

NEAR AND MIDDLE EAST




PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	3,643
RCMs distributed	2,831
Phone calls facilitated between family members	11,692
Tracing cases closed positively (subject located or fate established)	1,245
People reunited with their families	18
<i>of whom unaccompanied minors/separated children</i>	8
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	192
Detainees in places of detention visited	141,683
<i>of whom visited and monitored individually</i>	9,251
Visits carried out	894
Protection of family links	
RCMs collected	3,488
RCMs distributed	3,073
Phone calls made to families to inform them of the whereabouts of a detained relative	5,084
EXPENDITURE IN KCHF	
Protection	79,570
Assistance	398,423
Prevention	36,166
Cooperation with National Societies	29,588
General	5,983
Total	549,730
<i>Of which: Overheads</i>	<i>33,517</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	99%
PERSONNEL	
Mobile staff	672
Resident staff (daily workers not included)	3,464

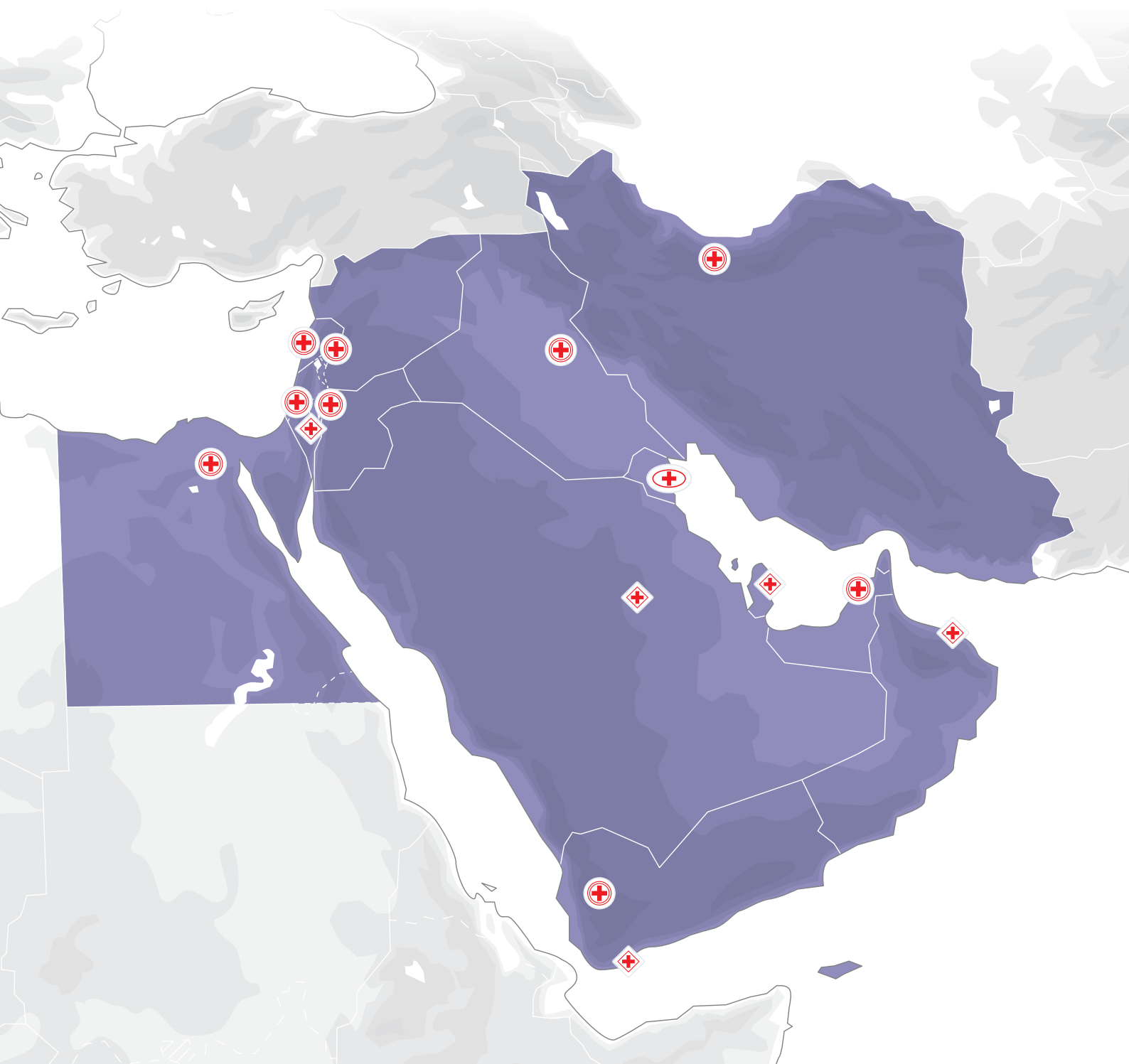
ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	1,022,500	1,373,307
Food production	People	2,028,080	2,073,227
Income support	People	193,792	377,199
Living conditions	People	1,150,700	1,877,186
Capacity-building	People	120	26
Water and habitat			
Water and habitat activities	People	18,014,102	23,896,345
Health			
Health centres supported	Structures	144	140
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	26,000	13,967
Living conditions	People	84,475	101,537
Water and habitat			
Water and habitat activities	People	30,137	36,446
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	125	152
Physical rehabilitation			
Projects supported	Projects	56	52
Water and habitat			
Water and habitat activities	Beds (capacity)	5,201	8,740

DELEGATIONS

Egypt
 Iraq
 Islamic Republic of Iran
 Israel and the Occupied Territories
 Jordan

Kuwait (regional)
 Lebanon
 Syrian Arab Republic
 Yemen

-  ICRC delegation
-  ICRC regional delegation
-  ICRC mission



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

EGYPT

COVERING: Egypt, League of Arab States

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

LOW

EXPENDITURE IN KCHF

Protection	882
Assistance	2,416
Prevention	1,413
Cooperation with National Societies	515
General	32
Total	5,258
<i>Of which: Overheads</i>	<i>321</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	66%
---------------------------	-----

PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	71

PROTECTION

Total

CIVILIANS

Protection of family links

RCMs collected	32
RCMs distributed	34
Phone calls facilitated between family members	2,706
Tracing cases closed positively (subject located or fate established)	211

ASSISTANCE

2022 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	People	25,000	25,000
Income support	People	7,050	1,555
Living conditions	People	25,000	1,040

Water and habitat

Water and habitat activities	People	5,000	
------------------------------	--------	-------	--

Health

Health centres supported	Structures	3	
--------------------------	------------	---	--

WOUNDED AND SICK

Medical care

Hospitals supported	Structures	3	
---------------------	------------	---	--

CONTEXT

The military sustained operations, launched in 2018, against threats to national security. Thousands of violence-affected families remained displaced, with limited access to basic services and livelihood opportunities. In North Sinai, communities living in volatile areas remained inaccessible to most humanitarian groups and international organizations, owing to security constraints and other reasons.

Egypt continued to feel the effects of armed conflict and other situations of violence in neighbouring countries. Thousands of migrants, including asylum seekers and refugees, passed through Egypt on their way to Europe or stayed in the country after their arrival. These migrants – including unaccompanied minors – were highly vulnerable to risks to their safety. Many of them also became separated from their families during their journey.

Egypt remained influential in the Middle East and Africa. Cairo, the capital, continued to host the headquarters of the Arab Inter-Parliamentary Union and the League of Arab States (LAS).

ICRC ACTION AND RESULTS

Lack of access to North Sinai and other constraints hampered the ICRC's ability to carry out its planned activities, particularly those for people in North Sinai. Several projects – material assistance for households, support for health facilities and forensic services, and repairs to essential infrastructure – had to be postponed, affecting the number of people the ICRC could reach. Discussions with the pertinent authorities regarding the implementation of some of the activities mentioned above were still in progress at year's end.

The ICRC nevertheless strove to address humanitarian needs in Egypt, wherever possible. Food aid from the ICRC, which was distributed by the Egyptian Red Crescent Society, helped 25,000 people in North Sinai to cope with their situation. About 300 breadwinners (supporting 1,505 people) in the area were able to start small businesses using ICRC cash grants. Owing to access and other constraints, however, the ICRC was unable to distribute material and other forms of assistance to displaced and other vulnerable families in North Sinai.

The ICRC renewed its partnership with StARS and shifted its focus to supporting livelihood programmes for young people, including migrants, in and around Cairo. Fifty people set up small businesses with the help of cash grants from the ICRC and regular monitoring by StARS. Others learnt basic entrepreneurship skills at ICRC-backed training sessions held by StARS, which also included sessions on ways to protect themselves from safety threats. Where needed, several young people were given additional assistance (e.g. cash, household items) through StARS or were referred to other organizations that offered similar support.

Members of separated families reconnect

The ICRC and its local partners continued to promote family-links services among migrants and others who might need them. Members of families dispersed by violence, migration or detention restored or maintained contact through the Movement's family-links services, which were provided in line with the Movement's data-protection standards. More than 200 tracing cases were resolved positively through the Movement's efforts, and the pertinent families were informed. The ICRC continued to follow up, with the relevant authorities, the issue of repatriating unaccompanied minors in Egypt.

The ICRC did not pursue dialogue with the Egyptian authorities regarding ascertaining the fate of missing people, after assessments it conducted found that many missing-persons cases were reported or had taken place outside the country.

Wounded people are given emergency and/or surgical care

In view of access and other constraints, the ICRC focused on supporting health staff and facilities in areas that it could reach. Doctors and nurses at hospitals, for example, were given training and material support to help them tend to the wounded. ICRC donations of oxygen concentrator machines were channelled through the health ministry to health facilities in North Sinai.

At workshops organized or supported by the ICRC, first responders and personnel from the military and the security forces learnt more about administering first aid and responding to mass-casualty situations; some of them learnt to conduct such training for others. At these sessions, they also broadened their understanding of the goals of the Health Care in Danger initiative. The Egyptian Red Crescent Society, with support from the ICRC, organized training sessions for its emergency response teams.

Influential actors in Egypt and the wider region strengthen their grasp of IHL and the Movement

The ICRC kept up its engagement with the Egyptian authorities and various influential parties in Egypt to secure acceptance and support for its humanitarian activities, including its detention-related activities. During its interaction with them, the ICRC explained its role in situations of violence and the added value of its work, including its efforts related to environmental sustainability. The ICRC also shared how it adapted its activities to the exigencies of climate change, notably during the 2022 UN Climate Change Conference held in Egypt.

The ICRC sought to be the main source of reference for IHL and other applicable law among actors of influence. It continued to work closely with the national IHL committee to promote IHL and advance understanding of its provisions among the authorities and other pertinent actors, and endeavoured to accelerate the implementation of IHL-related treaties and/or the adoption or drafting of pertinent laws. At the armed forces' invitation, the ICRC took part in multinational military training exercises, at which it briefed military personnel and other attendees on IHL and discussed, with navy and army officials, the integration of IHL more fully into their training courses. Military officials participated in a workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*), with support from the ICRC. Police officers learnt more about international policing standards at ICRC training sessions.

Islamic leaders, academics, representatives of government bodies and other influential people learnt more about IHL and related matters through ICRC-organized or supported training, courses and other events in Egypt or elsewhere. Students from several countries, with support from their respective national IHL committees, tested their grasp of IHL at a regional moot court competition organized by the ICRC in Cairo.

Together with the LAS, the ICRC continued to cultivate interest in IHL and support for it among the authorities, members of civil society and the general public in Egypt and the rest of the Arabic-speaking world. Diplomats, government officials and other influential figures in Arab states learnt more about IHL and pertinent norms through regional courses and training organized by the ICRC. Information about the ICRC's activities and other IHL-related matters – sometimes translated in Arabic – were shared through various channels (e.g. press releases, publications) to foster a more accurate understanding of IHL and the Movement's activities in the region.

The National Society responds to humanitarian needs in Egypt

The Egyptian Red Crescent Society and the ICRC continued to work together, whenever possible, to respond to humanitarian needs, particularly in North Sinai. The ICRC also sought to coordinate its activities with those of other Movement components to foster closer cooperation and develop a more cohesive humanitarian response.

The National Society drew on financial, material and other support from the ICRC to advance its organizational development and expand its operational capacities, such as providing family-links services and improving public communication. The ICRC continued to guide National Society staff and volunteers in developing their ability to design and carry out economic-security projects, which included post-distribution monitoring. The National Society supported the health ministry's vaccination campaigns against COVID-19 and was given personal protective equipment by the ICRC to that end. It explained the security issues in North Sinai to its volunteers, as well as the Safer Access Framework and how to apply it through workshops, backed by the ICRC. Some of them also learnt how to practice self-care, provide psychosocial support for others and share their knowledge with their colleagues through training sessions that were supported by the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		32			
RCMs distributed		34			
Phone calls facilitated between family members		2,706			
Names published on the ICRC family-links website		175			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		296	74	64	67
	<i>including people for whom tracing requests were registered by another delegation</i>	12			
Tracing cases closed positively (subject located or fate established)		211			
	<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases still being handled at the end of the reporting period (people)		2,346	541	380	458
	<i>including people for whom tracing requests were registered by another delegation</i>	165			
Documents					
People to whom travel documents were issued		122			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	25,000	7,500	7,500
	<i>of whom IDPs</i>	19,500	5,850	5,850
Income support	People	1,555	744	
	<i>of whom IDPs</i>	56	39	
Living conditions	People	1,040	641	394
Mental health and psychosocial support				
People who received mental-health support		206		
People who attended information sessions on mental health		160		

IRAQ

Present in Iraq since the outbreak of the Iran–Iraq war in 1980, the ICRC focuses on addressing the consequences of past armed conflict and other situations of violence. It works to ascertain the fate/whereabouts of missing people and monitors the treatment and living conditions of detainees. It helps IDPs, returnees and residents meet their needs and/or restore their livelihoods. It also supports water systems and other essential infrastructure, and reinforces health services, including physical rehabilitation. The ICRC helps the Iraqi Red Crescent Society strengthen its capacities. It engages with the authorities and others on emergency preparedness and response.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- Over a million people had better access to clean water after large-scale upgrades to water systems by the ICRC and its partners. Access to health care and functioning schools improved after ICRC renovations to public infrastructure.
- Households protected or increased their income with cash grants and other kinds of support from the ICRC and the Iraqi Red Crescent Society. Veterinary authorities received support to control a disease outbreak in southern Iraq.
- Health centres and hospitals supported by the ICRC treated people who were ailing, wounded or physically disabled. People received mental-health and psychosocial support directly from the ICRC or from ICRC-supported partners.
- Members of families dispersed by conflict or other circumstances used the Movement's family-links services to reconnect. The authorities and the ICRC worked to resolve missing-persons cases linked to past armed conflicts.
- Detaining authorities, supported by the ICRC, strove to improve living conditions and health care at places of detention. Detainees transferred from north-eastern Syria were registered by the ICRC and medically screened.
- The ICRC engaged the authorities and weapon bearers in dialogue on the concerns expressed by violence-affected people. It helped the defence ministry and others integrate IHL into their decision-making, training and protocols.

EXPENDITURE IN KCHF

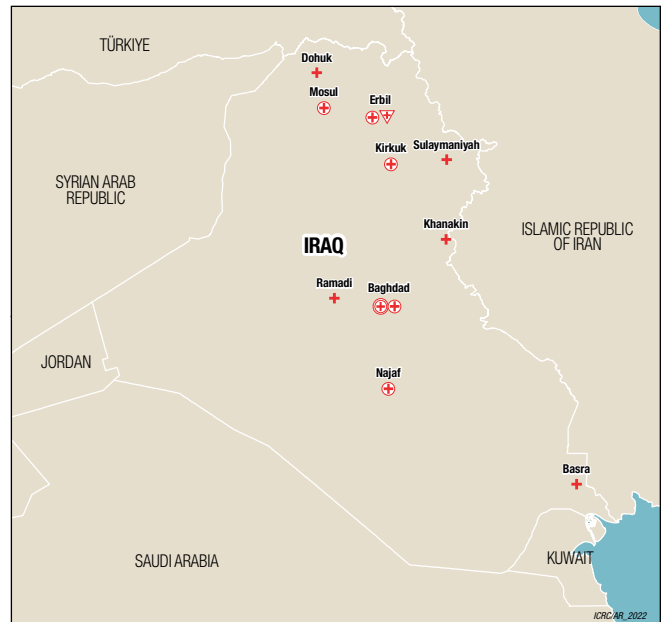
Protection	21,880
Assistance	70,967
Prevention	9,391
Cooperation with National Societies	2,959
General	348
Total	105,545
<i>Of which: Overheads</i>	<i>6,442</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
---------------------------	------

PERSONNEL

Mobile staff	135
Resident staff (daily workers not included)	1,027



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence ⊕ ICRC-run physical rehabilitation project

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	1,658
RCMs distributed	1,384
Phone calls facilitated between family members	21
Tracing cases closed positively (subject located or fate established)	678
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	49
Detainees in places of detention visited	60,841
<i>of whom visited and monitored individually</i>	2,324
Visits carried out	119
Protection of family links	
RCMs collected	2,376
RCMs distributed	2,758
Phone calls made to families to inform them of the whereabouts of a detained relative	1,189

ASSISTANCE	2022 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Income support	People	86,660	185,552
Capacity-building	People	20	
Water and habitat			
Water and habitat activities	People	504,200	1,497,360
Health			
Health centres supported	Structures	16	27
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People	45,000	33,306
Water and habitat			
Water and habitat activities	People	1,500	1,377
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	6	11
Physical rehabilitation			
Projects supported	Projects	12	12
Water and habitat			
Water and habitat activities	Beds (capacity)	128	128

CONTEXT

Iraq continued to contend with the consequences of protracted conflict, the climate crisis, and long-standing ethnic and sectarian tensions.

Clashes between government forces and various armed groups continued. Forces of the central government, including “popular mobilization units”, and forces of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition – maintained small-scale operations against remnants of the Islamic State group, who carried out attacks sporadically. Civilians were reportedly abused, wounded or killed. Arrests were made in connection with the fighting.

According to UNHCR estimates, nearly 5 million IDPs returned home following the end of large-scale operations against the Islamic State group in 2017; however, roughly 1.2 million remained unable to do so for various reasons. For residents, IDPs and returnees, essential services and livelihood opportunities were often inaccessible, owing to extensive damage to infrastructure and arable land. Many houses were in ruins or uninhabitable because of weapon contamination. Some people continued to be stigmatized for their alleged involvement in the conflict.

The authorities in Iraq and the Syrian Arab Republic (hereafter Syria) repatriated some Iraqis from north-eastern Syria. Over 240,000 Syrian refugees were reportedly still in the IKR. Protests over political and economic issues – sometimes violent – took place regularly. Tensions along the borders with the Islamic Republic of Iran and Türkiye persisted.

Many people remained unable to contact their relatives, including those missing in connection with ongoing or past conflicts.

A year-long political deadlock was broken, and a new government formed in October 2022. The COVID-19 pandemic and other disease outbreaks (e.g. Crimean-Congo haemorrhagic fever) remained issues of concern.

ICRC ACTION AND RESULTS

The ICRC endeavoured to build people’s resilience to the consequences of protracted armed conflict and other situations of violence, multifaceted crises and other emergencies. The ICRC coordinated its activities with central and IKR authorities, and with local and international partners. It worked with the Iraqi Red Crescent Society, whenever possible, and provided it with support, in coordination with other Movement components. It continued to incorporate measures against COVID-19 in its activities.

The ICRC engaged the authorities, weapon bearers, and religious, tribal and community leaders in dialogue on the concerns expressed by violence-affected people, including the specific needs of IDPs and returnees. The ICRC helped authorities strengthen their grasp of IHL, to ensure that its provisions were more fully integrated into military policies and training, and to advance its incorporation in domestic legislation. ICRC communication campaigns enabled vulnerable communities

to learn about the humanitarian services available to them. Members of these communities called the ICRC’s community contact centre to enquire about missing relatives, learn about ICRC activities or give feedback on ICRC support. The ICRC worked to cultivate acceptance for its mandate and activities among all stakeholders.

The Movement’s family-links services enabled members of separated families – including unaccompanied children – to reconnect. The ICRC continued to support the authorities’ efforts to ascertain the fate of people missing in connection with past international armed conflict, and to prevent disappearances. It also helped the authorities and others become more capable of supporting missing people’s families and managing human remains properly.

Resident, displaced, returnee and other vulnerable households were given food, household essentials or cash to cover their immediate needs and protect their income. Some households started or maintained small businesses, or other income-earning activities, with ICRC cash grants, training and other livelihood support; breadwinners completed ICRC-subsidized apprenticeships that helped them find jobs. These activities helped them become more self-sufficient. The ICRC renovated or supported large-scale renovations to water systems and other public infrastructure; as a result, safe water and other public goods were readily available to people in violence-prone areas. People learnt about the dangers of mines and explosive remnants of war (ERW), and safe practices around them, at ICRC information sessions. Authorities and others developed their ability to assist victims of violence, and to respond to disease outbreaks.

ICRC-supported health centres and hospitals provided emergency treatment and specialized or advanced care, including mental-health and psychosocial support, to people in need. To help ensure the continuity of medical services at these facilities, the ICRC trained staff, and gave technical support or materials. It also provided technical support for drafting a national plan for dealing with mass-casualty situations. People with physical disabilities received treatment at an ICRC-run centre in Erbil, and at ICRC-supported centres managed by the central government in various parts of the country. The ICRC assisted some of them to earn an income. To help ensure the sustainability of the physical rehabilitation sector, it provided support for strengthening local capacities.

The ICRC visited people held in connection with the conflict, and other detainees. It sought to improve their treatment and living conditions, including access to health care and family contact; it gave authorities technical and material support to that end.

CIVILIANS

The ICRC made various means available for people affected by violence, multifaceted crises and other emergencies to express their needs, learn about the services available to them, and comment on the activities carried out for their benefit. People called the ICRC’s community contact centre to, for example, enquire about missing relatives and request attestations of detention (see below).

IDPs and returnees participated in ICRC community-based workshops on identifying and mitigating threats to their safety and developing positive coping mechanisms.

The ICRC engaged the authorities, weapon bearers and religious, tribal and community leaders in dialogue on the concerns expressed by violence-affected people. Where possible, it made confidential representations to the pertinent parties on documented allegations of unlawful conduct, including sexual violence, and on issues of particular concern to IDPs and returnees: poor living conditions; access to civil documents; and denied or forcible returns. It also conducted workshops on international standards for law enforcement (see *Actors of influence*) and safe provision of health services (see *Wounded and sick*).

People reconnect with their families

The Movement's family-links services enabled people dispersed by conflict in Iraq and neighbouring countries, detention or other circumstances – including IDPs, returnees from north-eastern Syria and unaccompanied children – to reconnect with their families. A total of 1,658 RCMs were collected and 1,384 delivered. People obtained travel and other documents – issued by the ICRC or with other international organizations – for repatriation or to complete legal or administrative procedures. The ICRC also issued over 2,200 attestations of detention, which helped some former POWs from the second Gulf War to apply for state pensions. The ICRC continued to collect tracing requests and allegations of arrest: 678 tracing cases were resolved in 2022; some 28,000 cases remained unresolved at the end of the year.

Authorities take steps to resolve missing-persons cases

At round tables, workshops and other events, the ICRC urged the authorities to create mechanisms to strengthen coordination among the agencies concerned – particularly for ascertaining the fate and whereabouts of missing people, addressing the needs of their families, and preventing disappearances. A working group was set up at the beginning of the year, in which the need for a national registry of missing people was discussed.

An accompaniment programme run by the ICRC was extended to other areas in Iraq, enabling more missing people's families to benefit from ICRC assistance (see below) or referrals to local service providers for legal and other support. Some of these families attended events to commemorate their missing relatives; the ICRC helped organize these events.

The ICRC continued to serve as a neutral intermediary in resolving missing-persons cases linked to the 1980–1988 Iran–Iraq war, and the 1990–1991 Gulf War. It offered the authorities technical support, for instance, to map potential gravesites. It did this within the framework of a tripartite committee consisting of Iraq, the Islamic Republic of Iran and the ICRC (see *Islamic Republic of Iran*), and through the ICRC-chaired Tripartite Commission and its Technical Sub-Committee (see *Kuwait*). At the request of the parties concerned, the ICRC acted as an observer when Iraqi authorities handed over human remains to their Iranian counterparts and vice versa.

Medico-legal agencies, security forces and first responders, particularly in Mosul and at the Al-Zubair centre in Basra, developed their ability to manage human remains in accordance with pertinent norms. The ICRC made its expertise available and provided training, body bags and other supplies. It upgraded forensic infrastructure to improve the storage of human remains and protect burial sites (see below).

Residents, IDPs and returnees protect their income

The ICRC, partly with the Iraqi Red Crescent Society, helped conflict-affected resident, IDP and returnee households augment their income to cover their immediate needs and help them build their self-sufficiency in the longer term. Because of ad hoc distributions carried out during the year, more people than planned benefited from such support.

Roughly 24,000 households (146,970 people) – including those affected by the climate crisis – received household items and food, or cash for buying them, to ease the strain on their income. In addition, 972 people with urgent financial needs linked to protection-related concerns (see above) were also given cash assistance by the ICRC.

Over 6,000 households (36,290 people, including some 300 people with disabilities and 1,100 relatives of missing people) started or strengthened small businesses or other income-earning activities with cash and other assistance from the ICRC. Breadwinners completed ICRC-subsidized apprenticeships – in hairdressing, sewing, carpentry or car repair – and/or attended ICRC training in basic business skills. Herders and farmers were given help to buy livestock, fodder and seed.

From June to July, veterinary authorities in southern Iraq were given emergency support (e.g. pesticides, sprayers) by the National Society and the ICRC, to help contain the Crimean-Congo haemorrhagic fever virus, which was transmitted to people by infected animals. The ICRC gave a veterinary hospital the supplies necessary to expand its services for animal breeders, whose livelihoods rely on healthy livestock. Resources for planned capacity-building support for personnel at government ministries and veterinary clinics were redirected to these efforts.

The ICRC maintained its pilot programme to support the sustainable return of IDPs to their places of origin, address their protection-related concerns (see above), and help them mitigate the threat to their safety from mines/ERW (see below). In rural communities targeted by this programme, 220 returnee households (1,320 people) received cash grants to cover their basic needs; and 128 of these households (768 people) were also given support to raise livestock or begin small businesses, with a view also to helping markets recover.

People in violence-prone or underserved areas have better access to water and other public services

Over 72,000 people in violence-prone or underserved areas had broader access to clean water for household and agricultural use, and to sanitation, electricity, health care and functioning schools, after essential infrastructure was renovated or constructed with ICRC support. The ICRC, together with the National Society, installed solar-powered water systems at primary-health-care centres and schools, which improved

their sanitation facilities, and conducted hygiene-promotion sessions for students.

In the Ninewa Governorate, where water infrastructure was neglected or destroyed during the conflict, the ICRC, in partnership with relevant agencies, continued to help the authorities make clean water more widely available. In Mosul, critical maintenance work on water pumps benefited some 1 million people; rehabilitation of a water-treatment plant benefited roughly 400,000 people; and improvements to water services in eight neighbourhoods benefited about 23,000 people. Local technicians were trained to maintain these systems. Other short-term urban projects, particularly in Tal Afar, continued.

Some 400 returnee households (2,178 people) repaired or rebuilt their homes with the help of conditional cash grants from the ICRC. To improve their access to public infrastructure, the ICRC assisted in removing debris in their communities. The ICRC completed a project to renovate a school in one community.

Renovations at mortuaries and cemeteries were ongoing at year's end.

Vulnerable people obtain good-quality health care

Vulnerable people, particularly children and pregnant women, obtained curative and preventive health care at 27 ICRC-supported primary-health-care facilities, including health centres, National Society-run mobile clinics, vaccination-outreach sites, and pilot referral facilities. All these facilities received ICRC support regularly: staff training, technical support and materials, including personal protective equipment and cleaning supplies to prevent the spread of COVID-19. Some patients were referred for secondary care, and children were vaccinated at 21 of these facilities. More facilities than planned received assistance owing to ad hoc donations.

Victims of violence, missing people's families, and people with disabilities received mental-health and psychosocial support from the ICRC or from ICRC-trained health workers, at the physical rehabilitation centre in Erbil (see *Wounded and sick*) and at other facilities. The ICRC also trained others, including community workers, to provide this support.

People learn how to protect themselves against mines/ERW

In coordination with the authorities and the National Society, the ICRC endeavoured to mitigate the threat of weapon contamination – notably, in areas where shelters were being rebuilt with its support (see above). At ICRC information sessions, roughly 1,000 people, including children, learnt how to protect themselves against mines/ERW. The ICRC put up warning billboards in weapon-contaminated areas to reinforce key messages.

The ICRC assessed weapon contamination in a number of communities, in preparation for the implementation of its activities. Mine-action and civil-defence authorities continued to develop standards for assisting victims of mines/ERW, through discussions with the ICRC and based on its research.

Civil-defence personnel involved in mine clearance used ICRC-donated equipment in their training.

In conjunction with the National Society, the ICRC referred 52 victims of mines/ERW to pertinent service providers.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees – including women, minors, foreigners, and people held in connection with conflict – at 49 places of detention, to monitor their treatment and living conditions. Afterwards, it communicated its findings and recommendations confidentially to the pertinent authorities. It concentrated on certain issues: respect for judicial guarantees, procedural safeguards and the principle of *non-refoulement*; prevention of disappearances by maintaining family contact and creating central registries of detainees; and access to health care and recreational or educational activities. Discussions with the central authorities – aimed at signing an agreement on prison visits – continued.

The ICRC gave judicial and prison authorities, and prison staff, expert guidance and conducted round tables, workshops and/or training for them, to develop their capacities in prison management and design, in line with internationally recognized standards.

Roughly 300 detainees, including some 200 minors, were transferred from north-eastern Syria to Iraq. Upon their arrival, the ICRC registered them, offered family-links services and monitored their health (see below).

Detainees maintain contact with their families

RCMs and other family-links services provided by the ICRC enabled detainees to contact their families. Detained foreigners were able to notify their embassies or the UNHCR of their situation. When requested to do so, the ICRC facilitated contact between the authorities and the families of dead detainees; it helped some families to retrieve their relatives' remains and/or collect death certificates.

Families visited their detained relatives or contacted them via a phone-call system that was set up by prison authorities, at the ICRC's encouragement, when the pandemic forced the suspension of family visits.

Prison authorities improve detainees' access to health care and living conditions

The ICRC monitored the health of detainees and, where appropriate, gave the authorities material and technical support to improve health care at detention facilities.

The ICRC guided prison managers and health staff in abiding by medical ethics and dealing with disease outbreaks. Although COVID-19 was less of a threat than in previous years, the authorities were given the necessary supplies (e.g. disinfectants, cleaning materials) and reminded to take preventive measures and vaccinate detainees. The ICRC met with representatives of the national TB programme to devise a strategy for checking the prevalence of TB in prisons. All detainees transferred from Syria were screened for TB; some of them were also given wheelchairs and crutches.

The ICRC implemented pilot health projects at three prisons; the authorities took over one project by mid-2022 and the other two were extended to 2023. The projects focused on ensuring that new detainees were given medical examinations on arrival, and that their health-related data were collected regularly, and their confidentiality maintained, thus making it easier for health authorities to tend to them. A digital X-ray machine donated by the ICRC helped speed up detection of TB at one of the prisons.

The ICRC sponsored some health ministry officials to attend the World Conference on Health in Detention, which was organized by the ICRC in Geneva, Switzerland (see *Headquarters – Protection and Essential Services*).

To supplement the authorities' efforts to improve detainees' living conditions, the ICRC gave 33,306 detainees – including women and minors at places of temporary detention – hygiene kits, clothes and blankets. Owing to external constraints, similar assistance for other detainees was not delivered on time.

The ICRC donated water tanks at one prison, and hygiene materials for controlling outbreaks of cholera and diarrhoea at another prison; these activities benefited 1,377 detainees.

WOUNDED AND SICK

Strengthening emergency medical services

Hundreds of weapon bearers, primary-health-care workers, journalists, civil-defence personnel and other potential first responders learnt first aid and/or how to deal with mass-casualty incidents (see below) at workshops organized by the ICRC and the Iraqi Red Crescent Society; at these workshops they also learnt about the protection due to those seeking or providing health care. Aided by the ICRC, the Iraqi Red Crescent Society trained some of the health ministry's emergency responders in stress management and de-escalation of violence.

Eleven hospitals received donations from the ICRC of IV fluids during an outbreak of diarrhoea, and/or wound-dressing kits whenever there was an influx of people injured during mass demonstrations or other violence. To ensure an immediate response, several items from contingency medical stocks were moved to some of these hospitals.

The ICRC launched a nationwide pilot project on mass-casualty management, to boost emergency preparedness by developing the capacities of and coordination among the authorities, police, community leaders, the National Society and others concerned. In Nassiriyah, it provided expert advice at round tables and conducted tabletop exercises to test the training received by those involved, such as emergency responders, the police and civil-defence personnel.

The ICRC completed reconstruction of a medical warehouse at a hospital in Al-Qaim, in Anbar Governorate (100 beds), and handed it over to the authorities; it finished upgrades to the physical rehabilitation centre in Erbil (28 beds; see below).

People with disabilities receive rehabilitative care

Around 15,000 people¹ with physical disabilities received treatment at the ICRC physical rehabilitation centre in Erbil, and at four other centres, including two reference centres, run by the central government with the ICRC's support. At the Erbil centre, ICRC-trained staff provided mental-health and psychosocial support for 169 patients. ICRC outreach to remote areas enabled people with disabilities living there to obtain assistive devices and referrals for physical rehabilitation services. In addition, under an ICRC-supported pilot project, National Society volunteers continued to assist people living in areas accessible to only a few state-run service providers and provided referrals for further support. The ICRC covered food and transportation costs for some patients from these remote areas.

The ICRC sought to advance the social inclusion of people with disabilities, and to enable them and their families to reach some degree of self-sufficiency. Some patients at these centres were referred for income support from the ICRC (see *Civilians*). The ICRC trained caregivers in tending to the needs of children with cerebral palsy in their homes.

Ensuring the long-term sustainability of the physical rehabilitation sector

The ICRC sought to improve rehabilitative services throughout the country and establish a strong base of qualified professionals and reference centres. It maintained its partnership with three government ministries and four universities to this end.

Prosthetists/orthotists and physiotherapists, and others working in the field, bolstered their capacities through ICRC training in wheelchair services, clubfoot treatment and other specialized areas. Training institutions and others were given support. Students continued their studies at an ICRC-supported prosthetics and orthotics department of a university in Erbil; the first of its kind in Iraq, the department was established in 2020. The ICRC sponsored the studies of 30 students; some of them were given internships at the Erbil centre. Representatives from several universities, together with officials from the health and education ministries, attended an ICRC workshop at which they agreed on a draft framework for national instruction in physiotherapy.

The newly constructed Erbil centre started receiving patients in March; discussions regarding the potential handover and/or partnership with IKR health authorities continued. Renovation of the Mosul physical rehabilitation centre was ongoing.

ACTORS OF INFLUENCE

The ICRC continued to broaden awareness of IHL and other pertinent norms, and of its mandate and activities – as well as support for them. It did so through dialogue with the authorities, information sessions for members of civil society, joint media initiatives with the Iraqi Red Crescent Society and other means. It drew public attention to pressing issues of humanitarian concern: addressing the plight of missing people's families, IDPs and returnees; mitigating the impact of weapon contamination; preventing sexual and gender-based violence;

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

protecting the delivery of health services; and tackling the combined effects of conflict and the climate crisis. Local and international media organizations drew on the ICRC's expertise for their coverage of humanitarian issues.

The ICRC strove to deepen its engagement with communities, with a view to responding to their needs more effectively and extending its support to those most in need (see *Civilians*). It also cultivated its relationship with academic and religious circles. For instance, religious scholars and clerics explored the points of correspondence between IHL and Islamic law at ICRC workshops. Law students and professors participated in a moot court competition and courses organized by the ICRC, which did so to develop local interest and expertise in IHL.

Contact with certain armed groups remained limited.

Military and police officers strengthen their grasp of IHL and other norms

Military and police forces – including those engaged in counter-terrorism operations – and members of “popular mobilization units” strengthened their grasp of IHL, international human rights law and/or other pertinent norms, through ICRC dissemination sessions, round tables and training. Senior military and police officers were sponsored to attend ICRC courses in other countries, including a high-level workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*). The defence ministry drew on the ICRC's expertise to integrate IHL more fully into military decision-making, training and protocols; the interior ministry did the same with human rights norms and the standard operating procedures of police forces.

Some IHL sessions for weapon bearers were coupled with training in first aid (see *Wounded and sick*).

Advancing the incorporation of IHL provisions in domestic legal frameworks

The ICRC worked with the national authorities to incorporate IHL provisions and other pertinent norms in domestic legislation. It gave the national IHL committee expert guidance to this end and, together with the committee, organized workshops for the authorities on drafting domestic laws on the repression of international crimes; establishing a national mechanism to deal with the issue of missing people and the plight of their families; and safeguarding the emblems protected under IHL.

The ICRC discussed various subjects with the authorities, notably the following: the findings from ICRC studies on the domestic legal frameworks covering missing people and the protection of health-care delivery during violence.

RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society continued to respond to humanitarian needs in the country. The ICRC worked with the National Society (see above) and gave it material, financial and technical assistance for its activities and for undertaking joint initiatives, per formal agreements between the two organizations. This helped strengthen the National Society's ability to respond to emergencies.

The National Society enhanced its organizational capacities and public-communication initiatives with support and funding from the International Federation and the ICRC. To help National Society staff and volunteers work more safely, the ICRC trained them in using the Safer Access Framework. Some of these personnel, with support from the ICRC, trained health workers to protect themselves in line with the Health Care in Danger initiative. They also broadened awareness of the initiative among violence-affected communities (see *Wounded and sick*). The ICRC sponsored some of them to attend regional Movement events.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,658	9		
RCMs distributed		1,384	6		
Phone calls facilitated between family members		21			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,477	59	30	150
	<i>including people for whom tracing requests were registered by another delegation</i>	70			
Tracing cases closed positively (subject located or fate established)		678			
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)		27,887	1,227	879	2,416
	<i>including people for whom tracing requests were registered by another delegation</i>	1,047			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		13	5		
Documents					
People to whom travel documents were issued		3			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		49			
Detainees in places of detention visited		60,841	2,181	1,097	
Visits carried out		119			
			Women	Girls	Boys
Detainees visited and monitored individually		2,324	194	6	54
	<i>of whom newly registered</i>	1,292	41	6	50
RCMs and other means of family contact					
RCMs collected		2,376			
RCMs distributed		2,758			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,189			
People to whom a detention attestation was issued		2,289			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	185,552	59,288	71,223
	<i>of whom IDPs</i>	6,880	2,209	2,633
Water and habitat				
Water and habitat activities	People	1,497,360	447,845	602,113
Primary health care				
Health centres supported	Structures	27		
	<i>of which health centres supported regularly</i>	27		
Average catchment population		613,088		
Services at health centres supported regularly				
Consultations		299,142		
	<i>of which curative</i>	294,232	53,994	83,371
	<i>of which antenatal</i>	4,910		
Vaccines provided	Doses	174,386		
	<i>of which polio vaccines for children under 5 years of age</i>	99,715		
Referrals to a second level of care	Patients	7,132		
	<i>of whom gynaecological/obstetric cases</i>	3,544		
Mental health and psychosocial support				
People who received mental-health support		249		
People who attended information sessions on mental health		5,351		
People trained in mental-health care and psychosocial support		56		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	33,306	1,813	464
Water and habitat				
Water and habitat activities	People	1,377		
Health care in detention				
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	12		

WOUNDED AND SICK		Total	Women	Children
Hospitals				
Hospitals supported	Structures	11		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		44		
Weapon-wound admissions (surgical and non-surgical admissions)		49		
Weapon-wound surgeries performed		36		
First aid				
First-aid training				
	Sessions	38		
	Participants (aggregated monthly data)	761		
Water and habitat				
Water and habitat activities	Beds (capacity)	128		
Physical rehabilitation				
Projects supported		12		
	<i>of which physical rehabilitation centres supported regularly</i>	5		
People who benefited from ICRC-supported projects	Aggregated monthly data	15,655		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	15,523	2,269	7,589
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	132		
	<i>of whom victims of mines or explosive remnants of war</i>	1,074		
	<i>of whom weapon-wounded</i>	1,094		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	1,943		
Orthoses delivered	Units	10,487		
Physiotherapy sessions		21,333		
Walking aids delivered	Units	577		
Wheelchairs or postural support devices delivered	Units	307		
Mental health and psychosocial support				
People who received mental-health support		40		
People who attended information sessions on mental health		95		

ISLAMIC REPUBLIC OF IRAN

The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the Iran–Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. The ICRC supports mine-risk education and access to health care for Afghan migrants.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2022

- The ICRC sought to enhance its dialogue with authorities and others, with a view to fostering support for IHL and its own mandate and activities. Administrative and other constraints hindered the implementation of several activities.
- The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee established with the ICRC, to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war.
- Iranians and Afghan migrants across six provinces learnt about safer behaviour around mines/explosive remnants of war (ERW) and measures against COVID-19 through ICRC-supported initiatives of the Red Crescent Society of the Islamic Republic of Iran.
- Vulnerable Afghan migrants and Iranians had access to health care – including counselling and physical rehabilitation – through ICRC-supported projects carried out by the National Society with two local NGOs.
- Some 242,000 people in four Iranian provinces were vaccinated against COVID-19 under an ICRC-supported vaccination campaign carried out by the National Society.
- Members of families separated by conflict, migration, detention or other circumstances used the Movement's family-links services to reconnect.

EXPENDITURE IN KCHF

Protection	1,555
Assistance	2,756
Prevention	975
Cooperation with National Societies	3,921
General	23
Total	9,230
<i>Of which: Overheads</i>	<i>563</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	73%
---------------------------	-----

PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	43



ICRC/AR, 2022
 ICRC delegation

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	97
RCMs distributed	84
Phone calls facilitated between family members	6
Tracing cases closed positively (subject located or fate established)	89
People reunited with their families	12
<i>of whom unaccompanied minors/separated children</i>	3

ASSISTANCE	2022 Targets (up to)	Achieved	
CIVILIANS			
Health			
Health centres supported	Structures	2	1
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	5	5

CONTEXT

The Islamic Republic of Iran maintained its influence in the region, including in countries experiencing armed conflict.

Members of families separated by conflicts in the wider region, migration, detention or other circumstances could not contact one another without difficulty. Moreover, many families still had no news of relatives missing in connection with the 1980–1988 Iran–Iraq war. People living in provinces bordering Iraq remained at risk from mines and ERW dating back to the 1980s.

The situation in Afghanistan (see *Afghanistan*) drove large numbers of Afghans into the Islamic Republic of Iran. Around 4.5 million Afghan migrants are said to be in the country, many of them without regular status. Migrants whose status are irregular – such as the large Afghan communities in the city of Mashhad – had little or no access to basic services, including health care. Many of them had trouble maintaining contact with relatives separated from them. Afghans leaving their country, or returning to it, were at risk of injury or death from the mines/ERW along their route.

The lingering effects of the COVID-19 pandemic and the global rise in commodity prices – one of the consequences of the international armed conflict between the Russian Federation and Ukraine – continued to hobble the Iranian economy. Public protests, linked to sanctions, the economic situation, climate change and religious law interpretation, broke out sporadically, with significant increase towards the last quarter of the year.

ICRC ACTION AND RESULTS

The ICRC and the Red Crescent Society of the Islamic Republic of Iran continued to work together to cultivate support for IHL and the Movement, and to respond to humanitarian needs in the country – especially among migrants and residents with particular vulnerabilities. The ICRC provided the National Society with material, technical and financial support to bolster its capacities in their areas of joint activity. However, several planned activities – such as limited programmes for migrants living along the border, and capacity-building or educational initiatives for the physical rehabilitation sector – had to be postponed because of access and administrative constraints.

The ICRC held meetings and events for the authorities, civil-society representatives and other influential parties, with a view to fostering acceptance for its mandate and activities. It maintained its support for the national IHL committee – chaired by the National Society – which sought to advance understanding of IHL among authorities, scholars and other pertinent stakeholders in the country. The ICRC also pursued public-communication initiatives to broaden understanding of IHL, humanitarian issues and its own work among various audiences.

The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee that had been established with the ICRC, to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war. The ICRC continued to chair both the tripartite committee

and its joint working group. The working group discussed issues relating to excavation missions, the recovery of human remains and consolidation of information on missing people. At the request of the pertinent authorities, the ICRC acted as an observer during handovers of sets of human remains between the Iranian authorities and their Iraqi counterparts. The ICRC continued to make its expertise available to local organizations or people involved in managing human remains and to those doing such work during emergencies.

The National Society and the Iranian Mine Action Centre (IRMAC), which is the main coordinator of mine action in the country, instructed people in mine/ERW-related risks with technical, material and financial assistance from the ICRC. Some 435,000 people living in or passing through weapon-contaminated areas learnt safe practices around mines/ERW at information sessions run by the National Society and IRMAC; the sessions also provided information about measures against COVID-19 and/or about the Movement's family-links services. Afghan returnees and particularly vulnerable residents also received informational materials on mines/ERW and COVID-19, face masks and disinfectant from the National Society and the ICRC. IRMAC continued to draw on ICRC support, for instance, to prepare informational materials.

Afghan migrants used the Movement's family-links services to reconnect with their families; Iranians used these services as well, to get in touch with relatives detained in other countries.

In Mashhad, thousands of Afghan migrants and vulnerable Iranians had access to health care, including mental-health and psychosocial support, and learnt about good health and hygiene practices at an ICRC-supported clinic run by the National Society and the Society for Recovery Support (SRS), a local NGO. They were able to obtain consultations, mostly for non-communicable diseases such as diabetes and hypertension; some were referred for further tests or specialized care. People with disabilities who had been identified and referred by the SRS or Pars Development Activists (PDA), another local NGO, were assessed by the ICRC and, as necessary, further referred to National Society-run physical rehabilitation centres. Some 242,000 people in four provinces – including Afghan migrants and residents of the communities hosting them – were vaccinated against COVID-19, under a National Society vaccination campaign supported by the health ministry and the ICRC.

CIVILIANS

Iranian and Iraqi authorities work to recover and hand over missing people's remains

The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee that had been established with the ICRC, to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war. The ICRC continued to chair both the tripartite committee and its joint working group. The working group met to discuss issues relating to excavation missions, the recovery of human remains and consolidation of information on the fate of missing people. At the request of the pertinent authorities, the ICRC acted as an observer during handovers of sets of human remains between the Iranian authorities and their Iraqi counterparts.

In coordination with the foreign ministry and the Red Crescent Society of the Islamic Republic of Iran, the ICRC continued to make its expertise available to local institutions involved in managing human remains – including the Legal Medicine Organization (LMO), the National Disaster Management Organization (NDMO) and a forensic laboratory – within the context of conflict, natural disasters, other emergencies and migration. At webinars organized by the ICRC, personnel from these institutions learnt more about international standards for forensics, managing human remains during conflicts and current trends in forensic research. Administrative constraints, however, affected some of the ICRC's work with organizations such as the LMO and the NDMO, and its other plans: for instance, some training sessions in forensic work and in addressing the risks posed by mines/ERW, which were agreed upon by the joint working group mentioned above, were postponed.

People become more aware of the threat of mines/ERW

As the only humanitarian organization supporting humanitarian mine action in the Islamic Republic of Iran, the ICRC gave the National Society and IRMAC technical, material and financial assistance for a project to organize educational sessions on mine risks in five provinces bordering Iraq and one bordering Afghanistan. At these sessions, some 435,000 people – around 363,000 of whom were Afghan returnees – learnt safe practices around mines/ERW; the sessions also provided information about measures against COVID-19 and/or the Movement's family-links services. The National Society and the ICRC supplemented these sessions with the distribution of more than 240,000 leaflets on mines/ERW and safe practices around them, and of face masks and disinfectant. Some people learnt about the threat of mines/ERW through risk awareness messages shared by the National Society and the ICRC in online channels.

At workshops organized by IRMAC with the ICRC's support, National Society staff and volunteers learnt how to conduct educational sessions on mine risks and teach others to do so. Staff in charge of conducting training in provinces could do their work more safely with personal protective equipment (PPE) provided by the ICRC; they also received informational materials for distribution to people. IRMAC continued to draw on ICRC support for developing informational materials to raise awareness of the risks of mines/ERW. Representatives from IRMAC – through the sponsorship of the ICRC – participated in an international meeting of mine-action stakeholders held outside the country.

Vulnerable residents and migrants have access to curative care and psychosocial support

Particularly at-risk Afghan migrants and Iranians in Mashhad obtained preventive and curative health care at a clinic operated by the National Society and the SRS; the ICRC continued to give the SRS financial, material and technical assistance. They benefited from more than 20,200 consultations, mostly for non-communicable diseases such as diabetes and hypertension. More than 5,200 people in need of diagnostic tests or further care (e.g. obstetric-and-gynaecological, dental) were referred to suitable facilities or service providers; some patients were referred more than once. Several were referred to a pharmacy that had partnered with the ICRC, enabling them to obtain medicine free of charge. Health personnel

implemented measures to improve the care provided at the clinic, such as making diagnoses more accurate, particularly for diabetics and people suffering from hypertension. Early in the year, the ICRC gave the clinic PPE for dealing with any surge in COVID-19 cases that might take place.

Mental-health and psychosocial support continued to be made available to victims/survivors of sexual violence and others, either at the clinic mentioned above or during community outreach by SRS psychologists, with whom the ICRC shared its expertise and technical support. About 950 people were able to obtain the psychosocial support they needed through individual, group or family counselling sessions; some of the group therapy sessions focused on the mental-health needs of children and younger women. Some 1,400 people learnt more about mental health at information sessions organized by the ICRC for them.

People with disabilities who had been identified and referred by SRS or Pars Development Activists (PDA), another local NGO, were assessed by the ICRC and, as necessary, further referred to National Society-run physical rehabilitation centres (see *Wounded and sick*). The ICRC covered the running costs of PDA facilities and the salaries of their staff. A project to provide mental-health and psychosocial support to people with disabilities and other people in the city of Zahedan – where the PDA-run health centre was located – and elsewhere in the province of Sistan and Baluchistan, was initially delayed because of security/access constraints and later cancelled after assessments revealed that other international organizations were planning to provide similar services.

During information sessions organized by the ICRC, around 35,200 women and children familiarized themselves with topics such as good health and hygiene, nutrition, reproductive health, and the prevention of COVID-19, HIV and hepatitis. Some 242,000 people in four provinces, including Afghan migrants and residents of the communities hosting them, were vaccinated against COVID-19 under a National Society vaccination campaign supported by the health ministry and the ICRC.

Activities for migrants living along the border, particularly those covered by the centre in Mashhad, were prioritized by the ICRC; support for the women's shelter run by the SRS – which the ICRC worked with in previous years – was redirected to these activities.

Migrants and others are helped to contact their relatives

Afghan migrants, and Iranians with family members detained abroad, reconnected with their relatives through phone calls arranged by the National Society and the ICRC, and via RCMs. The families of people reported missing learnt of their relatives' fate and/or whereabouts and whenever possible, were put in touch with them. The ICRC followed up cases of people waiting to rejoin their relatives; three minors were reunited with their families in other countries. The ICRC continued to work with other humanitarian organizations tackling the issue of family separation. Iranians and Afghan migrants learnt more about the Movement family-links services through communication campaigns organized by the ICRC (see above).

The ICRC issued attestations of detention for 436 Iraqi former POWs, which helped them, for instance, to apply for government benefits in Iraq. It notified the Iranian authorities of the detention of 41 Iranian nationals in other countries.

The National Society and the ICRC continued to discuss how to improve family-links services. National Society staff attended ICRC workshops and training on the provision of these services, and continued to receive technical assistance in various areas, such as data management and the use of a broad range of tools for restoring family links.

WOUNDED AND SICK

People with disabilities recover some degree of mobility

Three physical rehabilitation centres run by the Red Crescent Society of the Islamic Republic of Iran – in Mashhad, Tehran and Zahedan – provided 220 people¹ with physical disabilities with suitable care, such as the provision of prostheses, orthoses and other assistive devices and/or physiotherapy; the ICRC covered the costs of treatment. These patients were sometimes identified and referred by the SRS and the PDA, both of which received ICRC support for doing so. The centres were able to continue to provide physical rehabilitation services with donations of material components from the ICRC, as well as technical guidance and training. Owing to operational and/or staffing constraints, the ICRC was unable to realize its plans to: work with the centres to improve their services; provide formal training for physical-rehabilitation professionals; and advance the social inclusion of people with disabilities through the creation of a wheelchair-basketball team.

The ICRC maintained contact with a working group of armed forces and security forces personnel with whom it discussed a broad range of subjects, including the protection due to people seeking or providing medical care and wound surgery. Planned events with them were put on hold, pending further dialogue with the authorities concerned.

ACTORS OF INFLUENCE

Together with the Red Crescent Society of the Islamic Republic of Iran, or with its support, the ICRC sought to enhance its dialogue with the authorities, members of civil society and other influential parties. It did so to cultivate support for IHL and for its own mandate and activities, especially in connection with ongoing conflicts in the region (see, for example, *Syrian Arab Republic*). Some planned initiatives were adapted or postponed, owing to operational and/or other constraints.

The ICRC fosters understanding of IHL and the Movement's work

Authorities and members of civil society broadened their understanding of IHL, the Movement's work, and humanitarian issues through various ICRC initiatives. The ICRC encouraged or facilitated the authorities' attendance at various forums on IHL: a regional IHL conference for representatives from other countries in the Asia-Pacific region; an event on IHL and cyber operations during armed conflicts; and a meeting to discuss IHL and the protection of the environment

in conflict-affected areas. Contact with members of the Iranian media was expanded and journalists were briefed about the ICRC's activities and those of the Movement as a whole, with a view to promoting accurate coverage of humanitarian issues. The ICRC supplemented these efforts with public communication on online platforms, such as its Farsi-language website, and elsewhere. It discussed IHL-related subjects with IRMAC (see *Civilians*) and with a working group of armed forces and security forces personnel (see *Wounded and sick*).

Aided by the ICRC, the National Society strengthened its public communication. Staff and volunteers learnt about good practices in public communication and about the Movement's principles for public communication. National Society staff attended a workshop on humanitarian negotiation, at which they also familiarized themselves with key principles for engagement with vulnerable communities. Staff and volunteers who took part in the vaccination campaign against COVID-19 (see *Civilians*) attended information sessions organized by the ICRC and learnt how to address misinformation/disinformation about the disease. Through an online course, around 2,500 staff and volunteers furthered their understanding of what the Movement was and the values it embodied. Whenever possible, the National Society and the ICRC coordinated their public communication on the Movement's activities – as they did during a press conference on the vaccination campaign mentioned above and when the ICRC's director-general visited the country.

The national IHL committee helps to broaden awareness of IHL

With a view to advancing domestic implementation of IHL, the ICRC continued to provide the national IHL committee – chaired by the National Society – with technical guidance, training and other support. Members of the committee, with the ICRC's sponsorship, attended events of pertinence to them: a course in IHL training, the launch of a report on a non-legal instrument addressing the dangers of explosive weapons and the Asia-Pacific regional conference mentioned above. The national IHL committee, with financial support from the ICRC, enabled a group of students to take part in an international competition on IHL.

The ICRC sought to build its relationship with the Iranian armed forces, with a view to making its expertise in IHL available to them and discussing the integration of IHL into their work. To this end, it provided support for translating various ICRC publications on IHL into Farsi. Two academic experts in IHL continued to work with the ICRC on a project to update the ICRC's commentary on the Fourth Geneva Convention.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of the Islamic Republic of Iran and the ICRC continued to work closely together to respond to humanitarian needs in the country, especially among migrants and residents with particular vulnerabilities (see *Civilians* and *Wounded and sick*), and to cultivate support for IHL and the Movement (see *Actors of influence*). Agreements between them regarding other areas of activity were formalized or renewed.

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

The ICRC provided the National Society with material, technical, financial and other resources for bolstering its capacities in areas of joint activity. For instance, aided by the ICRC, the National Society conducted a vaccination campaign against COVID-19 (see *Civilians*) in four Iranian provinces; ambulances donated by the ICRC helped the National Society to carry out the campaign. Some 40 National Society staff who attended workshops on the provision of family-links services also learnt how to do their work more safely. Owing to administrative constraints, some of the ICRC's other planned

activities – for instance, distribution of food and other items to migrants – were not implemented.

The National Society, the International Federation, the ICRC and other Movement components held meetings to coordinate their activities in the country. Possibilities for providing support to the National Society were also explored. Financial support from the International Federation and the ICRC helped the National Society to hire people to strengthen its capacities in project management and bolster its operations.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	97			
RCMs distributed	84			
Phone calls facilitated between family members	6			
Names published on the ICRC family-links website	7			
Reunifications, transfers and repatriations				
People reunited with their families	12			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	227	34	34	66
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases closed positively (subject located or fate established)	89			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	906	176	182	230
<i>including people for whom tracing requests were registered by another delegation</i>	84			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	3	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	436			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Primary health care				
Health centres supported	Structures	1		
	<i>of which health centres supported regularly</i>	1		
Average catchment population		1,520		
Services at health centres supported regularly				
Consultations		20,224		
	<i>of which curative</i>	20,224	13,961	1,769
Vaccines provided	Doses	505		
Referrals to a second level of care	Patients	5,256		
	<i>of whom gynaecological/obstetric cases</i>	486		
Mental health and psychosocial support				
People who received mental-health support		952		
People who attended information sessions on mental health		1,390		
People trained in mental-health care and psychosocial support		9		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		5		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
People who benefited from ICRC-supported projects	Aggregated monthly data	220		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	220	36	66
	<i>of whom victims of mines or explosive remnants of war</i>	39		
	<i>of whom weapon-wounded</i>	39		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	99		
Orthoses delivered	Units	96		
Physiotherapy sessions		860		
Walking aids delivered	Units	12		
Wheelchairs or postural support devices delivered	Units	47		

ISRAEL AND THE OCCUPIED TERRITORIES

The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular its provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of Magen David Adom in Israel and the Palestine Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- Palestinians detained in Israel had their treatment and living conditions regularly monitored by the ICRC, which advised the authorities on improving these, and spent time with their family members during ICRC-organized visits.
- Israeli and Palestinian weapons bearer were reminded to respect IHL and other international norms applicable to the conduct of hostilities, law enforcement, detention and the administration of occupied Palestinian territories.
- Palestinians were given livelihood aid to become more resilient to effects of the occupation, notably restrictions on movement and access to land and livelihood, and, in the West Bank, settler violence and the presence of settlements.
- Wounded and sick people in the occupied territories received emergency medical services from the Palestine Red Crescent Society and other ICRC-supported providers, amid resource constraints and the hostilities in August.
- People in the Gaza Strip had more stable access to water, electricity and sanitation services, after the ICRC helped service providers to become more resilient to recurrent hostilities, the closure of the Gaza Strip and climate change.
- Palestinians were given cash and other emergency aid to cover their urgent needs, including for shelter, while recovering from the loss of livelihoods or homes due to occupation policies in the West Bank and hostilities in Gaza.

EXPENDITURE IN KCHF

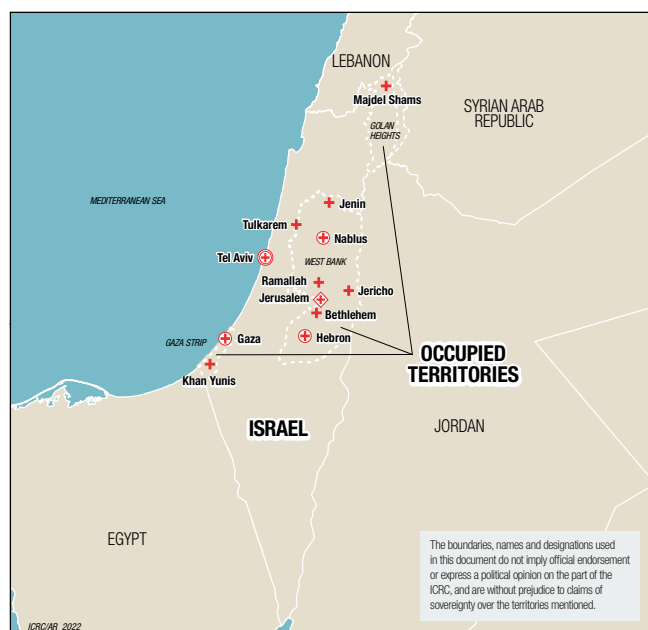
Protection	13,923
Assistance	30,075
Prevention	6,016
Cooperation with National Societies	1,966
General	156
Total	52,137
<i>Of which: Overheads</i>	<i>3,182</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
---------------------------	-----

PERSONNEL

Mobile staff	59
Resident staff (daily workers not included)	271



ICRC/AR, 2022

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	21
RCMs distributed	14
Phone calls facilitated between family members	1,320
Tracing cases closed positively (subject located or fate established)	42
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	65
Detainees in places of detention visited	11,452
<i>of whom visited and monitored individually</i>	1,320
Visits carried out	213
Protection of family links	
RCMs collected	10
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	1,151

ASSISTANCE	2022 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food production	People 6,180	17,799
Income support	People 2,682	2,631
Living conditions	People 2,700	4,359
Capacity-building	People 70	26
Water and habitat		
Water and habitat activities	People 1,657,000	1,815,882
Health		
Health centres supported	Structures 3	3
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People 13,475	7,666
Water and habitat		
Water and habitat activities	People 1,937	2,010
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 27	22
Physical rehabilitation		
Projects supported	Projects 6	6
Water and habitat		
Water and habitat activities	Beds (capacity) 1,975	2,454

CONTEXT

People in the occupied Palestinian territory continued to deal with the consequences of long-standing Israeli occupation policies, many of which contravene IHL in design or implementation. Among them were: restrictions on movement and access to land; the building of settlements and the destruction of private property in the West Bank, including in East Jerusalem; and the closure of the Gaza Strip imposed by Egypt and Israel. The political deadlock between the Palestinian Authority and the Gaza *de facto* authorities continued.

In the West Bank, clashes between Israeli settlers and security forces, and Palestinians reportedly resulted in some 180 deaths – the biggest loss of Palestinian and Israeli lives since 2004. In Gaza, Israeli forces and an armed group clashed for several days in August, reportedly killing 49 people, injuring hundreds and damaging houses and other civilian property. The cumulative impact of current and past hostilities on vital infrastructure, fuel shortages and the global rise in commodity prices resulted in limited access to clean water, electricity, medical care and food. Mines/explosive remnants of war (ERW) remained a threat to schoolchildren and farmers.

Most restrictions related to COVID-19 were lifted, including those limiting family visits to Palestinians in Israeli detention. Israeli and Palestinian authorities detained people in relation to the conflict and for security reasons.

ICRC ACTION AND RESULTS

The ICRC continued to strengthen its multidisciplinary approach and adapt it to the needs of people in the occupied territories – for example, via a series of comprehensive studies of essential services, food production and the economic situation. In this way, its protection, assistance and prevention activities made concrete improvements in the situation of civilians, notably the Palestinians who were most adversely affected by occupation policies and situations of violence. The ICRC coordinated its activities with the Palestine Red Crescent Society, Magen David Adom and the relevant Israeli and Palestinian authorities.

The ICRC engaged Israeli and Palestinian authorities and weapon bearers on the need to respect IHL and other international norms, notably those applicable to occupation policies, the conduct of hostilities and law enforcement operations, detention and the protection of medical services. It documented allegations of IHL violations and discussed them confidentially with the parties concerned. With the Palestine Red Crescent, the ICRC endeavoured to mitigate threats to the safety of communities in Gaza. For example, it alerted them to the hazardousness of ERW, contributed to marking safe areas and helped first responders work more safely in ERW-contaminated areas.

Family members separated by conflict, detention or other circumstances used the Movement's family-links services to reconnect or return home. Palestinian detainees in Israel spent time with their relatives from the occupied territories, including Gaza and the West Bank, during ICRC-organized family visits. The ICRC continued to visit detainees and

communicated its findings and recommendations to improve detainees' treatment and living conditions, with the relevant Israeli and Palestinian authorities. Hundreds of detainees also benefited directly from ICRC assistance, such as hygiene kits, winter clothes and, for foreign detainees in Israel, phone cards.

Palestinian households were given either emergency aid or livelihood support, which helped them to meet their daily needs and/or become more resilient to the effects of the occupation and of situations of violence. Breadwinners who lost their capacity to pursue livelihoods owing to occupation policies in the West Bank, or because of ERW or hostilities in Gaza received cash, with which they started small businesses or covered their daily needs and avoided chronic indebtedness. ICRC-provided cash or supplies and equipment helped households to produce food, notably farmers whose access to land was limited by occupation policies in the West Bank and weapon contamination in Gaza. Donations of cash and household essentials helped ease living conditions for households whose homes were damaged or destroyed owing to fighting in Gaza or occupation policies in the West Bank.

The ICRC's support helped emergency responders, including the Palestinian Red Crescent, and Palestinian health facilities to maintain and strengthen their operational response capacity. The Artificial Limb and Polio Centre (ALPC) and other ICRC-supported facilities continued to provide free physical rehabilitation services to persons with disabilities due to hostilities and other episodes of violence, or ERW. Facilities in Gaza and Israel's Gaza Belt area were given support to provide psychosocial care for people traumatized by recurrent escalations of hostilities; the ICRC's support included projects designed to make long-term improvements to psychosocial care capacities.

The ICRC helped maintain or restore critical water, wastewater, power and health infrastructure, focusing on facilities in Gaza that were damaged during hostilities. It also implemented a series of projects to strengthen the resilience of essential service systems in the water, wastewater, food and value chains and healthcare sectors to shocks and stressors such as hostilities, the closure of the Gaza Strip and climate change.

The ICRC continued to support the Magen David Adom and the Palestinian Red Crescent and strengthen their coordination mechanisms.

CIVILIANS

Israeli and Palestinian officials are urged to comply with IHL and other applicable norms

The ICRC engaged Israeli and Palestinian authorities and weapon bearers on the need to respect IHL and other international norms applicable to: the conduct of hostilities and the use of force in law enforcement operations; restrictions on the movement of people and goods; the zoning and planning of public infrastructure and the presence of settlements and outposts in the West Bank; settler violence and the destruction of civilian property in the West Bank; and the protection of medical services. It documented allegations of IHL violations and discussed them confidentially with the parties concerned.

At the same time, the ICRC and the Palestinian Red Crescent strove to help communities in the occupied territories to become more resilient to the consequences of the above-mentioned occupation policies and situations of violence. To maximize the effectiveness and sustainability of its activities in Gaza, the ICRC continued to carry out, with a local university, a series of comprehensive studies – of essential services, food production and the economic situation – and incorporated the findings in the design of its activities. Owing to the outbreak of hostilities in August, it had to put on hold activities to strengthen measures of self-protection in one community.

Palestinians have easier and safer access to essential services

In Gaza, the ICRC gave providers of water, electricity and wastewater-treatment services – on which over 1.8 million people depended – support in the form of repairs and maintenance work, fuel for generators, spare parts and staff training. This support helped them become more resilient to shortages of electricity and fuel and other emergencies. Some Gazans also had easier access to electricity after the ICRC made improvements to local power grids through the installation of smart meters, a fuel-control device, circuit breakers, and devices for synchronizing generators' electrical output with that of the power grids. In addition, three primary-health-care centres were given medical equipment and other material assistance, which helped them provide basic care to communities.

In the West Bank, farming households watered their crops through irrigation networks modernized by the ICRC, for example, solar panels were installed to power one of them. In addition, 8,000 people provided one another with psychosocial support at a community centre in Hebron that was renovated by the ICRC.

With the Palestine Red Crescent Society and local authorities, the ICRC worked to mitigate the threats posed by ERW to the safety of people in Gaza and to their access to health care and other services, and to farmland. It helped train first responders to work more safely in ERW-contaminated areas, gave explosive ordnance-disposal teams a vehicle for transporting ERW, and distributed spotlights to Palestinian Red Crescent ambulance teams, to help them avoid ERWs in the dark. Schoolchildren were alerted to the dangers of ERW, through ICRC and Palestinian Red Crescent communication campaigns and briefings at schools. The ICRC also contributed to mapping and marking ERW-contaminated areas.

Palestinian households become more resilient via ICRC livelihood support or emergency aid

A total of 456 breadwinners (supporting 2,631 people) who lost their capacity to pursue livelihoods owing to occupation policies in the West Bank, or because of ERW or hostilities in Gaza received cash, with which they started small businesses or covered their daily needs and avoided chronic indebtedness. Among them were 92 breadwinners in Gaza who earned this money by participating in cash-for-work projects to repair roads damaged in May 2021 and to build a database of businesses that were damaged by hostilities – 16,000 entries were compiled – to facilitate livelihood support in the future.

A total of 3,238 households (nearly 17,800 people) produced food, using ICRC-provided supplies and equipment, or cash to buy these or upgrade their equipment themselves. Among them were farmers who were given supplies which allowed them to maximize their access to land, which was limited by occupation policies in the West Bank and weapon contamination in Gaza. Some farmers were given biodegradable and chemical-free traps to protect their olive and citrus trees from pests in a sustainable manner. Herders in the West Bank and beekeepers in the Golan were also given supplies and equipment, which helped them produce fodder and honey. In the West Bank, the agriculture authorities and the ICRC helped herders to maintain the health and market value of their sheep and goats, by providing free animal vaccination services; more households were reached than planned.

Donations of cash, bedding and household essentials from the Palestinian Red Crescent and the ICRC helped ease living conditions for 734 households (4,359 people) whose homes were damaged by fighting in Gaza in 2021 and 2022, or whose property was destroyed because of occupation policies in the West Bank, including East Jerusalem.

Family members use the Movement's family-links services to reconnect or return home

The ICRC served as a neutral intermediary or provided administrative support to enable people to travel for humanitarian purposes. In this way, several people returned home from the Syrian Arab Republic to Israel or vice versa; an elderly woman returned home to Lebanon; three people with disabilities from the West Bank were reunited with their families in Gaza, and one person from Gaza was reunited with her family in the West Bank. The remains of a Lebanese national were repatriated from Israel. The ICRC delivered documents – including 7,000 attestations of detention, 700 power-of-attorney authorizations and 24 attestations of birth – which helped facilitate people's access to humanitarian, financial, educational and other services. Asylum seekers and other migrants contacted their families using phone cards from the ICRC.

The ICRC followed up missing-persons cases with the pertinent authorities. It was able to resolve 42 cases, and provide information to the families concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC regularly visited people detained by Israeli and Palestinian authorities to monitor their treatment and living conditions, including their access to health care. It paid close attention to the needs of hunger strikers; minors; and people under interrogation, in administrative detention or in prolonged solitary confinement. It shared findings from these visits and recommendations to improve detainees' living conditions and treatment, including respect for judicial guarantees, confidentially with the authorities concerned.

Palestinian families visit their relatives detained in Israel

As most pandemic-related restrictions were gradually lifted the ICRC was able to return to a full resumption of monthly family visits: with ICRC administrative and logistic support, roughly 5,200 Palestinian detainees in Israel were able to spend time with their relatives who travelled from the West

Bank, including East-Jerusalem, and Gaza. The ICRC also continued to remind authorities of their duty to ensure family contact, especially for minors, sick and foreign detainees.

Detainees see improvements in their living conditions

The ICRC engaged Israeli and Palestinian detaining authorities to urge and enable them to bring detainees' treatment and living conditions in line with IHL and internationally recognized standards, and provided expertise on the improvement of penitentiary services in general, through training in dealing with certain challenges specific to the provision of health care in detention – for example, handling hunger strikers in Israel – and training in maintaining infrastructure in Gaza and the West Bank. The ICRC guided penitentiary authorities in the West Bank in taking account of detainees' needs while designing new prisons.

A total of 2,010 detainees, including some who had lost touch with their families, received assistance from the ICRC, including books and other recreational items, hygiene kits and winter clothes. Foreign detainees held in Israel were given cash to buy necessities or phone cards with which to inform relatives of their situation. In Gaza, the detaining authorities were given spare parts and equipment for maintaining prison infrastructure and chlorine for sanitizing the premises.

WOUNDED AND SICK

Wounded people in the Gaza Strip receive life-saving care

The ICRC focused on strengthening emergency medical services and ensuring hospitals' ability to function during hostilities, amid resource constraints and mass influxes of casualties. In particular, providers of emergency medical services were given support to treat casualties: the Palestine Red Crescent Society received funding, training, fuel and spare parts for ambulances; and 50 health workers in from the Gaza Strip and several Israeli health workers from Israel's Gaza Belt area underwent training, in person or online, in emergency response and war surgery.

Twenty-two hospitals in Gaza were able to sustain their operations despite a new round of hostilities and recurrent power cuts, using generators, uninterruptible power sources and generator fuel donated by the ICRC. The ICRC rehabilitated the emergency department at the Shifa hospital.

The ICRC monitored respect for the safe and unimpeded access to health care, and discussed its concerns over specific incidents with the parties concerned.

In Gaza, people with disabilities benefit from rehabilitative care

Some 3,500 persons with disabilities¹ regained mobility through free treatment and assistive devices provided at two ICRC-supported facilities, particularly the ALPC; the most destitute patients had their costs covered by the ICRC. Health authorities were also supported in the drafting of minimum standards for physical rehabilitation and promoting knowledge of these standards in Gaza.

The ALPC was also given support to improve the sustainability of its services. The ALPC director was able to attend a specialized course abroad – which was also an opportunity to connect with potential donors. The ALPC updated its information management system, with funding and guidance from the ICRC.

The ICRC worked with four local organizations to promote the social inclusion of persons with disabilities through a variety of cultural and sports activities, such as a theatre play and wheelchair basketball. The Palestinian wheelchair-basketball team trained with equipment from the ICRC, which also sponsored their participation in a tournament in India (see *New Delhi*), which they won.

Residents and health workers in Gaza receive psychosocial care

Personnel working in or near the Gaza Strip – staff from the ALPC, two hospitals and the health ministry in Gaza, and from one hospital in Israel – were trained to provide psychosocial support for persons with disabilities and suffering from trauma, and for health workers in high-stress environments. Fifteen health workers from the Gaza Strip were sponsored to attend two-year post-graduate courses in the provision of psychosocial support. In Gaza, 356 people received psychosocial care via individual counselling sessions, group therapy or other means.

ACTORS OF INFLUENCE

Israeli and Palestinian weapon bearers and lawmakers integrate IHL more fully in law and practice

The ICRC continued to engage Israeli and Palestinian authorities and weapon bearers on the need to ensure better respect for IHL and other relevant bodies of international law (see *Civilians*). This operational dialogue was supported by a broader engagement on integrating IHL into national legislation as well military doctrine, training and policies.

The ICRC provided basic and advanced trainings in IHL and in international standards on the use of force in law enforcement operations to Israeli and Palestinian security forces and to Palestinian armed groups in Gaza. It also provided expertise to support the implementation of these norms into doctrine, training and operational practice.

The ICRC provided or supported Israeli and Palestinian security officials to attend advanced training on national implementation of IHL. A senior officer in the Palestinian Civil Police was sponsored to participate in a regional workshop on international standards for law enforcement (see *Headquarters – Protection and Essential Services*).

Israeli and Palestinian judicial officials were given guidance in ensuring that judicial guarantees were respected during arrests and detention. The ICRC supported the establishment and training of the Palestinian national IHL committee and sponsored two members of the Committee to attend a regional IHL course (see *Lebanon*). The Palestine Red Crescent Society and the ICRC had discussions with the Palestinian Authority on strengthening the laws protecting the red crescent emblem.

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

Academia and the wider public on ICRC learn more about IHL and humanitarian action

The ICRC continued to engage with universities and religious scholars to promote knowledge about IHL, the ICRC and neutral, independent, and impartial humanitarian action. For example, the ICRC and an association promoting IHL in Israel jointly organized a national IHL competition for law students. Together with a Palestinian university, the ICRC developed a mobile-phone application for teaching IHL, which was the winning idea in a hackathon organized by the ICRC in 2021. Some 800 prayer leaders in the West Bank familiarized themselves with the points of correspondence between Islamic law and IHL via an online training platform created by the Palestinian Endowments and Religious Affairs Ministry and the ICRC. With ICRC sponsorship, several Palestinian scholars attended a regional event on Islamic imperatives for protecting the environment during armed conflict (see *Jordan*).

Informational materials produced by the ICRC – on its humanitarian activities in Israel and the occupied territories – reached the wider public through the delegations' digital platforms in Arabic, English and Hebrew or via regional and international media. The ICRC supported a media campaign and art exhibit highlighting the bleak economic and educational prospects for young people in Gaza. It held information sessions for professional journalists and journalism students, at which it reiterated the importance of accurate coverage of humanitarian issues.

People in Gaza used the ICRC's community contact centre and social-media platforms to enquire about ICRC services and to communicate their views and suggestions on ICRC services.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies are able to work safely and effectively

The ICRC continued to provide support to the Palestine Red Crescent Society and Magen David Adom to respond, in line with the Safer Access Framework, to humanitarian needs arising from hostilities and violent clashes between Israeli security forces and settlers and Palestinians. For instance, it engaged with Israeli and Palestinian weapon bearers on the importance of respecting and facilitating safe passage for ambulances, and gave the Palestinian Red Crescent financial support for upgrading the communications equipment of its emergency medical services, to enable it to better coordinate the activities of its teams in the field. The ICRC also continued to support Magen David Adom and the Palestinian Red Crescent to coordinate their activities and to monitor implementation of the memorandum of understanding between the two National Societies.

Magen David Adom drew on ICRC support to train first-aid instructors: in turn, these instructors gave new volunteers, including those serving remote communities, basic training in first aid. The ICRC advised this National Society in contingency planning for an earthquake scenario, and in drafting guidelines for incorporating international assistance – including from other Movement components – in local medical services during disasters. Magen David Adom deployed Russian-speaking staff and volunteers to support the Movement's response in Ukraine.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		21			
RCMs distributed		14			
Phone calls facilitated between family members		1,320			
Reunifications, transfers and repatriations					
People reunited with their families		1			
People transferred or repatriated		11			
Human remains transferred or repatriated		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		55			
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		42			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		285	12	11	31
<i>including people for whom tracing requests were registered by another delegation</i>		9			
Documents					
People to whom official documents were delivered across borders/front lines		511			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		65			
Detainees in places of detention visited		13,165	74	253	
Visits carried out		558			
			Women	Girls	Boys
Detainees visited and monitored individually		1,837	40	2	87
<i>of whom newly registered</i>		1,268	20	1	88
RCMs and other means of family contact					
RCMs collected		10			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,151			
Detainees visited by their relatives with ICRC/National Society support		5,185			
People to whom a detention attestation was issued		5,897			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	17,799	5,352	7,095
Income support	People	2,631	791	1,049
Living conditions	People	4,359	1,234	1,899
	<i>of whom IDPs</i>	1,557	393	779
Capacity-building	People	26	13	
Water and habitat				
Water and habitat activities	People	1,815,882	762,184	642,880
Primary health care				
Health centres supported	Structures	3		
Average catchment population		83,000		
Mental health and psychosocial support				
People who received mental-health support		155		
People who attended information sessions on mental health		279		
People trained in mental-health care and psychosocial support		51		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	7,666	113	
Water and habitat				
Water and habitat activities	People	2,010	60	
Health care in detention				
Places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	22		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	7		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	202		
	Non-weapon-wound admissions	141,137		
	Operations performed	52,559		
Consultations		1,302,828		
Water and habitat				
Water and habitat activities	Beds (capacity)	2,454		
Physical rehabilitation				
Projects supported		6		
	<i>of which physical rehabilitation centres supported regularly</i>	2		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,710		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	3,497	224	2,373
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	213		
	<i>of whom victims of mines or explosive remnants of war</i>			
	<i>of whom weapon-wounded</i>	248		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	154		
Orthoses delivered	Units	2,200		
Physiotherapy sessions		2,931		
Walking aids delivered	Units	235		
Wheelchairs or postural support devices delivered	Units	218		
Mental health and psychosocial support				
People who received mental-health support		356		
People who attended information sessions on mental health		360		

JORDAN

The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from neighbouring countries, and to vulnerable Jordanians as well. It visits detainees, monitoring their treatment and living conditions, and enables civilians, including refugees, and foreign detainees to restore contact with their family members. With the National Society, it promotes respect for IHL among the authorities, weapon bearers and other relevant actors. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- Families of people missing in relation to the conflict in Syria covered basic expenses, started small businesses and received mental–health and psychosocial support through ICRC efforts.
- Hospital staff and other medical personnel strengthened their capacities in emergency trauma care with training and other assistance from the ICRC.
- Detainees had better access to medical services at several penitentiary health facilities; these facilities bolstered their capacities – under an ongoing pilot project – with supplies, training and expert advice from the ICRC.
- Aided by the ICRC, the national IHL committee organized several workshops and other events aimed at broadening understanding of IHL among the authorities and other influential parties.
- The ICRC ended its support for the University of Jordan’s efforts to secure international accreditation for its programme in prosthetics and orthotics, owing to the university’s internal constraints.

EXPENDITURE IN KCHF

Protection	3,668
Assistance	5,121
Prevention	2,456
Cooperation with National Societies	720
General	3,324
Total	15,288
<i>Of which: Overheads</i>	<i>933</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
---------------------------	------

PERSONNEL

Mobile staff	88
Resident staff (daily workers not included)	252



ICRC delegation ICRC regional logistics centre

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	45
RCMs distributed	84
Phone calls facilitated between family members	7,337
Tracing cases closed positively (subject located or fate established)	43
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	17
Detainees in places of detention visited	12,443
<i>of whom visited and monitored individually</i>	553
Visits carried out	40
Protection of family links	
RCMs collected	162
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	23

ASSISTANCE	2022 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	People	1,000
		1,066
Water and habitat		
Water and habitat activities	People	
		300
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People	
		749
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	2
Physical rehabilitation		
Projects supported	Projects	2
		2

CONTEXT

Jordan continued to deal with the consequences of armed conflict in the region, particularly the conflict in the Syrian Arab Republic (hereafter Syria). About 1.36 million refugees from Syria were reportedly hosted in Jordan; the UNHCR had registered some 760,000 of them. Most migrants lived in host communities, and about 20% of the refugees registered by UNHCR were in camps.

The reopening – exclusively for commercial purposes – of the main border crossing between Jordan and Syria helped Jordan's economy to gradually recover from the effects of the COVID-19 pandemic; however, the rate of unemployment remained high. Prices rose owing to recent supply-chain disruptions and fluctuations in the global market caused by various geopolitical issues, including the ripple effects of the international armed conflict between the Russian Federation and Ukraine. The Jordanian government implemented price-control measures in response.

Communities hosting migrants, including refugees from Syria, continued to have to cope with inadequate basic services such as water and health care. Because of the dearth of livelihood opportunities, both residents and migrants often found it difficult to make ends meet. Some refugee families were forced to return to living in camps because of these difficulties.

Migrants, including refugees and asylum seekers, were also often without the means to get in touch with relatives separated from them by conflict in other countries or detention. Families with relatives missing in relation to the conflict in Syria struggled to cope with the uncertainty over the fate and whereabouts of their relatives, and needed help to meet their financial, psychosocial and other needs.

Socio-economic tensions gave rise to isolated protests, which drew a response from government forces, and sometimes led to casualties and arrests.

ICRC ACTION AND RESULTS

The ICRC and the Jordan National Red Crescent Society worked together to address the consequences, for people in Jordan, of armed conflict in the region. The ICRC continued to carry out its activities in line with COVID-19 safety protocols. Its delegation in Amman remained a key logistical hub for the organization's operations in the Middle East and beyond; it continued to host the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

The ICRC continued to document the protection-related concerns of migrants, including refugees and asylum seekers, living in camps and host communities. It raised these concerns with the Jordanian authorities and reminded them of their obligations under international law and reiterated the necessity of respecting the principle of *non-refoulement* and helping conflict-affected people or facilitating assistance for them.

Families of people missing in relation to the Syrian conflict, including those headed by women, covered their expenses and/or set up small businesses with the ICRC's help: cash

transfers, cash grants and vocational training through an accompaniment programme. They also obtained psychosocial support and were referred by the ICRC to appropriate organizations for assistance of other kinds. The ICRC continued to impress upon the authorities the necessity of addressing these families' needs and preventing disappearances.

Members of families separated by armed conflict, migration or detention reconnected through the Movement's family-links services. Refugees in camps made phone calls to their relatives abroad; they also put in requests to locate missing relatives. At the request of foreign detainees, the ICRC helped notify their consular representatives or pertinent UN agencies of their detention.

The ICRC maintained its efforts to bolster capacities in emergency and trauma care among health-care providers in Jordan. It trained first responders, health staff and others, and provided other forms of support to this end. Physically disabled people obtained rehabilitative services at an ICRC-supported hospital. The ICRC provided the University of Jordan with material support for instruction in orthotics. The ICRC ended its support for the university's efforts to secure international accreditation for its prosthetics and orthotics programme, owing to their internal constraints.

The authorities strove to improve detainees' access to good-quality health care, with the ICRC providing them with training, expert advice, and medical supplies and other material assistance. Under an ICRC-supported pilot project, detainees at three prisons benefited from improvements to health services.

The ICRC continued to promote IHL among the authorities and key figures and organizations in Jordan and the wider region. It gave the national IHL committee support for organizing events on IHL for government officials and other influential parties. ICRC workshops and expertise helped the armed forces integrate IHL more fully into their doctrine, training and operations. Members of civil society, including academics and journalists, learnt more about IHL and the Movement through National Society and ICRC events and public-communication initiatives.

CIVILIANS

The ICRC monitored the protection-related concerns of people who had fled the armed conflict in Syria, and those of other migrants, including asylum seekers and refugees. Where appropriate, and in cooperation with the UNHCR and other humanitarian actors, it raised these concerns with Jordanian authorities. It reminded the authorities of their obligations under international law and reiterated the necessity of respecting the principle of *non-refoulement* and the right of conflict-affected people to obtain appropriate assistance and their right to freedom of movement.

Security forces personnel continued to broaden their understanding of IHL and other norms, and international policing standards, and the applicability of these norms and standards to their work, through ICRC training sessions and other events (see *Actors of influence*).

Migrants restore contact with their families

The ICRC, together with the Jordan National Red Crescent Society, continued to enable members of families separated by armed conflict, migration or detention to make use of its family-links services to reconnect. It sought to expand its outreach among refugees by conducting information sessions to tell them about the services available to them; these sessions were held in host communities and camps, including at a community centre, set up by the ICRC in al-Zaatari, where hundreds of refugees were also helped to access the Movement's family-links services and share their other concerns.

Refugees in camps made roughly 7,300 phone calls to inform relatives in other countries of their situation; they also lodged requests to locate family members, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC staff to relatives detained in Iraq, Syria and other countries. With the ICRC's help, some migrants informed the UNHCR or their consular representatives of their situation. It continued to work with the UNHCR and/or the pertinent embassies to help vulnerable people, including unaccompanied minors, to negotiate resettlement procedures or rejoin their families in other countries.

The ICRC continued to provide the National Society with material, technical and financial support to strengthen its capacities in restoring family links. National Society staff also bolstered their capacities to sustain their services during emergencies and conduct these activities safely. They did this through ICRC training sessions, which were organized sometimes with other Movement components (see also *Red Cross and Red Crescent Movement*).

Missing people's families start income-earning activities

The ICRC strove to intensify its dialogue with the authorities in order to draw their attention to the needs of families with relatives missing in relation to armed conflict, migration and other circumstances and to emphasize the necessity of ascertaining the fate of missing people and preventing disappearances. The authorities and other influential parties strengthened their grasp of these matters through workshops and other ICRC events. With the ICRC's help, several forensic and other experts in Jordan attended conferences organized by the ICRC as part of an initiative to establish professional standards for all activities concerning missing people and their families.

The ICRC sustained its efforts to help missing people's families – particularly those with relatives missing in relation to the conflict in Syria – meet their needs and build their self-sufficiency; it continued to work with the National Society in this regard. Under an ongoing accompaniment programme, families were given financial support to pursue livelihoods or otherwise augment their income; a total of 1,066 people benefited. Several of the families started income-earning activities and/or covered some of their household expenses with cash grants from the ICRC. Breadwinners acquired vocational and basic business skills at training sessions that they attended with ICRC assistance. Some of the most financially vulnerable families were also given cash to cover medical

and other emergency expenses (e.g. rent to avoid eviction, transport to health facilities), or to prepare for winter.

Families of missing people were visited by the ICRC or ICRC-supported local partners, including National Society staff. The purpose of these visits was to monitor the families' health and other needs, and, when necessary, to refer them to health facilities or other organizations for additional support. Support-group sessions, organized or backed by the ICRC, enabled the families to find some relief from the distress caused by not knowing what had become of their missing relatives.

The ICRC evaluates the sustainability of water infrastructure

The ICRC monitored water-infrastructure projects that it had completed in the previous years, with a view to using the findings in similar projects elsewhere. The ICRC worked with water authorities during these assessments and sought to carry out repairs and improvements at the sites of previously implemented projects, to ensure the sustainability of these infrastructure.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC was able to visit, in accordance with its standard procedures, 17 places of detention, including correctional and rehabilitation centres and facilities run by the General Intelligence Department, that were collectively holding more than 12,400 detainees. It continued to seek access to all detainees within its purview.

During its detention visits, the ICRC paid close attention to the situation of security detainees, foreigners and others particularly at risk. It communicated its findings and recommendations confidentially to the pertinent authorities and drew their attention to certain matters – respecting judicial guarantees and the principle of *non-refoulement*, preventing overcrowding and ensuring that detainees' living conditions met internationally recognized standards – and, whenever possible, it gave them expert advice for addressing them. Where appropriate, the ICRC referred detainees to other organizations for legal assistance.

Detainees contacted their relatives through the Movement's family-links services. The ICRC arranged family visits for six detainees, and made 23 phone calls to inform families of the whereabouts of a detained relative.

Authorities work to improve detainees' access to health care

Penitentiary authorities and health staff discussed improving health services in detention facilities by refining standard procedures, or through other means, with the ICRC's input. Officials from the interior and health ministries, with support from the ICRC, also participated in an international conference on health care in detention held in Switzerland (see *Headquarters – Protection and Essential Services*). The authorities continued to draw on the ICRC's support as they implemented measures against COVID-19.

Several health facilities at places of detention sustained their services using medical supplies and equipment from the ICRC.

At ICRC-organized workshops, health staff and penitentiary personnel developed their ability to provide health care in prisons, diagnose and treat both communicable and non-communicable diseases, and manage their stocks of medical supplies. Detainees in need of physical rehabilitation or advanced care were evaluated, monitored and/or referred to ICRC-supported health facilities.

The ICRC maintained its support for a pilot project, carried out with the interior and health ministries, to improve health care at three prisons, with a view to replicating the improvements at other places of detention. The ICRC provided medical equipment, furniture and regular supplies of medicine and other medical items to expand or at least maintain capacities at these facilities. It made its expertise – in developing national protocols to prepare for outbreaks of cholera; medical management of detainees on hunger strike; and screening for TB in places of detention – available to penitentiary authorities. ICRC training also helped health staff to develop their capacities in basic medical care (see above) and in managing detainees' medical records. Whenever possible, the ICRC sought to support the authorities' efforts in devising programmes for improving the management of penitentiary personnel.

WOUNDED AND SICK

At workshops led by trainers from the Jordan National Red Crescent Society and the Civil Defence Directorate, and organized by the ICRC, police officers and *gendarmes* learnt how to provide first aid effectively; this helped bolster their preparedness for large-scale emergencies.

Health-care providers reinforce their emergency services

The ICRC continued to work with the health ministry and civil-defence authorities to make health-care providers more capable of providing emergency and trauma care, and of ensuring the continuity of these services even in the event of an influx of patients needing critical care. Health staff from the civil-defence personnel developed their capacities at courses in basic emergency care organized by the National Society, the health ministry and the ICRC.

Under the Health Care in Danger initiative, the ICRC – sometimes with the help of Movement partners – organized meetings, and training and information sessions, for hospital administrators and health professionals on the rights and duties of health workers and on measures for self-protection.

The ICRC provided medical staff at a lone health facility located in the south of Amman with ad hoc donations of medical supplies and equipment for stabilizing trauma patients – victims of communal violence or road accidents – before transferring them to other hospitals. The ICRC did not support any hospitals, as initially planned, as there were no emergencies that necessitated such support.

People with disabilities receive rehabilitative care

A total of 91 physically disabled people,¹ including detainees, obtained rehabilitative services at the Al-Bashir hospital in

Amman, which enhanced its services with ICRC-donated components and other supplies and by drawing on the ICRC's expertise. Several people, including members of missing people's families, who had initially been referred to the Al-Bashir hospital for rehabilitative care were redirected to other health facilities or organizations capable of providing them with more specific and suitable assistance, based on the assessed needs of the patients.

The ICRC provided material support (e.g. textbooks, teaching aids) for the University of Jordan's prosthetics and orthotics programme. It ended its support for the university's efforts to secure accreditation by the International Society for Prosthetics and Orthotics, owing to the university's internal constraints. At the same time, the ICRC shifted its focus to advancing the social inclusion of displaced people and worked with the UNHCR to develop social-inclusion projects.

ACTORS OF INFLUENCE

The ICRC strove to broaden awareness of and support for its work, and that of the Movement, during its interaction with local leaders, government officials, academics and members of civil society, and through its public-communication efforts. It kept the public informed of its activities and events with the media's help. It also engaged with think tanks, diplomats, and humanitarian actors and sought to help them understand the plight of missing people's families more fully. The ICRC did this through information sessions and through events to mark the International Day of the Disappeared.

The national IHL committee continued to receive ICRC support for its efforts to advance IHL implementation in Jordan. The committee organized, with the ICRC's help, a series of seminars and other IHL-related events for IHL experts, judges, academics and other influential parties. Students demonstrated their grasp of IHL in an essay contest organized by the ICRC.

Volunteers from the Jordan National Red Crescent Society strengthened their capacity to promote IHL, and the Movement's activities, through training sessions organized or supported by the ICRC.

Military officers strengthen their grasp of IHL and other applicable norms

The ICRC continued to support the armed forces' efforts to integrate IHL more fully into their training, doctrine and operations. Armed forces and security forces personnel furthered their understanding of IHL and of the Movement at ICRC dissemination sessions and briefings; attendees at these briefings included officers bound for peacekeeping missions in other countries. Several training officers from the military and security forces attended ICRC train-the-trainer courses in IHL and other pertinent laws and standards.

The police and the *gendarmerie* kept up their efforts to integrate international standards for law enforcement into their operations, and enhanced their emergency preparedness (see also *Wounded and sick*) through ICRC training and workshops.

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

RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society reinforced its partnership with the ICRC, and sustained its efforts, to help refugees and vulnerable Jordanians meet their needs. With financial, material and/or technical support from the ICRC and other Movement components, the National Society pursued efforts to develop its operational and organizational capacities and train its staff and volunteers to bolster their capacities in first aid, restoring family links, carrying out livelihood-support programmes for missing people's families, and fostering acceptance for the Movement.

The ICRC continued to assist the National Society to incorporate the Safer Access Framework in its activities and ensure that its staff and volunteers can work in safety. It helped organize workshops that were attended by staff from several National Society branches.

Movement components met regularly to discuss and coordinate their activities in Jordan.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		45			
RCMs distributed		84			
Phone calls facilitated between family members		7,337			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		211	4	2	6
Tracing cases closed positively (subject located or fate established)		43			
Tracing cases still being handled at the end of the reporting period (people)		3,099	82	34	142
Documents					
People to whom travel documents were issued		1			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		17			
Detainees in places of detention visited		12,443	744	114	
Visits carried out		40			
RCMs and other means of family contact					
RCMs collected		162			
RCMs distributed		28			
Phone calls made to families to inform them of the whereabouts of a detained relative		23			
Detainees visited by their relatives with ICRC/National Society support		6			
People to whom a detention attestation was issued		6			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	1,066	308	461
Water and habitat				
Water and habitat activities	People	300	120	120
Mental health and psychosocial support				
People who received mental-health support		70		
People who attended information sessions on mental health		70		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	749	600	
Health care in detention				
Places of detention visited by health staff	Structures	14		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		2		
<i>of which physical rehabilitation centres supported regularly</i>		1		
People who benefited from ICRC-supported projects	Aggregated monthly data	91		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		91	7	10
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	90		
Orthoses delivered	Units	4		
Wheelchairs or postural support devices delivered	Units	2		

KUWAIT (regional)

COVERING: Member states of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates

The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

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

EXPENDITURE IN KCHF	
Protection	2,242
Assistance	544
Prevention	4,603
Cooperation with National Societies	1,299
General	1,047
Total	9,734
<i>Of which: Overheads</i>	<i>594</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	92%

PERSONNEL	
Mobile staff	18
Resident staff (daily workers not included)	61

PROTECTION		Total
CIVILIANS		
Protection of family links		
RCMs collected		101
RCMs distributed		247
Phone calls facilitated between family members		98
Tracing cases closed positively (subject located or fate established)		8
PEOPLE DEPRIVED OF THEIR FREEDOM		
ICRC visits		
Places of detention visited		4
Detainees in places of detention visited		7,426
<i>of whom visited and monitored individually</i>		468
Visits carried out		8
Protection of family links		
RCMs collected		313
RCMs distributed		3
Phone calls made to families to inform them of the whereabouts of a detained relative		1

CONTEXT

The member states of the Gulf Cooperation Council (GCC) exercised influence in matters related to armed conflict and humanitarian action in the Middle East and elsewhere. GCC governments and regional organizations – and local charities and other organizations in the countries covered – conducted or supported humanitarian activities in the wider region.

A number of GCC countries had a significant military role in conflicts in the wider region. Bahrain and the United Arab Emirates (hereafter UAE) were still linked to the international military coalition led by Saudi Arabia in Yemen (see *Yemen*).

There remained a significant number of migrants in GCC member states; they included people seeking work and people who had fled conflict-affected countries. More migrants from the Horn of Africa passed through Saudi Arabia than in the previous year. Many civilians who fled the situation in Afghanistan (see *Afghanistan*) also passed through GCC countries on their way to other destinations.

The Tripartite Commission – set up by Kuwait, Iraq and former coalition states – and its Technical Sub-Committee continued to lead efforts to ascertain the fate of people missing in connection with the 1990–1991 Gulf War.

ICRC ACTION AND RESULTS

Influential actors in the region learn more about the ICRC's work and IHL

The ICRC anchored itself as a key source of reference for IHL and humanitarian policy in GCC countries; its mission in the UAE was upgraded to a delegation. The ICRC's participation in regional events, such as the Dubai International Humanitarian Aid and Development Conference and Exhibition, enabled it to bolster its humanitarian diplomacy and discuss issues of common interest with influential actors. The ICRC also carried out public-communication efforts and organized various events to broaden support for its work and IHL, and advance understanding of them, and draw attention to issues of humanitarian concern, among a wide variety of audiences. For example, people pursuing master's degrees in humanitarian action and development learnt more about IHL at an ICRC course in the UAE; students tested their grasp of IHL at a regional moot court competition in Oman; and diplomats from the Arab world attended an IHL training course held in the UAE. The ICRC offered national IHL committees, the authorities and others technical and other assistance for acceding to or implementing IHL and IHL-related treaties. In Kuwait and Saudi Arabia, IHL-related laws that the ICRC had helped to draft remained under review by the pertinent authorities. The ICRC organized IHL workshops, jointly with the national IHL committees, in Oman and Qatar.

The ICRC discussed matters related to the conduct of hostilities and the protection of people with members of the international military coalition led by Saudi Arabia in Yemen, with a view to promoting compliance with IHL and advancing its integration in their training and operations. It assisted efforts to integrate IHL provisions into military training and operations in the countries covered. For instance, in Kuwait, 15 military officers of varying ranks learnt more about IHL and the rules of engagement during training organized by the ICRC and the Military Justice Authority. In Saudi Arabia, the ICRC and the Child Protection Unit of the Joint Forces Command of the military coalition trained coalition personnel, from Saudi Arabia and other countries, in integrating IHL into military decision-making and other related areas. The ICRC also sought, through meetings and other means, to raise awareness – among diplomats and other influential actors in Qatar, Saudi Arabia and the UAE – of the legal and policy aspects of support relationships in connection with armed conflict.

In Saudi Arabia and other GCC countries, the ICRC discussed humanitarian issues related to migrants – including migrants from Afghanistan – and/or the issues confronting them, with the pertinent authorities and humanitarian organizations. It made a presentation on preventing disappearances among migrants and related topics during a virtual workshop on humanitarian border management organized by the IOM and attended by around 80 Saudi border guards. Officers in charge of border control in Oman learnt how to help migrants maintain contact with their relatives, and how to provide other basic services, through ICRC training.

Members of separated families reconnect and efforts to resolve missing-persons cases continue

Members of families separated by conflict, detention, migration or other circumstances stayed in touch through family-links services provided by GCC National Societies and the ICRC. People resettled in the region after being released from the US detention facility at the Guantanamo Bay Naval Station in Cuba were also provided these services; some of them received food parcels sent by their families through the ICRC. GCC National Societies strengthened their capacities in restoring family links with ICRC support, which included training courses and guidance in drafting standard procedures in this regard.

The ICRC provided technical and/or other assistance to mechanisms for ascertaining the fate of people missing in connection with the 1990–1991 Gulf War and supporting their families. It made recommendations to members of the Tripartite Commission for developing the technical capacities necessary to resolve missing-persons cases. Working within the framework of the Tripartite Commission, the ICRC served as a neutral intermediary at the handover of unidentified human remains from Kuwait to Iraq. In Kuwait, plans to organize a workshop for experts and others working on the issue of missing people – under an ICRC institutional project to establish professional standards for addressing the issue of missing people – were not realized, owing to the postponement of another event to which it was tied into, namely the Arab League Meeting for national IHL committees. However, the ICRC discussed the issue of missing people with representatives of government ministries and other high-level actors in Kuwait.

The ICRC pursued efforts to develop forensic capacities, and standards and working procedures for forensic work, in the region, with a view to ensuring that human remains were recovered, documented and managed respectfully, and in line with internationally accepted standards for data protection. For instance, it organized a round table in Kuwait, at which forensic professionals and academic scholars from GCC countries discussed the development of regional capacities in forensics and of regional expertise in identifying missing people and victims of disasters.

In Oman, around 30 officials from the defence ministry, the national centre for emergency management and other bodies learnt more about managing or mitigating chemical, biological, radiological and nuclear risks at a workshop organized by the ICRC with the Civil Defence and Ambulance Authority.

Detainees held in connection with the conflict in Yemen are visited

The ICRC visited people being held at four places of detention (two in Bahrain, one in Kuwait and one in Saudi Arabia), to check on their living conditions and treatment. These included detainees in Saudi Arabia that were held in connection with the conflict in Yemen. Findings and recommendations were communicated confidentially to the authorities concerned. The ICRC also discussed various other subjects with these authorities and/or gave them pertinent advice. These subjects included prison infrastructure; measures to reduce overcrowding in prisons; schooling for detained minors and/or family-links services for foreign detainees. The ICRC pursued dialogue with the pertinent parties in Saudi Arabia, with a view to making its humanitarian services available to more detainees within its purview, particularly people detained in connection with the conflict in Yemen. At the request of the Saudi Arabia-led coalition, the ICRC assisted in the repatriation of Yemeni and other detainees held in Saudi Arabia to their home countries, as part of its role as a neutral intermediary. It interviewed the detainees and conducted medical screening before it accompanied them on their return.

The ICRC supported penitentiary and health authorities in the region to improve – in consonance with medical ethics – health care and/or health-system governance in prisons. In Kuwait, the ICRC assessed the need for mental-health and psychosocial support among detainees and made recommendations to the authorities for broadening the availability of the care necessary, including treatment for addiction to controlled substances. In Bahrain, it discussed with the authorities practical recommendations and standards for strengthening mental-health support in the penitentiary system. Ten prison staff and others from Bahrain, Kuwait and Saudi Arabia – some of them with financial assistance from the ICRC – attended a conference on prison health held in Switzerland (See *Headquarters – Protection and Essential Services*).

The ICRC strengthened its partnership with GCC National Societies, with a view to ensuring an effective humanitarian response within the region and elsewhere. It maintained a logistics base in Oman to support its activities for conflict-affected people in Yemen.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		101			
RCMs distributed		247			
Phone calls facilitated between family members		98			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		7	1		
<i>including people for whom tracing requests were registered by another delegation</i>		5			
Tracing cases closed positively (subject located or fate established)		8			
<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)		1,549	11	3	43
<i>including people for whom tracing requests were registered by another delegation</i>		1,364			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		21			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		4			
Detainees in places of detention visited		7,426		83	
Visits carried out		8			
			Women	Girls	Boys
Detainees visited and monitored individually		468			4
<i>of whom newly registered</i>		422			4
RCMs and other means of family contact					
RCMs collected		313			
RCMs distributed		3			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees released and transferred/repatriated by/via the ICRC		126			
People to whom a detention attestation was issued		991			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM			Total		
Health care in detention					
Places of detention visited by health staff		Structures	4		

LEBANON

The ICRC has been present in Lebanon since the 1967 Arab–Israeli war. With the Lebanese Red Cross, it works to protect and assist people who had fled the armed conflict in the Syrian Arab Republic, Palestinian refugees in camps and others affected by violence. It facilitates access to water and provides medical care and other relief to wounded and sick refugees and residents. It visits detainees; offers family-links services, notably to foreign detainees and refugees; and works with those concerned to address the plight of the families of the missing. It promotes IHL compliance across Lebanon.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- The ICRC and the authorities discussed the safety-related concerns of violence-affected people in Lebanon, notably the necessity of respecting the principle of *non-refoulement* with regard to refugees from Syria.
- Hospitals across the country – including the two largest public hospitals – expanded their capacity to treat refugees and vulnerable residents thanks to comprehensive support from the ICRC, the authorities and other partners.
- Vulnerable communities reduced their risk of contracting cholera following ICRC improvements to water systems and donations of disinfectants and hygiene kits. Movement components coordinated their response to the outbreak.
- Utility providers worked more effectively with donations of fuel and generators, and repairs to critical facilities, carried out by the ICRC. Refugees and residents became more self-sufficient with income support from the ICRC.
- Families of people who went missing during the conflict in Syria obtained psychosocial care with the ICRC's help. The national commission for resolving missing-persons cases were given expert advice and material support.
- The deterioration of the economy, and the cholera outbreak in October, delayed the implementation of some infrastructural projects and led to resources being reallocated to more urgently needed activities.

EXPENDITURE IN KCHF

Protection	7,958
Assistance	30,584
Prevention	2,478
Cooperation with National Societies	3,180
General	445
Total	44,645
<i>Of which: Overheads</i>	<i>2,725</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
---------------------------	-----

PERSONNEL

Mobile staff	58
Resident staff (daily workers not included)	268



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	33
RCMs distributed	80
Tracing cases closed positively (subject located or fate established)	60
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	6,629
<i>of whom visited and monitored individually</i>	478
Visits carried out	70
Protection of family links	
RCMs collected	81
RCMs distributed	26
Phone calls made to families to inform them of the whereabouts of a detained relative	16

ASSISTANCE	2022 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food consumption	People	25,000	720
Income support	People	22,950	35,805
Living conditions	People	25,000	14,925
Water and habitat			
Water and habitat activities	People	547,902	759,683
Health			
Health centres supported	Structures	11	12
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		9,278
Water and habitat			
Water and habitat activities	People	1,700	7,990
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	29	27
Physical rehabilitation			
Projects supported	Projects	11	7
Water and habitat			
Water and habitat activities	Beds (capacity)	798	877

CONTEXT

The socio-economic situation in Lebanon continued to worsen, which affected efforts to deal with existing issues of humanitarian concern. The country continued to grapple with the consequences of the armed conflict in the Syrian Arab Republic (hereafter Syria). An estimated 1.5 million Syrians remained in host communities or informal settlements throughout the country. Syrians suspected of affiliation with armed groups, or of having entered Lebanon via unofficial crossings, were at risk of arrest, detention and deportation. Around 200,000 Palestinian refugees continued to live in 12 overcrowded camps. At the largest camp – Ein el-Helwe, near the city of Saida – armed factions clashed periodically.

The progressive depreciation of the Lebanese pound and the high cost of importing goods, exacerbated by the international armed conflict between the Russian Federation and Ukraine, limited the availability of government-subsidized bread, fuel and other basic commodities. Competition over scarce resources, compounded by the impact of the COVID-19 pandemic, raised tensions between refugee and host communities.

Failing electrical grids, combined with fuel shortages, led to countrywide blackouts. Protests took place frequently, over the dire economic situation, and over political issues. The delivery of essential services – health care and utilities – was severely disrupted. Damaged and poorly maintained water and sanitation facilities put people at greater risk of water-borne diseases. In October, an outbreak of cholera in Syria quickly spread to Lebanon.

Refugees and destitute residents attempted dangerous journeys by sea to Europe or overland journeys to neighbouring countries; weapon-contaminated areas along migration routes were an additional threat to their safety.

Security operations along borders, during demonstrations and in informal settlements and refugee camps led to arrests and detention, and to casualties.

Numerous missing-persons cases linked to past conflicts remained unresolved.

ICRC ACTION AND RESULTS

The ICRC assisted people who had fled Syria for Lebanon, Palestinian refugees and destitute Lebanese residents. It discussed the safety-related concerns of refugees and destitute residents with the authorities and weapon bearers, and explained to them the necessity of respecting the principle of *non-refoulement*, complying with the rules governing military and maritime-security operations, and facilitating access to medical services.

An outbreak of cholera in Syria quickly spread to Lebanon in October. The ICRC, together with the Lebanese Red Cross and other Movement partners, moved systematically to adapt its activities to mitigate the spread and the consequences of the disease. It provided water authorities with material and infrastructural support to help them deliver safe water to affected

communities. It also contributed to National Society aid distributions in the communities by donating water-treatment tablets, hygiene kits and other supplies, and by helping to fund the purchase of disinfection materials. It implemented measures to prevent infections and facilitated cholera vaccination campaigns at places of detention, in coordination with detaining and health authorities, and with the National Society's support.

By repairing or renovating essential infrastructure, the ICRC made water and other utilities more accessible to Syrians, Palestinian refugees and Lebanese host communities; this also helped to ease some of the tensions among these groups. These infrastructural interventions, along with the cholera response, benefited more people than planned.

Income-support projects enabled refugees and destitute residents to cover their living expenses and work towards self-sufficiency. Refugees at border communities received food and shelter supplies from the ICRC.

The ICRC continued to implement a multidisciplinary approach to make health facilities in the country more resilient to the effects of conflict and socio-economic crises. It carried out – in partnership with other actors – multi-year projects to expand capacities at the two biggest public hospitals in Lebanon, the Rafik Hariri University Hospital (RHUH) in Beirut and the Tripoli Governmental Hospital, which are the main referral hospitals for COVID-19 and cholera cases, respectively. It provided them with medical supplies and equipment, expert guidance, financial support, and staff training. Donations of medical supplies and equipment, and smaller-scale infrastructural projects to improve security for patients, were carried out at other ICRC-supported hospitals. ICRC-supported primary-health-care clinics provided preventive, curative and psychosocial care. People with physical disabilities received assistive devices and physiotherapy at ICRC-supported centres. The ICRC endeavoured to advance their social inclusion by organizing or supporting sporting events and various other activities for them. Emergency responders and members of armed groups were given first-aid training and medical supplies.

The ICRC continued to publicize the plight of missing people's families and urge the authorities and others to respond to their needs. It gave a national commission guidance in ascertaining the fate of people missing in connection with past or ongoing conflicts in Lebanon. Families of people missing in connection with the conflict in Syria obtained psychosocial care, with the ICRC's help.

The ICRC visited, in accordance with its standard procedures, detainees held by the Lebanese Armed Forces (LAF), the Internal Security Forces (ISF) and the General Directorate of General Security (GSO). It communicated its findings and recommendations confidentially to the authorities and provided material and other support for detention facilities, with a view to improving detainees' living conditions.

Media coverage and the ICRC's public-communication initiatives helped broaden awareness, in Lebanon and throughout the region, of humanitarian issues and the ICRC's work.

The National Society expanded its emergency response capacities with the ICRC's support. Movement components coordinated their activities to ensure coherent humanitarian action in Lebanon.

CIVILIANS

The ICRC strove to meet the humanitarian needs of people from Syria, Palestinian refugees and destitute residents. It did so in partnership with the Lebanese Red Cross, the Lebanon branch of the Palestine Red Crescent Society, the International Federation and other Movement components, and in coordination with the authorities and the UNHCR, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) and other organizations.

Authorities and weapon bearers work to protect refugees and other violence-affected people

The ICRC continued to monitor the situation of Syrians, Palestinian refugees and other violence-affected people in Lebanon. It documented their concerns and brought them up with the pertinent authorities and weapon bearers (see also *Syrian Arab Republic*). In its representations to the parties concerned, the ICRC drew particular attention to the proportionate use of force during security operations, particularly in camps and along migration routes; the necessity of facilitating access to medical services; and respecting the principle of *non-refoulement*, notably in connection with refugees from Syria.

The ICRC conducted information sessions and dialogue on the protection of medical services for and with health ministry officials, medical workers and weapon bearers. After a series of discussions facilitated by the ICRC, ten groups in Ein el-Helwe signed a declaration to abide by humanitarian principles that emphasized their commitment to respecting civilians and civilian property and regulating the use of force during armed confrontations.

Round tables, workshops and other events enabled the ICRC and weapon bearers, such as the ISF, the LAF and UN peace-keeping troops, to discuss issues of common concern (see *Actors of influence*).

Authorities endeavour to ascertain the fate of people who went missing during armed conflict

The ICRC gave the national commission for resolving missing-persons cases support for implementing a domestic law concerning missing people. As per a tripartite agreement with the commission and a local NGO, the ICRC provided financial assistance, IT equipment and office furniture to facilitate the commission's day-to-day activities. Guided by the ICRC, the commission drafted its internal regulations, standard procedures for data management, and strategic plan.

Members of the commission learnt more about best practices in searching for missing people by participating in ICRC events in other countries; for instance, they exchanged information with the national missing-persons search unit, judicial authorities, missing people's families and others in Bogotá (see *Colombia*). The ICRC continued to collect pre-disappearance data on missing people from their families; the data will be preserved, and used in an identification process that the national commission will undertake with the ICRC's support.

Missing people's families address their needs and members of dispersed families reconnect

Missing people's families, authorities, NGOs and others stayed in touch and were kept abreast of the developments in the search for missing persons by means of an online platform developed in 2021 by the ICRC and the Swiss embassy in Beirut. NGOs and the public learnt more about the plight of missing people's families during meetings with the ICRC, from the ICRC's social-media posts, and through events – organized with ICRC support – to help families commemorate their missing relatives. The ICRC worked with a local NGO to keep families informed of developments in implementation of the law to ascertain the fate of their missing relatives.

The ICRC expanded its accompaniment programme for people with relatives who had gone missing in Syria. The ICRC launched the programme in September 2020 to provide comprehensive support directly or through other organizations. Syrian families in Aarsal, Tripoli, Tyr and Zahle received financial, administrative or psychosocial support. Volunteers were trained to provide psychological assistance and referrals, when necessary, to other local service providers.

Members of families dispersed by conflict, detention or other circumstances reconnected through the Movement's family-links services. Together with the Lebanese Red Cross, the ICRC conducted information sessions on the Movement's family-links services. Requests to locate people missing, or alleged to have been arrested, in Syria were forwarded to the ICRC's delegation in Syria, which followed them up with the pertinent authorities (see *Syrian Arab Republic*). Owing to the progressive deterioration of the socio-economic situation in Lebanon, the ICRC faced difficulties in locating enquirers no longer in Lebanon, partly because of onward migration. The ICRC worked with UNRWA to re-establish contact with these enquirers.

To help ascertain the fate of missing migrants, the ICRC sought information from their families and referred the cases to the relevant parties in Lebanon, Syria and elsewhere in the region. Travel documents issued by the ICRC enabled several Syrian families to resettle in other countries and/or reunite with their relatives. The ICRC helped facilitate the repatriation of an individual from Lebanon to Israel, and a set of human remains from Lebanon to Yemen. It also helped in the repatriation of a Lebanese citizen and a set of human remains from Israel (see *Israel and the Occupied Territories*).

Local forensic capacities are strengthened

The ICRC emphasized to the relevant authorities that in order to ensure that human remains were managed and identified properly, it was vital to review frameworks, policies and procedures in the medico-legal system. It provided personal protective equipment (PPE) and/or training in managing human remains for first responders, forensic professionals, mortuary personnel and others. It donated body bags to emergency responders after a boat carrying migrants capsized in the waters off Tripoli. Public hospitals received material and infrastructural support to manage human remains (see *Wounded and sick*).

The ICRC provided the ISF with IT and laboratory equipment, conducted workshops for its forensic staff on DNA identification and similar processes, and completed the renovation of its laboratory. With such support from the ICRC, the ISF laboratory stored DNA samples from missing people's relatives, as part of the national commission's remit (see above), and processed forensic evidence for judicial hearings.

Refugees and residents work towards self-sufficiency

Together with National Societies, including the Lebanese Red Cross, and other humanitarian organizations, the ICRC strove to lessen the financial vulnerability of victims of violence, missing people's families, people with disabilities, and refugees and residents not being assisted by other organizations.

Food parcels were given to 144 households (720 people) in a border community whose access to markets had been narrowed by periodically imposed security-related movement restrictions. The food parcels were part of the ICRC's contingency supplies meant for 25,000 people; however, fewer people than planned benefited from food distributions because no major emergency necessitated this type of response. A total of 1,425 people (285 households), including Syrians and Palestinian refugees from Syria, were given blankets, mattresses, shelter materials and hygiene kits. An additional 13,500 people (2,700 households) in Akkar, Bekaa and South governorates received hygiene kits as part of the Movement's multidisciplinary response to the cholera outbreak in those communities.

Refugees and destitute residents built their self-sufficiency through income-support projects carried out by the ICRC, some of them with NGOs and/or with the Lebanese Red Cross and other Movement partners. The ICRC provided cash grants and other support to 3,351 households (16,755 people): missing people's families, pregnant and lactating women and others at risk received a monthly allowance to partially cover their expenses for food, rent or medical treatment. A total of 3,773 breadwinners (supporting 19,050 people) were given in-kind or cash assistance, and training, for fishing, farming or growing fodder, or for starting or sustaining small businesses; some breadwinners in Aarsal attended vocational training and were referred for apprenticeships with potential employers. Shops selling essential items (e.g. bakeries, groceries) in Palestinian camps received financial and/or material support from the ICRC.

Communities have better access to safe water and functioning public infrastructure

More people than planned benefited from the ICRC's water-and-habitat activities after it invigorated its efforts to check the spread of cholera in communities, detention facilities and hospitals (see also *People deprived of their freedom* and *Wounded and sick*). Safe water was more readily available to some 511,000 refugees and residents in densely populated areas after the ICRC gave water authorities consumables and spare parts for their chlorination systems, and donated fuel and generators for pumping stations. It also provided financial and material support (e.g. water-treatment tablets, jerrycans) for National Society aid distributions in the communities affected. These activities helped reduce people's risk of contracting cholera.

Refugees and residents benefited from better access to water following ICRC infrastructural projects in violence-prone areas, informal settlements and other underserved communities, where competition over water and other essential resources was a source of tensions. The ICRC set up solar panels to power pumping stations, and repaired shelters and other essential infrastructure, benefiting 248,000 people in Palestinian camps and in communities hosting Syrian refugees. It donated vehicles and PPE for firefighters in municipalities. Plans to help service providers draw up maintenance and contingency measures were postponed because of administrative constraints.

Violence-affected people have access to health care and psychosocial support

Refugees and residents obtained preventive and curative care at 12 clinics, including a mobile clinic run by the National Society, that received regular ICRC support: medicine, PPE, medical supplies, training and salary incentives for staff, and/or infrastructural upgrades. These facilities provided 201,500 consultations, administered 9,314 doses of polio vaccine to children, and made 93 referrals for specialized treatment. At five of these clinics, the ICRC covered the medical expenses of pregnant women and/or people with non-communicable diseases. It conducted information sessions on COVID-19 at some health facilities; it also donated solar-powered cold-chain equipment for storing vaccines.

Some 970 people – including victims/survivors of sexual violence, missing people's families and people with disabilities – obtained psychosocial support during counselling sessions with ICRC or ICRC-trained staff. Approximately 450 people learnt more about the mental-health needs of conflict-affected people, and 12 health and social workers received training in psychological counselling and psychosocial support.

The ICRC monitored incidents related to weapon contamination, in coordination with the Lebanon Mine Action Centre (LMAC), and discussed issues surrounding mines and explosive remnants of war (ERW) with the pertinent authorities. LMAC personnel and first responders in Ein el-Helwe and other weapon-contaminated areas learnt more about trauma care and safe practices around mines/ERW from ICRC training. Casualties of mine- or ERW-related incidents were referred for financial and other aid as necessary.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 20 facilities run by the LAF, the ISF and the GSO. It followed up 478 detainees – security detainees, people under interrogation, minors and foreigners – individually, and referred some of them for medical or legal assistance. Findings and recommendations from the visits were communicated confidentially to the authorities, to help them meet internationally recognized standards for detainees' treatment and living conditions.

The ICRC engaged the authorities and security forces in discussions on international standards for the use of force. It also engaged them in dialogue on other matters, such as tackling overcrowding in prisons, ensuring respect for judicial guarantees and the principle of *non-refoulement*, and providing adequate food and health care for detainees. ISF

and LAF personnel learnt more about best practices for prison management, including preventing ill-treatment in detention, during ICRC round tables and workshops; some of them were sponsored to attend relevant events in other countries.

The ICRC enabled vulnerable detainees to contact their relatives through RCMs, and helped detained foreigners notify their embassies of their imprisonment. It donated IT equipment to the Roumieh Central Prison (RCP), the largest in the country, to facilitate video calls between detainees and their families; procedures for conducting video calls were being drafted at year's end.

The ICRC interviewed Syrians facing deportation after their release from detention facilities in Lebanon, in order to assess their safety-related concerns. It made representations to the GSO about the necessity of ensuring – in line with the principle of *non-refoulement* – the safety and dignity of all detainees being deported to Syria.

Detaining authorities strive to improve detainees' living conditions and prevent the spread of disease

The ICRC scaled up its donation of drugs and other medical supplies to clinics at 12 prisons. Detainees needing specialized care were referred to ICRC-supported hospitals or rehabilitation centres (see *Wounded and sick*). Clinical personnel and prison staff were trained in abiding by medical ethics and medically screening new inmates, which included testing for COVID-19.

The COVID-19 task force, created by the interior ministry at the ICRC's recommendation, was dissolved as the situation was more manageable with fewer cases reported compared to the previous years. The ICRC continued to provide prisons with PPE, and distributed hygiene kits to some 9,000 inmates, to prevent the spread of COVID-19 and other infectious diseases. It monitored vaccinations against COVID-19 at detention facilities and mobilized other actors to provide the necessary support for detainees who had contracted the virus.

Under the Movement's multidisciplinary response to the cholera outbreak, the ICRC, aided by the Lebanese Red Cross, coordinated with health and detaining authorities to vaccinate detainees against cholera; it covered the running costs of the vaccination campaigns and donated PPE for medical staff carrying out vaccinations. The ICRC provided guidance to staff at ISF prisons in disinfection procedures and distributed water-treatment and disinfection items. These measures helped prevent an outbreak of cholera in prisons, which benefited around 4,000 detainees. In addition, 3,990 detainees benefited from the ICRC's repairs to the RCP's water system and family-visit areas, and from the installation of solar panels at an LAF prison.

At the ICRC's recommendation, the ISF established a committee to draft a comprehensive plan for maintaining prison facilities; prison maintenance staff were trained accordingly. The ISF-run DNA laboratory was given the supplies and infrastructural support necessary to bolster its forensic capacities, including documentation of injuries sustained by detainees alleged to have suffered ill-treatment.

The ICRC gave the authorities technical support in providing primary health care at the RCP. Health and detaining authorities learnt more about health care in detention at an ICRC conference held in Geneva, Switzerland (see *Headquarters – Protection and Essential Services*). Some of them were sponsored to attend a course, held in Switzerland, in managing common diseases in prison.

WOUNDED AND SICK

Emergency medical services provide urgent care

To increase the likelihood of wounded people receiving timely medical care, the ICRC trained first responders at refugee camps, including members of armed groups, in first aid and gave them medical supplies; some of these training sessions were conducted jointly with the Lebanese Red Cross. The National Society drew on financial and material support (e.g. PPE, medical consumables) from the ICRC to operate its emergency medical services (EMS).

The ICRC emphasized to weapon bearers the necessity of affording medical services the regard and protection due to them under the law (see also *Civilians*). Health workers learnt about their rights and responsibilities at ICRC dissemination sessions.

The ICRC supports the continuum of care and bolsters the resilience of public hospitals

The ICRC continued to provide support for public hospitals in Lebanon, in order to ease the strain on the country's health-care system. People sought surgical, maternal, paediatric or other medical care at the RHUH (420 beds) – the country's biggest public hospital and main referral centre for COVID-19 – where the ICRC continued to support an emergency ward, and provide medicine, equipment, and training for staff, under a multi-year capacity-building project carried out in partnership with the authorities and others. Limited resources and frequent strikes linked to overstretched staff capacities led to the temporary closure of some departments, including a newly renovated emergency paediatric ward. The ICRC therefore helped the RHUH draft a strategy for staff retention and extended the partnership agreement to enable completion of infrastructural projects in progress, and, at the same time, shift its focus from direct to capacity-building support to help maintain the quality of care.

In partnership with other actors, the ICRC began to support the TGH (200 beds) under a multi-year agreement. It provided drugs and consumables, medical equipment, and staff training. Following the outbreak, the hospital was designated the main referral hospital for cholera cases; a centre for suspected cholera cases and referral pathways for patients were established jointly by TGH staff, the health ministry, the WHO, and the ICRC.

Refugees and destitute residents were served by five hospitals: two in Aarsal, and one each in Ein el-Helwe, Akkar and Nabatiyeh. All these facilities received technical support, drugs, PPE, and medical supplies and/or equipment from the ICRC. The ICRC made ad hoc donations of medical supplies to 20 additional hospitals, including five run by the Palestine Red Crescent Society's Lebanon branch, in response to various emergencies.

At the RHUH and the TGH, and at other public hospitals outside Beirut and Tripoli, the ICRC subsidized or fully covered treatment costs for wounded people and gynaecological/obstetric emergencies. It constructed a morgue, renovated a warehouse, and made safety improvements to emergency rooms at four of the hospitals mentioned above (257 beds in all).

The ICRC helped provide mental-health and psychosocial support for patients at the RHUH, TGH, people with disabilities and others (see *Civilians*).

People with disabilities improve their mobility

Four ICRC-supported physical rehabilitation centres, including one run by the National Society, provided assistive devices and rehabilitative care for 1,293 people¹ with disabilities, including detainees with physical disabilities, and helped them improve their mobility. Some of them were referred for financial or other assistance (see *Civilians*): 40 people with physical disabilities started small businesses with the ICRC's support and 54 people took part in a career-development programme facilitated by the ICRC and arranged by partner organizations in Beirut and Tripoli.

To help strengthen local capacities in physical rehabilitation, the ICRC organized training sessions, in rehabilitating amputees, for physiotherapists and students of physiotherapy. Disability NGOs and other civil-society groups discussed the drafting of a law to advance the rights of people with disabilities and the formulation of policies to strengthen the physical rehabilitation sector, at workshops organized by service providers, international and local NGOs, and the ICRC.

The ICRC endeavoured to advance the social inclusion of people with disabilities by organizing a number of different sporting events and activities. In November, disabled people competed in a marathon organized by the ICRC in partnership with a local sports association. The ICRC also sponsored a wheelchair-basketball team to compete in a tournament held in India (see *New Delhi*). A hiking association conducted a workshop, with the ICRC's support, to explain to people with limited mobility how they could use an all-terrain wheelchair to hike. Some 60 children with physical disabilities, and their carers, took part in an ICRC event that enabled them to socialize and form a support group.

ACTORS OF INFLUENCE

Authorities and weapon bearers strengthen their grasp of IHL and other norms

The ICRC maintained its dialogue on IHL and other norms with authorities, weapon bearers and members of civil society. It gave the authorities expert advice for addressing the issue of missing people (see *Civilians*) and for ensuring that detainees' treatment met internationally recognized standards.

At round tables, workshops and other ICRC events, LAF, ISF and GSO personnel, including those involved in border control and in crowd-control operations, learnt more about their obligations under international norms. Senior LAF officers attended international events on IHL and on international rules governing military and naval operations; senior ISF and GSO

officers participated in a workshop in Jordan on international rules governing police operations (see *Headquarters – Protection and Essential Services*). LAF personnel took part in 14 workshops on international policing standards, including standards for crowd-control and maritime-security operations. At separate round tables with ISF and LAF, the ICRC discussed monitoring mechanisms for preventing ill-treatment of detainees (see *People deprived of their freedom*).

Armed groups in Palestinian camps learnt more about the ICRC's activities; international standards for the use of force; and the protection granted to refugees and other violence-affected people under international human rights law and other norms. Details of the declaration signed by groups in Ein el-Helwe (see *Civilians*), which committed to abide by humanitarian principles, were disseminated among members of the groups and community leaders.

Civil society learns about humanitarian issues and the Movement's activities

The ICRC strove through various means – such as posting audiovisual materials online – to broaden awareness, among members of civil society and the general public, of pressing humanitarian issues in Lebanon and the wider region, and of its own neutral, impartial and independent humanitarian work. The Lebanese and the international media drew on ICRC materials to cover such subjects as the cholera outbreak; the participation of people with disabilities in a marathon in Beirut; the importance of mental-health care; and missing people and the plight of their families. Journalism students, judicial officials and government personnel, and other influential figures learnt about IHL and the protection it affords civilians, through ICRC training sessions and at a regional course (see *Egypt*).

A community contact centre, established in 2021, enabled violence-affected people to communicate their concerns to the ICRC and learn about the humanitarian services available to them; the centre received a total of 2,157 calls and made recommendations, when necessary, for adapting the ICRC's activities.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, the country's principal provider of EMS, remained the ICRC's main partner in helping refugees from Syria and other violence-affected people (see *Civilians* and *Wounded and sick*). The ICRC continued to give it technical, financial and material support for its operations and organizational development, and for strengthening its capacities in managing its financial and human resources, logistics and public communication. Along with other Movement components, the ICRC expanded support for the National Society's activities, particularly for its emergency response and blood-transfusion services. In December, the ICRC signed a new agreement with the National Society to bolster cooperation. The National Society carried out all its work in accordance with the Safer Access Framework.

Jointly with the International Federation, the ICRC and the Lebanese Red Cross, the Palestine Red Crescent Society's branch in Lebanon engaged with the authorities to collectively address regulatory challenges in order to strengthen Movement coordination in providing services to vulnerable

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

Palestinian communities. The Palestine Red Crescent continued to provide health services for Palestinian refugees. The ICRC gave it technical, financial and material support.

Movement components met regularly to coordinate their activities, particularly in connection with the cholera outbreak, the pandemic and other emergencies. The National Society

led the response to the cholera outbreak, with financial and other support from the ICRC and other Movement partners. It assisted the ICRC in vaccinating detainees against cholera.

Movement components continued to conduct evacuation drills in preparation for the eventuality of mass-casualty situations and other emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	33			
RCMs distributed	80			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	377	15	29	51
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases closed positively (subject located or fate established)	60			
Tracing cases still being handled at the end of the reporting period (people)	8,899	553	247	759
<i>including people for whom tracing requests were registered by another delegation</i>	31			
Documents				
People to whom travel documents were issued	21			
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	6,629	266	162	
Visits carried out	70			
		Women	Girls	Boys
Detainees visited and monitored individually	478	37	1	31
<i>of whom newly registered</i>	392	36	1	31
RCMs and other means of family contact				
RCMs collected	81			
RCMs distributed	26			
Phone calls made to families to inform them of the whereabouts of a detained relative	16			
People to whom a detention attestation was issued	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	720	180	360
Income support	People	35,805	18,221	11,713
Living conditions	People	14,925	3,734	7,457
Water and habitat				
Water and habitat activities	People	759,683	311,530	243,146
<i>of whom IDPs</i>		91,180	37,384	29,178
Primary health care				
Health centres supported	Structures	12		
<i>of which health centres supported regularly</i>		12		
Average catchment population		517,000		
Services at health centres supported regularly				
Consultations		201,500		
<i>of which curative</i>		184,147	38,245	27,788
<i>of which antenatal</i>		17,353		
Vaccines provided	Doses	17,878		
<i>of which polio vaccines for children under 5 years of age</i>		9,314		
Referrals to a second level of care	Patients	93		
<i>of whom gynaecological/obstetric cases</i>		112		
Mental health and psychosocial support				
People who received mental-health support		972		
People who attended information sessions on mental health		451		
People trained in mental-health care and psychosocial support		12		

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	People	9,278	229	508
Water and habitat				
Water and habitat activities	People	7,990	484	322
Health care in detention				
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention visited by health staff	Structures	10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	27		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	7		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	113	*	*
	(including those related to mines or explosive remnants of war)	*	*	*
	Non-weapon-wound admissions	5,461		
	Operations performed	8,188		
Medical (non-surgical) admissions		10,278	2,355	1,760
Gynaecological/obstetric admissions		8,365	8,219	41
Consultations		100,463		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,934		
Weapon-wound admissions (surgical and non-surgical admissions)		24	*	*
Weapon-wound surgeries performed		*		
Patients whose hospital treatment was paid for by the ICRC		6,774		
First aid				
First-aid training				
	Sessions	13		
	Participants (aggregated monthly data)	229		
Water and habitat				
Water and habitat activities	Beds (capacity)	877		
Physical rehabilitation				
Projects supported		7		
	<i>of which physical rehabilitation centres supported regularly</i>	4		
People who benefited from ICRC-supported projects	Aggregated monthly data	1,525		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	1,293	159	646
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	232		
	<i>of whom victims of mines or explosive remnants of war</i>	133		
	<i>of whom weapon-wounded</i>	176		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	265		
Orthoses delivered	Units	1,022		
Physiotherapy sessions		4,990		
Walking aids delivered	Units	285		
Wheelchairs or postural support devices delivered	Units	119		
Mental health and psychosocial support				
People who received mental-health support		394		
People who attended information sessions on mental health		5		

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

SYRIAN ARAB REPUBLIC

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab–Israeli war. With the Syrian Arab Red Crescent, it helps people affected by armed conflict to access emergency relief, livelihood support and essential services, such as safe water. It aims to visit all people held in relation to the conflict and to foster respect for IHL and other international norms, notably those applicable to people seeking or providing medical care. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- Millions of people had access to water and other essential services after the ICRC and the Syrian Arab Red Crescent made repairs to infrastructure. Displaced people and returnees benefited from improvements to shelters and homes.
- People obtained health care at ICRC-supported facilities throughout the country. The ICRC supported more hospitals than planned, to treat casualties of clashes in the north-west, of explosive remnants of war (ERW) or of cholera.
- People coped with displacement or became more resilient to the effects of armed conflict thanks to ICRC-provided emergency or livelihood aid. Administrative and logistical constraints limited the ICRC’s assistance to herders.
- In the wake of an attack on a detention facility in the north-east, security and administrative constraints limited the ICRC’s activities in that area, which included the al-Hol camp and places of detention controlled by an armed group.
- The ICRC continued to seek access to all detainees within its purview. However, it was not able to resume visits to people held by an armed group in the north-east, after the attack mentioned above.
- Families separated by armed conflict or detention reconnected through the efforts of the ICRC and other Movement components. The ICRC sought to clarify the fate of thousands of missing people; it resolved 170 tracing requests.

EXPENDITURE IN KCHF

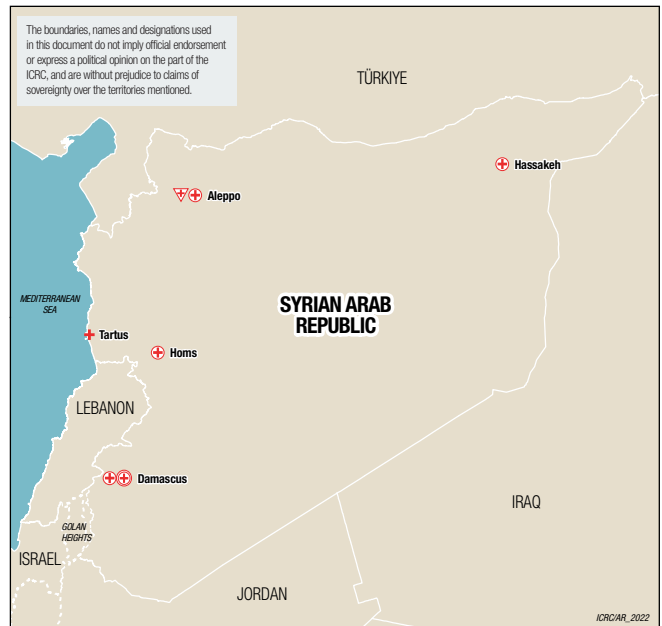
Protection	15,386
Assistance	153,562
Prevention	3,749
Cooperation with National Societies	6,311
General	273
Total	179,282
<i>Of which: Overheads</i>	<i>10,927</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
---------------------------	------

PERSONNEL

Mobile staff	167
Resident staff (daily workers not included)	736



ICRC delegation ICRC sub-delegation ICRC office ICRC-run physical rehabilitation project

PROTECTION CIVILIANS

	Total
Protection of family links	
RCMs collected	94
RCMs distributed	280
Phone calls facilitated between family members	4
Tracing cases closed positively (subject located or fate established)	170
People reunited with their families	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	14
Detainees in places of detention visited	21,785
<i>of whom visited and monitored individually</i>	517
Visits carried out	54
Protection of family links	
RCMs collected	410
RCMs distributed	194

ASSISTANCE CIVILIANS

		2022 Targets (up to)	Achieved
Economic security			
Food consumption	People	751,000	1,056,410
Food production	People	1,391,900	758,076
Income support	People	10,250	11,822
Living conditions	People	1,035,000	1,807,128
Water and habitat			
Water and habitat activities	People	12,000,000	16,543,997
Health			
Health centres supported	Structures	67	63

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security			
Food consumption	People	26,000	13,967
Living conditions	People	26,000	20,301
Water and habitat			
Water and habitat activities	People	15,000	19,498

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	27	53
Physical rehabilitation			
Projects supported	Projects	8	8
Water and habitat			
Water and habitat activities	Beds (capacity)	250	1,110

CONTEXT

Armed conflict persisted in the Syrian Arab Republic (hereafter Syria). Particularly in the north, third-party states supported the Syrian government's operations against armed groups and/or conducted their own. In the north-west, air strikes and shelling took place regularly. Remnants of the Islamic State group claimed responsibility for an attack on a detention facility in the north-east in January, and was allegedly involved in killings in the al-Hol camp. In the south, Syrian government forces clashed with armed groups.

Millions of people remained displaced in Syria, in host communities and camps, such as al-Hol camp – which hosted about 51,000 people, mainly women and children – and Roj camp, both in Hassakeh Governorate.

Displaced people were slowly returning home, but faced security issues and lacked access to essential services. Explosive remnants of war (ERW) remained a threat to people, especially returnees, schoolchildren and truffle-gatherers.

It was difficult for many people to obtain food, medicine, fuel and other essential goods, and to pursue livelihoods because of years of conflict and international sanctions, the COVID-19 pandemic, and the repercussions of the international armed conflict between the Russian Federation and Ukraine (see *Ukraine*).

Humanitarian organizations had limited access to conflict-affected areas. The case of three ICRC staff members abducted in 2013 remained unresolved.

ICRC ACTION AND RESULTS

The ICRC reminded the parties concerned – authorities, third-party states, weapon bearers, and others – of their obligation under IHL and other norms to protect people who were not or were no longer participating in hostilities, and to facilitate safe access to health care, water, education and other essential services and humanitarian aid. The ICRC continued to foster understanding of IHL and humanitarian issues in Syria among these influential parties and others, via training in IHL, communication campaigns and other means.

Following an attack on a detention facility in the north-east, security and administrative constraints limited the ICRC's activities there. Despite these constraints and the volatile security conditions in the north-west, the ICRC was still able to implement most of its activities to help people become more resilient to the effects of the conflict and less exposed to safety risks.

ICRC and National Society support for essential services benefited millions of people. The ICRC helped stave off the collapse of major water stations and the electrical plants powering them: it made repairs, donated spare parts and carried out technical studies to ascertain the scale of the repairs needed. It also restored and improved services – water, electricity, sanitation or public bakeries – and/or shelters for communities of returnees, displaced people in camps or host communities, and other conflict-affected people. Students attended classes or took national exams in schools and testing sites renovated by the ICRC.

The ICRC continued to support Syria's health system: for primary-health-care centres, particularly mobile health units serving people in volatile and remote areas; and for hospitals and first-aid and ambulance services, thereby ensuring the availability of life-saving care. Physical rehabilitation and psychosocial care were made available at more facilities. The ICRC provided more support to more hospitals than planned, following outbreaks of cholera, clashes in the north-west and an increase in ERW-related casualties in Hama and Homs during the truffle-gathering season. In addition, the Syrian Arab Red Crescent and ICRC teams explained safe practices around ERW to thousands of people. These teams also marked those areas that had been cleared of ERW.

The ICRC helped people recover their self-sufficiency and build their resilience to the effects of the armed conflict and other crises. It gave people the means to obtain food and other necessities by themselves, for example: cash grants for vulnerable residents to start small businesses, and material support for farmers and herders. Administrative and logistical constraints, however, prevented the ICRC from delivering all its planned support to herders. The ICRC also continued to provide emergency aid to hundreds of thousands of displaced people in the north and to others who had no means to obtain basic necessities, providing more assistance to more people than planned. Displaced people received enough food for a month or ate at collective kitchens supported by the ICRC and/or the National Society. They were also given household essentials, including hygiene items for preventing the spread of cholera.

Members of families separated by armed conflict or detention restored or maintained contact via Movement family-links services. Two children were reunited with their father. Few RCMs were collected from detainees in the north-east, and therefore, few RCMs were delivered.

The ICRC visited detainees – including foreigners, women and minors – at central prisons under the interior ministry, and sought to resume visits to people held at places of detention in the north-east. Findings from these visits, carried out in accordance with standard ICRC procedures, were communicated confidentially to the detaining parties, to help them improve detainees' treatment and living conditions. The ICRC also assisted detainees more directly by renovating infrastructure; distributing hygiene items and winter clothes; and stocking prison clinics.

CIVILIANS

The authorities are reminded of their obligations under IHL

The authorities, representatives of third-party states, weapon bearers and other parties concerned were reminded by the ICRC of their obligations under IHL and other international norms to respect people not or no longer participating in hostilities, and to facilitate safe access to health care, water, schools and other essential services, and to humanitarian aid (see also *Actors of influence*). Documented violations of IHL and other international norms were presented to the parties concerned, with a view to ending or preventing such unlawful conduct.

The ICRC, with the Syrian Arab Red Crescent, carried out activities to help conflict-affected people build their resilience to the effects of the conflict and/or reduce the risk to their safety. For example, some 235,500 schoolchildren, returnees, truffle-gatherers, farmers and others learnt safe practices around ERW from National Society and ICRC teams. These teams also surveyed some areas and marked those that had already been cleared of ERW.

Despite security and administrative constraints in the north-east – which followed an attack on a detention facility – and the volatile security conditions in the north-west, the ICRC was able to implement most of its planned activities.

Conflict-affected families reconnect

With the help of Movement components, people contacted relatives separated from them by armed conflict or detention. For example, two children in Türkiye were reunited with their father in Aleppo, with the help of the ICRC and the Syrian and Turkish National Societies. The ICRC sought to clarify the fate of missing people, by bringing their cases to the attention of the Syrian authorities and through other means; it resolved 170 tracing requests. Few RCMs were delivered, because few RCMs were collected (see *People deprived of their freedom*).

The ICRC helped forensic services ensure that human remains could be identified and the families concerned, notified. Forensic personnel benefited from: training, notably five experts attended specialized courses abroad (see *Paris, Pakistan and Tunis*); upgrades to forensic facilities in Aleppo, Damascus and Homs; and advice on handling contagious diseases, shipwrecks and the judicial aspects of forensic work. At Roj camp, the ICRC built a new cemetery and created a system for managing information about the deceased.

Millions of people have access to water and other essential services

Some 16.5 million people benefited from ICRC and National Society support for essential services. The ICRC and the National Society made repairs, provided spare parts, and trained staff at major water-pumping and -treatment infrastructure that served millions of people, and at electrical stations powering them, to stave off their collapse; the ICRC also provided water-purification chemicals. The ICRC conducted studies of the seven biggest pumping stations to alert the authorities and others to the scale of the repairs needed.

The ICRC also conducted smaller-scale activities in selected communities. For example, around 870,000 people in Daraa and Hassakeh had electricity and 415,000 returnees and residents, more sanitary living conditions, after the ICRC renovated community electrical and wastewater infrastructure. Around 724,000 people benefited from the ICRC's improvements to food-production infrastructure: notably, generators and/or industrial baking equipment were installed in bakeries serving subsidized bread, and solar-powered irrigation systems at farms. Nearly 139,000 returnees and displaced people had better living conditions after repairs were made to houses in Homs and renovations to shelters and water and sanitation facilities at camps across the country. Clean water was trucked

in for 450,000 people in Aleppo, Hassakeh, Raqqa and Rural Damascus, whenever the local water network was not working. Roughly 153,600 students attended their courses and/or sat for national exams at 96 schools and 188 testing sites renovated by the ICRC and/or to which it trucked in water.

Inhabitants of remote areas receive basic health care

People availed themselves of services at 63 primary-health-care centres that were supported by the ICRC with personal protective equipment (PPE), medical supplies, infrastructural upgrades and funding to partially cover operational costs and salaries. Notably, 32 National Society-run polyclinics and mobile health units provided treatment, including antenatal/postnatal care, for people in remote areas. A total of 31 health-ministry facilities treated diabetics and victims of contagious diseases such as leishmaniasis; four facilities treating diabetics were equipped with solar-power systems. These centres also briefed communities on how to protect themselves against contagious diseases such as cholera.

Emotionally traumatized people received psychosocial care from 172 ICRC-trained staff, at nine primary-health-care centres and other facilities (see also *Wounded and sick*); some 1,280 people received support.

People receive food and other essential items or the means to obtain them

The ICRC focused on helping people recover their self-sufficiency and build their resilience to the effects of the armed conflict and other crises. It enabled 151,615 households (758,076 people) to produce food: 36,000 farming households increased their harvests using ICRC-provided fertilizer and seed for wheat and other staples; and 115,600 herding households worked to keep their livestock healthy and profitable, using free vaccination services, fodder and/or equipment for producing fodder provided by the livestock authorities and the ICRC. However, owing to administrative and logistical constraints, the ICRC could not deliver all its planned support to herders. The ICRC also supported the authorities concerned with equipment for artificially inseminating livestock and for testing their health, and for increasing seed production. Around 2,200 households (11,800 people) – including those headed by women, people with disabilities, displaced people and returnees – were given cash and supplies to start small businesses.

Over 1 million people (162,000 households) received enough food for a month or ate at collective kitchens supported by the ICRC and/or the National Society. Among the rations given were calorie-rich supplements for children at the al-Hol camp, and ad hoc donations of tinned food to Syrians returning from Lebanon. Some 361,400 households (1.8 million displaced people) were provided with supplies such as: blankets, mattresses and clothes for protection against the cold; solar-powered lamps; school supplies for children; and mosquito nets for protection against sand lice. Following outbreaks of cholera, the ICRC distributed more hygiene items, including diapers, to more people.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees' needs are monitored

The ICRC continued to seek access to all detainees within its purview, including those held at places of temporary detention in connection with armed conflict and those released under the Syrian government's amnesty decree of 2022. It visited, in accordance with its standard procedures, detainees at 14 central prisons. However, after an attack on a detention facility in the north-east, it was not able to resume visits to people held by an armed group there, or collect RCMs from them.

Findings from these visits were communicated confidentially to the detaining parties, to help them improve detainees' treatment and living conditions. The ICRC reminded detaining parties of the importance of family contact and provided family-links services.

Authorities make improvements that benefit detainees

The health and interior ministries drew on the ICRC's expertise to improve the design and maintenance of prison infrastructure and health care for detainees. Training was organized for prison officials, notably, a prison-management course in Switzerland (see *Headquarters – Protection and Essential Services*), use and maintenance of solar panels, measures against communicable diseases, and medical ethics.

The ICRC worked to improve living conditions at several prisons. Around 20,300 detainees benefited from distributions of hygiene items, sanitary wear for women, infants and the older people, winter clothes, and bedding to. It renovated infrastructure at several prisons (housing some 19,500 inmates): a ventilation system in Daraa, water infrastructure at two prisons in Damascus, and kitchens and laundry facilities in Homs. The ICRC donated PPE and drugs to clinics at five prisons, supplies for treating/preventing cholera, and gave assistive devices to detainees with physical disabilities and/or referred them to physical rehabilitation services. Almost 14,000 detainees supplemented their diets with high-calorie date bars from the ICRC.

In the north-east, the ICRC provided supplies for treating wounded people, a generator, to one detention facility, and water-trucking services at another.

WOUNDED AND SICK

Wounded people obtain life-saving care

The ICRC supported the casualty care chain in Syria. It provided supplies and equipment for 53 hospitals, renovated their infrastructure, trained their staff in emergency care, war surgery and equipment maintenance, and/or advised several of them on reducing risks to the safety of patients and staff. The ICRC provided more medical supplies to more hospitals than planned, because of outbreaks of cholera, clashes in the north-west and an increase in ERW-related casualties in Hama and Homs during the truffle-gathering season. Eleven people maimed by ERW were sponsored for advanced care, including reconstructive surgery.

Four of the above-mentioned hospitals – in Damascus, Hassakeh, Homs and Rural Damascus – were monitored directly by ICRC staff and benefited from more expansive

infrastructural renovations. The ICRC had been helping the hospital in Rural Damascus upgrade from a polyclinic since 2019; this support ended in 2022, as planned. At the al-Hol camp, the hospital run by the Syrian Arab Crescent and the ICRC provided dental, surgical, obstetric-gynaecological, paediatric and laboratory services to residents for most of the year. Security and administrative constraints temporarily limited the ICRC and National Society's access to the camp; thus, the ICRC could neither extend the hospital's operating hours nor complete all the infrastructural work that it had planned. The ICRC was, however, able to replace the hospital's tents with prefabricated structures, and install additional maternity beds and generators.

The National Society's first-aid and ambulance services drew on ICRC training and support to treat and/or evacuate tens of thousands of people. The ICRC helped the National Society implement a credit-card system to enable ambulances to buy fuel more easily.

People with physical disabilities regain some mobility

Nearly 2,600 people¹ with physical disabilities – including 118 schoolchildren referred from Idlib and northern Aleppo – received treatment at a physical rehabilitation centre run by the National Society, with ICRC support, in Rural Damascus, and at the ICRC's centre in Aleppo. Assistive devices were also available at: in Hassakeh, the ICRC/National Society field hospital at the al-Hol camp and a hospital in Qamishli that produced these devices; and National Society branches, and hospitals in Aleppo, Damascus and Homs.

People in remote areas traveled to and from the ICRC's physical rehabilitation centre in Aleppo or the National Society centre in Rural Damascus using ICRC shuttle services. The ICRC covered travel and accommodation costs for 358 destitute patients.

In Damascus, the ICRC renovated a training institute for physical rehabilitation professionals and supplied it with reference materials; the ICRC organized training, at this institute and others, for professionals.

The ICRC provided the social welfare ministry with office equipment, to help it compile a registry of people with disabilities, some of whom received livelihood support (see *Civilians*). It organized sporting events to raise public awareness of the plight of people with disabilities.

Patients receive psychosocial care to ease their emotional trauma

Over 400 people, including victims/survivors of sexual violence, attended individual counselling or group-therapy sessions conducted by ICRC-trained personnel at the al-Hol camp, the ICRC's physical rehabilitation centre in Aleppo, the National Society's physical rehabilitation centre in Rural Damascus and other facilities.

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

ACTORS OF INFLUENCE

Weapon bearers, lawmakers and National Society staff strengthen their grasp of IHL

The ICRC helped the Syrian authorities integrate IHL and international human rights law into military training, operations and doctrine. The interior and defence ministries and the ICRC arranged for senior officers to undergo specialized IHL training: three military officers participated in a workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*) and one military officer completed an advanced IHL course at Sanremo. Officials from these two ministries also learnt about basic IHL and human rights law at ICRC-organized workshops. The defence ministry, the national IHL committee and the ICRC progressed in drafting an IHL manual for the Syrian military.

The national IHL committee and the ICRC continued to give the authorities expert advice for advancing the incorporation of IHL in domestic law, and for updating laws pertaining to missing people and their families and to health care. Lawmakers and others involved in the implementation of IHL, including judges, judges-in-training and diplomats, attended ICRC-organized workshops. The ICRC helped the National Society, which is part of the national IHL committee, to improve its IHL teaching, by advising and training its IHL instructors – two of whom attended a course at Sanremo – and by conducting information sessions for volunteers at several National Society branches on basic IHL and the Fundamental Principles.

With the education ministry, the ICRC furthered understanding of IHL among academics through workshops and donations of books and other IHL-related materials. It enabled a team from Syria to participate in a regional IHL moot court competition (see *Kuwait*).

Authorities, communities and journalists engage with the ICRC

The ICRC engaged directly with Syrian authorities and representatives of other states (see *Brussels*) on various issues of immediate humanitarian concern, such as the impending collapse of critical infrastructure, mental-health care, the plight of missing people's families, the effects of sanctions and the accessibility of humanitarian aid.

The ICRC engaged with communities, through in-person meetings or via social media and mobile messaging applications. These interactions allowed the ICRC to acquire a fuller understanding of the needs of these communities and adjust its activities accordingly. They also enabled the ICRC to alert these communities to various dangers and tell them about the humanitarian assistance available to them.

The ICRC, together with journalists and other Movement components, worked to draw attention, within and outside Syria, to humanitarian issues in the country. For example, it held workshops for journalists, particularly those working in north-western Syria, on accurate coverage of humanitarian issues. The ICRC's president and its director for the region gave interviews and statements on the plight of conflict-affected Syrians.

RED CROSS AND RED CRESCENT MOVEMENT

National Society staff and volunteers are trained in various areas

The Syrian Arab Red Crescent continued to be the main humanitarian actor in the country; it was active, to varying degrees, in all 14 governorates. With financial, technical and material support from the ICRC – donation of a vehicle, for instance – the National Society trained its volunteers in various areas (see *Civilians* and *Wounded and sick*) and equipped them to work more safely and efficiently.

The National Society continued to strengthen its capacity to manage its finances, particularly with regard to transparency and accountability. The ICRC provided training opportunities and ICT equipment to the staff concerned. The ICRC also guided the National Society in the preparation of a manual for newly recruited staff and volunteers. It covered the salaries of some members of the National Society's communication staff.

The ICRC gave the Palestine Red Crescent Society's branch in Syria some financial and other support to train its staff and volunteers, and to maintain its facilities.

Movement components in Syria regularly coordinated their activities. The ICRC helped them to ensure the safety of their staff and volunteers by updating them on security-related matters.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		94	15		
RCMs distributed		280	4		
Phone calls facilitated between family members		4			
Reunifications, transfers and repatriations					
People reunited with their families		2			
People transferred or repatriated		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		2,869	72	68	265
	<i>including people for whom tracing requests were registered by another delegation</i>	706			
Tracing cases closed positively (subject located or fate established)		170			
	<i>including people for whom tracing requests were registered by another delegation</i>	70			
Tracing cases still being handled at the end of the reporting period (people)		27,017	1,318	1,281	1,694
	<i>including people for whom tracing requests were registered by another delegation</i>	10,410			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		23	7		
UAMs/SC reunited with their families by the ICRC/National Society		2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		348	153		
Documents					
People to whom travel documents were issued		11			
People to whom official documents were delivered across borders/front lines		19			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		14			
Detainees in places of detention visited		21,785	904	1,700	
Visits carried out		54			
			Women	Girls	Boys
Detainees visited and monitored individually		517	84	1	19
	<i>of whom newly registered</i>	213	36	1	16
RCMs and other means of family contact					
RCMs collected		410			
RCMs distributed		194			
Detainees visited by their relatives with ICRC/National Society support		6			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	1,056,410	316,963	422,484
	<i>of whom IDPs</i>	845,129	253,538	338,053
Food production	People	758,076	227,427	303,222
	<i>of whom IDPs</i>	612,123	183,636	244,851
Income support	People	11,822	3,554	4,714
	<i>of whom IDPs</i>	9,455	2,839	3,777
Living conditions	People	1,807,128	542,149	722,830
	<i>of whom IDPs</i>	1,456,213	436,857	582,499
Water and habitat				
Water and habitat activities	People	16,543,997	4,963,199	6,617,599
Primary health care				
Health centres supported	Structures	63		
	<i>of which health centres supported regularly</i>	61		
Average catchment population		5,285,430		
Services at health centres supported regularly				
Consultations		872,906		
	<i>of which curative</i>	858,897	184,738	150,127
	<i>of which antenatal</i>	14,009		
Vaccines provided	Doses	15,132		
	<i>of which polio vaccines for children under 5 years of age</i>	8,208		
Referrals to a second level of care	Patients	2,972		
	<i>of whom gynaecological/obstetric cases</i>	228		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		1,279		
People who attended information sessions on mental health		4,393		
People trained in mental-health care and psychosocial support		172		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	13,967	672	121
Living conditions	People	20,301	1,402	1,060
Water and habitat				
Water and habitat activities	People	19,498	780	
Health care in detention				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	53		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	41	*	*
	Non-weapon-wound admissions	2,983		
	Operations performed	6,273		
Medical (non-surgical) admissions		103	*	*
Gynaecological/obstetric admissions		59	59	
Consultations		97,256		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		9,346		
Weapon-wound admissions (surgical and non-surgical admissions)		1,132		
Weapon-wound surgeries performed		169		
Patients whose hospital treatment was paid for by the ICRC		6,168		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,110		
Physical rehabilitation				
Projects supported		8		
	<i>of which physical rehabilitation centres supported regularly</i>	3		
People who benefited from ICRC-supported projects	Aggregated monthly data	2,758		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	2,574	398	974
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	184		
	<i>of whom victims of mines or explosive remnants of war</i>	735		
	<i>of whom weapon-wounded</i>	862		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	882		
Orthoses delivered	Units	226		
Physiotherapy sessions		10,566		
Walking aids delivered	Units	702		
Wheelchairs or postural support devices delivered	Units	471		
Mental health and psychosocial support				
People who received mental-health support		404		
People who attended information sessions on mental health		590		

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

YEMEN

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing medical assistance, emergency relief and livelihood support to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling detainees and civilians, including migrants, to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2022

- The ICRC drew the attention of authorities and parties to conflict in Yemen to allegations of IHL violations and the protection-related concerns of conflict-affected people, and continued to remind them of their obligations under IHL.
- Communities learnt to protect themselves from mines and explosive remnants of war (ERW) with the ICRC and the National Society's support. People resumed their livelihoods safely after the ICRC helped clear areas of mines/ERW.
- IDPs and others affected by violence, and victims of floods, met their needs with food and other items and/or cash given by the ICRC and the National Society. Millions of people had a more reliable supply of water and electricity.
- Wounded and sick people received timely treatment from ICRC-supported first responders and health facilities. The ICRC converted the field hospital in Dhale into a surgical facility.
- 117 Yemeni detainees in Saudi Arabia returned to their homes with the ICRC's help. Detainees killed in an air strike were buried with the ICRC's support.
- Because of operational constraints, the ICRC's activities to provide psychosocial support were hampered. People requiring such assistance were referred by the ICRC to suitable service providers.

EXPENDITURE IN KCHF

Protection	12,076
Assistance	102,398
Prevention	5,084
Cooperation with National Societies	8,717
General	336
Total	128,612
<i>Of which: Overheads</i>	<i>7,830</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
---------------------------	-----

PERSONNEL

Mobile staff	130
Resident staff (daily workers not included)	735



ICRC delegation ICRC sub-delegation ICRC mission ICRC office/presence ICRC regional logistics centre
*Map shows structures supporting ICRC operations in Yemen

PROTECTION CIVILIANS

	Total
Protection of family links	
RCMs collected	1,562
RCMs distributed	624
Phone calls facilitated between family members	200
Tracing cases closed positively (subject located or fate established)	54
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>3</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits		
Places of detention visited		23
Detainees in places of detention visited		19,394
<i>of whom visited and monitored individually</i>		<i>3,074</i>
Visits carried out		45
Protection of family links		
RCMs collected		136
RCMs distributed		58
Phone calls made to families to inform them of the whereabouts of a detained relative		2,704

ASSISTANCE CIVILIANS

		2022 Targets (up to)	Achieved
Economic security			
Food consumption	People	221,500	291,177
Food production	People	630,000	1,297,352
Income support	People	60,200	138,768
Living conditions	People	63,000	49,734
Capacity-building	People	30	

Water and habitat			
Water and habitat activities	People	3,300,000	3,279,128

Health			
Health centres supported	Structures	42	34

PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		30,237

Water and habitat			
Water and habitat activities	People	10,000	5,571

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	31	39

Physical rehabilitation			
Projects supported	Projects	12	12

Water and habitat			
Water and habitat activities	Beds (capacity)	2,050	4,171

CONTEXT

Armed conflict and other situations of violence persisted in Yemen. Hostilities between the Saudi Arabia-led coalition and Ansarullah – including air strikes – continued, often in urban areas: in January, a prison in Sa’ada was hit, killing some 90 people. A series of ceasefires mediated by the UN took effect in April 2022: this brought about a temporary diminution in hostilities. The last ceasefire expired in October 2022, and the parties had not agreed to renew it by year’s end.

Despite the ceasefire, Yemenis continued to suffer the consequences of protracted violence. Civilians were killed and injured, mainly by mines/ERW, and communities were displaced. Allegations of IHL violations were widespread. The fighting and shortages of supplies hampered health, water and other essential services. The scarcity and rising prices of commodities – the ripple effects of the international armed conflict between the Russian Federation and Ukraine – compounded people’s difficulties. Millions of people endured destitution and a food crisis, relying heavily on aid, the delivery of which was fraught with difficulties.

Heavy floods displaced many more people, particularly in Marib.

Migrants passing through Yemen at times had to endure violence and other abuse.

The president of the internationally recognized government of Yemen transferred his duties to the Presidential Leadership Council, which consisted of the Southern Transitional Council and other political factions. Tensions between some of these factions remained high in southern Yemen, and sometimes boiled over into violence.

Al-Qaeda in the Arab Peninsula and the Islamic State group maintained a presence in some parts of the country.

ICRC ACTION AND RESULTS

As in previous years, the ICRC strove to tackle the most urgent humanitarian needs in Yemen, despite access restrictions and other constraints. It also responded to other emergencies: the air strike in Sa’ada and the floods in Marib, for instance. It established a presence in Dhale to expand its health activities in the area. Its activities in Yemen were supported by a logistics base in Oman and a mission in Djibouti. The ICRC worked with the Yemen Red Crescent Society and other Movement components to deliver aid.

The ICRC continued to call on all parties to conflict to respect IHL. Whenever possible, it brought documented allegations of IHL violations and protection-related concerns to their attention.

People living near weapon-contaminated areas learnt of mine risks and ways to mitigate these during information sessions organized by the National Society and the ICRC; some of them were able to resume their livelihoods safely after the ICRC,

together with the relevant authorities, cleared farmland of mines. However, activities to help people living near front lines devise measures to protect themselves from violence were put on hold because of access constraints.

The ICRC continued to provide comprehensive support throughout the casualty care chain, in line with COVID-19 protocols. It trained weapon bearers, first responders and others in first aid and gave them the necessary supplies. Material support enabled hospitals to cope with influxes of patients. Preventive and curative care were available at ICRC-supported primary-health-care centres. People with disabilities obtained suitable services at ICRC-supported physical rehabilitation centres and wheelchair-service providers. The ICRC assisted organizations advocating the social inclusion of people with physical disabilities and institutions providing training in physical rehabilitation. It made repairs or improvements to infrastructure at several health facilities.

IDPs, vulnerable residents, and other conflict-affected people met their daily needs with food, household items and other essentials provided by the ICRC. Support for water authorities and repairs to critical facilities helped address or prevent disruptions of the supply of electricity and clean water for millions of people. Together with the agriculture ministry, the ICRC provided farmers and herders with support to produce more food. Fishermen, cheesemakers, and female bread-winners were able to bolster their livelihoods.

Migrants, detainees, and others used the Movement’s family-links services to get back in touch with their relatives. With the ICRC’s help, 117 Yemeni detainees in Saudi Arabia returned to their homes.

Authorities were urged to adopt the frameworks necessary to bring forensic services up to international standards. First responders received support for ensuring the proper handling of human remains – including the remains of the detainees who had died in the air strike in Sa’ada – in line with measures against COVID-19.

The ICRC continued to visit detainees at certain detention facilities, to monitor their treatment and living conditions. Afterwards, it communicated its findings confidentially to the authorities concerned. The ICRC helped the authorities provide adequate health care for detainees. It made improvements to water and electrical systems and other key elements of prison infrastructure.

The ICRC maintained its efforts to build acceptance for its activities and IHL among the parties to conflict, actors exercising influence over them, and members of civil society. It broadened awareness of the humanitarian situation in the country and the plight of conflict-affected Yemenis.

The ICRC continued to carry out activities with the National Society and give it comprehensive support and expert safety advice. Movement components continued to coordinate their activities in Yemen.

CIVILIANS

The ICRC urges respect for IHL and humanitarian action

The ICRC continued to engage the authorities and parties to conflict on compliance with IHL and other applicable norms, using dialogue, written representations and other means. It drew their attention to various issues in connection with the conduct of hostilities, such as the destruction of civilian infrastructure, violence against health workers and facilities, and the numerous protection-related concerns of IDPs, residents, returnees and migrants. The ICRC documented allegations of IHL violations and protection-related concerns – including violence against migrants and health workers – and, wherever possible, presented them to the parties concerned, with a view to ending or preventing such misconduct.

The ICRC endeavoured to expand its direct interaction with conflict-affected people to gather their concerns and give them potentially life-saving information (see *Actors of influence*). However, access restrictions prevented the ICRC from carrying out activities to help people living near front lines to devise measures to protect themselves from violence.

Communities have access to adequate health services

Children, pregnant women, women of childbearing age, and people suffering from various ailments availed themselves of good-quality services – immunization (including vaccination against COVID-19), screening and treatment for malnutrition, antenatal/postnatal care, assisted deliveries, and referrals – at ICRC-supported primary-health-care centres. Aided by the ICRC, some of these facilities conducted outreach to patients in remote or hard-to-reach areas.

The ICRC provided support for 34 primary-health-care centres. It carried out monitoring visits and gave training and financial incentives for staff and/or donations of medical equipment, personal protective equipment (PPE), medicine and other consumables. It also conducted COVID-19 information sessions for patients. Donations of wound-dressing kits, PPE and other medical supplies enabled some facilities to respond effectively to influxes of wounded people and other emergencies. The ICRC gave ambulance drivers salary incentives to transport patients needing further care. At some health facilities, the ICRC raised awareness among staff of their rights and those of people seeking medical attention. The ICRC supported fewer primary-health-care centres than it had initially planned as it determined that other health structures had no need for such assistance.

Operational constraints hindered some ICRC activities to help health workers cope with psychological trauma and provide basic psychosocial care to patients.

Conflict-affected households obtain emergency aid or build their resilience

Together with the Yemen Red Crescent Society wherever possible, the ICRC strove to assist IDPs and other conflict-affected people to meet their immediate needs. Around 41,570 households (291,000 people) were given – some of them more than once – food parcels or cash. Among them, roughly 8,200 malnourished children received nutrient-enriched

food supplements. About 7,100 households (49,700 people), including IDPs and victims of the floods (see *Context*), were given essential household items to ease their living conditions; however, because the ICRC was unable to obtain certain goods, the ICRC helped fewer people than planned.

Together with the agriculture ministry, the ICRC helped more than 185,280 households (1,297,000 people) to resume or increase their food production by vaccinating their livestock against disease. The ICRC expanded its livestock vaccination programme to other communities, thus more people benefited than planned.

The ICRC gave some 17,000 households (119,200 people, such as IDPs, mine victims and other victims of conflict, and people suffering from chronic illnesses) cash to cover their daily expenses; some of them received up to three rounds of such support. Around 2,790 households (19,500 people) – among them, farmers, fishermen, cheesemakers and female bread-winners – earned an income with cash or material and/or technical support from the ICRC. For example, an ICRC course taught women how to earn an income through henna production. As more households were in need of livelihood support, the ICRC adapted its response, assisting more people than planned.

ICRC donations of fuel and tractors and other equipment enabled local agriculture ministries and an agricultural research centre to produce seedlings of good quality, which were distributed to farmers to help them to increase their harvest. The ICRC's plan to train animal health workers did not push through as the authorities requested that the project be put on hold pending further discussions.

The ICRC gave the National Society material and technical support for its emergency relief and economic-security activities, and food parcels for distribution to victims of the floods.

The ICRC continued to help minimize the consequences of mines/ERW on communities. For instance, it worked with the relevant authorities to clear farmland of mines so that people could resume their livelihoods safely. It also organized information sessions together with the National Society to help communities understand the threat of mines and learn how to mitigate risks to their safety. At ICRC workshops, personnel from the Yemen Mine Action Centre (YEMAC) and other demining bodies learnt how to treat blast-related injuries or clear mines. Technical and material support (e.g. tablet computers, laptops) from the ICRC helped the National Society to collect and analyse mine-related data or carry out sessions of mine-risk education on its own. The ICRC also helped the National Society to expand its engagement with YEMAC and other mine action authorities, with a view to extending the reach of mine-risk education in Yemen.

Essential infrastructure remains in service, and millions of people benefit

Some 3.2 million people had a more reliable supply of clean water and electricity owing to planned and ad hoc ICRC initiatives.

The ICRC repaired water tanks and other essential facilities, using solar power wherever possible. In addition, local water and sanitation corporations, other service providers and water committees were given material support (e.g. spare parts, IT equipment) and technical guidance to operate and maintain water and sewage systems.

Ad hoc repairs to electrical, water and sanitation systems, or donations of the necessary spare parts, helped to prevent service disruptions during emergencies. For example, the ICRC replaced a water tank in Sa'ada that had been destroyed by an air strike. It also distributed tents to victims of floods in Marib. Some 819,400 people of those mentioned above benefited from these ad hoc initiatives.

The ICRC repaired or installed electrical and water systems at seven health centres. It upgraded facilities at several morgues and continued the construction of two other morgues. The ICRC also gave the military's search-and-recovery team tents to set up temporary mortuaries.

The National Society received material, financial and technical support for renovating some of its offices and for developing its ability to implement water-and-habitat activities effectively.

Forensic professionals and others receive support for managing human remains

The ICRC continued to help strengthen local capacities in recovering, managing, and identifying human remains, particularly in connection with conflict or migration. Technical or material support from the ICRC enabled National Society staff, first responders, forensic professionals, and others involved in managing human remains to do their work properly, and in line with COVID-19 protocols. For instance, the ICRC provided an armed group's search-and-recovery team with the basic equipment for exhumation; the team had been set up at the ICRC's recommendation. After the air strike in Sa'ada, the ICRC assisted the National Society and other first responders in recovering and burying the remains of the detainees. It also provided some of the detainees' families with financial assistance for burying their relatives.

The ICRC continued to impress upon weapon bearers, and members of the judiciary and other authorities, the importance of adopting mechanisms and frameworks to ensure that human remains are handled in line with IHL, and in a manner conducive to their future identification. It provided technical and material support to decongest a morgue, at the request of the authorities. The ICRC also submitted to the authorities a report containing recommendations for identifying the sets of human remains left from the destruction of a school bus by an air strike in 2018.

Together with the National Society, and at the request of the parties concerned, the ICRC helped facilitate the transfer and/or repatriation of human remains.

Members of dispersed families reconnect

Together with the National Society, the ICRC continued to help members of families separated by violence, migration, detention or other circumstances to reconnect and/or

to ascertain the fate of their relatives. People used the Movement's family-links services, such as RCMs and phone or video calls, to get in touch with their families. The ICRC collected requests to locate missing people, including those alleged to have been arrested; the fate and/or whereabouts of 54 people were ascertained and their families notified. It reunited three unaccompanied minors with their families, some of whom were given cash to cover transport costs or expenses related to reintegration.

The ICRC arranged for several families in Yemen to call or visit relatives formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba and resettled elsewhere.

With the ICRC's help, three former detainees who had been released on humanitarian grounds were reunited with their families. At the request of the Saudi Arabia-led coalition, the ICRC also assisted in the repatriation of 117 Yemeni detainees after their release in Saudi Arabia (see *Kuwait*). All the former detainees were given financial assistance by the ICRC to help them return to their respective homes.

Because of operational constraints, the ICRC was unable to carry out planned activities to broaden awareness among the general public of the issue of missing people and the necessity of preventing disappearances.

The ICRC gave the National Society technical support to strengthen its capacities in restoring family links.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its dialogue with prison authorities on securing access to all detainees within its purview. It visited, in accordance with its standard procedures, 23 places of detention holding some 19,300 detainees – including people held in connection with conflict – to monitor their treatment and living conditions; around 3,000 detainees were monitored individually. The ICRC also followed up former detainees to check on their situation. Findings and recommendations from these visits, including those the ICRC had gathered from former detainees, were communicated confidentially to the authorities, to help them ensure detainees' well-being. Hygiene and other essential items were donated to selected places of detention to help ease detainees' living conditions.

The ICRC continued to remind authorities to ensure that all detainees within their jurisdiction were accounted for, and that fundamental safeguards and judicial guarantees were respected, with a view to preventing disappearances. It impressed upon them the necessity of promptly informing families of their relatives' arrest and/or transfer, illness or death. The ICRC organized dissemination sessions and workshops to help prison authorities ensure that detention conditions met internationally recognized standards, particularly for prison management and detainees' access to health care and other essential services.

The ICRC gave detaining authorities support to enable detainees to restore and maintain contact with their families. RCMs and phone calls were made available to detainees, including

foreigners and those being treated at hospitals; detainees continued to receive photos and/or parcels from their families.

The ICRC urged prison authorities to release, on humanitarian grounds, ailing and other particularly vulnerable detainees.

Detainees have better access to basic health care

The ICRC provided, on a regular and ad hoc basis, medical supplies and other consumables, and salary incentives for staff, to clinics at seven prisons, to enable them to treat both non-communicable and communicable diseases, including COVID-19. It organized training sessions on these subjects; other prison authorities and health personnel also learnt about pharmacy management, diagnosis and treatment of common illnesses, good-hygiene practices, and controlling the spread of food- or water-borne diseases. The ICRC also endeavoured to ensure that detainees – including former detainees – needing specialized treatment, including psychosocial support, were referred to the pertinent service providers.

The ICRC donated emergency supplies of medicine and other consumables to the prison in Sa'ada that was hit by an air strike.

About 5,500 detainees had a more reliable supply of clean water and electricity, and access to better basic facilities, after the ICRC carried out planned improvements and ad hoc repairs at several places of detention, including the one that was hit by an air strike.

WOUNDED AND SICK

Wounded and sick people receive timely and life-saving care

The ICRC continued to provide support throughout the casualty care chain, to help ensure that wounded and sick people had timely access to good-quality medical treatment. It helped emergency responders, and others likely to be at the scene of violent incidents, to provide life-saving care. A total of 372 weapon bearers, community members and other first responders were trained in first aid and given the necessary supplies. The ICRC also gave the Yemen Red Crescent Society support – cash incentives for staff, fuel and equipment – to maintain its ambulance services.

Wounded, sick, and obstetric patients were treated at ICRC-supported hospitals that provided emergency, surgical, post-operative and inpatient care, treatment for chronic conditions, COVID-19 and other diseases and/or referrals for further support. People with disabilities received physiotherapy at some of the hospitals or were referred to ICRC-supported physical rehabilitation centres (see below). A total of 36 hospitals received ICRC support; 11 of these hospitals were regularly provided with fuel, medicine and other supplies, and/or cash incentives for staff. Some staff members were trained in pharmacy management and other areas, and in the use of incubators, ultrasound machines and other medical equipment. Several hospital workers were given psychosocial support and taught how to provide this for others. Together with the health ministry, the ICRC helped selected hospitals to draw up protocols to control the spread of diseases. It also

donated wound-dressing kits and other emergency supplies to hospitals in areas where hostilities had intensified.

The ICRC continued to provide three haemodialysis centres with insulin and other consumables to treat diabetics.

All ICRC-supported hospitals were given PPE to protect health staff and patients against COVID-19.

People with disabilities improve their mobility

People with physical disabilities obtained good-quality assistive devices, as well as physiotherapy, psychosocial support and other services, at five physical rehabilitation centres – in Aden, Mukalla, Sa'ada, Sana'a and Taiz – and one provider of wheelchair services. Towards the end of 2022, because of staffing constraints, the ICRC could not continue providing mental-health and psychosocial support for people with disabilities; instead, it referred those needing such support to the pertinent service providers. People with disabilities living in remote areas benefited from outreach conducted with the ICRC's support; they were alerted to these outreach services through ICRC dissemination sessions. More than 57,300 people¹ received suitable care at the centres; the ICRC referred some 90 of them to its income-support programmes. The ICRC provided all the facilities mentioned above with raw materials and equipment for repairing or making assistive devices, and cash incentives for their staff. It enabled selected physiotherapists to attend courses in specialized areas.

The ICRC continued to sponsor Yemenis for training in prosthetics and orthotics within Yemen – for instance, at the national training institute and Sana'a University – or elsewhere. It provided the national training institute with physiotherapy equipment for its training facility. Sana'a University received ICRC-support for developing a curriculum for its degree programme in physiotherapy.

To help advance the social inclusion of people with disabilities, the ICRC assisted two disability sports unions to organize wheelchair basketball or wheelchair tennis events, and one vocational training centre to provide wheelchairs to students with disabilities. On World Physiotherapy Day, it helped an association of physical therapists to broaden public awareness of the benefits of physiotherapy.

The ICRC provided infrastructural support – renovation of emergency rooms and repairs to critical facilities (e.g. maternity wards, water and electrical systems, oxygen-supply stations) – and/or donated supplies and equipment to hospitals (around 4,100 beds) and physical rehabilitation centres. This included retrofitting the field hospital in Dhale with surgical facilities and completing the construction of a new physical rehabilitation centre in Sa'ada. Construction of a prosthetic and orthotic training facility at Sana'a University continued.

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

ACTORS OF INFLUENCE

Public-communication initiatives draw attention to humanitarian issues

With a view to broadening awareness of its work and acceptance for it, the ICRC continued to draw the attention of authorities, weapon bearers, community leaders, civil society, the media and the general public to the humanitarian situation in Yemen and the ICRC's response. It used social media, news releases and other means to publicize its neutral, impartial and independent humanitarian action. It produced informational materials – printed and audiovisual – some of which it pitched to local and international news organizations in an effort to bring the humanitarian issues in Yemen to the attention of a wider audience.

Access constraints impeded some of the ICRC's efforts to engage directly with conflict-affected people. Wherever possible, the ICRC organized focus-group discussions – and used its toll-free hotline and other feedback mechanism – to gather people's views and suggestions, and gain a fuller understanding of their needs and concerns, in order to respond more effectively. The ICRC produced materials to inform people of the potentially life-saving services available to them. Radio broadcasts by the ICRC and YEMAC told people in weapon-contaminated areas about safe practices around mines/ERW and other means of mitigating threats to their safety.

The Yemen Red Crescent Society was given training, and financial and technical support, to make its public communication more effective (see *Red Cross and Red Crescent Movement*).

Authorities and other influential actors strengthen their grasp of IHL

The ICRC continued to strive to broaden awareness of and respect for IHL among weapon bearers, Islamic scholars, authorities and other influential actors, and among states able to influence the parties to conflict, with a view to securing

the parties' compliance with IHL. It organized discussions on IHL-related topics – such as the points of correspondence between Islamic law and IHL – and produced digital content on IHL.

To stimulate their interest, and develop their expertise, in IHL, the ICRC conducted training and held seminars on IHL for legal scholars and law students.

RED CROSS AND RED CRESCENT MOVEMENT

The Yemen Red Crescent Society remained the ICRC's main partner and continued to help the ICRC reach conflict-affected people in need. The ICRC and the National Society renewed their partnership framework agreement, focusing on mine-risk education, family-links services, and water-and-habitat and economic-security initiatives.

The ICRC continued to provide the National Society with support – financial, material and technical – and training to maintain its ability to respond to a broad range of humanitarian needs. It helped the National Society expand its organizational capacities in public communication, emergency response, project implementation, and management of human and financial resources. It continued to help the National Society to incorporate the Safer Access Framework in its training and operations, so that National Society staff and volunteers could do their humanitarian work in safety. The International Federation undertook, with the ICRC's financial backing, various activities to advance the National Society's organizational development.

The International Federation, the National Society, the ICRC and other Movement components operating in Yemen met regularly to coordinate their activities and draw up partnership agreements, particularly for delivering primary health care. Together with other Movement components, the ICRC helped the National Society to flesh out its strategic plan.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,562			
RCMs distributed		624			
Phone calls facilitated between family members		200			
Reunifications, transfers and repatriations					
People reunited with their families		3			
People transferred or repatriated		120			
Human remains transferred or repatriated		456			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		281	3	4	29
	<i>including people for whom tracing requests were registered by another delegation</i>	15			
Tracing cases closed positively (subject located or fate established)		54			
	<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)		2,798	99	67	351
	<i>including people for whom tracing requests were registered by another delegation</i>	197			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		7	2		
UAMs/SC reunited with their families by the ICRC/National Society		3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		8	3		
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		23			
Detainees in places of detention visited		19,394	634	514	
Visits carried out		45			
			Women	Girls	Boys
Detainees visited and monitored individually		3,074	1		11
	<i>of whom newly registered</i>	479	1		4
RCMs and other means of family contact					
RCMs collected		136			
RCMs distributed		58			
Phone calls made to families to inform them of the whereabouts of a detained relative		2,704			
Detainees released and transferred/repatriated by/via the ICRC		3			
People to whom a detention attestation was issued		76			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	291,177	94,935	131,392
	<i>of whom IDPs</i>	158,960	55,130	67,092
Food production	People	1,297,352	326,405	708,725
	<i>of whom IDPs</i>	62	16	34
Income support	People	138,768	45,457	64,799
	<i>of whom IDPs</i>	70,394	27,623	28,691
Living conditions	People	49,734	14,946	23,980
	<i>of whom IDPs</i>	30,981	10,257	13,668
Water and habitat				
Water and habitat activities	People	3,279,123	557,451	590,242
Primary health care				
Health centres supported	Structures	34		
	<i>of which health centres supported regularly</i>	33		
Average catchment population		964,857		
Services at health centres supported regularly				
Consultations		1,170,841		
	<i>of which curative</i>	1,103,363	314,214	520,237
	<i>of which antenatal</i>	67,478		
Vaccines provided	Doses	317,975		
	<i>of which polio vaccines for children under 5 years of age</i>	184,672		
Referrals to a second level of care	Patients	7,215		
	<i>of whom gynaecological/obstetric cases</i>	2,463		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		*		
People trained in mental-health care and psychosocial support		26		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	30,237	256	99
Water and habitat				
Water and habitat activities	People	5,571	446	279
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	39		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	14		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	4,287	127	552
	(including those related to mines or explosive remnants of war)	257	*	*
	Non-weapon-wound admissions	30,389		
	Operations performed	64,120		
Gynaecological/obstetric admissions		8,106	8,106	
Consultations		888,872		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		6,258		
Weapon-wound admissions (surgical and non-surgical admissions)		8,492	321	28
Weapon-wound surgeries performed		3,362		
Patients whose hospital treatment was paid for by the ICRC		77		
First aid				
First-aid training				
	Sessions	16		
	Participants (aggregated monthly data)	372		
Water and habitat				
Water and habitat activities	Beds (capacity)	4,171		
Physical rehabilitation				
Projects supported		12		
	<i>of which physical rehabilitation centres supported regularly</i>	5		
People who benefited from ICRC-supported projects	Aggregated monthly data	57,640		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	57,374	13,415	21,335
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	266		
	<i>of whom victims of mines or explosive remnants of war</i>	687		
	<i>of whom weapon-wounded</i>	3,423		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	1,363		
Orthoses delivered	Units	35,141		
Physiotherapy sessions		158,211		
Walking aids delivered	Units	4,771		
Wheelchairs or postural support devices delivered	Units	652		
Mental health and psychosocial support				
People who received mental-health support		88		

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