for prison infrastructure that are in line with international human rights standards. These criteria will then serve as a reference for the authorities concerned to develop and apply guidelines or procedures at the national level.

## **WOUNDED AND SICK**

Following the opening of its Port-au-Prince mission, the ICRC gave health-care providers in violence-prone areas of Haiti technical and material support for becoming more capable of delivering timely and impartial life-saving care. During an ICRC training session, community-based health workers in Cité Soleil learnt how to stabilize and care for victims of violence and familiarized themselves with the Health Care in Danger initiative. Three hospitals received ad hoc support of wound-dressing kits for treating casualties of the intensified violence in areas controlled by gangs.

## **ACTORS OF INFLUENCE**

### **The ICRC fosters greater understanding of IHL and humanitarian issues across the region**

The ICRC strove to reinforce its humanitarian diplomacy among the CARICOM secretariat and other multilateral and international organizations, with a view to serving as a source of reference in matters related to IHL, human rights law and other subjects of common humanitarian interest.

The ICRC continued to urge national authorities to ratify IHL-related instruments, including the Arms Trade Treaty and the Treaty on the Prohibition of Nuclear Weapons, and to develop domestic laws and mechanisms for addressing various issues of humanitarian concern (e.g. penalizing war crimes). Officials from the Dominican Republic and Panama participated in an online IHL meeting, at which they added to their knowledge of best practices in ensuring respect for IHL and of the work of national IHL committees elsewhere in the Americas. The ICRC included IHL sessions in an annual course held in Cuba for health workers in the region (see *Red Cross and Red Crescent Movement*).

Academics and other stakeholders in the Dominican Republic participated in a conference on present-day challenges for humanitarian action, which was organized by a diplomatic school in the country and the ICRC.

### Members of border-control teams learn more about international standards for law enforcement

Panamanian police and border-control officials, and representatives from UN agencies, the Organization of American States and the Red Cross Society of Panama, took part in a train-the-trainer workshop conducted by the ICRC. The workshop covered various aspects of international policing standards, such as the use of force, and humanitarian issues linked to migration and detention. Officials who completed the workshop joined a pool of instructors capable of replicating such training on a larger scale. Members of border-control units in the Dominican Republic attended an ICRC conference that helped them advance their understanding of international standards for law enforcement.

The wider public learnt more about the Movement and its humanitarian activities through social and traditional media, and other means employed by the ICRC in coordination with other Movement components.

Pandemic-related restrictions and staffing constraints prevented the ICRC from carrying out a few of its other planned activities.

## RED CROSS AND RED CRESCENT MOVEMENT

Movement components in the countries covered carried out joint field trips and met regularly to coordinate their response to the pandemic and to the needs of vulnerable people, including migrants from the Bolivarian Republic of Venezuela. They also strove to ensure coherence in their communication and fundraising.

With technical, financial and other support (e.g. protective gear) from the International Federation and the ICRC, National Societies in the region bolstered their capacities to provide humanitarian aid in accordance with the Safer Access Framework.

In Cuba, the National School of Public Health, the Cuban Red Cross, the ICRC and other stakeholders jointly conducted an online course on health emergencies in large populations. Fifteen health workers from six countries in the region participated and received certification.

Guided by the ICRC, National Societies in the region strengthened their public communication, legal bases, financial management and governance. Representatives of the Bahamian and Panamanian National Societies reinforced their grasp of IHL through online meetings organized by the ICRC. The Haitian Red Cross undertook public-communication initiatives to broaden awareness of its neutral and independent humanitarian work and, with other Movement partners, to draw attention to the necessity of protecting medical personnel, facilities and vehicles.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	4			
Phone calls facilitated between family members	8,332			
<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	19	2		
<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases closed positively (subject located or fate established)	2			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	25	3		
<i>including people for whom tracing requests were registered by another delegation</i>	19			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	6			
Detainees in places of detention visited	23,708	615		
Visits carried out	56			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
<b>Water and habitat</b>				
Water and habitat activities	People	19,000	950	
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
<b>First aid</b>				
First-aid training				
	Sessions	1		
	Participants (aggregated monthly data)	12		

# WASHINGTON (regional)

**COVERING:** Canada, United States of America, Organization of American States (OAS)

Established in 1995, the Washington regional delegation regularly engages in dialogue on IHL and issues of humanitarian concern, including those linked to migration, with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America. The delegation heightens awareness of the ICRC's mandate and priorities within the OAS. It mobilizes political and financial support for ICRC activities and encourages IHL implementation. It visits people held at the US detention facility at the Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## EXPENDITURE IN KCHF

Protection	2,198
Assistance	804
Prevention	4,398
Cooperation with National Societies	276
General	61
<b>Total</b>	<b>7,738</b>
<i>Of which: Overheads</i>	<i>472</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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## PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	40

## PROTECTION

Total

### CIVILIANS

#### Restoring family links

RCMs collected	18
RCMs distributed	19
Phone calls facilitated between family members <sup>1</sup>	306
Tracing cases closed positively (subject located or fate established)	1

### PEOPLE DEPRIVED OF THEIR FREEDOM

#### ICRC visits

Places of detention visited	1
Detainees in places of detention visited	40
<i>of whom visited and monitored individually</i>	<i>31</i>
Visits carried out	4

#### Restoring family links

RCMs collected	431
RCMs distributed	297

## CONTEXT

The United States of America (hereafter US) continued to be involved in military operations, and maintained a network of military bases and partnerships, in other countries. In 2021, it withdrew its troops from Afghanistan; in recent years, it had scaled down its forces in some African countries. The US also scaled down its forces in Iraq and the Syrian Arab Republic, countries where it was leading an international military coalition that was conducting air strikes against remnants of the Islamic State group. The US Navy bolstered its presence in Asia and the Pacific. The US conducted diplomatic efforts and aid programmes throughout the world.

People were still being held at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Canada continued to maintain its international profile. Canadian military personnel were present in Africa, central and eastern Europe, and the Middle East; they were there mainly to train and provide technical guidance for their partners' military forces.

The US and Canadian governments continued to take measures to contain the spread of COVID-19.

Migrants continued, in large numbers, to try to enter the US through its southern border with Mexico (see *Mexico City*).

Certain migration policies and pandemic-related restrictions made this difficult; many were apprehended. Migrants risked loss of contact with their families, detention, deportation, injury and death.

## ICRC ACTION AND RESULTS

### Guantanamo Bay detainees are followed up

The ICRC visited people held at the Guantanamo Bay detention facility to check on their treatment and living conditions, including access to means of family contact and health care. It communicated its findings confidentially to US authorities and when necessary, made recommendations for abiding by medical ethics and internationally recognized standards for detention. When visits had to be cancelled because of pandemic-related constraints, the ICRC stayed in contact with detainees and authorities remotely.

During its discussions with US authorities, and members of the new US administration's transition team, the ICRC emphasized topics such as: the necessity of upholding procedural safeguards – for instance, by facilitating the transfer of detainees deemed eligible and respecting the principle of *non-refoulement*; enabling detainees to contact their families;

1. Phone or video calls arranged for people held at the Guantanamo Bay detention facility and their families abroad.

and addressing the health-related needs of ageing detainees. The ICRC reminded authorities to follow up the situation of ex-detainees resettled in other countries.

The ICRC worked with other Movement components to ensure uninterrupted provision of family-links services for detainees. Detainees contacted their families through RCMs and phone or video calls. The ICRC gave them educational and recreational materials conducive to preserving their psychological well-being.

### **Conflict-related humanitarian issues are discussed with the authorities**

The ICRC discussed, with Canadian and US authorities, protection for civilians – under IHL and other applicable norms – in countries where they were still involved militarily, directly or indirectly. It urged them to ensure that their military personnel, and/or the countries they supported militarily, protected all civilians in line with IHL. It also impressed upon US authorities the necessity of addressing humanitarian issues, particularly in connection with the US drawing down and/or withdrawing its troops from the Middle East (see *Context*). The situation of people alleged to have been involved in fighting in foreign countries, and that of their families, was also a subject of these discussions. With technical support from the ICRC, the American Red Cross provided family-links services for evacuees from Afghanistan being sheltered at US military bases.

The ICRC maintained its dialogue with US authorities on detainees within its purview, which included people being held in countries where the US was conducting military operations. It made recommendations to them concerning detainees' living conditions and treatment, including procedural safeguards for people in conflict-related detention.

### **Efforts to address migration-related issues continue**

Having observed the humanitarian consequences for asylum seekers and other vulnerable migrants of certain migration-related policies, the ICRC passed on its findings to the US authorities. In its discussions with the authorities, the ICRC raised migrants' protection-related concerns and reminded them to uphold the principle of *non-refoulement*. It continued to give the American Red Cross technical support to provide psychological first aid for people helping missing migrants' families and to enable migrants to reconnect with their families.

The ICRC gave US authorities expert guidance in identifying the remains of migrants found near the US–Mexico border. It promoted best forensic practices, and proposed mechanisms to facilitate closer coordination among forensic experts, US authorities and others addressing the issue of missing migrants. The ICRC discussed with pertinent authorities, forensic professionals and academics the creation of a common database for documenting migration-related deaths along the US–Mexico border, and a centralized system to enable US and Mexican authorities to exchange information vital for clarifying the fate and/or whereabouts of missing migrants.

### **Influential actors affirm their support for IHL and humanitarian action**

The ICRC's humanitarian diplomacy was directed at promoting IHL and strengthening financial and/or political support for its work worldwide among national authorities, multilateral bodies and other influential parties. It maintained dialogue with the authorities and armed forces of Canada and the US, and the Organization of American States, and made its views known on various matters of humanitarian concern, such as: IHL; urban warfare; the arms trade; support relationships in armed conflict; “near-peer” and emerging domains of conflict (e.g. cyber warfare); protracted conflict; and global challenges in connection with the COVID-19 pandemic, the climate crisis, armed violence and migration. The ICRC also discussed IHL and humanitarian principles – during guest lectures, military exercises and predeployment briefings – with Canadian and US military personnel.

The Canadian Red Cross Society, the American Red Cross and the ICRC continued to discuss IHL, as well as migration-related and other humanitarian issues of common concern. Together, they broadened awareness of these issues, and of their response, among journalists, academics and the general public, through lectures, workshops, podcasts and other means.

The ICRC and the World Bank continued to work together to provide health care in South Sudan. The ICRC and the Inter-American Development Bank explored possibilities for cooperation in Latin American and Caribbean contexts.

The ICRC delegation in Washington provided support for other ICRC delegations' activities (in more than 20 countries) to foster the societal participation of persons with physical disabilities through adaptive sport and career development.

**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	18			
RCMs distributed	19			
Phone calls facilitated between family members <sup>2</sup>	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	5			3
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	30	4	8	5
<i>including people for whom tracing requests were registered by another delegation</i>	15			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	1			
Detainees in places of detention visited	40			
Visits carried out	4			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	31			
<b>RCMs and other means of family contact</b>				
RCMs collected	431			
RCMs distributed	297			
People to whom a detention attestation was issued	14			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		<b>Total</b>		
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	1		

2. Phone or video calls arranged for people held at the Guantanamo Bay detention facility and their families abroad.