

AMERICAS

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	171
RCMs distributed	138
Phone calls facilitated between family members	520,908
Tracing cases closed positively (subject located or fate established)	311
People reunited with their families	9
<i>of whom unaccompanied minors/separated children</i>	9
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	92
Detainees in places of detention visited	149,920
<i>of whom visited and monitored individually</i>	335
Visits carried out	235
Restoring family links	
RCMs collected	898
RCMs distributed	599
Phone calls made to families to inform them of the whereabouts of a detained relative	3,765

EXPENDITURE IN KCHF	
Protection	42,386
Assistance	44,171
Prevention	18,258
Cooperation with National Societies	5,739
General	1,331
Total	111,884
<i>Of which: Overheads</i>	<i>6,818</i>

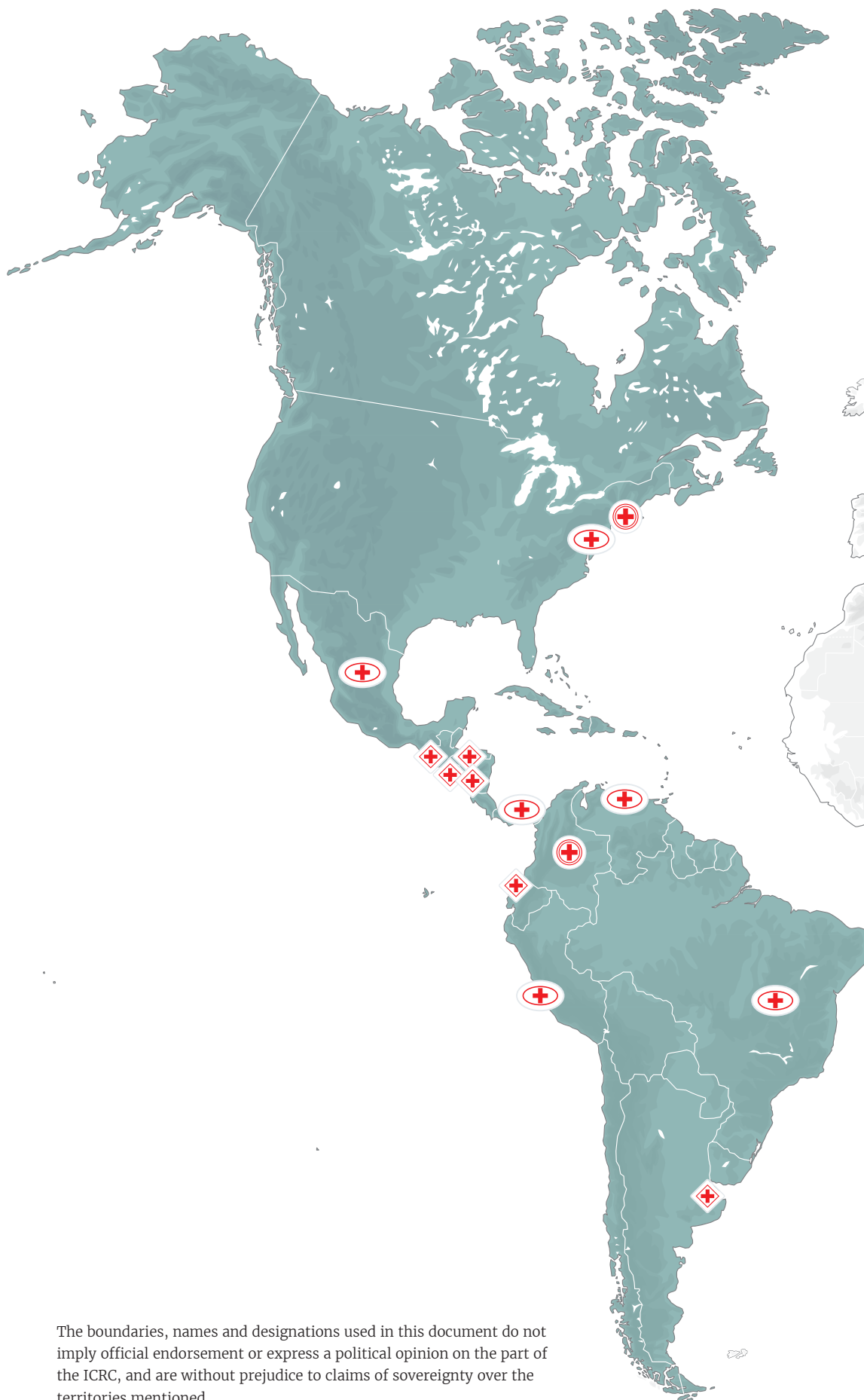
IMPLEMENTATION RATE	
Expenditure/yearly budget	86%
PERSONNEL	
Mobile staff	191
Resident staff (daily workers not included)	959

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	57,780	46,739
Food production	Beneficiaries	7,400	5,103
Income support	Beneficiaries	3,485	25,377
Living conditions	Beneficiaries	61,680	89,442
Capacity-building	Beneficiaries	7,280	437
Water and habitat			
Water and habitat activities	Beneficiaries	577,228	460,882
Health			
Health centres supported	Structures	49	31
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	4,500	6,805
Living conditions	Beneficiaries	15,000	223,242
Water and habitat			
Water and habitat activities	Beneficiaries	24,701	187,821
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	55	67
Physical rehabilitation			
Projects supported	Projects	82	44
Water and habitat			
Water and habitat activities	Beds (capacity)	2,775	3,595

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 responds to the needs of people affected by violence in Brazil and elsewhere in the region, and those of vulnerable migrants. It works with the region’s National Societies, supporting them in developing their capacities. It helps the authorities identify human remains to enable them to provide families with information on missing relatives, 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 military and police forces.

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2020

- With ICRC input, two Brazilian municipalities took steps to protect and assist violence-affected people: one approved operational protocols for security forces and another adopted a policy to safeguard essential services and personnel.
- Venezuelan migrants in Brazil benefited from the ICRC’s hygiene-promotion campaigns against COVID-19 and from the Movement’s family-links services, which included new connectivity points in Amazonas set up with ICRC aid.
- Missing people’s families in Brazil received messages of support and tips on coping with emotional distress from an online chat group created by the ICRC. Some of them covered their basic needs with ICRC-distributed cash.
- Detaining officials across the region drew on ICRC advice and ad hoc material aid to stem the spread of COVID-19. The ICRC received approval to visit detainees in Fortaleza, Brazil, but postponed visits to 2021 owing to the pandemic.
- Despite the pandemic, government officials and academics continued their IHL-related work online with the help of reference materials provided by the ICRC. Paraguay ratified the Treaty on the Prohibition of Nuclear Weapons.

EXPENDITURE IN KCHF

Protection	4,902
Assistance	617
Prevention	1,634
Cooperation with National Societies	776
General	67
Total	7,997
<i>Of which: Overheads</i>	<i>488</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	75%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	95



ICRC regional delegation ICRC mission ICRC office/presence

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	7
RCMs distributed	4
Phone calls facilitated between family members	105,854
Tracing cases closed positively (subject located or fate established)	31
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs distributed	1

ASSISTANCE	2020 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries	160
Water and habitat		
Water and habitat activities	Beneficiaries	8,000 / 12,531
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	Beneficiaries	122,000

CONTEXT

Violence between armed groups and security forces personnel in urban areas of Brazil, particularly those in the states of Ceará and Rio de Janeiro, reportedly increased. In Brazil and Chile, socio-economic protests sometimes turned violent. These incidents of violence caused casualties, disrupted essential services, displaced people and led to arrests.

Migrants, including refugees, from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) remained in the Amazonas and Roraima states of northern Brazil; the Brazilian government resettled others elsewhere in the country. Despite the authorities' efforts, 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.

The COVID-19 pandemic, and the safety measures it necessitated, increased the strain on essential services and compounded the difficulties of vulnerable populations, such as detainees and, in Brazil, people waiting for news of relatives missing in connection with past or more recent circumstances. The Brazilian government partially closed its border with Venezuela from March until the end of 2020; several migrant reception centres in Roraima temporarily ceased operations because needs had declined.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Brasilia adapted its humanitarian response to COVID-19 safety protocols, with a view to helping the pertinent authorities protect and assist people affected by armed violence, Venezuelan migrants and other vulnerable populations. It intensified its support for these officials and for National Societies in the countries covered to enable them to safely and adequately address urgent needs created by the pandemic. Movement restrictions and other pandemic-related constraints required the ICRC to carry out some of its activities remotely or in a limited form or to postpone them.

The ICRC worked with the Brazilian authorities, and with the military or security forces – particularly in Ceará, Rio de Janeiro and Roraima – to ensure respect for the rights of people affected by armed violence and of migrants. Officials in Ceará approved standard procedures for the operations of municipal guards, such as protecting basic services, and allocated funds for implementing a project to help IDPs. The ICRC also supported municipal authorities' efforts to ensure the uninterrupted functioning of essential services and personnel: for instance, it helped them build their emergency preparedness and their resilience to the effects of violence; one municipality adopted such measures as public policy.

The ICRC strengthened its efforts to raise awareness of good hygiene practices among residents and Venezuelan migrants in Roraima, and to improve water and other communal facilities, with a view to helping check the spread of COVID-19. More people than planned benefited as a result of these efforts.

Members of families dispersed by various circumstances used the Movement's family-links services to stay in touch. These services – offered remotely for a while, in compliance with COVID-19 safety protocols – included new connectivity stations for Venezuelan migrants in Amazonas that were set up with ICRC assistance. The ICRC supported the Brazilian authorities in clarifying the fate of missing people; it adapted this support to the necessity of properly managing the remains of people who had died of COVID-19. The ICRC's accompaniment programme, which included a pilot online chat group, helped missing people's families cope with their emotional distress and cover their material and other needs.

The ICRC focused on helping detaining authorities throughout the region curb the spread of COVID-19 in places of detention. It stepped up efforts to expand their knowledge of pertinent protocols and to equip them, and more detainees than planned, with supplies to make face masks and with cleaning materials to ensure sanitary surroundings. The ICRC secured Brazilian authorities' consent to visit detention facilities in Fortaleza, but because of the pandemic, postponed such visits until 2021. In Paraguay, the ICRC handed over responsibility for a livelihood project for female detainees to government officials and a private firm.

The ICRC worked with military and/or security forces in the region to integrate international law enforcement standards and applicable norms into their training, doctrine and operations, and to refine their understanding of the maintenance of public order during the pandemic. It urged support for IHL among government officials and members of civil society and enabled them to continue their IHL-related work online. Paraguay ratified the Treaty on the Prohibition of Nuclear Weapons. Informational materials posted online helped raise public awareness of humanitarian issues and the Movement's work.

CIVILIANS

During the first half of the year, the ICRC adapted its humanitarian response to COVID-19 safety protocols, which limited the implementation of some of its activities. A few of them had to be conducted remotely: monitoring of the protection-related concerns of migrants and other violence-affected people; dialogue with the authorities; and restoration of family links. The ICRC incorporated safety protocols in most of its planned activities and resumed them in the latter part of 2020; it postponed a few initiatives still affected by pandemic-related movement restrictions.

Officials in Fortaleza, Brazil approve standard procedures for municipal guards' operations

The ICRC worked with the Brazilian authorities, and military or security forces personnel at various levels, primarily in Ceará, Rio de Janeiro and Roraima, to ensure respect for the rights of violence-affected people and migrants and to facilitate their safe access to essential services and humanitarian aid, in accordance with applicable laws. Where possible, it discussed key subjects with them, and with international organizations and others: respecting the principle of *non-refoulement*; regularizing migrants' status; and addressing the specific needs of unaccompanied migrant children.

The authorities, and the military and security forces, drew on ICRC advice to develop and carry out legal and other measures to aid vulnerable people. Officials in Ceará allocated funds to implement a project, proposed by civil-society organizations and others, to protect and assist IDPs. The proposal took into account the ICRC's recommendations, which were based on its experience of running a similar initiative there. Municipal authorities in Fortaleza, in the state of Ceará, approved standard procedures for municipal guards' operations; they included directives on the selective use of force and on ensuring the security of essential services.

ICRC communication materials in print and digital forms enabled violence-affected people in Brazil, including migrants, to learn about the humanitarian services available to them, measures for self-protection during the pandemic, and the Movement's activities (see below).

Service providers in Brazil receive advice for reducing risks and maintaining well-being

In Brazil, staff of 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 personal protective equipment (PPE) and/or cleaning materials from the ICRC.

With the ICRC's technical support, municipal authorities and their partners in violence-prone urban areas continued to review and strengthen measures to ensure the uninterrupted functioning of health, education and other essential services. Digital platforms developed by the ICRC helped them to collect data on the impact of violence on these services. During virtual meetings organized by the ICRC, they exchanged best practices and coordinated with other municipalities and stakeholders. To ensure the safety and well-being of people providing or receiving essential services, the authorities and the ICRC counselled thousands of service providers and emergency responders – directly or through educational materials sent via a mobile messaging app – on risk reduction and self-care, which included information on measures against COVID-19 and means of coping with stigmatization linked to the virus. The municipality of Porto Alegre adopted these measures as public policy.

In Roraima, posters distributed by the ICRC informed some 12,000 residents and Venezuelan migrants of good hygiene as a measure against COVID-19. Approximately 6,000 of them had access to a more reliable supply of water and to improved sanitation systems, schools and other communal facilities, thanks to the ICRC's installation of solar-powered pumps and its donations of construction materials. More people than planned benefited because the ICRC scaled up these activities in response to the pandemic.

Ad hoc ICRC income support helped several migrant and displaced families in Brazil, and ex-detainees from the US detention facility at the Guantanamo Bay Naval Station in Cuba who were resettled in Uruguay, to cover their essential needs.

Venezuelan migrants stay in touch with their families

Members of families dispersed by migration or other circumstances reconnected through the Movement's family-links services (e.g. phone calls, internet connections, 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 ICRC assistance. The ICRC helped reunite one person with their family and enabled a few others to acquire official documents for administrative and other purposes.

Financial and technical support from the ICRC, such as the organization of virtual coordination meetings, enabled the region's National Societies to develop their family-links services during the pandemic and to carry them out in accordance with the Movement's data-protection standards.

Officials in the region take steps to ascertain the fate of missing people

Through meetings and public-communication initiatives, the ICRC raised awareness among the authorities and others in Brazil of the rights of missing people's relatives. Guided by the ICRC, the authorities developed or implemented legislative measures to ascertain the fate of people reportedly missing in connection with past military rule or more recent circumstances and to address their families' needs; these measures included a domestic law on the search for missing people. The municipal authorities in São Paulo established a working group to develop multidisciplinary services for missing people's families.

ICRC technical input and regional webinars helped the authorities in the region to refine their capacities in ensuring the proper management of the remains of COVID-19 victims. In Brazil, the authorities received specific recommendations for a handbook they produced on the subject, as well as body bags and other material support. The ICRC followed up with Argentine and British stakeholders to negotiate an agreement for the second phase of the humanitarian forensic identification project in the Falkland Islands/Islas Malvinas¹.

The ICRC's accompaniment programme helped missing people's families in Brazil to cope with their material and other needs, including those engendered by the pandemic. Health workers received training in providing mental-health and psychosocial support for missing people's families. Under a pilot project, the ICRC set up an online chat group for these families, where they exchanged messages of support and tips on coping with emotional distress. A few relatives of missing people benefited from ICRC-distributed cash to buy essentials or begin earning an income.

1. The designations employed in this document do not imply official endorsement or the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison officials in the region receive support to curb the spread of COVID-19

In light of the pandemic, the ICRC temporarily reoriented its activities to support the authorities in the five countries covered in preventing and controlling the spread of COVID-19 in places of detention. It gave them advice and ad hoc material assistance and monitored their pandemic-related responses remotely.

Online ICRC conferences enabled penitentiary and judicial officials from throughout the region to discuss subjects of common interest, such as the COVID-19 safety protocols they put in place and their experiences in implementing, during the pandemic, early-release schemes and other measures to reduce overcrowding in prisons. During these conferences, the ICRC highlighted the importance of contingency plans and the necessity of respecting detainees' rights, including their right to appropriate medical care. The penitentiary authorities in one Brazilian state adopted some of the ICRC's recommendations to contain the spread of COVID-19.

The material support provided by the ICRC to help curb the spread of COVID-19 benefited 122,000 detainees in the five countries covered. Penitentiary authorities kept living spaces clean with disinfection supplies and equipment. Some detainees in Argentina, Brazil and Paraguay, including juveniles, received hygiene kits and/or sewing machines and other equipment and supplies to make face masks for their own use. With the ICRC's help, surplus masks made by female inmates in Brazil were distributed to violence-affected schools and state-run shelters.

Argentinian, Brazilian, Chilean and Paraguayan penitentiary authorities drew on ICRC expertise to adopt best practices in prison management and design. Some of them participated in an online ICRC meeting on developing regional standards on the topic.

The ICRC secures permission to visit detention facilities in Fortaleza

In June, the Brazilian authorities signed an agreement allowing the ICRC to visit detention facilities in Fortaleza, but because of the pandemic, the ICRC postponed visits until 2021. Nevertheless, at the authorities' request, the ICRC took part as an observer in an online detention inspection conducted by these officials and made recommendations afterwards. It also discussed the state penitentiary system, and the management of overcrowded prisons, with these officials.

In one Paraguayan prison, an ICRC-funded livelihood project for female detainees began to generate revenue; the project sought to advance the social reintegration of these detainees after their release. The ICRC handed over responsibility for the project to the authorities and a private firm. Some 50 detainees became certified artisans and 2 acquired credentials for teaching crochet and other crafts.

ACTORS OF INFLUENCE

After the onset of the pandemic, the ICRC postponed several planned regional events. Most of its interaction with the authorities, members of civil society, and others across the region took place online and focused on responding to the pandemic. The ICRC gave the authorities in the region, and military and security forces personnel, recommendations or guidelines for controlling COVID-19 infections. Government officials and university professors continued their IHL-related work online with the help of reference materials on IHL, including documents on safeguards provided by IHL during pandemics, sent by the ICRC.

Weapon bearers refine their understanding of law enforcement during a pandemic

Military and security forces in the region drew on ICRC guidance to integrate international law enforcement standards and applicable norms into their training, doctrine and operations (see *Civilians*). The advice provided by the ICRC included recommendations for maintaining public order while implementing measures against COVID-19 and for practicing self-care. Two ICRC webinars brought together over 300 police and security-forces officers from 11 Latin American countries to discuss challenges and opportunities created by the pandemic. At ICRC workshops, trainers from the Ceará and Rio de Janeiro police in Brazil and from the Chilean national police developed their ability to provide instruction in international human rights law and human rights, respectively.

In Brazil, the ICRC briefed prospective peacekeeping personnel about its work throughout the world to tackle the consequences of weapon contamination.

Paraguay ratifies the Treaty on the Prohibition of Nuclear Weapons

The ICRC held meetings and arranged events for the authorities, members of civil society and other stakeholders, at which it discussed various matters with them, such as its neutral, impartial and independent humanitarian action, humanitarian issues of common concern, and the Movement's activities in the region. It also urged all pertinent officials to ratify IHL-related treaties and implement related legislation, including laws on the emblems protected under IHL. Paraguay ratified the Treaty on the Prohibition of Nuclear Weapons.

With ICRC sponsorship, university students from Argentina participated in an international IHL competition (see *Jakarta*).

The wider public learnt more 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. To complement its project ensuring the safety of essential services in violence-prone Brazilian municipalities (see *Civilians*), the ICRC launched a nationwide 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 and Brazilian journalists took part in an annual competition on humanitarian reporting.

ICRC technical support helped build the public-communication capacities of the region's National Societies.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the countries covered, aided by the ICRC, strengthened their ability to tackle humanitarian needs arising from violence, migration and the pandemic. The ICRC increased its technical, financial and material support for these National Societies when they began to reorient their work towards tackling the pandemic; this shift in priorities resulted in some planned ICRC activities being delayed or postponed to 2021.

The ICRC's support enabled the National Societies in Argentina, Chile and Paraguay to acquire PPE for their staff and volunteers, and those in Argentina and Paraguay to carry out health- and hygiene-promotion activities in communities.

The Argentine Red Cross opened a call centre for providing psychosocial support and counselling to people diagnosed with COVID-19. The Brazilian Red Cross's branch in Amazonas set up a first-aid post at a migrant reception centre and at an intercity bus station.

At an online ICRC workshop, 20 Uruguayan Red Cross personnel strengthened their grasp of the Safer Access Framework and learnt how their Argentinian and Chilean counterparts incorporated the framework in their activities.

The ICRC also gave the region's National Societies the support necessary to develop their capacities in such organizational areas as financial management and governance.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	7			
RCMs distributed	4			
Phone calls facilitated between family members	105,854			
Reunifications, transfers and repatriations				
People reunited with their families	1			
People transferred or repatriated	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	70	18	6	
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)	31			
Tracing cases still being handled at the end of the reporting period (people)	210	45	24	12
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	35	15		
UAMs/SC reunited with their families by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	59	23		
Documents				
People to whom travel documents were issued	4			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs distributed	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	160	72	16
Water and habitat				
Water and habitat activities	Beneficiaries	12,531	5,138	6,516
Mental health and psychosocial support				
People who received mental-health support	Cases	271		
People who attended information sessions on mental health		256		
People trained in mental-health care and psychosocial support		438		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	122,000	14,200	2,000

CARACAS (regional)

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

The ICRC has been active in Venezuela since 1966; it established a regional delegation in Caracas in 1971. It helps people living in violence-prone areas in the Bolivarian Republic of Venezuela, including those along the border with Brazil and Colombia. It responds to the needs of people on the move in the region. It visits people held in Venezuela and engages the pertinent authorities in Trinidad and Tobago, Aruba and Curaçao, in dialogue on issues linked to immigration detention. It reinforces National Society capacities and supports the incorporation of IHL and international human rights law in military and police procedures, respectively.



ICRC regional delegation + ICRC sub-delegation

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YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2020

- Health centres, hospitals, prison clinics and other critical facilities bolstered their COVID-19 response – for instance, by drafting contingency plans and setting up triage and isolation facilities – with the ICRC’s comprehensive support.
- Aided by the Venezuelan Red Cross and the ICRC, dispersed families, quarantined returnees, hospital patients, students in violence-prone areas and other vulnerable people had better living conditions and coped with their situation.
- People in transit used family-links services – available at 23 sites set up by the Venezuelan Red Cross and the ICRC – to contact their families. These services were also offered at quarantine sites, nursing homes and other places.
- The ICRC gave penitentiary and health authorities material aid, guidance and/or training to prevent the spread of disease and curb malnutrition at places of detention. It responded to needs following emergencies in some prisons.
- In the Bolivarian Republic of Venezuela (hereafter Venezuela), the ICRC helped more people than planned to cover their basic needs, but some of its economic-security and water-and-habitat projects were affected by COVID-19.
- Military and police personnel in Venezuela attended ICRC training sessions and workshops on the norms and international standards regulating the use of force.

EXPENDITURE IN KCHF

Protection	5,243
Assistance	15,461
Prevention	1,707
Cooperation with National Societies	1,081
General	77
Total	23,570
<i>Of which: Overheads</i>	<i>1,428</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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PERSONNEL

Mobile staff	39
Resident staff (daily workers not included)	151

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	135
RCMs distributed	103
Phone calls facilitated between family members	29,362
Tracing cases closed positively (subject located or fate established)	62
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	12
Detainees in places of detention visited	10,522
<i>of whom visited and monitored individually</i>	130
Visits carried out	86
Restoring family links	
RCMs collected	358
RCMs distributed	156
Phone calls made to families to inform them of the whereabouts of a detained relative	3,752

ASSISTANCE

	2020 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries 1,600	4,531
Food production	Beneficiaries 200	
Income support	Beneficiaries	1
Living conditions	Beneficiaries 5,500	28,931
Capacity-building	Beneficiaries 3,400	437
Water and habitat		
Water and habitat activities	Beneficiaries 250,100	14,112
Health		
Health centres supported	Structures 15	17
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	Beneficiaries 4,500	6,805
Living conditions	Beneficiaries 15,000	13,831
Water and habitat		
Water and habitat activities	Beneficiaries 7,500	21,247
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 20	12
Water and habitat		
Water and habitat activities	Beds (capacity) 2,775	3,494

CONTEXT

In Venezuela, political tensions persisted and the socio-economic situation continued to be precarious. There were shortages of fuel, medicine and other essential goods, and power outages, throughout the country. The health system continued to struggle with a lack of resources, maintenance and qualified personnel. Armed violence and criminality, in cities and border areas, continued unabated.

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. People in transit had little or no access to basic services and risked losing touch with their families; some were detained in other countries and/or deported. Their vulnerable relatives in Venezuela – young mothers, their children and older people – lacked the means to sustain themselves.

The pandemic and measures to contain it, although necessary, further exacerbated the dire economic situation in Venezuela: obtaining health services and covering their basic needs became even more difficult for people. Work stoppage in other countries forced thousands of Venezuelan migrants to return home. 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 – particularly those affected by violence and/or the pandemic and those displaced. Its focus remained the same: strengthening emergency-response capacities among health services; helping members of dispersed families maintain contact; monitoring the conditions of detainees and supporting prison authorities in improving detainees' treatment and living conditions; and helping vulnerable groups build their resilience against violence and cope with their circumstances. It did so with the help of the Venezuelan Red Cross and in line with the Fundamental Principles and the Safer Access Framework. It adapted its activities in support of the Venezuelan authorities' efforts to tackle the pandemic.

The ICRC continued to provide material and infrastructural support, and training, 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 community members, or during activities organized by the ICRC. These facilities included primary-health-care centres and malaria diagnosis and treatment centres. The ICRC organized workshops on emergency-room trauma care for personnel at public and military hospitals. It also helped health centres, hospitals and other critical facilities to draft contingency plans and set up triage and isolation facilities to bolster their COVID-19 response. Procurement constraints and other obstacles delayed the implementation of water-and-habitat projects, but the ICRC carried out smaller-scale activities to distribute essential supplies and make provisional repairs to water networks.

With the ICRC's assistance, the Venezuelan Red Cross set up or maintained sites at bus terminals along the migration route, quarantine sites for returnees, and other key places; the Movement's family-links services, such as tracing, were provided at these spots. These services were adapted to incorporate measures against COVID-19. 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. It helped more people than planned – particularly in Bolivar State, Caracas and Tachira – to cover their basic needs and make ends meet as the country's economic situation deteriorated even further under the pandemic. Community-based facilities, such as school canteens and public kitchens, reinforced their services with material aid, financial support and guidance from the ICRC.

The ICRC continued to visit several places of detention in Venezuela. It also visited an immigration detention centre in Curaçao. It monitored detainees' treatment and living conditions and communicated its findings, and recommendations for improvement, confidentially to the pertinent authorities. Venezuelan prison staff learnt about internationally recognized standards for detention, and the many different aspects of a COVID-19 response, at ICRC workshops. The ICRC 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.

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

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 stepped up its response to the situation in Venezuela, while also adapting its activities in support of the authorities' COVID-19 response. Its focus remained the same: strengthening protection for violence-affected people; helping dispersed families maintain contact; strengthening emergency-response capacities among health services; and by giving vulnerable groups the means to cope with their circumstances and build their resilience against violence. It continued to concentrate its activities in Venezuelan provinces bordering Brazil and Colombia, and in the most disadvantaged areas of Caracas, the capital. Whenever possible, it worked with the Venezuelan Red Cross and other Movement partners in the region.

The ICRC fosters acceptance for humanitarian action and respect for applicable law

The ICRC endeavoured to sustain its dialogue with the authorities and other stakeholders – through high-level meetings and other means – to foster acceptance for its principled humanitarian action and discuss matters of common concern (e.g. protection for violence-affected people and people in transit or in quarantine, especially the unaccompanied minors or separated children among them). The ICRC documented these vulnerable people's protection-related concerns and, whenever possible, relayed them to the relevant authorities; it urged the authorities to address these concerns.

The ICRC conducted training sessions to promote international policing standards among the police and military forces involved in law enforcement operations. Because of pandemic-related restrictions, it organized fewer events than planned (see *Actors of influence*).

The ICRC visited communities affected by high levels of violence to ascertain their needs and discuss its humanitarian work. One of its aims was to develop a fuller understanding of the impact of armed violence on these communities. However, pandemic-related movement restrictions prevented it from following up community members, including school-children and teachers, and helping them know how to protect themselves effectively.

Vulnerable people in Venezuela have access to basic health care

People living 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 facilities. The ICRC gave 10 primary-health-care centres supplies and equipment (e.g. personal protective equipment (PPE), oximeters, chlorine tablets, hygiene items and cleaning materials) to bolster their capacities; it trained health staff to manage supplies, gave them guidance, and made monitoring visits to improve their daily operations. Five malaria diagnosis and treatment centres in El Callao in Bolivar State – where malaria outbreaks were common – received similar support from the Venezuelan Red Cross and the ICRC, as did two mobile health units. In addition, roughly 13,000 mosquito nets were distributed in malarial communities and health facilities in El Callao. The incidence of malaria had reportedly declined in these communities, partly because of the ICRC's efforts since 2019.

The ICRC also helped the facilities it supported to draft contingency plans and set up triage and isolation facilities to bolster their COVID-19 response. It made improvements to water, sanitation and electrical systems and installed hand-washing stations at ten health facilities – and also gave them cleaning supplies – so that they could sustain their operations and implement measures to prevent and control infections.

ICRC information sessions taught health workers how to prevent violence against them. The ICRC cancelled training for health workers and community members in psychosocial support for victims of violence because its COVID-19 response took precedence.

Venezuelan communities are given support and public infrastructure is renovated

About 4,200 people had free meals every day at canteens supported financially by the ICRC. Some 300 people, including victims of violence, bought food with cash transfers from the ICRC. Significantly more people than planned benefited from this type of assistance because of the pandemic, which necessitated a broader response by the ICRC. Beneficiaries included older people, children, pregnant women, nursing mothers, people in transit and returnees.

Support from the Venezuelan Red Cross and the ICRC enabled dispersed families, quarantined returnees, hospital patients, students in violence-prone areas and other vulnerable people to improve their living conditions, protect themselves against diseases and/or earn income; nearly 29,000 benefited. More specifically, almost 27,000 people received hygiene kits, cleaning materials and other household essentials, or cash to buy them: the ICRC provided all this either directly to them or through temporary shelters, community kitchens and school canteens. The Venezuelan Red Cross gave 33 tailors raw materials, and the ICRC paid them, to produce face masks; about 78,400 masks were produced and distributed to about 2,000 community members and National Society personnel. The original aim of this ICRC cash-for-work initiative was to renovate community facilities, but the funds for it were reallocated after the onset of the pandemic. The ICRC gave financial assistance to a community-based initiative, which helped 20 people learn bakery.

Travel restrictions and other measures necessitated by the COVID-19 pandemic limited the ICRC's ability to reach communities and assess their needs. Therefore, the ICRC was not able to develop vocational training programmes for some people. Similarly, the ICRC's was unable to provide help community facilities to improve their food-production capacity because of movement restrictions and human-resource constraints.

Movement restrictions and other pandemic-related measures, though necessary, made it difficult for the ICRC to conduct field assessments and sustain coordination with local actors for its water-and-habitat projects. Moreover, obstacles to procurement, and supply constraints, delayed the implementation of these projects. As a result, the ICRC had to put them on hold. Nevertheless, about 14,000 people – including returnees quarantined in temporary shelters set up by the Venezuelan authorities in areas bordering Brazil and Colombia – benefited from smaller-scale initiatives, such as: distribution of supplies for checking the spread of COVID-19 (e.g. cleaning materials and PPE); improvements to water networks in Tachira; and the drilling of a borehole and installation of a water-disinfection system in Caracas. The ICRC also donated basic medical supplies to the temporary shelters for quarantined returnees and gave their staff technical support.

Dispersed family members reconnect with each other

People in transit, their relatives, flood victims and people affected by the pandemic made use of the services available (e.g. phone calls, charging stations, internet access) at 23 connectivity points and several mobile-phone kiosks set up by the Venezuelan Red Cross and the ICRC at bus terminals,

public squares and other commonly frequented places in Venezuela. The provision of family-links services had to be adapted to COVID-19 safety protocols. These services were also offered at temporary shelters for returnees, nursing homes and hospitals, so that people in quarantine could stay in touch with their families.

The ICRC helped to deliver personal identification documents for administrative purposes to five Venezuelans who had settled abroad. Movement family-links services were also made available in Aruba, Bonaire, Curaçao, and Trinidad and Tobago. Border closures necessitated by the pandemic prevented the ICRC from helping to reunite unaccompanied children with their families. However, it continued to follow up the children's situation and discussed the procedures for family reunification with the authorities and others; one person received ad hoc financial assistance from the ICRC.

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 62 people were relayed to their families in Venezuela and Trinidad and Tobago, through the concerted efforts of Movement components. Training, and material and technical support, from the ICRC enabled the Venezuelan Red Cross and National Societies in certain Caribbean islands to strengthen their capacity to provide family-links services and adapt them to the pandemic.

The ICRC used social media, radio spots and flyers to stress the importance of maintaining family contact under pandemic-related restrictions, and to promote tracing and other family-links services.

Venezuelan forensic services are given support for handling the remains of COVID-19 victims

In Venezuela, the ICRC provided forensic professionals, health workers, penitentiary staff, first responders and others with technical support to handle human remains including those of COVID-19 victims. They were also supported in developing capacities in forensic injury for detainees, victims/survivors of sexual violence and others. It also gave them material support – for example, body bags, PPE, hygiene kits and biosafety equipment – and training in the proper use of these supplies and equipment. Training sessions were held online, when necessary. Posters and publications on the process and protocols in handling of remains were distributed to various institutions. With the ICRC's support, the National Institute of Legal Medicine and Forensic Sciences prepared a protocol for managing the remains of COVID-19 victims; and, with other stakeholders, it drafted a contingency plan for dealing with large numbers of COVID-19 deaths.

The ICRC counselled the relevant authorities and forensic actors on handling the remains of people who had died or were suspected to have died of COVID-19. They were also reminded that families had a right to know the fate or whereabouts of their missing relatives and were urged to keep families informed of developments in the search for them. At the ICRC's recommendation, the interior ministry established

a working group for drafting an intergovernmental protocol for missing-persons cases associated with disasters and other emergencies. The ICRC organized online training in forensic DNA identification: 24 experts in genetics took part. It provided the authorities with support for giving 112 sets of unidentified remains a proper burial. It also assisted them in conveying DNA samples to laboratories, with a view to helping them identify migrants who went missing after a maritime accident off the coast of Curaçao in 2018.

The ICRC completed the renovation of two morgues in Tachira. It also provided support for repairs to electrical and other systems, and remodelling, at several other morgues; this work was still in progress at year's end.

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, and one immigration detention centre in Curaçao. These facilities collectively held around 10,500 people. The ICRC visited them in accordance with its standard procedures and 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 migrants' rights and judicial guarantees, and meeting internationally recognized standards for detention. Travel restrictions and other pandemic-related constraints forced the ICRC to cancel its plans to sponsor senior officials to attend regional meetings on prison management.

Owing to the pandemic, the ICRC made fewer prison visits and temporarily suspended some detention-related activities as a precautionary measure. It urged the authorities to release ailing detainees on humanitarian grounds, and also because that would reduce overcrowding and check the spread of disease. The ICRC instructed penitentiary officials and staff in preventing infections, including while facilitating detainee transfers. It also gave them its recommendations for preventing the spread of COVID-19, and material and technical support to this end (see below).

Detainees reconnected with their relatives through the ICRC's family-links services, such as RCMs and phone calls. The ICRC donated phones to six prisons in Venezuela and distributed phone cards to detained migrants in Curaçao. It helped foreign detainees in Venezuela notify their consular representatives of their detention. Financial assistance from the ICRC enabled four families in Venezuela to cover the medical expenses of their detained relatives. Because of the pandemic, the ICRC could not organize family visits for detainees in the countries covered.

At their request, penitentiary officials were given guidance on managing the remains of detainees who had died or were thought to have died of COVID-19. The ICRC helped penitentiary officials to draft contingency plans and trained prison staff in handling the remains of COVID-19 victims.

Authorities are given support to improve detention conditions

The ICRC helped the Venezuelan authorities to lower malnutrition rates, improve detainees' living conditions and make health care more readily available – which also mitigated detainees' risk of disease. ICRC health staff visited and/or provided consultations at seven places of detention. They provided staff incentives and technical and material support (e.g. medicine, basic medical equipment) to conduct individual medical examinations and manage COVID-19 cases at these places of detention. The ICRC helped the authorities to set up isolation and quarantine areas and train staff in measures to prevent and control infections. It responded with material and technical assistance when high rates of diarrhoea, malnutrition and TB were reported at a prison. It also provided ad hoc assistance to a hospital treating detainees who were injured during a riot.

The ICRC regularly distributed essential items (e.g. hygiene kits, soap, buckets) and donated recreational items on an ad hoc basis, benefiting about 14,000 detainees. It also donated nutritional supplements, food rations and cooking utensils, and monitored detainees' nutrition, benefiting about 6,800 people; guidelines and posters on good hygiene practices were distributed to kitchen staff. The ICRC conducted training in nutrition and food-supply chain management for 437 prison staff, and gave the authorities expert advice for drafting protocols in these areas; 5,230 detainees benefited from these efforts. Detainees at two prisons started making face masks for the entire prison population of Venezuela, using materials supplied by the ICRC.

The ICRC repaired water systems, installed handwashing stations and donated disinfectants, chlorine tablets and other items; the result was safe water and better sanitation at a number of prisons; around 21,000 detainees benefited.

WOUNDED AND SICK

Emergency medical services in Venezuela are strengthened

In Venezuela, the pandemic and shortages of supplies and staff notwithstanding, the ICRC continued to expand its efforts to help ensure good-quality health care. It trained about 700 first responders in first aid and in handling cases of COVID-19 and equipped them for their tasks. It also provided support for the Venezuelan Red Cross, national emergency services, civil-protection authorities and others providing emergency medical assistance; they were given equipment – defibrillators, stretchers, oximeters – and medical supplies, and were trained to implement measures to prevent and control infections. The ICRC repaired 30 ambulances, most of them the property of the Venezuelan Red Cross, and taught health staff how to disinfect vehicles. People in critical condition were referred to secondary facilities.

The ICRC made regular donations of medicine, supplies and equipment to 12 hospitals struggling with shortages of supplies and influxes of patients during emergencies. After the onset of the pandemic, these hospitals became sentinel facilities. They were given hygiene items, cleaning materials, PPE, oxygen concentrators and infrared thermometers; the ICRC also installed or repaired handwashing stations at the hospitals.

ICRC staff, including emergency teams and a biomedical engineer, provided direct assistance at five of these hospitals. Medical imaging equipment donated by the ICRC benefited nearly 90,000 people treated at the hospitals.

Health professionals and students develop their capacities

Health professionals from public hospitals expanded their capacities in emergency care through courses conducted by the ICRC or at such courses replicated elsewhere. About 400 medical professionals and students became more capable of providing emergency-room trauma care by attending ICRC-supported training sessions organized by the health ministry, military hospitals or the Central University of Venezuela. Roughly 3,400 health professionals were trained in measures against COVID-19 and given technical assistance for drawing up contingency plans, setting up isolation and triage facilities, and meeting international standards for hygiene and sanitation.

Six hospitals (3,494 beds) were given tools and spare parts for maintaining or repairing electrical power, water, and sanitation systems, and for repairing or installing handwashing stations.

Whenever possible, the ICRC drew attention to the issue of violence against medical personnel and facilities, and to the rights and duties of health authorities and personnel.

ACTORS OF INFLUENCE

Venezuelan police and military personnel learn about international policing standards

Because of pandemic-related restrictions on gatherings, fewer training sessions than planned took place. Military and police personnel were mostly unavailable to the ICRC, owing to their responsibilities under Venezuela's national response to the public-health crisis. Nevertheless, the ICRC sought to maintain its dialogue with them on matters of common interest: it held working sessions with senior military officers to discuss the pandemic and the national response.

Around 300 military and police officers attended courses in international standards for the use of force during law enforcement operations. The National Experimental University of Security, with technical support from the ICRC, worked towards incorporating pertinent legal provisions in their curricula; it also developed – for various institutions affiliated with it – a plan for training personnel in the progressive use of force. In light of pandemic-related restrictions, the ICRC proposed new methods to military and police forces, and their training institutions, for promoting international standards on the use of force and firearms. Police officials participated in webinars organized by various ICRC delegations.

Venezuelan civil society familiarizes itself with the Fundamental Principles

A nationwide campaign organized by the Venezuelan Red Cross, the International Federation and the ICRC enabled the Venezuelan public to learn how to protect themselves and others against COVID-19: posters and leaflets were widely distributed and audiovisual materials were circulated through social media.

The ICRC and the Venezuelan Red Cross expanded their public communication – online and through printed materials – to broaden awareness of the Movement’s Fundamental Principles and its humanitarian activities among members of civil society and the general public. The ICRC used the same means to inform people in transit and others affected by the situation in Venezuela of ICRC activities in their behalf. Venezuelan Red Cross staff and volunteers throughout the region were trained to accurately explain the Movement’s neutral, impartial and independent humanitarian approach in all their public communication.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components continued to provide National Societies in the region with financial, material and technical support to improve their organizational set-up and develop their ability to respond to the pandemic and other emergencies, the consequences of violence, and the needs of detained migrants and people in transit (see *Civilians*, *People deprived of their freedom* and *Wounded and sick*). As in the past,

ICRC support for the Venezuelan Red Cross included workshops to draft guidelines for safety and security and material aid for its relief departments.

Around 400 Venezuelan Red Cross staff were trained in operational risk management at ICRC workshops. Support for the Venezuelan Red Cross included PPE, emergency food stocks, vehicles, and telecommunication equipment. ICRC training helped National Society staff and volunteers, including in Caribbean countries, to develop their capacities in restoring family links (see *Civilians*) and explaining the Movement’s activities to the general public (see *Actors of influence*).

Movement components from throughout the region exchanged experiences, and explored possibilities for cooperation, during meetings and peer-to-peer sessions arranged by the ICRC. Partnership agreements between the ICRC, the Venezuelan Red Cross and the International Federation – on dealing with the consequences of violence and responding to emergencies – were adapted in step with developments in the public-health crisis.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	135			
RCMs distributed	103			
Phone calls facilitated between family members	29,362			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	90	27	3	5
<i>including people for whom tracing requests were registered by another delegation</i>	45			
Tracing cases closed positively (subject located or fate established)	62			
<i>including people for whom tracing requests were registered by another delegation</i>	31			
Tracing cases still being handled at the end of the reporting period (people)	171	55	12	19
<i>including people for whom tracing requests were registered by another delegation</i>	72			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1			
Documents				
People to whom official documents were delivered across borders/front lines	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	12			
Detainees in places of detention visited	10,522	1,277		
Visits carried out	86			
		Women	Girls	Boys
Detainees visited and monitored individually	130	29		
<i>of whom newly registered</i>	38	10		
RCMs and other means of family contact				
RCMs collected	358			
RCMs distributed	156			
Phone calls made to families to inform them of the whereabouts of a detained relative	3,752			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	4,531	1,201	1,831
	<i>of whom IDPs</i>	120	48	24
Income support	Beneficiaries	1		
Living conditions	Beneficiaries	28,931	8,194	12,060
	<i>of whom IDPs</i>	1,312	356	600
Capacity-building	Beneficiaries	437	46	
Water and habitat				
Water and habitat activities	Beneficiaries	14,112	5,226	3,733
	<i>of whom IDPs</i>	7,018	2,456	1,755
Primary health care				
Health centres supported	Structures	17		
	<i>of which health centres supported regularly</i>	17		
Average catchment population		182,910		
Services at health centres supported regularly				
Consultations		143,830		
	<i>of which curative</i>	141,455	43,943	37,575
	<i>of which antenatal</i>	2,375		
Vaccines provided	Doses	16,955		
	<i>of which polio vaccines for children aged 5 or under</i>	5,480		
Referrals to a second level of care	Patients	1,436		
	<i>of whom gynaecological/obstetric cases</i>	145		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	6,805	819	
Living conditions	Beneficiaries	13,831	2,056	
Capacity-building	Beneficiaries	5,230	412	
Water and habitat				
Water and habitat activities	Beneficiaries	21,247	5,949	2,125
Health care in detention				
Places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	12		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	5		
Consultations		55,371		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,590		
Weapon-wound admissions (surgical and non-surgical admissions)		353	8	22
Weapon-wound surgeries performed		137		
Patients whose hospital treatment was paid for by the ICRC		5,446		
First aid				
First-aid training				
	Sessions	40		
	Participants (aggregated monthly data)	691		
Water and habitat				
Water and habitat activities	Beds (capacity)	3,494		

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 2020

- 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 19 people formerly held by armed groups.
- The ICRC provided livelihood support (e.g. cash, vocational training) for missing people's families and violence-affected resident and migrant households, which helped them restore their self-sufficiency.
- ICRC-supported local organizations, including the Colombian Red Cross, provided phone calls, internet services and phone charging stations, which enabled migrants to restore or maintain contact with their relatives.
- Funds for supporting health centres were reallocated to the ICRC's COVID-19 response: as a result, numerous hospitals received medical supplies, personal protective equipment and/or infrastructural upgrades.
- Prison visits were suspended for most of the year because of the COVID-19 pandemic. The ICRC therefore focused on providing authorities with technical and material support for tackling systemic issues, as well as the pandemic.
- Persons with disabilities were treated at centres receiving training and supplies from the ICRC; some were able to take part in sports or pursue their education, with the ICRC's help.

EXPENDITURE IN KCHF

Protection	14,650
Assistance	16,490
Prevention	2,547
Cooperation with National Societies	1,542
General	929
Total	36,158
<i>Of which: Overheads</i>	<i>2,207</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	382



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

PROTECTION

CIVILIANS

Restoring family links	Total
RCMs collected	12
RCMs distributed	6
Phone calls facilitated between family members	260,741
Tracing cases closed positively (subject located or fate established)	123

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	Total
Places of detention visited	10
Detainees in places of detention visited	35,468
<i>of whom visited and monitored individually</i>	<i>7</i>
Visits carried out	15
Restoring family links	Total
RCMs collected	2

ASSISTANCE

CIVILIANS

Economic security		2020 Targets (up to)	Achieved
Food consumption	Beneficiaries	56,180	42,208
Food production	Beneficiaries	7,200	5,013
Income support	Beneficiaries	3,140	15,291
Living conditions	Beneficiaries	56,180	36,610
Capacity-building ¹	Beneficiaries	3,880	

Water and habitat		2020 Targets (up to)	Achieved
Water and habitat activities	Beneficiaries	260,300	366,126

Health		2020 Targets (up to)	Achieved
Health centres supported	Structures	12	

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security		2020 Targets (up to)	Achieved
Living conditions	Beneficiaries		5,890

Water and habitat		2020 Targets (up to)	Achieved
Water and habitat activities	Beneficiaries	2,600	82,772

WOUNDED AND SICK

Medical care		2020 Targets (up to)	Achieved
Hospitals supported	Structures	32	53

Physical rehabilitation		2020 Targets (up to)	Achieved
Projects supported	Projects	44	18

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

Violent confrontations between government forces and armed groups – and clashes among armed groups – intensified and became more frequent throughout the country. The National Liberation Army declared a unilateral one-month ceasefire in April.

Civilians were reportedly abused, displaced or killed, and medical services attacked, in conflict-affected areas. The consequences of past and ongoing hostilities – such as the presence of mines and explosive remnants of war (ERW) – restricted people's movement, impeded access to basic services and limited livelihood opportunities. The spread of COVID-19 and the measures it necessitated worsened people's difficulties.

Numerous migrants sought to return to the Bolivarian Republic of Venezuela (hereafter Venezuela); they risked destitution or exploitation while in transit.

Many families remained without news of relatives missing in connection with past or ongoing hostilities.

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

Authorities worked towards criminal justice reform, with a view to tackling overcrowding and improving conditions in prisons.

ICRC ACTION AND RESULTS

The ICRC adapted its activities for violence-affected residents and Venezuelan migrants, in response to pandemic-related measures and needs. It worked with local partners – notably, the Colombian Red Cross, which was also given technical and financial support.

Victims of violence – including victims of mines/ERW – and migrants were made aware of the state services available to them. The ICRC provided logistical and other support for the state's victim assistance unit and other bodies, but also intervened directly, whenever necessary, to address the immediate needs of residents and Venezuelan migrants affected by conflict and other violence. The ICRC discussed the protection-related concerns of violence-affected people with the authorities and armed groups, and reminded them of their obligations under IHL and other pertinent norms.

IDPs, migrants and others were given food, hygiene items and other essentials – or cash for buying them; owing to pandemic-related restrictions, fewer migrants than planned received such aid. Cash assistance also helped victims/survivors of sexual violence to travel to health centres or government offices. ICRC water-and-habitat projects – renovating essential infrastructure, and distributing bottled water – helped ease the situation of residents and migrants in violence-affected communities. Missing people's families and violence-affected households were given livelihood support (e.g. cash, vocational training), which helped them regain a measure of self-sufficiency; this

support was extended to recipients of ICRC assistance in 2019, who had been put in serious financial difficulties by the pandemic.

Migrants restored contact with their relatives through free phone calls and other services provided by the National Society and other local partners, with comprehensive ICRC support.

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 managing human remains, including in connection with the pandemic, with the UBPD, forensic experts and others. First responders involved in managing human remains were trained in these standards and given protective gear and body bags.

ICRC training in first aid and surgical care, for a broad range of medical professionals and volunteers, increased the likelihood of people receiving suitable care during emergencies. Funds for supporting health centres were reallocated to the ICRC's COVID-19 response: as a result, numerous hospitals received medical supplies, protective gear and/or infrastructural upgrades. Migrants and victims/survivors of sexual or other violence received psychological or psychosocial care from the ICRC or ICRC-trained volunteers. Persons with disabilities were treated at centres receiving training and supplies from the ICRC; some were able to take part in sports or pursue their education, with the ICRC's help.

Prison visits were suspended for most of the year because of the pandemic. Before the onset of the pandemic, the ICRC visited detainees in accordance with its standard procedures. For the rest of the year, it provided authorities with technical support for addressing systemic issues – such as overcrowding in prisons – and material support for their COVID-19 response: prisons received handwashing equipment, cleaning items and protective material, as well as informational posters on COVID-19. Following a government decree, particularly vulnerable detainees were temporarily released to help decongest prisons and check the spread of disease. 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.

The ICRC, the National Society and the International Federation worked together to assist migrants and residents affected by violence and the pandemic. The National Society received support for boosting its operational capacities in line with the Safer Access Framework.

CIVILIANS

The ICRC engaged the authorities and armed groups in dialogue on their obligations under IHL – more specifically, on such issues as the protection of civilians, allegations of sexual violence, and the safe delivery of health care. Its

dialogue with the authorities contributed to the issuance of a decree recognizing the freedom of movement of international humanitarian organizations, which strengthened its legal basis to operate in the country during the pandemic. The ICRC also discussed with authorities the legal framework applicable to migrants, including refugees, with a view to ensuring that their rights – particularly in connection with the principle of *non-refoulement* – were respected. ICRC briefings and workshops enabled military and police personnel to learn more about IHL provisions and international policing standards regulating the use of force.

Radio spots broadcast by the ICRC broadened awareness of the risks faced by migrants and others living in or passing through areas affected by conflict and weapon contamination. As a result, around 6,000 people learnt how to reduce their exposure to risks arising from mines/ERW. Colombian Red Cross staff learnt how to carry out similar risk-awareness activities. Communities and schools in violence-affected areas drafted contingency plans with the ICRC's assistance, to mitigate their exposure to mines/ERW. Students in these areas were given books and roughly 2,000 backpacks.

The ICRC acted as a neutral intermediary in the release and transfer of 19 civilians formerly held by armed groups.

IDPs, migrants and victims/survivors of sexual violence meet some of their most urgent needs

When necessary, the ICRC, often with the National Society, directly intervened to supplement strained state services. Cash transfers were made when aid distributions were not possible. Owing to pandemic-related restrictions, fewer migrants than planned received food and household essentials from the ICRC.

The ICRC gave 42,208 people (10,587 households) – including IDPs, migrants, victims/survivors of sexual and other violence, and missing people's families – food parcels, cooked meals, or cash to buy food. These people included migrants in transit, who received meals prepared by ICRC-supported community kitchens.

Material assistance or cash transfers from the ICRC enabled 36,610 people (9,246 households) to restore or improve their living conditions: they included around 200 households with missing relatives or victims/survivors of sexual violence. Some IDPs and migrants among them received hygiene kits, raincoats and/or other items. Migrants in transit benefited from the ICRC's donations of cooking utensils to community kitchens and blankets to churches (which offered migrants shelter temporarily).

The ICRC provided material support for municipal authorities, the National Society, community kitchens and government bodies such as the victim assistance unit. Owing to the pandemic, this support included personal protective equipment (PPE). Because the ICRC had helped build capacities among other pertinent actors, some people affected by conflict or other violence were able to obtain legal and/or economic assistance from the state or others.

Violence-affected people work towards self-sufficiency

The ICRC provided livelihood support for 1,293 households (4,913 people), including households with migrants, missing relatives or victims/survivors of sexual violence. This support included helping 125 people to receive training, 753 breadwinners to start or strengthen their small businesses, and 415 others to find jobs (the ICRC covered 30% of their wages for six months). Among these people were recipients of ICRC assistance in 2019, who had been put in serious financial difficulties by the pandemic. They were given emergency cash assistance, which enabled them to: cover periods of unpaid leave, pay for internet or other resources to access training or search for jobs, or adapt their businesses in line with new restrictions (e.g. switching to home delivery service). Some households were also given support to make face masks: breadwinners of these households made some 319,900 masks to sell, 258,700 of which were bought by the ICRC and donated to various institutions and communities in need.

Migrants, missing people's families, victims/survivors of sexual or other violence and others were told about the state services available to them; 10,378 of these people were given cash – for example, to cover transport costs – to help them obtain these services. Some victims of mines/ERW were helped to cope with the pandemic: the ICRC gave them cash to cover their expenses for rent, food, medicine and utilities.

Roughly 1,000 households (5,013 people) in rural areas grew more food with seed and tools for cultivating crops, and training for managing chicken coops, from the ICRC and local organizations.

People in distress obtain psychosocial care

Towards the end of the year, reports of attacks against health workers increased. This, together with pandemic-related movement restrictions, made it difficult for communities to obtain health services. The ICRC therefore intensified its efforts to promote the protection afforded by IHL and other applicable law to people seeking or providing health care. It broadened awareness of this protection, among community members, health workers and authorities, through radio spots and online channels. The ICRC provided signboards and flags bearing the protective emblem of the country's medical services to 46 health facilities and medical vehicles.

Roughly 3,800 people – migrants, victims/survivors of sexual violence, missing people's families and health staff – received psychological and psychosocial support via mobile messaging applications. The support was provided by the ICRC and 359 people trained by the ICRC in psychological self-care and basic counselling. Some victims/survivors of sexual violence were also given cash to cover the expenses of travelling to health centres or government offices.

No health centres were supported in 2020, as the funds for it were reallocated to the ICRC's COVID-19 response (see *Wounded and sick*).

Communities have access to water and other basic services

Some 18,300 residents and 88,100 migrants in violence-affected areas had better access to water and other basic services as a result of ICRC and National Society projects to: renovate water systems, counselling centres, and classrooms and sanitation facilities at schools; and upgrade a National Society office.

Roughly 3,500 newly displaced people in violence-affected areas received emergency assistance from the ICRC: some repaired their homes and water-supply systems with materials supplied by the ICRC, and others received hygiene kits and water. Around 72,300 migrants in transit to Venezuela were also given emergency relief in the form of bottled water and hygiene kits; some of them rested in a transitory shelter in Cúcuta, where the ICRC upgraded water-distribution and waste-collection systems.

An additional 183,800 people were given pandemic-related aid, such as hygiene items, disinfectants and/or handwashing kits, directly or through ICRC-supported shelters and local organizations. Others benefited indirectly, from infrastructural upgrades to health facilities in their community.

Efforts to clarify the fate of missing people continue

The ICRC's dialogue with the authorities and armed groups – on the necessity of informing families of the fate of their missing relatives – continued. Recovered remains of 16 people were forwarded to the authorities for identification, and four sets were handed over to the families concerned. During round tables and training sessions, the ICRC drew attention to the needs of missing people's families; some families received material aid and psychosocial support from the ICRC (see above).

The UBPD was given technical support to expand its capacities: the ICRC held virtual training sessions for UBPD staff in such areas as psychosocial care for missing people's families. The ICRC met with officials from the UBPD and other government bodies to coordinate their and the ICRC's efforts to ascertain the fate of missing people and assist their families.

Standards in managing human remains, including in connection with the pandemic, was one of the subjects the ICRC discussed with the authorities, forensic experts and others. The ICRC trained first responders, such as National Society personnel, in this area; they were also given protective gear and body bags. A morgue and a cemetery were renovated with the ICRC's support.

Venezuelan migrants restore contact with their families

Migrants restored contact with their families through services – free phone calls, mobile-phone charging stations and internet connections – offered by the National Society and other local organizations. The ICRC sustained its financial, material and technical support for these service providers, some of whom moved their activities online because of the pandemic. Service providers who continued face-to-face activities received PPE from the ICRC. Some 261,000 phone calls were facilitated between family members.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities take steps to address issues in the penitentiary system

In early 2020, the ICRC visited ten places of detention in accordance with its standard procedures. It discussed its findings and recommendations with the authorities. Because of the pandemic, prison visits were suspended for the rest of the year, and so the ICRC focused on providing support for the authorities' COVID-19 response (see below).

The authorities continued to draw on ICRC expertise to reform the criminal justice system. Discussions with them focused on addressing overcrowding; promoting respect for existing procedural safeguards, and facilitating access to health care – for detainees with disabilities as well as others – in line with national policies on public health in prisons. The authorities made progress in tackling some systemic issues, particularly those made more apparent by the pandemic. The ICRC submitted a report to the authorities on measures to help prevent the spread of COVID-19 in prisons by reducing overcrowding; the government later issued a decree implementing alternatives to detention for particularly vulnerable detainees, such as the elderly and people with chronic illnesses. The ICRC helped to develop modules for a course in prison health organized by the National Training Service (SENA); it also held an online seminar on the topic for professionals.

ICRC-supported training helped some 350 staff from the National Penitentiary and Prison Institute to strengthen their grasp of international policing standards and of the various norms regulating the use of force.

Prison facilities are improved and equipped to tackle the pandemic

The ICRC worked with national authorities to find ways to improve prison management and infrastructure, while also carrying out small-scale projects in coordination with local authorities to improve detainees' access to basic services (see *Wounded and sick*). Because of the pandemic, some projects were cancelled and donations of hygiene items prioritized. Around 5,900 detainees also received ad hoc material assistance (e.g. face shields) from the ICRC.

Colombian authorities and their counterparts in other countries held an online workshop that was part of a project to develop regional criteria for prison management and design. At this workshop, the Colombian authorities presented the national standards for designing and maintaining prison clinics that they had developed with ICRC technical support.

The ICRC distributed handwashing equipment, cleaning items and posters on COVID-19 at 25 prisons. Some 78,100 detainees at these prisons, and 300 others held at police stations, were given hygiene kits to enable them to protect themselves and others against COVID-19.

At a prison in Cúcuta, computers and other equipment from the ICRC enabled 4,200 detainees to use the internet to contact their families and access judicial services. At another prison, in Bucaramanga, the ICRC installed ramps and renovated

facilities, which made various spaces – for education, health care, sanitation and sports – more accessible to 136 detainees with disabilities.

WOUNDED AND SICK

Hospitals sustain their services amidst pandemic and other emergencies

The ICRC covered costs for transport, food or medicine for 1,062 people – including migrants, wounded people and victims of mines/ERW – who obtained treatment at state-run facilities; critically wounded people were evacuated to hospital by the ICRC. To help ensure the availability of life-saving care during emergencies, the Colombian Red Cross and the ICRC trained some community members, health workers and weapon bearers in first aid; because of the pandemic, fewer people than planned were trained.

Some 60 health workers and university students learnt about wound management and war surgery at workshops and online seminars conducted by the ICRC. More than 20 community volunteers were trained to provide psychological care; 647 migrants received such care at ICRC-supported counselling centres. Patients at physical rehabilitation centres in need of psychological care were referred to ICRC-supported clinics (see *Civilians*).

People in violence-affected areas were treated at 16 hospitals that received ICRC support; ad hoc donations of dressing kits and protective gear were made to some of these hospitals.

The ICRC supported the authorities' COVID-19 response by helping cover gaps at 37 more hospitals: it gave them technical support, furniture, medical supplies and/or PPE. At some of these hospitals, the ICRC renovated water and sanitation facilities, and put up triage tents.

Persons with disabilities receive rehabilitative care and other assistance

Persons with disabilities obtained state services with the help of the ICRC and the National Society: 70 people received financial assistance for their transport, food and accommodation costs. At seven centres regularly given training, supplies and other support by the ICRC, some 400 people² – including 27 migrants – also had their treatment costs covered. Rehabilitative services for detainees with disabilities were postponed, because the pandemic necessitated the suspension of prison visits; instead, face shields were donated to some prisons for detainees with disabilities or other specific vulnerabilities.

Material and technical support, and training, from the ICRC helped 11 professional associations, universities and other institutions to develop their capacities in various aspects of rehabilitative care – such as wheelchair services and stock management – or in training professionals in these areas. The ICRC attended meetings organized by authorities and experts, wherein discussions focused on ways to formalize the

professional recognition of prosthetists/orthotists and on the provision of wheelchair services. SENA and the ICRC conducted certain courses – in prosthetics and orthotics, for example – online. Five physiotherapists working in prisons attended an ICRC-supported online training session on wheelchair maintenance; around 30 other staff learnt about disability sports in different sessions. Two physical rehabilitation professionals were sponsored by the ICRC to continue pursuing advanced studies.

The ICRC sought to advance the social inclusion of persons with disabilities. Wheelchairs and other equipment were donated to wheelchair-basketball and para-badminton teams. Some people were referred for ICRC livelihood assistance (see above). The ICRC met with representatives from the education ministry and local organizations to discuss how education could be made more accessible to children with disabilities. The ICRC covered costs for seven children to register for a local organization's project that provided them with school materials.

ACTORS OF INFLUENCE

Authorities and weapon bearers 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: for instance, it held meetings and other events with 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, legislators and academics to discuss the domestic implementation of IHL and other norms. It gave the authorities expert advice on ratifying the Treaty on the Prohibition of Nuclear Weapons.

Roughly 6,200 military and police personnel expanded their knowledge of IHL, international human rights law, and other norms through ICRC workshops, conferences and training sessions; some of these events were held virtually. Meetings and high-level round tables with military and police forces also included discussion of such matters as measures against COVID-19 and protection for health workers.

In its dialogue with members of armed groups, the ICRC emphasized the necessity of ensuring civilians' access to humanitarian aid.

Owing to the pandemic, plans to sponsor government officials to attend courses and events in other countries were cancelled.

The general public learn more about the ICRC's activities

ICRC reports, news releases and interviews helped broaden public awareness of the ICRC's humanitarian activities, including its COVID-19 response. The health ministry, the ICRC, the Colombian Red Cross and other Movement components launched an online campaign to broaden awareness of the

2. Based on aggregated monthly data, which include repeat beneficiaries.

importance of protecting health workers during the pandemic. Communities learnt more about the services available to them – for instance, to restore family links – through ICRC radio spots and the ICRC’s social-media accounts.

Virtual meetings were held with members of the local and international media to draw their attention to the plight of communities affected by armed conflict and other violence, and to the ICRC’s response.

The ICRC organized events with Colombian universities to help academics add to their knowledge of IHL: around 250 people attended conferences on IHL, mostly online, and students from 20 universities in the region took part in an IHL moot court competition held online.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC’s main partner in responding to humanitarian needs in the country (see *Civilians and Wounded and sick*). Comprehensive support from the ICRC enabled the National Society to build up its 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 online meetings on the subject. It also helped the National Society to adapt its contingency plans to the pandemic.

The National Society, the International Federation and the ICRC met online regularly to ensure uniformity of views on key issues and coordinate assistance activities, particularly in connection with the pandemic.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	12	2		
RCMs distributed	6	1		
Phone calls facilitated between family members	260,741			
Reunifications, transfers and repatriations				
People transferred or repatriated	19			
Human remains transferred or repatriated	20			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	384	55	27	35
<i>including people for whom tracing requests were registered by another delegation</i>	30			
Tracing cases closed positively (subject located or fate established)	123			
<i>including people for whom tracing requests were registered by another delegation</i>	17			
Tracing cases still being handled at the end of the reporting period (people)	2,555	250	236	480
<i>including people for whom tracing requests were registered by another delegation</i>	51			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	31	13		4
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	39	17		2
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	10			
Detainees in places of detention visited	35,468	1,670		
Visits carried out	15			
		Women	Girls	Boys
Detainees visited and monitored individually	7	2		
<i>of whom newly registered</i>	7	2		
RCMs and other means of family contact				
RCMs collected	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	42,208	14,309	14,281
	<i>of whom IDPs</i>	6,592	2,342	2,332
Food production	Beneficiaries	5,013	1,541	2,348
	<i>of whom IDPs</i>	277	118	71
Income support	Beneficiaries	15,291	5,328	6,409
	<i>of whom IDPs</i>	8,254	2,727	3,638
Living conditions	Beneficiaries	36,610	12,808	11,581
	<i>of whom IDPs</i>	5,575	1,853	2,191
Water and habitat				
Water and habitat activities	Beneficiaries	366,126	157,315	18,977
Mental health and psychosocial support				
People who received mental-health support	Cases	3,764		
People who attended information sessions on mental health		353		
People trained in mental-health care and psychosocial support		359		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	5,890	198	
Water and habitat				
Water and habitat activities	Beneficiaries	82,772	6,622	
Health care in detention				
Places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	53		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	9		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		97,697		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		930		
Weapon-wound admissions (surgical and non-surgical admissions)		318		
First aid				
First-aid training				
	Sessions	3		
	Participants (aggregated monthly data)	103		
Physical rehabilitation				
Projects supported		18		
	<i>of which physical rehabilitation projects supported regularly</i>	7		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	393	88	74
	<i>of whom victims of mines or explosive remnants of war</i>	39		
Prostheses delivered	Units	83		
Orthoses delivered	Units	40		
Physiotherapy sessions		38		
Walking aids delivered	Units	45		
Wheelchairs or postural support devices delivered	Units	163		
Referrals to social integration projects		60		

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 in Peru and along Ecuador's border with Colombia. It seeks to address the needs of people affected by violence, and those of vulnerable migrants. It helps the region's National Societies reinforce their capacities. It assists security forces in integrating human rights norms into their training and operations, and armed forces in doing the same with IHL. 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 2020

- In Peru and Ecuador, the ICRC reminded the authorities and armed forces and security forces personnel that they must protect and assist violence-affected people in line with applicable international law.
- ICRC initiatives provided material aid and clean water for vulnerable people in Ecuador and Peru. Migrants throughout the region used the Movement's family-links services to reconnect with their relatives.
- Aided by the ICRC, Peruvian authorities improved their process of searching for missing people. Missing people's families received psychosocial care and cash/logistical support for travelling to funeral ceremonies.
- Detaining authorities implemented, with the ICRC's support, measures to control the spread of COVID-19. The ICRC continued to engage with authorities on the issue of overcrowding in places of detention.
- Ecuador ratified Additional Protocol III and the Convention on the Non-Applicability of Statutory Limitations to War Crimes and Crimes Against Humanity.

EXPENDITURE IN KCHF

Protection	3,253
Assistance	842
Prevention	1,115
Cooperation with National Societies	457
General	31
Total	5,699
<i>Of which: Overheads</i>	<i>348</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	51



ICRC/AR_2020

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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	4
RCMs distributed	5
Phone calls facilitated between family members	14,571
Tracing cases closed positively (subject located or fate established)	75
People reunited with their families	9
<i>of whom unaccompanied minors/separated children</i>	8
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	28
Detainees in places of detention visited	55,332
<i>of whom visited and monitored individually</i>	118
Visits carried out	41
Restoring family links	
RCMs collected	9
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2020 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries	723
Living conditions	Beneficiaries	10,624
Water and habitat		
Water and habitat activities	Beneficiaries	3,978 13,645
Health		
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	Beneficiaries	72,701
Water and habitat		
Water and habitat activities	Beneficiaries	40
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	6 4

CONTEXT

In Peru, government forces continued to carry out military operations against the Militarized Communist Party of Peru (PCP-M) in the Apurímac, Ene and Mantaro Valley (VRAEM). In the Plurinational State of Bolivia (hereafter Bolivia), Ecuador and Peru, public protests over socio-economic and political issues took place frequently. The violence mentioned above led to casualties and arrests, damaged infrastructure, and displaced people; moreover, basic goods and services became less accessible.

Migrants, including refugees, from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) travelled to Ecuador, Peru and Bolivia, or passed through those countries on their way to other destinations; some returned to Venezuela, owing to increasingly strict entry requirements and the economic difficulties created by the COVID-19 pandemic. During their journeys, they risked losing touch with relatives and being subjected to abuse.

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

The pandemic, and related restrictions, increased social unrest in the region, and adversely affected the authorities' ability to address the needs of vulnerable people.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Lima, Peru reminded Peruvian and Ecuadorean authorities that they must ensure safe access for vulnerable people to essential goods and services, including health care, and to means of contacting their families. Armed personnel deployed in violent areas furthered their understanding of IHL and/or international policing standards.

The ICRC expanded its efforts to protect and assist people affected by violence, particularly communities in the VRAEM and along the Ecuador–Colombia border. Its projects, carried out in coordination with the authorities, National Societies, community members, and others, made clean water, shelter and sanitation facilities available to people in violence-affected areas of Ecuador and Peru, and helped to protect them against COVID-19. Vulnerable people – migrants, IDPs and others – were given household essentials, cash and other assistance to cope with pandemic-related and other difficulties. Comprehensive support from the ICRC enabled the National Societies in the region to reinforce their family-links services for families dispersed by migration, natural disasters and protests.

In Peru, the ICRC continued to back the authorities' efforts to ascertain the fate of people missing in connection with the 1980–2000 conflict and to address their families' needs. Notably, it helped them to improve standard procedures in an accompaniment programme through which missing people's families were given psychosocial and other support. The ICRC enabled missing people's families to participate in the

search for their relatives and helped organize events to raise awareness of their plight. Financial and technical support from the ICRC enabled associations of missing people's families to strengthen their organizational structure and expand their dialogue with the authorities. It provided training in human-remains management throughout the region, for forensic experts, armed forces personnel and others.

The ICRC visited detainees in Bolivia, Ecuador and Peru, in accordance with its standard procedures; it did so mostly before March, after which the pandemic limited it mainly to following up individual detainees remotely. 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 provided detaining authorities with expert advice and material support to implement measures to control the spread of COVID-19. After the onset of the pandemic, the ICRC intensified its engagement with authorities on the issue of overcrowding in places of detention.

In Ecuador, the ICRC continued the activities that the ICRC MoveAbility Foundation had been carrying out until the end of 2019, and incorporated them in its physical rehabilitation programme. Migrants and other vulnerable patients obtained care at ICRC-supported physical rehabilitation centres run by the health ministry, or at an NGO-run centre where the ICRC covered the costs of their treatment.

Together with the pertinent National Societies, the ICRC provided support for authorities and national IHL committees to implement and foster respect and support for IHL. Ecuador ratified Additional Protocol III. In Bolivia, Ecuador and Peru, the police and the armed forces enforced the measures taken by their governments to tackle the pandemic; the ICRC urged them to draw up new procedures and guidelines, and made recommendations, in this regard. 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; this helped them – particularly academics – to shape public discussions and cultivate support for IHL and the Movement's activities.

The Bolivian, Ecuadorean and Peruvian National Societies worked to strengthen their organizational and operational capacities, with financial and technical support from the International Federation and the ICRC.

CIVILIANS

The ICRC continued its dialogue with the armed forces, security forces and authorities in Ecuador and Peru, on ensuring protection for vulnerable people and facilitating their safe access to basic goods and services, in accordance with applicable international law. Violence-affected communities affected in these countries reported their concerns to ICRC delegates. From March onwards, because of the pandemic and related restrictions, the ICRC often had to monitor these situations remotely. In Ecuador, for cases involving migrants, the ICRC carried these activities out with the Ecuadorean Red Cross to help give them experience in conducting such work.

Aided by the ICRC, armed and security forces personnel in violence-affected areas strengthened their grasp of international law enforcement standards (see *Actors of influence*).

Violence-affected communities, and journalists and other members of civil society, learnt about the ICRC's mission, the Movement's activities and the humanitarian services available to them through public-communication campaigns conducted by the National Societies and the ICRC (see *Actors of influence*); the ICRC also used radio broadcasts to communicate information about COVID-19 and protective measures against it.

Migrants and other vulnerable people receive humanitarian aid

In Ecuador, the ICRC renovated water and sanitation facilities at temporary shelters for migrants, a COVID-19 isolation facility and a hospital's COVID-19 triage area; nearly 10,500 people benefited. About 400 people near the Ecuador-Colombia border also had access to clean water through a water-supply system upgraded by the ICRC. In the VRAEM, the ICRC's renovations to water infrastructure in 12 communities benefited about 2,100 people. An additional 650 people – health workers, Peruvian Red Cross volunteers and others – were given disinfectants, cleaning supplies, hygiene items, PPE, and informational resources on handwashing and water chlorination to enable them to remain safe from COVID-19.

The ICRC gave over 10,600 vulnerable people – migrants, IDPs and others – mats, blankets, hygiene kits, face masks and other items, or cash for buying them; some were also given food. This helped them to cope with pandemic-related and other difficulties; 31 relatives of detained people were given cash for the same purposes.

Migrants keep in touch with relatives

The National Societies in the region made family-links services available to people separated by migration, natural disasters or protests; comprehensive support, and training, from the ICRC enabled them to do so.

Migrants, including refugees, had access to these services at fixed and mobile family-links posts situated strategically along migration routes in the region. Recognizing that migrants with COVID-19 at hospitals and isolation centres were particularly vulnerable to losing touch with their loved ones, the Ecuadorean Red Cross and the ICRC provided family-links services in these places as well. National Society personnel in Ecuador and Peru were given PPE and/or hygiene items to help them do their work safely. In Ecuador, nine unaccompanied minors were reunited with their relatives.

Migrants in Ecuador were able to access legal documents – to regularize their status and for other purposes – with ICRC assistance. Over 210 migrants, including unaccompanied children, received financial and other ad hoc support for this purpose.

Peruvian authorities support missing people's families

The Peruvian authorities endeavoured to help families ascertain the fate of relatives missing in connection with the 1980–2000 conflict and to address their needs, as per a 2016

law. The government offices in charge of implementing this law were given expert advice and other support by the ICRC. Government officials attended workshops, conferences and other events organized or supported by the ICRC; for example, one video conference concerned the lessons learnt from the search for missing children in Guatemala, and one workshop covered relevant international law.

The Peruvian authorities drew on the ICRC's expertise to improve standard procedures in an accompaniment programme through which missing people's families were given psychosocial and other support. Staff involved in the programme attended ICRC training in psychosocial care; some 3,600 relatives of missing people benefited from such care. On the International Day of the Disappeared, the ICRC launched a regional communication campaign to raise awareness of the plight of missing people and their families.

Financial support from the ICRC enabled missing people's families in Peru to participate in the search process and bury their relatives, and those most vulnerable among them, to cope with the pandemic; in all, 479 people benefited. Financial and technical support from the ICRC enabled associations of missing people's families to strengthen their organizational structure and expand their dialogue with the authorities. In Ecuador, human remains potentially belonging to a missing person were found; the ICRC guided a relative of that person through the process of confirming this, and provided them with psychological support.

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 helped 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. At ICRC training sessions, police and armed forces personnel in Ecuador learnt best practices in managing human remains safely and in a manner conducive to future identification. Health centres in Ecuador were supplied with informational posters on safe practices in managing the bodies of COVID-19 victims; these posters were created and distributed by forensic authorities, the Ecuadorean Red Cross and the ICRC. Forensic workers in Peru and Ecuador were given PPE, body bags and/or disinfectants.

In Ecuador, forensic authorities and NGO personnel attended an ICRC workshop on forensic anthropology. Similar activities planned for the region – for example, an international conference in Ecuador for forensic professionals – had to be postponed or cancelled because of the pandemic.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Bolivia, Ecuador and Peru in accordance with its standard procedures; it did so mostly before March, after which pandemic-related restrictions limited such activities. It monitored individually 118 people who were held in connection with armed violence. Findings and recommendations from these visits were communicated confidentially to

the authorities, to help them improve the treatment and living conditions of detainees, particularly women, ailing detainees and the elderly. When visits to detention facilities were temporarily not possible because of the pandemic, the ICRC followed up on the situations of some of the detainees it monitored individually over phone calls with them and their families.

Penitentiary authorities work to control the spread of COVID-19

The ICRC provided detaining authorities in Bolivia, Ecuador and Peru with face masks, soap and other items to help them protect nearly 73,000 detainees against COVID-19; this helped to protect prison guards and other personnel as well. Detaining authorities in Ecuador and Peru sought expert advice from the ICRC to implement measures for controlling the spread of COVID-19 and ease the impact of pandemic-related restrictions on detainees.

The pandemic also led the ICRC to intensify its engagement with authorities on the issue of overcrowding in places of detention. It submitted position papers to high-level penitentiary, judicial and other authorities in Ecuador and Peru, urging the early release of certain categories of detainee as a decongestion measure. In Peru, the ICRC advised or arranged workshops and other events for officials working to implement such measures.

Detention officials take steps to develop their managerial capacities

Detention authorities in Ecuador and Peru participated in virtual 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*). Ecuadorean and Peruvian officials also drew on the ICRC's expertise to revise prison management policies. In Bolivia, material support from the ICRC helped detention authorities to improve the living spaces of 40 women at one prison.

In Peru, 77 security detainees were given books and hygiene items to help them cope with their situation. ICRC ensured access to mental-health care for twelve female security detainees.

Financial assistance from the ICRC enabled 57 detainees in Ecuador and Peru to receive family visits; in Ecuador, this support also covered the costs of tests for COVID-19.

Numerous detention-related activities that the ICRC had planned for the region – improving health care in Bolivian prisons, for example – could not be carried out because of the pandemic and related restrictions.

WOUNDED AND SICK

In Ecuador, the ICRC continued the activities that the ICRC MoveAbility Foundation had been carrying out until the end of 2019, and incorporated them in its physical rehabilitation programme. It provided supplies and equipment to three physical rehabilitation centres, operated by the health ministry, that served migrants and destitute persons with disabilities. The ICRC also referred migrants to a fourth physical rehabilitation centre, operated by an NGO and, covered the costs of

their treatment, along with those of other vulnerable patients at the centre. Because of the pandemic, these centres only provided a limited online service for most of the year and were unable to take in new patients.

Physical rehabilitation personnel from these centres took part in online courses organized by the ICRC or to which the ICRC had referred them. Because of the pandemic, similar training opportunities, conferences and other events that the ICRC had planned were postponed or cancelled; some of these events were meant to help officials working to develop national policies for strengthening the physical rehabilitation sector.

The ICRC redirected funds from these cancelled activities to buy PPE and disinfectants for physical rehabilitation centres, primary-health-care centres and hospitals – but because of administrative constraints, it was, at year's end, still waiting to distribute them.

ACTORS OF INFLUENCE

State weapon bearers strengthen their grasp of international norms at online workshops

State weapon bearers in Bolivia, Ecuador and Peru, including those conducting joint operations in violence-affected areas, worked on integrating IHL and/or international standards for law enforcement into their doctrine, training and operations; the ICRC provided expert advice and other support. From March onwards, because of the pandemic, all in-person training activities and events were cancelled. Nonetheless, hundreds of armed forces and police personnel, including senior officers and legal advisers, strengthened their grasp of these norms and standards at online workshops and courses organized or supported by the ICRC; some of them were also trained to teach others.

As police and armed forces in the three countries were tasked to enforce restrictions taken to address the COVID-19 pandemic, the ICRC urged these forces to develop new procedures and guidelines for enforcing such measures and provided them with specific recommendations. In Bolivia, thousands of reference documents for police officers (i.e. manuals and primers) were printed with the ICRC's support; in Peru, the ICRC provided the interior ministry with expert advice for drafting a manual for law enforcement personnel on enforcing public order.

Ecuador ratifies Additional Protocol III

In Ecuador and Peru, national IHL committees and the authorities, together with the National Societies, drew on the ICRC's expertise to advance implementation of IHL-related treaties or legislation. These treaties or legislation covered protection for the red cross emblem and, in Peru, the Rome Statute. Ecuador ratified Additional Protocol III and the Convention on the Non-Applicability of Statutory Limitations to War Crimes and Crimes against Humanity. Both countries adapted new regulations on law enforcement and the use of force by the armed forces.

State weapon bearers, government officials and the National Societies in the region developed their understanding of IHL at courses organized by the ICRC. Bolivian foreign service

officials attended ICRC lectures on the protection of refugees and IDPs; members of the Ecuadorean national IHL committee participated in a six-week IHL course; and senior officials from the foreign ministry, navy and public prosecutor's office in Peru took part in an online conference on the use of force in law enforcement.

Peruvian students write about IHL

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; this helped them – particularly academics – to shape public discussions and cultivate support for IHL and the Movement's activities. The events and activities for academics and students included: a conference on the applicability of IHL to the enforcement of pandemic-related restrictions, which was attended by 500 students in Ecuador; and an IHL essay-writing competition for students in Peru, originally intended to be a moot court competition and changed because of the pandemic.

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, pandemic-related activities and family-links services.

With training and other support from the ICRC, National Society personnel throughout the region carried out their work in line with the Safer Access Framework. The ICRC provided them with PPE, helmets and other items to help them to work in safety. The Bolivian Red Cross, with support from the ICRC, accompanied a shipment of oxygen tanks for treating COVID-19 patients and ensured its safe delivery through an area of social unrest.

Movement components in the region met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	4	1		
RCMs distributed	5	1		
Phone calls facilitated between family members	14,571			
Reunifications, transfers and repatriations				
People reunited with their families	9			
<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	66	14	6	4
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases closed positively (subject located or fate established)	75			
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases still being handled at the end of the reporting period (people)	1,158	243	32	37
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	21	10		
UAMs/SC reunited with their families by the ICRC/National Society	8	3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	15	5		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	28			
Detainees in places of detention visited	55,332	3 541	148	
Visits carried out	41			
		Women	Girls	Boys
Detainees visited and monitored individually	118	41		3
<i>of whom newly registered</i>	33	8		3
RCMs and other means of family contact				
RCMs collected	9			
RCMs distributed	3			
Phone calls made to families to inform them of the whereabouts of a detained relative	1			
Detainees visited by their relatives with ICRC/National Society support	57			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	723	409	116
Living conditions	Beneficiaries	10,624	3,543	3,012
	<i>of whom IDPs</i>	94	25	40
Water and habitat				
Water and habitat activities	Beneficiaries	13,645	5,458	4,776
Mental health and psychosocial support				
People who attended information sessions on mental health		2,771		
People trained in mental-health care and psychosocial support		111		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	72,701	4,460	553
Water and habitat				
Water and habitat activities	Beneficiaries	40	6	
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		4		
	<i>of which physical rehabilitation projects supported regularly</i>	4		

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 urgent humanitarian needs of vulnerable migrants and other persons affected by organized armed violence. It endeavours to clarify the fate of missing persons and helps address the needs of their families, 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 military and security forces.

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

KEY RESULTS/CONSTRAINTS IN 2020

- Migrants accessed adequate health, water, lodging and other services from ICRC-supported local partners. The authorities across the region and the ICRC discussed the need to respect the rights of migrants and deportees.
- With ICRC aid, a Honduran hospital improved its triage system that helped reduce patients’ waiting time. The ICRC supported fewer physical rehabilitation projects to help selected facilities reopen after pandemic-related closures.
- Missing people’s families, victims/survivors of sexual violence, those dealing with the effects of COVID-19 and other violence-affected people received remote mental-health and psychosocial support from ICRC-trained health staff.
- Relatives separated by migration, natural disasters and COVID-19 kept in touch with the Movement’s family-links services. Mexican officials included ICRC input in their guidelines for managing the remains of COVID-19 victims.
- Prison officials in six countries drew on the ICRC’s advice for dealing with the pandemic. ICRC aid benefited more detainees than planned, as the organization shifted its focus towards helping officials check the spread of COVID-19.
- Police and military forces received ICRC counsel on abiding by international policing standards during the pandemic. Belize and Honduras ratified the treaty banning nuclear weapons; El Salvador passed a law to protect and assist IDPs.

EXPENDITURE IN KCHF	
Protection	10,926
Assistance	9,868
Prevention	2,184
Cooperation with National Societies	1,072
General	128
Total	24,178
<i>Of which: Overheads</i>	<i>1,476</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	41
Resident staff (daily workers not included)	210



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	8
RCMs distributed	12
Phone calls facilitated between family members	108,493
Tracing cases closed positively (subject located or fate established)	69
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	39
Detainees in places of detention visited	40,310
<i>of whom visited and monitored individually</i>	52
Visits carried out	89
Restoring family links	
RCMs collected	14
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	12

ASSISTANCE	2020 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Income support	Beneficiaries	345	9,202
Living conditions	Beneficiaries		13,277
Water and habitat			
Water and habitat activities	Beneficiaries	54,850	54,468
Health			
Health centres supported ¹	Structures	22	14
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		8,820
Water and habitat			
Water and habitat activities	Beneficiaries	7,601	50,306
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	2	2
Physical rehabilitation			
Projects supported	Projects	32	22
Water and habitat			
Water and habitat activities	Beds (capacity)		101

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

Organized armed violence persisted throughout the region, particularly in El Salvador, Guatemala, Honduras and Mexico. People in violence-affected areas were reportedly abducted, killed or subjected to sexual violence and other abuses. Some people also 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 and repatriation, were similar to those confronting people in violence-affected areas.

In March, states across the region began implementing measures to halt the spread of COVID-19; some essential facilities were forced to suspend their services temporarily. Although these measures included the closure of international borders, transit and destination countries continued to deport some migrants.

In some states, the military occasionally joined local law-enforcement operations in quelling the violence. Sometimes they also took part, with the police, in implementing national migration policies and measures to limit the spread of COVID-19.

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

People in the countries covered were detained in relation to armed violence and drug-related offences.

Two hurricanes struck the region in November and particularly affected Guatemala, Honduras and Nicaragua; they caused deaths and family separation and damaged essential infrastructure.

ICRC ACTION AND RESULTS

Despite the movement restrictions and other pandemic-related constraints, the ICRC's regional delegation in Mexico City maintained its efforts to protect and assist migrants, missing people's families, detainees and other violence-affected people. It adapted many of its planned activities to help local partners continue or resume their work and/or respond to the pandemic in accordance with safety protocols. Dialogue with the authorities and other stakeholders moved online. The ICRC postponed some of its activities; it reallocated funds to pandemic-related initiatives, which resulted in more people than planned benefiting from its assistance.

The ICRC reminded the authorities of the need to respect the rights of people travelling or returning along migration routes, displaced people and missing people's families. It made recommendations to police and military forces for applying international standards for law enforcement and other pertinent laws, especially during the pandemic.

Aided by the ICRC, National Societies and other local actors provided health, family-links and other essential services to migrants travelling through El Salvador, Guatemala, Honduras and Mexico. Migrants received hygiene and safety tips through various channels of communication.

The ICRC provided comprehensive support to health facilities and staff, with a view to ensuring the availability of adequate health care for IDPs and residents of violence-affected areas. One hospital in Honduras improved its triage system that helped reduce the waiting time for critically wounded people and others; a Salvadoran hospital became better equipped to treat patients with COVID-19. The ICRC supported fewer physical rehabilitation projects than planned as it prioritized helping some rehabilitation centres resume their services after pandemic-related closures. People struggling with the effects of violence and/or the pandemic, including victims/survivors of sexual violence and missing people's families, received mental-health and psychosocial support.

IDPs, young people and vulnerable households in El Salvador, Guatemala, Honduras and Mexico benefited from various kinds of ICRC assistance, enabling them to cope with the negative impact that violence, COVID-19 and/or natural disasters had on their access to education, economic opportunities and other basic needs.

Members of dispersed families, including COVID-19 patients in hospitals, reconnected through the Movement's family-links services. The ICRC supported efforts by the authorities and other stakeholders to search for missing people and manage human remains properly. The Mexican health ministry included the ICRC's suggestions in its guidelines for managing the remains of COVID-19 victims. Missing people's families dealt with their administrative, educational and other needs with the ICRC's assistance.

In accordance with its standard procedures, the ICRC visited detainees in El Salvador, Guatemala, Honduras, Mexico and Nicaragua to check on their treatment, living conditions and access to essential services, especially during the pandemic. Detention officials drew on ICRC input to prevent the spread of COVID-19 and determine how best to address other detention-related concerns. Detainees benefited from ICRC aid as the organization refocused its response to helping check the spread of COVID-19 in places of detention.

The ICRC promoted humanitarian principles, IHL and the Movement among the authorities, regional organizations, members of civil society and the wider public. Belize and Honduras ratified the Treaty on the Prohibition of Nuclear Weapons. El Salvador passed a law on protecting and assisting IDPs and Honduras published a new criminal code with a section on war crimes.

The ICRC and other Movement components coordinated their response to the hurricanes that hit the region, focusing their emergency assistance in the most affected countries.

CIVILIANS

Movement restrictions and other pandemic-related constraints required the ICRC to adapt or modify its humanitarian response for migrants and for missing people's families and other violence-affected people in the region. It postponed some of its activities, such as field trips; it reallocated funds to tackling pandemic-related needs, which resulted in more people than planned benefiting from its assistance.

The ICRC helped the authorities and other local partners to implement COVID-19 protocols when carrying out their duties. This help consisted mainly of guidance and material support, for example, the distribution of personal protective equipment (PPE) and cleaning supplies for some 4,200 emergency responders and 2,400 health workers. The ICRC discussed with the authorities, civil-society organizations and UN agencies means to ensure closer coordination of humanitarian assistance, such as promotion of existing referral mechanisms.

ICRC bilateral dialogue with the authorities, and with military and police forces, centred on the necessity of respecting pertinent international laws and humanitarian principles (see *Actors of influence*). Key topics included: the rights of migrants, deportees and IDPs; the principle of *non-refoulement*; the use of force by law enforcement authorities; safe and non-discriminatory access to health care, education and other basic services; and prevention of sexual violence. The ICRC also urged these actors to facilitate humanitarian access so that vital pandemic-related activities could be undertaken.

People along migration routes receive health care and other forms of assistance

In El Salvador, Guatemala, Honduras and Mexico, the ICRC supported efforts by National Societies and other local partners to protect migrants and enable them to meet their basic needs. In Guatemala for instance, it conducted workshops for personnel at NGO shelters on professional standards for protection work.

Through leaflets, a mobile messaging app and other National Society and ICRC communication channels, migrants received advice on hygiene, health-related matters, and maintenance of family contact; they also benefited from information about safety risks and where they could get assistance. The ICRC collected views and suggestions from migrants, and partners along migration routes, to improve the content shared through the app.

Migrants contacted their relatives with the help of the Movement's family-links services being offered at new or existing phone or internet stations. ICRC funding and material support enabled local actors in El Salvador and Honduras to provide additional connectivity services for migrants.

People obtained free health care at 14 fixed or mobile health facilities – 2 in Guatemala, 2 in Honduras and 10 in Mexico – run by the National Societies with ICRC financial, material and technical support, including advice on infection-prevention measures. People suspected of having COVID-19 received medical referrals.

The ICRC upgraded infrastructure and provided materials for cleaning and construction, and other supplies, for migrant shelters and other facilities in El Salvador, Guatemala and Mexico that collectively served around 50,000 people. This helped them improve their water systems, and sleeping and other facilities, and prevent the spread of COVID-19.

Some vulnerable migrants covered their basic needs with ICRC funding or material support (see *Wounded and sick*).

IDPs and residents in violence-affected communities obtain essential services

The ICRC helped address the basic health-related needs of violence-affected people in El Salvador, Guatemala, Honduras and Mexico: it gave health-care providers and other emergency responders material and other support, such as first-aid training for health staff and for community members. Six health facilities in selected Guatemalan and Mexican communities served victims/survivors of sexual violence and others. The ICRC covered consultation and treatment costs for 15 IDPs in El Salvador and Honduras.

Missing people's families and other violence-affected people – victims/survivors of sexual violence, people affected by the pandemic or natural disasters, and health personnel themselves – received mental-health and psychosocial support remotely provided by health staff trained or backed by the ICRC; a total of 1,944 people benefited. In Guatemala, victims/survivors of sexual violence obtained referrals to facilities providing specialized care.

ICRC infrastructural and material support to renovate or disinfect schools and other community spaces in El Salvador, Honduras and Mexico benefited some 4,500 people.

The ICRC donated supplies to schools in Guatemala and trained teachers in such areas as risk mitigation and humanitarian principles. It also awarded scholarships to victims/survivors of sexual violence. These activities sought to ensure school-children's safe and uninterrupted access to education and to minimize their risk of being recruited by weapon bearers. The ICRC wrapped up a similar project for selected schools in Mexico.

Vulnerable households cope with the economic impact of various emergencies

In El Salvador and Honduras, ICRC funding enabled 56 heads of households (204 people) to set up food-production and other small businesses or to access employment and educational opportunities; some business owners already increased their income. In Honduras, previous recipients of ICRC income-generating grants sustained their livelihoods by producing face masks that the ICRC bought and distributed to vulnerable communities.

Ad hoc ICRC income support helped approximately 9,000 people in El Salvador, Guatemala and Honduras – among them migrants, IDPs and relatives of missing people – cover their basic expenses, such as rent and schooling. Roughly 6,200 people in violence-prone Honduran communities, including those

affected by hurricanes, received household essentials donated by the ICRC through its local partners.

States strengthen their ability to address the issue of missing people

Members of families separated by ongoing violence, past armed conflict, and natural disasters maintained or restored contact through the Movement's family-links services. Using phones and tablets donated by the ICRC to its local partners, COVID-19 patients in certain Guatemalan, Honduran and Mexican hospitals updated their relatives on their situation and/or received mental-health support, and unaccompanied minors returning to Guatemala informed their families of their whereabouts. ICRC funding and technical input enabled National Societies in the countries covered to reinforce their family-links services, especially after natural disasters.

In El Salvador, Guatemala, Honduras, Mexico and Nicaragua, the authorities, forensic professionals and others drew on ICRC support to search for missing people; manage human remains and develop or implement related mechanisms; and/or coordinate all these activities at local and regional levels. ICRC assistance included training in forensic identification, donation of body bags, upgrades to morgues and, in Honduras, the deployment of an ICRC forensic specialist to aid in managing the remains of hurricane victims. The Mexican health ministry included the ICRC's input in its guidelines for managing the bodies of COVID-19 victims. Over 15,000 people participated in an online course on managing human remains during the pandemic, jointly organized by the health ministry and a national forensic institute in Guatemala and the ICRC.

Through communication initiatives, the ICRC strove to broaden awareness of the plight of missing people's families and the services available to them. Missing people's relatives received various forms of ICRC support for meeting their administrative, legal, financial and/or mental-health needs (see above). ICRC assessments of the more detailed needs of families of the missing in Guatemala and Honduras were ongoing.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited 39 places of detention (which collectively held 40,310 people) in El Salvador, Guatemala, Honduras, Mexico and Nicaragua; detainees included migrants in administrative detention in Mexico. The ICRC monitored detainees' living conditions and treatment, including respect for judicial guarantees and access to family-links services. Afterwards, it communicated its findings confidentially to the authorities concerned.

The ICRC intensified its dialogue with the pertinent officials in the countries mentioned above and in Costa Rica. Discussions focused on the physical and hygienic aspects of dealing with COVID-19 and on the pandemic's effects on prison management and justice administration when addressing overcrowding and other systemic issues. At ICRC-organized online regional meetings, penitentiary and judicial officials, including those in charge of juvenile and female detainees, exchanged best practices such as early-release schemes and

alternatives to detention. Following meetings between the Nicaraguan ministries concerned and the ICRC, Nicaraguan officials increased the number of detainees to be released on humanitarian grounds, in line with their efforts to reduce prison overcrowding.

Prison staff and inmates receive support for maintaining sanitary living conditions

In El Salvador, Guatemala, Honduras, Mexico and Nicaragua, health and detention authorities and prison health workers drew on ICRC guidance to make health care more readily available to detainees. They participated in ICRC workshops on such topics as mental-health care, women's health and preventing and controlling infections. Salvadoran penitentiary officials adopted a COVID-19 prevention-and-control protocol that incorporated the ICRC's recommendations.

Through various kinds of assistance, including distributions of informational posters, the ICRC readjusted and stepped up its efforts to help prison officials and detainees prevent COVID-19 contagion. It donated PPE and disinfection supplies to support Guatemalan, Honduran and Salvadoran officials in keeping common areas clean for some 50,000 detainees. Among these detainees, roughly 7,000 minors, women and others also benefited from renovations to water and sanitation facilities.

In three countries, over 8,800 people received hygiene kits, household and recreational items and materials for making WHO-compliant face masks. They included detained migrants in Mexico, female inmates and their children in El Salvador and Honduras, and people who had to be evacuated from a hurricane-damaged Honduran prison to improvised shelters.

Detainees reconnected with their relatives through the ICRC's family-links services or, in Honduras, through an ICRC-supported association of detainees' families. Pandemic-related restrictions forced the ICRC to suspend its family-visit activities in Honduras.

WOUNDED AND SICK

After the onset of the pandemic, the ICRC prioritized helping hospitals and physical rehabilitation centres it regularly supported to operate or resume their services in accordance with pandemic-related safety guidelines. In addition to medical supplies and equipment, and staff training, it gave them PPE and disinfectants and advice on preventing and controlling infections and/or managing COVID-19 patients.

In Honduras, one hospital and its attached polyclinic provided primary-health and medical care to people within its catchment area. The hospital adopted a triage system that helped reduce the waiting time of patients – especially those critically wounded – and minimized the number of cases forwarded to the hospital's emergency department. In El Salvador, the ICRC directed its assistance to help upgrade or adapt one hospital's isolation wards, screening and disinfecting areas and morgue. Because the hospital had shifted its focus from wounded people to COVID-19 cases, ICRC support for the hospital's emergency department concluded by year's end.

The ICRC organized or supported courses in first-aid and emergency-room trauma care for first responders in Honduras and doctors and nurses from Salvadoran hospitals, respectively.

Some persons with disabilities obtain rehabilitative care

The ICRC provided comprehensive support to ten physical rehabilitation centres or institutions: four in El Salvador, two in Guatemala, two in Honduras and two in Mexico. A total of 2,878 persons with disabilities² received free rehabilitative care at nine of these facilities regularly supported by the organization. The ICRC covered treatment, transportation and/or accommodation costs for roughly 100 patients, including migrants. Fewer people than planned benefited from rehabilitative care because of pandemic-related movement restrictions that forced the facilities to suspend their services.

In the four countries and in Nicaragua, 12 other ICRC-backed projects worked to develop the physical rehabilitation sector or advance the social inclusion of persons with disabilities; among them, two Salvadoran universities moved their physical rehabilitation classes online thanks to laptops donated by the ICRC. The ICRC sponsored some physical rehabilitation instructors and professionals to continue their education online.

As the ICRC prioritized helping the centres mentioned above to resume their services, it cancelled certain activities and assistance for other institutions. By year's end, it concluded its support for all physical rehabilitation projects in Nicaragua.

ACTORS OF INFLUENCE

Because of the pandemic, the ICRC moved most of its activities for actors of influence online and postponed others owing to the unavailability of some interlocutors.

Police and military personnel in the region learnt more about international policing standards, international human rights law and/or IHL at local and international ICRC seminars. As they assumed new responsibilities in tackling the pandemic, the ICRC also gave them practical advice for carrying out their duties and for coping with mental-health issues.

Belize and Honduras ratify the Treaty on the Prohibition of Nuclear Weapons

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. ICRC guidance supported the efforts made by the authorities and national IHL committees in this connection. Belize and Honduras ratified the Treaty on the Prohibition of Nuclear Weapons. El Salvador passed a law on protecting and assisting IDPs; the new Honduran criminal code contained a section on war crimes that incorporated provisions recommended by the ICRC. The ICRC continued to draw attention to humanitarian issues and IHL at multilateral forums, such as the Organization of American States.

University professors and other members of civil society remained abreast of IHL-related developments through events organized or attended by the ICRC. The ICRC sponsored university students from Mexico to participate in an international IHL competition.

The general public is kept informed of humanitarian issues

Together with media organizations and local partners in the countries covered, the ICRC carried out information campaigns to broaden awareness – among the authorities, diplomats, the military, the police, community members and the wider public – of humanitarian issues arising from migration, violence and the pandemic. These issues included the use of force, the plight of missing people's families, and the stigmatization of health staff and of those involved in the management of human remains. The ICRC gave National Societies in the region technical support for enhancing their public and community-based communication.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to develop their ability to respond to the humanitarian consequences of migration and of violence and other emergencies, and to reinforce their organizational structure and legal bases, with comprehensive support from Movement components. They adapted their activities after the COVID-19 outbreak and coordinated their response closely with that of other Movement partners and international organizations.

PPE from the ICRC, as well as training in biosecurity measures and first aid, helped National Society volunteers carry out their work safely; thousands of volunteers also benefited from mental-health and psychosocial support. Technical assistance and funds from the ICRC enabled National Societies to deliver disinfectants and other material aid, and conduct hygiene-promotion campaigns, for migrants, returnees, health-care workers and other violence-affected people. For instance, the Mexican Red Cross donated fumigation equipment to a violence-affected community and the Belize Red Cross Society delivered household essentials to isolation and quarantine centres.

Movement components coordinated their response to the hurricanes that hit the region, particularly in Guatemala, Honduras and Nicaragua (see *Context*). The ICRC supported relief efforts, either directly or through the National Societies and other local partners (see above).

2. Based on aggregated monthly data, which include repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		8			
RCMs distributed		12			
Phone calls facilitated between family members		108,493			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		166	30	29	32
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases closed positively (subject located or fate established)		69			
Tracing cases still being handled at the end of the reporting period (people)		620	136	93	30
	<i>including people for whom tracing requests were registered by another delegation</i>	3			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		39			
Detainees in places of detention visited		40,310	2,520	967	
Visits carried out		89			
			Women	Girls	Boys
Detainees visited and monitored individually		52	1	1	1
	<i>of whom newly registered</i>	30	1	1	1
RCMs and other means of family contact					
RCMs collected		14			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		12			
Detainees visited by their relatives with ICRC/National Society support		80			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	9,202	3,092	3,943
	<i>of whom IDPs</i>	309	120	85
Living conditions	Beneficiaries	13,277	2,644	4,513
	<i>of whom IDPs</i>	772	253	193
Water and habitat				
Water and habitat activities	Beneficiaries	54,468	13,618	8,171
Primary health care				
Health centres supported ³	Structures	14		
	<i>of which health centres supported regularly</i>	14		
Average catchment population		86,783		
Services at health centres supported regularly				
Consultations		32,416		
	<i>of which curative</i>	32,371	8,120	1,535
	<i>of which antenatal</i>	45		
Referrals to a second level of care	Patients	208		
	<i>of whom gynaecological/obstetric cases</i>	26		
Mental health and psychosocial support				
People who received mental-health support	Cases	1,944		
People who attended information sessions on mental health		4,395		
People trained in mental-health care and psychosocial support		625		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	8,820	2,723	2,216
Water and habitat				
Water and habitat activities	Beneficiaries	50,306	7,546	
Health care in detention				
Places of detention visited by health staff	Structures	14		
Health facilities supported in places of detention	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		164,238		
First aid				
First-aid training				
	Sessions	22		
	Participants (aggregated monthly data)	1,894		
Water and habitat				
Water and habitat activities	Beds (capacity)	101		
Physical rehabilitation				
Projects supported		22		
	<i>of which physical rehabilitation projects supported regularly</i>	9		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	2,878	674	1,211
	<i>of whom victims of mines or explosive remnants of war</i>	*		
Prostheses delivered	Units	331		
Orthoses delivered	Units	1,940		
Physiotherapy sessions		12,865		
Walking aids delivered	Units	100		
Wheelchairs or postural support devices delivered	Units	65		

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

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

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	3,629
Cooperation with National Societies	-
General	9
Total	3,638
<i>Of which: Overheads</i>	222

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	16

CONTEXT

The UN formulated and implemented policies and decisions that had a bearing on humanitarian affairs around the world. It continued to play a crucial role in developing, promoting and implementing IHL. 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, “terrorism”, weapons, climate change and the digital revolution featured prominently in world leaders’ discussions. UN member states also discussed how to tackle the COVID-19 pandemic and its broader impact collectively, including in contexts affected by armed conflict and other situations of violence. The UN secretary-general called for an immediate global ceasefire to that end.

Think-tanks, the media, academic institutions and NGOs in New York influenced opinion and policy-making 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

Because of the various restrictions necessitated by the pandemic, from March onwards, the UN’s principal organs and member states worked remotely and conducted discussions and negotiations virtually. 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: protection of civilians and health services; counter-terrorism and sanctions regimes; arms control; new means and methods of warfare, such as cyber attacks; climate change; displacement; and sexual violence. As a Permanent Observer, the ICRC attended various UN events – most of which were held online – on these issues; whenever possible, it made its positions known through pre-recorded messages and other means, with a view to ensuring that policies, resolutions and other outcomes of UN processes were consistent with IHL and other relevant norms and safeguarded the space for principled humanitarian action. These events included the 75th session of the General Assembly and high-level side events held virtually.

The ICRC’s humanitarian diplomacy 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 immunizations and other essential health services, particularly for populations of concern to it. The ICRC delegation in New York took all appropriate measures to adapt its activities to national and international COVID-19 safety protocols.

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. The president was also invited to several other events to talk about various issues: the pandemic, digital cooperation, the environment, and other issues of concern to the ICRC. Such invitations were extended to other ICRC representatives as well: they gave talks on climate issues, food security and mental-health and psychosocial support.

Because of the pandemic, the ICRC’s engagement with UN officials and representatives of member states – for instance, through monthly meetings with the presidents of the Security Council, visits by the ICRC president, and briefings by heads of ICRC delegations – was mainly online. States sought the ICRC’s neutral, impartial and independent humanitarian perspective on the situation in the conflict zones where it work. They did so during the Security Council’s deliberations, for instance. 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 Security Council’s Counter-Terrorism Committee requested and was given a briefing by the ICRC on the humanitarian impact of sanctions linked to counter-terrorism. The ICRC also made presentations to various member states on the protection of civilians and on its updated guidelines for protecting the environment in conflict settings.

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 – on such matters as counter-terrorism, the pandemic and food security – was evidence that IHL and humanitarian considerations continued to command attention.

In October, Honduras ratified the Treaty on the Prohibition of Nuclear Weapons, the 50th UN member state to do so; as a result, the treaty was due to enter into force in January 2021. The ICRC had been actively promoting ratification of the treaty since its adoption in 2017.

Diplomats strengthened their grasp of IHL at the annual seminar organized by the New York University School of Law and the ICRC; because of the pandemic, it was held online, which allowed significantly more people than usual to participate.

Future decision makers and the general public learn about IHL. The ICRC organized – jointly with think-tanks or universities – events on humanitarian affairs for decision makers and members of the academic community, and/or spoke at them. UN-accredited media and others used the ICRC’s press releases, and presentations by its senior staff on key issues, to report on its activities worldwide. By strengthening its presence on social media, the ICRC was able to reach a much broader audience.

The ICRC maintained regular contact with its Movement partners, and with other organizations and NGOs doing humanitarian and 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 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. The ICRC helps build the capacities of the region's National Societies in responding to the humanitarian concerns of vulnerable migrants and violence-affected people. It monitors the treatment and living conditions of detainees.



ICRC regional delegation

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.

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

KEY RESULTS/CONSTRAINTS IN 2020

- National and regional authorities and organizations requested for or drew on the ICRC's guidance in responding to the humanitarian consequences of COVID-19 in the domains of detention, migration, law enforcement and forensics.
- With ICRC aid adapted to the pandemic, detaining officials in the Dominican Republic and Panama helped ensure sanitary conditions for detainees, and inmates at a Panamanian prison set up a triage and quarantine area in their clinic.
- Migrants in Panama's Darién region reconnected with relatives using the Movement's family-links services. National Societies in four countries conducted infection-prevention campaigns in vulnerable communities, with ICRC support.
- Military officials from Cuba and other countries participated in an ICRC event on IHL in contemporary armed conflicts. The Panamanian authorities and the ICRC signed an agreement concerning police training and operations.

EXPENDITURE IN KCHF	
Protection	1,050
Assistance	304
Prevention	474
Cooperation with National Societies	547
General	27
Total	2,402
<i>Of which: Overheads</i>	147

IMPLEMENTATION RATE	
Expenditure/yearly budget	79%

PERSONNEL	
Mobile staff	12
Resident staff (daily workers not included)	18

PROTECTION	Total
CIVILIANS	
Restoring family links	
Phone calls facilitated between family members	1,678
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	2
Detainees in places of detention visited	8,248
Visits carried out	2

ASSISTANCE	2020 Targets (up to)	Achieved
PEOPLE DEPRIVED OF THEIR FREEDOM		
Water and habitat		
Water and habitat activities	Beneficiaries	7,000
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	1

CONTEXT

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

In March, the authorities in the countries covered began to implement movement restrictions and other necessary measures, such as closing their borders, to check the spread of COVID-19.

Migrants continued to pass through or remain in Panama and certain states of the Caribbean Community (CARICOM). There were reports of migrants being kidnapped, subjected to sexual and other abuse, or killed; some of them lost contact with their families. Stricter migration policies, and measures against COVID-19, implemented by transit or destination countries resulted in migrants taking more dangerous routes to avoid being detained or deported. According to national officials, over 2,500 migrants remained stranded in Panama's Darién region because of border closures in connection with COVID-19. These migrants had limited access to basic services; violence between some of them and the border police led to arrests.

Armed violence in urban settings persisted in a number of the countries covered. Violent protests arising from socio-political discontent continued to take place in Haiti, which resulted in casualties and arrests.

The detainee population in the region consisted mainly of people held in connection with armed violence or for drug-related offences.

Two hurricanes struck the region in November and caused injuries, deaths and family separation, and damaged essential infrastructure.

People throughout the countries covered continued to seek information about relatives missing in connection with migration, natural disasters and other circumstances.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Panama City reoriented its activities towards the COVID-19 response in the region. It prioritized helping protect and assist people deprived of their freedom, migrants and other vulnerable people in the countries covered. At the same time, it conducted humanitarian diplomacy by virtual means to gather support for humanitarian principles, IHL and the Movement's work during the pandemic. Restrictions linked to curbing COVID-19 delayed the implementation of some of the ICRC's planned activities, and sometimes caused their postponement, as was the case with training for hospital staff in Jamaica.

Usually at the request of national or regional authorities, the ICRC made recommendations for dealing with COVID-19 to officials in charge of such areas as detention, migration, policing and forensics. It also continued to rally support for international policing standards and IHL among the authorities and the military and/or police forces, particularly in Cuba, the Dominican Republic and Panama. In Panama, the public

security ministry and the ICRC signed an agreement to ensure that police training and operations were in line with pertinent international standards. Communication campaigns helped broaden public awareness of the Movement's response to the pandemic.

The ICRC prioritized supporting detention staff in the Dominican Republic, Haiti and Panama to carry out their work safely and ensure sanitary living conditions for detainees. It also enabled inmates at one Panamanian prison to set up a triage and quarantine area in their prison clinic. In accordance with its standard procedures, the ICRC visited immigration detention centres in Panama and communicated its findings and recommendations confidentially to the authorities concerned. It continued to work with officials in the Dominican Republic and Panama, in coordination with other officials from throughout the region, to improve conditions of detention.

Movement components in the countries covered reinforced their efforts to mount a coordinated response to the pandemic, and to migration and natural disasters. They established a network to coordinate their family-links activities in the Caribbean and, in Panama, obtained exemptions from pandemic-related and other measures for their humanitarian activities. The ICRC adapted its support to help the region's National Societies maintain their operations and assist vulnerable people to cope with COVID-19 and protect themselves and others against the virus. In Panama, migrants in Darién and hurricane victims used the Movement's family-links services to stay in touch with relatives. Acting in support of the Haitian National Red Cross Society, the ICRC monitored the situation in Haiti and mobilized stakeholders to respond to humanitarian needs.

Throughout the region, the ICRC strove to draw attention to the issue of missing people and to the plight of their families. It helped officials develop their ability to manage and identify human remains and, at the Panamanian authorities' request, provided advice for exhuming the remains of people who died in connection with the 1989–1990 intervention by the United States of America (hereafter US).

CIVILIANS

The ICRC reoriented most of its activities towards assisting the COVID-19 response of the authorities and National Societies in the region, primarily in the Bahamas, Cuba, the Dominican Republic, Haiti, Jamaica and Panama. For example, it began sharing with them recommendations for managing various situations linked to the pandemic. Some ICRC activities that had been suspended owing to pandemic-related movement restrictions gradually resumed during the second half of the year.

The ICRC discussed migration-related issues with the Cuban, Dominican, Haitian and Panamanian authorities, Movement components and international organizations. It urged the authorities to ensure protection for migrants, for instance, during their detention. Volunteers of the Red Cross Society of Panama participated in an ICRC workshop on identifying and responding to the protection-related concerns of vulnerable people.

Migrants in Panama stay in touch with their relatives

National Societies in the region strengthened their ability to provide family-links services safely during the pandemic and after natural disasters thanks to ICRC technical, financial and material support (e.g. personal protective equipment (PPE) and training in their use). Staff from the National Societies of the Dominican Republic and Panama participated in virtual regional workshops on family-links services and data-protection standards. The Panamanian Red Cross included in its annual plan of action the drafting of its family-links strategy. Movement components in the Caribbean established a family-links coordination network.

In Panama, migrants in Darién, victims of hurricanes, and elderly people in home care during the pandemic reconnected with their relatives using phone calls and other family-links services offered by the Panamanian National Society and/or the ICRC. Migrants also received informational materials, which had been translated into their languages, on preventing loss of family contact and staying safe during their journey, and on protecting themselves and others against COVID-19.

Forensic specialists in the region add to their knowledge of human remains management

The authorities throughout the region, other stakeholders, and members of the public learnt about the plight of missing people's families, and what could be done to help them search for their relatives and address their needs, through meetings with the ICRC or from its communication campaigns.

The authorities drew on ICRC guidance to tackle such matters as managing human remains properly and drafting or implementing contingency plans to deal with the rise in the number of human remains because of the pandemic. Several officials from the region participated in online ICRC events on the subjects mentioned above; sponsored by the ICRC, two of them attended an international seminar (see *Tunis*). At the request of the Panamanian authorities, the ICRC provided them with advice for exhuming the remains of people who died in connection with the 1989–1990 US intervention.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in the Dominican Republic and Panama have more sanitary living conditions

The ICRC shifted its focus towards assisting detaining authorities' response to COVID-19 in places of detention. For instance, its technical support and virtual workshops helped penitentiary officials in the Dominican Republic and Panama manage prisons more effectively during the pandemic. The best practices they learnt included: drafting contingency plans; setting up isolation areas for detainees with COVID-19; protecting the mental health of inmates and prison staff; and coordinating activities with medical institutions or facilities.

Dominican and Panamanian authorities also used material aid from the ICRC – handwashing stations, disinfection supplies, hygiene kits, and posters on hygienic practices and preparation of chlorine solutions – to sanitize living spaces in some 30 places of detention, benefiting around 33,000 people. In coordination with the pertinent authorities and the UN, the

ICRC donated PPE to health staff at selected places of detention in Haiti.

At a Panamanian prison, a maintenance brigade staffed by detainees set up a triage and quarantine area in the prison's clinic, using construction materials provided by the ICRC.

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

Penitentiary and judicial authorities in Panama worked with the ICRC to address prison overcrowding, design a new prison and facilitate detainees' social reintegration after their release; however, recycling and other detainee-organized projects linked to post-release social reintegration were temporarily suspended because of the pandemic. Towards the end of the year, the ICRC was able to visit two immigration detention centres in Darién in accordance with its standard procedures. It communicated its findings and recommendations, on detainees' treatment and living conditions, confidentially to the authorities concerned (see *Civilians*).

At an ICRC online workshop, representatives from the Dominican Republic, Panama and seven other countries in the Americas described the work they had done to develop regional standards for prison management and design (e.g. access to water, sanitation services and health care). The workshop was part of an ongoing ICRC project to help penitentiary authorities in the region establish criteria for improving conditions of detention, in line with international human rights law, and to use these criteria to develop and apply standard procedures at the national level.

WOUNDED AND SICK

Owing to pandemic-related travel restrictions, the ICRC cancelled its wound-management courses for surgeons in Jamaica and redirected its resources towards supporting regionwide initiatives to tackle COVID-19.

ACTORS OF INFLUENCE

The ICRC participates in regional forums on migration and security

Because of pandemic-related restrictions, the ICRC cancelled all planned in-person regional events for the authorities and members of civil society; it shifted most of these events to online platforms or redirected the resources towards the COVID-19 response.

Authorities and multilateral and international organizations throughout the region requested for and drew on ICRC guidance on how to protect and assist detainees, migrants, dispersed family members and missing people's relatives during the pandemic (see above). The ICRC presented its recommendations for protecting migrants against COVID-19 at the Regional Conference on Migration and the Caribbean Migration Consultations. Upon the invitation of the CARICOM Implementation Agency for Crime and Security, the ICRC shared, during a virtual conference on COVID-19, its experiences in helping pertinent officials implement safety protocols, manage prisons, and handle human remains properly.

At the national level, the ICRC urged the authorities to ratify IHL-related treaties, including those banning the use of nuclear weapons and penalizing war crimes.

Panamanian officials and the ICRC sign an agreement concerning police training and operations

With the help of ICRC recommendations, or at virtual conferences held by the organization, police officials in the Dominican Republic and Panama refined their understanding of biosecurity and international law enforcement standards, notably use-of-force standards pertinent to the implementation of pandemic-related restrictions. The Panamanian public security ministry and the ICRC signed a cooperation agreement to ensure that police training and operations, particularly in connection with detention and migration, meet international policing standards.

In January, at an ICRC event in Cuba, officers from the armed forces of Cuba and other countries, officials from the Cuban foreign ministry and Cuban law professors discussed the challenges to IHL posed by contemporary conflicts.

Articles from ICRC sources, available mainly online, helped inform the public about the National Societies' and the ICRC's pandemic-related activities for detainees and migrants in the region. The National Societies in Jamaica and Panama developed their capacities in public communication through ICRC workshops online.

RED CROSS AND RED CRESCENT MOVEMENT

Movement components in the countries covered met regularly to coordinate their response to the COVID-19 crisis and the needs of migrants, including people from the Bolivarian

Republic of Venezuela (see *Caracas*), and hurricane-affected populations. In Panama, the health ministry exempted Movement components from pandemic-related restrictions, and the PPE and other material aid they imported from customs duties.

In light of the pandemic, the ICRC postponed some of its planned activities, such as the annual course in Cuba on health emergencies in large populations. It redirected its material, technical and financial assistance to help the region's National Societies respond adequately, and in accordance with the Safer Access Framework, to COVID-19. Its assistance included the provision of PPE and insurance coverage for volunteers. With the ICRC's support, the National Societies in Cuba, the Dominican Republic, Haiti and Jamaica organized community-based hygiene-promotion campaigns. Several National Societies also launched communication initiatives to fight the stigmatization of National Society personnel during the pandemic. In Panama, the National Society carried out family-links services (see *Civilians*) and water-and-habitat projects for migrants and host communities in Darién.

ICRC guidance also helped National Societies in the region develop their emergency preparedness, legal bases, financial management and governance.

Acting in support of the Haitian National Red Cross Society, the ICRC continued to monitor the situation in Haiti closely; it mobilized the authorities and other humanitarian organizations to assist people displaced by violence. Support for the Jamaica Red Cross's educational projects was wrapped up by year's end, as planned.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact				
Phone calls facilitated between family members	1,678			
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	2	Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)	4	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits				
Places of detention visited	2	Women	Minors	
Detainees in places of detention visited	8,248			
Visits carried out	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM	Total	Women	Children
Water and habitat			
Water and habitat activities	Beneficiaries	33,456	1,004

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	2,361
Assistance	588
Prevention	4,967
Cooperation with National Societies	263
General	64
Total	8,242
<i>Of which: Overheads</i>	<i>503</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	36

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	5
RCMs distributed	8
Phone calls facilitated between family members ¹	209
Tracing cases closed positively (subject located or fate established)	4
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>	28
Visits carried out	2
Restoring family links	
RCMs collected	515
RCMs distributed	433

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

CONTEXT

The United States of America (hereafter US) remained involved in military operations overseas. However, it scaled down its forces in Afghanistan, Iraq and the Syrian Arab Republic. Canada participated in military operations in a number of countries; it also provided logistical support for UN peace operations, and conducted training missions.

The US detention facility at the Guantanamo Bay Naval Station in Cuba remained in operation.

The US implemented certain migration policies and pandemic-related restrictions. Migrants continued to enter the country through its southern border but in significantly fewer numbers. Many thousands of migrants, including unaccompanied minors, were deported (see *Mexico City*).

Canada and the US grappled with the socio-economic effects of the COVID-19 pandemic. In the US, the main public issues were the pandemic, protests related to racial justice, and the elections.

A new US president was elected in November.

Both Canada and the US maintained their strong support for humanitarian action worldwide.

ICRC ACTION AND RESULTS

The ICRC took precautions against COVID-19 in all its activities, some of which were cancelled or postponed to 2021. From March onwards, it conducted many of its activities by virtual means, as did most of its contacts in the region.

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 their access to health care and the measures in place to contain or prevent the spread of COVID-19. It conducted video calls with detainees when visits were temporarily suspended owing to the pandemic. It communicated its findings confidentially to US authorities and, when necessary, made recommendations for abiding by medical ethics and internationally recognized standards for detention.

During its discussions with US authorities, and members of the incoming administration's transition team, the ICRC emphasized the necessity of upholding procedural safeguards and addressing the health-related needs of ageing detainees.

Detainees contacted their families through RCMs and phone or video calls. Fewer phone and video calls from detainees' family members were arranged than in 2019, owing to pandemic-related considerations; to compensate for this, more RCMs were collected and passed between detainees and their relatives. The ICRC delivered food parcels and other items sent by detainees' families; it also donated books and other materials promoting mental well-being.

Conflict-related humanitarian issues are discussed with the authorities

The ICRC continued to engage Canadian and US authorities in discussions concerning protection for civilians and detainees – under IHL and other applicable norms – during armed conflicts in which they were involved, directly or indirectly. It urged them to ensure that their military personnel, and/or the weapon bearers they supported, protected all civilians in line with IHL. The situation of people alleged to have been involved in fighting abroad, and that of their families, was discussed as well.

The ICRC maintained its dialogue with US authorities on detainees within its purview in countries where the US was conducting military operations. It made recommendations to them on conditions of detention, detainees' treatment, and procedural safeguards for people detained in connection with conflict. It also emphasized the necessity of addressing humanitarian issues arising from partnered military operations and when such operations were concluded or drawn down, of minimizing the protection-related consequences for civilians and people detained in connection with conflict.

The ICRC continued to promote IHL among Canadian and US troops through predeployment briefings, guest lectures at military academies, and other events. It also provided troops with expert advice on IHL during major "war-fighting" exercises.

Efforts to address migration-related issues continue

Having observed the humanitarian consequences for vulnerable migrants – including asylum seekers – of certain migration-related policies, the ICRC passed on the information to the US authorities. Fewer migrants than in past years (see *Context* above) required the Movement's family-links services. Movement components exchanged best practices in family-links services during the pandemic. During a webinar with the Organization of American States, the ICRC made recommendations for developing COVID-19 responses mindful of migrants' protection-related needs.

The ICRC promoted best forensic practices and facilitated closer coordination among forensic services, academics, and NGOs and other organizations working on the issue of missing migrants. It provided technical support for the American Red Cross to develop training modules for organizations assisting the families of missing migrants, and for the Forensic Anthropology Center at Texas State University to conduct DNA and isotope analyses of migrants' remains. During a webinar with US and regional forensic experts, the ICRC facilitated the exchange of emerging good practices in managing human remains during the pandemic.

The ICRC continued to discuss with US authorities the possibility of securing regular access to immigration detention facilities near the southern border. No ICRC visits to such facilities took place in 2020.

Influential actors affirm their support for 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 robust dialogue with Canadian and US authorities, and made its views known, on various issues, such as: protection for civilians and detainees during partnered military operations; the transfer and use of certain weapons; cyber warfare; violence in urban settings; sexual violence in armed conflict; and protection for migrants, including asylum seekers and refugees.

Through news releases, virtual meetings and other means, the ICRC raised awareness of its operations and of various pressing humanitarian issues. It drew attention to its neutral, impartial and independent approach to humanitarian action, as that had enabled its response to the crises created, for example, by the escalation of the Nagorno-Karabakh conflict (see *Armenia* and *Azerbaijan*) and by the COVID-19 pandemic, particularly its consequences for conflict-affected people. The World Bank

and the ICRC continued to work together to provide health care in South Sudan; they explored possibilities for cooperation in other conflict-affected countries as well.

The Canadian and US National Societies and the ICRC continued to discuss various issues of common concern. They also organized a number of events to broaden awareness of IHL and raise funds for the Movement's activities. The ICRC counselled the American Red Cross in implementing the Safer Access Framework. The two organizations continued to explore areas for cooperation, such as fundraising, digital innovation and the Health Care in Danger initiative. The Canadian Red Cross and the ICRC kept up their joint efforts to improve health-care provision in conflict-affected contexts.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		5			
RCMs distributed		8			
Phone calls facilitated between family members ²		209			
Tracing requests, including cases of missing persons			Women	Girls	Boys
Tracing cases closed positively (subject located or fate established)		4			
Tracing cases still being handled at the end of the reporting period (people)		28	4	8	3
<i>including people for whom tracing requests were registered by another delegation</i>		15			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		1			
Detainees in places of detention visited		40			
Visits carried out		2			
			Women	Girls	Boys
Detainees visited and monitored individually		28			
RCMs and other means of family contact					
RCMs collected		515			
RCMs distributed		433			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total		
Health care in detention				
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.