

AMERICAS

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	975
RCMs distributed	177
Phone calls facilitated between family members	256,789
Tracing cases closed positively (subject located or fate established)	448
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	101
Detainees in places of detention visited	209,503
<i>of whom visited and monitored individually</i>	1,892
Visits carried out	329
Protection of family links	
RCMs collected	655
RCMs distributed	473
Phone calls made to families to inform them of the whereabouts of a detained relative	126

EXPENDITURE IN KCHF	
Protection	49,567
Assistance	54,134
Prevention	24,611
Cooperation with National Societies	9,029
General	1,649
Total	138,990
<i>Of which: Overheads</i>	<i>8,481</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	104%

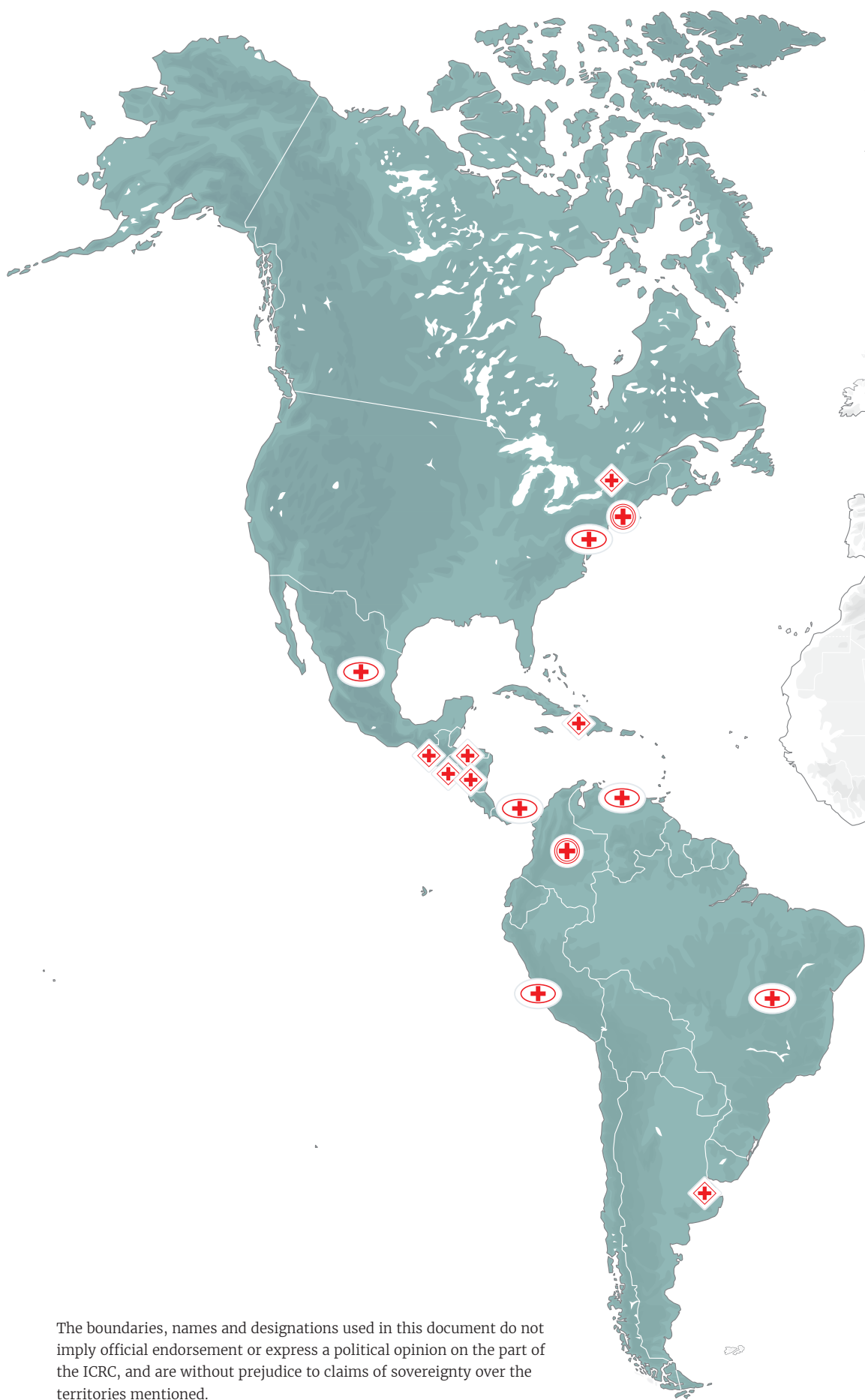
PERSONNEL	
Mobile staff	251
Resident staff (daily workers not included)	1,174

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	11,500	24,191
Food production	People	12,600	11,820
Income support	People	11,056	11,727
Living conditions	People	8,500	38,055
Capacity-building	People		1,197
Water and habitat			
Water and habitat activities	People	349,666	114,536
Health			
Health centres supported	Structures	23	27
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	4,500	7,527
Living conditions	People	9,600	40,530
Water and habitat			
Water and habitat activities	People	26,050	117,211
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	53	38
Physical rehabilitation			
Projects supported	Projects	25	24
Water and habitat			
Water and habitat activities	Beds (capacity)	3,778	4,876

DELEGATIONS

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

-  ICRC delegation
-  ICRC regional delegation
-  ICRC mission



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.

BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	6,022
Assistance	702
Prevention	2,157
Cooperation with National Societies	1,221
General	60
Total	10,162
<i>Of which: Overheads</i>	<i>620</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	107%
---------------------------	------

PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	105

PROTECTION

	Total
CIVILIANS	
Protection of family links	
RCMs collected	21
RCMs distributed	4
Phone calls facilitated between family members	95,187
Tracing cases closed positively (subject located or fate established)	32
People reunited with their families	1

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	2
Detainees in places of detention visited	1,010
<i>of whom visited and monitored individually</i>	34
Visits carried out	27
Protection of family links	
RCMs collected	2
RCMs distributed	1

	2022 Targets (up to)	Achieved
ASSISTANCE		
CIVILIANS		
Economic security		
Living conditions	People	60
Water and habitat		
Water and habitat activities	People	6,684
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People	907

CONTEXT

Armed violence was pervasive in the region and it led to indiscriminate arrests, caused injuries and deaths, displaced people and disrupted essential services. Protests related to political and socio-economic issues also took place throughout the region, sometimes turning violent. Communities in Brazil had to cope with violence associated with drug trafficking and criminal control of certain areas, and with operations conducted by the security forces to suppress the criminal groups involved. Communal tensions persisted in southern Chile.

Migrants from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*), including unaccompanied children, travelled to northern Brazil and usually stayed there. During

their journey, they were at risk of abuse and losing touch with their families. In the Brazilian state of Roraima, competition for resources, already overstretched, caused tensions between migrants and residents. The Brazilian government resettled thousands of Venezuelans elsewhere in the country. Other Venezuelans moved on to Argentina, Chile and Uruguay. Many migrants from other Latin American countries or elsewhere passed through or settled in the region.

Families awaited news of relatives missing in connection with past conflict or more recent events.

A new administration took office in Brazil. In Chile, the draft of a new constitution was considered in a referendum and rejected.

ICRC ACTION AND RESULTS

Authorities address the impact of armed violence in Brazil

The ICRC worked with the Brazilian authorities to ensure that the rights of violence-affected people were respected and their needs addressed. It gave authorities technical support for implementing measures to protect people providing or seeking essential services and for incorporating them in public policy. Digital platforms developed by the ICRC helped authorities collect data on the impact of armed violence on essential services, which the authorities used to further develop public-order protocols for security forces and foster their respect for international human rights law and other norms. The ICRC assessed the effectiveness of these measures and shared its findings with the authorities. Thousands of health workers, teachers and other professionals also completed an e-learning course developed by the ICRC on this topic.

In the Brazilian state of Ceará, the ICRC discussed documented instances of armed violence with the authorities and police and security forces, and drew their attention to the situation of IDPs, children and young adults. To help broaden legal protection for IDPs, it shared with the authorities the recommendations of an ICRC study on existing legal frameworks.

The ICRC provided 30 victims of violence, who were unable to obtain government support, with cash to meet their immediate needs. It also donated recreational items for 30 children at state shelters. It organized a capacity-building workshop for a women's collective that provided support for victims of the use of excessive force by the police.

Providers of essential services for violence-affected people were helped by ICRC-trained professionals to manage the psychological consequences of their stressful jobs. Government workers learnt about providing mental-health and psychosocial support for violence-affected people, including missing people's families, at ICRC training sessions. It helped strengthen referrals for such care.

The ICRC strove to incorporate the following in its activities: gaining a fuller understanding of people's needs, including those of victims/survivors of sexual violence; telling them about the humanitarian support available; and collecting their views and suggestions.

Efforts to clarify the fate of missing people and protect family links continue

The ICRC gave Brazilian authorities – notably, those in Ceará, Roraima, São Paulo, and at the federal level – expert advice and recommendations for strengthening implementation of laws and mechanisms concerning missing people, including migrants, and for preventing disappearances. The ICRC impressed upon these authorities the importance of respecting families' right to know the fate of missing relatives, and addressing these families' needs. It also discussed with them the importance of properly managing human remains, including of COVID-19 victims, and gave them guidance and supplies to this end. In Ceará, the authorities signed a decree, which was drafted by an ICRC-supported working group, to create a state committee for addressing the issue of missing

persons. Aided by the ICRC, the authorities established reference centres where missing people's families could get help to obtain assistance.

The Movement responded to the humanitarian concerns of migrants throughout the region; with the International Federation, the ICRC provided National Societies technical support for refining their strategies in this regard (see below). Members of families dispersed by migration, armed violence and other emergencies made use of the Movement's family-links services, in line with pertinent data-protection standards. Venezuelan migrants, including unaccompanied children, used connectivity services at family-links posts in northern Brazil; the ICRC gave the Brazilian Red Cross support for taking over the provision of such services. The ICRC monitored the situation of unaccompanied children and the pertinent authorities' efforts to reunite them with their families. In Roraima, support was given to some families for repatriating their relatives' remains to Venezuela.

In Roraima, 1,346 migrants and residents had access to clean water and more sanitary surroundings after the ICRC renovated water and sanitation infrastructure. The ICRC was unable to meet all requests for support given the planned conclusion of its water-and-habitat activities in 2022.

Authorities are given support to improve prison management

The ICRC visited detainees in Ceará, in accordance with its standard procedures, and assessed their treatment and living conditions. It paid close attention to women and their children, and other groups of detainees with specific needs. Findings and recommendations from these visits were communicated confidentially to the authorities.

The ICRC gave the authorities technical support and training for improving prison management, ensuring respect for judicial guarantees, and developing alternatives to detention to reduce overcrowding. It provided books and other items for 907 detainees at two prisons.

The ICRC continued to provide the authorities technical support for developing regional criteria for prison infrastructure. Argentinian, Brazilian, and Chilean penitentiary authorities, and their counterparts from other Latin American countries, exchanged best practices in prison management and design at an ICRC workshop in Brazil.

The ICRC cultivates support for IHL and IHL-related treaties

Armed forces and police/security forces in the region, particularly those conducting operations to maintain or restore public order and peacekeepers deployed outside their countries, strengthened their grasp of IHL and/or other norms at ICRC webinars, workshops and training sessions. In Brazil, Chile and Paraguay, these personnel drew on the ICRC's guidance to adapt their training and refine their reference materials and law-enforcement protocols.

Government officials learnt about IHL-related treaties and legislation at meetings and events organized by national IHL committees and the ICRC. Argentina, Brazil, Chile and Uruguay joined 78 other states – at a conference in Dublin, Ireland – in

endorsing a political declaration on protecting civilians from the use of explosive weapons in populated areas; the declaration was the culmination of decades of advocacy by the ICRC and other organizations.

Actors of influence learn more about key humanitarian issues

Brazil's two-year term as a non-permanent member of the UN Security Council began in 2022; the ICRC took this opportunity to discuss matters of universal humanitarian concern, and IHL, with the Brazilian authorities.

The ICRC helped authorities, and journalists, academics and other influential actors, to learn more about critical humanitarian issues – for instance, by enabling some of them to attend regional and international forums. Communication campaigns and events organized by the ICRC broadened public awareness of the plight of missing people's families and other violence-affected people, and of the ICRC's response, for example, its forensic work in the Falkland Islands (Malvinas).¹

Aided by the ICRC, National Societies in the region strengthened their operational capacities, particularly to implement protection activities for migrants and respond to emergencies, such as the COVID-19 pandemic and situations that developed during the Brazilian elections.

1. 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.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		21			
RCMs distributed		4			
Phone calls facilitated between family members		95,187			
Reunifications, transfers and repatriations					
People reunited with their families		1			
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		59	13	1	2
	<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)		32			
	<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)		265	47	28	11
	<i>including people for whom tracing requests were registered by another delegation</i>	13			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		9	6		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		58	27		
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		2			
Detainees in places of detention visited		1,010	779	6	
Visits carried out		27			
			Women	Girls	Boys
Detainees visited and monitored individually		34	18		
	<i>of whom newly registered</i>	30	16		
RCMs and other means of family contact					
RCMs collected		2			
RCMs distributed		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Living conditions	People		60	42	
	<i>of whom IDPs</i>		11	8	
Water and habitat					
Water and habitat activities	People		1,346	660	606
Mental health and psychosocial support					
People who received mental-health support			59		
People who attended information sessions on mental health			1,063		
People trained in mental-health care and psychosocial support			97		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Living conditions	People		907	706	

CARACAS (regional)

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

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- Communities displaced by violence and heavy floods met their urgent needs with relief assistance from the ICRC, which they received through the response efforts of the Venezuelan Red Cross and other Movement partners.
- Owing to logistical and other constraints, several projects to improve the water supply in densely populated areas affected by violence were delayed or could not be carried out as planned.
- Families with relatives missing in connection to conflict received mental-health and psychosocial care from ICRC-trained health professionals and local partners.
- Penitentiary authorities strove to improve detainees' well-being with comprehensive ICRC support. Owing to administrative and other constraints, some activities aimed at improving prison infrastructure were postponed.
- National Society personnel from the region worked on strengthening the Movement's Restoring Family Links network through regional and global meetings supported by the ICRC.

EXPENDITURE IN KCHF

Protection	7,905
Assistance	24,533
Prevention	2,559
Cooperation with National Societies	1,551
General	146
Total	36,693
<i>Of which: Overheads</i>	<i>2,237</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	111%
---------------------------	------

PERSONNEL

Mobile staff	67
Resident staff (daily workers not included)	245



PROTECTION CIVILIANS

	Total
Protection of family links	
RCMs collected	913
RCMs distributed	112
Phone calls facilitated between family members	4,801
Tracing cases closed positively (subject located or fate established)	72
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	11
Detainees in places of detention visited	8,464
<i>of whom visited and monitored individually</i>	<i>246</i>
Visits carried out	74
Protection of family links	
RCMs collected	234
RCMs distributed	165
Phone calls made to families to inform them of the whereabouts of a detained relative	43

ASSISTANCE CIVILIANS

	2022 Targets (up to)	Achieved
Economic security		
Food consumption	People 2,500	4,155
Food production	People 2,600	5,699
Income support	People 1,200	1,092
Living conditions	People 1,500	8,687
Capacity-building	People	8

Water and habitat

Water and habitat activities	People	269,050	29,961
------------------------------	--------	---------	--------

Health

Health centres supported	Structures	11	16
--------------------------	------------	----	----

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security			
Food consumption	People	4,500	7,527
Living conditions	People	9,600	8,996

Water and habitat

Water and habitat activities	People	8,400	4,674
------------------------------	--------	-------	-------

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	14	10
Water and habitat			
Water and habitat activities	Beds (capacity)	3,540	2,444

CONTEXT

In the Bolivarian Republic of Venezuela (hereafter Venezuela), crime and armed violence – mostly between security forces and armed groups – persisted within Caracas and in areas along the border with Colombia. The presence of armed groups, and tensions over territory and resources that led to violence, affected communal life, particularly in Caracas, Bolivar State, and in areas along the Venezuela–Colombia border.

Despite some signs of economic recovery, the effects of the economic crisis in Venezuela – such as hyperinflation, power cuts and shortages of essential goods – were still being felt. Food insecurity and malnutrition remained a major concern. Heavy rain and floods in western Venezuela caused displacement and injuries. The health system continued to be hobbled by lack of supplies, qualified personnel and resources for maintaining facilities. Despite a reportedly significant decline in cases, the lingering effects of the COVID-19 pandemic, and the remaining restrictions to limit its spread, added to people's difficulties.

Many Venezuelans had left for neighbouring countries such as Brazil and Colombia, or for nearby Caribbean islands, in search of better economic opportunities and safety; they often had little or no access to basic services and risked losing touch with their families or going missing.

ICRC ACTION AND RESULTS

The ICRC continued to work with the Venezuelan Red Cross and other Movement partners to address the evolving needs of vulnerable people in Venezuela, particularly for migrants and those affected by armed violence. It increased its emergency assistance to help people affected by floods or outbreaks of violence to cope with their immediate situation or receive urgent medical care. As the number of reported COVID-19 cases declined, the ICRC gradually scaled down its support for the national pandemic response. Nevertheless, it continued to incorporate measures against COVID-19 in all its activities.

The ICRC sustained comprehensive support for first responders – including Venezuelan Red Cross staff – to address urgent medical needs. People displaced by violence, and those in areas prone to violence, obtained suitable care at ICRC-supported medical facilities, including primary-health-care centres. Medical staff at selected hospitals benefited from ICRC workshops on emergency-room trauma care. Violence-affected people and missing people's families obtained mental-health and psychosocial support from ICRC-trained health professionals and other local partners.

In coordination with the pertinent authorities, the ICRC made repairs or renovations to health facilities and other public infrastructure to help ensure the continuity of essential services in Venezuela; staff and technicians received training and tools to maintain these facilities. Projects to improve the water supply in urban and border areas could not be carried out, owing to logistical delays and other constraints.

In Venezuela, the ICRC supported or carried out resilience-building projects in violence-affected communities. It

provided people with cash and/or material support to cover their basic needs and ease their living conditions; emergency aid, distributed by the National Society, brought some relief to vulnerable households affected by floods. Other violence-affected households received support to produce food, pursue livelihoods or return to school. The ICRC began to scale down its support for canteens and public kitchens, which regularly received cooking supplies and food items from the ICRC until the end of the year.

Together with Movement components, the ICRC provided family-links services for people separated from their families by violence, detention and other circumstances. The fate and whereabouts of a number of people were ascertained and the information relayed to their families in Venezuela and in Trinidad and Tobago.

In Venezuela, the ICRC sought to gain access to more detainees within its purview. Where it had access, it monitored detainees' treatment and living conditions and communicated its findings and recommendations confidentially to the authorities. Selected prison clinics in Venezuela were helped to improve their services. More detainees than planned benefited from the ICRC's efforts to improve the food supply and nutrition at detention facilities. Some detainees also learnt how to cultivate vegetable gardens with ICRC support. The ICRC focused on carrying out more sustainable infrastructural upgrades at selected prisons, benefiting fewer detainees than planned. Owing to administrative and other constraints, the participation of the authorities in regional discussions on prison management and design was postponed.

The ICRC worked with conflict-affected people in Venezuela to document their protection-related concerns and mitigate risks to their safety. Discussions with pertinent authorities – about IHL and other norms to protect civilians – were kept up. Venezuelan military personnel and police officers improved their understanding of IHL and international policing standards, respectively, through ICRC training and workshops.

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

CIVILIANS

People's concerns are raised with the pertinent parties

The ICRC reinforced its efforts to gather support for its principled humanitarian action. It continued to document people's protection-related concerns and relayed them to the relevant actors and urged them to address these matters. About 350 police and military officers involved in law enforcement operations added to their knowledge of international policing standards (see *Actors of influence*), and the protection due to health workers, at ICRC training sessions.

The ICRC visited vulnerable communities to acquire a fuller understanding of the impact of violence, particularly on

specific groups, such as minors and victims/survivors of sexual violence. It set up a community contact centre to extend its reach (see *Actors of influence*). It also organized workshops in areas of intensified violence to help communities devise self-protection measures. Particularly vulnerable families received support in the form of cash, food parcels or household items (e.g. mosquito nets, hygiene supplies).

Vulnerable people in Venezuela have access to good-quality health care

People obtained medical services at 16 ICRC-supported primary-health-care centres. These centres received medical supplies and equipment which helped them to conduct more than 490,000 consultations for preventive, curative and ante/postnatal care. Additional support distributed through the National Society enabled them to attend to people injured by recent floods (see *Wounded and sick*). Health staff attended ICRC-training in such areas as: managing common illnesses and diseases (e.g. diarrhoea, diabetes); vaccination; and basic emergency care. They also learnt key aspects of the Health Care in Danger initiative and mitigating risks to their safety.

The ICRC continued to support the health ministry's COVID-19 vaccination campaigns with donations of personal protective equipment (PPE) and vaccine refrigerators and staff training. The ICRC also participated in a committee, organized by the United Nations Development Programme and the health ministry, to develop a plan of action to check the spread of malaria in El Callao.

The ICRC repaired water, sanitation and electrical systems, and renovated facilities for patients at some of the health facilities mentioned above, to help enhance their services. It installed a backup solar-powered electrical system and improved water-supply infrastructure at one centre.

Victims of violence and families with missing relatives received mental-health and psychosocial support from ICRC-trained health staff and National Society volunteers through counselling sessions. An ICRC psychologist was present when ICRC personnel explained to a group of missing people's families how human remains were identified, to help the families through the process of absorbing such potentially unsettling information. The ICRC also provided health professionals and other local partners with training in referring cases for additional support, practising self-care and ensuring the well-being of their colleagues.

Venezuelan communities ease their living conditions

Some 540 vulnerable households (2,169 people), including families of missing people, received food or cash to buy food or cover essential expenses; the ICRC expanded this assistance to help those recently displaced by violence to cope with their situation. More than 1,900 people were given meals – sometimes enriched with nutritional supplements – free of charge, at ICRC-backed canteens and public kitchens; some of these canteens received cooking equipment, other supplies, and training on food planning and food hygiene for their staff. The ICRC expanded support for these facilities in 2021 to address needs created by pandemic-related movement

restrictions that made food less accessible. It began to scale down its support in 2022, as the authorities and local organizations were helping sustain the canteens' services. National Society volunteers screened people for malnutrition, with technical guidance from the ICRC.

ICRC support enabled violence-affected communities to improve their living conditions. Families displaced by violence received hygiene kits or cash to buy them. Some schools that reopened in violence-affected areas were helped to ensure conditions conducive for learning with material support (e.g. hygiene supplies, fixtures). Other schools were given laptops and printers to cope with the increase in returning students. The Venezuelan Red Cross and other Movement components worked to help people affected by floods meet their urgent needs; the ICRC supplemented their response with donations of hammocks, blankets and other supplies. All these efforts benefited around 2,171 households (8,687 people), more than planned.

The ICRC scaled up assistance to help violence-affected communities sustain their ability to produce food, benefiting 5,699 people, more than planned. People planted vegetables or were helped to improve the yield of community vegetable gardens, with training, seed and tools from the ICRC; others were given cash and/or tools for raising livestock or fishing. Cocoa-farming communities received guidance from an ICRC-backed expert in improving harvests.

A total of 273 breadwinners (supporting around 1,092 people) attended vocational training – in baking, for instance – and/or learnt business skills from ICRC-supported organizations; some of them also received ICRC cash grants to start small businesses or were assisted in looking for jobs.

During post-distribution interviews, people who received cash, or training and/or materials to start livelihoods (e.g. seed and tools) from the ICRC said that the assistance enabled them to better cover their exigencies and confirmed that the ICRC's interventions were relevant to their needs.

Water and power systems serving community facilities are repaired

Owing to administrative and other constraints, several projects to improve urban water systems in Venezuela for over 200,000 people were postponed. Where possible, the ICRC coordinated with Venezuelan authorities to broaden people's access to water: it drilled boreholes, trucked water and built a water pumping station. It conducted information sessions on making water more potable for floating communities and organized – together with the National Society – hygiene promotion and other events. These efforts benefited over 24,000 people. The ICRC also gave water authorities technical support, tools and equipment to maintain water systems. National Society volunteers learnt how to operate portable water-treatment plants in the event of an emergency, through ICRC training. Around 4,700 people benefited from the ICRC's repairs to electrical and/or water systems at schools and canteens, and at a fish farm.

Families receive news of missing relatives

Members of families dispersed by violence or other circumstances made use of the Movement's family-links services, including at connectivity points set up by the Venezuelan Red Cross and the ICRC. More connectivity points were placed in areas along land and maritime borders. Family-links services remained available in Trinidad and Tobago, particularly for families of missing migrants, or those with relatives alleged to have participated in fighting abroad.

People in Venezuela, and Trinidad and Tobago, lodged requests to trace missing relatives. A total of 72 tracing cases were resolved positively. The ICRC facilitated the repatriation of human remains – including those of migrants that lost their lives along migration routes – to Venezuela and handed them over to the families concerned; some families were helped to cover their expenses for transport and funerals.

Families with relatives missing in connection with conflict received comprehensive assistance through an ICRC-backed accompaniment programme. Local partners and National Society staff provided mental-health support (see above) and/or referred them for further assistance, where appropriate. Some of the families were also given cash every month to cover their daily needs.

Forensic services in Venezuela bolster their capacities in managing human remains

In Venezuela, the ICRC continued to provide forensic staff, first responders and others with technical support for handling human remains – particularly in connection with violence, COVID-19 and natural disasters; it also helped to foster closer coordination among them. It organized workshops for forensic professionals on recovering, documenting and identifying human remains and provided forensic facilities with equipment (e.g. generators) and/or medical and other supplies. Notably, one forensic lab was able to resume their genetic analysis of the remains of people who might have died at sea.

The ICRC discussed with the pertinent authorities ways to strengthen the implementation of standard protocols in forensics and ensure that pending legislation concerning forensics was in consonance with international law and followed internationally recognized standards. It also reminded them of families' right to know the fate or whereabouts of missing relatives and sought to advance their understanding of these families' needs. It continued discussions with the pertinent authorities about ascertaining the fate of migrants who went missing after a maritime accident off the coast of Curaçao in 2018 and identifying the human remains found aboard a boat off the coast of Trinidad in 2021.

Renovations to electrical and water systems, and storage facilities at several morgues in Venezuela were carried out by the ICRC. It provided a facility for forensic medicine with tools and supplies (e.g. PPE) to examine victims/survivors of sexual violence and document their injuries.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 11 places of detention in Venezuela that collectively held around 8,400 detainees, in accordance with its standard procedures. The ICRC monitored detainees' treatment and living conditions and relayed their findings confidentially to the authorities. It worked to help the authorities deepen their understanding of the ICRC's humanitarian work and procedures, and sought to gain access to all detainees within its purview. Where appropriate, it provided training, and technical and material support (e.g. office supplies and equipment) to expand the authorities' capacities in conducting virtual hearings and managing information concerning detainees. Owing to administrative constraints, prison authorities were unable to attend a regional ICRC workshop for developing regional criteria for prison management and design.

Detainees contacted their families through the Movement's family-links services. Donations of phones to three military detention facilities in Venezuela also helped detainees call their relatives. Where appropriate, the ICRC helped foreigners notify their consular representatives of their detention.

Venezuelan authorities work to meet detainees' needs

The ICRC supported Venezuelan authorities' efforts for lowering malnutrition rates and improving living conditions and health-care services at places of detention. It provided penitentiary health staff with medicine, medical supplies and equipment, and provided mosquito nets at one prison. In coordination with a national health programme, the ICRC enabled four detainees in Venezuela to be treated for TB.

In line with the ICRC's approach to developing sustainable solutions for improving detention facilities, it discussed, with authorities and local actors, how best to ensure detainees had adequate access to essential services. On the basis of these discussions, and based on observed needs, the ICRC prioritized infrastructural improvements at three prisons. It installed solar-powered water pumps, constructed rainwater-harvesting systems and trucked in water where needed. In partnership with military detention authorities, it made repairs to a wastewater-collection system at one prison. Staff at another prison were given training, and technical and material support (e.g. construction materials), to repair sewage lines. These efforts benefited a total of 4,674 detainees.

Detainees receive assistance to improve their well-being

The ICRC distributed hygiene kits and other essential items to help improve living conditions in prisons collectively holding 8,996 detainees. It also donated nutritional supplements to help staff prepare nutritious meals and improve cases of severe or moderate malnutrition, benefiting about 7,527 detainees in all. Nutritionists and health staff continued to treat and monitor cases of malnutrition with training and technical support from the ICRC.

Detainees at some prisons received financial, technical and material support (e.g. seed and tools) that enabled them to plant their own vegetable gardens. The ICRC donated textbooks, chairs and other support for educational activities in one detention facility.

WOUNDED AND SICK

Medical personnel develop their ability to provide emergency care

In Venezuela, the ICRC strove to ensure the availability of urgent medical care. Roughly 600 first responders, including Venezuelan Red Cross volunteers, improved their ability to conduct first aid or basic emergency care with ICRC training and received the necessary supplies; some of them learnt how to conduct such training for others. At these sessions, participants learnt about the rights of health workers and the violence committed against these personnel. In addition, the ICRC provided medical supplies and technical support to help the National Society and first responders handle the influx of medical emergencies created by heavy rain and floods.

The ICRC provided comprehensive support to strengthen referral and transport systems in Venezuela: health facilities received medical supplies to help stabilize wounded patients. At one hospital, the ICRC covered fuel costs for transporting patients needing higher-level care; one municipality was assisted in setting up an ambulance service for its residents.

A total of 10 hospitals reinforced their capacities in emergency care with regular ICRC donations of hygiene items, equipment, wound-surgery kits and other supplies. Medical professionals advanced their ability to conduct emergency trauma care and/or respond to mass-casualty incidents with ICRC training. An ICRC biomedical engineer trained staff at these hospitals in the proper use and maintenance of critical equipment (e.g. ventilators). Hospital staff continued to implement measures against COVID-19 with ICRC training and material support (e.g. PPE).

In view of the unexpected scope and technical complexity of some of the projects initially planned, the ICRC prioritized sustainable and efficient upgrades to hospital infrastructure and worked on fewer facilities than planned. The ICRC repaired emergency wards, kitchens and/or essential infrastructure at eight hospitals (2,444 beds); health staff and technicians learnt how to operate and maintain these facilities with training and equipment from the ICRC.

ACTORS OF INFLUENCE

People get in touch with the ICRC through a community contact centre

The ICRC sought to broaden awareness of and support for its activities in Venezuela. It conducted information sessions for the authorities and key members of civil society about its humanitarian work. It published online reports, operational updates and infographics on its activities.

Towards the end of the year, the ICRC set up a community contact centre that provided people with information about the ICRC's services and enabled them to communicate their views and suggestions. Whenever possible, the ICRC adapted its efforts to the feedback it received. An emergency line was

set up to enable people affected by violence in border areas bring their needs to the ICRC's attention.

The ICRC and the Venezuelan Red Cross strengthened their joint public communication to broaden awareness of the Movement's activities. For instance, they used radio spots and social media to publicize the Movement's family-links services. The ICRC used the same means to make people affected by violence and/or other emergencies aware of the Movement's activities within the region. Venezuelan Red Cross staff attended ICRC-supported dissemination sessions and received informational materials to strengthen their grasp of IHL and the Movement's Fundamental Principles, and learnt how to communicate these to the public.

Venezuelan police and military personnel advance their understanding of IHL and other applicable law

The ICRC discussed matters of common interest with Venezuelan defence and interior ministries and other influential actors. High-level meetings took place between the ICRC and Venezuelan authorities which helped foster support for the ICRC's work in the country.

The ICRC continued to provide the National School of Public Defence with support for conducting workshops on the use of force in law enforcement. These workshops, attended by police officers and security personnel, included key messages on IHL, the protection of civilians and ensuring the safety of health workers. Naval officers and personnel advanced their understanding of IHL, and of the emblems protected under it, during an ICRC-supported event.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC continued to give the Venezuelan Red Cross comprehensive support for developing its ability to respond – in accordance with the Safer Access Framework – to humanitarian needs in Venezuela. National Society volunteers were trained in security and operational risk management by the ICRC or by ICRC-trained National Society staff. Some of them learnt to conduct such training for staff and volunteers. They were also given financial support and vehicles to help them do their work in safety. The ICRC, acting through the International Federation, gave the Venezuelan Red Cross support to implement its plan for organizational development.

National Society staff from Trinidad and Tobago and overseas branches of the Netherlands Red Cross, aided by the ICRC, attended a global meeting of National Societies, where they discussed how to strengthen the Movement's regional network, particularly in the Caribbean, and exchanged information to that end. Venezuelan Red Cross staff participated in a regional meeting of the same kind. Movement components throughout the region, and other Movement partners, continued to coordinate regularly and explore possibilities for cooperation – through meetings and other events.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	913	3		
RCMs distributed	112	1		
Phone calls facilitated between family members	4,801			
Names published in the media	80			
Reunifications, transfers and repatriations				
People reunited with their families	3			
<i>including people registered by another delegation</i>	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	138	40	9	12
<i>including people for whom tracing requests were registered by another delegation</i>	44			
Tracing cases closed positively (subject located or fate established)	72			
<i>including people for whom tracing requests were registered by another delegation</i>	26			
Tracing cases still being handled at the end of the reporting period (people)	308	65	11	20
<i>including people for whom tracing requests were registered by another delegation</i>	112			
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	2		
<i>including UAMs/SC registered by another delegation</i>	3			
Documents				
People to whom travel documents were issued	1			
People to whom official documents were delivered across borders/front lines	36			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	8,464	1,561		
Visits carried out	74			
Detainees visited and monitored individually	246	63		
<i>of whom newly registered</i>	143	31		
RCMs and other means of family contact				
RCMs collected	234			
RCMs distributed	165			
Phone calls made to families to inform them of the whereabouts of a detained relative	43			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	4,155	1,365	1,199
Food production	People	5,699	1,922	1,644
Income support	People	1,092	560	
Living conditions	People	8,687	2,983	2,480
Capacity-building	People	8	7	
Water and habitat				
Water and habitat activities	People	29,961	5,021	6,510
Primary health care				
Health centres supported	Structures	16		
	<i>of which health centres supported regularly</i>	16		
Average catchment population		229,950		
Services at health centres supported regularly				
Consultations		492,770		
	<i>of which curative</i>	489,568	222,212	68,896
	<i>of which antenatal</i>	3,202		
Vaccines provided	Doses	29,725		
	<i>of which polio vaccines for children under 5 years of age</i>	10,126		
Referrals to a second level of care	Patients	8,294		
	<i>of whom gynaecological/obstetric cases</i>	114		
Mental health and psychosocial support				
People who received mental-health support		192		
People who attended information sessions on mental health		275		
People trained in mental-health care and psychosocial support		56		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	7,527	1,005	
Living conditions	People	8,996	1,743	
Water and habitat				
Water and habitat activities	People	4,674		
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		104,104		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		8,530		
Weapon-wound admissions (surgical and non-surgical admissions)		726	30	26
Weapon-wound surgeries performed		106		
Patients whose hospital treatment was paid for by the ICRC		3,166		
First aid				
First-aid training				
	Sessions	29		
	Participants (aggregated monthly data)	599		
Water and habitat				
Water and habitat activities	Beds (capacity)	2,444		

COLOMBIA

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- Authorities and weapon bearers were reminded by the ICRC of their obligations under IHL and other pertinent norms. The ICRC acted as a neutral intermediary in facilitating the safe transfer of 63 people held by armed groups.
- Thousands of vulnerable people, notably those displaced by intensified violence, met their basic needs and built their resilience to the effects of violence with relief aid and other support from the ICRC and Colombian Red Cross.
- Migrants and others in violence-affected areas reconnected with relatives through family-links services (e.g. phone calls, tracing, internet access) provided by the National Society and other local partners, with support from the ICRC.
- Aided by the ICRC, detaining authorities strove to address systemic issues in the penitentiary system. They conducted an online course for prison health workers and small-scale projects to improve detainees’ living conditions.
- Wounded and sick people obtained life-saving care from health workers trained and supported by the ICRC. The ICRC maintained its support for health ministry teams vaccinating rural communities against COVID-19.
- People with physical disabilities were treated at centres supported by training, supplies and expertise from the ICRC. Some of them took part in sports, went to school or earned an income with the ICRC’s help.

EXPENDITURE IN KCHF

Protection	15,944
Assistance	15,697
Prevention	3,181
Cooperation with National Societies	1,551
General	1,040
Total	37,412
<i>Of which: Overheads</i>	<i>2,283</i>

IMPLEMENTATION RATE

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

PERSONNEL

Mobile staff	85
Resident staff (daily workers not included)	431



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

PROTECTION CIVILIANS

	Total
Protection of family links	
RCMs collected	22
RCMs distributed	28
Phone calls facilitated between family members	63,800
Tracing cases closed positively (subject located or fate established)	191
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	31,828
<i>of whom visited and monitored individually</i>	<i>2</i>
Visits carried out	40
Protection of family links	
RCMs collected	4
RCMs distributed	2

ASSISTANCE CIVILIANS

	2022 Targets (up to)	Achieved
Economic security		
Food consumption	9,000	20,036
Food production	10,000	6,121
Income support	9,520	9,546
Living conditions	7,000	6,139
Capacity-building		1,189
Water and habitat		
Water and habitat activities	34,900	41,216

PEOPLE DEPRIVED OF THEIR FREEDOM

Water and habitat	
Water and habitat activities	2,650
	12,235

WOUNDED AND SICK

Medical care	
Hospitals supported	32 ¹
	21
Physical rehabilitation	
Projects supported	16
	17
Water and habitat	
Water and habitat activities	482

1. The target figure included 11 first-aid posts. These received material assistance from the ICRC but were not included in the achieved figure for hospitals supported.

CONTEXT

Armed conflicts – between government forces and armed groups, and among armed groups – and other situations of violence intensified throughout Colombia, particularly during an “armed strike” in May and in the months before the elections. This caused more abuses, displacements and casualties. Some socio-economic protests, exacerbated by high inflation, turned violent.

The consequences of ongoing and past hostilities made it more difficult for violence-affected people to obtain basic services and pursue livelihoods. There were more mines and explosive remnants of war (ERW) in the country, and more armed groups seeking territorial and social control. As a result, people were unable to move freely, and the delivery of humanitarian aid was impeded. Attacks against health services intensified, disrupting the provision of life-saving care. The state had a limited presence and emergency-response capacity in rural areas.

Numerous families remained without news of relatives missing in connection with past and ongoing conflict; their needs were often unmet.

Migrants, including refugees, who were passing through violence-affected areas, or had settled there, were at risk of loss of family contact, sexual exploitation or recruitment into armed groups. These migrants included people from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) and other neighbouring countries.

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

The new administration took office in August 2022 and sought to restart peace talks among all armed groups.

National vaccination campaigns against COVID-19 continued.

ICRC ACTION AND RESULTS

The ICRC continued its humanitarian work in Colombia, concentrating on strengthening people’s resilience to the consequences of armed conflict and other violence. It worked with local partners and other Movement components – notably, the Colombian Red Cross, which received technical and financial support from the ICRC.

The ICRC discussed the protection-related concerns of violence-affected people, including migrants, with authorities and armed groups, and reminded them of their obligations under IHL and other pertinent norms. These discussions facilitated the transfer of people held by armed groups, recovery of human remains, and safe passage for National Society volunteers and the health ministry’s COVID-19 vaccination teams.

Vulnerable people were made aware of the state services available to them, and shared their views on ICRC activities, through the ICRC’s community contact centre and by other

means. The ICRC broadened public awareness of the threat of mines/ERW. The ICRC provided technical support for the state’s victim assistance unit and other organizations, but took direct action only when that was needed to address the immediate needs of vulnerable people.

IDPs, migrants and others were given food and hygiene items – or cash for buying them. The ICRC provided more food assistance than planned because humanitarian needs had increased in rural areas; however, security constraints during the first half of the year limited other activities. Violence-affected households and missing people’s families worked towards self-sufficiency by securing jobs or by starting or strengthening small businesses, and rural communities grew their own food. All this was made possible by cash grants, material support and training from the ICRC. People had broader access to clean water and other basic services because of ICRC infrastructural projects; violence-affected communities benefited from ad hoc water-and-habitat initiatives by the ICRC.

The ICRC or ICRC-trained volunteers provided psychological or psychosocial care for victims/survivors of sexual and other violence, including migrants, and missing people’s families. The ICRC trained volunteers and medical professionals in first aid and surgical care, which increased the likelihood of people receiving life-saving care. People with physical disabilities were treated at ICRC-supported centres; some of them took part in sports, went to school or earned an income with the ICRC’s help.

The ICRC provided the Missing Persons Search Unit (UBPD) with technical support for ascertaining the fate and/or whereabouts of missing people and assisting their families. It discussed standards for humanitarian forensics, and for the management of human remains, with forensic authorities and others. First responders and community members were trained in these standards and given personal protective equipment (PPE). The ICRC upgraded forensic infrastructure, to help state agencies identify victims of violence. Migrants reconnected with their relatives through family-links services provided, with ICRC support, by the National Society and other local partners.

The ICRC visited detainees in accordance with its standard procedures. It gave authorities technical support for addressing systemic issues, such as overcrowding, and ensuring adequate health care and living conditions. Detaining authorities in Colombia worked with their counterparts in other countries to develop regional criteria for prison management and design.

Military and police personnel strengthened their grasp of IHL and other norms at ICRC conferences and other events. Academics, journalists and members of the general public learnt more about IHL and humanitarian issues in Colombia through various ICRC initiatives.

CIVILIANS

The ICRC engaged authorities and weapon bearers in dialogue on their obligations under IHL and other pertinent norms – specifically, on ensuring protection for civilians, facilitating access to humanitarian aid and basic services, and dealing

with documented allegations of unlawful conduct. After confidential discussions with the ICRC, armed groups facilitated safe access for the health ministry's COVID-19 vaccination teams – accompanied by Colombian Red Cross volunteers – in remote, conflict-affected areas. Discussions with the authorities on protecting and assisting Venezuelan migrants in Colombia continued. The ICRC conducted workshops for security forces personnel on international policing standards for the use of force, and on issues related to sexual violence (see *Actors of influence*).

At the request of the pertinent parties, the ICRC acted as a neutral intermediary in facilitating the release and safe transfer of 63 people, including 21 minors, held by armed groups, and in recovering and/or handing over human remains (see below).

Communities strengthened their resilience to the consequences of conflict with the ICRC's help; for instance, the ICRC worked with them to devise measures for self-protection. Some 8,000 people learnt safe practices around mines/ERW at ICRC workshops and from information sessions conducted by ICRC-trained community members. Radio spots produced by the ICRC and the National Society also broadened public awareness in this regard. Roughly 200 victims of mines/ERW were referred for treatment and other basic services by the ICRC (see *Wounded and sick*). A total of 4,000 backpacks were distributed to students in areas highly affected by violence where the ICRC conducted activities, to encourage them to attend school; their schools were provided with desks and blackboards, to better facilitate learning.

People expressed their needs, learnt about the humanitarian services available to them, and shared their views on ICRC activities through the ICRC's community contact centre and other means (see also *Actors of influence*). For example, students in violence-affected areas were involved in the planning of ICRC activities (see below).

Vulnerable people meet some of their most urgent needs

The ICRC, together with the government's victim assistance unit and local organizations, informed people – such as victims/survivors of sexual and other violence; missing people's families; people with disabilities, including people disabled by mines/ERW; and migrants – of the state services available to them and strove to make these services more accessible. At ICRC training sessions, 1,189 staff members of local organizations and community members strengthened their ability to help victims of violence in their own communities. The authorities, and other local actors, also received ICRC support to transport food and household items to thousands of IDPs. Many of the institutions mentioned above had exhausted their resources in tackling humanitarian needs in rural areas, which had risen sharply (see *Context*).

The ICRC, together with the National Society, directly supported people who were ineligible for state benefits – or who had not yet received them – mainly in areas that were comparatively inaccessible, for security-related reasons, to the authorities and other humanitarian actors. The ICRC

helped the National Society develop its ability to take people's protection-related concerns into account when providing aid.

Some 20,000 people (5,643 households) were given food parcels, food vouchers or cash to buy food, or were employed in cash-for-work projects to renovate communal spaces and repair rural roads (see below). Some 14,000 of these people had recently been displaced or had had their movement restricted. Around 6,000 people (1,719 households) – including those living in community centres that served as improvised shelters after massive displacements – received hygiene kits and other essential items, or cash to buy them. They also included students from rural schools whose facilities (i.e. kitchens and vegetable gardens) were upgraded and supplied, as part of ICRC efforts to work with local actors who improve young people's environments and discourage recruitment by armed groups.

Some 840 particularly vulnerable households (3,382 people) affected by recent displacement and other emergencies were given cash to supplement their income. This enabled more than half of them to pay for their housing and reduce the size of their debts. In addition, 4,185 people with urgent financial needs linked to protection-related concerns used cash to pay for daily expenses and/or funeral services and the transfer of their relatives' remains.

Violence-affected households work towards self-sufficiency

Security and access-related constraints during the first half of the year (see *Context*) resulted in the cancellation of several income-generation and food production activities.

The ICRC, together with its local partners, helped around 500 heads of households (1,976 people) – including relatives of missing people, victims/survivors of sexual violence and migrants – to earn an income. Breadwinners completed training in 'soft skills' from local partners: this helped some of them secure jobs, with the ICRC covering at least 30% of their wages for six months. Others learnt basic business skills and were given expert advice and/or cash grants by the ICRC to start or strengthen their small businesses. Members of producers' associations were guided by ICRC-supported consultants in improving production and sales of products such as indigenous handicrafts, coffee and cocoa beans.

Roughly 1,000 households (some 6,000 people) in conflict-affected rural areas grew food with seed, farming tools and livestock supplies, and/or training in agro-ecological practices and poultry management, from local institutions and the ICRC.

People in distress obtain psychosocial care

Some 3,000 people struggling with the effects of violence – victims/survivors of sexual violence, relatives of missing people, and migrants – were given mental-health and psychosocial support through individual or group sessions at health facilities and counselling centres. The support was provided by ICRC psychologists or by community volunteers and local professionals trained or supported by the ICRC. Health personnel working in violence-affected areas learnt psychological self-care and stress management at ICRC information sessions.

Communities have broader access to clean water and basic services

People in violence-prone or underserved areas, particularly in urban neighbourhoods, had better access to clean water and basic services and recovered communal spaces, through ICRC projects carried out with the authorities and other organizations. The ICRC upgraded water systems and donated home water filters, and renovated school facilities (see above), health and counselling centres, and other community infrastructure. Some National Society premises and forensic infrastructure (see below) also underwent ICRC upgrades. All these activities helped over 35,000 people.

In addition, roughly 6,000 people received ad hoc support from the ICRC; this enabled some 4,000 recently displaced people to have clean water and sanitary conditions during the emergency phase of their situation. Some houses and two hospitals (see *Wounded and sick*) damaged during hostilities were repaired, with the ICRC's help. The ICRC donated a tent to another hospital for the health ministry's vaccination campaign against COVID-19.

More people than planned benefited from these activities because the hostilities shifted to more populated rural areas, compelling the ICRC to adapt to the rise in humanitarian needs.

The authorities maintain their efforts to ascertain the fate and/or whereabouts of missing people

The ICRC provided the UBPD and other government bodies with support for coordinating efforts to ascertain the fate and/or whereabouts of missing people and prevent disappearances, and for expanding their capacities to these ends. It gave the authorities support for participating in the Global Alliance of the Missing, and organized events – for instance, to mark the International Day of the Disappeared – to draw attention to the issue of missing people. As Colombia is a global reference in the field of forensics, the ICRC coordinated study visits to forensic agencies in the country for professionals from Lebanon and Peru.

The ICRC engaged authorities and armed groups in dialogue on the needs of missing people's families. Some families received financial or psychosocial support from the ICRC; others were referred to the appropriate institutions (see above).

Judicial authorities, forensic professionals and others learnt more about humanitarian forensics at ICRC meetings, seminars and workshops. The ICRC offered them technical support for establishing standards for forensic work, information sharing and data protection. It trained community members and first responders in the proper management of human remains and gave them PPE. It renovated a morgue and secured an informal burial site for unidentified victims of violence, with a view to facilitating their future identification by state agencies.

The ICRC facilitated the recovery of 39 sets of remains – of people killed in clashes or of migrants who died in border areas – that were forwarded to the authorities for identification. It also facilitated the handover of 12 sets of remains to the families concerned and accompanied the handover of another 6 sets of remains to their families.

Migrants restore contact with their families

Migrants, including separated and/or unaccompanied minors, and others in violence-affected areas restored contact with their relatives through family-links services – such as tracing, internet connectivity and mobile-phone charging stations – offered by the National Society and other local partners; some 63,800 phone calls were arranged. The ICRC sustained its financial, material and technical support for these service providers.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities take steps to address systemic issues in the penitentiary system

The ICRC visited, in accordance with its standard procedures, 11 places of detention that collectively held around 32,000 detainees. It monitored detainees' treatment and living conditions, paying particularly close attention to vulnerable groups. It communicated its findings and recommendations confidentially to the authorities concerned.

The ICRC organized meetings and events, at times with international organizations, to promote alternatives to incarceration – including for detainees with severe illnesses – and other reforms to Colombia's criminal-justice system. Notably, the authorities received advice from the ICRC on a draft law that offers community service instead of imprisonment for female heads of household.

The authorities, the National Penitentiary School, and civil-society organizations designed measures for preventing and addressing ill-treatment and sexual and gender-based violence, with ICRC support. For instance, pilot projects – launched in 2021 – for prison staff at three places of detention to implement a revised manual on managing isolation wards continued; health staff learnt more about medical isolation protocols and their role at an ICRC-organized workshop. Prison staff attended training on international human rights law and implementing domestic policies on the use of force.

The ICRC gave the authorities technical support for strengthening the prison health system. A virtual course – developed by the National Training Service, detaining authorities and the ICRC – trained 320 health personnel in medical ethics and other areas; a new module, on mental health, was added to the course. Some senior officials were sponsored by the ICRC to attend the World Conference on Health in Detention, which was held in Geneva, Switzerland (see *Headquarters – Protection and Essential Services*).

Detainees' living conditions are improved

Under a pan-Latin American ICRC project to develop criteria for improving prison management and design, the Colombian authorities finalized national standards for prison kitchens, with expert advice from the ICRC. They exchanged ideas with their regional counterparts during an ICRC workshop in Brazil (see *Brasilia*); and presented an approach for taking into account the specific needs of detainees from ethnic minority groups (e.g. indigenous people) at another workshop in Bogotá.

The ICRC, in coordination with prison officials, carried out smaller-scale projects to improve detainees' living conditions. These projects made lavatories, clinics and/or recreational

areas more accessible to 235 detainees with disabilities at two prisons. A total of 12,000 detainees had better access to water and sanitation, after the ICRC donated maintenance equipment to six prisons; this project was expanded to more prisons than planned, benefiting more detainees.

A prison maintenance programme – through which detainees would learn skills to ease their socio-economic reintegration after release – was still under planning.

No emergency response projects were implemented, as there were no outbreaks of infectious diseases.

WOUNDED AND SICK

Wounded people and others are given first aid and referred for further care

The ICRC covered accommodation and other costs for 382 people – migrants, victims of mines/ERW and victims/survivors of sexual violence – treated at state-run facilities; critically wounded people were evacuated to hospitals by the ICRC or referred to suitable health facilities. Health workers and authorities involved in the referral process were trained to handle sexual violence cases.

To help ensure the availability of life-saving care, the ICRC and the Colombian Red Cross trained community members, health workers and weapon bearers in first aid and medical evacuation. They also organized, for these participants and for the authorities, information sessions and a regional meeting on the Health Care in Danger initiative. Health facilities were marked with the protective emblem of the country's medical services, and health staff were given identification materials, thanks to the ICRC assistance.

People obtained emergency care at 20 hospitals regularly supported by the ICRC: medical supplies (including PPE) and equipment, and/or repairs to damaged facilities. At one additional hospital, an assessment of its emergency department was completed, which helped inform the ICRC's future plans for support. Some of these hospitals and other institutions received expert advice and staff training from the ICRC in various clinical areas, such as treating victims/survivors of sexual violence; around 400 health workers learnt basic wound management. Following mass-casualty events, tens of first-aid posts were given ad hoc donations of wound-dressing kits.

The ICRC repaired two hospitals damaged by the hostilities and, at one of the hospitals, an area where victims/survivors of sexual violence could be attended to in a confidential manner (total capacity: 482 beds). It maintained financial and other support for the health ministry's vaccination campaign against COVID-19.

People with physical disabilities receive rehabilitative care and other assistance

Six orthopaedic centres and one institution offering physiotherapy and other rehabilitative services received regular ICRC support; altogether, they served around 400 people with physical disabilities, including 91 women and 60 children. Over

100 of these patients were given financial assistance to cover their transport, food and/or accommodation expenses; other people were guided on how to access services covered by the public health insurance scheme.

Material and technical support, and training from the ICRC helped eight additional institutions, including universities and professional associations, to develop their capacities in various aspects of rehabilitative care – such as wheelchair services and tending to children with cerebral palsy – or in training professionals in these areas. Some professionals were sponsored by the ICRC to attend courses in Colombia and abroad. The ICRC joined meetings organized by authorities and experts, at which rehabilitative care for detainees with physical disabilities was discussed along with other subjects.

The ICRC, together with two ministries, sought to advance the social inclusion of people with physical disabilities – for instance, through disability sports or by providing educational opportunities for children. Some of these people were referred for ICRC livelihood assistance (see *Civilians*) and/or infrastructural support to make their houses more disabled-accessible.

ACTORS OF INFLUENCE

Authorities, weapon bearers and others strengthen their grasp of IHL

The ICRC helped authorities, including those involved in the new administration's peace initiative (see *Context*), judicial officials, legal advisers to the armed forces, and representatives of civil-society organizations to strengthen their grasp of IHL. It held meetings and other events with and for members of the UBPD and the Special Jurisdiction for Peace – a transitional-justice mechanism established under the terms of the peace agreement between the Colombian government and the FARC-EP. These events also served to reiterate the enduring pertinence of IHL, for instance, to such issues as missing people and the conduct of hostilities. The ICRC organized conferences and courses for government officials – including members of the national IHL committee and legislators – and academics on the domestic implementation of IHL and other legal frameworks applicable to vulnerable people.

Military and police personnel expanded their knowledge of IHL and other norms through ICRC conferences and training sessions. The ICRC provided expert advice for integrating these norms into the defence ministry's educational policies and into military doctrine. Meetings and round tables with senior military and police officials also included discussion of such matters as regulating the use of force and preventing sexual and gender-based violence.

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

The general public learns about the ICRC's activities

ICRC reports, news releases and interviews helped broaden public awareness of the ICRC's work. Communities learnt more about the community contact centre and services available to them – for instance, family-links services – through

ICRC radio spots and the ICRC's social-media accounts. The ICRC also produced informational materials on sexual violence and social inclusion of people with physical disabilities, and translated into local languages tips for navigating weapon-contaminated areas safely. The ICRC organized games for children, through which it described its work and alerted them to the danger of forced recruitment.

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

Together with various Colombian universities, the ICRC organized conferences and moot court competitions for students, to help them – leaders and decision makers, potentially – add to their knowledge of IHL and human rights law.

RED CROSS AND RED CRESCENT MOVEMENT

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

Support was maintained for the National Society's efforts to incorporate the Safer Access Framework in its activities; for example, the ICRC organized meetings, training sessions and workshops on the subject.

The National Society, the International Federation and the ICRC met regularly to discuss security management, ensure uniformity of views on key protection-related issues and coordinate assistance activities, such as vaccination campaigns against COVID-19 in rural areas.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	22			
RCMs distributed	28			
Phone calls facilitated between family members	63,800			
Reunifications, transfers and repatriations				
People reunited with their families	1			
People transferred or repatriated	46			
Human remains transferred or repatriated	51			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	450	64	26	52
<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases closed positively (subject located or fate established)	191			
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases still being handled at the end of the reporting period (people)	3,076	298	260	538
<i>including people for whom tracing requests were registered by another delegation</i>	72			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	44	15		15
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	79	31		17
Documents				
People to whom travel documents were issued	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	31,828	3,155		
Visits carried out	40			
		Women	Girls	Boys
Detainees visited and monitored individually	2			
<i>of whom newly registered</i>	1			
RCMs and other means of family contact				
RCMs collected	4			
RCMs distributed	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	20,036	7,182	6,548
	<i>of whom IDPs</i>	2,569	813	785
Food production	People	6,121	1,803	2,120
	<i>of whom IDPs</i>	2,069	656	589
Income support	People	9,546	3,789	3,253
	<i>of whom IDPs</i>	6,506	2,364	2,472
Living conditions	People	6,139	1,859	2,101
	<i>of whom IDPs</i>	2,348	716	716
Capacity-building	People	1,189	411	445
Water and habitat				
Water and habitat activities	People	41,216	15,313	15,213
	<i>of whom IDPs</i>	2,056	760	761
Mental health and psychosocial support				
People who received mental-health support		3,399		
People who attended information sessions on mental health		1,864		
People trained in mental-health care and psychosocial support		401		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	12,235	979	
Health care in detention				
Places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		9,637		
Weapon-wound admissions (surgical and non-surgical admissions)		2,060		
First aid				
First-aid training				
	Sessions	63		
	Participants (aggregated monthly data)	1,593		
Water and habitat				
Water and habitat activities	Beds (capacity)	482		
Physical rehabilitation				
Projects supported		17		
	<i>of which physical rehabilitation centres supported regularly</i>	6		
People who benefited from ICRC-supported projects	Aggregated monthly data	466		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	431	91	60
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	35		
	<i>of whom victims of mines or explosive remnants of war</i>	84		
	<i>of whom weapon-wounded</i>	172		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	176		
Orthoses delivered	Units	38		
Physiotherapy sessions		355		
Walking aids delivered	Units	53		
Wheelchairs or postural support devices delivered	Units	110		

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru

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

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

KEY RESULTS/CONSTRAINTS IN 2022

- People in the Apurímac, Ene and Mantaro Valley (VRAEM), in Peru, benefited from ICRC renovations to water infrastructure. Community-based health workers were trained in preventive health care and in first aid by the ICRC.
- Migrants throughout the region reconnected with their relatives via the Movement’s family-links services. Missing people’s families received psychosocial care, and cash from the ICRC to participate in the search for their relatives.
- Guided by the ICRC, Peruvian authorities made assessments of Peru’s forensic medicine institute. Ecuadorean and Peruvian forensic experts strengthened their capacities in managing human remains with the ICRC’s support.
- Staff from the Ecuadorean health ministry were able to further their education in prosthetics and orthotics through ICRC scholarships. As planned, the ICRC ended its physical rehabilitation programme in Ecuador at year’s end.
- Aided by the ICRC, detaining authorities sought to improve the living conditions and treatment of all detainees, including their access to legal and health services; thousands of detainees received material support from the ICRC.
- National IHL committees and the authorities, together with the National Societies concerned, drew on the ICRC’s expertise to advance IHL implementation. Peru ratified amendments to the Rome Statute regarding war crimes.

EXPENDITURE IN KCHF	
Protection	3,274
Assistance	927
Prevention	1,523
Cooperation with National Societies	721
General	94
Total	6,540
<i>Of which: Overheads</i>	<i>399</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	102%

PERSONNEL	
Mobile staff	5
Resident staff (daily workers not included)	46



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	3
RCMs distributed	7
Phone calls facilitated between family members	28,312
Tracing cases closed positively (subject located or fate established)	153
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	31
Detainees in places of detention visited	58,860
<i>of whom visited and monitored individually</i>	<i>254</i>
Visits carried out	65
Protection of family links	
RCMs collected	4
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2022 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	People	495
Living conditions	People	106
Water and habitat		
Water and habitat activities	People	1,200
		1,984
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People	17,952
Water and habitat		
Water and habitat activities	People	125

CONTEXT

In Peru, government forces intensified military operations against the Militarized Communist Party of Peru (PCP-M), and drug trafficking, in the VRAEM. In the Plurinational State of Bolivia (hereafter Bolivia), Ecuador and Peru, violent protests over socio-economic and political issues took place frequently and armed violence was on the rise; there were also prison riots in Ecuador. All this led to casualties, arrests, disappearances, displacement and damage to infrastructure. Moreover, emergency aid or basic services, and livelihood opportunities, became less accessible, particularly for people in remote areas.

Migrants, including refugees, from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) and elsewhere passed through Bolivia, Ecuador and Peru, or settled in these countries. Some of them lost touch with relatives and were exploited and subjected to other unlawful conduct; unaccompanied children were particularly at risk.

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

Prison authorities in all three countries had to contend with overcrowded facilities, limited resources and staff shortages.

ICRC ACTION AND RESULTS

The ICRC maintained its efforts to protect and assist vulnerable people throughout the region, including violence-affected communities in the VRAEM. It worked with the National Societies in Bolivia and Ecuador, and to a lesser extent, in Peru – whose organizational and operational capacities were strengthened by the International Federation and the ICRC – and with other partners, which it also supported.

The ICRC reminded Ecuadorean and Peruvian authorities and weapon bearers to ensure protection for vulnerable people and their safe access to essential goods and services. Armed forces and security forces personnel, especially those deployed to violence-prone areas, furthered their understanding of IHL, international policing standards and/or other norms at workshops, seminars and courses organized or supported by the ICRC.

In the VRAEM, people had potable water and a more sanitary environment after the ICRC renovated water infrastructure in coordination with the municipal authorities and community members. The ICRC trained community-based health workers in preventive health care and in first aid, which increased the likelihood of people receiving suitable care during emergencies. Victims of violence were given cash to help them improve their living conditions.

The National Societies and the ICRC helped migrants – and members of families dispersed by migration, natural disasters or other circumstances – to reconnect with their relatives.

The ICRC continued to assist Peruvian authorities' efforts to ascertain the fate of people missing in connection with the 1980–2000 conflict and address the needs of their families. It

helped the authorities expand or improve an accompaniment programme through which missing people's families were given psychosocial and other support. It provided missing people's families with financial and/or logistical support to participate in the search for their relatives, and helped organize initiatives to draw attention to their plight. Associations of missing people's families implemented various projects, with financial and technical support from the ICRC.

Peruvian authorities worked to improve their medico-legal system, with the ICRC providing support in the form of assessments, innovative tools and sponsorship for study visits. Forensic experts from Ecuador and Peru strengthened their capacities in managing human remains with technical and material support from the ICRC. They also attended events organized or supported by the ICRC.

The ICRC visited detainees in Bolivia, Ecuador and Peru, in accordance with its standard procedures. It communicated its findings and recommendations confidentially to the authorities, to help improve detainees' treatment and living conditions. The ICRC worked with the authorities to improve detainees' access to legal and health-care services. Detainees were able to stay in contact with their families through family visits and through a programme of video calls supported by the ICRC. The ICRC gave some families financial assistance to visit their detained relatives.

Sponsored by the ICRC, personnel from the Ecuadorean health ministry completed their distance-learning modules in prosthetics and orthotics. This helped ensure that the services provided at three state-run physical rehabilitation centres, and at one run by an NGO, would meet internationally recognized standards. As planned, the ICRC concluded its physical rehabilitation programme in Ecuador at year's end.

The ICRC provided national IHL committees and the authorities, and the National Societies concerned, with expert advice to advance IHL implementation: in Peru, amendments to the Rome Statute were ratified. Bolivian and Peruvian officials drew on the ICRC's expertise to adopt or update manuals and protocols on the use of force and other subjects.

Academic scholars and students expanded their knowledge of IHL and humanitarian issues at events organized or supported by the ICRC. Journalists were kept up to date on the ICRC's work through meetings and field trips. These efforts by the ICRC – together with media-related initiatives by the National Societies and the ICRC – helped broaden the public's awareness of IHL, humanitarian issues and the Movement's activities.

CIVILIANS

The ICRC continued to discuss with the authorities and weapon bearers in Ecuador and Peru the issue of protecting vulnerable people and safeguarding their access to essential goods and services, in accordance with applicable law. The ICRC monitored the situation of people affected by violence in the VRAEM and elsewhere in the region. It also documented people's protection-related concerns and allegations of unlawful conduct, and raised them confidentially with the pertinent parties.

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

The National Societies and the ICRC carried out communication campaigns and conducted information sessions to inform violence-affected communities, including migrants and missing people's families, about the humanitarian services available to them, and to tell them how to prevent loss of family contact and protect themselves against COVID-19. These groups of people used online channels and other means to express their views on the ICRC's activities.

In Peru, armed forces personnel based in the VRAEM and hundreds of community members, including women and children, learnt about IHL at ICRC workshops. Community-based health workers in the VRAEM were trained by the ICRC in health monitoring and in first aid, to enable them to provide emergency care for others.

People have access to potable water and aid

In remote areas of the VRAEM, roughly 2,000 people had potable water and a more sanitary environment after the ICRC renovated water infrastructure in coordination with municipal authorities and community members.

In Peru, the ICRC gave 52 victims of violence cash to buy essential household items, with a view to helping them improve their living conditions. In addition, 54 relatives of detainees in Ecuador and Peru were given cash to visit their detained relatives (see *People deprived of their freedom*).

Peruvian authorities work towards ascertaining the fate of missing people and helping their families

The Peruvian authorities continued to implement a mechanism – established by a law enacted in 2016 – to search for people missing in connection with the 1980–2000 conflict and address their families' needs. They followed the ICRC's recommendations for improving Peru's medico-legal system (see below).

Peruvian authorities also continued to draw on the ICRC's expertise to expand or improve an accompaniment programme through which missing people's families were given psychosocial and other support. Government personnel and NGO staff involved in the programme attended ICRC training in providing psychological care for these families, and training in emotional self-care.

The ICRC provided cash to 495 relatives of missing people in Peru to help them participate in the search process. They were able to travel to or construct burial sites for their relatives, and those most vulnerable among them were able to better cope, to some extent, with the consequences of the pandemic. With financial and technical assistance from the ICRC, associations of missing people's families extended livelihood support and organized commemorative activities for these families. To further draw attention to the issue of missing people and the plight of their families, the ICRC renovated memorial sites, published useful information on social media, and launched

communication campaigns to publicize the International Day of the Disappeared.

Authorities in the region build their forensic capacities

Forensic authorities and other relevant actors in Bolivia, Ecuador and Peru drew on the ICRC's expertise to strengthen their capacities. The ICRC provided support for detailed assessments of Peru's forensic medicine institute, particularly of its genetic laboratories, team of forensic experts and information-management systems. The assessments were carried out at the request of the Peruvian authorities, to help them restructure the institute, which was declared to be in a state of crisis in mid-2022 by the new attorney general of Peru. The ICRC also helped authorities to use innovative tools to survey potential gravesites. Senior officials working on the issue of missing people in Peru were sponsored by the ICRC to make a weeklong study visit to the medico-legal institute in Colombia (see *Colombia*).

Medico-legal officials and forensic experts from Ecuador and Peru attended events organized or supported by the ICRC; these events served as regional platforms for networking and exchanging best practices, particularly in identifying and managing human remains.

The authorities in the countries covered were given technical and material support to ensure that human remains and dead bodies, including the bodies or remains of COVID-19 victims, were accorded due respect and dignity. The ICRC gave the Ecuadorian Red Cross 200 body bags for use during the COVID-19 pandemic and other emergencies.

National Societies develop their ability to restore family links

The National Societies in the countries covered strove to make family-links services more widely available to people separated from their families by migration, natural disasters, protests, detention and other circumstances. Comprehensive support and training from the ICRC enabled National Society personnel to publicize these services and deliver them in line with data-protection standards. The ICRC continued to train Ecuadorian Red Cross personnel to respond to the protection-related and other distinct concerns of migrants – for instance, by registering unaccompanied children – with a view to enabling them to take the lead in handling these cases.

Migrants, including refugees, used the Movement's family-links services (e.g. phone calls, internet connectivity), at posts situated in border areas and along migration routes in the region, to reconnect with their relatives. The Ecuadorian Red Cross extended its connectivity services to the relatives of Ecuadorean citizens stranded in Ukraine and to returnees on humanitarian flights; and to people affected by demonstrations in Ecuador. The ICRC assisted the Ecuadorian Red Cross and Venezuelan consular officials to repatriate the remains of four Venezuelan migrants.

The ICRC and the Ecuadorian Red Cross jointly organized a regional meeting at which personnel from nine National Societies, the International Federation and other ICRC delegations discussed ways to advance the development of family-links services and foster cooperation throughout the region.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Bolivia, Ecuador and Peru, in accordance with its standard procedures. Findings and recommendations from these visits were communicated confidentially to the authorities, to help them improve the treatment and living conditions of security detainees and others at risk (e.g. women, ailing detainees, foreigners).

In light of the situation in Ecuadorean prisons (see *Context*), the ICRC continued to discuss the use of force in detention, with detaining authorities at high-level workshops and on other occasions, and to arrange discussions on the subject among police officers, judges and prosecutors.

Family visits continued to be limited by the detaining authorities, particularly in Peru, where pandemic-related measures were more stringent. At the ICRC's encouragement, Peruvian prison authorities expanded a virtual family-visit programme that enabled detainees to connect with relatives detained in other prisons; detainees also made video calls to their lawyers using ICT equipment donated by the ICRC (see below). Financial and other assistance from the ICRC enabled some destitute families in Bolivia, Ecuador and Peru to visit relatives at detention facilities far from their homes.

Detaining authorities and others take steps to address structural issues in the prison system

At the ICRC's urging, and to make basic legal services more readily available to detainees, the Peruvian detaining and judicial authorities provided virtual consultations at several prisons; 60 public defenders attended a training session, on prison benefits, organized by the ICRC. In Bolivia, judicial authorities and the ICRC gave law students internships to prepare detainees' legal documents.

In Ecuador, the ICRC trained 25 security guards to instruct 1,300 new recruits in performing their duties in line with internationally recognized standards. It also conducted training in prison management for Ecuadorean students studying for a two-year diploma in prison security and for their professors, and for instructors at the Peruvian penitentiary training centre.

Bolivian, Ecuadorean and Peruvian officials drew on the ICRC's expertise to revise national policies for prison management. The ICRC sponsored senior prison officials in Ecuador and Peru to attend regional ICRC workshops on prison infrastructure and management; these workshops were part of a project to develop regionwide criteria in these areas (see also *Brasilia* and *Colombia*).

Aided by the ICRC, the Bolivian authorities finished preparing a policy document on the vulnerabilities of detainees who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning and/or other non-cisgender and non-straight identities.

Detainees have access to health care and better living conditions

In Peru, the authorities adopted a new directive – drafted with the ICRC's guidance – on comprehensive care for particularly vulnerable detainees. To support its implementation, the ICRC

held capacity-building workshops for 450 prison staff. It also helped the authorities implement pilot projects at four prisons to advance the inclusion of detainees with specific needs in rehabilitation activities. In line with this, it provided material assistance of various kinds (see below); organized creative-writing and dance workshops; and made improvements to facilities, such as making bathrooms more accessible to older detainees.

Around 18,000 detainees in Bolivia, Ecuador and Peru received books and art supplies, clothes, hygiene items, and cash to buy medicine from the ICRC.

In Bolivia, the authorities used ICRC-donated construction materials to renovate infrastructure, which would support the treatment of 125 drug-dependent female detainees. The ICRC continued to support the authorities' water-supply projects at two prisons.

The ICRC worked with prison authorities in the countries covered to improve detainees' access to health care and help protect them against COVID-19. In Peru, it provided the authorities with ICT equipment and other support to extend their national tele-health programme to 20 additional prisons.

Prison officials from Bolivia, Ecuador and Peru attended, on ICRC sponsorship, the World Conference on Health in Detention (see *Headquarters – Protection and Essential Services*).

WOUNDED AND SICK

Sponsored by the ICRC, ten personnel from the Ecuadorean health ministry completed distance-learning modules in prosthetics and orthotics offered by a university in El Salvador. This initiative helped ensure that personnel at three state-run physical rehabilitation centres and one NGO-run centre – previously supported by the ICRC – were trained and certified in accordance with internationally recognized standards.

The ICRC concluded its physical rehabilitation programme in Ecuador at the end of 2022, as planned.

ACTORS OF INFLUENCE

State weapon bearers strengthen their grasp of international norms

Military and security forces in Bolivia, Ecuador and Peru – particularly those conducting operations in the VRAEM and in northern Ecuador – took steps to integrate IHL, human rights law and/or international standards for law enforcement into their doctrine, training and operations; the ICRC provided expert advice and other support. Senior Bolivian and Peruvian officials drew on the ICRC's expertise to adopt or update manuals and protocols on the use of force and other subjects.

Thousands of armed forces and police personnel, including senior officers and legal advisers, strengthened their grasp of these norms and standards at workshops, seminars and courses organized or supported by the ICRC, often working with the National Societies; some participants were also trained to instruct others in the subjects covered.

The ICRC sponsored officials from Ecuador and Peru to attend a high-level workshop – held in Jordan – on international rules governing police operations (see *Headquarters – Protection and Essential Services*).

Peru ratifies amendments to the Rome Statute

National IHL committees and the authorities, together with the National Societies concerned, drew on the ICRC's expertise for their efforts to advance implementation of IHL-related treaties or legislation: in Bolivia, this meant amendments to the law on the emblem and the law on cultural property; in Ecuador, ratifying the Arms Trade Treaty; and in Bolivia and Ecuador, amendments to the Rome Statute. Ecuador adopted a law regulating the legitimate use of force, by police and armed forces, and security personnel in prisons, to maintain public order; the law had been drafted with recommendations from the ICRC. Peru ratified amendments to the Rome Statute regarding war crimes.

Government officials, the National Societies in the region and others developed their understanding of IHL through courses and events organized by the ICRC. In Bolivia, Ecuador and Peru, officials from the foreign ministry, judiciary, armed forces and national police, and academic scholars, attended the yearly IHL course organized by their respective national IHL committees with support from the ICRC. The Ecuadorean and Peruvian national IHL committees received technical support from the ICRC, for their efforts to broaden awareness among authorities of the applicability of IHL to cyber warfare and the use of explosive weapons in populated areas; committee members discussed these subjects at meetings organized by the ICRC.

Academic scholars and journalists learn about IHL and humanitarian issues

Academic scholars and students in Bolivia, Ecuador and Peru expanded their knowledge of IHL and other relevant norms, and of humanitarian issues, at workshops, seminars and competitions organized or supported by the ICRC; this helped them to cultivate support for IHL and the Movement's activities, and shape public debate on these subjects. The ICRC – together with the Ecuadorian Red Cross and a local NGO – organized an in-person, regional IHL moot court competition for university students from Brazil, Ecuador and Peru.

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

The public learnt about humanitarian issues and the Movement's activities through media and other initiatives by the National Societies and the ICRC. The National Societies developed their community-engagement and public-communication strategies – for instance, in connection with the humanitarian response to social protests – with expert guidance from the ICRC, sometimes in tandem with the International Federation.

In Ecuador, the ICRC helped the National Society develop its ability to discuss IHL and related matters with authorities and state weapon bearers.

RED CROSS AND RED CRESCENT MOVEMENT

The Bolivian and Ecuadorean National Societies strove to strengthen their organizational and operational capacities, with financial and technical support from the International Federation and the ICRC. They signed cooperation agreements with the ICRC, for example, to strengthen their capacities in restoring family links and in emergency response (see *Civilians and Actors of influence*).

The International Federation suspended the Peruvian Red Cross in August, which affected the implementation, during the second half of the year, of activities planned by the ICRC. This development did not affect the ICRC's donation of medical supplies, food and fuel to Peruvian Red Cross volunteers in support of their response to violent social protests in December.

Training and other support from the ICRC enabled National Society personnel in the countries covered to work in accordance with the Safer Access Framework.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3			
RCMs distributed		7			
Phone calls facilitated between family members		28,312			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		69	20		1
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		153			
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases still being handled at the end of the reporting period (people)		1,216	273	64	4
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		31			
Detainees in places of detention visited		58,860	3,284		
Visits carried out		65			
			Women	Girls	Boys
Detainees visited and monitored individually		254	24		
<i>of whom newly registered</i>		39	7		
RCMs and other means of family contact					
RCMs collected		4			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		33			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	495	267	15
Living conditions	People	106	60	26
Water and habitat				
Water and habitat activities	People	1,984	694	694
Mental health and psychosocial support				
People who received mental-health support		692		
People who attended information sessions on mental health		626		
People trained in mental-health care and psychosocial support		13		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	17,952	1,033	69
Water and habitat				
Water and habitat activities	People	125	44	
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	1		

MEXICO CITY (regional)

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

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2022

- Displaced households in El Salvador, Guatemala and Honduras covered their basic needs (e.g. food, essential items, rent) and pursued livelihoods with cash grants, vocational training and/or other assistance from the ICRC.
- Hygiene kits, blankets, water, food and/or other material aid donated by the ICRC helped ease the living conditions of migrants during or after their difficult journeys.
- Tens of thousands of detainees in El Salvador and Honduras had better access to water and other basic facilities after the ICRC provided chlorine tablets, construction materials and other assistance to several detention centres.
- First responders, hospital staff, health workers and other community members in El Salvador, Honduras and Mexico expanded their capacities in first aid and/or pre-hospital care at ICRC training sessions.
- Legislators, judicial officials and other authorities drafted laws to address missing-persons cases and assist IDPs, in consultation with the ICRC. The Honduran legislature passed a law to protect and assist IDPs.
- The ICRC engaged the military and security forces in dialogue on ensuring that their doctrine, training and operations complied with international human rights law and followed international standards for law enforcement.

EXPENDITURE IN KCHF

Protection	12,117
Assistance	9,775
Prevention	3,276
Cooperation with National Societies	1,591
General	161
Total	26,921
<i>Of which: Overheads</i>	<i>1,643</i>

IMPLEMENTATION RATE

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

PERSONNEL

Mobile staff	43
Resident staff (daily workers not included)	226



📍 ICRC regional delegation 📍 ICRC sub-delegation 📍 ICRC mission

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	10
RCMs distributed	7
Phone calls facilitated between family members	43,831
Tracing cases closed positively (subject located or fate established)	4
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	44
Detainees in places of detention visited	105,591
<i>of whom visited and monitored individually</i>	<i>1,311</i>
Visits carried out	114
Protection of family links	
RCMs collected	18
RCMs distributed	14
Phone calls made to families to inform them of the whereabouts of a detained relative	43

ASSISTANCE	2022 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	People 336	594
Living conditions	People	23,063
Water and habitat		
Water and habitat activities	People 37,832	35,629
Health		
Health centres supported	Structures 12	11
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People	12,675
Water and habitat		
Water and habitat activities	People 10,000	76,943
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 1	1
Physical rehabilitation		
Projects supported	Projects 9	7
Water and habitat		
Water and habitat activities	Beds (capacity) 238	1,300

CONTEXT

Organized armed violence persisted throughout the region, particularly in El Salvador, Guatemala, Honduras and Mexico. In El Salvador, the government responded to intensified violence by declaring a state of exception in March. People in violence-affected areas continued to be at risk of being displaced, harassed, abducted, subjected to sexual violence, wounded or killed. They struggled to meet their basic needs and obtain essential services because of movement restrictions and the precarious security situation.

Because of the violence and the dearth of economic opportunities, people sought safety and better prospects elsewhere. Faced with restrictive migration policies, migrants took more dangerous routes – including through violence-prone areas. While on the move, migrants faced threats to their safety. Many of them sought assistance at shelters, which struggled to cope with the large number of migrants and returnees needing support.

People struggled to contact relatives who had been separated from them by migration, ongoing violence or past armed conflict. Many remained without news of relatives reported missing.

In the countries most affected by violence, the military took part in law-enforcement operations and, with the police, implemented domestic migration policies.

Throughout the region, drug-related offences and charges linked to organized armed violence were among the main reasons for detention. Migrants were often arrested and detained for migration-related reasons.

In Guatemala, protests against the government took place regularly throughout the country.

ICRC ACTION AND RESULTS

The ICRC promoted protection for migrants, IDPs and other violence-affected communities in the region, and – in coordination with the pertinent National Societies and other local partners – carried out initiatives to improve their access to essential services. It worked to strengthen its dialogue and other engagement with the pertinent authorities, military and security forces, members of civil society and other influential people and organizations, with a view to promoting humanitarian principles and applicable international law and fostering acceptance for its work. Legislators and other authorities benefited from the ICRC's expertise when drafting laws to address missing-persons cases and assist IDPs. The Honduran legislature passed a law to protect and assist IDPs.

Migrants obtained information – on their rights, the risks to their safety, methods of self-protection and the services available to them – through various ICRC communication channels and other means (e.g. a mobile messaging app, social media, posters). ICRC infrastructural projects and donations of hygiene kits, blankets, water and/or food helped ease the living conditions of migrants. Migrants in Guatemala, Honduras and Mexico obtained curative and preventive care at ICRC-supported health facilities.

The ICRC pursued various efforts to deepen its engagement with violence-affected communities, in order to understand their concerns and coping mechanisms more fully, and to help them develop or strengthen community-based measures to mitigate threats to their safety. It gave displaced households in El Salvador and Honduras cash grants and/or other assistance to help them cover their basic needs, resettle and pursue livelihoods. The ICRC, together with the community, made improvements to basic communal infrastructure in a violence-affected area in El Salvador.

First responders, hospital staff, health workers and other community members in El Salvador, Honduras and Mexico developed their capacities in first aid and/or pre-hospital care through ICRC training. In Honduras, wounded and sick people received life-saving care at an ICRC-supported hospital. People with disabilities in El Salvador, Guatemala, Honduras and Mexico obtained rehabilitative care at ICRC-supported physical rehabilitation centres.

Members of families separated by migration, ongoing violence, past conflict or natural disasters restored or maintained contact through the Movement's family-links services. The ICRC strove to broaden awareness of the plight of missing people's families and the services available to them. It provided the necessary support to associations of missing people's families. It offered the authorities technical guidance and other help to develop mechanisms for ascertaining the fate and whereabouts of missing people and assisting their families. Authorities and forensic workers used training and other support from the ICRC to strengthen their capacities in managing human remains.

The ICRC visited detained migrants and other detainees, in accordance with its standard procedures, in El Salvador, Guatemala, Honduras, Mexico and Nicaragua. It monitored the treatment and living conditions of detainees and communicated its findings and recommendations confidentially to the authorities. It pursued various efforts (e.g. water-and-habitat projects, training for health staff) to help the authorities ensure that detainees' treatment and living conditions met internationally recognized standards.

Training and technical, financial or other assistance from the ICRC and other Movement components helped the National Societies in the countries covered to strengthen their capacities in responding to the protection-related concerns and humanitarian needs arising from migration, violence and other emergencies.

CIVILIANS

The ICRC promoted protection for migrants, IDPs and other violence-affected communities in the region, and – in coordination with the pertinent National Societies and other local partners – carried out initiatives to improve their access to essential services. It strengthened its dialogue with the authorities, with a view to promoting humanitarian principles and applicable international law. The ICRC highlighted issues such as the needs and rights of migrants, returnees and IDPs and the importance of following international standards for the use of force in law enforcement. The authorities were

also reminded that migrant returns must be conducted in compliance with international law and in conditions of safety and dignity.

With ICRC sponsorship, government officials from El Salvador, Guatemala, Honduras and Mexico took part in online courses from San Remo in internal displacement and international migration law. Legislators, judicial officials and other authorities drew on ICRC expertise to develop national mechanisms and/or laws to address missing-persons cases, assist IDPs and regulate the use of force in law enforcement operations. The Honduran legislature passed a law to protect and assist IDPs; this piece of legislation was drafted with the ICRC's help.

People obtain essential services along migration routes

People travelling along migration routes obtained information on their rights, the risks to their safety, self-protection and the services available to them through various ICRC communication channels and other means (e.g. a mobile messaging app, social media, posters). National Society staff in the countries covered and other local partners bolstered their capacities in protection-related work through training and other support from the ICRC.

Working with the pertinent National Societies and other local partners, the ICRC helped ease living conditions for 17,958 migrants in El Salvador, Guatemala and Mexico by providing them with hygiene kits, bottled water, blankets and/or other essentials. Around 4,900 migrants passing through Honduras received ICRC-supplied hygiene kits, water and/or food from the Honduran Red Cross.

Some 31,500 migrants in El Salvador, Guatemala, Honduras and Mexico had better access to water and other basic facilities after the ICRC completed infrastructural projects – which included renovating water systems and dormitories at migrant shelters and making improvements at branch offices of National Societies assisting migrants. In El Salvador, Guatemala and Mexico, the ICRC provided personal protective equipment (PPE) for migrants and trained staff at shelters in measures against COVID-19.

Migrants in Guatemala, Honduras and Mexico obtained curative and preventive care at 11 ICRC-supported health facilities that also referred victims/survivors of sexual violence for further treatment. Support for these facilities included staff training, and donations of PPE and other material aid. Migrants, violence-affected people, members of missing people's families, and those assisting them (e.g. health staff, forensic professionals) in El Salvador, Guatemala, Honduras and Mexico received mental-health and psychosocial support from ICRC-trained personnel. The ICRC provided a university in Mexico with technical support for developing the curriculum for a diploma course in providing mental-health and psychosocial support for violence-affected people. In Honduras, the health ministry and the ICRC developed guidelines for attending to the mental-health needs of violence-affected individuals.

The ICRC pursued discussions with health and other authorities and key actors in the region – and offered advice and/or conducted meetings, seminars and workshops – on a number

of different matters: protecting health services; facilitating access to these services, including for victims/survivors of sexual violence; implementing protocols to check the spread of COVID-19; and ensuring that migrants were vaccinated against COVID-19. The ICRC sponsored health officials from El Salvador, Guatemala, Honduras and Mexico to attend a seminar in Colombia on the protection due to health services.

Violence-affected people meet their basic needs

The ICRC pursued various efforts to deepen its engagement with violence-affected communities – particularly in El Salvador, Guatemala, Honduras and Mexico – in order to understand their concerns and coping mechanisms more fully, and to help them develop or strengthen community-based measures to mitigate threats to their safety. For instance, it conducted meetings and/or workshops – on community-based protection – for community leaders and others in Chamelecón in Honduras. The sessions included discussions on risks linked to the gender identities of the participants.

A total of 146 displaced households (594 people) in El Salvador and Honduras resettled, covered their basic needs (e.g. food, essential items, rent, transport) and/or pursued livelihoods with cash grants, vocational training and other assistance from the ICRC. More people were assisted than planned owing to increased needs.

In a violence-affected area in El Salvador, the ICRC – together with the community – made improvements to basic infrastructure (e.g. public lighting) in order to help reduce the risks associated with armed violence. This benefited 4,060 people. Plans to renovate communal infrastructure in Guatemala and Mexico could not be implemented because of access and other operational constraints. However, the ICRC was able to assess infrastructural needs at three health-care centres in Mexico. In Honduras, it helped survey the security of facilities at the Tegucigalpa Teaching Hospital. Staff at three IDP shelters in El Salvador attended ICRC workshops and learnt how to improve living conditions for IDPs.

In El Salvador and Honduras, the ICRC covered consultation and treatment costs for IDPs who were seriously injured or ill. Salvadorean health workers were given supplies and training for assisting IDPs.

Members of dispersed families maintain contact

Members of families separated by migration, ongoing violence, past conflict or natural disasters restored or maintained contact through the Movement's family-links services (e.g. phone calls, RCMS, tracing). A total of 43,831 phone calls were facilitated between family members; migrants made phone calls to their families or accessed the internet at stations set up by the National Societies and/or by civil-society organizations along migration routes. The ICRC donated SIM cards and prepaid cards to a camp hosting Ukrainians in Mexico, with a view to helping the Ukrainians maintain contact with their families. Training, and technical and/or other support from the ICRC enabled the National Societies to reinforce their family-links services and/or incorporate pertinent data-protection standards in their work.

Plans to facilitate the delivery of emergency travel documents for humanitarian purposes could not be implemented, as the ICRC was still discussing the recognition of these documents with the pertinent authorities at year's end.

Through public communication and engagement with authorities and others, and by supporting associations of missing people's families, the ICRC strove to broaden awareness of the plight of missing people's families and the services available to them. It offered the authorities technical guidance and other assistance to draft or implement legal frameworks concerning missing people and prevention of disappearances, and to develop mechanisms and protocols to ascertain the fate and whereabouts of missing people and provide support for their families. Missing people's families in El Salvador, Guatemala, Honduras and Mexico obtained psychosocial support, financial assistance to cover the costs of funerals or repatriations and/or help to organize commemorative events from the ICRC or NGOs supported by it.

With training and material, technical and/or infrastructural support from the ICRC, authorities and forensic workers in El Salvador, Guatemala, Honduras and Mexico strengthened their capacity to manage human remains, in order to ensure that the bodies of people who died during violence or on migration routes could be identified and returned to the families concerned, and that the bodies or remains of COVID-19 victims could be handled safely. The ICRC engaged authorities in dialogue on implementing or adapting medico-legal frameworks and standard procedures and protocols for managing human remains and other related matters.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detained migrants and other detainees, in accordance with its standard procedures, in El Salvador, Guatemala, Honduras, Mexico and Nicaragua. It monitored their treatment and living conditions, and communicated its findings and recommendations confidentially to the authorities, with a view to helping them ensure that detainees' treatment and living conditions met internationally recognized standards. The ICRC discussed different issues with the authorities; these include: the necessity of ensuring respect for judicial guarantees; employing a gender-sensitive approach to prison management; the specific needs of female detainees and detained minors; and detainees' access to health care. Prison authorities and staff also learnt more about these matters during workshops, training and other events organized by the ICRC. In Guatemala, operational constraints hindered plans to support a project to advance the social inclusion of detainees after their release or for referring them – particularly minors – for appropriate support.

At ICRC workshops in Brazil and Colombia, authorities from Mexico, Costa Rica and elsewhere worked to develop regional criteria for prison management and design. The ICRC held meetings on this subject with the pertinent authorities in Mexico.

Detainees reconnected with their relatives through RCMs, video calls and/or family visits facilitated by the ICRC. In Guatemala and Honduras, the ICRC covered the transportation costs of 183 family members of detainees so that they could visit their relatives.

Detainees have better access to water and other basic services

Some 76,900 detainees in El Salvador and Honduras had better access to water and/or other basic facilities after the ICRC provided chlorine tablets, construction materials and/or other material aid to detention facilities. The ICRC also made repairs at one prison clinic in El Salvador. More detainees were assisted than planned, because more needs were identified during the year, particularly in El Salvador. ICRC workshops helped prison authorities in Honduras to develop their ability to maintain infrastructure. Water-and-habitat projects in Guatemala could not be carried out owing to operational constraints.

The ICRC helped the authorities and staff at selected detention facilities to improve their provision of health care. Prison staff in El Salvador, Guatemala, Honduras, Mexico and Nicaragua were given guidance, training and/or other support in such areas as: improving detainees' nutrition; conducting medical screenings of new detainees; preventing the spread of COVID-19; and managing cases of TB and HIV/AIDS. In El Salvador, the ICRC met with the pertinent authorities to discuss the implementation of a programme for women's health; the programme could not be fully implemented owing to the introduction by the authorities of a state of exception and the consequences it had on the penitentiary system. At a round table in Mexico organized by it, the ICRC, together with local institutions and others, explored the possibility of drafting guidelines for referring mentally ill detainees to specialized care.

A total of 12,675 detainees in El Salvador benefited from ICRC donations of hygiene items and other essentials.

WOUNDED AND SICK

Good-quality care is accessible to wounded and sick people and people with disabilities

Aided by the ICRC, local health-care providers made emergency care available to wounded or sick people in violence-affected areas. First responders, hospital staff, health workers and other community members in El Salvador, Honduras and Mexico expanded their capacities in first aid and/or pre-hospital care through ICRC training. The ICRC also conducted train-the-trainer sessions in these areas. In Mexico, the ICRC helped health ministry staff to develop a strategy for training in basic emergency care; implementation of the strategy was already in progress in two priority areas (Guerrero and Sonora). Health staff in El Salvador and Mexico developed their capacities in weapon-wound care management through ICRC training. The ICRC assessed health needs in violence-affected communities; the system for providing emergency pre-hospital care; and the impact of violence on this system in El Salvador, Honduras and Mexico. Following these assessments, it made recommendations for improvements to the pertinent authorities.

In Honduras, wounded and sick people received life-saving care at the ICRC-supported Tegucigalpa Teaching Hospital. The ICRC's support included guidance in improving their triage system and emergency care; staff training; donations of medical equipment; and infrastructural upgrades (to a shock room, for instance). The ICRC discussed with the hospital officials the handover of all responsibility for managing the triage system and other support provided by the ICRC.

Some 1,300 people¹ with physical disabilities, including migrants and other violence-affected people, obtained rehabilitative care at five ICRC-supported centres in El Salvador, Guatemala, Honduras and Mexico. Fewer people than planned obtained rehabilitation services, owing to difficulty in reaching the centres. Where needed, the ICRC covered transport, accommodation and treatment costs for patients.

Orthotists, physiotherapists and other health staff bolstered their capacities in physical rehabilitation through ICRC-organized courses.

The ICRC pursued various forms of engagement with the authorities in the region, with a view to helping boost the sustainability of the physical rehabilitation sector. With technical guidance from the ICRC, the Salvadorean health ministry drafted guidance documents to improve the quality and accessibility of physical rehabilitation services. The ICRC also supported training and education for staff at the Universidad Don Bosco. The ICRC concluded its physical rehabilitation activities in El Salvador in 2022. Following a handover process with the ICRC, the authorities took over the activities the ICRC had implemented to boost the sustainability of the physical rehabilitation sector. In Guatemala, it organized a round table with the health authorities to discuss how to improve health care for people with disabilities.

ACTORS OF INFLUENCE

The ICRC engaged with government officials, armed forces and security forces personnel, members of civil society and other influential people and organizations in the countries covered. It did so with a view to gathering support for the Movement and for the ICRC's work in behalf of migrants, missing people's families, detainees, IDPs and other violence-affected people, and with a view also to broadening understanding of humanitarian principles, human rights law, IHL and other applicable norms.

The general public stay abreast of humanitarian issues concerning migrants, IDPs and missing people

The ICRC strove to broaden public awareness of humanitarian issues concerning migration, violence and missing people, using traditional and social media, engagement with journalists and other forms of public communication. It provided National Societies in the region with training and guidance in public communication. The regional delegation continued to disseminate self-care messages for migrants through its communication channels (see *Civilians*).

Military and security forces in the region obtained technical guidance and other support from the ICRC to ensure that their doctrine, training and operations complied with human rights

law – and where applicable, IHL – and followed international standards for law enforcement. Armed forces and security forces personnel from El Salvador, Guatemala, Honduras, Mexico and Nicaragua furthered their understanding of IHL, and/or other pertinent norms, at ICRC workshops and training sessions.

The ICRC provided the authorities and IHL committees – particularly in Costa Rica, El Salvador and Mexico – with advice and other support for implementing or ratifying IHL-related treaties. Guatemala ratified the Treaty on the Prohibition of Nuclear Weapons. Most states in the region expressed support for the political declaration on strengthening protection for civilians from the consequences of using explosive weapons in populated areas. The ICRC shared its position on IHL and cyber operations during armed conflicts with Latin American and Caribbean States during the fourth meeting of the working group on cooperation and confidence-building measures in cyberspace of the Organization of American States Inter-American Committee against Terrorism. Authorities in the region were also given advice for developing national mechanisms to address missing-persons cases and assist IDPs (see *Civilians*).

Judges, diplomats, academics and others learnt more about IHL and issues of humanitarian concern at ICRC courses and other events. In Mexico, the ICRC helped organize the 37th edition of the Jean-Pictet competition, in which teams from all over the world took part.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the countries covered strengthened their capacities in responding to the protection-related concerns and humanitarian needs arising from migration, violence and other emergencies, and continued to improve their security management and operational communication. They did all this with training and technical, financial or other assistance from the ICRC, the International Federation and other Movement components. These organizations also arranged meetings to coordinate their activities.

The ICRC signed partnership agreements with some National Societies, and discussions about such agreements continued with others. Partnership agreements sought to enable the ICRC and National Societies in the region to decide the scope and working procedures of their activities, with a view to mounting an effective humanitarian response together.

During the Council of Delegates, which the ICRC helped organize, leaders of the National Societies in the countries covered discussed matters of common interest, including Seville Agreement 2.0.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	10	3		
RCMs distributed	7			
Phone calls facilitated between family members	43,831			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	22	5		2
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)	4			
Tracing cases still being handled at the end of the reporting period (people)	594	133	70	27
<i>including people for whom tracing requests were registered by another delegation</i>	6			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	44			
Detainees in places of detention visited	105,591	21,939	474	
Visits carried out	114			
		Women	Girls	Boys
Detainees visited and monitored individually	1,311	348	12	26
<i>of whom newly registered</i>	1,275	341	10	26
RCMs and other means of family contact				
RCMs collected	18			
RCMs distributed	14			
Phone calls made to families to inform them of the whereabouts of a detained relative	43			
Detainees visited by their relatives with ICRC/National Society support	146			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	594	219	122
	<i>of whom IDPs</i>	594	219	122
Living conditions	People	23,063	10,887	6,622
	<i>of whom IDPs</i>	21,960	10,427	6,446
Water and habitat				
Water and habitat activities	People	35,629	8,907	8,907
Primary health care				
Health centres supported	Structures	11		
	<i>of which health centres supported regularly</i>	11		
Average catchment population		29,048		
Services at health centres supported regularly				
Consultations		64,825		
	<i>of which curative</i>	64,748	12,207	2,884
	<i>of which antenatal</i>	77		
Referrals to a second level of care	Patients	199		
	<i>of whom gynaecological/obstetric cases</i>	33		
Mental health and psychosocial support				
People who received mental-health support		1,812		
People who attended information sessions on mental health		2,404		
People trained in mental-health care and psychosocial support		552		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	12,675	10,543	
Water and habitat				
Water and habitat activities	People	76,943	11,541	
Health care in detention				
Places of detention visited by health staff	Structures	26		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		86,774		
First aid				
First-aid training				
	Sessions	12		
	Participants (aggregated monthly data)	243		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,300		
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	1,314		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	1,314	62	148
	<i>of whom weapon-wounded</i>	29		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	312		
Orthoses delivered	Units	998		
Physiotherapy sessions		30,785		
Walking aids delivered	Units	32		
Wheelchairs or postural support devices delivered	Units	10		

NEW YORK

New York is home to the UN headquarters, Security Council and General Assembly – all whose work affect humanitarian and related developments. Operating since 1983 and granted observer status by the General Assembly in 1990, the ICRC delegation to the UN elevates concerns of conflict-affected people to governments and other policymakers and develops relationships important to the ICRC’s credibility with parties to conflict. The delegation enhances the ICRC’s ability to influence actors that can facilitate access to vulnerable communities or determine how conflicts are fought. It fosters recognition of the ICRC as the reference organization for IHL and principled humanitarian action.

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

EXPENDITURE IN KCHF	
Protection	-
Assistance	-
Prevention	4,368
Cooperation with National Societies	-
General	8
Total	4,376
<i>Of which: Overheads</i>	267

IMPLEMENTATION RATE	
Expenditure/yearly budget	110%

PERSONNEL	
Mobile staff	6
Resident staff (daily workers not included)	15

CONTEXT

The UN continued to be a crucial forum for the development, promotion and implementation of IHL. The Security Council, General Assembly and the UN Secretariat formulated and put into effect policies and decisions that had a bearing on humanitarian affairs around the world. In light of shifting global power dynamics, the increasing difficulty of consensus-based decision-making, and declining public trust in multilateralism, UN member states committed themselves to intensifying their efforts to assert the role of international cooperation in tackling global issues. Challenges related to armed conflict – for example, the international armed conflict between the Russian Federation and Ukraine – weapons, “terrorism”, the climate crisis, the COVID-19 pandemic, gender equality and the digital revolution featured prominently in world leaders’ discussions.

Starting early in the year, the UN’s principal bodies and member states conducted their work in person, as movement restrictions and other measures to mitigate the spread of COVID-19 had been sufficiently eased to allow this arrangement.

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

ICRC ACTION AND RESULTS

The ICRC promotes the humanitarian perspective at the UN

The ICRC continued to interact regularly with the UN’s principal organs and member states, to ensure that humanitarian concerns, principled humanitarian action and IHL were given proper consideration in their discussions and decision-making. In its dialogue with these actors, the ICRC drew on its long-standing presence in contexts affected by armed

conflict and other situations of violence, its expertise in IHL and related bodies of law, and its own published work.

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

For instance, during the 77th session of the UN General Assembly, the ICRC urged states to ensure that counter-terrorism measures comply with IHL and impose no restrictions on exclusively humanitarian activities carried out by humanitarian actors. Ahead of the 27th Climate Change Conference, the ICRC advocated states to bolster climate action in countries that were particularly vulnerable to climate risks, especially those enduring armed conflict and other situations of violence. Together with UN agencies, the ICRC called on states to commit to a declaration to strengthen protection for civilians from the consequences of the use of explosive weapons in populated areas.

The ICRC’s humanitarian diplomacy also aimed to mobilize the international community to collectively address the immediate and long-term consequences of the pandemic, including its compounding effects on existing mental and other health issues. It continued to emphasize the necessity of ensuring

equitable access to COVID-19 vaccination, particularly for conflict-affected people.

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

The Security Council invited the ICRC's director-general to serve as an expert briefer at its annual debate on the protection of civilians. Both the outgoing and the new ICRC presidents were invited to bilateral meetings and other events, to discuss pressing humanitarian concerns. Such invitations were extended to other ICRC representatives as well: they made statements on matters directly within the ICRC's purview and cross-cutting themes that had a bearing on humanitarian issues, such as the climate crisis, food insecurity, access to mental-health and psychosocial support, and COVID-19.

The ICRC engaged with UN officials and representatives of member states – for instance, through visits by the ICRC's senior leaders, and briefings by heads of ICRC delegations. Its discussions with the Department of Peace Operations and other pertinent actors covered humanitarian considerations in connection with support relationships in armed conflict. With the UN Office of Legal Affairs, the ICRC tackled matters of common interest, such as the legal classification of armed conflicts and the future development of IHL. States sought the ICRC's neutral, impartial and independent humanitarian perspective on the contexts where it works – for instance, with regard to the international armed conflict between the Russian Federation and Ukraine, and also in connection with conflict and other violence in Afghanistan, Ethiopia, Myanmar, the Syrian Arab Republic and Africa's Sahel region. Whenever possible, the ICRC appealed to states – including those that were parties to conflict or capable of influencing such parties – to uphold IHL and facilitate principled humanitarian action.

Some member states sought legal guidance from the ICRC. IHL and humanitarian issues remained of importance, as indicated by Security Council and General Assembly statements and resolutions; the ICRC endeavoured to play an active role in the development of these statements and resolutions. Notably,

the ICRC advocated for the inclusion of humanitarian exemptions in UN sanctions regimes. The Security Council adopted a resolution establishing a binding humanitarian exemption in all current and future UN financial sanctions – meant to be incorporated in member states' domestic law – to help humanitarian organizations, such as the ICRC, avoid sanctions that limit public funding and other support for their operations. The ICRC also gave input towards the adoption of a General Assembly resolution that called on states to prevent disappearances and address the needs of missing people's families, in line with IHL. It provided advice to member states that were in the process of ratifying IHL-related instruments, such as the Arms Trade Treaty and the Treaty on the Prohibition of Nuclear Weapons.

Diplomats and the wider public add to their knowledge of IHL and humanitarian issues

Some 90 diplomats strengthened their grasp of IHL at the annual seminar organized by the New York University School of Law and the ICRC; the seminar was held in person, after having been held online for the past two years.

With a view to broadening awareness of humanitarian issues and of its activities worldwide, the ICRC distributed news releases, organized press briefings and presentations, and arranged interviews between its senior staff and UN-accredited members of the media and other journalists. It also produced audiovisual content for public dissemination – for a billboard campaign promoting IHL in New York, undertaken in partnership with the American Red Cross, for instance – and strengthened its presence online, including across social-media platforms. More people were thus reached by timely and accurate information about the ICRC's mission and work – for example, on its role as a neutral intermediary.

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

PANAMA CITY (regional)

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

Having worked intermittently in Panama since 1989, the ICRC has had a stable presence in the country since 2010. In 2019, it opened a regional delegation in Panama City, and reopened its mission in Haiti in 2021. The delegation works with the region’s National Societies to help violence-affected people, including vulnerable migrants, and helps build the National Societies’ capacities. It aims to raise awareness of and mobilize support for humanitarian principles, IHL and the ICRC’s activities through regular contact with multilateral and international organizations, governments and the military and police. It helps to improve the treatment and living conditions of detainees.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Violence-affected people in Haiti were tended to by first responders, including the Haiti Red Cross Society, and ICRC-supported hospitals. Dialogue with weapon bearers facilitated ICRC activities in gang-controlled areas.
- The authorities, NGOs and others strove to protect vulnerable people in Haiti against cholera; the ICRC helped them by donating soap for people in violence-affected communities and setting up handwashing points at a major prison.
- Migrants passing through Panama contacted their relatives using the services of the Red Cross Society of Panama and the ICRC. More phone calls were facilitated for them compared to 2021, as services were extended to new areas.
- In Panama, the detaining authorities received a last round of support from the ICRC for ensuring detainees’ well-being and easing their socio-economic reintegration. This support ceased by year’s end, as planned.
- The ICRC engaged governments and multilateral and international organizations in the region on matters related to IHL, international human rights law and other frameworks, particularly in connection with migration and the missing.

EXPENDITURE IN KCHF	
Protection	1,484
Assistance	1,420
Prevention	2,431
Cooperation with National Societies	2,237
General	69
Total	7,640
<i>Of which: Overheads</i>	<i>466</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	119%

PERSONNEL	
Mobile staff	24
Resident staff (daily workers not included)	65



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs distributed	1
Phone calls facilitated between family members	20,529
Tracing cases closed positively (subject located or fate established)	28
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	1
Detainees in places of detention visited	3,711
of whom visited and monitored individually	14
Visits carried out	4
Protection of family links	
RCMs collected	20
RCMs distributed	17
Phone calls made to families to inform them of the whereabouts of a detained relative	39

ASSISTANCE	2022 Targets (up to)	Achieved	
CIVILIANS			
Water and habitat			
Water and habitat activities	People	4,400	
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	People	5,000	23,234
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	6	6
Water and habitat			
Water and habitat activities	Beds (capacity)		650

CONTEXT

Armed violence, or the potential for it, remained an issue in some of the countries covered by the ICRC's regional delegation based in Panama City, Panama. In Haiti, armed violence intensified sharply starting in the third quarter of 2022 – particularly in Port-au-Prince, where armed groups expanded their control over certain areas. A resurgence of cholera was reported in late 2022; violence-affected communities – already lacking access to health care – and detainees in overcrowded facilities were particularly vulnerable. Logistical challenges further complicated matters, as shortages of fuel and other goods led to spikes in the prices of necessities.

Migrants passed through or stayed in some of the countries covered by the delegation; many had fled their countries of origin because of armed conflict and other situations of violence and/or the socio-economic and political situation. More and more people passed through Panama, coming from the Bolivarian Republic of Venezuela (hereafter Venezuela), Ecuador, Haiti and elsewhere (e.g. countries in Africa). Most of them tried to go through the border province of Darién, where they faced abuses, such as extortion or sexual violence, and harsh environmental conditions. In this area, and other border regions such as the province of Chiriqui, migrants had to pass through government-run reception centres before they could move on. Some Haitians also attempted to migrate to the Dominican Republic.

Conditions in some detention facilities in Haiti and Panama necessitated improvement.

People in several countries sought information about relatives missing in connection with migration, natural disasters, violence or other circumstances.

Panama remained a regional hub for policymaking on humanitarian issues and international affairs. It hosted numerous multilateral and international organizations, donor and cooperation agencies, and diplomatic missions. Guyana hosted the secretariat of the Caribbean Community (CARICOM).

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Panama City strove to help people affected by armed violence or other circumstances, and to engage influential parties in dialogue on IHL, international human rights law and other pertinent norms – particularly the protection due to migrants, missing persons and their families, and detainees. It worked with the International Federation and other Movement partners to help National Societies in the region respond to emergencies.

In Haiti, the ICRC broadened its contact with the authorities, weapon bearers and others, to reiterate the necessity of abiding by humanitarian principles and facilitating violence-affected communities' safe access to health care and other essential services. These efforts enabled it to begin helping people in gang-controlled areas for the first time since reopening its mission in Port-au-Prince in 2021. Casualties of armed violence were treated by first responders – including the Haiti Red Cross Society – and by hospitals that received supplies and

other support from the ICRC. The authorities, NGOs and other actors strove to protect violence-affected communities and detainees in overcrowded facilities against a cholera outbreak; the ICRC donated soap for the communities affected and set up handwashing stations at the Port-au-Prince central prison.

The ICRC and the pertinent authorities continued to discuss the humanitarian concerns of migrants. Together with the Red Cross Society of Panama, the ICRC extended the Movement's family-links services – phone calls, internet connectivity, and phone-charging stations – to new areas: a third migrant reception centre in Darién and one in Chiriqui. The family-links services enabled migrants to contact their families; they made more phone calls than in 2021.

Through meetings, events and other means, the ICRC drew attention to the issue of missing people and the plight of their families throughout the region. It offered technical advice to forensic experts and others, to help them identify the dead and notify the families concerned; it also organized events to enable these experts and others to exchange best practices. In Panama, it helped to build burial niches for the remains of unidentified migrants.

The ICRC visited, in accordance with its standard procedures, security detainees and others in Haiti, to monitor their treatment and living conditions. In Panama, it provided one last round of support for projects to facilitate detainees' socio-economic reintegration; this support ceased by year's end, as planned, as prison conditions had improved somewhat. The ICRC continued to work with prison officials in the region to develop standards for prison management and design.

The ICRC discussed IHL and humanitarian issues of common interest with multilateral and international organizations in the region. It provided national authorities with support for ratifying IHL-related treaties and for drafting domestic laws to address various humanitarian concerns.

Border guards, judges and others in Panama drew on the ICRC's expertise to expand their knowledge of the protection due to migrants under the pertinent international norms. Communication campaigns carried out by Movement partners helped broaden public awareness of the Movement and its work, notably in Haiti, where the ICRC sought to raise awareness of the protection due to those seeking or providing medical care.

CIVILIANS

Dialogue with weapon bearers in Haiti helps facilitate assistance for violence-affected communities

The ICRC expanded its contact with the authorities, weapon bearers and others (see *Actors of influence*) in Haiti, reiterating the necessity of abiding by humanitarian principles and facilitating safe access to health care and other essential services for violence-affected communities. This enabled it to begin carrying out assistance activities for people in gang-controlled areas for the first time since reopening its mission in Port-au-Prince in 2021. These activities included support for the cholera response in violence-affected communities, including water- and sanitation-related initiatives for more

than 4,400 people, and support for hospitals (see *Wounded and sick*). However, a few activities could not be implemented because of the volatile situation; they included workshops for violence-affected communities on identifying and devising/strengthening measures to mitigate the threats to their safety.

The ICRC discussed humanitarian concerns, particularly those of migrants, with authorities and international organizations in the region. It reminded authorities of their obligation to protect migrants during detention, deportation and repatriation and to respect the principle of *non-refoulement*. In Panama, it drew the authorities' attention to the issues confronting migrants in the Darién Gap, including sexual violence and the need to strengthen referral pathways for victims/survivors, through meetings and workshops (see *Actors of influence*).

National Societies in the region drew on the ICRC's support (training, technical advice, etc.) to bolster their ability to protect the rights of violence-affected people, including migrants, especially in connection with the issues of missing persons and sexual violence. The Panamanian Red Cross took over the distribution of informational materials on ways to prevent loss of family contact and to mitigate risks migrants may face during their journey.

Family-links services for migrants in Panama are extended to new areas

Migrants in Panama reconnected with their relatives through the Movement's family-links services: phone calls, internet connectivity and phone-charging stations, all provided at reception centres. The Panamanian Red Cross and the ICRC (which provided equipment, technical advice and other support to the latter) continued to extend these services to a third reception centre in Darién and to one in Chiriquí; 20,529 phone calls were facilitated at four centres in all, a significant increase from 8,300 last year. To make services more accessible, banners explaining them were put up in several languages.

National Societies in the region strengthened their family-links capacities with ICRC support, which included technical guidance in data protection and other areas. Their staff participated in regional workshops organized by the ICRC or attended such workshops with the ICRC's assistance.

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

Authorities in the region drew on the ICRC's expertise to improve their efforts to bring answers to missing persons' families and to meet their various needs. Officials and forensics experts also shared experiences with each other during various international events, including conferences organized by other ICRC delegations, that they attended under ICRC sponsorship; this included an event in Geneva, Switzerland, on the role of forensic sciences and medico-legal systems in searching for missing people.

The ICRC sought to bolster forensic capacities among authorities, national and regional forensic institutions, emergency responders and others in the region. It aimed, among other

things, to ensure that the dead could be identified and their families notified. Forensics professionals drew on the ICRC's expertise – for instance, to manage the remains of migrants in Panama and of victims of a major fire in Cuba in August. Officials were sponsored to attend regional and international conferences to highlight the importance of legal frameworks, enable them to exchange best practices, and foster coordination within the region.

In Panama, the ICRC sought to help the authorities ensure the proper management of human remains by providing equipment for a forensics laboratory and advising them on the construction of burial niches for the unclaimed and unidentified remains of dead migrants, which were nearly done at year's end. The community where the niches were located learnt more about the importance of human remains management after the ICRC engaged with them through information sessions and other means.

PEOPLE DEPRIVED OF THEIR FREEDOM

Haitian authorities, the ICRC and other actors work to protect detainees against cholera

The ICRC visited, in accordance with its standard procedures, detainees in a prison in Haiti, paying particular attention to security detainees. It monitored their treatment and living conditions and communicated its findings and recommendations confidentially to the authorities concerned.

The ICRC helped to protect detainees in eighteen prisons in Haiti against cholera by working with prison authorities and an NGO to provide curative care and to promote hygiene and sanitation measures that would help prevent the spread of the disease; it provided its partners with financial support and/or medical supplies.

Among these detainees were nearly 3,700 people at Port-au-Prince's central prison, whom the ICRC – amid logistical obstacles – sought to protect against cholera by helping to set up a 40-bed treatment centre, emptying septic tanks, trucking in water during an acute shortage, donating soap, and setting up handwashing and rubbish-collection points. An engineer from the NGO was trained in testing and chlorinating water, so that he could then replicate this training in several other prisons. From the end of October to the end of the year, no cholera-related deaths were reported at Port-au-Prince's central prison.

The ICRC also coordinated with the detaining authorities and other humanitarian organizations; its mobilization efforts helped to ensure, among other things, that detainees were included in the overall cholera response and vaccination campaign.

ICRC support for detainees in Panama winds down as planned

In Panama, the ICRC gradually wound down its support for the authorities' efforts to improve detainees' living conditions, as the projects had mostly reached their objectives. Before eventually ending its support – which had been discussed with the authorities – by the end of the year, it helped to protect

detainees against COVID-19 and other diseases, and provided a last round of assistance for longer-term programmes being carried out by the authorities and/or local NGOs.

The Panamanian authorities disinfected 20 prisons (hosting roughly 19,500 detainees) throughout Panama several times, and were given supplies and other support to this end. Detainees were also able to continue projects for their socio-economic reintegration with the help of tools, equipment and technical advice from the ICRC; one project entailed cultivating trees for use in reforestation efforts, and another entailed segregating prison waste so that scrap metal and plastic could be sold, and organic waste turned into compost. At the ICRC's urging, the authorities allocated more resources for these projects.

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

The ICRC continued to meet with officials from Cuba, the Dominican Republic, Panama and other countries in the Americas in connection with an ongoing pan-Latin American ICRC project; it aimed to help penitentiary authorities in the region to establish, in a collaborative way, regional technical criteria for prison infrastructure that are in line with international human rights standards, thereby helping them to improve prison management and detainees' living conditions. These criteria would then serve as a source of reference for them in developing and implementing national guidelines or procedures.

Key officials were sponsored to attend regional workshops organized by the ICRC (see *Brasilia* and *Colombia*) in its role as a facilitator. By the end of 2022, the focus was on compiling all the information gathered from participating countries over the years, to produce a coherent manual in 2023. Another workshop on prison management and infrastructure, which was to have been held in Panama, could not be organized because of administrative constraints.

WOUNDED AND SICK

In Haiti, the ICRC stepped up its efforts to document instances of health-care provision being obstructed. To help ensure the safety of health-care providers and patients, the ICRC helped two hospitals to put up murals urging people to leave their weapons behind and helped install lockers for storing weapons during hospitalization or visits.

People in need of immediate medical attention were transported by local actors, including the Haitian Red Cross, that received supplies and other support from the ICRC. A total of 137 people – health workers and community members in Cité Soleil, one of the most impoverished areas in Port-au-Prince – were given first-aid supplies and training; for the first time since reopening its mission in Haiti, the ICRC was able to hold some of the training sessions in gang-controlled areas. The participants also learnt about the protection due to those seeking or providing medical care.

Wounded people, including people in gang-controlled areas, were treated at six hospitals run by the authorities or other organizations, which received medical supplies and other ad-

hoc support from the ICRC. Given the possibility of the cholera outbreak overwhelming health-care capacities and putting people at further risk of having insufficient access to services, the ICRC supported the cholera response in violence-affected areas as well. To help protect patients at two of the aforementioned hospitals against the spread of disease, the facilities were given support for improving sanitation: for example, the ICRC helped to remove sludge from their septic tanks and trucked in clean water. Community members, health workers and National Society volunteers – 47 people in all – were trained by the ICRC in treating water against cholera. A local NGO that was helping people in Cité-Soleil was also given bars of soap and doses of oral rehydration salts for 4,400 people.

ACTORS OF INFLUENCE

The ICRC works to foster greater understanding of IHL and humanitarian issues across the region

The ICRC strove to reinforce its humanitarian diplomacy among the CARICOM secretariat and other multilateral and international organizations, with a view to serving as a source of reference in matters of common humanitarian interest; it focused on IHL and international human rights law, and provisions protecting detainees, migrants, missing persons, and families separated by violence or other circumstances. To this end, it met with representatives of these organizations, organized events for them, and sponsored their participation in regional or international conferences.

The ICRC also engaged with states bilaterally on these subjects. High-level talks with Cuba – which gained momentum with the easing of pandemic-related movement restrictions and resumption of in-person meetings – covered such topics as IHL's applicability to autonomous weapon systems and cyber warfare. In Panama, border guards, judges and others working in connection with migrants in Darién learnt more about IHL and other pertinent norms at ICRC workshops; the issues of sexual violence and missing persons were highlighted. In Haiti, the ICRC expanded its network of contacts among authorities, weapon bearers and humanitarian organizations. This enabled it to work in gang-controlled communities (see *Wounded and sick*).

To raise awareness of key humanitarian issues among the public and gather support for the Movement's response to them, the ICRC created content for traditional and social media and organized communication campaigns and events – such as celebrations of World Red Cross and Red Crescent Day (8 May) – with Movement partners. In Haiti, the ICRC and the International Federation issued joint statements on the protection due, under IHL and other pertinent norms, to those seeking or providing medical care; radio spots on this subject were produced and broadcast.

States are urged to ratify IHL-related treaties

The ICRC urged national authorities to ratify IHL-related instruments and develop domestic laws and mechanisms for addressing various issues of humanitarian concern (e.g. penalizing war crimes). The Dominican Republic ratified the Treaty on the Prohibition of Nuclear Weapons after years of advocacy by the ICRC and the Dominican Red Cross.

Together with the National Societies concerned, the ICRC reminded authorities in the region of the importance of having a national IHL committee to advance IHL implementation. The Dominican Republic reactivated its committee, while Panama issued a decree in May on the reactivation of its committee, scheduled for 2023. Voluntary reporting of domestic IHL implementation was discussed with several governments.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region responded to the humanitarian consequences of armed violence, natural disasters and other emergencies. The ICRC, in coordination with the International Federation and other Movement partners, gave them financial, material and technical support for reinforcing their operational capacities, particularly their preparedness for emergencies. It organized workshops on the Safer Access Framework, to help National Society personnel work in safety. National Society representatives were sponsored to attend conferences outside their countries on such matters as protecting family links and providing first aid in challenging operational environments.

In Haiti, the surge in violence necessitated an increase in support for the National Society's response (see *Wounded and sick*), and more vigorous public communication (see *Actors of influence*). The ICRC also assisted the joint response to the cholera outbreak by the Haitian Red Cross and the International Federation: it provided some funding and training in sanitation

for National Society volunteers. In Panama, the ICRC focused on expanding family-links services for migrants (see *Civilians*).

In Cuba, the ICRC, the Cuban Red Cross and other partners organized a course on health emergencies in large populations for 21 medical professionals, engineers and humanitarian workers, including National Society volunteers, from Cuba, Colombia, Peru, Spain and Venezuela. The easing of pandemic-related restrictions made it possible to conduct this yearly course in person for the first time in two years; it was also the first time that Spanish was the medium of instruction.

National Societies in the region receive support for organizational development

The National Societies in the region were given support for their organizational development and for strengthening their legal bases, governance and public communication. Key officials were sponsored to participate in international meetings. The Dominican Red Cross received financial support for an external audit.

As several Movement partners were present in the region, the ICRC sought to align the Movement's positions on matters of common concern and to coordinate activities. The International Federation and the ICRC issued a joint statement on their renewed commitment to tackling issues of humanitarian concern related to migration in the Americas.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs distributed		1			
Phone calls facilitated between family members		20,529			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		20	9	2	3
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases closed positively (subject located or fate established)		28			
Tracing cases still being handled at the end of the reporting period (people)		21	8	1	
	<i>including people for whom tracing requests were registered by another delegation</i>	11			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		1			
Detainees in places of detention visited		3,711			
Visits carried out		4			
			Women	Girls	Boys
Detainees visited and monitored individually		14			
	<i>of whom newly registered</i>	14			
RCMs and other means of family contact					
RCMs collected		20			
RCMs distributed		17			
Phone calls made to families to inform them of the whereabouts of a detained relative		39			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	People	4,400		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	23,234	977	
Health care in detention				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
First aid				
First-aid training				
	Sessions	11		
	Participants (aggregated monthly data)	145		
Water and habitat				
Water and habitat activities	Beds (capacity)	650		

WASHINGTON (regional)

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

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	2,821
Assistance	1,081
Prevention	5,117
Cooperation with National Societies	157
General	71
Total	9,248
<i>Of which: Overheads</i>	<i>564</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	107%
---------------------------	------

PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	41

PROTECTION

	Total
CIVILIANS	
Protection of family links	
RCMs collected	6
RCMs distributed	18
Phone calls facilitated between family members ¹	329
Tracing cases closed positively (subject located or fate established)	10
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	1
Detainees in places of detention visited	39
<i>of whom visited and monitored individually</i>	31
Visits carried out	5
Protection of family links	
RCMs collected	373
RCMs distributed	268

CONTEXT

The United States of America (hereafter US) remained influential in international affairs. It continued to support military operations in Iraq, the Syrian Arab Republic, Ukraine and other countries. The US navy retained its presence in Asia and the Pacific. The US maintained military bases and military partnerships, and continued to conduct diplomatic efforts and aid programmes, throughout the world.

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

Canada maintained its international profile. Canadian military personnel were present in Africa, central and eastern Europe, and the Middle East; they were there mainly to train and provide technical guidance for their partners' military forces. They provided military support for Ukraine from certain central and eastern European countries where they had a presence.

Migrants continued, in large numbers, to try to enter the US through its southern border with Mexico (see *Mexico City*). Certain migration policies and pandemic-related restrictions made this difficult; many were apprehended. Migrants faced risks along their journey, including losing contact with their families, detention, deportation, injury and death.

ICRC ACTION AND RESULTS

Guantanamo Bay detainees are followed up

The ICRC continued to visit people held at the Guantanamo Bay detention facility to check on their treatment and living conditions, including their access to means of family contact and health care. It communicated its findings confidentially to US authorities.

During its discussions with US authorities, the ICRC emphasized the necessity of upholding procedural safeguards, for instance, by facilitating the transfer of detainees deemed eligible and by respecting the principle of *non-refoulement*; and enabling detainees to contact their families. It also touched upon the importance of addressing the health-related needs of ageing detainees, and covering the social reintegration needs of former detainees.

Detainees at the Guantanamo Bay detention facility used the Movement's family links services – RCMs and phone or video calls – to contact their families.

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

Conflict-related humanitarian issues are discussed with the authorities

The ICRC discussed, with Canadian and US authorities, the humanitarian impact of their military operations. It urged them to ensure that their military personnel and/or those of the countries they supported militarily adopted measures to mitigate civilian harm and ensure respect for IHL. Canadian and US military personnel learnt about IHL and humanitarian principles during guest lectures, military exercises and pre-deployment briefings at which the ICRC was invited to speak. The ICRC also briefed US authorities on the humanitarian situation in Afghanistan, Haiti, the Horn of Africa, Yemen, Syria and Ukraine, and where relevant, encouraged them to address specific humanitarian concerns.

The ICRC maintained its dialogue with US authorities on issues related to detention in armed-conflict settings. It made recommendations to US authorities concerning detainees' living conditions and treatment, and ensuring procedural safeguards for people in conflict-related detention, including those being held in countries where the US was conducting military operations. The situation of people alleged to have been involved in fighting in foreign countries, and that of their families, was also a subject of these discussions.

Members of dispersed families reconnect using the Movement's family-links services

Members of families dispersed by migration, conflict or other circumstances were able to reconnect through the Movement's family-links services (e.g. RCMs). The ICRC registered tracing requests from people seeking to clarify the fate and whereabouts of their relatives reported to have been missing, including in connection with the international armed conflict between the Russian Federation and Ukraine (see *Ukraine*).

The ICRC and the National Societies of Canada and the US discussed how to restore family links more effectively, particularly in connection with members of families dispersed by migration.

Efforts to address migration-related issues continue

The ICRC continued to monitor the humanitarian consequences of certain migration-related policies, with a view to passing on its findings to the US authorities. The ICRC brought up migrants' protection-related concerns in its discussions with the authorities. It reminded the authorities to uphold the principle of *non-refoulement* and to ensure that health care and other essential services are available to detained migrants. The ICRC gave American Red Cross staff technical support for providing psychological first aid to people helping missing migrants' families.

The ICRC gave US authorities, forensic professionals and others expert guidance and material support for identifying the remains of migrants found near the US–Mexico border. For example, aided by the ICRC, the forensic anthropology department at one university exhumed the remains of migrants from a cemetery. The ICRC also urged authorities and forensic

professionals to improve mechanisms for documenting migration-related deaths along the US–Mexico border. The ICRC's teams in Mexico (see *Mexico City*) and the US jointly organized a meeting at which authorities, forensic professionals and others from the two countries explored possibilities to more efficiently exchange information vital to clarifying the fate and/or whereabouts of missing migrants.

Drawing on its knowledge of migration-related issues in the North and Central American contexts – notably on deaths and disappearances of migrants – the ICRC shared its expertise to help the World Bank produce a report on cross-border mobility.

Influential actors reaffirm their support for IHL and humanitarian action

The ICRC kept up its efforts to promote IHL and strengthen political and other support for its work throughout the world among national authorities, multilateral bodies, NGOs and other influential parties. Through conferences, meetings and other means, it maintained dialogue with the authorities and armed forces of Canada and the US, and with the Organization of American States (OAS), notably expressing its views on various matters of humanitarian concern, such as: IHL; urban warfare; the arms trade; support relationships in armed conflict; cyber warfare; protracted conflict; and global challenges in connection with the climate crisis, armed violence and migration. For example, the ICRC participated in an annual workshop organized by the OAS at which it explained its protection work for refugees and other migrants in the region; the workshop was by attended by the IOM, the UNHCR and other international organizations.

High school and university students and others learnt more about the ICRC's forensic work during lectures at which the ICRC was invited to speak.

The ICRC, often working with the American Red Cross and the Canadian Red Cross, strove to broaden awareness of pressing humanitarian issues among members of the media and the general public. For example, to mark the International Day of the Disappeared, the ICRC promoted an online music campaign.

The ICRC continued to engage with development bodies to exchange knowledge on such matters as climate adaptation and migration, and to strengthen partnerships with them in addressing humanitarian needs. For instance, it finalized its partnership with the World Bank to help farming households in Yemen boost their production by vaccinating their livestock from disease. The ICRC and the Inter-American Development Bank explored possibilities for cooperation in Central and South America.

The ICRC's delegation in Washington maintained its support for the activities of other ICRC delegations – in more than 20 countries – to foster the social inclusion of disabled people through disability sport and career-development programmes.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		6			
RCMs distributed		18			
Phone calls facilitated between family members ²		329			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		18	1	3	3
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		10			
<i>including people for whom tracing requests were registered by another delegation</i>					
Tracing cases still being handled at the end of the reporting period (people)		41	4	10	7
<i>including people for whom tracing requests were registered by another delegation</i>		22			
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			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		1			
Detainees in places of detention visited		39			
Visits carried out		5			
			Women	Girls	Boys
Detainees visited and monitored individually		31			
RCMs and other means of family contact					
RCMs collected		373			
RCMs distributed		268			
People to whom a detention attestation was issued		8			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total		
Health care in detention				
Places of detention visited by health staff	Structures	1		
Health facilities supported in places of detention visited by health staff	Structures	1		

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