Weapon contamination and victim assistance

2025 Special Report

Report

ICRC

Myanmar, Kachin. More than 500 residents of Waingmaw, Mohyin and Myitkina Townships attended ICRC information sessions on the hazardousness of mines and ERW, where they also learnt about safe practices, particularly while farming and undertaking other routine livelihood activities.

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Ukraine, Sumy. Marking hazardous areas clearly can reduce the risk of civilians entering contaminated areas. We provided signs and other marking materials to local teams in Sumy responsible for marking hazardous areas.

Overview

Civilians throughout the world continue to deal with the devastating consequences of weapon contamination. During hostilities, and long afterwards, landmines, explosive remnants of war (ERW), abandoned ammunition and chemical, biological, radiological, or nuclear (CBRN) hazards continue to endanger lives, make homes virtually inaccessible, disrupt essential services and livelihoods, and hinder recovery. Civilians are wounded or killed during active hostilities, for example during shelling or shooting, and by unexploded ordnance that remains after fighting has ended – and often in the course of daily activities, such as playing outdoors, farming or pursuing other livelihoods, grazing animals, or collecting water. According to *Landmine Monitor*, at least 6,279 people were wounded or killed by mines and ERW in 2024. This was an increase of 9% over the previous year, and the highest recorded total since 2020. At least 1,701 of these casualties were children.

Accidents caused by mines, ERW and other explosive hazards may have life-altering consequences for survivors. For instance, the loss of a limb, severe burns or psychological trauma may impede their mobility, and their ability to support themselves and their families, and may make it virtually impossible for them to function unassisted. Many survivors have to endure long-term disability and find it difficult to obtain medical care, physical rehabilitation, education, employment and other necessities. Many people with disabilities living through humanitarian crises face similar difficulties: as many as three out of four report major obstacles to obtaining food, water, shelter and other basic necessities.

Weapon-related accidents have far-reaching consequences. Besides causing deaths and injuries, they can also do profound and lasting damage to families and communities, particularly when those injured or killed in these accidents are primary caregivers or income earners. When that happens, the result is emotional, psychological and socio-economic hardship for their families.

In 2025, owing to the scale, duration and complexity of armed conflicts, and the changing character of warfare, weapon contamination was even more direly consequential and a major source of growing humanitarian concern. In some contexts, use of improvised explosive devices increased. That, together with the use of new technologies in warfare and the growth of combat operations in densely populated areas, has created increasingly complex risk environments for civilians, both during and after hostilities. When people sought to return home, restore their livelihoods and rebuild essential services, they often also had to contend with weapon contamination in their immediate surroundings. Weapon contamination also impeded humanitarian access and delayed humanitarian action and other recovery efforts. All this has made it more important than ever to protect civilians, reduce risks where possible and support those affected, in accordance with international humanitarian law (IHL).

The ICRC's approach to weapon contamination and victim assistance

The ICRC has a unique and historic mandate under IHL to protect and assist people affected by armed conflict and other situations of violence, including those exposed to weapon contamination and its consequences. We fulfil this mandate through **neutral, impartial and independent humanitarian action** that reaches people on all sides of a conflict. Our neutrality, impartiality and independence enables us to have a presence in active conflict zones and work alongside affected communities, including in places where virtually no other humanitarian actors can operate. It also enables us – from the earliest stages of a crisis, and often before large-scale clearance is feasible – to reduce the risks posed by weapon contamination: we do that by working with communities to understand risks, help people to adopt safe practices, enable humanitarian action and strengthen local responses to weapon contamination.

When dealing with weapon contamination and victim assistance, our main concern is to **protect the lives, well-being and dignity of civilians**. We take **a holistic approach** to tackling the humanitarian consequences of weapon contamination and supporting survivors and **others affected, including people with disabilities**. In other words, our protection, health, physical rehabilitation, water-and-habitat, economic-security and other humanitarian activities work together to reduce risks and respond to humanitarian needs.

As part of the International Red Cross and Red Crescent Movement, we belong to **a network of humanitarian partners** that are **active on the ground** throughout the world, and that helps us to deliver locally led and sustainable responses to weapon contamination. Our long-standing presence, acceptance in communities and operational reach enable us to provide support for affected people quickly, strengthen local capacities and respond in contexts where access may be limited.

Our approach to **weapon contamination** and **victim assistance** rests on three complementary pillars:

We mitigate and prevent harm

Understanding how weapon contamination affects people's daily lives is central to our approach. We engage directly with communities to understand their situation, discuss their protection concerns, and identify how weapon contamination affects their access to homes, livelihoods and essential services; and we work with them to identify practical measures to reduce risks to their safety. Our response is shaped by what we learn from our close interaction with communities. We also use that in our confidential dialogue with authorities and other actors to promote respect for IHL and improve protection for civilians.

To understand more fully the risks communities face, we identify and map hazardous areas; gather and analyse data on incidents and casualties related to weapon contamination; and identify high-risk areas and vulnerable populations, and assess the nature and severity of the risks they face. This helps us to design and adapt our response to match the realities of each context. Through community-based **RASB (risk awareness and safer behaviour) activities**, we disseminate information about hazards and practical precautions; help communities to identify safe alternatives to risk-taking behaviour; and work with them to create safe access to homes, livelihoods and essential services, while also limiting the likelihood and severity of accidents.

We consolidate information on casualties and incidents and pass it on to national authorities, either directly or together with our National Society partners. This helps realize a coordinated understanding of weapon contamination and also helps inform humanitarian mine action and broader national responses.

Myanmar, Kachin. RASB sessions play an important part in helping communities protect themselves from mines and ERW. One of the 754 participants in these sessions said, "Before, I did not know how to stay safe during such incidents. Now, I understood how to behave and what to do during shootings and shelling."

We give local and national authorities technical support and guidance to strengthen their capacity to survey and mark hazardous areas; dispose of explosive ordnance safely; and, in some cases, assess and manage CBRN risks. This includes training and equipping teams in accordance with the International Mine Action Standards (IMAS) or other relevant standards. It also includes providing support for incorporating, in mine-clearance teams, medical personnel capable of providing immediate blast or toxic trauma care in the event of accidents. In certain circumstances, where we alone have access to contaminated areas, and where the risks to vulnerable populations are high, we remove and dispose of explosive ordnance ourselves. We do this to reduce the immediate risks to civilians or to enable the provision of humanitarian assistance.

We also help ensure that survivors have timely access to physical rehabilitation services during crises, by supporting early-rehabilitation activities and contingency planning for needs related to assistive technology; and by forming partnerships to enhance our preparedness for emergencies. These efforts contribute to strengthening national capacities in victim assistance. They also benefit people affected by weapon contamination and others, including people with disabilities, requiring rehabilitation services.

We respond to the consequences

People affected by weapon contamination often require long-term support to recover from their injuries, regain independence and participate fully in family and community life. We enable survivors and others affected, including persons with disabilities, to obtain the health services they need to fully recover. And we help them and their families cope with their altered socio-economic and psychological condition. We enable access to first aid, pre-hospital care, early rehabilitation, surgical care for the wounded, trauma surgery and other life-saving medical care, through direct support and by building capacities at health facilities and among medical staff. We offer physical rehabilitation centres comprehensive support for treatment, limb-fitting, physiotherapy and provision of wheelchairs and other assistive devices, and for improving the quality and sustainability of their services. Although we cannot ensure the provision of lifelong rehabilitation services after the conclusion of a conflict, we make every possible effort to collaborate with relevant stakeholders to ensure continuity of care.

We offer psychological care and counselling for survivors, and their families, traumatized by mine-/ERW-related accidents, disability and other consequences of conflict; and we carry out information sessions in communities to raise awareness of mental-health issues. We provide victims of mine-/ERW-related accidents and their families with cash grants to pay for basic necessities and cover urgent expenses (e.g. food, medical bills, funeral costs). We also refer them to authorities or service providers who can aid them. We offer vocational training, cash grants to start small businesses, microcredit initiatives, educational support and employment opportunities to survivors and others, including people with disabilities; and we carry out disability sports programmes in support of their physical and psychological well-being.

Ukraine, Kharkiv. Oleksandr – a volunteer at the Ukrainian Red Cross Society – is learning to use his prosthesis with the help of the physical rehabilitation services at the ICRC-supported University Hospital in Kharkiv. His leg was amputated below the knee after he was wounded in a drone strike.

ICRC

We advocate systemic change

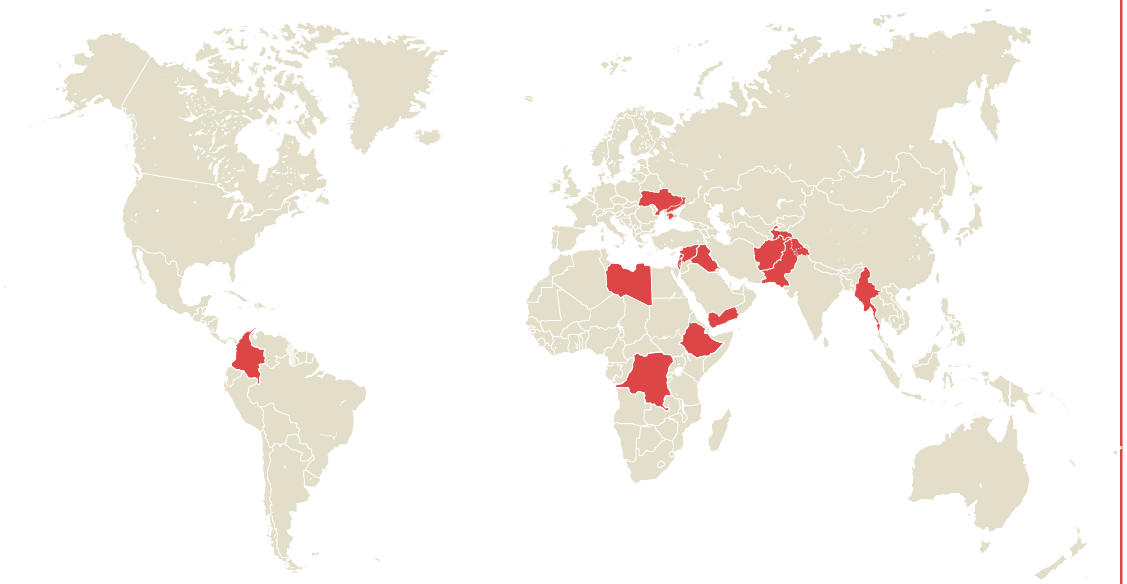
Limiting the humanitarian consequences of weapon contamination requires more than operational action. It also needs sustained political commitment, effective legal and policy frameworks, and internationally recognized standards that support safe, effective and accountable action. Drawing on our operational experience, we take part in policy dialogue, provide technical cooperation and contribute to the development of international standards that strengthen humanitarian action and improve protection against weapon contamination for civilians.

We bring together authorities, National Societies, international organizations, technical experts and other partners – through seminars, workshops and public-awareness initiatives – to share knowledge and information, promote good practices and address emerging humanitarian challenges. We also contribute to the development and application of the IMAS and International Ammunition Technical Guidelines (IATG), and help ensure that they remain responsive to evolving operational realities and humanitarian needs.

Our work is guided by IHL and key international agreements, such as the Anti-Personnel Mine Ban Convention, the Convention on Certain Conventional Weapons, the Convention on Cluster Munitions, and the Convention on the Rights of Persons with Disabilities. We also support relevant international policy commitments, such as the Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences Arising from the Use of Explosive Weapons in Populated Areas. By sharing our legal, technical and operational expertise with states and other stakeholders at national and international levels, we promote adherence to these frameworks and support their implementation.

Highlights

Weapon contamination and victim assistance in 2025



Featured ICRC delegations and contexts: Afghanistan, Colombia, Democratic Republic of the Congo, Ethiopia, Iraq, Israel and the Occupied Territories, Lebanon, Libya, Myanmar, Pakistan, Syrian Arab Republic, Tajikistan (under the Tashkent regional delegation), Ukraine and Yemen

This section describes the ICRC's approach, in 2025, to weapon contamination and victim assistance in seven operational contexts: the **Democratic Republic of the Congo** (hereafter, DRC), **Israel and the occupied territories, Lebanon, Myanmar**, the **Syrian Arab Republic** (hereafter, Syria), **Ukraine and Yemen**. The ICRC delegations in these contexts provide concrete, field-based examples of our approach – described in the previous section – to realizing the objectives outlined in *ICRC Special Appeal 2025: Weapon Contamination and Victim Assistance*. The *Special Appeal* also presented the plans for other delegations, but detailed reporting on those contexts is not included in this special report. An overview of our operations in those countries can be found in ICRC Annual Report 2025.

Our efforts against mines, ERW and other weapon-related hazards are led by our **Weapon Contamination Unit**. In 2025, we focused mainly on helping communities live more safely in areas affected by active hostilities and explosive hazards, and on strengthening national capacities in tackling weapon contamination sustainably.

Some of the highlights are listed below:

- Casualties of weapon contamination in Syria rose sharply in 2025: figures for the first half of the year alone were comparable to what was recorded throughout 2024. In response, the ICRC and the Syrian Arab Red Crescent carried out information sessions that made more than 360,000 people aware of the mines and other explosive ordnance and helped them adopt safe practices in their daily lives. More than 250,000 of them were children, who are particularly at risk. In addition, our teams helped people injured in mine-/ERW-related accidents to obtain timely medical attention.
- In 2024, Myanmar recorded more new mine-/ERW-related casualties than any other country. In response, the ICRC worked with the Myanmar Red Cross Society, civil-society organizations and key community members to reach people in some of the most affected areas. Nearly 70,000 people – children, town dwellers, farmers and members of violence-affected communities – took part in risk-education sessions that helped them understand the risks to their safety and devise means of carrying out their daily activities more safely. We also trained hundreds of local people to conduct such sessions in their own communities, thereby extending the reach and sustainability of this work.
- Mines, artillery shells, ballistic missiles, drones and other explosive hazards continued to endanger civilians and impede humanitarian operations in Ukraine. The ICRC worked with the Ukrainian Red Cross Society and national authorities, such as the State Emergency Service of Ukraine and the State Special Transport Service, to mitigate these risks. Communities learnt how to identify dangers and adopt safer behaviour in areas affected by mines and ERW. We also helped specialist personnel from state services to strengthen their capacities in mine action (surveying and marking weapon-contaminated areas, disposing of explosive ordnance, dealing with CBRN hazards, etc.).

Our **Physical Rehabilitation Programme** takes the lead in carrying out initiatives that help maintain our ability to deliver comprehensive, high-quality services in conflict-affected areas where rehabilitative needs are great. In 2025, in addition to the continuous improvement and strengthening of our rehabilitation programmes around the world, we made significant progress in some other areas as well:

- The early-rehabilitation component of our emergency response in conflict zones and disaster-affected areas was one of our top priorities during the year, as borne out by our teams' extensive engagement in the DRC, Israel and the occupied territories, Sudan, Syria and Ukraine. Beginning rehabilitation as soon as possible prevents complications, accelerates recovery and enhances the overall quality of life for survivors. It bridges the gap between the immediate post-surgical phase in hospitals and post-hospital rehabilitation in outpatient departments, physical rehabilitation centres and affected communities. We also prioritized follow-up care after discharge; broad distribution of assistive technologies; and preparedness in advance of crisis peaks.
- Development of the technologically advanced K3 dynamic foot for active prosthetic users was completed last year. However, external distribution was put on hold, pending reviews to ensure that the distribution model would be sustainable and scalable, and would reach as many people as possible throughout the world. The K3 foot is designed for active adults and children. It helps to improve their stability and mobility while also being affordable. Despite the delay, the K3 foot remains a strategic priority for enhancing prosthetic care within and beyond our operations.
- We continued to install the Digital Centre Management System (DCMS) at rehabilitation centres in the DRC, Iraq, Myanmar, Pakistan and Syria. The DCMS is a standardized and transparent digital tool that can be audited, is cost-effective and helps centres operate more efficiently. We helped assess the centres' readiness to shift to this new system. The assessment covered all the technical, organizational and human factors.
- In line with our commitment to working through local partnerships – as is the case in about 95 per cent of all our activities – we continued to seek to bolster local capacities in physical rehabilitation and strengthen the sustainability of national systems. We also continued to promote a comprehensive system-strengthening approach among governments and national partners, and to support training for rehabilitation professionals in different countries. In 2025, these initiatives played a pivotal role in the successful handover of our support, and the implementation of our exit strategies, in Bangladesh, Colombia and Libya.

- We worked to identify and implement new and innovative social-integration programmes in sport, career development, self-employment and inclusive schooling. Despite restricted budgets and fewer social-inclusion activities than in 2024, we were able to help more than 11,000 service users. In line with the ICRC's Vision 2030 on Disability, 20 ICRC delegations established disability-inclusion working groups and participated in a global mid-term review to help chart the final phase of Vision 2030.

Key figures from highlighted contexts

In the DRC, Israel and the occupied territories, Lebanon, Myanmar, Syria, Ukraine and Yemen:

Weapon contamination

Around 1,247,600 people benefited from **RASB** activities

Almost 1,300 National Society staff/volunteers were able to **strengthen their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

Support was provided for **57 physical rehabilitation projects**

More than 75,100 people benefited from physical rehabilitation and social-integration initiatives, including some **3,600 victims of mines and ERW**.

Democratic Republic of the Congo

Armed conflict persisted between DRC military and security forces and armed groups in eastern sections of the country, particularly the provinces of North Kivu, South Kivu and Ituri. The fighting reached a new peak of intensity in early 2025, when the Alliance Fleuve Congo/M23 (hereafter AFC/M23) rapidly advanced into the eastern DRC, capturing Goma and soon after, Bukavu. The fighting intensified again in December 2025, with the AFC/M23's capture of Uvira in South Kivu. Continued fragmentation of armed groups, and fighting among them, added to the precariousness of the security situation.

The escalation in hostilities had severe humanitarian consequences. Civilians were wounded, killed or subjected to abuse. Weapon contamination, a consequence of the fighting, increased the risks faced by communities. Humanitarian access narrowed, because of the security situation, the closure of airports in Goma and Bukavu, and attacks against medical personnel and humanitarian workers. Because of the damage to homes, livelihoods and critical infrastructure, internally displaced people (IDPs) and their host communities struggled to obtain food, water and other necessities, and the health system, already weakened, was overwhelmed by influxes of wounded people.

DRC. We mark hazardous areas to alert communities to the presence of mines and ERW. This helps people to avoid dangerous areas and limits the risk of accidents. Markings are maintained regularly, so that they remain visible and effective.

Weapon contamination

RASB activities reached **3,847 people**

A total of **152** National Society volunteers **strengthened their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

10 physical rehabilitation projects were supported

A total of **2,331 people obtained rehabilitative services** and benefited from social-integration activities; **89** were **victims of mines and ERW**

Weapon contamination

- The intensified fighting significantly increased the risks posed by weapon contamination. Together with the Red Cross Society of the Democratic Republic of the Congo, the ICRC undertook community-based RASB activities that reached 3,847 people in affected communities: 1,147 girls, 1,253 boys, 607 women and 840 men. Ten sessions with community leaders, and 98 community-based sessions, were organized, to help people mitigate the risks associated with weapon contamination and adopt safe practices.
- We also carried out 26 community-based risk-reduction activities in South Kivu and North Kivu. For instance, we marked hazardous areas to help reduce the risk of accidents in communities.
- To strengthen local response capacities, we conducted six sessions to train 152 National Society volunteers (82 men, 70 women) in broadening awareness of mine-/ERW-related risks and promoting safer behaviour. We also equipped them appropriately: 126 individuals kits for trained volunteers (backpack, raincoat, forms, marking tape, etc.) and 20 awareness kits.
- Our weapon contamination teams systematically accompanied other ICRC teams to facilitate their work in weapon-contaminated areas. They assessed routes in areas affected by fighting, to enable safe and timely evacuation of wounded people. They also assessed weapon-contaminated sites, and when necessary, asked for them to be cleared without delay, so that water services could be restored.

Physical rehabilitation

- We concentrated our physical rehabilitation activities on certain priority zones in the eastern DRC. A total of 1,617 people with physical disabilities, including those injured by mines or ERW, received services free of charge at five physical rehabilitation centres. We supported these centres with on-the-job staff training, materials for producing prostheses and orthoses and financial assistance. We also helped them improve the management of their centres through better data collection and use of the DCMS. In addition, we provided patients with psychosocial care to help them cope with the traumatizing effects of violence and/or loss of mobility. Owing to a combination of financial constraints and the shifting of priorities that that necessitated, we ended our involvement with the physical rehabilitation centre in Kinshasa at the end of the year.
- Over 700 people with disabilities benefited from our various efforts to help advance their social inclusion, such as supporting children's education, organizing disability sports (e.g. the annual wheelchair-basketball tournament), providing cash grants through microeconomic initiatives, arranging training for trainers in disability rights, and facilitating vocational training. To help ensure the sustainability of the physical rehabilitation sector in the DRC, we continued to provide expert advice to the health ministry.

Israel and the Occupied Territories

In October 2025, Israel and Hamas reached a ceasefire agreement in connection with hostilities of unprecedented intensity that had gone on for two years and exacted a massive human toll in Gaza. These recent hostilities, which began on 7 October 2023, took place within a broader context characterized by 58 years of occupation; the rapid expansion of Israeli settlements and related settler violence in the West Bank; the closure of the Gaza Strip, since 2007; and recurrent bouts of fighting between Israeli forces and Gaza-based armed groups. After the agreement was reached, air strikes and other armed violence became less frequent but did not stop, expanding and intensifying sharply at times.

The hostilities wounded or killed tens of thousands of people in Gaza. Thousands of others were reported missing or detained. Since the ceasefire agreement, over 1,000 people have been killed and 3,000 wounded. Nearly everyone in Gaza was displaced, many of them repeatedly. People were unable to meet even their most basic needs. Critical public infrastructure for water and health had collapsed and residential neighbourhoods had been reduced to rubble. Widely scattered ERW further endangered civilians' lives and impeded the provision of humanitarian assistance.

In the West Bank, including East Jerusalem, long-standing Israeli occupation policies and violence involving Israeli forces and settlers intensified and caused injuries and deaths in Palestinian communities, destroyed property, impeded access to essential services, displaced people and led to arrests.

Israel and the occupied territories. Because vast quantities of munitions were used in a small area, weapon contamination is a serious threat to the safety of teenagers and working men. Together with the Palestine Red Crescent Society, we painted several murals in Gaza to raise awareness of these dangers, especially among children.

ICRC

Weapon contamination

Some **403,500** people benefited from **RASB** activities

A total of **83** National Society staff/volunteers **developed their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

2 physical rehabilitation projects were supported

A total of **1,913** people **obtained rehabilitative services** and benefited from **social-integration activities**

Weapon contamination

- Some 403,500 people in Gaza benefited from RASB activities in the form of communication campaigns and outreach. These activities included around 7,800 information sessions conducted by the ICRC and the Palestine Red Crescent Society, and were carried out in places where people gathered: schools, camps for displaced people, public spaces and other accessible locations. They helped people to adopt safe practices in areas where ERW were widely dispersed.
- We supported the marking of hazardous areas and, where appropriate, hazardous items, to help reduce the risk of accidents and enable safer humanitarian access while clearance operations remained pending.
- We provided specialized training for municipal workers, waste-management personnel, police staff and staff and volunteers from the Palestinian Red Crescent working in ERW-contaminated areas. Combining classroom instruction with practical, scenario-based exercises, the training strengthened participants' ability to recognize unexploded ordnance, take appropriate safety measures and operate more safely in weapon-contaminated environments.
- We conducted train-the-trainer sessions for the Palestinian Red Crescent, and further developed the ability of staff and volunteers to carry out RASB activities in their own communities. We also worked with the National Society to review target audiences and review and strengthen its RASB methodology and how it evaluated programme outcomes.

Physical rehabilitation

- We helped over 1,900 people with physical disabilities to obtain physical rehabilitation services and assistive devices at the Artificial Limb and Polio Centre (ALPC) in Gaza City and at the workshop of a hospital run by the Palestinian Red Crescent in Khan Younis. We were these facilities' main operational partner and gave them training, equipment and expert guidance. However, the logistical and security-related constraints were such that we assisted far fewer people than planned: the ALPC experienced periodic disruptions and the workshop was functioning well below its capacity. Our support for a specialized wheelchair service for children helped ensure the continuity of their services, despite the precarious security situation.
- As part of our support for the facilities mentioned above, we trained personnel from other providers of rehabilitation services in Gaza. We also expanded physical rehabilitation activities through a specialized rehabilitation unit that provided pre-fitting rehabilitation for amputees at a health centre operated by the Palestinian Red Crescent and at a small workshop at our field hospital in Rafah.
- We worked with the ALPC and other local health facilities to collect data (e.g. the prevalence of amputations and permanent disabilities) on the rehabilitation and social needs of over 19,000 people with physical disabilities, in order to refer them for suitable health-related and other assistance.

Lebanon

Lebanon and Israel signed a ceasefire agreement in November 2024. However, the situation remained volatile, particularly in southern Lebanon, the Bekaa-Hermel areas in eastern Lebanon and, to a lesser extent, the southern suburbs of Beirut – all areas in which the Israel Defense Forces' military operations continued.

A large number of Syrians and Palestinians had found refuge in Lebanon, which continued to feel the effects of regional instability. Many people returned to Syria after the political transition in December 2024, but over 1 million Syrians remained in Lebanon. They lived mainly in host communities or in informal settlements in areas near the Lebanon–Syria border, such as Arsal and the Bekaa valley. Some 100,000 newly arrived Syrians who had fled to Lebanon between December 2024 and July 2025 were undocumented; their living conditions were dire. Roughly 200,000 Palestinian refugees were still living in Lebanon, most of them in 12 overcrowded camps.

Lebanon, Shebaa. Raising awareness of the dangers of mines and ERW goes a long way towards reducing casualties. During one of our food distributions, we gave out leaflets that told children and other conflict-affected people about the risks of weapon contamination and the services available at the Lebanon Mine Action Center.

ICRC

The armed conflict displaced, wounded and killed people, damaged and destroyed civilian infrastructure, disrupted basic services such as water and health care, and prevented people from pursuing their livelihoods. The use of explosive weapons in populated areas when the conflict intensified – and unexploded ordnance and ERW – put civilians at great risk of injury or death. Some areas had had to endure intense air strikes and shelling.

Weapon contamination

RASB activities benefited **1,250** people

A total of **85** Lebanese Red Cross staff/volunteers **strengthened their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

7 physical **rehabilitation projects** were supported

A total of **1,359** people **obtained rehabilitative services** and benefited from social-integration activities; **116** were **victims of mines and ERW**

Weapon contamination

- Following the escalation of hostilities, the ICRC helped communities in Lebanon to more fully understand the hazardousness of explosive ordnance and reduce the risks to their safety. Community-based RASB sessions provided practical guidance on recognizing explosive hazards, identifying suspected hazardous areas, adopting safe practices and reporting the presence of explosive ordnance to the relevant authorities. We supplemented these activities with distributions of informational materials (leaflets, posters and colouring books for children) and a nationwide communication campaign – consisting of strategically placed billboards, highway unipoles and social-media posts – that focused on areas where mine-/ERW-related accidents had occurred. To help protect people returning to their homes, we produced informational banners and displayed them on damaged houses in areas destroyed by the fighting. The banners drew attention to the dangers posed by ERW buried in debris and rubble, as well as other explosive hazards.
- In addition to our community engagement, we strengthened local response capacities through the Lebanon Mine Action Center (LMAC). Lebanese Red Cross volunteers were given RASB training and, at the request of the LMAC, this was extended to local non-governmental organizations (NGOs), to strengthen their capacity to undertake community-based activities. We also trained personnel from the Rafik Hariri University Hospital, in Beirut, in white phosphorus decontamination. The training combined classroom instruction with practical exercises, to strengthen preparedness for mass-casualty incidents related to weapon contamination. In addition, 12 paramedics from the Islamic Health Services were trained to identify explosive ordnance and instructed in related safe practices.
- We conducted assessments regularly in weapon-contaminated areas. This helped us to reach a fuller understanding of the risks to communities. We also used findings from these assessments in our confidential bilateral protection dialogue with parties to conflict, which included discussions on the conduct of hostilities and the humanitarian consequences of the use of certain weapons.

Physical rehabilitation

- Four physical rehabilitation centres supported by us – including one run by the National Society – and three disability organizations provided assistive devices and rehabilitative care, and arranged social-inclusion activities, for over 1,300 people with physical disabilities.
- Together with the Forum for the Rights of Persons with Disability, we organized workshops on career development for people with disabilities. With other disability organizations – the Lebanese Paralympic Committee and the Lebanese Mountain Trail Association – we organized sporting activities for people with disabilities, to advance their social inclusion. We also organized several training sessions for health workers in such areas as wheelchair services and early rehabilitation.
- We worked with the Ministry of Public Health and NGOs to promote the role of physiotherapists in emergency response and ensure their involvement in acute and post-acute phases of care. We conducted rehabilitation training for physiotherapy students and certified courses in early rehabilitation for health-care professionals.

Myanmar

Intense fighting among weapon bearers continued in Myanmar. Chin, Kachin, Kayah, Kayin, Rakhine and Shan States, and Magway, Mandalay and Sagaing Regions, were affected the most. Many areas remained under the control of armed groups. In July 2025, in advance of elections scheduled to run from December 2025 to January 2026, the nationwide state of emergency – declared in February 2021 – was ended. However, a state of emergency remained in place in many townships.

The fighting caused casualties, displaced people, damaged infrastructure, disrupted livelihoods and narrowed access to essential goods and services, including health care. Movement restrictions put basic necessities even further out of people's reach. Mines and ERW also contributed to this, as well as causing numerous casualties in areas of active conflict.

A devastating earthquake in March 2025 destroyed homes and left thousands of people without food or water, or shelter. In addition, the threat of mines and ERW – an unknown number of them displaced and moved underground by the earthquake – grew. Other natural disasters, such as floods and droughts, added to people's difficulties.

Myanmar, Bago. A landmine exploded beside Ma Myint Myint Khaing while she was picking beans. She lost a leg in the accident, and eventually received treatment and a prosthesis at the ICRC-supported Hpa-an Orthopaedic Rehabilitation Centre. She is looking forward to resuming her life with her two children and her community: "I hope that no one else ever has to face the dangers of landmines like I did."

ICRC

Weapon contamination

RASB activities benefited **73,800** people

A total of **389** National Society staff/volunteers **strengthened their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

7 physical **rehabilitation projects** were supported

A total of **5,515** people **obtained rehabilitative services** and benefited from social-integration activities; **1,892** were **victims of mines and ERW**

Weapon contamination

- Some 73,800 people living in communities affected by conflict and/or the earthquake benefited from RASB activities undertaken by us with the Myanmar Red Cross Society. Children, town dwellers, farmers and other members of violence-affected communities took part in these RASB sessions. They learnt about the risk to them from mines and ERW and were helped to identify measures that would enable them to carry out their daily activities safely.
- Teachers, religious leaders, National Society staff and other key community members who participated in our training helped carry out RASB sessions. Our partners in civil society did so in areas where neither the ICRC nor the National Society had a regular presence. Participants in these sessions included children, IDPs and recipients of post-earthquake aid and support for growing food. We supplemented these efforts with the installation, in strategic locations, of billboards displaying key safety messages.
- Given our focus on protecting civilians, we maintained our confidential dialogue with parties to conflict on the humanitarian consequences of weapon contamination. During these discussions, we stressed the importance of marking and clearing contaminated areas. We also promoted the development of national mine action standards and – through workshops, seminars and other means – helped relevant authorities understand IHL more fully.

Physical rehabilitation

- Some 4,800 people with disabilities received physiotherapy and other rehabilitative services at six physical rehabilitation centres that were given extensive support by us. Most of our service users were amputees; nearly 40 per cent of them were direct victims of mines or ERW. Two of the centres were given supplies, equipment and technical guidance for manufacturing prosthetic feet; they also received support for providing physiotherapy. Mobile workshops and a network of roving technicians repaired assistive devices for people with disabilities in remote areas, which significantly reduced their need to travel to the centres. We provided training and other support for such outreach. Two of the centres mentioned above provided mental-health and psychosocial support for 344 people. We upgraded infrastructure at three other centres.
- Physiotherapists, prosthetists and other personnel – including those overseeing the physical rehabilitation of earthquake victims – learnt more about rehabilitative care at training organized by us. We continued to provide scholarships for people studying prosthetics and orthotics, notably those employed by the National Society and one other organization.
- We advised pertinent parties on ensuring the long-term sustainability of local physical rehabilitation services. We discussed this and other matters – such as staffing shortages in rehabilitation centres – with other stakeholders involved in physical rehabilitation.
- Together with the centres mentioned above, we sought to advance the social inclusion of 670 people with disabilities, by giving them livelihood assistance (e.g. career development workshops, promoting microeconomic initiatives, providing support for secondary and higher education) or by organizing wheelchair basketball and other activities for them.

Syrian Arab Republic

Armed conflicts and other violence continued in Syria, despite large-scale hostilities having generally subsided after the change of government in late 2024. Violence intensified markedly in the coastal governorates, in March, and in the southern governorates, where it peaked between July and August. The impact of this violence continued to be felt until the end of the year. Precarious security conditions were reported in central Syria. In north-eastern governorates, the violence intensified towards the end of December. Conflicts elsewhere in the region, and air strikes and other military activities by Israeli forces (particularly in the southern governorates), contributed to the volatility of the security situation. The violence wounded and killed people, caused large-scale displacement, and narrowed access to essential services even more. Large sections of northern, north-eastern and southern Syria – both rural and urban areas – were heavily contaminated by ERW, from over 12 years of overlapping conflicts and hostilities.

Syrians continued to endure the consequences of violence, past and present. Despite the gradual lifting of sanctions, medicines, food and other essentials remained beyond the reach of most people. Critical water, electrical and health infrastructure functioned, but unreliably. When they failed, they were revived by the emergency activities of the ICRC and a few other actors. More than 2 million Syrian IDPs and refugees returned to their homes after the change of government in 2024, only to encounter precarious security situations and obstacles to restoring their livelihoods and homes. In their desperation, some of them took measures that put them at risk (e.g. from ERW).

Mines and ERW, in particular, threatened the safety of returnees and other vulnerable populations. More accidents were reported than in previous years. The lifting of restrictions on movement had increased the risk of mines/ERW, as people now had access to areas that were – though not known to be – sites of weapon contamination.

Syria, Raqqa. Men, women and children learnt more about the risks of weapon contamination – through videos, photos and interactive games – at a three-day event in the village of Al-Hamrat. The event, which was organized by the Syrian Arab Red Crescent with our support, also helped them to learn about the mission of the ICRC and the Movement.

Weapon contamination

RASB activities benefited **364,686** people; in addition, 4,800,000 SMS messages on safe practices around mines and ERW were sent out

A total of **280** National Society staff/volunteers **strengthened their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

6 physical **rehabilitation projects** were supported

A total of **4,060** people **obtained rehabilitative services** and benefited from social-integration activities; **750** were **victims of mines and ERW**

Weapon contamination

- Hundreds of thousands of people at risk – notably schoolchildren – learnt about safe practices around mines and ERW through information sessions organized by us, together with the Syrian Arab Red Crescent. Millions more in hard-to-reach areas received similar life-saving information in SMS messages from the National Society and us.
- Together with National Society volunteers, some of whom we trained, we collected information on mine-/ERW-related incidents and referred hundreds of victims for medical care and financial aid (339 received cash assistance). We surveyed hazardous areas, about 1.6 million square metres in Aleppo and elsewhere. The mines/ERW we found were moved and/or stored. Some were handed over, for safe disposal, to the Ministry of Defence's local engineering units. More than 700,000 square metres were cleared, allowing people to return to their land and pursue their livelihoods safely.
- We worked with the National Society to train their staff and volunteers in broadening awareness of weapon contamination, the risks associated with it and safe practices to mitigate those risks; conducting non-technical surveys; and managing projects. We also trained some National Society staff and volunteers to instruct others in these matters. We carried out monitoring visits regularly, which enabled us to provide technical guidance uninterruptedly and other support as necessary.
- We discussed humanitarian demining with the Ministry of Defence and the Ministry of Emergency and Disaster Management. We also took part in organizing a mine-action workshop in support of the newly established National Mine Action Centre.

Physical rehabilitation

- Our physical rehabilitation programme in Syria was a vital element of our emergency response. It provided support for returnees, IDPs and detainees. There was a 25 per cent increase, over the previous year, in service provision. Our support enabled some 4,000 people with physical disabilities – victims of violence or mines and ERW – to receive free rehabilitative care, including therapy and assistive devices, at our own centre in Aleppo and at four other facilities: the National Society's centre in Rural Damascus; the health ministry's centre in Homs; the field hospital at the al-Hol camp for refugees and IDPs, which we operate together with the National Society; and a hospital in Qamishli. We provided these facilities regularly with expert guidance and supplies and equipment; trained staff; and made infrastructural improvements. Notably, we organized leadership training for managers and staff at the centre in Rural Damascus.
- We helped a training institute in Damascus develop capacities among its instructors and refine its curriculum for prosthetics and orthotics.
- People in hard-to-reach or remote areas were provided with transport or financial assistance to obtain medical attention. We also made rehabilitative care available to detainees and violence-affected communities through outreach. We referred cases of diabetic foot for secondary care. Around 1,000 sessions of psychological support were provided by personnel trained or supervised by us. We referred some people for livelihood support.

Ukraine

The international armed conflict between the Russian Federation and Ukraine continued unabated. According to UN estimates at the time of writing, about 3.7 million people remained displaced within Ukraine and around 5.6 million Ukrainian refugees had been registered throughout the world. Thousands of combatants and civilians had been wounded or killed or were unaccounted for. Extensive damage had been done to critical infrastructure, people's homes and farmland, which disrupted basic services in many communities. Living conditions had deteriorated. The number of people reported missing in connection with the international armed conflict continued to increase. Forensic services struggled to recover and identify human remains, owing to the prevailing insecurity.

Armed violence, particularly in urban areas, had resulted in high levels of weapon contamination. The threat to public safety, from ERW and other hazards (such as CBRN hazards), was ever-present. The use of certain kinds of weapon systems, and of explosive weapons in populated areas, together with the concentration of munitions along defensive lines, added to these dangers. The unintended release of toxic industrial chemicals and/or radiological materials, as a result of the fighting, was an issue of significant concern. The Ukrainian National Mine Action Centre estimates that around 139,000 square km, in all, was weapon-contaminated. Over 1,100 civilians had already been wounded or killed in mine-/ERW-related accidents. The casualty rate was said to be rising.

Demand for prosthetic and orthotic services had surged since the onset of the international armed conflict in 2022. Some 80,000 people needed care annually. Many patients faced delays in receiving mobility devices. This was because of lengthy administrative procedures and the reliance on private providers who had to be reimbursed by the Ministry of Social Policy.

Ukraine. Conflict-affected areas can be contaminated by weapons other than ERW and mines – such as chemical, biological, radiological or nuclear hazards. Members of the Ukrainian Red Cross Society participated in simulations and other exercises during training organized by us to prepare them to deal with such hazards.


ICRC

Weapon contamination

RASB activities benefited **364,675** people

A total of **252** National Society staff/volunteers **strengthened their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

A total of **15** **physical rehabilitation projects** were supported

A total of **1,389** people obtained **rehabilitative services** and benefited from social-integration activities; **25** were **victims of mines and ERW**

Weapon contamination

- Hundreds of thousands of people affected by the international armed conflict learnt about the risks associated with mines and ERW, and safe practices around these weapons, at information sessions conducted by the Ukrainian Red Cross Society with our support. These activities built on what communities already knew about weapon contamination and how they coped with it. They also supported communities' efforts to adopt safer practices around mines and ERW. We gave the National Society technical training in identifying explosive ordnance and other related areas, together with materials for expanding their RASB activities. Safety briefings enabled National Society staff, operational partners and other humanitarian actors to work more safely in weapon-contaminated areas.
- We also strengthened the capacity of national authorities to provide safe and effective long-term responses to weapon contamination. Personnel from the State Emergency Service of Ukraine, the State Special Transport Service, the explosive-ordnance-disposal police and specialist paramedics received technical support; equipment for marking hazardous areas; and training in explosive-ordnance disposal, blast-trauma care and preparedness for CBRN incidents.
- We also supported people affected by mine-/ERW-related accidents to obtain treatment and other assistance, for instance, by referring them to hospitals or physical rehabilitation facilities and through our economic-security and health initiatives. In addition, we incorporated – in our bilateral and confidential protection dialogue and our efforts to promote IHL – the information on weapon contamination that we collected (e.g. casualty and incident data and analysis of weapon effects).

Physical rehabilitation

- We provided mobility devices and/or supplies for physiotherapy to hospitals, social-service centres, boarding houses for children and older people, the National Society and local operational partners: 13 facilities or entities in all. We gave two of them – hospitals in Kharkiv and Kyiv – technical and infrastructural and other support, and staff training. Notably, at the hospital in Kharkiv, a permanent prosthetic and orthotic technical lab had become operational. This enabled the hospital to provide the full range of rehabilitative services for people with disabilities: from physiotherapy to producing prostheses/orthoses. As a result of these efforts, about 1,400 people with physical disabilities were able to improve their mobility. More people benefited than planned, mainly because we worked with local operational partners.
- We continued to support the health ministry, notably by participating in its technical working group for developing a bachelor's degree programme in prosthetics and orthotics. Our financial support helped an international NGO to provide training in upper-limb prosthetics for orthotists and prosthetists from both the public and the private sector. We sought through these efforts to enlarge the pool of qualified personnel in Ukraine.
- In addition, we renovated surgical facilities, and heating, water and electrical systems, at 12 hospitals and physical rehabilitation centres. As a result, the facilities were better prepared for blackouts and other emergencies.

Yemen

Fighting resumed in southern and eastern Yemen at the end of 2025, when forces of the internationally recognized government clashed with those of the Southern Transitional Council. Tensions lingered in the Red Sea and elsewhere, a consequence of regional instability and Ansar Allah (AAH) operations. The volatile security conditions impeded the peace process involving the internationally recognized government – backed by a coalition led by Saudi Arabia – and AAH: despite the *de facto* observance of expired ceasefires, skirmishes took place from time to time.

The protracted violence continued to exact a toll on Yemenis. Families were separated by conflict, migration, detention or other circumstances. Civilians were wounded or killed and entire communities displaced. Weapon contamination continued to be widespread and endanger lives, and accidents continued to take place. Allegations of IHL violations were reported. The hostilities disrupted the provision of health and other essential services. This and the dire economic situation, along with extreme weather events (e.g. heavy floods) and disease outbreaks, made people's lives exceedingly difficult. Many Yemenis relied heavily on aid.

Yemen, Hodeidah. Working with local mine-action stakeholders is an important aspect of our strategy to ensure sustainability in dealing with risks related to weapon contamination. We support the Yemen Executive Mine Action Centre in addressing such risks and limiting the suffering caused by these weapons.

Weapon contamination

RASB activities benefited **35,850** people

A total of **45** National Society staff/volunteers **strengthened their capacity** to limit risks associated with weapon contamination

Physical rehabilitation

10 physical rehabilitation projects were supported

A total of **58,599** people obtained **rehabilitative services** and benefited from social-integration activities; **749** were **victims of mines and ERW**

Weapon contamination

- With capacity-strengthening support from the ICRC, the Yemen Executive Mine Action Centre (YEMAC) continued to survey, assess, mark and clear contaminated areas: typically, residential areas, educational facilities, and commercial and industrial zones. Over 572,000 square metres were cleared: people, and their livelihoods, were safer as a result. YEMAC also acted promptly to address fresh reports of explosive hazards that posed immediate risks to civilian populations. Our capacity-building support for YEMAC's management and operational staff focused on strengthening their planning and implementation of humanitarian mine action. More specifically, during our training sessions, we emphasized the importance of the efficient use of limited capacities, evidence-based prioritization and coordinated planning. We also provided other support for YEMAC personnel: for instance, at one of our training sessions, YEMAC deminers learnt how to ensure public safety during mine clearance.
- Together with the Yemen Red Crescent Society, we undertook RASB activities across northern and southern Yemen: 35,850 people were reached; they learnt about the risks to them from mines and ERW, measures to mitigate these risks, and safe practices around these hazards. We also regularly conducted assessments in communities to identify, analyse and prioritize risks related to explosive ordnance, in order to ensure that our programmes remained relevant and responsive to communities' needs. We supported the National Society's efforts in these areas by providing technical guidance and financial support, and assistance in coordinating these activities. Key messages on dealing with the risks associated with weapon contamination were incorporated in the training sessions, on mass-casualty management, that we organized for National Society first responders.
- Where appropriate, we facilitated – through our integrated health and economic-security programmes – access to physical rehabilitation and financial assistance for survivors of mine-/ERW-related accidents.

Physical rehabilitation

- Rehabilitative care of good quality, and opportunities to advance their social inclusion (through sports and livelihood-support programmes), were available to people with physical disabilities from local service providers supported by us. Five physical rehabilitation centres run by the public-health ministry, two providers of wheelchair services, two disability sports organizations and a project at Sana'a University providing training in prosthetics and orthotics – all of them recipients of our support – helped meet the needs of some 58,600 people with physical disabilities. We helped carry out referrals, including some from hospitals that we supported, to ensure consistent access to rehabilitation services.
- The physical rehabilitation centres in Aden, Mukalla, Sa'ada, Sana'a and Taiz were given equipment, prosthetic and orthotic supplies and mobility aids. They were also provided with financial support and training for staff, notably in physiotherapy and clubfoot management. Two providers of wheelchair services received wheelchairs and other supplies from us. We organized outreach to people with disabilities in areas that were hard to reach and/or without any other providers of rehabilitative services.
- People with disabilities participated in sporting events (e.g. a nationwide wheelchair-basketball tournament) and career-development programmes organized by organizations supported by us. Some of them were given support to start small businesses.
- We continued to support the prosthetics and orthotics programme at Sana'a University. Students sponsored by us continued their studies in physiotherapy or prosthetics and orthotics; some of them graduated in 2025.
- We worked with the pertinent authorities, personnel from physical rehabilitation centres and others to secure the long-term sustainability of local physical rehabilitation services. As a result of their meetings with us, the centres supported by us became more accountable, refined their data-collection practices, secured vital resources and improved their organizational structure.

Cambodia. The ICRC took part in the Fifth Review Conference of the Mine Ban Convention, entitled the Siem Reap-Angkor Summit on a Mine Free World. Participation in this conference is one of the many ways in which we seek to advocate and broaden acceptance for life-saving norms against mines and ERW.

Promoting legal frameworks and governmental action in 2025

During international and non-international armed conflict, core provisions of IHL – notably, the general protections afforded to civilians and persons rendered *hors de combat* – apply to people with disabilities, without adverse distinction. The prohibition against adverse distinction allows for and may even require specific measures for and/or the prioritization of the protection of people with disabilities. For instance, in humanitarian relief and assistance efforts, such measures may include ensuring accessibility of water and sanitation facilities, providing support to transport food and other relief items, or designing and adapting shelters to be accessible to people with disabilities. IHL may also contribute to the protection of people with disabilities by preventing or minimizing harm to them arising from the conduct of hostilities. Furthermore, IHL requires parties to armed conflicts to afford specific respect and protection to people with disabilities. One form such specific protection takes is prioritizing people with disabilities during evacuations from areas at risk of attack. The challenge is to make the specific perspectives of people with disabilities, as well as the risks and barriers to accessing protection and assistance programmes faced by them, more visible in the interpretation and implementation of existing IHL.

In addition to IHL, international human rights law – particularly the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) – contains provisions relevant to the ICRC's work. Article 11 of the UNCRPD recognizes states parties' obligations under, *inter alia*, IHL and human rights law; it requires them to take all necessary measures to ensure the protection and safety of people with disabilities in situations of risk, such as armed conflicts and natural disasters. States parties must closely consult with and actively involve people with disabilities in all decision-making processes concerning them (Article 4(3)) and collect sex-, age- and disability-disaggregated data in order to identify and address barriers that people with disabilities face in accessing protection and assistance programmes (Article 31). States parties are also required, *inter alia*, to take measures to ensure that people with disabilities have access to mobility devices (Article 20) and rehabilitation services (Article 26), and that they enjoy full integration and participation in the community (Articles 19 and 26). Article 32 mentions that international cooperation should be inclusive of and accessible to people with disabilities. Articles 33 and 34 of UNCRPD, and its Optional Protocol, aim to ensure full implementation of the UNCRPD, including through the creation of national monitoring mechanisms.

The ICRC also promotes adherence to and implementation of IHL treaties applicable to landmines, cluster munitions, ERW and other explosive devices that pose a threat to civilians. In particular, the ICRC urges all states to join and implement the 1997 Anti-Personnel Mine Ban Convention, the 2003 Protocol on Explosive Remnants of War (Protocol V to the 1980 Convention on Certain Conventional Weapons), and the 2008 Convention on Cluster Munitions. In addition to requiring a range of measures to reduce the risks posed by these weapons to civilians, including clearance of contaminated areas, these treaties also aim to ensure that victims/survivors receive appropriate assistance.

IHL and the UNCRPD

In 2025, the ICRC continued to promote the protection and social inclusion of people with disabilities, under IHL and under the UNCRPD, as part of its Vision 2030 on Disability. In particular, we:

- shaped the thematic preparation of the Swiss/ICRC state IHL experts' meeting on precautions (which finally took place in 2026), by securing the agreement of the Swiss Department of Foreign Affairs to devote a specific sub-theme on precautions for civilians facing specific risks, including civilians with disabilities. This sub-theme provided an opportunity for states to explore disability-inclusive interpretations and implementation of relevant IHL rules on issuing effective advance warnings, preparing shelters or facilitating or implementing evacuations as part of feasible precautions for civilians.
- engaged bilaterally with states, National Societies and academics to promote disability-inclusive interpretations and implementation of IHL, in complementarity with the UNCRPD.

- mainstreamed a disability perspective in the updated Commentary on the Fourth Geneva Convention, published in 2025 in order to reflect legal and institutional developments on this topic. We did so in our other IHL-related workstreams as well.
- maintained our customary IHL database by continuing to collect information on national and international practices related to, *inter alia*, the specific respect and protection to be afforded to people with disabilities; and updated our database on the national implementation of IHL with domestic laws addressing the protection of people with disabilities during armed conflict.

Weapon-related treaties

In 2025, the ICRC strove to engage National Societies in fostering states' adherence to, and implementation of, key international treaties in the countries in which they worked. This was in accordance with the resolutions adopted by the Movement in 2009 and 2013 at its Council of Delegates, and with the Movement-wide Strategic Framework on Disability Inclusion that was adopted in 2015.

We also maintained our own efforts to promote ratification and implementation of key international treaties. Some examples of this work are listed below:

- Mines, cluster munitions and ERW were among the topics discussed at the various national and regional seminars on IHL that were organized or supported by us throughout the year. They included regional conferences on IHL in Brazil, Egypt, Ethiopia, Thailand and South Africa, to cover Africa, Asia and the Pacific, the Americas and the Near and Middle East.
- We continued to promote the universalization of the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions, and advance understanding of the obligations under these treaties, in a number of countries and contexts, including the African Union; the Democratic Republic of the Congo; Lebanon; Sweden, the Czech Republic, Denmark and other countries in the European Union; Ukraine; and Nigeria.
- We participated – often through the president or vice-president of the ICRC – in the Review Conference and/or annual meetings of states party to the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions. ICRC experts also attended the meetings of the group of experts on Amended Protocol II and Protocol V to the Convention on Certain Conventional Weapons (CCW), and the Annual Conference of the Convention on CCW.
- We provided legal assistance to numerous countries for drafting domestic laws and other measures to implement their obligations under the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions. This assistance included organizing drafting workshops with government representatives; and engaging with national IHL committees to promote model legislation previously developed by the ICRC and two checklists published in June 2020 that provided guidance – and good practices – for states on the legal, regulatory and administrative framework necessary to ensure implementation of the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions at the national level. We also updated our factsheets on these two treaties and our national IHL implementation database.

Financial Overview 2025

(In KCHF)

	Final Budget	Expenditure	Contributions
Afghanistan	37,204	38,624	4,858
Colombia	3,031	3,079	121
Democratic Republic of the Congo	4,994	5,156	-
Ethiopia	7,852	6,070	294
Iraq	10,269	10,002	340
Israel and the Occupied Territories	7,688	8,124	2,399
Lebanon	3,327	3,158	121
Libya	2,429	2,780	201
Myanmar	6,478	6,100	-
Pakistan	3,904	3,237	121
Syrian Arab Republic	12,463	11,285	1,925
Tajikistan (under the Tashkent regional delegation)	709	689	-
Ukraine	21,854	16,815	186
Yemen	15,461	14,000	1,768
Funded out of contributions to ICRC Operations Appeals			116,787
TOTAL	137,662	129,120	129,120

As the figures in this document have been rounded off, adding them up may give a result slightly different from the total presented. The figures may also vary slightly from the amounts indicated in other documents.

The financial results showed a relatively low level of direct support from donors, with direct contributions amounting to only CHF 12 million out of a total expenditure of CHF 129 million. As in previous years, the ICRC used its non-earmarked funds to balance the income and expenditure of the appeal.

List of contributions pledged and received

Governments	(in CHF)
Afghanistan	206,091
Australia	518,300
Croatia	93,130
Finland	696,130
Germany	1,214,070
Hungary	18,640
Italy	2,809,600
Kazakhstan	24,033
Republic of Korea	362,000
Liechtenstein	100,000
Norway	1,207,050
Switzerland	300,000
Sub-total: Governments	**7,549,044**

European Commission	
Directorate General Humanitarian Aid (ECHO)	3,743,400
Sub-total: European Commission	**3,743,400**

Private sources	
Spontaneous donations from private individuals	30,822
Fondation Frank	434,981
Mine-Ex Stiftung	300,000
Other foundations and funds	274,080
Sub-total: Private sources	**1,039,883**

Sub-total: contributions to the Special Appeal: Weapon contamination and victim assistance 2025	**12,332,327**
Funded out of contributions to the ICRC's *Appeals 2025: Operations*	116,787,453
Total receipts for 2025 as at 31 December 2025	**129,119,780**
Add: Balance brought forward from 2024	0
Less: Balance brought forward to 2026	0
Balance of funds as at 31 December 2025	**129,119,780**

> The humanitarian consequences are devastating.
> Think of the direct physical harm endured by the victims
> and the life-long consequences for them and their families.
> The economic impact is no less significant: think of widespread
> impaired land and the need to invest for decades in mine clearance,
> not to mention the need for physical rehabilitation and
> socio-economic reintegration programmes...
> Now is a time to draw lessons from the hardships endured
> by people across the globe who have fallen victim to anti-personnel
> mines, and refrain from imposing similar suffering upon
> our own communities.
>
> – Gilles Carbonnier, ICRC vice-president,
> from his speech at the 22nd Meeting of States Parties
> to the Anti-Personnel Mine Ban Convention

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