ASIA AND THE PACIFIC

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	2,893
RCMs distributed	3,350
Phone calls facilitated between family members	709,444
Tracing cases closed positively (subject located or fate established)	1,352
People reunited with their families	18
of whom unaccompanied minors/separated children	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	195
Detainees in places of detention visited	185,320
of whom visited and monitored individually	2,218
Visits carried out	352
Protection of family links	
RCMs collected	3,542
RCMs distributed	2,021
Phone calls made to families to inform them of the whereabouts of a detained relative	926

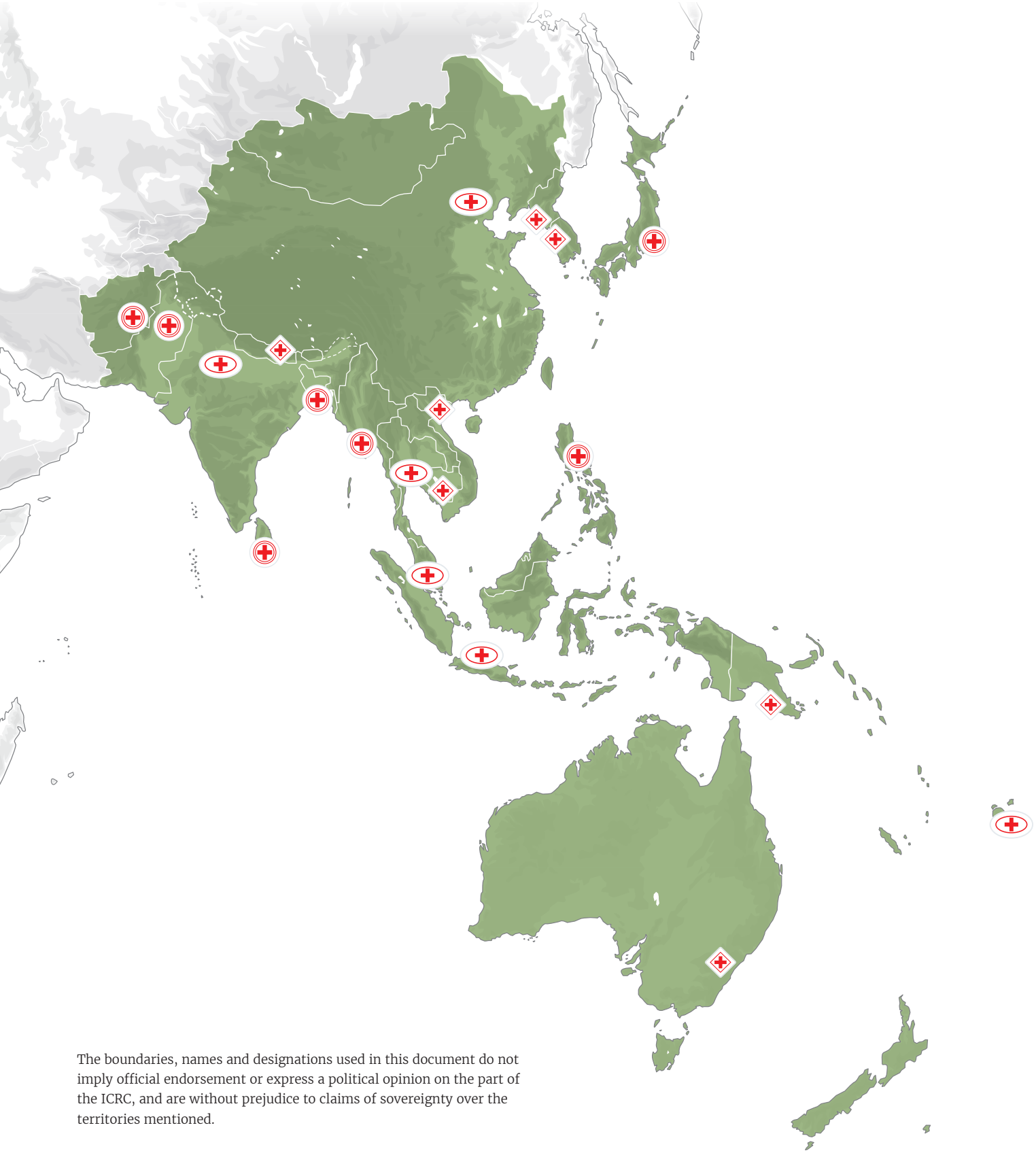
EXPENDITURE IN KCHF	
Protection	47,012
Assistance	255,096
Prevention	35,703
Cooperation with National Societies	17,527
General	4,233
Total	**359,572**
Of which: Overheads	*21,942*
IMPLEMENTATION RATE	
Expenditure/yearly budget	90%
PERSONNEL	
Mobile staff	465
Resident staff (daily workers not included)	3,954

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	272,500	289,499
Food production	People	199,710	298,307
Income support	People	90,100	80,562
Living conditions	People	321,180	326,630
Capacity-building	People	575	574
Water and habitat			
Water and habitat activities	People	3,146,751	7,342,685
Health			
Health centres supported	Structures	128	123
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	10,000	16,423
Living conditions	People	20,000	66,722
Water and habitat			
Water and habitat activities	People	53,171	87,407
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	128	129
Physical rehabilitation			
Projects supported	Projects	115	107
Water and habitat			
Water and habitat activities	Beds (capacity)	7,877	10,659

DELEGATIONS

Afghanistan
Bangkok (regional)
Bangladesh
Beijing (regional)
Jakarta (regional)
Kuala Lumpur (regional)
Myanmar
New Delhi (regional)
Pakistan
Philippines
Sri Lanka
Suva (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.

AFGHANISTAN

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. It promotes the protection of violence-affected people and respect for their right of access to essential goods and services. It supports health-care facilities, provides physical rehabilitation services, improves water and sanitation services and helps the Afghan Red Crescent Society strengthen its capacities. It works to help ensure that detainees' treatment and living conditions meet internationally recognized standards. It promotes acceptance and support for principled humanitarian action, and respect for IHL and other international law.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Persons put at risk by the country's dire economic situation – notably, female breadwinners, mothers, farmers and people with disabilities – were able to meet their daily needs through financial assistance given by the ICRC.
- Some 6.9 million people had a reliable supply of water and electricity through the ICRC's support for local service providers, which it provided with fuel, spare parts and other materials essential for their operations.
- Afghans received medical care at ICRC-supported hospitals, including those under the Hospital Resilience Programme. The ICRC covered salaries, running costs, the purchase of drugs and/or provided other support.
- Clinics run by the Afghan Red Crescent Society continued to provide basic health care with the support of the ICRC. The ICRC's physical rehabilitation centres helped people with disabilities to regain some mobility.
- Aided by the ICRC, prison authorities addressed food-supply issues and malnutrition among detainees. Nutritious food was distributed to detainees regularly throughout the year.
- Security constraints – owing to violence in some provinces – affected the implementation of some ICRC activities, such as its plans to train community-based volunteers to provide psychological care for violence-affected people.

EXPENDITURE IN KCHF	
Protection	15,617
Assistance	166,354
Prevention	4,403
Cooperation with National Societies	3,178
General	1,042
Total	**190,594**
Of which: Overheads	*11,632*
IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	141
Resident staff (daily workers not included)	1,907

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	76
RCMs distributed	137
Phone calls facilitated between family members	17
Tracing cases closed positively (subject located or fate established)	275
People reunited with their families	2
of whom unaccompanied minors/separated children	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	12,638
of whom visited and monitored individually	109
Visits carried out	68
Protection of family links	
RCMs collected	78
RCMs distributed	21
Phone calls made to families to inform them of the whereabouts of a detained relative	42

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	74,000	133,209
Food production	People	36,000	174,424
Income support	People	4,000	8,048
Living conditions	People		39,044
Water and habitat			
Water and habitat activities	People	2,713,950	6,888,767
Health			
Health centres supported	Structures	93[1]	50
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	10,000	16,423
Living conditions	People	20,000	28,981
Water and habitat			
Water and habitat activities	People	30,000	20,640
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	54	71
Physical rehabilitation			
Projects supported	Projects	31	31
Water and habitat			
Water and habitat activities	Beds (capacity)	3,647	5,873

1. The target figure included facilities supported mainly by the Norwegian Red Cross in cooperation with the ICRC. These facilities received support from the ICRC but were not included in the achieved figure for health centres supported.

CONTEXT

The scale of fighting in Afghanistan contracted after the establishment of the government led by the Islamic Emirate of Afghanistan (IEA) in 2021, but violence persisted in some provinces: in Panjshir, for instance, IEA forces clashed with the National Resistance Front, reportedly leading to arrests being made.

The economic situation in Afghanistan remained dire; the country's bank assets were still frozen, and the flow of humanitarian aid continued to be limited. Health facilities, water and electricity companies and other public institutions faced disruptions and shortages of supplies: running costs were high and salaries unpaid. Prices – of food, fuel and other essential goods – rose, partly because of the knock-on effects of the international armed conflict between the Russian Federation and Ukraine.

Suffering under the consequences of decades of armed conflict and other situations of violence, and more recently, the effects of the COVID-19 pandemic, Afghans found it even more difficult to meet their basic needs, preserve their livelihoods, maintain safe living environments and obtain health-care and other basic services. Some were at even greater risk, because of the presence of improvised explosive devices (IEDs) and explosive remnants of war (ERW); and some others were separated from their families by violence, detention or migration.

Climate change and natural disasters, such as an earthquake in Khost Province in June, added to people's difficulties.

ICRC ACTION AND RESULTS

The ICRC scaled up some of its activities[2] to address the humanitarian consequences – now exacerbated – of the calamitous economic situation and decades of armed conflict and other violence. Its operational and logistical capacities were reinforced by its presence in the city of Tashkent, in Uzbekistan, and its regional logistics hub in Peshawar, Pakistan. It continued to support and work alongside the Afghan Red Crescent Society to deliver its humanitarian response.

The ICRC continued to advocate – among authorities, weapon bearers and community members – protection for violence-affected people. It strove to promote respect for IHL and other applicable norms and standards, including those concerning the use of force during law enforcement operations. It also sought to broaden understanding of IHL and gather support for the Movement's work. Community members shared their concerns about their situations at community-engagement sessions organized by the ICRC; this helped the ICRC design and implement its protection and assistance activities more effectively. The ICRC also helped raise awareness of key humanitarian issues, through various public-communication initiatives.

People who were seriously injured or wounded were given life-saving care by ICRC-trained first-aiders and/or taken to hospitals through an ICRC-funded taxi system. Wounded or sick people were treated at hospitals whose running costs were covered by the ICRC in order to sustain their functioning amid the economic crisis. Among the hospitals assisted under this programme, the Mirwais Hospital continued to receive comprehensive assistance from the ICRC. People with disabilities improved their mobility at ICRC-run physical rehabilitation centres; they were also helped to ease their living conditions, obtain an education and earn an income. Primary health care was available at National Society clinics supported by the ICRC.

The ICRC significantly scaled up its assistance in response to the country's economic difficulties, which continued to disrupt basic services and greatly impact people's capacities to meet their needs. People – including those with disabilities – were given food, cash and other economic assistance; some were also given opportunities to grow more food and earn an income. Driven by the urgency of a large population needing to have sustained access to clean water and electricity, the ICRC's work with local water and energy authorities was able to reach around 6.9 million people. The ICRC also helped raise awareness of the dangers of mines and ERW.

The ICRC visited detainees in accordance with its standard procedures, and discussed its findings and recommendations with detaining authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Detainees improved their health and diet with food rations provided regularly by the ICRC. The authorities were also helped to address and prevent malnutrition, and outbreaks of disease. Ailing detainees received treatment at ICRC-supported prison clinics.

Members of families separated by conflict or other violence, detention, migration or natural disasters used the Movement's family-links services to reconnect with or search for missing relatives. The ICRC reminded forensic authorities that human remains must be accorded due dignity and handled in a manner conducive to future identification. It worked with them to establish a joint task force to develop forensic capacities in the country. It also gave them expert guidance, as well as personal protective equipment (PPE) and similar items.

CIVILIANS

The ICRC promotes protection for violence-affected people

The ICRC advocated protection for violence-affected people – such as those affected by the clashes in Panjshir – among authorities and weapon bearers. It sought to establish or expand its dialogue with central and provincial authorities, and military and security forces, to promote respect for IHL and other applicable norms and standards, particularly those concerning the conduct of hostilities and the use of force during law enforcement operations. It drew attention to the necessity of ensuring protection for civilians, preventing unlawful conduct against them, and facilitating their access to basic services.

The ICRC reached out to communities made vulnerable by violence or financial circumstances and discussed their situation and what they thought of the ICRC's work. During these discussions and workshops, community members

2. See the latest budget extension appeal on the ICRC Extranet for Donors.

described their concerns about their own safety – for instance, the threat of mines and explosive remnants of war (ERW), and their need for safe access to schools and health facilities – and their financial and health-related needs. This enabled the ICRC to understand more fully the situation of the people in these communities, and also allowed it to design and implement protection and assistance activities more effectively.

Families maintain contact with their relatives or learn their fate

Members of families separated by conflict or other violence, detention, migration or natural disasters used the family-links services of the Afghan Red Crescent Society and the ICRC to reconnect or to search for missing relatives. The ICRC worked with the National Society to collect and distribute RCMs to civilians, follow up tracing requests, issue travel documents and assist in reuniting children with their families. The ICRC met with the National Society to discuss these services – including the necessity of offering them during emergencies – and conducted workshops for them, with a view to making improvements. It also met with other humanitarian organizations to coordinate its work with theirs.

The ICRC reminded the authorities that human remains must be handled properly, to prevent disappearances. To this end, it worked with them to establish a joint task force to expand capacities among local forensic staff, enhance coordination among relevant institutions, raise forensic standards and refine working procedures. Providers of forensic services were given financial, technical and/or material assistance (e.g. PPE, disinfectant, body bags); the ICRC also restored or renovated some of their facilities. Forensic professionals and others involved in forensic work improved their skills and knowledge during training, dissemination sessions and similar activities organized by the ICRC. A National Society/ICRC project to collect human remains – with the help of taxi drivers contracted for this purpose – continued; in addition, volunteers were trained to carry out this task.

People at risk are given financial assistance

In response to the difficult economic situation in the country, the ICRC significantly scaled up its assistance activities, which enabled thousands of Afghans to meet their daily needs and bolster their financial capacities; as a result, the ICRC was able to reach more people than planned.

Some 16,300 households (133,209 people) were able to obtain food and improve their diet and/or cover their daily expenses through assistance provided by the ICRC. It gave cash grants and other similar assistance to some of these people, including IDPs, families headed by women or the elderly, households with people with physical disabilities (see *Wounded and sick*) and victims of violence (including those injured by mines/ERW). It launched a pilot project to tackle malnutrition among pregnant women and lactating mothers; under this project, women trained by the ICRC conducted nutrition-awareness sessions in their communities, and malnourished mothers bought baskets of nutritious food every month using cash assistance from the ICRC. Plans to give farmers cash for buying food during the lean season was put on hold, with the funds redirected to boosting agricultural production (see below).

More than 21,800 farming households (supporting 174,424 people) affected by violence and/or drought were able to expand their capacity to grow food and maintain their agricultural production through cash grants from the ICRC. The grants enabled them to buy agricultural tools and supplies, cover the cost for preparing their land and grow vegetables and cultivate cash crops throughout the various seasons of the year. The ICRC also worked with local authorities to train leading members of farming communities in best practices in such areas as dealing with pests and soil or water management.

Various initiatives by the ICRC enabled around 1,000 bread-winners (supporting 8,048 people), including people with disabilities (see *Wounded and sick*), to add to their income; for instance, some participated in cash-for-work projects such as cleaning out irrigation canals and constructing an underground canal for water irrigation. During the ICRC's monitoring exercises, people who participated in these projects expressed appreciation for the initiatives, which they reported as having helped address their financial needs while enabling them to repair or improve community infrastructure. The ICRC also helped augment the income of the taxi drivers who received compensation for assisting in the transfer of human remains (see above).

ICRC support improved living conditions for about 4,600 households (almost 34,000 people) of people with disabilities. These families received firewood, stoves, blankets and other winter essentials. Others were given educational support, including coverage of tuition fees, school supplies and transport allowances. More than 5,000 people severely affected by the earthquake in Khost received blankets, shawls, jackets and other essentials; these ICRC-donated items were distributed by the National Society.

Millions of people have sustained access to basic services and a safe environment

Because of the ICRC's efforts, some 6.9 million people in both urban and rural areas had a reliable supply of electricity and clean water, and/or benefited from repairs or improvements to schools and other public infrastructure. This was made possible by the ICRC's work with local water and energy authorities in various projects, most notably to ensure the uninterrupted functioning of major electricity and water infrastructure. The ICRC donated almost 4 million litres of fuel to the authorities; it also provided engine and transformer oil, transformers, chlorine, spare parts and other supplies essential for infrastructure maintenance. In rural areas, it repaired, installed and/or constructed hand pumps and other means of providing water (e.g. spring catchments), and trained water management committees to operate and maintain them. The continuing effects of the economic situation on the energy and water sectors led the ICRC to increase its support for these essential services and thereby greatly exceeding its targets for the year; the number of people reached this year was an exponential increase (around 553%) compared to the 1.2 million people reached in 2021.

The ICRC repaired or renovated health centres (see below), schools – particularly those damaged during attacks – and other public infrastructure, to help ensure their functioning

and their accessibility to community members. For instance, the ICRC renovated solar-powered electrical systems and water-supply systems at some clinics. It also rehabilitated some of the facilities mentioned above.

Through ICRC efforts, authorities were alerted to the risks posed by mines/ERW and the necessity of mitigating them. To help raise awareness of these matters in communities, the ICRC trained National Society staff to disseminate the necessary information, and included related messages during community-engagement sessions (see above). The ICRC and the National Society, working with the national authorities, coordinated on a mine-clearing operation at one of the clinics in the province of Ghazni.

People obtain primary health care at clinics run by the National Society

People continued to receive primary health care at 46 clinics and the outpatient department of a district hospital – all of them run by the National Society. More than a million consultations were conducted, including some 62,300 antenatal check-ups for pregnant women. Children received vaccinations (some 320,300 doses in total) against common diseases such as polio, measles and tetanus. People who needed further care were referred to specialized hospitals or other providers. Some patients were able to receive mental-health and psychosocial support from ICRC-trained counsellors.

The ICRC continued to provide the above-mentioned clinics with medical equipment and supplies – such as medicine to cope with outbreaks of diarrhoea and cholera – and technical guidance and training for their staff. It upgraded infrastructure at some of the clinics (e.g. repairs to water-supply and sewage systems, construction of a waste-management site). The ICRC also helped other clinics to continue providing health-care services; it gave ad hoc donations of essential medicines and disposables to three clinics in Kabul, and, it cooperated with the Norwegian Red Cross, which provided similar items to more than 70 health facilities. The ICRC also continued to conduct health-promotion sessions, at which hundreds of thousands of community members learnt how to protect themselves against COVID-19.

The ICRC donated roughly 630,000 packets of therapeutic food to the National Society. Around 250,000 were utilized by their health centres to help community members suffering from malnutrition, and around 380,000 were distributed by their health teams to people affected by the earthquake in Khost.

The ICRC sought to strengthen protection for people seeking or providing health care. To that end, it engaged authorities in dialogue (see *Actors of influence*) and conducted awareness-raising sessions for staff at National Society clinics. It instructed health workers in their rights and responsibilities, and enabled regional health officers and other management-level staff to attend train-the-trainer sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 22 detaining facilities – such as provincial and central prisons – to monitor their treatment and living conditions. It paid particular attention to the concerns of women, minors, ailing detainees and other vulnerable groups; 109 detainees were monitored individually. Findings from these visits were communicated confidentially to the detaining authorities, to help them align detainees' treatment with internationally recognized standards. These visits were a result of the ICRC's expanding dialogue with prison authorities, with whom it worked very closely in planning and conducting humanitarian activities (see below) for detainees. The authorities also received material support and expert guidance from the ICRC, oriented towards improving management of and living conditions in prisons.

Detainees reconnected with their relatives through RCMs and other Movement family-links services. The ICRC continued to arrange for families to call relatives held in the US detention facility at the Guantanamo Bay Naval Station in Cuba. The ICRC also covered transport costs for some detainees who were returning home after their release.

Detainees obtain basic health care and benefit from improved living conditions

The ICRC continued to support the provision of basic health care in prisons and sought to help ensure that such services met national standards. It coordinated closely with authorities and staff – particularly, at the clinics in two priority prisons in the provinces of Herat and Sarpoza – whom it provided with financial support, medical supplies and equipment and/or expert guidance and training. The ICRC made it possible for detainees with chronic diseases or disabilities, and other special cases, to receive treatment; it referred some of them for more advanced care. It supported the authorities' programme to treat around 1,500 detainees addicted to controlled substances; it also helped the authorities address other issues, such as malnutrition (see below) and outbreaks of scabies and cholera at some prisons. The ICRC also continued to provide financial incentives for the team in charge of tackling COVID-19 at the prison in Herat.

More than 20,600 detainees were able to stay in safe and sanitary environments, though ICRC initiatives, which were often carried out in collaboration with maintenance committees at the various prisons. These initiatives included repairs/upgrades to water and electricity systems, other infrastructural work (e.g. renovating cooking facilities, desludging septic tanks) and distributions of soap and other items to detainees, including ad hoc distributions at some prisons.

The ICRC provided nutritional assistance for detention facilities that were struggling to feed around 16,400 detainees; it added a capacity-building component to a project it launched in 2021 as emergency response. In addition to its regular provision of food aid, the ICRC also held workshops and training sessions for prison authorities at both provincial and central levels in such matters as food-chain management and creation of standard menus of nutritious food for detainees. The ICRC launched a pilot project at the prison in Herat to provide nutritional and medical treatment for malnourished detainees. Almost 29,000 detainees – including newly arrived detainees throughout the year – were helped to improve their

living conditions through donations of clothes, blankets and other winter essentials throughout the year.

Due to administrative constraints, the ICRC reached fewer detainees than planned with its infrastructural work and was unable to conduct a vocational training for detainees.

WOUNDED AND SICK

Medical care remains available to millions of people

The ICRC strove to develop local capacities in first aid and increase the likelihood that victims of violence, including those injured by mines/ERW, receive timely and life-saving treatment. Hundreds of military and security forces personnel, and other potential first responders, were trained in basic first aid and given first-aid kits, as well as PPE and guidance in COVID-19 protocols to help them work safely. Participants at some first-aid training sessions also learnt about the legal protections afforded to health workers. The ICRC, by the end of the year, had discontinued its programme that supported a contracted network of taxis that referred wounded people to health facilities. The closure of the programme, which had lasted more than a decade, was due to the low number of referrals in recent months, a consequence of the reduced scale of fighting.

The ICRC continued, in coordination with the health authorities, to implement the Hospital Resilience Programme (HRP), to help ensure that medical care remained available to millions of people throughout Afghanistan. Under the HRP, the ICRC covered the costs of drugs and other consumables, operational expenses (e.g. replenishment of lab items, food for patients and hospital staff, waste management) and the salaries of personnel at 33 hospitals, including the Mirwais Hospital (see below) and various teaching hospitals. This enabled these facilities to continue functioning despite financial, logistical and other difficulties. For instance, ICRC support enabled a health sciences institute and a biomedical school to pay the salaries of some 600 staff members and allowed almost 2,300 medical students – including more than a thousand women – to graduate. Throughout the implementation of the HRP, the ICRC worked closely with the oversight committee – made up of ICRC staff and local authorities – and with officials from the health and education ministries to monitor the programme's progress and recalibrate its processes as needed.

Wounded and sick people in southern Afghanistan were treated at the Mirwais Hospital, which continued to receive various forms of support from the ICRC – including the same material and financial assistance given to other facilities under the HRP. Expert guidance and other support from the ICRC helped hospital management and staff to improve their capacities to run the facility, including the biomedical, surgical and other departments; this also enhanced the hospital's services and helped them prepare to eventually run the hospital without ICRC support. Female resident doctors in the gynaecological department, for example, were able to sustain their practice through ICRC-provided stipends. Because other organizations were providing similar support at the hospital, the ICRC put on hold its plans to provide mental-health and psychosocial services there. Owing to security-related constraints, some other activities (e.g. training community-based volunteers to provide psychological care, sessions on the Health Care in Danger initiative) did not take place.

The ICRC donated drugs, wound-dressing kits and other supplies for treating victims of violence (e.g. those injured by mines/ERW) and other emergencies to 55 health facilities – including 18 facilities also covered by the HRP – throughout Afghanistan. The ICRC also helped to improve the emergency departments and the provision of trauma care at the Mirwais Hospital and two hospitals in Ghazni, with one of those hospitals also receiving the above-mentioned kits and supplies. It donated equipment, provided infrastructural support and conducted workshops and training sessions.

The ICRC carried out infrastructural work at several hospitals and physical rehabilitation centres (total capacity: 5,873 beds), including the Mirwais Hospital. It made repairs and renovations – including restoration of a COVID-19 testing room at one hospital and the morgue at another – and also donated hygiene items on an ad hoc basis. Construction work at certain physical rehabilitation centres was completed (see below).

People with disabilities regain some mobility and self-sufficiency

Almost 121,000 people with disabilities[3] were able to improve their mobility through the services provided by seven ICRC-run physical rehabilitation centres and other rehabilitation and inclusion initiatives supported by the ICRC. The ICRC-run centres operated throughout the year, taking the measures necessary against COVID-19; some activities, however, were affected by the uncertain security situation in certain areas. The centres continued to be managed by ICRC-trained employees – almost all of them, people with disabilities. The ICRC covered transport and other expenses for people travelling from remote areas to the centres or other facilities for specialized care. Sports complexes were constructed at the centres in Faizabad, Herat and Khost; other centres benefited from infrastructural improvements. The ICRC also provided material support and training for seven other physical rehabilitation centres that were run by other actors. Despite supply issues related to the procurement of raw materials, the ICRC continued to manufacture parts at its components factory, which it then distributed to be used for assistive devices at the centres mentioned above.

Staff from centres run or supported by the ICRC, and staff from other centres as well, developed their ability to provide rehabilitation services. They did so at the ICRC-run school of prosthetics and orthotics, and at eight training institutes supported by the ICRC. Students took courses in prosthetics and orthotics and attended training sessions in various areas, such as treatment of cerebral palsy. The ICRC also continued to help two national associations on physical rehabilitation to provide such courses for aspiring physical-rehabilitation professionals.

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

The ICRC, with a view to advancing their social inclusion, gave patients at the centres, and other people with disabilities, financial support for meeting their basic needs, improving their living conditions, getting an education (see *Civilians*) and/or becoming financially stable. People with spinal-cord injuries or other disabilities received home care, food, cash and/or other assistance (e.g. adaptation of their houses). Some people found jobs with the ICRC's help, attended ICRC vocational training or used microcredit loans to restore or start small businesses. The ICRC – together with five branches of a local disability sports federation – continued to make sports programmes accessible to people with disabilities. Sports and other activities (e.g. team practices, physiotherapy) took place in the designated sports facilities at the centres, including the newly built complexes mentioned above.

ACTORS OF INFLUENCE

The ICRC sought to secure acceptance – among authorities, military and security forces, academics and leaders of civil society – for its neutral, impartial and independent humanitarian action, and for IHL and other bodies of international law. It continued to build its network of contacts and meet with penitentiary and legal authorities, and others, to broaden understanding of IHL and the ICRC's activities, and to explore possibilities for putting its expertise to good use. Though some of its efforts were hindered by security constraints, it was able to organize a few events for the groups mentioned above: for instance, around 1,400 officers from the military and security forces attended ICRC-conducted dissemination sessions on IHL, and train-the-trainer and other workshops on IHL and its applicability to law-enforcement operations. The ICRC also organized a round table on the Health Care in Danger initiative for high-ranking authorities and some IHL-themed events for university students, including a three-day seminar on the points of correspondence between Islamic law and IHL.

The ICRC reaches out to violence-affected people

The ICRC organized some 200 community-engagement sessions (see *Civilians*) to understand more fully the situation of violence-affected and/or vulnerable people and their needs. At these sessions, community members – some 3,700 people in various parts of Afghanistan – also learnt about the various ICRC services available to them. Plans to set up a community contact centre were put on hold; however, the sessions mentioned above, and similar initiatives (e.g. distribution of publications and other informational materials), were carried out throughout the year.

The ICRC carried out various public-communication initiatives (e.g. information campaigns through social media) to broaden public awareness of the ICRC and draw attention to pressing humanitarian issues in Afghanistan. For instance, it arranged for journalists to visit some of the health facilities supported under the HRP (see *Wounded and sick*). Personnel from the Afghan Red Crescent Society attended an ICRC workshop to develop their capacities in communication, particularly in producing digital media.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent Society is the ICRC's main partner in providing humanitarian aid throughout the country, which means conducting health-related programmes, restoring family links, providing financial assistance and tackling weapon contamination.

Financial, material and technical support from the ICRC and other Movement components helped the National Society to develop its operational capacities in various areas and mount an effective humanitarian response. The ICRC covered running costs and staff salaries at some National Society offices and the salaries of some personnel working in health centres; it also donated vehicles and laptops. ICRC workshops and training courses enabled the National Society to develop its operational capabilities.

Because of different ICRC efforts, hundreds of National Society staff members and volunteers were able to take measures for their own safety. Some attended workshops and train-the-trainer sessions on the Safer Access Framework; others participated in refresher courses. Security personnel were trained to manage security risks. The ICRC conducted information sessions for National Society staff on the Health Care in Danger initiative; some staff members were trained to instruct others in the subject.

Movement components in Afghanistan met regularly to coordinate their activities, and discuss issues of common concern.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	76			
RCMs distributed	137			
Phone calls facilitated between family members	17			
Names published in the media	2			
Reunifications, transfers and repatriations				
People reunited with their families	2			
People transferred or repatriated	4			
Human remains transferred or repatriated	90			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	434	56	38	81
including people for whom tracing requests were registered by another delegation	16			
Tracing cases closed positively (subject located or fate established)	275			
including people for whom tracing requests were registered by another delegation	20			
Tracing cases still being handled at the end of the reporting period (people)	4,090	909	756	1,153
including people for whom tracing requests were registered by another delegation	191			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3	1		
UAMs/SC reunited with their families by the ICRC/National Society	2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	22			
Detainees in places of detention visited	12,638	913	637	
Visits carried out	68			
		Women	Girls	Boys
Detainees visited and monitored individually	109	11	5	15
of whom newly registered	106	10	5	15
RCMs and other means of family contact				
RCMs collected	78			
RCMs distributed	21			
Phone calls made to families to inform them of the whereabouts of a detained relative	42			
People to whom a detention attestation was issued	11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	133,209	48,263	44,293
of whom IDPs		4,480	1,344	1,792
Food production	People	174,424	44,707	68,935
Income support	People	8,048	2,526	1,586
Living conditions	People	39,044	10,895	2,206
Water and habitat				
Water and habitat activities	People	6,888,767	2,755,507	2,066,630
Primary health care				
Health centres supported	Structures	50		
of which health centres supported regularly		47		
Average catchment population		918,120		
Services at health centres supported regularly				
Consultations		1,067,587		
of which curative		1,005,308	182,044	11,065
of which antenatal		62,279		
Vaccines provided	Doses	320,360		
of which polio vaccines for children under 5 years of age		181,730		
Referrals to a second level of care	Patients	8,920		
of whom gynaecological/obstetric cases		109		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		123		
People who attended information sessions on mental health		3,860		
People trained in mental-health care and psychosocial support		4		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	16,423	493	411
Living conditions	People	28,981	2,275	1,104
Water and habitat				
Water and habitat activities	People	20,640	8,256	6,192
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	71		
including hospitals reinforced with or monitored by ICRC staff		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		541	41	180
(including those related to mines or explosive remnants of war)		249	*	*
Non-weapon-wound admissions		22,814		
Operations performed		29,381		
Medical (non-surgical) admissions		5,387	2,865	
Gynaecological/obstetric admissions		33,263	33,263	
Consultations		600,882		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,879		
Weapon-wound admissions (surgical and non-surgical admissions)		911		
Weapon-wound surgeries performed		1,169		
Patients whose hospital treatment was paid for by the ICRC		549,527		
First aid				
First-aid training				
Sessions		25		
Participants (aggregated monthly data)		397		
Water and habitat				
Water and habitat activities	Beds (capacity)	5,873		
Physical rehabilitation				
Projects supported		31		
of which physical rehabilitation projects supported regularly		7		
People who benefited from ICRC-supported projects	Aggregated monthly data	120,949		
of whom service users at physical rehabilitation centres (PRCs)		116,595	16,125	47,032
of whom participants in social inclusion projects not linked to PRCs		4,354		
of whom victims of mines or explosive remnants of war		18,383		
of whom weapon-wounded		25,843		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	4,548		
Orthoses delivered	Units	28,038		
Physiotherapy sessions		285,830		
Walking aids delivered	Units	25,680		
Wheelchairs or postural support devices delivered	Units	3,589		

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

BANGKOK (regional)

COVERING: *Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam*

The ICRC established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam. At present, it promotes the ratification and implementation of IHL and its integration into military training. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect and assist violence-affected people in Thailand and visits detainees in Cambodia. It helps meet the need for assistive devices for people with physical disabilities.

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

EXPENDITURE IN KCHF	
Protection	2,763
Assistance	5,013
Prevention	2,994
Cooperation with National Societies	641
General	1,490
Total	**12,900**
Of which: Overheads	*787*
IMPLEMENTATION RATE	
Expenditure/yearly budget	97%
PERSONNEL	
Mobile staff	72
Resident staff (daily workers not included)	171

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	2,016
RCMs distributed	2,517
Phone calls facilitated between family members	7
Tracing cases closed positively (subject located or fate established)	9
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	13
Detainees in places of detention visited	16,926
of whom visited and monitored individually	33
Visits carried out	26
Protection of family links	
RCMs collected	2,932
RCMs distributed	1,804
Phone calls made to families to inform them of the whereabouts of a detained relative	31

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	People	1,200	380
Capacity-building	People	200	110
Water and habitat			
Water and habitat activities	People		425
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		1,462
Water and habitat			
Water and habitat activities	People	2,463	11,091
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	15	14
Physical rehabilitation			
Projects supported	Projects	21	20
Water and habitat			
Water and habitat activities	Beds (capacity)		182

CONTEXT

Many international humanitarian and development organizations oversaw their operations in the Asia-Pacific region from offices in Bangkok, Thailand.

Fighting between the Myanmar military and armed groups continued along the Myanmar–Thailand border. Many wounded people fled Myanmar for treatment in Thailand. In southern Thailand, sporadic violence continued to cause injuries and death and disrupt livelihoods.

Despite the authorities' mine-clearance efforts, mines and explosive remnants of war (ERW) continued to maim and kill people in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR) and Viet Nam. Many survivors of mine accidents required physical rehabilitation but had limited access to it.

Throughout the region, members of families dispersed by past armed conflicts or other situations of violence, detention, migration or natural/man-made disasters had difficulty maintaining contact or ascertaining the fate of missing relatives. Forensic services for managing human remains were available but were often uncoordinated or without the necessary resources.

Overcrowding and inadequate basic services remained systemic issues in Cambodian prisons.

ICRC ACTION AND RESULTS

Influential actors expand their knowledge of IHL and the ICRC's work

The ICRC maintained its dialogue with authorities, weapon bearers and other influential figures in the region, to broaden acceptance of and support for its work and promote IHL and other applicable norms. Thai military and police personnel learnt about the pertinence of these norms to their operations, while Cambodian and Vietnamese peacekeeping forces were briefed on the basics of IHL, preventing sexual violence, and the ICRC's mandate. The ICRC enabled selected senior officers in the region to attend workshops on the international rules governing military and police operations (see *Headquarters – Protection and Essential Services*). At an ICRC-organized conference (see *Beijing*), authorities from the region expanded their knowledge on the domestic implementation of IHL-related treaties.

In Cambodia, Thailand and Viet Nam, ICRC events helped cultivate academic interest in IHL: religious scholars discussed the points of correspondence between Buddhism and IHL at a regional conference, and students joined moot court competitions.

With ICRC support, National Societies in the region strengthened their ability to respond safely to emergencies, protect family links, promote IHL, and raise awareness of COVID-19, migration and other pressing matters, and of the Movement's work, among influential actors and the public.

The ICRC's regional delegation in Bangkok provided support – for staff training, management of protection-related data and other areas – to ICRC operations in Asia and the Pacific and other regions.

Vulnerable people cope with the effects of violence

The ICRC continued to monitor the humanitarian situation in the region, particularly in violence-affected or violence-prone areas of southern Thailand and along the Thailand–Myanmar border. It spoke with communities in these areas to understand their concerns more fully, and with authorities and weapon bearers, to foster acceptance for its work and secure safe access to people in need.

In southern Thailand, 80 breadwinners (supporting 320 people) earned money through livestock farming, beekeeping and other livelihood activities organized by the ICRC and local organizations. Near the Thailand–Myanmar border, 60 patients grew vegetables and raised poultry with ICRC material support or were given ICRC food donations, enabling them to reduce their spending on food and maximize their income for covering other needs. In southern Thailand, local organizations – with ICRC technical and financial support – provided vocational training for 110 people. Fewer people than planned benefited from these activities because of external constraints.

People who had fled Myanmar for Thailand had clean water and sanitary surroundings after the ICRC, sometimes jointly with another organization, renovated water points and waste-management systems, and installed latrines at the places where they were staying. The ICRC trained personnel from community-based organizations working near the border in installing and maintaining solar facilities. These projects collectively benefited 425 people.

In Cambodia and Viet Nam, people living in areas littered with unexploded ordnance learnt about safe practices at information sessions conducted by the National Societies with ICRC technical support. ICRC training helped military and mine-action personnel in Viet Nam to learn more about mitigating the threat of mines/ERW and assisting victims.

Wounded people and people with disabilities obtain suitable care

In Thailand, wounded people from Myanmar obtained free treatment – and COVID-19 tests – at 14 hospitals financially supported by the ICRC. Some of them were referred to other organizations for mental-health and psychosocial support or rehabilitative care. The ICRC repaired or installed toilets and sewage lines at one clinic and at other places housing patients (total capacity: 182 beds). Its plans to provide first-aid training for health staff near the Thailand–Myanmar border were not realized because of staffing constraints.

In Cambodia and Viet Nam, some 10,200 people with physical disabilities[1] obtained rehabilitative care at five physical rehabilitation centres – two in Cambodia and three in Viet Nam – that received comprehensive ICRC support, including supplies for preventing the spread of COVID-19. The ICRC covered expenses for transport, food and/or accommodation for around 6,500 of

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

the people mentioned above. ICRC technical, financial and material support helped 15 organizations in the two countries advance the social inclusion of 391 people with disabilities through employment, vocational training, cash grants, education or sports. To strengthen the rehabilitation sectors of Cambodia, the Lao PDR and Viet Nam, the ICRC gave scholarships to selected students of prosthetics and orthotics.

Members of dispersed families reconnect

Members of families dispersed by past armed conflict or other violence, migration or other circumstances reconnected through the Movement's family-links services, which the ICRC publicized among people who may need them. National Societies in the region provided family-links services with ICRC technical support; they also joined an ICRC-organized regional workshop, held in Thailand, on the topic. In Cambodia, ICRC-trained National Society staff or volunteers and community members discussed ways to prevent family separation during migration.

The ICRC helped authorities, experts and other influential people and organizations in the region to tackle the issue of missing people and address the concerns of their families by enabling various stakeholders to attend ICRC events, held within or beyond the region (see *Headquarters – Protection and Essential Services*).

The ICRC shared its expertise with forensic personnel in Thailand – through meetings and round tables – to help them manage human remains properly, with a view to preventing disappearances. Sponsored by the ICRC, forensic professionals from the region, on these topics broadened their knowledge on the topic at conferences arranged by other organizations.

Detainees in Cambodia have improved facilities

The ICRC visited, in accordance with its standard procedures, detainees at 13 places of detention in Cambodia, to check their treatment and living conditions. It communicated its findings and recommendations confidentially to detaining authorities and the justice and interior ministries. Authorities drew on the ICRC's advice to address overcrowding and other systemic issues. Prison directors learnt more about prison management at a seminar organized jointly by the ICRC and Cambodia's General Department of Prisons. Detainees maintained contact with their relatives through RCMs collected and distributed by the Cambodian Red Cross Society and the ICRC, or through phone calls made with prepaid cards from the ICRC.

The ICRC provided hygiene items for some 1,500 detainees in Cambodia. About 11,000 detainees had better ventilation, clean water and a sanitary environment, after essential prison facilities were renovated by the ICRC or by the authorities with ICRC support. Prison staff joined ICRC training in maintaining prison infrastructure and ensuring proper nutrition and health care for detainees. The authorities adopted official standards – drafted with ICRC support – for constructing prisons.

In Thailand, the ICRC strove to expand its engagement with stakeholders on detention-related matters. For example, it conducted workshops on health care in detention for prison staff, health ministry personnel and post-graduate students; and organized, with a UN office and Thai universities, a certificate course in prison management for senior police officers in the region. The ICRC enabled senior government officials from Cambodia and Thailand to attend an international ICRC-organized conference on health care in detention (see *Headquarters – Protection and Essential Services*).

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	2,016			
RCMs distributed	2,517			
Phone calls facilitated between family members	7			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	11			2
including people for whom tracing requests were registered by another delegation	11			
Tracing cases closed positively (subject located or fate established)	9			
including people for whom tracing requests were registered by another delegation	9			
Tracing cases still being handled at the end of the reporting period (people)	136	25	26	41
including people for whom tracing requests were registered by another delegation	35			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	13			
Detainees in places of detention visited	16,926	1,606	556	
Visits carried out	26			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	33	3		1
of whom newly registered	7	3		
RCMs and other means of family contact				
RCMs collected	2,932			
RCMs distributed	1,804			
Phone calls made to families to inform them of the whereabouts of a detained relative	31			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	380	132	96
Capacity-building	People	110	41	41
Water and habitat				
Water and habitat activities	People	425	213	
of whom IDPs		247	124	
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	1,462	1,316	15
Water and habitat				
Water and habitat activities	People	11,091	444	
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	21		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	14		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		206	3	5
Weapon-wound surgeries performed		294		
Patients whose hospital treatment was paid for by the ICRC		447		
Water and habitat				
Water and habitat activities	Beds (capacity)	182		
Physical rehabilitation				
Projects supported		20		
of which physical rehabilitation centres supported regularly		5		
People who benefited from ICRC-supported projects	Aggregated monthly data	10,628		
of whom service users at physical rehabilitation centres (PRCs)		10,237	1,907	1,309
of whom participants in social inclusion projects not linked to PRCs		391		
of whom victims of mines or explosive remnants of war		4,660		
of whom weapon-wounded		3,302		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	1,977		
Orthoses delivered	Units	1,027		
Physiotherapy sessions		30,797		
Walking aids delivered	Units	2,823		
Wheelchairs or postural support devices delivered	Units	590		

BANGLADESH

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist civilians affected by violence, including people who had fled across the border from Myanmar, and visits detainees to monitor their treatment and living conditions. It helps improve local capacities to provide physical rehabilitation services for people with physical disabilities. It promotes IHL and its implementation among the authorities, the armed and security forces and academic circles, and supports the Bangladesh Red Crescent Society in building its capacities.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Displaced people from Myanmar and vulnerable residents met their basic needs and developed a certain degree of self-sufficiency with ICRC support in the form of food, household essentials, seed, agricultural tools and cash.
- Thousands of people had clean water and more sanitary surroundings owing to ICRC water-and-sanitation projects, which included operating a sewage-collection-and-treatment service and constructing water points and latrines.
- The ICRC advocated, among authorities and weapon bearers, protection for displaced people and vulnerable residents. It helped weapon bearers integrate IHL and other norms into their doctrine, training and operations.
- Underserved communities and wounded and sick people obtained basic and emergency care at several health-care centres and a hospital that received comprehensive ICRC support, and an ICRC-run mobile medical unit.
- People with physical disabilities received physiotherapy and assistive devices from an ICRC-supported local NGO. They advanced their social inclusion by taking part in sports and starting small businesses with the ICRC's help.
- ICRC-trained prison staff provided health care for detainees. Prison authorities were better equipped to address systemic issues and respond to emergencies, owing to material, financial and technical support from the ICRC.

EXPENDITURE IN KCHF	
Protection	3,703
Assistance	10,433
Prevention	1,679
Cooperation with National Societies	1,008
General	148
Total	**16,971**
Of which: Overheads	*1,033*
IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	30
Resident staff (daily workers not included)	147

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	547
RCMs distributed	32
Tracing cases closed positively (subject located or fate established)	265
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	6
Detainees in places of detention visited	25,312
of whom visited and monitored individually	52
Visits carried out	30
Protection of family links	
RCMs collected	74
RCMs distributed	25
Phone calls made to families to inform them of the whereabouts of a detained relative	24

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	6,500	4,572
Food production	People	2,610	5,907
Income support	People	5,850	4,721
Living conditions	People	6,500	4,002
Water and habitat			
Water and habitat activities	People	47,661	44,165
Health			
Health centres supported	Structures	3	3
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		765
Water and habitat			
Water and habitat activities	People	4,168	4,764
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	1
Physical rehabilitation			
Projects supported	Projects	6	6
Water and habitat			
Water and habitat activities	Beds (capacity)	350	849

CONTEXT

Around 730,000 people who had fled violence in Rakhine, Myanmar, after August 2017 (see *Myanmar*) remained in Bangladesh, as did the hundreds of thousands who had arrived before them. The authorities of Bangladesh and Myanmar had not yet facilitated any returns. Displaced people, most of them destitute, were in overpopulated camps in the Cox's Bazar district; others had settled along the Bangladesh–Myanmar border. Bangladeshi authorities had reportedly relocated almost 29,000 people to the island of Bhasan Char, with a view to eventually relocating some 100,000 people in total.

At the camps, some of which were near residential areas, basic goods were in short supply, and water, health care and other essential services were overstretched, causing tensions between displaced people and host communities. Some displaced families remained dispersed. The spillover effects of sporadic violence in Rakhine threatened the safety of people living near the Bangladesh–Myanmar border.

Bangladeshi security forces carried out operations against allegedly violent groups, particularly in Cox's Bazar and in the Chittagong Hill Tracts, where security incidents continued to be reported. Socio-political protests – sometimes violent – took place periodically. Reportedly, people had been arrested in connection with these protests and security operations. Jails were overcrowded, putting detainees at risk of communicable diseases. Some detainees had limited access to health care and other basic services.

Heavy monsoon rains, made worse by the climate crisis, exacerbated people's difficulties.

ICRC ACTION AND RESULTS

With the Bangladesh Red Crescent Society, other organizations and local authorities, the ICRC continued to respond to the urgent needs of vulnerable residents and displaced people at camps in Cox's Bazar; in an area along the Bangladesh–Myanmar border, where it was the only humanitarian actor present; and in the Chittagong Hill Tracts.

The ICRC maintained contact with the above-mentioned communities and was thus able to monitor and document their concerns and follow them up as needed. It discussed IHL, international human rights law and other applicable norms with authorities and weapon bearers, and reminded them of their obligation to protect vulnerable people. It also helped them to integrate these norms, and pertinent standards, into their doctrine, training and operations. Members of dispersed families reconnected through the Movement's family-links services. Authorities, first responders and forensic personnel were given technical and material support for ensuring that human remains, including of victims of COVID-19 and maritime accidents, were accorded due dignity and handled safely.

Displaced people and destitute residents met their immediate needs and worked towards self-sufficiency with ICRC support, which included food, household essentials, cash to cover expenses or start small businesses, and seed and agricultural tools. Thousands of people had access to clean water and a more sanitary environment – and thus more protection against disease – as the ICRC, working with the National Society or local authorities, built water points and latrines and operated a sewage-collection-and-treatment service. People learnt about good hygiene from ICRC-trained community members.

In Cox's Bazar, people accessed primary health care at two health posts which received comprehensive ICRC support for providing basic health services, and at an ICRC-run mobile medical unit. The emergency department at the district hospital in Cox's Bazar also received extensive ICRC support, including capacity building for staff and essential supplies and equipment, which enabled it to provide good-quality care for patients. The ICRC made improvements to infrastructure at certain health facilities. The ICRC concluded its support for the above-mentioned health posts and hospital in 2022.

People with physical disabilities obtained rehabilitative care at three branches of a local physical rehabilitation NGO that operated with material and technical support from the ICRC. This support included help for establishing a supply chain to obtain equipment, components and other materials for producing assistive devices. The ICRC covered food, transport and accommodation costs for hundreds of people with disabilities, and for their caregivers, during their treatment. Aided by the ICRC, an educational institution offered instruction in prosthetics and orthotics, including to students on ICRC scholarships. Programmes run by local organizations, with ICRC support, enabled people with disabilities to take part in activities that advanced their social inclusion, such as sports and vocational training.

The ICRC visited detainees in accordance with its standard procedures and communicated its findings and recommendations confidentially to the authorities. It gave these authorities expert advice for addressing chronic structural issues in the penitentiary system. ICRC-trained prison health staff provided health care for detainees, in some cases at ICRC-renovated facilities. ICRC projects to give detainees ready access to water were underway. Prison authorities were given personal protective equipment (PPE) and hygiene items to help them prevent the spread of COVID-19. Some detainees were vaccinated against the disease under a campaign organized by the authorities with ICRC support.

As the ICRC's main partner in assisting displaced people and vulnerable residents, the National Society received comprehensive support for carrying out economic-security, water-and-sanitation and family-links activities, and for public communication and engaging with the authorities.

CIVILIANS

The ICRC engaged authorities and military and security forces in dialogue on international norms for protecting vulnerable people – particularly people displaced from Rakhine and residents of the Chittagong Hill Tracts – and on facilitating their access to humanitarian aid and basic services. At ICRC-organized events, military and police personnel learnt about IHL and other norms (see *Actors of influence*) and the protection due to people seeking or providing health care.

People in the above-mentioned communities, including victims/survivors of sexual violence, expressed their concerns during meetings with the ICRC (see *Actors of influence*). The ICRC documented these concerns and followed them up, as needed, or referred the people concerned for further assistance (see below). The ICRC had planned to discuss ways to reduce the risk of sexual violence with community members in an area in Cox's Bazar where displaced people were staying, but this plan could not be realized because of security constraints. The ICRC monitored the situation of migrants attempting dangerous maritime crossings, to make their humanitarian concerns known to the authorities and to help respond to their needs.

Vulnerable people meet their basic needs and work towards self-sufficiency

With the Bangladesh Red Crescent Society, the ICRC helped displaced people and vulnerable residents to meet their immediate needs. In Cox's Bazar and in an area bordering Myanmar, 735 households (4,572 people) received food or cash for buying food; 114 households (570 people) among them received cash to cover a month's worth of essential expenses. Hygiene kits, blankets, clothes, biofuel and other household items from the ICRC helped ease the living conditions of 621 households (4,002 people). The ICRC had planned to help people living in the Chittagong Hill Tracts meet their food and basic household needs in case of emergencies, but no such needs were observed during the year.

People with physical disabilities – referred from an ICRC-supported NGO (see *Wounded and sick*) – and other breadwinners (supporting 3,544 people in all) in the Chittagong Hill Tracts and Cox's Bazar received cash grants for pursuing income-earning activities. Another 1,177 people were given food, household items, and/or educational materials for children, to help reduce the strain on their income. ICRC aid helped over 1,000 households (5,907 people) produce more food: farmers received agricultural equipment and cash for covering their running costs, and displaced people were given seed to plant vegetable gardens.

Displaced people and vulnerable residents have access to essential services

Some 44,000 people obtained potable water and had cleaner surroundings, and were thus safer from disease, because of water-and-sanitation projects carried out by the ICRC. In one municipality in Cox's Bazar, roughly 30,000 people had more sanitary conditions because of a sewage-collection-and-treatment service operated by local authorities and the ICRC. Some of these people also benefited from the ICRC's construction of latrines. In other areas of Cox's Bazar and the Chittagong Hill Tracts, displaced people, host communities and other vulnerable residents (some 14,000 people in all) used water points and latrines installed by the ICRC, sometimes together with the National Society, and learnt about maintaining good hygiene from ICRC-trained community members.

The National Society carried out economic-security and water-and-sanitation activities with training and material and financial support from the ICRC.

Displaced people and host communities in Cox's Bazar obtained primary health care, including mental-health and psychosocial support, at two health posts in Nayapara and Tombru that the ICRC supported, and at a mobile medical unit that it operated. The ICRC provided the health posts with supplies and renovated their infrastructure, and gave their staff financial support and training in treating patients, providing family-planning consultations and other basic health care, and preventing the spread of COVID-19. Health staff were also briefed about the legal protection afforded to them. The ICRC monitored incidents of violence against medical personnel and patients at the two health posts. Community-based health workers were given training in referring patients for secondary care and conducting information sessions on mental health.

Because of financial constraints, the ICRC discontinued its support for the health post in Tombru in August 2022. At year's end, it concluded its support for the health post in Nayapara, as planned. Both health posts were handed over to the authorities.

Members of dispersed families reconnect

Displaced people and others separated from their families reconnected with their relatives through the Movement's family-links services. Together with the National Society, the ICRC ascertained the fate or whereabouts of 265 people and informed their families. The National Society and the ICRC talked to displaced people who had been relocated to Bhasan Char – and who may have been separated from their relatives – to understand their needs, with a view to providing family-links services in response. The ICRC publicized these services among authorities and communities, particularly those with experience of migration or natural disasters.

The ICRC gave the National Society comprehensive support for its family-links services and for its efforts to incorporate these services – along with data-protection strategies – more fully in its operational plan.

The ICRC maintained its dialogue with the authorities, to remind them of the necessity of clarifying the fate of missing people. It began a study on current legal frameworks concerning this issue, with a view to sharing its findings with the authorities. It spoke with missing people's families to gain a fuller understanding of their needs and to draw on their input to shape its response.

The pertinent authorities, first responders and forensic personnel developed their ability to manage human remains properly with ICRC support. At the urging of the ICRC, the disaster-management ministry started reviewing its guidelines for managing human remains, to bring them in line with forensic best practices and international standards. The ministry also received material support (e.g. a refrigerated storage unit, body bags, emergency kits) from the ICRC. First responders working in Cox's Bazar received PPE, burial materials and other items for managing dead bodies – including those of people who died of COVID-19 – safely and with due respect for the dignity of the dead.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at six places of detention to monitor their treatment and living conditions. It communicated its findings and recommendations confidentially to the authorities, to help them deal with such systemic issues as overcrowding and inadequate health care. The ICRC paid particular attention to vulnerable detainees, including women and foreigners: it gave 765 detainees hygiene items – and toys for the children with them – to help improve their living conditions, and/or referred them for legal support. It helped foreigners notify their embassies or the UNHCR of their detention.

Detainees restored or maintained contact with their families through family-links services provided by the National Society with support from the ICRC. They also made phone calls facilitated by detaining authorities, who began offering this service – with the ICRC's guidance – after the suspension of family visits in 2021.

Detainees have better health care and improved facilities

To improve the quality of care given to detainees, the ICRC trained prison health staff in treating infections, ensuring the confidentiality of patients' medical records and other topics. New detainees at the Tangail jail, and the children accompanying them, were medically screened on arrival by ICRC-trained health staff.

Penitentiary authorities and health staff prepared for potential scabies outbreaks in prisons with training from the ICRC, and detainees learnt about the skin condition through ICRC information sessions and posters. Some detainees were vaccinated against COVID-19 under a campaign carried out by the authorities with financial and material support from the ICRC. Prisons were given PPE and hygiene items to help them check the spread of COVID-19.

The ICRC arranged for authorities to attend events on health care in detention held in other countries (see *Headquarters – Protection and Essential Services*, for example). The ICRC encouraged authorities to convert a committee addressing TB at the Tangail and Chattogram jails into a working group for dealing with all health-related issues at both jails.

Female detainees at the Chattogram and Cox's Bazar jails benefited from consultation rooms renovated or constructed by the ICRC for their exclusive use. These rooms, and the ICRC's ongoing project to drill boreholes and install a water tank at a prison, benefited 4,764 detainees. The ICRC had planned to facilitate prison officials' participation in a regional conference on prison design, but the event was postponed to 2023.

WOUNDED AND SICK

To increase the likelihood of wounded people receiving timely care, the ICRC provided first-aid training for health workers, weapon bearers, Bangladesh Red Crescent Society volunteers, and other potential first responders (355 people in all). First-aiders and emergency department personnel (see below) also learnt about the protection due to health staff and patients; some of them were trained in psychological first aid and/or managing potentially hostile situations, or were given first-aid equipment.

Wounded and sick people get emergency care at the Cox's Bazar district hospital

Wounded and sick people – both displaced people and residents – obtained treatment at the emergency department of the Cox's Bazar district hospital; almost 125,000 consultations were conducted at the department throughout the year. The ICRC trained the department's staff in basic emergency care, treating victims/survivors of sexual violence, managing infections and in other areas. The training aimed to ensure that the staff could work unassisted, in light of the ICRC's conclusion of its support for the department at year's end, as planned. The ICRC donated essential supplies and equipment – and, to fill occasional staffing gaps, assigned its own medical personnel – to the department.

The ICRC made improvements to essential infrastructure at several health facilities: for instance, it renovated the sanitation and drainage system at the district hospital in Cox's Bazar (250 beds) and set up systems to manage medical waste at two health complexes in Ukhiya and Teknaf (148 beds). The International Centre for Diarrhoeal Disease Research (451 beds) was able to take in more patients because of tents provided by the ICRC.

People with disabilities obtain rehabilitative care

Around 4,300 people with physical disabilities[1] obtained rehabilitative services at three branches of the ICRC-supported Centre for the Rehabilitation of the Paralysed (CRP), a local NGO. About 400 of these people, and their caregivers, were given financial support to cover their transport, accommodation and food expenses during their treatment.

The ICRC gave the CRP comprehensive support, including supplies and equipment, advanced training for the centre's staff, and expert advice for ensuring that the centre's services met international standards. The ICRC also helped the CRP to establish a supply chain for producing assistive devices. Mobile clinics, workshops and information sessions organized by the CRP and the ICRC enabled the centre to reach more people and make its services more widely known.

The Bangladesh Health Professions Institute continued to offer diploma and degree courses in prosthetics and orthotics with material support and expert advice from the ICRC. The ICRC covered educational expenses for some students at the institute.

Around 350 people with disabilities took part in ICRC-supported activities that sought to advance their social inclusion. Many of them played disability cricket, wheelchair basketball and amputee football at sports camps run by the ICRC and the National Paralympic Committee; some of the athletes competed in tournaments. Some people with disabilities started small businesses using ICRC cash grants (see *Civilians*),

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

and others attended vocational or skills training through an ICRC-funded CRP programme.

ACTORS OF INFLUENCE

Communities and influential actors learn more about the ICRC's work

Communities learnt more about the ICRC's activities for them, and provided their views and suggestions, through in-person meetings with the ICRC or through hotlines and other means. This interaction enabled the ICRC to acquire a fuller understanding of communities' needs and to involve them more closely in designing and implementing the above-mentioned activities – such as those relating to health care and water supply – to help them meet those needs.

To broaden awareness of its work among influential actors, the ICRC organized events at which it discussed its mandate and activities with authorities, law enforcement personnel, journalists, religious institutions and political groups; it used social media and distributed printed materials to the same end.

Weapon bearers and authorities strengthen their grasp of IHL and other norms

Military and law enforcement personnel and officers-in-training added to their knowledge of IHL, international human rights law and/or international policing standards through ICRC training or information sessions. The aim of these sessions was to increase compliance with these norms and standards and help advance their integration into military and police doctrine, training and operations. The ICRC enabled a high-ranking police official to attend a senior workshop on the international rules governing police operations (see *Headquarters – Protection and Essential Services*), and another to attend a regional police conference (see *Philippines*); these events were held overseas.

The ICRC maintained its dialogue with the foreign affairs ministry, the national IHL committee and other pertinent government bodies to advocate domestic implementation of IHL-related treaties, including the Anti-Personnel Mine Ban Convention. Diplomats and judges were better placed to further the implementation of IHL after they learnt more about the topic through training, information sessions and other events organized by the ICRC. The ICRC facilitated the participation of four government officials in a regional conference on IHL (see *New Delhi*).

Academics and students increase their knowledge of IHL

Religious scholars and other academics, and students, learnt more about IHL at events organized by the ICRC, sometimes jointly with the Bangladesh Red Crescent Society. Islamic and Buddhist scholars attended regional courses and seminars on IHL (see *Bangkok*) with support from the ICRC. Students from several universities took part in an IHL moot court competition organized by the ICRC and a Bangladeshi university. The ICRC published a booklet about the protection due to health-care personnel amid armed conflict and other emergencies, and distributed it to authorities, academics and others; it also donated books on IHL to the Foreign Service Academy.

Through training and other support, the ICRC helped strengthen the National Society's public communication efforts and its ability to discuss IHL-related matters with authorities.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society assisted vulnerable residents and people displaced from Rakhine with comprehensive support from the ICRC, the International Federation, and other National Societies working in the country. ICRC support for the National Society took various forms: staff training; coverage of staff salaries and insurance premiums; renovations to facilities; and supplies and equipment for carrying out activities in line with the Safer Access Framework. Aided by the ICRC, the National Society engaged with the authorities to strengthen its legal base and expand its access to people in need. Movement components in the country met to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	547			
RCMs distributed	32			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	436	76	47	95
including people for whom tracing requests were registered by another delegation	8			
Tracing cases closed positively (subject located or fate established)	265			
including people for whom tracing requests were registered by another delegation	17			
Tracing cases still being handled at the end of the reporting period (people)	1,320	136	81	245
including people for whom tracing requests were registered by another delegation	57			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	6			
Detainees in places of detention visited	25,312	719	78	
Visits carried out	30			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	52	3		
of whom newly registered	31	1		
RCMs and other means of family contact				
RCMs collected	74			
RCMs distributed	25			
Phone calls made to families to inform them of the whereabouts of a detained relative	24			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	4,572	1,771	1,429
Food production	People	5,907	2,100	1,954
Income support	People	4,721	1,394	2,054
of whom IDPs		66	27	5
Living conditions	People	4,002	1,600	1,201
Water and habitat				
Water and habitat activities	People	44,165	13,250	17,666
Primary health care				
Health centres supported	Structures	3		
of which health centres supported regularly		3		
Average catchment population		61,484		
Services at health centres supported regularly				
Consultations		44,682		
of which curative		43,367	18,897	16,261
of which antenatal		1,315		
Referrals to a second level of care	Patients	306		
of whom gynaecological/obstetric cases		32		
Mental health and psychosocial support				
People who received mental-health support		2,514		
People who attended information sessions on mental health		9,357		
People trained in mental-health care and psychosocial support		56		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	765	570	95
Water and habitat				
Water and habitat activities	People	4,764	476	95
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	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
including hospitals reinforced with or monitored by ICRC staff		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		124,541		
First aid				
First-aid training				
Sessions		18		
Participants (aggregated monthly data)		355		
Water and habitat				
Water and habitat activities	Beds (capacity)	849		
Physical rehabilitation				
Projects supported		6		
of which physical rehabilitation centres supported regularly		3		
People who benefited from ICRC-supported projects	Aggregated monthly data	4,674		
of whom service users at physical rehabilitation centres (PRCs)		4,325	280	3,092
of whom participants in social inclusion projects not linked to PRCs		349		
of whom victims of mines or explosive remnants of war		*		
of whom weapon-wounded		*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	430		
Orthoses delivered	Units	3,298		
Physiotherapy sessions		8,624		
Walking aids delivered	Units	391		
Wheelchairs or postural support devices delivered	Units	145		

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

BEIJING (regional)

COVERING: *China, Democratic People's Republic of Korea, Mongolia, Republic of Korea*

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC action in the region and worldwide. It promotes the incorporation of IHL in national legislation, military training and academic curricula. It supports National Societies in developing their capacities in restoring family links, emergency response and other relevant fields. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive devices for people with disabilities.

ICRC regional delegation ICRC mission

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

KEY RESULTS/CONSTRAINTS IN 2022

- Because of the COVID-19 pandemic and the restrictions that followed, the ICRC's activities in the Democratic People's Republic of Korea (hereafter DPRK) remained suspended.
- In the countries covered, except for the DPRK, government officials, decision makers and others learnt more about IHL and key humanitarian issues through the ICRC's efforts to engage with them during meetings and other events.
- Military officers in China, Mongolia and the Republic of Korea (hereafter ROK) reached a fuller understanding of IHL and its applicability to their work during seminars, briefings and training sessions organized by the ICRC.
- In China, influential figures in the field of health – including people from government agencies and academics – discussed global health, COVID-19, access to vaccines and other matters of humanitarian interest with the ICRC.
- Forensic personnel in China developed their capacities through a seminar organized by the ICRC. Aided by the ICRC, an academic journal published a special issue on humanitarian forensics.

EXPENDITURE IN KCHF	
Protection	195
Assistance	1,224
Prevention	6,197
Cooperation with National Societies	1,459
General	162
Total	**9,236**
Of which: Overheads	*564*
IMPLEMENTATION RATE	
Expenditure/yearly budget	59%
PERSONNEL	
Mobile staff	11
Resident staff (daily workers not included)	61

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	22,600	
Capacity-building	People	25	
Water and habitat			
Water and habitat activities	People	105,100	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	
Physical rehabilitation			
Projects supported	Projects	2	
Water and habitat			
Water and habitat activities	Beds (capacity)	150	

CONTEXT

China continued to figure prominently in international affairs – through the Belt and Road Initiative and through its positions on various matters related to peace and security, governance and applicability of the principles of the UN Charter. It engaged with other countries on the transnational aspects of such issues as public health and emergency preparedness and response. Disputes with some of its neighbours, including over territorial rights in the South China Sea and along the border with India, remained unresolved.

UN Security Council sanctions against the DPRK remained in place. In the country, water supply, medical care and physical rehabilitation services remained largely unreliable. Inadequate food production – at times, the result of natural disasters – exacerbated food insecurity.

China, Mongolia and the ROK were at different stages of implementing vaccination campaigns and other measures to contain the spread of COVID-19. The DPRK reported its first COVID-19 cases in the middle of 2022; the country's borders were still sealed at the time of writing.

Some people in the Korean Peninsula continued to endure the consequences of the 1950–1953 Korean War: mines and explosive remnants of war (ERW) continue to menace public safety, members of separated families were unable to contact one another and many missing people remained unaccounted for.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Beijing sought to maintain its dialogue with the authorities, armed forces and other influential parties in the region and in major diplomatic hubs, with a view to fostering acceptance and support for the ICRC and its activities, and broadening understanding of IHL and humanitarian issues.

The ICRC endeavoured to assist vulnerable people in the DPRK. However, because of pandemic-related movement restrictions, the country remained inaccessible to the ICRC's international staff. The ICRC therefore continued to put all of its activities in the DPRK on hold. These activities included efforts to increase food production and broaden access to water for civilians, and training in various areas for representatives of the authorities and staff of the Red Cross Society of the Democratic People's Republic of Korea. Because there were no ICRC personnel in the DPRK, the physical rehabilitation centres in Rakrang and Songrim could not be monitored or staff at the centres trained. Support for the emergency department at a hospital in Pyongyang did not push through. The ICRC's efforts to promote IHL and the Movement's activities in the country were also put on hold.

The ICRC maintained contact with forensic and health institutions in China and attempted to expand its engagement with them. Representatives from forensic institutions developed their capacities at an ICRC webinar; the ICRC also engaged with them through other means, for instance, by offering scholarships, or scholarly publications, to those doing forensic research. At meetings and other ICRC events, medical professionals – as well as Chinese government officials, experts from think tanks, academics and others – discussed a number of different subjects with the ICRC, such as universal health coverage for people in conflict-affected contexts.

In its discussions with government and military officials, security forces personnel and other influential parties in the region, the ICRC focused on strengthening their grasp of IHL and cultivating acceptance and support for itself and for its activities. Military officers – including those bound for peacekeeping missions in other countries – learnt about IHL and its pertinence to their duties during seminars, briefings and pre-deployment training sessions organized by the ICRC. The ICRC raised its public profile in the region by strengthening its presence in broadcast, print and online media.

The ICRC worked in partnership with National Societies and coordinated its work with that of other Movement components in the region. Aided by the ICRC and the International Federation, the Red Cross Society of China continued to run an educational programme for young people on humanitarian principles and the basic provisions of IHL.

CIVILIANS

Pandemic-related restrictions continue to hinder ICRC activities

Owing to pandemic-related movement and access restrictions imposed in 2020 and still in effect, the DPRK remained closed to the ICRC's international staff. ICRC activities therefore remained on hold. The suspension of these activities was particularly significant, as the ICRC was unable to implement initiatives to increase food production among economically vulnerable rural communities, broaden access to water and improve sanitation for inhabitants of periurban areas, and conduct training for local authorities in charge of water systems, and for government personnel and staff from the Red Cross Society of the Democratic People's Republic of Korea in disposing of unexploded ordnance and treating victims of mines/ERW.

The ICRC maintained contact with several forensic institutions in China and attempted to expand its engagement with them – through meetings, themed events and other means. For instance, scholars pursued research on forensic techniques or on subjects of regional pertinence with the help of scholarship grants from the ICRC. An academic journal published a special issue on humanitarian forensics with technical and financial assistance from the ICRC. Representatives of some of the institutions mentioned above acquainted themselves with forensic analysis at an ICRC webinar.

In 2021, the ICRC and the Chinese Red Cross agreed to undertake a programme to make Chinese Red Cross personnel more capable of dealing with industrial accidents involving hazardous materials. In 2022, the ICRC maintained regular contact with the Chinese Red Cross to discuss launching the programme, but for various reasons, the programme was still not under way at year's end.

WOUNDED AND SICK

Chinese authorities and the ICRC discuss global health issues

The ICRC continued to reinforce its dialogue with influential people and organizations in China's health sector, such as the National Health Commission. At meetings and other ICRC events, medical professionals – as well as Chinese government officials, experts from think tanks, academics and others – discussed a number of different subjects with the ICRC, such as universal health coverage for people in conflict-affected contexts. COVID-19 and equitable access to vaccines were also subjects of discussion. Several others engaged in discussions and/or learnt about key issues in global health during ICRC events; for instance, students pursuing post-graduate studies learnt more about humanitarian health during a series of lectures organized by the ICRC.

Sealed borders thwart the ICRC's efforts to support health care and physical rehabilitation in the DPRK

Because there were no international ICRC personnel in the DPRK, the two physical rehabilitation centres in Rakrang and Songrim – which the ICRC planned to support in cooperation with the Red Cross Society of the Democratic People's Republic of Korea – could not be monitored, their staff trained or any other planned programmes carried out (see *Civilians*). Similarly, the ICRC's plans to support the emergency department at the Pyongyang Medical College Hospital – for instance, through donations of supplies or capacity-building initiatives – could not be realized.

ACTORS OF INFLUENCE

ICRC events draw attention to IHL and IHL-related issues

The ICRC maintained its engagement with government officials, military and security forces officers, experts from think tanks and academics in China, Mongolia and the ROK, and with other influential parties in the region. Via meetings, workshops and themed events, it sought to help them strengthen their grasp of IHL and other international norms, and to foster acceptance and support for its activities in the region and elsewhere.

The ICRC discussed pressing issues of humanitarian concern at meetings, conferences and webinars for government officials, decision makers, academics, journalists and others in China and in the ROK. These discussions covered a broad range of subjects, such as the international rules governing military operations, the use of information and communication technologies during armed conflicts, maritime security, artificial intelligence, the protection of the natural environment and mine action. Government officials from a number of countries took part in discussions on IHL at a regional conference held in Seoul organized by the ICRC and sponsored by the ROK's foreign ministry. Students in China and the ROK tested their knowledge of IHL at moot court competitions organized by the ICRC with various institutions (e.g. local universities, the Chinese Red Cross). Officials from the Truth and Reconciliation Commission in the ROK learnt about IHL and the Geneva Conventions during an ICRC training session.

As in the past, the ICRC strove to persuade authorities in the region to advance ratification or implementation of IHL treaties. It strengthened its engagement with the national IHL committee in China. The committee worked with the ICRC to implement some of the IHL-themed activities mentioned above (e.g. moot courts, webinars). In Mongolia, the foreign affairs ministry conducted a study – with the help of the Mongolian Red Cross Society and technical support from the ICRC – on IHL implementation in the country.

Military officers add to their knowledge of IHL

Military officers from the countries covered learnt more about IHL and its pertinence to their duties through events organized by the ICRC. Officers attended briefings or seminars that discussed such matters as gender and the ethics of artificial intelligence, from an IHL perspective. In China, officers from the People's Liberation Army attending classes in medicine learnt about wound surgery from pre-recorded ICRC briefings. Military officers from the ROK bound for peacekeeping missions added to their knowledge of IHL during predeployment training sessions conducted by the ICRC; officers in Mongolia were briefed about the importance of IHL in peacekeeping missions. Senior officers from China and the ROK were sponsored by the ICRC to attend a workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*).

The media cover humanitarian issues and the Movement's activities

The ICRC strengthened its presence in print, online and social media in local languages in China and the ROK, which helped to broaden awareness, among the authorities and the general public, of humanitarian issues and the ICRC's work.

Media organizations in China and the ROK drew on ICRC materials to cover issues or events of humanitarian concern, such as health, climate change and the situation in, for instance, Afghanistan, the Sahel and Ukraine. Expanded contact with members of the media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC activities and IHL-related matters. Events to mark World Red Cross and Red Crescent Day were organized by the National Societies in China and the ROK with the ICRC's support.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided the National Societies in the region with support to further their organizational development and maintain their operational capacities, particularly in emergency preparedness and response, fundraising, public communication, humanitarian education and IHL promotion.

The ICRC, in coordination with the International Federation, contributed to the development of the International Academy of the Red Cross and Red Crescent in China. Young people in four Chinese provinces and in Shanghai were introduced to basic IHL principles through the Red Cross Society of China's programme in humanitarian education, for which the ICRC continued to provide technical and other support. In 2022, the programme was extended to more schools, and a pool of new teachers trained. The Chinese Red Cross expanded its capacities in emergency response with the ICRC's help, which included simulation exercises – for instance, search-and-rescue missions during disasters – for their emergency response teams.

JAKARTA (regional)

COVERING: *Indonesia, Timor-Leste, Association of Southeast Asian Nations (ASEAN)*

The ICRC established a presence in Indonesia in 1979, and in Timor-Leste following its independence in 2002. It helps the National Societies improve their capacities in emergency response and restoring family links. It works with the armed forces to encourage the inclusion of IHL in their training, and with the police to foster compliance with international law enforcement standards. It maintains dialogue with ASEAN and other regional bodies and conducts activities with academic institutions to further IHL instruction. It provides the authorities and other pertinent actors with technical support and training in the management of human remains, particularly following emergencies.

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

EXPENDITURE IN KCHF	
Protection	732
Assistance	249
Prevention	2,710
Cooperation with National Societies	835
General	91
Total	**4,617**
Of which: Overheads	*282*
IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	38

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	18
RCMs distributed	54
Phone calls facilitated between family members	189
Tracing cases closed positively (subject located or fate established)	2
People reunited with their families	16

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Living conditions	People	1,000	35

CONTEXT

A member of the Jakarta-based Association of Southeast Asian Nations (ASEAN), Indonesia remained actively involved in various multilateral forums. ASEAN and its humanitarian arm, the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre), continued to develop their ability to coordinate the humanitarian response to emergencies in the region.

Indonesia continued to contribute troops to UN peace-support missions.

Socio-economic, communal or religious tensions in some parts of Indonesia led to violence, which displaced people and disrupted essential services. Migrants, including refugees and asylum seekers, continued to arrive in Indonesia or pass through it; many of them were detained or stranded in the country, their legal status uncertain. Earthquakes, landslides and floods continued to cause deaths, damage property and displace people.

In Timor-Leste, authorities and humanitarian organizations maintained their efforts to address the consequences of the 1975–1999 armed conflict, strengthen communities' resilience and reunite separated families.

ICRC ACTION AND RESULTS

The ICRC conducted dialogue with Indonesian and Timorese government officials, military and security forces and representatives of ASEAN and other organizations, with a view to advancing their understanding of IHL and broadening their support for the Movement's activities. It discussed various matters related to humanitarian action in Asia, including emergency response and the plight of migrants. It continued to conduct humanitarian activities in the region jointly with the Indonesian Red Cross Society and the Timor-Leste Red Cross Society.

Separated family members restore or maintain contact

People separated by armed conflict or other situations of violence, disasters, migration or detention – including, in Indonesia, displaced people from Rakhine State in Myanmar – restored or maintained contact with relatives through phone calls, RCMs and other family-links services provided by the ICRC or by the National Societies with the ICRC's support. In Timor-Leste, 16 people separated from their relatives by the past conflict were reunited with their families.

Both the Indonesian and Timorese National Societies developed their capacities in restoring family links with technical and other support from the ICRC; for instance, staff and volunteers attended training sessions organized by the ICRC.

Forensic professionals and others develop their ability to respond to emergencies

Indonesian and Timorese authorities drew on the ICRC's expertise to develop their ability to manage human remains, particularly during emergencies. Forensic professionals, first responders – including personnel from the Indonesian and Timorese National Societies – and others learnt about the proper management of human remains during meetings, seminars and training sessions with the ICRC. In Indonesia, the authorities in charge of disaster management worked on revising their guidelines for responding to disasters and other emergencies; the ICRC participated in the process and recommended the incorporation of guidelines for managing dead bodies and human remains.

Forensic professionals and institutions in both Indonesia and Timor-Leste developed their capacities with material and/or financial support from the ICRC. This support included delivering personal protective equipment and body bags to Indonesian police personnel involved in identifying victims of disasters, providing training kits and equipment (e.g. training mannequins) for Indonesian first responders who participated in workshops on managing human remains, and sponsoring Indonesian and Timorese professionals to attend regional or international conferences on forensics.

Military and police personnel in Indonesia learnt to provide first-aid assistance during training sessions organized by the ICRC. Their capacity to conduct such operations was bolstered through ICRC donations of first-aid equipment (e.g. belt bags, stretchers) and supplies.

Military and security forces personnel learn more about IHL and other applicable norms

The ICRC helped the Indonesian armed forces to integrate IHL and other applicable norms into their doctrine, training and operations. Troops bound for peace-support missions familiarized themselves with these topics at predeployment briefings from the ICRC; around 300 officers from the armed forces, including the navy and the air force, learnt about IHL and other norms at ICRC information sessions. The Indonesian armed forces and the ICRC hosted a workshop on international rules governing military operations for senior military officers from over 80 countries (see *Headquarters – Protection and Essential Services*). With support from the ICRC, senior police officers from Indonesia and Timor-Leste attended regional (see *Philippines*) and international events on policing norms and standards.

Authorities and members of civil society advance their understanding of IHL and the Movement's work

The ICRC continued to offer expert advice to Indonesian and Timorese authorities involved in advancing the ratification and domestic implementation of IHL treaties. The Indonesian national IHL committee, for instance, strengthened their knowledge of IHL at information sessions organized by the ICRC. Indonesian policymakers, armed forces personnel and government officials did the same through a course organized jointly by the ICRC and a local university. Timor-Leste ratified the Treaty on the Prohibition of Nuclear Weapons in June and was legally bound by it in September. The ICRC was engaged in discussions with the pertinent ministries throughout the process; it also discussed implementation measures, and the establishment of a national IHL committee, with them.

In Indonesia and Timor-Leste, the ICRC continued to engage the authorities and other influential people and organizations in dialogue, with a view to helping them reach a fuller understanding of IHL and to fostering support for the Movement's activities. Members of civil society capable of facilitating the Movement's work learnt more about IHL, humanitarian principles and the Movement at dissemination sessions, webinars, workshops and public lectures organized by the ICRC. Journalists and other members of the media – through various ICRC initiatives – enhanced their knowledge about the Movement and were able to report on the Movement's humanitarian activities.

Academic scholars from the countries covered took part in events organized by the ICRC and discussed IHL – teaching and researching the subject – and its incorporation in university curricula. At workshops and other events organized by the ICRC, students and lecturers in Indonesia learnt about the points of correspondence between IHL and different streams of religious belief and practice. Some attended an information session organized by the Indonesian national IHL committee with the ICRC's support. Publications of articles on these subjects in academic journals, or the translations of such, were sponsored by the ICRC. A Buddhist scholar attended a regional conference held in Thailand (see *Bangkok*) that focused on Buddhism and IHL, with the ICRC's support.

ASEAN draws on the ICRC's expertise in humanitarian action

The ICRC strengthened its partnership with ASEAN by sharing, whenever possible, its expertise in humanitarian action. It collaborated with ASEAN on various initiatives dealing with humanitarian issues in the region. The 4th ASEAN-ICRC Joint Platform – which brought together ASEAN sectoral bodies and other humanitarian organizations – tackled such matters as building the region's resilience to emergencies and strengthening partnerships among actors in preparation for such crises.

National Societies are given support by the ICRC

With support from the International Federation and the ICRC, the Indonesian and Timorese National Societies responded to natural disasters and other emergencies and strove to coordinate their activities in border areas more closely. The ICRC gave both National Societies material, financial and technical support to develop their capacities in restoring family links, managing human remains, administering first aid, responding to the pandemic safely and operating in line with the Safer Access Framework. The ICRC helped the National Societies build up their capacities to conduct their humanitarian response. It provided support to the Indonesian National Society that distributed household essentials to improve the living conditions of people in violence-prone areas.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
RCMs distributed	54			
Phone calls facilitated between family members	189			
Reunifications, transfers and repatriations				
People reunited with their families	16			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	5	4	1	
Tracing cases closed positively (subject located or fate established)	2			
including people for whom tracing requests were registered by another delegation	1			
Tracing cases still being handled at the end of the reporting period (people)	163	27	50	35
including people for whom tracing requests were registered by another delegation	1			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	People	35	16	1
WOUNDED AND SICK				
First aid				
First-aid training				
Sessions		4		
Participants (aggregated monthly data)		89		

KUALA LUMPUR (regional)

COVERING: *Brunei Darussalam, Japan, Malaysia, Singapore*

Having worked in Malaysia since 1972, the ICRC established the Kuala Lumpur regional delegation in 2001. In 2009, it opened an office in Japan, which became a delegation in 2019. The ICRC works with governments and National Societies in the region to promote IHL and humanitarian principles and gain support for the Movement's activities. In Malaysia, it visits detainees, works with authorities to address humanitarian issues identified during visits, and helps detained migrants contact their families. In the state of Sabah, it supports health care for communities, together with the Malaysian Red Crescent Society.

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

EXPENDITURE IN KCHF	
Protection	2,128
Assistance	525
Prevention	3,544
Cooperation with National Societies	512
General	168
Total	**6,878**
Of which: Overheads	*420*
IMPLEMENTATION RATE	
Expenditure/yearly budget	96%
PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	47

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	15
RCMs distributed	88
Phone calls facilitated between family members	5,059
Tracing cases closed positively (subject located or fate established)	31
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	26,307
of whom visited and monitored individually	1,075
Visits carried out	21
Protection of family links	
RCMs collected	176
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	826

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Health			
Health centres supported	Structures		9
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		7,766

CONTEXT

Migration, displacement and disputed maritime areas in the South China Sea continued to be prominent subjects of discussion in the region.

According to the World Bank, there were approximately 3 million foreign workers in Malaysia. Around 1.5 million of them were irregular migrants. There were also some 180,000 UNHCR-registered refugees or asylum seekers in the country, many of them from Myanmar. Irregular migrants were often detained or deported; those in Sabah struggled to obtain health services.

People separated from their families by migration, the COVID-19 pandemic, detention or other circumstances needed help to contact or locate their relatives.

ICRC ACTION AND RESULTS

Authorities, weapon bearers and influential actors strengthen support for humanitarian action

The ICRC strove to sustain its humanitarian diplomacy among national authorities, maritime-security forces, armed forces, multilateral organizations and other influential actors in the region in order to gather more support for its work and encourage the ratification or implementation of IHL-related treaties. In Malaysia, the government adopted a declaration – drafted with the ICRC's help – to strengthen protection for civilians from explosive weapons in populated areas.

Military, security, and police forces from the countries covered took part in peacekeeping missions in conflict-affected countries and in multilateral exercises. The ICRC helped them train their personnel in IHL and other norms,

and gave them expert advice for integrating these norms into their decision-making. The National Defence University of Malaysia, together with the ICRC, conducted an online course in IHL and IHL-related topics for military lawyers and others. At an ICRC lecture, students at the Kodaira School of Japan's Ground Self-Defence Forces learnt more about contemporary IHL-related issues and the ICRC's mandate and activities. Senior officers of the armed forces of Brunei, Japan and Malaysia were sponsored to attend an ICRC workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*).

Webinars co-hosted by the ICRC with partner organizations provided participants from the region – including members of national IHL committees – with opportunities to discuss global trends and challenges for IHL. At meetings or conferences that it attended, the ICRC discussed topics such as maritime-security issues; norms and agreements regulating new weapons; and the role of the private sector in responding to increasingly complex and protracted humanitarian crises.

The ICRC expanded its engagement with the private sector in the region to explore innovative possibilities for humanitarian work. In Japan, it held seminars – jointly with an IT and electronics company and other partners – to discuss new technology being developed for detecting landmines and the humanitarian challenges faced by companies operating in complex environments.

The ICRC used traditional and digital media and, where possible, organized events – jointly with Movement components and/or partner organizations in Japan and Malaysia – to promote IHL and the Movement's activities among key parties in the region and the general public. Journalists, academics, and university students and other young people arranged or participated in IHL-related events in Japan, Malaysia and Singapore. Various issues were discussed in these different settings, such as cyber warfare, sexual and gender-based violence in armed conflict, the Treaty on the Prohibition of Nuclear Weapons, and the combined effects of conflict and climate change. Together with the National Societies in the region, it organized events to memorialize victims of the atomic bombs dropped on Hiroshima and Nagasaki and to mark the ICRC's half-century of presence in Malaysia.

The National Societies in the countries covered were given assistance to build their capacities in IHL promotion, public communication, Movement coordination, organizational development and emergency response. The National Societies of Japan, Singapore and Malaysia, together with the ICRC, organized a film festival, webinars and other events to celebrate the Movement's humanitarian activities throughout the world.

Events planned by the ICRC and the Brunei Darussalam Red Crescent Society, to promote IHL and the Movement's work in Brunei, did not take place because of conflicting schedules and other constraints.

Detaining authorities in Malaysia are given help to tackle systemic issues

In Malaysia, the ICRC visited detainees at 16 places of detention, including a women's facility, to monitor their treatment and living conditions. It communicated its findings and recommendations confidentially to the authorities concerned. It brought to their attention the needs of particularly vulnerable detainees: foreigners, security detainees, women, minors, people with physical disabilities, the chronically ill and others at risk of discrimination. The visits also gave detainees an opportunity to use the ICRC's family-links services to reconnect with relatives. At some immigration detention centres, thousands of detained migrants reconnected with their relatives through phone calls arranged by the ICRC and the Malaysian Red Crescent Society.

The ICRC gave the authorities expert advice for tackling overcrowding in places of detention. It also discussed such matters as the safety-related needs of migrants and the principle of *non-refoulement*. It continued to discuss, with the Malaysian authorities and with the UNHCR and other organizations, how best to improve living conditions for the most vulnerable detainees. A round table on tackling the root causes of overcrowding did not take place because of scheduling conflicts and other unforeseen circumstances.

Prison staff attended ICRC training in internationally recognized standards for detention, where they learnt about such matters as medical screenings for new inmates. Senior detaining officials were sponsored to attend an ICRC conference on health care in detention held in Switzerland (see *Headquarters – Protection and Essential Services*).

The ICRC provided some prisons with financial or material support to improve the provision of health care. Some 7,000 detainees were given hygiene items and water tumblers by the ICRC to ease their living conditions.

The development of a digital tool for storing and monitoring detainees' medical records was stalled because of administrative challenges.

National Societies in the region respond to the needs of vulnerable people

People in Malaysia contacted relatives through RCMs and other family-links services provided by the National Societies, with the ICRC's support; some of them learnt the whereabouts of family members separated from them by the pandemic, migration, detention or other circumstances. The ICRC maintained dialogue with local authorities and organizations doing detention- and migration-related work in order to monitor and address the family-links needs of migrants and other vulnerable groups.

The ICRC conducted a workshop for medical professionals on managing human remains during emergencies. It also discussed forensic issues, such as the management of bodies recovered at sea, with maritime and immigration authorities.

The National Societies in Brunei Darussalam, Japan, Malaysia and Singapore strengthened their capacities to provide humanitarian services and promote the Movement's work with comprehensive support from the ICRC. The ICRC provided the Malaysian Red Crescent with financial, technical and material support (e.g. solar lamps, non-woven bags) for its family-links services, vaccination campaigns and blood drive.

In Sabah, the Malaysian Red Crescent and the ICRC expanded health activities to more underserved communities after pandemic-related restrictions were lifted. With the ICRC's support, the National Society and volunteer health workers vaccinated people against COVID-19 and other infectious diseases, and promoted good health through home visits to vulnerable people; similar activities were conducted at schools for some 1,000 children. The ICRC discussed sanitation and waste-management issues with the authorities concerned, and provided technical expertise and material aid (e.g. sacks, trolleys) to reinforce waste-management systems in communities. The Malaysian Red Crescent, with the support of the ICRC, conducted first-aid training for people in remote areas and train-the-trainer workshops for its own first-aid instructors.

MAIN FIGURES AND INDICATORS: PROTECTION

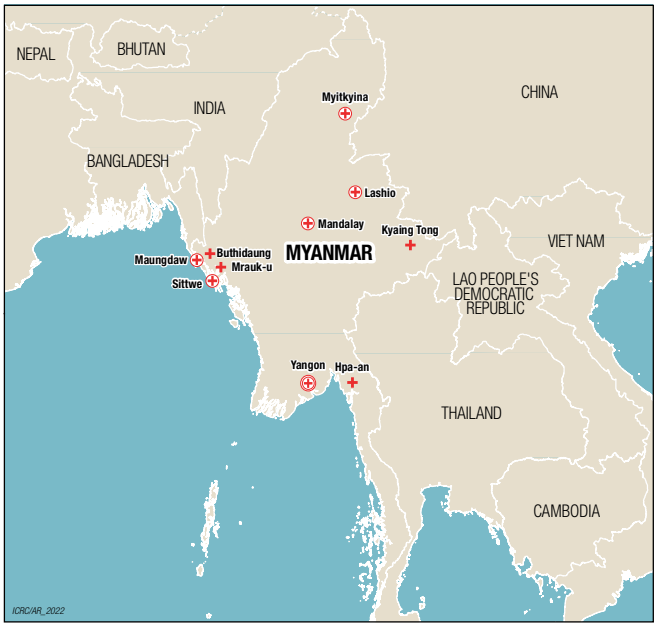
CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	15			
RCMs distributed	88			
Phone calls facilitated between family members	5,059			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	176	26	18	28
including people for whom tracing requests were registered by another delegation	172			
Tracing cases closed positively (subject located or fate established)	31			
including people for whom tracing requests were registered by another delegation	22			
Tracing cases still being handled at the end of the reporting period (people)	390	41	31	66
including people for whom tracing requests were registered by another delegation	347			
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	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	16			
Detainees in places of detention visited	26,307	3,116	1,168	
Visits carried out	21			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	1,075	222	54	32
of whom newly registered	1,016	210	52	32
RCMs and other means of family contact				
RCMs collected	176			
RCMs distributed	7			
Phone calls made to families to inform them of the whereabouts of a detained relative	826			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Primary health care				
Health centres supported	Structures	9		
Average catchment population		20,208		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	7,766		48
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	4		

MYANMAR

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary-health-care, hospital and physical rehabilitation services, and repairing essential infrastructure. It conducts protection-focused activities in favour of violence-affected communities and detainees, and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It often works with the Myanmar Red Cross Society and helps it build its operational capacities.



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

KEY RESULTS/CONSTRAINTS IN 2022

- Newly displaced people and others affected by armed conflict and other situations of violence met their urgent needs and restored their livelihoods with food, cash and other aid from the ICRC and/or the Myanmar Red Cross Society.
- Sick and injured people obtained treatment from ICRC-supported hospitals and health facilities, including those run by ethnic health organizations. The ICRC supported more facilities than planned in response to increased needs.
- Hundreds of thousands of people had better access to water and other essential services, and more sanitary surroundings, as a result of emergency water, sanitation and shelter projects and other ICRC initiatives.
- The ICRC engaged relevant authorities in dialogue on resuming visits to detainees. To help prevent the spread of disease, the ICRC donated soap, water containers and equipment for setting up handwashing stations for detainees.
- Senior army officers learnt more about integrating IHL into their rules of engagement and about the protection of health services, particularly during armed conflict and other emergencies, at events organized by the ICRC.
- The ICRC adapted to developments in the situation, restrictions on access and other operational constraints; this led to certain activities (e.g. economic security, water and sanitation), not being as fully implemented as planned.

EXPENDITURE IN KCHF	
Protection	6,890
Assistance	39,827
Prevention	2,795
Cooperation with National Societies	3,077
General	404
Total	**52,993**
Of which: Overheads	*3,234*
IMPLEMENTATION RATE	
Expenditure/yearly budget	76%
PERSONNEL	
Mobile staff	92
Resident staff (daily workers not included)	789

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	50
RCMs distributed	36
Tracing cases closed positively (subject located or fate established)	845
PEOPLE DEPRIVED OF THEIR FREEDOM	
Protection of family links	
RCMs collected	9
RCMs distributed	25

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	167,000	138,924
Food production	People	127,500	113,368
Income support	People	55,350	13,299
Living conditions	People	297,600	276,854
Capacity-building	People	200	119
Water and habitat			
Water and habitat activities	People	232,500	373,753
Health			
Health centres supported	Structures	21	50
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		1,797
Water and habitat			
Water and habitat activities	People	7,000	4,900
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	17	21
Physical rehabilitation			
Projects supported	Projects	10	9
Water and habitat			
Water and habitat activities	Beds (capacity)	800	500

CONTEXT

Clashes between military forces and armed groups grew more violent throughout the country, particularly in the states of Chin, Kachin, Kayah, Kayin and Shan and the regions of Mandalay, Magway and Sagaing. In the state of Rakhine, fighting between the military and an armed group intensified, despite the informal ceasefire agreed by them in November 2020. In November 2022, they agreed to another informal ceasefire. Clashes across the country had particularly severe consequences for civilians: displacement, injuries and death, disruption of livelihoods, lack of access to health care and other essential services, and damage to private property. Climate shocks and the ongoing pandemic exacerbated their difficulties. Uncertain security conditions and restrictions on access complicated the delivery of humanitarian assistance.

The state of emergency declared by the military in February 2021 was extended to the end of July 2023. The dire economic situation and the shortage of qualified personnel continued to hamper basic services such as health and education; many civil servants, part of the civil disobedience movement since the events of February 2021, have not yet returned to work.

Arrests were made in connection with the ongoing hostilities. Many people continued to be detained because of their alleged involvement in past and ongoing conflicts or on security-related charges.

Roughly 730,000 people who fled Rakhine for Bangladesh, after the violence in 2017, were still in that country (see *Bangladesh*). The authorities in Myanmar and Bangladesh have not, so far, agreed to any formal repatriation.

ICRC ACTION AND RESULTS

The ICRC mounted a multidisciplinary response to the humanitarian consequences of armed conflict and other situations of violence in Myanmar. It worked with the Myanmar Red Cross Society and other Movement partners to address the concerns of IDPs and other violence-affected people, and the needs created by ongoing hostilities in various parts of the country. The ICRC gave the National Society training and/or financial, technical and other assistance to reinforce its capacities in such areas as first aid and other emergency response, and to incorporate the Safer Access Framework more fully in its activities. The ICRC adapted its work to the measures taken to contain COVID-19, developments in the situation, restrictions on access and other operational constraints.

In all its contact with the relevant authorities, weapon bearers and other stakeholders, the ICRC sought to promote compliance with IHL and the international rules and standards applicable to law enforcement operations, cultivate support for principled humanitarian action and broaden its access to displaced people and others in need. It also reiterated the necessity of protecting health services and enabling wounded and sick people to obtain treatment.

The ICRC sought to maintain its proximity to conflict-affected communities and engaged with them – through field visits and other means – to understand their concerns about their safety and other related matters, and to keep them informed of the various ICRC services available to them. It used digital communication channels whenever field visits were not possible owing to restrictions on access and other operational constraints. Mechanisms for gathering views and suggestions from communities (e.g. hotlines, social media) helped the ICRC to understand more fully the needs of conflict-affected people and consider these in its services for them. With technical and other assistance from the ICRC, the National Society worked to increase awareness of safe practices around mines and explosive remnants of war (ERW) among IDPs, host communities and others using risk-education sessions, posters, billboards and other means to that end.

The ICRC provided relief aid for IDPs – including those newly displaced because of intensified violence – and other violence-affected people in Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Rakhine and Shan, to help ease their living conditions and/or help them meet their needs for food. It also enabled people to work towards self-sufficiency by directly supporting households in Kachin, Kayah, Rakhine and Shan to resume or strengthen their livelihoods, and assisting the agriculture and social-welfare ministries to implement initiatives to benefit conflict-affected households (e.g. provision of livestock services). Animal-health workers and others were given training in agricultural methods and capacity-building support in other areas. Disruptions in supply chains, restrictions on access and/or other operational constraints hindered the full implementation of certain assistance activities. People had better access to water and other essential services, and more sanitary surroundings, as a result of ICRC initiatives.

People affected by conflict and other violence were able to obtain primary health care and other medical services from ICRC-supported health-care centres and hospitals. The ICRC, often with the health centres it supported, carried out emergency response activities (for instance, in response to outbreaks of chicken pox and diarrhoea), health-related information sessions, and vaccination campaigns, including covering the costs of transporting vaccination teams. It continued to provide financial or other support to the health ministry's emergency patient-transport system in Rakhine; this helped ensure people's timely access to hospital-level care. People with physical disabilities obtained suitable treatment at physical rehabilitation centres that received comprehensive ICRC assistance. The ICRC also pursued efforts to foster the social inclusion of people living with disabilities through sport.

The ICRC's visits to places of detention – to ensure that detainees' treatment and living conditions met internationally recognized standards – remained on hold; they were suspended, at the onset of the COVID-19 pandemic in March 2020, at the request of the authorities. The ICRC sought, through dialogue with the relevant authorities, to resume these visits and regain access to detainees. It gave prison staff technical and material support, to a limited extent, in order to improve detainees' living conditions and prevent the spread of disease; this included a donation of soap, water containers and equipment for setting up handwashing stations.

People displaced by hostilities or other circumstances, and others separated from their families, used the Movement's family-links services to reconnect with relatives or ascertain

their fate and whereabouts. However, access- and security-related constraints prevented the Movement from offering family-links services to communities in some violence-affected areas. The ICRC covered transport costs for released detainees returning home.

CIVILIANS

The ICRC continued to mount a multidisciplinary response to the humanitarian consequences of armed conflict and other situations of violence in Myanmar. It worked with the Myanmar Red Cross Society and other Movement partners to address the concerns of IDPs and other violence-affected people, and the needs created by ongoing hostilities in various parts of the country. It gave the National Society training and/or other support for delivering family-links services, and for implementing and monitoring activities in such areas as economic security, water-and-habitat and mine-risk education. The ICRC continued to adapt its work to the measures taken to contain COVID-19, developments in the situation, restrictions on access and other operational constraints.

In all its contact with the relevant authorities, weapon bearers and other stakeholders, the ICRC sought to promote compliance with IHL and the international rules and standards applicable to law enforcement operations, cultivate support for principled humanitarian action, and broaden its access to displaced people and others in need. In line with the goals of the Health Care in Danger initiative, it advocated – among the relevant authorities and weapon bearers (see *Actors of influence*) – protection for health services; it also reiterated to these parties the necessity of enabling wounded and sick people to obtain treatment. The ICRC continued to monitor the situation of displaced and other conflict-affected people. It maintained dialogue with the relevant authorities on the concerns of displaced people, particularly in connection with safe, voluntary and dignified returns to places of origin.

With technical or other assistance from the ICRC, the National Society worked to increase awareness of safer practices around mines/ERW among IDPs, host communities and others using risk-education sessions, posters, billboards, social media and other means to that end. Various formats and communication channels were used to make the information more accessible. A total of 57,302 people, including children living with disabilities, learnt more about safe practices around mines and ERW through 1,243 risk-education sessions organized by the National Society; more risk-education sessions could not be organized owing to the inaccessibility of some communities affected by weapon contamination. The ICRC also organized train-the-trainer risk-education sessions for civil-society organizations and other community members, including some with access to hard-to-reach areas. Efforts to engage the relevant authorities in dialogue on the consequences of weapon contamination, the necessity of marking contaminated areas, humanitarian demining, and other related matters did not progress.

People affected by the fighting meet their immediate needs and work towards self-sufficiency

IDPs – including those newly displaced – and other violence-affected people in Chin, Kachin, Kayin, Kayah, Mandalay, Magway, Rakhine and Shan received relief aid, which was distributed by the ICRC with the National Society whenever possible. However, restrictions on access to conflict-affected areas – including new sites where people were displaced – hampered the ICRC's ability to deliver emergency assistance. A total of 27,354 households (138,924 people) were given food rations or cash to purchase food; and 56,512 households (276,854 people) received hygiene items (e.g. soap, hand gel, face masks) and/or household items (e.g. fuel sticks and stoves).

Households in Kachin, Kayah, Rakhine and Shan resumed or strengthened their livelihoods with ICRC support. A total of 22,179 households (113,368 people) received seed and/or fertilizer for growing vegetables and rice; farming tools could not be distributed owing to procurement issues. ICRC cash distributions, cash grants, or cash-for-work projects to renovate community infrastructure helped 13,299 people to resume or start income-earning activities and/or cover their basic expenses. A total of 119 people, including animal-health workers, were given training in agricultural methods and capacity-building support in other areas; the agriculture and social-welfare ministries received technical advice, and material and other support from the ICRC for implementing initiatives to benefit conflict-affected households (e.g. provision of livestock services). Disruptions in the supply chains, restrictions on access and/or other operational constraints hindered the full implementation of certain assistance activities.

A total of 373,753 people in Chin, Kachin, Kayah, Kayin, Mandalay, Rakhine and Shan had better access to water and other essential services, and more sanitary surroundings, as a result of ICRC initiatives. Among them were 288,020 people, including IDPs, who benefited from emergency water, sanitation and shelter projects – such as installing latrines and handwashing stations, refilling or rehabilitating ponds, donating water-purification materials and providing supplies for building shelters. A total of 67,246 people in both urban and rural areas benefited after the ICRC renovated ponds and bridges and water-distribution networks, drilled boreholes and donated material, financial or other support to water service providers, among other undertakings. Over 14,000 people, including returnees and people who had resettled, had access to water and communal sanitation infrastructure. These activities acquired even more importance in view of the pandemic and water being vital for checking the spread of COVID-19 (through handwashing, for instance). The ICRC renovated or built houses or shelters – or provided the necessary materials – for 4,455 IDPs, returnees and other violence-affected people. More people were reached than planned owing to increased needs, particularly among those displaced.

Conflict-affected people obtain health care of good quality

People affected by conflict and other violence were able to obtain good-quality preventive and curative care at 50 ICRC-supported health centres, some run by ethnic health organizations. The ICRC's support included staff training, technical assistance, financial support and/or medical supplies such as personal protective equipment (PPE). Small-scale renovation work and other limited infrastructural improvements were carried out at some centres in rural areas to enable them to sustain their operations; for instance, the ICRC constructed or installed latrines and

renovated medical-waste-management facilities. More health facilities were supported than planned, because of increased needs brought about by the rise in violence. The ICRC made ad hoc donations of medical supplies to some of the centres it supported, which helped them deal with the health-related needs of IDPs, including those newly displaced.

Often together with the health centres supported by it, the ICRC conducted emergency response activities (for instance, in response to outbreaks of chicken pox and diarrhea), health-related information sessions and vaccination campaigns, including covering the costs of transporting vaccination teams. ICRC-supported information sessions on COVID-19 were attended by 16,359 people. The ICRC continued to provide financial or other support to the emergency patient-transport system in Rakhine, which helped ensure timely access to hospital-level care for people from rural areas.

At an ICRC workshop, health staff and ambulance drivers familiarized themselves with the protection due to those providing or seeking medical services. Plans to train health workers, civil-society groups and others – in mental-health and psychosocial support, and to help them preserve their own mental well-being – could not be fully implemented owing to staffing constraints and restrictions related to COVID-19.

People reconnect with their families

People displaced by hostilities or other circumstances, and others separated from their families, used the Movement's family-link services (e.g. tracing, RCMs) to reconnect with their relatives or ascertain their fate and whereabouts. A total of 845 tracing cases were resolved. However, access- and security-related constraints prevented the Movement from offering family-links services to communities in some violence-affected areas.

The ICRC endeavoured to assess the needs of people separated from their families and promote the Movement's family-links services. Community members learnt about these services through ICRC information sessions, social media posts and other means.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detention facilities receive limited support for improving detainees' living conditions

The ICRC's visits to places of detention – to ensure that conditions of detention and the treatment of detainees met internationally recognized standards – remained on hold; they were suspended at the onset of the COVID-19 pandemic, in March 2020, at the request of the authorities. The ICRC sought, through dialogue with the pertinent authorities, to resume these visits and regain access to detainees.

The ICRC continued to pursue dialogue with the relevant authorities on ensuring contact between detainees and their families, and offered services to this end. It delivered 25 RCMs to detainees and collected 9 from them, for sharing with their relatives. The ICRC was able to facilitate family visits for detainees in certain places of detention. By covering their transport costs, the ICRC enabled 386 families to deliver food parcels and letters to detained relatives. It also covered transport costs for 1,797 detainees returning home after their release, including detainees returning to Rakhine.

The ICRC submitted to the relevant detaining authorities lists of people alleged to have been detained; this resulted in 696 persons being located, or their detention confirmed, and their families being informed accordingly.

The ICRC gave prison staff technical and material support, to a limited extent, in order to improve detainees' living conditions and prevent the spread of disease. Health staff learnt more about health care in detention through ICRC information sessions. Around 4,900 detainees at six prisons benefited from the ICRC's donation of soap, water containers and equipment for setting up handwashing stations; these helped them take measures to prevent the spread of COVID-19. Health workers and prison staff at the facilities mentioned above received PPE and medical equipment, and were trained in the proper use of PPE. Posters with information on scabies and other skin diseases were distributed in prisons throughout Myanmar. Following a request from a prison doctor, three detainees with physical disabilities directly received prostheses from the ICRC. The ICRC also gave ten former detainees material, financial or other support for obtaining the necessary medical care and/or to facilitate their reintegration into their communities.

Prison officials received reports containing technical recommendations for constructing waste stabilization ponds at new prisons from the ICRC. Because of the suspension of prison visits, the ICRC was unable to implement several of its water-and-habitat and health-care activities at detention facilities.

WOUNDED AND SICK

Hospitals strengthen their provision of medical care

In line with the goals of the Health Care in Danger initiative, the ICRC continued to document the obstacles to providing or obtaining medical treatment; it discussed, with the people concerned, how the situation could be remedied (see *Civilians*). It conducted training sessions in the protection due to those seeking or providing medical care for health workers and members of civil society organizations.

Weapon bearers, community members and other potential first responders learnt to administer first aid and/or pre-hospital care at training sessions organized by the ICRC and/or the Myanmar Red Cross Society. Some of these sessions also included instruction in the treatment of victims/survivors of sexual violence. The ICRC and/or the National Society conducted a number of train-the-trainer sessions for first-aid instructors. Members of civil-society organizations trained or supported by the ICRC provided those in need with the necessary pre-hospital care.

Sick and injured people received appropriate treatment and care at 21 ICRC-supported hospitals and other medical structures in Kachin, Rakhine and Shan. More hospitals were supported than planned, because of increased needs brought about by the rise in violence. These hospitals received staff training, wound-dressing kits, PPE, medicines, medical equipment and/or other material aid from the ICRC. Selected hospital staff in charge of preventing and controlling infections were given

financial support. The ICRC also made small-scale repairs or improvements at the facilities in some of the hospitals (total capacity: 500 beds). Some water-and-habitat projects could not be fully implemented as planned owing to restrictions on access and other operational constraints.

People with disabilities regain some mobility

Some 4,230 people[1] with physical disabilities obtained appropriate care, including physiotherapy and fitting of assistive devices, at five physical rehabilitation centres given comprehensive support by the ICRC. Two of these centres were given technical and material support for making prosthetic feet. At one of the ICRC-supported centres, people with disabilities and/or their caregivers obtained psychological counselling and other psychosocial and mental-health support through an ICRC staff member. Services at the ICRC-supported centres continued to be scaled back, owing to the political and security situation (see *Context*). People living in remote areas had access to physical rehabilitation services, including the repair of assistive devices, through a mobile workshop – run by one of the centres mentioned above – and through a network of roving technicians that received training and technical support from the ICRC.

Staff at the ICRC-supported centres mentioned above, and other clinics and hospitals, developed their capacities through ICRC training sessions in such areas as wheelchair services and clubfoot treatment. The ICRC continued to sponsor some clinical personnel for further training, including a course in Cambodia.

The ICRC extended technical and/or other support to various projects: an orthopaedic workshop; a referral system that helped people with disabilities find the centre or service provider nearest to them; and two projects for fostering the inclusion of people with disabilities and for strengthening the national physical rehabilitation sector. It began the construction of a dormitory at an orthopaedic workshop in Taungoo. Players, coaches, referees and others learnt more about wheelchair basketball during ICRC-organized online training. People with disabilities competed in a wheelchair-basketball tournament organized by the ICRC to mark the International Day of Persons with Disabilities.

The ICRC gave households with people with disabilities hygiene kits and other supplies necessary to prevent the spread of COVID-19.

ACTORS OF INFLUENCE

Senior army officers learn more about integrating IHL into their rules of engagement

In all its contact with the relevant authorities, weapon bearers, members of the media and other key actors in Myanmar, the ICRC sought to raise their awareness of the concerns of conflict-affected people, the ICRC's activities and other related matters. The ICRC pursued various efforts to foster support for its neutral, impartial and independent humanitarian action, and for IHL and other applicable norms, and to persuade the relevant authorities to facilitate access to communities affected by armed conflict and other violence (see *Civilians*). Senior army officers learnt more about the protection due to those providing or seeking medical services during an ICRC round table on promoting military practices that ensure the safe delivery of health care during armed conflict and other emergencies. The ICRC also conducted a workshop for senior army officers on integrating IHL into their rules of engagement. It provided reference materials or documents on IHL, IHL and counterterrorism, and/or other related topics of pertinence to the army, the legal affairs ministry and others. The ICRC also continued its efforts to increase awareness of IHL among armed groups present in the country. Several other plans to engage with influential actors (for instance, activities to promote the ratification of IHL-related treaties) had to be postponed or cancelled, because of constraints related to the extension of the state of emergency and the continued rise in armed violence throughout the country (see *Context*).

The ICRC sought to maintain its proximity to conflict-affected communities and engaged with them – through field visits and other means – to understand their concerns about their safety and other related matters, and to let them know about the various ICRC services available to them. It used digital communication channels whenever field visits were not possible owing to restrictions on access and other operational constraints. Mechanisms for gathering views and suggestions from communities (e.g. hotlines, social media) helped the ICRC to understand more fully the needs of conflict-affected people and consider these in its services for them. The ICRC made use of a feedback tracker to ensure that any received feedback was responded to. It used social media to broaden public awareness of the availability of its services and disseminate messages on such subjects as mine-risk awareness, safe practices around mines/ERW and COVID-19 vaccine equity. A number of these social media posts were produced in ethnic languages and sign language to ensure that the information could be widely understood.

The ICRC continued to carry out communication campaigns with the Myanmar Red Cross Society and sometimes, with the International Federation; these helped broaden support for the Movement's response to humanitarian issues in Myanmar. It provided the National Society with training, technical guidance and other support for improving their operational communications, including during crises.

Members of religious organizations and civil-society organizations, weapon bearers and others learnt more about IHL, and the ICRC and its activities, at ICRC information sessions. University law teachers attended a regional ICRC event on IHL. Members of the media covered the ICRC's activities.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society remained the ICRC's main partner in Myanmar; whenever possible, the ICRC and the National Society responded jointly to the needs of conflict-affected people, including those newly displaced (see *Civilians* and *Wounded and sick*). The ICRC gave the National Society training and/or financial, technical and other assistance to reinforce its capacities in such areas as first aid, emergency

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

preparedness and response and the coordination of emergency assistance, and to incorporate the Safer Access Framework more fully in its activities. The ICRC also donated vehicles to the National Society and provided it with financial support for constructing two branch offices. Plans to provide further support for the National Society's COVID-19 response were not realized because the number of COVID-19 cases in the country had decreased by the second quarter of the year, and the National Society also received PPE from its other partners.

Movement components working in Myanmar, including the International Federation, held meetings and coordinated their activities and implemented operational agreements jointly.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	50			
RCMs distributed	36			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	698	97	20	69
including people for whom tracing requests were registered by another delegation	99			
Tracing cases closed positively (subject located or fate established)	845			
including people for whom tracing requests were registered by another delegation	114			
Tracing cases still being handled at the end of the reporting period (people)	1,214	104	34	170
including people for whom tracing requests were registered by another delegation	715			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered 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	13	8		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	9			
RCMs distributed	25			
Detainees visited by their relatives with ICRC/National Society support	21			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	138,924	36,118	69,463
of whom IDPs		55,665	14,468	27,836
Food production	People	113,368	29,478	56,681
of whom IDPs		31,878	8,291	15,938
Income support	People	13,299	3,482	6,598
of whom IDPs		8,071	2,100	4,037
Living conditions	People	276,854	71,991	138,418
of whom IDPs		180,814	47,019	90,399
Capacity-building	People	119	31	63
of whom IDPs		71	17	38
Water and habitat				
Water and habitat activities	People	373,753	151,564	122,960
of whom IDPs		184,319	73,224	63,678
Primary health care				
Health centres supported	Structures	50		
of which health centres supported regularly		19		
Average catchment population		2,565,590		
Services at health centres supported regularly				
Consultations		80,910		
of which curative		68,786	3,785	2,533
of which antenatal		12,124		
Vaccines provided	Doses	82,421		
of which polio vaccines for children under 5 years of age		31,327		
Referrals to a second level of care	Patients	1,083		
of whom gynaecological/obstetric cases		350		

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	People	1,797	201	207
Water and habitat				
Water and habitat activities	People	4,900	735	
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
including hospitals reinforced with or monitored by ICRC staff		1		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		9,073		
Weapon-wound admissions (surgical and non-surgical admissions)		81	*	*
Weapon-wound surgeries performed		58		
Patients whose hospital treatment was paid for by the ICRC		121		
First aid				
First-aid training				
Sessions		61		
Participants (aggregated monthly data)		1,184		
Water and habitat				
Water and habitat activities	Beds (capacity)	500		
Physical rehabilitation				
Projects supported		9		
of which physical rehabilitation centres supported regularly		6		
People who benefited from ICRC-supported projects	Aggregated monthly data	4,230		
of whom service users at physical rehabilitation centres (PRCs)		4,230	575	479
of whom victims of mines or explosive remnants of war		1,121		
of whom weapon-wounded		975		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	1,263		
Orthoses delivered	Units	558		
Physiotherapy sessions		19,972		
Walking aids delivered	Units	1,456		
Wheelchairs or postural support devices delivered	Units	195		
Mental health and psychosocial support				
People who received mental-health support		196		

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

NEW DELHI (regional)

COVERING: *Bhutan, India, Maldives, Nepal*

Opened in 1982, the regional delegation in New Delhi seeks to broaden understanding and implementation of IHL and encourage respect for humanitarian principles among the authorities, armed and security forces, academics, civil society and the media. It visits detainees in the Maldives and engages in dialogue with the authorities on detention-related matters. In Nepal, its work focuses on helping clarify the fate of persons missing in relation to past conflict, and supporting their families. The ICRC helps improve local capacities to provide physical rehabilitation and emergency response services. It supports the development of the region's National Societies.

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

EXPENDITURE IN KCHF	
Protection	2,132
Assistance	1,787
Prevention	1,423
Cooperation with National Societies	1,516
General	158
Total	**7,016**
Of which: Overheads	*428*
IMPLEMENTATION RATE	
Expenditure/yearly budget	81%
PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	88

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	9
RCMs distributed	135
Tracing cases closed positively (subject located or fate established)	30
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	1,183
of whom visited and monitored individually	*2*
Visits carried out	7
Protection of family links	
RCMs collected	3
RCMs distributed	27

ASSISTANCE		2022 Targets (up to)	Achieved
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	3
Physical rehabilitation			
Projects supported	Projects	19	19

CONTEXT

Disputed borders remained a source of tension between India and some of its neighbours. Armed violence between security forces and militants persisted but with decreased intensity, in areas such as the Jammu and Kashmir region and in some sections of central, eastern and north-eastern India.

For people in remote and/or violence-affected areas of India, access to health care, including emergency medical services, remained precarious because of the limited capacities of health workers and of inadequate equipment. Physical rehabilitation services were largely inaccessible because of the expenses involved and the lack of trained personnel.

Members of families separated by violence, detention, migration or disasters had difficulty staying in touch. The remains of people who had died during violence or other crises were not always properly managed, and thus not identified and returned to the families concerned.

Owing to their geographical location, the countries covered had to deal with migration-related issues and natural disasters.

ICRC ACTION AND RESULTS

Authorities, weapon bearers and civil-society groups learn more about IHL and the Movement's work

The ICRC strove to expand its engagement with weapon bearers, authorities, judicial officials, Nepal's national IHL committee and other decision makers in the countries covered to promote IHL and the ICRC's neutral, impartial and independent humanitarian action. It conducted workshops and briefings on IHL and international policing standards for police and armed forces personnel, including maritime-security officers, and troops bound for peacekeeping missions in other countries. At a regional ICRC conference on IHL, held in Nepal, government officials from seven countries discussed the means and methods of warfare.

Academics, students, journalists and other sections of civil society capable of shaping national policies discussed recent developments and challenges for IHL at seminars, moot court competitions and other events hosted by the ICRC or jointly with other parties. The discussions touched on subjects such as the needs of people with disabilities, the management of the dead in a safe and dignified manner, and the combined consequences of conflict and climate change.

The ICRC and the National Societies in India and Nepal used radio programmes, social media and other means to relay humanitarian messages to the wider public and advance their understanding of the Movement's work. The National Societies in Bhutan, India, Nepal and the Maldives were given comprehensive support to develop their capacities in first aid, restoring family links in line with data-protection standards, public communication, organizational development and emergency response, including for climate-related emergencies.

Forensic professionals expand their capacities

The ICRC urged the authorities to manage human remains with future identification and prevention of disappearances in mind, and to develop a regional contingency plan for mass-casualty incidents and incorporate it in their national plans for disaster response. To this end, it gave expert advice to forensic institutions and government officials in the region, and elsewhere, on best practices in managing human remains and for adapting their medico-legal frameworks to contemporary developments in this area.

Authorities, forensic specialists, first responders, medical staff and others learnt more about managing human remains – including bodies or human remains recovered at sea – at workshops, meetings and other events organized or supported by the ICRC. Military and forensic experts from Bhutan, the Maldives and Nepal were sponsored by the ICRC to attend events in other countries on resolving missing-persons cases through DNA matching and managing human remains during emergencies.

The ICRC continued to provide technical guidance and material support (e.g. books, excavation tools) to the International Centre for Humanitarian Forensics (ICHF) to help solidify its reputation in the field of forensics. The centre, established by the National Forensic Sciences University and the ICRC in 2018, was envisioned as a reference institution for humanitarian forensics in Asia. Representatives from several states attended – in person or online – an ICHF conference, supported by the ICRC, to exchange best practices in managing and identifying human remains during and after mass-casualty incidents. The ICRC supported other events within or outside the region – by delivering lectures, for instance – to enhance the ICHF's reputation in humanitarian forensics and promote the ICRC's work.

The Indian, Maldivian and Nepalese National Societies, together with the ICRC, provided RCMs, tracing and other family-links services to members of families separated by violence, civil unrest, detention, migration, natural disasters or other emergencies.

Authorities are urged to address the needs of people affected by past conflict in Nepal

The ICRC continued to reiterate to Nepalese authorities the necessity of addressing the needs of people affected by the past conflict – more specifically, to help missing people's families via the Commission on Investigation of Enforced Disappeared Persons, and victims/survivors of sexual and other violence through the Truth and Reconciliation Commission. Missing people's families commemorated their missing relatives at an event organized by the ICRC to mark the International Day of the Disappeared (30 August).

Local capacities in emergency care are strengthened

In India, ICRC-trained Indian Red Cross Society personnel provided first aid for wounded and sick people during emergencies, such as heavy floods and cyclones. Three hospitals, the health ministry and other health institutions received personal protective equipment from the ICRC and/or training in emergency care conducted by the ICRC in collaboration with the National Society and other partner organizations. The National Society was given training and financial support to sustain its provision of first aid.

In 2022, there were no major emergencies that necessitated ad hoc assistance to National Societies and ICRC-supported health facilities. A regional course for medical personnel, on Health Emergencies in Large Populations, was not held because preparations for it with other partners were not completed by the end of the year.

People with disabilities in India are assisted to obtain physical rehabilitation

A total of 13,577 people[1] with disabilities availed themselves of specialized care and/or assistive devices provided at ICRC-supported rehabilitation centres: seven in India, and two in Nepal; this helped improve their mobility. Some patients were referred to counselling sessions, with a view to facilitating their social inclusion. Destitute patients in India received ICRC financial support, meant to help them cover the medical and other expenses incurred during their treatment. The ICRC gathered views and suggestions from patients, which it then used in a lessons-learnt exercise to adapt, as necessary, its activities for people with disabilities.

The ICRC worked with ten local partners – disability NGOs, training institutes and others – in India and Nepal to advance the social inclusion of people with disabilities, mainly through disability sports, vocational training and career-development programmes. In India, an ICRC-supported training centre held its first graduation ceremony for students of prosthetics and orthotics and physiotherapy. About 20 people with disabilities refined their skills in coding through an online workshop. In Nepal, people with disabilities received mentoring and skills training through a career-development programme launched by the ICRC and a local NGO.

The ICRC provided training online for 34 wheelchair-basketball players and coaches from different teams in India and

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

Nepal. Ten teams from eight countries – including a women's team from Nepal – competed in an international wheelchair-basketball tournament in India, organized by the ICRC.

Physical rehabilitation professionals in the region explored specialized areas of prosthetics and orthotics at ICRC-supported events. In India, some 1,000 professionals and students in the physical rehabilitation sector learnt more about amputee management at a national conference organized by an association of physiotherapists and the ICRC. The ICRC held meetings with government officials, NGOs and others on ensuring the sustainability of the rehabilitation sector.

Detainees maintain contact with their families

In the Maldives, the ICRC visited, in accordance with its standard procedures, detainees at five places of detention. It communicated its findings and recommendations confidentially to the authorities to help improve detainees' treatment and living conditions in line with internationally recognized standards. Detaining officials attended ICRC workshops and courses in prison management. The commissioner of correctional services in the Maldives was sponsored to participate in an international ICRC conference – held in Switzerland – on health care in detention (see *Headquarters – Protection and Essential Services*).

Some detainees in India and the Maldives connected with their relatives via the Movement's family-links services. The ICRC arranged for some Indian detainees – including those held in connection with the situation in Jammu and Kashmir – to be visited by relatives. Because of pandemic-related restrictions, family visits for detainees in Bhutan – arranged by the ICRC – did not take place.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	9			
RCMs distributed	135			
Names published on the ICRC family-links website	1,329			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	2			
Tracing cases closed positively (subject located or fate established)	30			
Tracing cases still being handled at the end of the reporting period (people)	1,523	148	74	145
including people for whom tracing requests were registered by another delegation	5			
Documents				
People to whom travel documents were issued	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	5			
Detainees in places of detention visited	1,183	40		
Visits carried out	7			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	2	1		
of whom newly registered	2	1		
RCMs and other means of family contact				
RCMs collected	3			
RCMs distributed	27			
Detainees visited by their relatives with ICRC/National Society support	39			

MAIN FIGURES AND INDICATORS: ASSISTANCE

WOUNDED AND SICK		Total	Women	Children
Hospitals				
Hospitals supported	Structures	3		
First aid				
First-aid training				
Sessions		2		
Participants (aggregated monthly data)		45		
Physical rehabilitation				
Projects supported		19		
of which physical rehabilitation centres supported regularly		7		
People who benefited from ICRC-supported projects	Aggregated monthly data	13,968		
of whom service users at physical rehabilitation centres (PRCs)		13,577	2,036	6,454
of whom participants in social inclusion projects not linked to PRCs		391		
of whom victims of mines or explosive remnants of war		*		
of whom weapon-wounded		21		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	492		
Orthoses delivered	Units	12,255		
Physiotherapy sessions		62,569		
Walking aids delivered	Units	497		
Wheelchairs or postural support devices delivered	Units	440		

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

PAKISTAN

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Through its dialogue with the authorities, it encourages the provision of medical services for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action, IHL and other relevant norms with the government, religious leaders and academics. It supports rehabilitation services for people with physical disabilities, while working with the Pakistan Red Crescent in such areas as first aid and family-links services.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Violence-affected communities in Pakistan had access to good-quality health care at ICRC-supported facilities and mobile health units run by the Pakistan Red Crescent and/or were referred to appropriate health facilities for specialized care.
- ICRC training and information sessions helped health professionals, including medical workers in the field, to learn about their rights and strengthen their ability to work in safety, in line with the Health Care in Danger initiative.
- The ICRC enabled military, police and civil-defence officials to familiarize themselves with IHL, and other pertinent norms and applicable standards, at regional and/or international events.
- The ICRC and other Movement components helped the Pakistan Red Crescent to reinforce its operational and organizational capacities and assist people in need, particularly including communities affected by severe floods.

EXPENDITURE IN KCHF	
Protection	1,367
Assistance	8,354
Prevention	2,740
Cooperation with National Societies	834
General	181
Total	**13,476**
Of which: Overheads	*822*
IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	16
Resident staff (daily workers not included)	241

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	72
RCMs distributed	155
Phone calls facilitated between family members	45
Tracing cases closed positively (subject located or fate established)	60
PEOPLE DEPRIVED OF THEIR FREEDOM	
Protection of family links	
RCMs collected	52
RCMs distributed	11

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Living conditions	People		68
Health			
Health centres supported	Structures	2	7
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		55
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	6	4
Physical rehabilitation			
Projects supported	Projects	24	21
Water and habitat			
Water and habitat activities	Beds (capacity)	2,493	2,795

CONTEXT

Military and police operations against armed groups continued in various parts of the country, particularly Balochistan and Khyber Pakhtunkhwa (hereafter KP). The evolving situation in Afghanistan (see *Afghanistan*) has contributed to a rise in tensions and sometimes, to armed confrontations along the border; it has also contributed to an increase in violence between military forces and armed groups in Balochistan and other areas in the country. Significantly fewer incidents along the Line of Control separating Pakistan-administered Kashmir, and Jammu and Kashmir in India have been reported since Pakistan and India signed a ceasefire agreement in 2021.

Clashes between armed groups and security forces, which also sometimes occurred along border areas, caused civilian casualties. Health services, including first aid and pre-hospital care, were not readily available in various parts of the country. Many hospitals struggled to cope with emergencies. Violence against health workers and facilities continued to be reported.

Severe and recurrent floods – exacerbated by the climate crisis – caused deaths and displacement among families. Members of these families, and thousands of others separated by migration or other circumstances, were seldom able to stay in touch. Many had no means of obtaining news of their missing relatives and there was no centralized system for assisting people to do so. Forensic capacities varied throughout the country and forensic activities were often uncoordinated; some forensic services providers were unequipped to manage or identify human remains.

As in past years, numerous migrants, including asylum seekers and refugees, passed through Pakistan on their way to Europe or the Middle East.

International humanitarian organizations continued to have little operational presence in Pakistan, owing to security concerns and various administrative obstacles and restrictions imposed by the government.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of violence-affected communities through humanitarian activities carried out in line with agreements – notably, its 1994 headquarters agreement – with the government of Pakistan. It worked closely with the Pakistan Red Crescent and other local partners, with a view to reaching more people in need, particularly those in communities affected by severe floods. The delegation continued to run a regional logistics hub in Peshawar to support ICRC operations in Pakistan, Afghanistan and elsewhere.

The ICRC maintained its efforts to make good-quality primary health care, emergency treatment and physical rehabilitation more readily available to people in Pakistan, especially in violence-affected communities. It continued to provide a primary-health-care facility in Pakistan-administered Kashmir with comprehensive assistance for treating diabetics. The ICRC extended its support to mobile health units run by the National Society to help communities affected by recent floods receive appropriate medical assistance. The ICRC also provided support for the emergency departments at four hospitals in KP. This included training for health professionals; donations of medical supplies and equipment; strengthening of measures to prevent and control infections; and improvements to infrastructure. By the end of the year, the ICRC had handed over responsibility to one of the hospitals in KP for running its emergency department. ICRC support helped ensure that the department would continue functioning as in the past. People with disabilities, including victims of mines and explosive remnants of war, obtained treatment at physical rehabilitation centres that continued to receive ICRC support, such as staff training and guidance in quality control. The ICRC maintained its efforts to ensure the long-term sustainability of the physical rehabilitation sector and advance the socio-economic inclusion of disabled people.

The National Society and other local actors drew on the ICRC's support – for example, training in working safely around mines and explosive remnants of war (ERW) – to deal with weapon contamination. They strove to mitigate the immediate threat of drifted or drifting mines/ERW created by recent floods.

As in past years, the National Society and the ICRC provided family-links services for people separated from their relatives by violence, detention, migration, floods or other circumstances. The ICRC kept up its efforts to develop local forensic capacities, for instance, by helping first responders hone their ability to manage human remains, especially during emergencies.

The ICRC engaged a broad range of influential actors in dialogue, to increase awareness of humanitarian issues, foster support and acceptance for its work, and promote IHL and other relevant norms. It held discussions and organized events with and for government officials, weapon bearers, members of civil society and other key parties. ICRC workshops enabled policymakers and military, police and civil-defence officials to familiarize themselves with pertinent norms and standards. Several senior military and police officials were sponsored to attend international events on IHL, international human rights law and other norms applicable to their operations. Together with local partners, the ICRC strove to ensure respect and protection for people seeking or providing health care. It worked with the authorities to bring pertinent guidelines in line with recently enacted laws protecting health services. It continued to carry out communication campaigns and information sessions among medical workers, communities and others to broaden their awareness of the protection due to health services.

The National Society continued to strengthen its operational capacities and pursue organizational development, with support from the ICRC and other Movement components.

CIVILIANS

People with diabetes obtain suitable care

The ICRC continued to provide comprehensive support to a primary-health-care centre in Muzaffarabad in Pakistan-administered Kashmir and sought to develop its activities towards improving health facilities' capacities in managing and treating diabetes more effectively. It worked closely with the

health ministry and The Diabetes Centre (TDC) in Islamabad in this regard and extended its partnership agreement with them until the end of the year. To help respond to the medical needs that arose from recent floods, six mobile health units run by the Pakistan Red Crescent were given technical and material support (e.g. medicine) by the ICRC to help make medical services more readily available to affected areas.

With the ICRC's support, more than 62,000 consultations were conducted, including for curative and antenatal care. Patients with diabetes were monitored either at the health centre mentioned above or during home visits from women community-based health workers attached to the facility. When necessary, patients were referred for specialized care at other ICRC-supported facilities, including for physical rehabilitation. In addition, based on assessed needs, the ICRC provided two referral health facilities with equipment to help ensure their provision of services for diabetic patients in need of a higher level of care. Information sessions conducted by health workers enabled 3,680 people to learn more about preventing and managing diabetes.

Local health staff working under the health ministry drew on the ICRC's technical support to improve their ability to diagnose and treat diabetes; and store and manage medical records and records of medical supplies.

The ICRC sought to expand its support for another primary-health-care facility in Muzaffarabad. It conducted assessments, in close coordination with the authorities, to determine which primary-health facilities needed additional support to provide treatment for diabetes; these assessments were still ongoing at the end of the year.

Local actors tackle weapon contamination

The ICRC sustained its support for local actors to address the issue of weapon contamination. ICRC-trained community focal points – teachers, religious leaders and journalists, and National Society staff – learnt to communicate crucial information on mines/ERW to their communities; key information was also shared through leaflets, and radio broadcasts and other events, produced by the ICRC or with its help. At-risk communities were also told about new risks to their safety, particularly from unexploded ordnance that had drifted because of severe floods. The ICRC continued to give the National Society support for developing its ability to document and respond to mine/ERW-related incidents safely (see also *Red Cross and Red Crescent Movement*). Victims of mines/ERW were referred for appropriate assistance, including physical rehabilitation (see *Wounded and sick*).

At awareness sessions organized by the ICRC, local officials, police and civil-defence personnel, health workers, journalists and others discussed how to work more closely together in responding to mine/ERW-related incidents. Personnel from the Provincial Disaster Management Authority of KP took part in a workshop – facilitated by an ICRC expert – to develop training courses in responding to mine/ERW-related incidents. With guidance from the ICRC, a local organization of first responders began to develop capacity-building initiatives, particularly in connection with working around hazardous materials.

Members of families separated by recent floods are helped to stay in touch

The National Society and the ICRC worked to sustain family-links services – in line with the Movement's data-protection standards – for people separated from their relatives by violence, detention, migration or other circumstances. They held information sessions in various areas, including among Afghan communities, to acquaint people with the Movement's family-links services; assessed the needs of people who had lost touch with their families; and/or discussed how to prevent loss of family contact during migration and other circumstances. With the help of the National Society, the ICRC also expanded its family-links services to help flood victims to stay in touch with their families: prepaid mobile-phone cards were distributed to people in need; and key messages on the availability of family-links services and on prevention of family separation were disseminated through radio and SMS campaigns in flood-prone areas. Several of these families were also helped to cope with their immediate situation with ICRC-donated relief items (e.g. kitchen items, blankets) and through wellness sessions conducted by ICRC-trained National Society staff.

The ICRC arranged phone or video calls between families in Pakistan and their relatives detained elsewhere, including at the US detention facility at the Guantanamo Bay Naval Station in Cuba; where possible, it also delivered family parcels to detainees. Following the release of a number of people held at the Parwan detention facility, the ICRC maintained contact with the families of people who continued to be held at the facility and were awaiting release. It sought information, from the pertinent authorities, in order to update the families of the status of their relatives. Based on observations during visits from the National Society, particularly at-risk women and children held at places of detention in Karachi were given soap, face masks and other items to help alleviate their situation.

In coordination with national child-welfare authorities, UNHCR, and others, the ICRC monitored the situation of unaccompanied minors seeking news of their families or waiting to be reunited with them in other countries.

The ICRC continued to give the National Society training and technical support to develop its capacities in restoring family links (see also *Red Cross and Red Crescent Movement*).

Medico-legal services become more capable of managing human remains

The ICRC continued to provide the authorities with support to develop forensic capacities in Pakistan. During their meetings with the ICRC, the authorities – and military personnel and others involved in disaster response – familiarized themselves with managing human remains, including bodies/remains recovered during recent floods, in accordance with best practices and internationally accepted standards for data protection; they also learnt how to adapt existing guidelines and protocols to this end.

With a view to strengthening medico-legal protocols and streamlining forensic procedures in the country, the ICRC organized and/or provided support for several courses in

this regard. Medico-legal officers and technicians, and police officers, first responders and others attended courses and workshops to learn about the proper management of human remains and how to define the roles of different government bodies in forensic procedures. At ICRC information sessions, emergency response personnel learnt how to manage the remains of people who had drowned to death. In addition, officials and medico-legal professionals from Pakistan and elsewhere participated in an international course held in the country, supported by the ICRC, on the management of human remains during disasters.

The ICRC renovated a morgue at a health-care facility in Bajaur (see also *Wounded and sick*). It also donated trolleys and forensic equipment to a morgue in Jamrud that had recently resumed operations to help reinforce the morgue's capacities. It made additional donations of personal protective equipment (PPE) and body bags to emergency services in the province of Punjab, in support of their efforts to recover the remains of people who died in the floods.

WOUNDED AND SICK

First responders develop their ability to provide emergency medical care

In Balochistan, KP, Punjab, Sindh and Pakistan-administered Kashmir, the Pakistan Red Crescent and/or the ICRC trained some 48,900 community members – including law enforcement officers, civil-defence personnel, ambulance providers, journalists and students – in basic first aid, and 448 National Society staff members in advanced first aid. With the ICRC's support, permanent first-aid posts run by the National Society in various parts of Pakistan were able to treat hundreds of patients and, when necessary, refer them for further care and/or transport them to other health facilities.

The ICRC continued to provide the emergency departments at three hospitals in KP with comprehensive support to expand their operational capacities. This support included training for health professionals in managing mass-casualty incidents, basic emergency care and trauma care, including train-the-trainer courses in all these areas; donations of medical equipment and medicine, PPE and other medical supplies; and guidance in waste management, maintaining medical equipment, and strengthening measures for preventing and controlling infections. Owing to access and security constraints, fewer hospitals were supported than planned.

The support mentioned above also continued to be given to the Lady Reading Hospital, to help reinforce the hospital's efforts towards self-sufficiency. As part of the results of the ICRC's assistance, an ICRC-trained medical instructor independently conducted the hospital's staff training in areas like those mentioned above, in the last quarter of the year. This was in line with a formal agreement between the ICRC and the hospital, under which the ICRC would hand over responsibility for running the emergency department to the hospital; the handover was completed by the end of the year.

The ICRC made improvements at all four hospitals mentioned above (3,166 beds in all) for instance, to waiting rooms, training halls for medical students, waste-disposal areas and a morgue. It donated supplies and equipment, when necessary, for ensuring proper management and disposal of waste at these facilities. It also provided technicians with training and the supplies necessary for maintaining hospital equipment and infrastructure.

People with disabilities receive rehabilitative care

At 18 physical rehabilitation centres receiving support regularly from the ICRC, roughly 25,100 disabled people,[1] including victims of mines/ERW, obtained physical rehabilitation and/or assistive devices. ICRC support for the centres took various forms: financial and material assistance, mentoring and training for staff, and guidance in implementing quality-control mechanisms. Those who received rehabilitative care included some 5,400 people with clubfoot, including children. Whenever necessary, the ICRC covered treatment-related expenses – for transport, accommodation and food – for them. Information sessions at the centres enabled parents of children with clubfoot to learn more about managing their child's condition. Owing to findings from its assessments and the impact of resource constraints on certain facilities, the ICRC shifted its focus to help those serving communities that were more in need of physical rehabilitation, supporting fewer facilities than planned.

The ICRC strove to ensure the long-term sustainability of the country's physical rehabilitation sector. It sponsored students to complete their studies in prosthetics or spinal orthotics at a local university or in other countries, and helped medical professionals to attend a conference on clubfoot held in Africa. It also maintained its comprehensive support for Rehab Initiative, a government-registered private entity. Rehab Initiative distributed components and raw materials, for making prostheses and orthoses, to partner organizations; improved its order-management system; and briefed various stakeholders, including medical professionals, on its activities and on the issues faced by disabled people in Pakistan. With the ICRC's support, Rehab Initiative worked with local manufacturers and suppliers of materials for assistive devices, with a view to establishing a reliable supply chain for rehabilitation centres and ensuring that the materials and their design were up to date and of good quality.

The ICRC continued to advocate the socio-economic inclusion of people with disabilities among the authorities and organizations concerned. In partnership with two local organizations, it helped 50 disabled adults obtain vocational training; it also gave some of them supplies and tools (e.g. materials for tailoring). Hundreds of disabled people were able to participate in various sporting activities (e.g. disability cricket, wheelchair basketball). The ICRC also provided support for the two organizations mentioned above, and others, to carry out activities to mark the International Day of Persons with Disabilities.

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

ACTORS OF INFLUENCE

Authorities and weapon bearers familiarize themselves with pertinent norms and standards

The ICRC kept up its engagement with the authorities and weapon bearers, through meetings and themed events, to alert them to issues of humanitarian concern, foster acceptance and support for its work, and promote IHL and other relevant norms. Workshops and conferences organized or supported by the ICRC enabled policymakers and officials from different government bodies to strengthen their grasp of IHL, notably in connection with sexual and gender-based violence and protection of the environment.

Mid-level and senior military, police and civil-defence officials advanced their understanding of IHL and other pertinent bodies of international law through workshops, orientation sessions and training from the ICRC. Selected senior military officers were also supported by the ICRC to attend international events on norms pertinent to their operations, for instance, a military course in IHL at Sanremo and a workshop in Switzerland on rules governing military operations (see *Headquarters – Protection and Essential Services*). Military legal advisers were given copies of ICRC publications on IHL and urban warfare.

Police personnel – including police academy instructors and senior officers – added to their knowledge of IHL, human rights law and international standards for law enforcement through training courses conducted by the ICRC or through similar courses outside Pakistan that they attended with the ICRC's support.

Health workers learn of their rights to provide medical services in safety

The ICRC maintained its efforts to promote the goals of the Health Care in Danger initiative. Laws were enacted for safeguarding health-care services – first in KP, and more recently, in Sindh. In KP, the provincial health department and the ICRC continued to develop mechanisms for its implementation and carried out an awareness-raising campaign to foster compliance with it.

The ICRC continued, with local partners, to organize training, courses, and themed events for health professionals on topics in line with the Health Care in Danger initiative: for example, on medical ethics and field safety; on de-escalating violence in health settings; and briefings, at which Pakistani health professionals shared their experiences and best practices while working in the field. The ICRC conducted simulation drills to test and further refine a digital tool – developed with the help of a local university in 2021 – to assess urban capacities in emergency response to mass-casualty situations.

The ICRC encouraged journalists to cover subjects of humanitarian relevance – for instance, the necessity of protecting health services, the basic principles of IHL, and the ICRC's response to humanitarian needs in Pakistan – at workshops, during which the ICRC also provided first-aid training sometimes (see *Wounded and sick*). Violence-affected people learnt more about the humanitarian services available to them and ways to ensure their welfare through their interaction with the ICRC and from radio spots, social-media posts and other means of public communication produced by the ICRC, sometimes in conjunction with the Pakistan Red Crescent (see *Civilians*).

With technical support from the ICRC, the National Society continued to strengthen its capacities in public communication and develop a comprehensive strategy for making improvements in several areas, particularly fundraising.

Academic and religious circles develop expertise in IHL

University teachers and students strengthened their grasp of IHL at ICRC courses and workshops. ICRC support enabled students to test their knowledge of IHL at regional and international moot court competitions.

At conferences, courses and other events organized with the ICRC's support, religious leaders and scholars – some of them from other countries – discussed the points of correspondence between Islamic law and IHL. Several universities began to incorporate the subject in their curricula; the ICRC continued to make its expertise available to them and donated academic texts and other reference materials on IHL. It also organized a national essay contest in which participants wrote, from an Islamic perspective, about protecting the natural environment during armed conflict and other situations of violence.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC strengthened its partnership with the Pakistan Red Crescent. The National Society was given comprehensive support to enhance its capacities in emergency preparedness and response, first aid, restoration of family links, mine-risk education, management of human remains, and public communication (see above).

The National Society continued to pursue organizational development with technical and financial support from the ICRC and other Movement components. It kept up its efforts to incorporate the Safer Access Framework in its policies and standard procedures. It reinforced volunteer management at key branches, including newly established ones, and worked to strengthen its operational capacities, particularly in responding to emergencies such as the recent floods.

Movement components operating in Pakistan met regularly to coordinate their activities and explore possibilities for cooperation.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	72			
RCMs distributed	155			
Phone calls facilitated between family members	45			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	106	11	11	31
Tracing cases closed positively (subject located or fate established)	60			
Tracing cases still being handled at the end of the reporting period (people)	295	36	33	54
including people for whom tracing requests were registered by another delegation	8			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered by the ICRC/National Society	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	10	2		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	52			
RCMs distributed	11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	People	68	31	37
Water and habitat				
Water and habitat activities	People	1		
Primary health care				
Health centres supported	Structures	7		
of which health centres supported regularly		7		
Average catchment population		84,697		
Services at health centres supported regularly				
Consultations		62,784		
of which curative		61,215	16,495	28,398
of which antenatal		1,569		
Vaccines provided	Doses	8,810		
of which polio vaccines for children under 5 years of age		2,399		
Referrals to a second level of care	Patients	813		
of whom gynaecological/obstetric cases		157		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	55	25	30
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
including hospitals reinforced with or monitored by ICRC staff		4		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		1,003,352		
First aid				
First-aid training				
Sessions		1,467		
Participants (aggregated monthly data)		32,585		
Water and habitat				
Water and habitat activities	Beds (capacity)	2,795		
Physical rehabilitation				
Projects supported		21		
of which physical rehabilitation centres supported regularly		17		
People who benefited from ICRC-supported projects	Aggregated monthly data	25,100		
of whom service users at physical rehabilitation centres (PRCs)		25,100	3,309	15,491
of whom victims of mines or explosive remnants of war		339		
of whom weapon-wounded		529		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	2,374		
Orthoses delivered	Units	9,627		
Physiotherapy sessions		23,094		
Walking aids delivered	Units	965		
Wheelchairs or postural support devices delivered	Units	533		

PHILIPPINES

In the Philippines, where the ICRC has had a permanent presence since 1982, the delegation works to protect and assist civilians displaced or otherwise affected by armed conflict and other situations of violence. It reminds all parties concerned of their obligations under IHL or other relevant norms. It visits people deprived of their freedom, particularly security detainees, and helps the authorities improve conditions in prisons through direct interventions and support for prison reform. With the Philippine Red Cross, it assists displaced people and vulnerable communities and promotes compliance with IHL.

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

KEY RESULTS/CONSTRAINTS IN 2022

- People displaced by armed conflict in Mindanao, including missing people's relatives, received food parcels and household items. They worked towards self-sufficiency with the help of ICRC cash aid and cash-for-work projects.
- IDPs and residents of conflict-affected urban areas had clean water and more sanitary surroundings after the ICRC made improvements to water and sanitation systems, shelters and other essential infrastructure.
- Detaining authorities worked to address chronic issues in prisons with comprehensive support from the ICRC, including upgrades to essential facilities, and technical and material support to tackle lengthy pre-trial detention.
- Hospitals and health facilities in Mindanao developed their capacities in treating IDPs and other violence-affected people, including victims/survivors of sexual violence, with material and infrastructural support from the ICRC.
- In March, lawmakers ratified the Arms Trade Treaty, for which the ICRC provided technical input.
- The ICRC's implementation of some infrastructural work at a physical rehabilitation centre, workshops and other planned support for improving prison conditions were cancelled owing to administrative challenges.

EXPENDITURE IN KCHF	
Protection	6,071
Assistance	12,460
Prevention	2,897
Cooperation with National Societies	2,221
General	211
Total	**23,860**
Of which: Overheads	*1,456*
IMPLEMENTATION RATE	
Expenditure/yearly budget	97%
PERSONNEL	
Mobile staff	43
Resident staff (daily workers not included)	251

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	42
RCMs distributed	142
Phone calls facilitated between family members	703,893
Tracing cases closed positively (subject located or fate established)	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	85
Detainees in places of detention visited	80,558
of whom visited and monitored individually	441
Visits carried out	114
Protection of family links	
RCMs collected	141
RCMs distributed	40
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	25,000	12,794
Food production	People	5,000	1,908
Income support	People	12,500	2,520
Living conditions	People	10,000	1,619
Water and habitat			
Water and habitat activities	People	45,000	33,296
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	People	5,500	20,793
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	30	15
Physical rehabilitation			
Projects supported	Projects	2	1
Water and habitat			
Water and habitat activities	Beds (capacity)	437	435

CONTEXT

In Mindanao, the southernmost region of the country, the Armed Forces of the Philippines (AFP) continued to battle the Bangsamoro Islamic Freedom Fighters, the Abu Sayyaf Group and other smaller Moro armed groups, particularly in the Bangsamoro Autonomous Region in Muslim Mindanao, which was created as part of a peace agreement. Clashes among different Moro armed groups, and among feuding clans, were also reported.

Armed encounters between the AFP and the New People's Army continued to take place in parts of Mindanao and in remote areas of the Luzon and Visayas regions.

The fighting caused casualties, displaced people, damaged or destroyed civilian property and disrupted livelihoods; the COVID-19 pandemic added to the difficulties of violence-affected people.

Thousands of people displaced during the 2017 conflict in Marawi remained in temporary shelters: their poor living conditions were characterized by inadequate water and sanitation facilities. They were vulnerable to sexual abuse and other forms of violence. Missing-persons cases linked to the conflict remained unresolved; their families often did not have the means to meet their psychosocial, financial and other needs. Many IDPs were without identity papers and other documents necessary to obtain government assistance.

Detention facilities were severely overcrowded – partly because of bottlenecks in judicial processes – and were unable to provide adequate health services.

Disputes over territorial claims in the South China Sea remained unresolved.

ICRC ACTION AND RESULTS

The ICRC, in partnership with the Philippine Red Cross, delivered a multidisciplinary response to the humanitarian needs arising from armed conflict and other situations of violence, the pandemic and other emergencies. It reminded authorities and weapon bearers of their obligation under IHL to protect civilians and civilian property, and to facilitate safe access to education, health care and other essential services. The ICRC pursued various efforts to broaden awareness of IHL and support for it – and for its own neutral, impartial and independent humanitarian work – among local and national authorities, government forces and other weapon bearers, religious and community leaders, and academics and other members of civil society. It provided lawmakers with expert advice for ratifying IHL treaties, including the Arms Trade Treaty, which the Philippines ratified in March.

Conflict-affected people covered their basic needs and worked towards self-sufficiency with the ICRC's help. They received food, essential household items or cash. IDPs, missing people's families and people with disabilities pursued livelihoods or covered their living expenses with the help of ICRC cash grants or cash-for-work projects. ICRC projects improved water systems, sanitation facilities and shelters for IDPs and residents in Mindanao.

The ICRC continued to promote the goals of the Health Care in Danger initiative among authorities, weapon bearers and civil-society groups. Hospitals and health centres in Mindanao sustained their services for wounded and sick people with material, technical and infrastructural support from the ICRC. Health care became more accessible in a remote community in Mindanao following the ICRC's construction of a health clinic. People with disabilities obtained rehabilitative care at the ICRC-supported Davao Jubilee Foundation (DJF). Victims of violence, missing people's families and physically disabled people received mental-health and psychosocial support from ICRC-trained counsellors.

The ICRC visited, in accordance with its standard procedures, detainees at facilities under various authorities. It discussed its findings confidentially with detaining authorities and continued to help them address chronic issues, such as overcrowding, through systemic reforms. It assisted their efforts to reduce the length of pre-trial detention and improve health services for detainees. Improvements to essential infrastructure in prisons, including upgrades to water systems and the refurbishment of a temporary hospital and other health facilities, benefited more detainees than initially planned. Detainees were treated for various diseases (e.g. TB, scabies, COVID-19) at ICRC-supported clinics. The ICRC introduced a tool for storing and monitoring detainees' medical records, in order to prevent or control disease outbreaks, at more places of detention and health facilities throughout the country.

Members of families separated by conflict, migration, detention or other circumstances reconnected through the Movement's family-links services. Detention facilities were given tablet computers, SIM cards and phone credit, for detainees to contact their families. Forensic professionals and forensic institutions improved their management of dead bodies and human remains with training, and technical and material support, from the ICRC.

The National Society and the ICRC continued to respond jointly to humanitarian emergencies in the country. Financial, logistical and other support from the ICRC enabled the National Society to expand its relief operations and carry out vaccination campaigns against COVID-19. Notably, the ICRC donated a bus and utility trucks to facilitate vaccinations at places of detention and in hard-to-reach communities.

Because of administrative constraints, planned activities at the DJF, for detaining authorities, and in conflict-affected communities, had to be delayed or cancelled; some of the resources were reallocated to bolster the capacities of hospitals in Mindanao.

CIVILIANS

The ICRC opened a sub-delegation in the city of Butuan in northern Mindanao to increase its proximity to conflict-affected communities and respond more effectively to their needs. It reminded authorities, military and police personnel, and armed groups – through dialogue and written representations – of their obligation under IHL to protect civilians and civilian property and facilitate safe access to education, health care and other essential services. Government forces personnel

attended ICRC workshops and other events to learn more about international standards for law enforcement and pertinent international law.

The ICRC drew the authorities' attention to the educational needs of children in violence-affected communities and urged them to make repairs at damaged school buildings. One-off cash grants enabled 181 children from missing people's families to continue their studies.

Planned workshops to help violence-affected communities devise positive coping mechanisms were put on hold to fine-tune their design according to the communities' specific needs.

Vulnerable people obtain humanitarian aid and essential services

The National Society and the ICRC carried out emergency distributions of food and household essentials to IDPs, people with disabilities, missing people's families and other conflict-affected people, particularly those not reached by other organizations or the government. A total of 12,794 people (2,726 households) received food parcels or cash for buying food, and 1,619 people (313 households) received hygiene kits and other essential household items. Fewer people than planned were provided with food parcels and hygiene kits, partly because of security-related constraints and because no major emergency necessitated this type of response.

The ICRC, working with agriculture authorities, gave 1,908 students and IDPs seed, tools and training in organic farming, so they can grow vegetables. Income-support projects helped conflict-affected people work towards becoming more self-sufficient. Some 2,520 people – IDPs, missing people's families and people with physical disabilities – started small businesses with ICRC cash grants, or participated in cash-for-work projects to construct latrines and repair shelters. Access-related and other constraints hampered the implementation of other income-support activities.

Around 28,000 IDPs and residents had access to potable water from the Marawi City Water District (MCWD) after the ICRC completed the restoration of its pipeline; the ICRC also provided the MCWD with technical guidance and quarterly supplies of chlorine, fuel, and materials for repairs. An additional 5,000 people in conflict-affected communities benefited from renovations to water and sanitation systems and donations of materials for repairing shelters. Health care became more accessible in a remote community in northern Mindanao following the ICRC's construction of a health clinic.

The National Society, with comprehensive support from the ICRC, trucked in water and held hygiene-promotion sessions for IDP communities. Some cash-for-work projects for IDPs were postponed while the authorities assessed the situation at Marawi's transitional shelters.

Members of dispersed families reconnect and local forensic capacities are strengthened

Members of families dispersed by violence, detention, migration or other circumstances reconnected through family-links services provided by the National Society and the ICRC. The ICRC gave the National Society material aid, training and other support to bolster its family-links services.

The ICRC advocated, among authorities and weapon bearers, the necessity of ascertaining the fate of missing people and preventing disappearances. It helped people search for missing relatives; five tracing cases were resolved. Missing people's families received mental-health and psychosocial support through an accompaniment programme run by the ICRC (see *Wounded and sick*). They commemorated their missing relatives at ICRC-supported events. The ICRC submitted its technical recommendations to the authorities for implementing a domestic law on assisting families affected by the past conflict in Marawi. It urged authorities to issue the documents necessary for conflict-affected families to obtain government assistance and basic services.

The Philippine National Police (PNP) and other pertinent authorities were given material support and expert advice for managing and identifying human remains. AFP and PNP staff were sponsored to attend courses, in other countries, in DNA analysis and best practices in forensics. The PNP's forensic unit received office supplies and training in collecting ante-mortem data; aided by the ICRC, they gathered biological reference samples from relatives of people missing in connection with the Marawi conflict. Missing people's families received informational materials from the ICRC on how missing-persons cases were resolved. The ICRC told the relevant authorities of its plan to exhume, and later identify, human remains from two burial sites in Marawi; a building at one cemetery was renovated to support forensic work.

The ICRC donated body bags and other supplies to weapon bearers, forensic professionals, firefighters and other first responders. Personal protective equipment (PPE) was donated to a religious organization to facilitate safe and dignified management of the dead, including the bodies of people who had died of COVID-19.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 85 places of detention under various authorities. It monitored 441 detainees – security detainees, minors and foreigners – individually. Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

Some 40 detainees at the New Bilibid Prison (NBP), the largest detention facility in the country, received family visits arranged by the ICRC. The ICRC donated laptops to facilitate video calls and online judicial hearings at the NBP. It continued to donate tablet computers, SIM cards and phone credit, to other prisons nationwide to facilitate phone or video calls between detainees and their relatives; an estimated 700,000 calls were made by families to their detained relatives. The ICRC gave 30 newly released detainees financial assistance for returning home.

The ICRC discussed overcrowding and other structural issues in the prison system, and possibilities for cooperation in addressing them, with executive and judicial authorities, international organizations and others. It helped the Bureau of Jail

Management and Penology (BJMP) implement a competency-based recruitment policy that it helped to draft.

The ICRC provided the detaining authorities with various support to address the root causes of overcrowding in prisons. It urged them to seek alternatives to detention. It participated in task forces set up by judicial officials to address lengthy pre-trial detention and facilitated coordination among relevant actors. The Bureau of Corrections and the BJMP learnt more about best practices in managing prisons and upholding judicial guarantees from ICRC workshops and ICRC-sponsored events in other countries. Tablet computers donated by the ICRC were used by the detainees for consultations with lawyers and at online judicial hearings. The ICRC made representations to the authorities to expedite the cases of detainees in prolonged pre-trial detention. It provided technical expertise to strengthen capacities among BJMP paralegals. Some 100,000 cases were closed, and the detainees concerned were acquitted, transferred, or recommended for bail or parole.

Detainees have better living conditions and broader access to health care

The ICRC helped detaining authorities to prevent and control the spread of diseases in detention facilities. It urged the pertinent authorities to vaccinate detainees against COVID-19. The NBP and several detention facilities received medical and disinfection supplies from the ICRC to assist their pandemic response, including vaccination campaigns. Around 97% of BJMP detainees have been fully vaccinated, while thousands more benefited from vaccination campaigns at the NBP and other prisons.

To prevent or manage future disease outbreaks, the ICRC continued to introduce a tool for storing and monitoring detainees' medical records at 463 BJMP jails and 17 health facilities that provide medical services for detainees. It provided technical guidance, equipment and other support for BJMP staff to use the tool.

The ICRC donated equipment to health facilities at 20 places of detention for conducting routine medical examinations, and trained health staff in treating and preventing common diseases and making referrals for advanced or specialized care. It provided medical supplies and expert guidance for authorities at detaining facilities that had reported an increase in cases of diarrhoea, cholera and malnutrition. Aided by the ICRC, detaining and health authorities carried out mass screening for TB and scabies, and treated infected detainees at the NBP and other detention facilities. Detainees learnt more about managing common illnesses in prisons from ICRC training; a total of 144 detainees were given financial assistance to cover medical bills.

Some 14,600 detainees had better living conditions and broader access to health care after the ICRC made improvements to the NBP's sanitation system and helped construct a provisional hospital in the NBP; these infrastructural works benefitted more detainees than planned. In addition, approximately 6,100 detainees benefitted from ICRC upgrades to basic facilities at six BJMP jails. The ICRC also helped construct and equip a TB laboratory in a hospital that provides medical services for BJMP detainees, to improve TB testing for them. BJMP engineers learnt more about construction management from ICRC training sessions.

The ICRC discussed possibilities for improving health care in detention with the BJMP, the Bureau of Corrections and health authorities. At one BJMP jail, the detaining authorities and the ICRC set up a health facility to provide timely medical care to detainees; lessons learnt from this project will contribute to the government's efforts to incorporate primary-health-care services in prisons. The BJMP drafted a bill to establish health facilities in prisons, with the ICRC's technical input.

Health experts and senior staff at the BJMP and the Bureau of Corrections learnt more about managing diseases in prisons at ICRC-sponsored events in other countries.

A workshop on health-care provision in prisons, and other planned support for the Bureau of Corrections, could not be held during the year owing to challenges in establishing the necessary agreements following administrative changes. Staffing constraints prevented the completion of some ICRC infrastructural projects for the BJMP.

WOUNDED AND SICK

The ICRC documented instances of the obstruction of health services, and brought them to the attention of the pertinent authorities. It conducted workshops or briefings for authorities, weapon bearers, civil-society groups and National Society staff on the goals of the Health Care in Danger initiative.

Local hospitals are given support to treat wounded and sick people

The ICRC endeavoured to expand the pool of trained first responders in Mindanao: around 500 weapon bearers, community volunteers and health workers were trained in first aid and provided with the necessary medical supplies; health workers and others attended training in life-saving care.

Ten main referral hospitals in Mindanao received quarterly donations of medical supplies, PPE and/or equipment from the ICRC, which helped ensure prompt medical care for wounded and sick people. Five additional hospitals, and several health posts, received ad hoc donations of medical supplies and financial support for their COVID-19 response. Five National Society blood banks were given laboratory equipment and generators to bolster their blood-transfusion services.

Local authorities and the National Society received various kinds of support from the ICRC for their vaccination campaigns; notably, the ICRC donated vehicles to the National Society for carrying out vaccinations for detainees and people in hard-to-reach areas. During outbreaks of infectious diseases (e.g. cholera), or of tropical diseases, the ICRC provided the communities affected with medical supplies and equipment, in coordination with local authorities and health facilities.

The ICRC undertook various infrastructural projects at eleven of the hospitals mentioned above (total capacity: 435 beds): improvements to critical facilities at five hospitals; donations of tents and plastic pallets for three hospitals to expand their

capacity to test and treat people for COVID-19; renovations to consultation rooms for victims/survivors of sexual violence at two hospitals; and material support (e.g. a generator) to help one hospital continue to function after a typhoon.

As part of an accompaniment programme, missing people's families received comprehensive support through a network of ICRC-trained accompaniers who helped them meet their various needs. ICRC-trained counsellors provided mental-health and psychosocial support for victims of violence, including victims/survivors of sexual violence; people with disabilities; and missing people's families. The ICRC donated office equipment, post-rape kits and other supplies to five Women and Child Protection Units at the hospitals mentioned above; health staff were referred to a training hospital for courses in medical treatment of victims/survivors of sexual violence.

Psychological support sessions for health and social workers were discontinued since further assessments showed that there was no longer any need for them; however, the ICRC continued to monitor the situation in case support became necessary in the future.

People with disabilities obtain rehabilitative care and other assistance

The ICRC continued to raise public awareness of the needs of people with disabilities; it urged service providers and pertinent authorities to develop a national strategy for physical rehabilitation.

A total of 347 people[1] with disabilities obtained rehabilitative care at the DJF, which received comprehensive support from the ICRC. The ICRC covered treatment costs for DJF patients and the expenses incurred by their carers, including for COVID-19 tests; some DJF patients were given cash grants to start businesses (see *Civilians*).

The ICRC made its expertise available to the DJF to ensure its functioning in the long term. Plans to construct a dormitory at the DJF, and organize events for people with disabilities, had to be cancelled because of administrative difficulties; the resources were reallocated to infrastructural projects at hospitals.

ACTORS OF INFLUENCE

The ICRC explained its neutral, impartial and independent humanitarian activities to the authorities, weapon bearers, and religious and community leaders. This helped ensure its ability to work safely in conflict-affected areas.

The ICRC worked with the National Society, academic institutions and others to promote IHL and principled humanitarian action through various events. Religious leaders and other influential figures learnt more about the ICRC's mandate and the points of correspondence between IHL and Islamic law at ICRC seminars and during guest lectures. At an ICRC webinar, about 70 representatives from 24 countries met to discuss cyber warfare and other contemporary IHL-related issues.

The ICRC's public communication (e.g. exhibits, news releases, social-media posts) broadened awareness of the humanitarian needs created by armed violence, and towards gathering support for its response. Media professionals drew on ICRC materials to cover such issues as the consequences of urban warfare, the psychosocial needs of conflict-affected people and humanitarian concerns in prisons. The ICRC publicized the hotline of its community contact centre, which was established in 2021, to extend the centre's reach; selected cases were followed up and processed, to help adapt the ICRC's humanitarian response, whenever feasible.

Lawmakers and weapon bearers work on IHL integration

The ICRC gave the authorities technical support for ratifying and/or implementing IHL and IHL-related treaties. The government ratified the Arms Trade Treaty in March; the ICRC provided technical input to the senate committee that endorsed its ratification. Protocol V of the Convention on Certain Conventional Weapons (CCW) and the amendments to Article 1 of the CCW were also ratified by the government in 2022.

Some 40 senior police officers from 14 countries participated in a regional workshop organized by the ICRC with the PNP's support; the event tackled the risks associated with the early stages of detention. The AFP and the PNP drew on the ICRC's expertise as they worked to integrate IHL in their doctrine, training and operations.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross continued to be the ICRC's primary partner in responding to the needs of people affected by armed conflict and other violence. Joint activities were carried out in such areas as economic security, family-links services, IHL promotion, and water and sanitation. The ICRC gave the National Society the support necessary to ensure that its branches in Visayas and Mindanao could deliver humanitarian aid safely and effectively, in line with the Safer Access Framework.

The National Society received various kinds of support from the ICRC and other Movement partners for its pandemic response and relief operations. The ICRC provided financial and other assistance for the National Society's vaccination campaigns, particularly for campaigns in hard-to-reach communities and at places of detention.

To maximize the impact of the Movement's response, the ICRC coordinated its activities with those of the International Federation and other Movement components. The ICRC also kept its Movement partners abreast of developments in the security situation.

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	42			
RCMs distributed	142			
Phone calls facilitated between family members	703,893			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	25	5	2	2
Tracing cases closed positively (subject located or fate established)	5			
Tracing cases still being handled at the end of the reporting period (people)	315	25	23	36
including people for whom tracing requests were registered by another delegation	1			
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	85			
Detainees in places of detention visited	80,558	6,166	23	
Visits carried out	114			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	441	56		9
of whom newly registered	101	11		1
RCMs and other means of family contact				
RCMs collected	141			
RCMs distributed	40			
Phone calls made to families to inform them of the whereabouts of a detained relative	3			
Detainees visited by their relatives with ICRC/National Society support	43			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	12,794	3,814	5,062
of whom IDPs		1,079	326	430
Food production	People	1,908	441	1,024
of whom IDPs		1,402	426	549
Income support	People	2,520	429	658
of whom IDPs		668	74	92
Living conditions	People	1,619	454	527
of whom IDPs		1,100	331	438
Water and habitat				
Water and habitat activities	People	33,296	12,367	10,696
of whom IDPs		15,378	5,690	4,921
Mental health and psychosocial support				
People who received mental-health support		462		
People who attended information sessions on mental health		313		
People trained in mental-health care and psychosocial support		171		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	180	19	
Water and habitat				
Water and habitat activities	People	20,793	1,871	
Health care in detention				
Places of detention visited by health staff	Structures	20		
Health facilities supported in places of detention visited by health staff	Structures	18		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	15		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		22,172		
Weapon-wound admissions (surgical and non-surgical admissions)		705	46	30
Weapon-wound surgeries performed		701		
Patients whose hospital treatment was paid for by the ICRC		*		
First aid				
First-aid training				
Sessions		22		
Participants (aggregated monthly data)		494		
Water and habitat				
Water and habitat activities	Beds (capacity)	435		
Physical rehabilitation				
Projects supported		1		
of which physical rehabilitation centres supported regularly		1		
People who benefited from ICRC-supported projects	Aggregated monthly data	347		
of whom service users at physical rehabilitation centres (PRCs)		347	77	75
of whom victims of mines or explosive remnants of war		25		
of whom weapon-wounded		39		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	221		
Orthoses delivered	Units	46		
Physiotherapy sessions		1,210		
Walking aids delivered	Units	233		
Wheelchairs or postural support devices delivered	Units	7		
Mental health and psychosocial support				
People who received mental-health support		135		
People who attended information sessions on mental health		202		

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

SRI LANKA

The ICRC has worked in Sri Lanka since 1989. Its operations focus on: helping clarify the fate of missing persons and supporting their families; visiting detainees and aiding the authorities in improving prison management; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also promotes adherence to IHL and humanitarian principles.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Missing people's families dealing with ambiguous loss obtained psychosocial support from the ICRC. They also added to their income with cash assistance and livelihood-support activities provided by the ICRC.
- Households severely affected by the economic crisis were given cash and cash vouchers for buying food and other essentials, under an initiative implemented by the Sri Lanka Red Cross Society, with the ICRC's support.
- Forensic professionals and institutions strengthened their capacity to manage human remains safely and properly; the ICRC provided them with technical guidance, personal protective equipment (PPE), body bags and other supplies.
- The authorities worked to improve detainees' living conditions and prison health services. The ICRC supported their efforts by providing technical guidance, donating hygiene kits and other items and renovating infrastructure.
- Military and police personnel familiarized themselves with norms pertinent to their duties at ICRC training sessions, workshops and briefings on IHL and international policing standards.

EXPENDITURE IN KCHF	
Protection	2,609
Assistance	3,855
Prevention	1,195
Cooperation with National Societies	477
General	93
Total	**8,229**
Of which: Overheads	*502*
IMPLEMENTATION RATE	
Expenditure/yearly budget	97%
PERSONNEL	
Mobile staff	18
Resident staff (daily workers not included)	117

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	1
RCMs distributed	6
Phone calls facilitated between family members	84
Tracing cases closed positively (subject located or fate established)	13
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	35
Detainees in places of detention visited	19,230
of whom visited and monitored individually	496
Visits carried out	64
Protection of family links	
RCMs collected	77
RCMs distributed	61

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	People	10,300	51,540
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		25,267
Water and habitat			
Water and habitat activities	People	4,000	23,278

CONTEXT

Sri Lanka dealt with an unprecedented economic crisis characterized by high rates of inflation, frequent power cuts and severe shortages of food, medicine, fuel and other basic goods. Many Sri Lankans struggled with loss of income and livelihoods, and were unable to cover their immediate needs.

Economic and political tensions gave rise to protests, which led to the resignation, and replacement, of the president and the prime minister. There were reports of injuries and deaths during the unrest. Law enforcement operations led to hundreds of arrests.

Families of people who went missing during the past armed conflict continued to wait for news of their loved ones, which caused them great emotional distress. Some of them struggled to earn a living and to meet their basic needs and had difficulty navigating legal and administrative procedures to secure government benefits.

Sri Lankan authorities gave renewed attention to reconciliation processes in relation to the past armed conflict, despite withdrawing their sponsorship of a 2015 UN Human Rights Council resolution in 2020. The Office for Reparations, the Office on Missing Persons and the Office for National Unity and Reconciliation – which were set up to fulfill the commitments made in that resolution – remained open.

ICRC ACTION AND RESULTS

The ICRC continued to engage the authorities in dialogue on the plight of people affected by the past conflict in Sri Lanka. It impressed upon them the urgency of ascertaining the fate and whereabouts of missing people and addressing the needs of their families. While the ICRC's engagement with the Office on Missing Persons remained limited, it continued to make its recommendations available to them to help them fulfill their mandate of clarifying the fate of missing persons.

Missing peoples' families continued to benefit from an ICRC accompaniment programme designed to give them comprehensive assistance to help them cope with their psychosocial, economic and other needs. Families obtained psychosocial support from ICRC-trained local partners. The ICRC – at times through livelihood-support programmes developed with community-based organizations – provided families with financial and/or material support, and skills training or cash-for-work projects, to help them resume or begin income-generating activities and become more self-sufficient. When necessary, they were referred to other organizations for other kinds of support.

Other vulnerable households most affected by the economic crisis received emergency relief through a programme implemented by the Sri Lanka Red Cross Society, with support from the ICRC. Cash and cash vouchers enabled them to buy food and other necessities.

Forensic professionals and institutions were given technical support by the ICRC to help strengthen medico-legal services. For instance, the ICRC helped them develop a manual setting out and explaining national standards for forensic anthropology and organized workshops for them. They also received material support from the National Society and the ICRC, which helped them ensure safe and respectful management of human remains.

The ICRC visited, in accordance with its standard procedures, detainees at 35 places of detention. It communicated its findings and recommendations confidentially to the authorities and supported the efforts of penitentiary and other authorities to improve health services in prisons and the overall conditions in places of detention. The ICRC made improvements to prison facilities and provided material support, which helped improve living conditions for thousands of detainees. Prison health officials learnt more about health care in detention at a seminar organized by the health ministry and the ICRC.

The ICRC supported the resumption of the activities of the national IHL committee and pursued its dialogue on IHL-related matters with the authorities, with a view to helping advance IHL implementation in Sri Lanka. Military and police personnel broadened their awareness of IHL and humanitarian principles at workshops and other events organized or supported by the ICRC. Chief inspectors from the police strengthened their grasp of international policing standards at an ICRC workshop. The ICRC engaged with authorities on addressing and preventing unlawful conduct during law enforcement and security operations. Academics and religious scholars learnt more about the Movement's activities and/or IHL through information sessions and other events organized or supported by the ICRC.

The National Society and the ICRC enabled migrants, detainees and others to restore or maintain contact with relatives or ascertain their relatives' whereabouts. The National Society continued to strengthen its operational and managerial capacities with the ICRC's help.

CIVILIANS

The authorities are urged to ensure protection for civilians

The ICRC monitored the situation in Sri Lanka, particularly that of people affected by the past conflict, whose protection-related concerns it documented. The authorities and the ICRC continued to discuss issues linked to the past conflict, and the ICRC reiterated to them the necessity of ascertaining the fate and whereabouts of missing people and addressing the needs of their families (see below).

The ICRC urged the authorities, and military and police forces, to ensure that law enforcement operations complied with domestic and international law and met pertinent international standards. These matters were also covered during training in international policing standards for police officers (see *Actors of influence*). In addition, an ICRC seminar enabled 152 officers from the armed forces to advance their understanding of IHL and its applicability to the conduct of hostilities.

Missing people's families obtain assistance while awaiting the clarification of the fate of their relatives

While the ICRC's engagement with the Office on Missing Persons remained limited, it stayed in touch with the office and provided recommendations on how they can start and

carry out the process of ascertaining the fate and whereabouts of missing people and assisting their families. Around 15,000 missing-persons cases – for which tracing requests had been lodged with the ICRC – remained unresolved.

Together with local partners, the ICRC sought to provide missing people's families with comprehensive support to help address their psychosocial, economic and other needs through an accompaniment programme. These families were helped to deal with the uncertainty of the fate of their relatives through group and/or individual psychosocial-support sessions provided by local partners, who were trained and supported by the ICRC. The families were also helped to arrange events to commemorate their missing relatives. Cash grants enabled missing people's families (12,852 people), some of them destitute, to cover their immediate needs and revive their livelihoods or pursue other income-earning activities; some of them also received training in basic business skills. Where necessary, families registered in the accompaniment programme were also referred to local authorities or other organizations for legal, administrative and financial assistance.

Family members gave feedback on the ICRC's activities for them throughout the projects' implementation and when they were contacted by the ICRC as part of the monitoring process.

The ICRC's local partners in the accompaniment programme, as well as health and government workers and academics, learnt more about the concept of "ambiguous loss" – a distinctive experience of missing people's families – at ICRC information sessions. Providers of mental-health and psychosocial services – including representatives of government agencies, academic institutions and local NGOs – attended an ICRC event at which they discussed the psychosocial and psychological consequences of a relative going missing; the event was organized to further mobilize a sustainable response to the needs of missing people's families.

The ICRC worked with community-based organizations to develop livelihood-support programmes for vulnerable communities in rural areas affected by the past conflict and where there were families of missing people. Because of the ICRC's support, 13,996 people in impoverished communities were better placed to recover their livelihoods and supplement their income. Fishing households in these communities were given cash, fishing nets and other tools; and farming households were given seed and cash for buying fertilizer and other supplies. Some heads of households were trained in basic business skills, while others took part in cash-for-work projects. Several staff members from the community-based organizations were trained to evaluate livelihood-support programmes.

Vulnerable people receive support for coping with the economic crisis

Households most severely affected by the economic crisis, and most at risk, were better placed to withstand the sudden loss of income and the rise in commodity prices, thanks to an emergency relief programme implemented by the Sri Lanka Red Cross, with support from the ICRC. Multipurpose cash and cash vouchers enabled 24,692 people to buy food and other essentials. The National Society and the ICRC coordinated with the authorities and others to select recipients for this aid and then distribute it.

Aided by the ICRC, the National Society implemented a nutritional programme under which thousands of pregnant/lactating women were given nutritional kits in view of the rising prices of food products.

Forensic authorities build their capacities with the ICRC's help

The ICRC worked with forensic professionals and institutions, particularly the health ministry and the College of Forensic Pathologists of Sri Lanka (CFPSL), to strengthen forensic services in the country. It bolstered their efforts to ensure that human remains, including of COVID-19 victims, were managed in accordance with best practices. The ICRC, sometimes in conjunction with the National Society, gave material support (e.g. body bags, PPE, disinfection supplies and forensic evidence kits) and assistance for translating informational posters on the proper management of human remains – for the health ministry, the CFPSL, the Institute of Forensic Medicine and Toxicology, and other forensic institutions and medico-legal bodies in Sri Lanka. The CFPSL worked closely with the ICRC to develop a manual setting out and explaining national standards for forensic anthropology; the first draft of the manual was the basis for a workshop for 32 trainees in forensic medicine. At workshops conducted by the CFPSL and the ICRC, medical personnel from the judiciary and prison health staff expanded their understanding of medico-legal processes concerning detainees (see *People deprived of their freedom*).

Members of separated families receive news about their relatives

Members of families separated by conflict, violence, migration, detention or natural disasters reconnected through the Movement's family-links services. National Society staff and volunteers were enabled by the ICRC to participate in workshops at which they developed their capacity to restore family links. Technical support from the ICRC helped the National Society to develop its information management systems, draft risk-assessment procedures and undertake a large-scale assessment of family-links needs in Sri Lanka.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 35 places of detention collectively holding 19,230 people. It monitored 496 detainees individually.

The ICRC communicated its findings and recommendations confidentially to the authorities. It regularly engaged the authorities in dialogue on ensuring that detainees' living conditions and treatment, including procedural safeguards and judicial guarantees, complied with domestic and international law and met internationally recognized standards. The ICRC and the authorities also discussed systemic issues affecting detainees, such as overcrowding and inadequate access to health care and family-links services.

Around 400 prison staff enhanced their knowledge of internationally recognized standards for detention through ICRC training.

Detainees' living conditions improve

The ICRC made infrastructural improvements at several prisons: for example, it renovated a kitchen at one prison, and roofed two prison wards. It also donated supplies and equipment for improving solid-waste management and water storage at one other prison. Several technicians and foremen built their capacities and learnt construction techniques at an ICRC training course. All these initiatives helped improve detainees' living conditions.

At workshops organized by the Sri Lanka Judges' Institute and the ICRC, 120 judges learnt more about the judiciary's role in reducing prison overcrowding.

In view of the economic crisis, a total of 25,267 detainees were given hygiene kits by the ICRC; this was meant to help ease the impact of the rise of commodity prices on detainees and their families. Particularly vulnerable detainees met their specific needs – for instance, milk for the children of detained mothers and assistive devices for physically disabled inmates – with help from the ICRC. Detaining authorities were given the materials necessary – water buckets, detergent, disinfectant and other cleaning supplies – to improve sanitation in prisons.

The authorities take steps to improve prison health services

The ICRC and the health ministry continued to discuss the improvement of health services in prisons, including medical screening. At a seminar jointly organized by the health ministry and the ICRC, 37 prison health officials enhanced their knowledge on such matters as addressing mental health issues and substance abuse and managing common diseases in prisons. Some 40 prison health officials and 20 medical personnel from the judiciary participated in workshops organized by the CFPSL and the ICRC, at which they learnt more about medico-legal managerial procedures concerning detainees. The ICRC donated laboratory equipment and furniture to a prison hospital, which enabled the authorities to start providing services there.

The ICRC continued to assist the authorities' efforts against COVID-19 by donating PPE and hand sanitizer to several places of detention.

Detainees restore or maintain contact with relatives

Detainees, including those held in immigration detention centres, made use of the Movement's family-links services to restore or maintain contact with relatives. A total of 245 detainees received visits from their families, whose transport costs were covered by the ICRC. With a view to broadening awareness among detainees and their relatives of the ICRC-supported programme for video calls, the ICRC translated posters bearing this information into Sinhala and Tamil. It also notified the pertinent embassies of the detention of their nationals.

ACTORS OF INFLUENCE

Military, police and government officials advance their understanding of IHL and other norms

The ICRC continued to engage with authorities and military and police personnel, to broaden awareness of and foster support among them, for IHL and humanitarian principles, through briefings, workshops and international and/or regional courses that it organized or supported. Participants of these events – including troops bound for peacekeeping missions and officers from the foreign ministry – added to their knowledge of IHL and IHL-related issues. Some 50 chief inspectors from the police learnt more about international policing standards at a workshop conducted by the ICRC, which was part of an ongoing training programme for police officers.

Guided by the ICRC, the national IHL committee resumed its work to advance domestic implementation of IHL. At a round table jointly organized by the committee and the ICRC, officials from government ministries discussed their plans to work on implementing IHL domestically and other related topics, such as counter-terrorism measures.

Members of civil society learn more about IHL and the Movement's work

The ICRC continued to cultivate its relationship with academic and religious scholars by arranging meetings, briefings and other events for them, helping them add to their knowledge of the ICRC's neutral, impartial and independent humanitarian action, and of IHL – for example, by studying the points of correspondence between IHL and Buddhism, and IHL and Hinduism. The ICRC continued to support the publication, and translation into local languages, of scholarly work on these subjects. With the ICRC's sponsorship, several university students participated in moot court competitions in Sri Lanka and abroad.

The ICRC worked with the National Society to foster awareness of and build support for its work, and that of the Movement in general – including the Movement's response to the economic crisis – through social media and other channels for public communication.

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society continued to strengthen its operational capacities and improve its financial management, with technical, financial and other support from the ICRC. National Society personnel reinforced their preparedness for and response to emergencies with training – in first aid, for example – and emergency relief supplies, such as nutrition kits (see *Civilians*), from the ICRC.

The National Society and the ICRC provided support to health authorities in view of the shortage of medical supplies in the country, notably by donating blood bags, oxygen masks and other essential items to the health ministry.

The National Society continued to work in accordance with the Safer Access Framework and, aided by the ICRC, reviewed its policies for applying the framework; staff and volunteers were trained to conduct their activities safely at ICRC-supported

workshops. With the ICRC's help, the National Society broadened awareness of its work and that of the Movement in general, for instance, at events to mark World Red Cross and Red Crescent Day and through dissemination sessions and distribution of informational materials. The National Society and the ICRC signed a framework agreement renewing their partnership.

Amendments to laws pertaining to the National Society's legal status in Sri Lanka were still awaiting approval, owing to constraints caused by the economic and political situation in the country.

Movement components met regularly to coordinate their activities and exchange information.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	1			
RCMs distributed	6			
Phone calls facilitated between family members	84			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	57	8	2	9
including people for whom tracing requests were registered by another delegation	1			
Tracing cases closed positively (subject located or fate established)	13			
Tracing cases still being handled at the end of the reporting period (people)	15,180	736	418	1,286
including people for whom tracing requests were registered by another delegation	139			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	35			
Detainees in places of detention visited	19,230	817	14	
Visits carried out	64			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	496	27	1	2
of whom newly registered	198	10	1	2
RCMs and other means of family contact				
RCMs collected	77			
RCMs distributed	61			
Detainees visited by their relatives with ICRC/National Society support	245			
People to whom a detention attestation was issued	100			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	51,540	21,316	13,461
Mental health and psychosocial support				
People who received mental-health support		1,439		
People who attended information sessions on mental health		271		
People trained in mental-health care and psychosocial support		76		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	25,267	889	10
Water and habitat				
Water and habitat activities	People	23,278	233	
Health care in detention				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	6		

SUVA (regional)

COVERING: *Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific*

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, the ICRC promotes respect for IHL and other international norms among armed and security forces and fosters awareness of these among academic circles, the media and civil society, and assists governments in ratifying and implementing IHL treaties. The ICRC works to ensure that violence-affected people in Papua New Guinea receive emergency aid and medical care; it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

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

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

KEY RESULTS/CONSTRAINTS IN 2022

- In the Highlands region of Papua New Guinea, violence-affected people pursued livelihoods and had better living conditions thanks to material aid and other support from the Papua New Guinea Red Cross Society and/or the ICRC.
- Local authorities, police forces and fighters in the Highlands were reminded of their obligation under applicable norms on the use of force, the protection of displaced civilians and people's safe access to education and health care.
- In Papua New Guinea, people affected by violence, including sexual violence, obtained mental-health and psychosocial support, and other care, from village health assistants and family-support centres aided by the ICRC.
- Military and police personnel in the region – including those bound for peacekeeping operations – learnt more about IHL and other applicable norms at training sessions and predeployment briefings organized by the ICRC.
- Detainees at the largest prison in Papua New Guinea had access to timely medical care after the ICRC constructed medical-screening and quarantine wards. Infrastructural works at other prisons benefited more people than planned.
- Election-related, logistical and other constraints disrupted the implementation of food-production, income-support and infrastructural projects, and visits to some detention facilities.

EXPENDITURE IN KCHF	
Protection	2,804
Assistance	5,016
Prevention	3,126
Cooperation with National Societies	1,771
General	85
Total	**12,802**
Of which: Overheads	*781*
IMPLEMENTATION RATE	
Expenditure/yearly budget	100%
PERSONNEL	
Mobile staff	19
Resident staff (daily workers not included)	97

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	47
RCMs distributed	48
Phone calls facilitated between family members	150
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	13
Detainees in places of detention visited	3,166
of whom visited and monitored individually	10
Visits carried out	22

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	6,000	2,700
Income support	People	900	54
Living conditions	People	6,080	5,008
Capacity-building	People	150	345
Water and habitat			
Water and habitat activities	People	2,540	2,278
Health			
Health centres supported	Structures	9[1]	4
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		449
Water and habitat			
Water and habitat activities	People	40	1,941

1. The target figure included five hospitals. These hospitals received support from the ICRC but were not included in the achieved figure for health centres supported.

CONTEXT

Communal tensions often led to violence in Papua New Guinea, with greater humanitarian consequences in Enga, Hela and Southern Highlands provinces. Many civilians were displaced, injured or killed, and their property was reportedly destroyed. The police, sometimes supported by military forces, conducted operations in areas of unrest.

In the Autonomous Region of Bougainville in Papua New Guinea (hereafter Bougainville) families had still not been able to ascertain the fate and whereabouts of relatives missing since the armed conflict in the 1990s.

Some migrants – including refugees and asylum seekers – in Nauru and in Papua New Guinea were resettled in the United States of America (hereafter US) or New Zealand; others continued to await resettlement as per agreements signed by the Australian government with those of the US and New Zealand. The fate of migrants ineligible for resettlement remained uncertain, with psychological consequences for some.

The armed forces of Australia and New Zealand had a presence in parts of the Middle East and other regions, and with Fiji, participated in international peacekeeping operations. Australia and New Zealand provided military assistance to Ukraine.

Countries throughout the Pacific region remained vulnerable to natural disasters and climate shocks. In Tonga, the eruption of a volcano, and the subsequent tsunami, caused casualties and brought down communication lines.

General elections were held in Fiji and Papua New Guinea and were accompanied by some electoral violence.

ICRC ACTION AND RESULTS

The ICRC's regional delegation endeavoured to protect and assist people affected by communal violence or deprived of their freedom, and helped National Societies in the region to strengthen their capacities in several areas, including their operational capacities. The ICRC discussed the needs and concerns of migrants, including refugees and asylum seekers, with the UNCHR and authorities in Australia and Papua New Guinea.

In Papua New Guinea, the ICRC maintained its dialogue with local authorities, police forces and fighters. It emphasized the necessity of protecting violence-affected communities – from sexual violence and other unlawful conduct – and facilitating safe and impartial access to health care and education. Displaced households and other violence-affected people worked to improve their livelihoods and had better living conditions with material aid, cash grants and skills training, in growing more food or starting small businesses, from the ICRC and/or the National Society. Some people in violence-affected areas obtained technical support and tools from the ICRC for repairing essential infrastructure.

Four health facilities in Papua New Guinea received comprehensive support from the ICRC for delivering good-quality care. The ICRC helped these facilities to refer patients requiring further care to hospitals or other health centres, and covered the patients' transport expenses. The health centres were also given additional handwashing units to bolster their response to the COVID-19 pandemic. Victims/survivors of sexual violence and others obtained mental-health and psychosocial support from ICRC-trained village health assistants or at family-support centres assisted by the ICRC. Health staff from several hospitals received ICRC training to build their capacities in emergency response.

The ICRC visited, in accordance with its standard procedures, detainees in Papua New Guinea, Fiji and Australia. Findings and recommendations from these visits were communicated confidentially to the authorities concerned. Detaining authorities in the region received ICRC assistance to make family-links services available to detainees and to prevent the spread of COVID-19. In Papua New Guinea, the ICRC renovated water-supply and waste-management systems at selected detention facilities, which benefited more people than planned. It constructed a reception centre – which included medical-screening and quarantine wards – to prevent the spread of COVID-19 and other infectious diseases at the country's largest prison. It continued to implement a project that enabled detainees to diversify their diet with produce from vegetable gardens that they had cultivated. Visits to some detention facilities were postponed.

The ICRC drew attention to humanitarian issues, and fostered support for IHL and for the Movement's work, through various themed events and dialogue with national and regional authorities and key members of civil society. At ICRC training courses and other events, military and police personnel strengthened their grasp of IHL and other applicable norms. Aided by the ICRC, national IHL committees in the region promoted implementation of IHL and IHL-related treaties.

In Bougainville, the ICRC continued to discuss with the authorities the creation of a mechanism to ascertain the fate of people missing in connection to the past armed conflict. It continued to help families to commemorate their missing relatives.

National Societies in the region, the ICRC and other Movement components strove to coordinate their activities, ensure a coherent response to emergencies and strengthen public communication, IHL promotion and family-links services. They also convened regional events to discuss the way forward in key areas of partnership. The ICRC signed partnership agreements with the majority of Pacific Island National Societies to bolster their relationships and operational cooperation, in line with the Seville Agreement 2.0.

Some food-production, income-support and infrastructural projects were delayed or cancelled owing to election-related, logistical and other constraints.

CIVILIANS

The ICRC promotes protection for violence-affected people and migrants

In Papua New Guinea, the ICRC continued to monitor the situation of people affected by communal violence in Enga, Hela and the Southern Highlands. It drew the attention of local authorities, military and police forces, and fighters to the humanitarian consequences of such violence, and reiterated

the necessity of ensuring protection for violence-affected communities, including from sexual violence; safeguarding medical services; and facilitating safe and impartial access to health care, education and other essential services. Community members learnt more about these issues through "drama shows" organized by the ICRC and at ICRC dissemination sessions (see *Actors of influence*). The ICRC urged fighters to abide by the basic principles of humanity and reminded them – through workshops, dissemination sessions and other means – of traditional rules regulating communal violence.

In Papua New Guinea, the ICRC documented allegations of unlawful conduct during law enforcement operations and relayed them confidentially to the authorities concerned, with a view to preventing or ending such misconduct. Police and defence forces in Papua New Guinea learnt more about international human rights law, international policing standards – particularly for the use of force – and military involvement in security operations at ICRC dissemination sessions (see *Actors of influence*).

The ICRC discussed the situation (e.g. legal status, access to health care, family contact) of migrants – including asylum seekers and refugees – with the UNHCR, and pertinent authorities in Australia and Papua New Guinea. It continued to make representations to the Nauruan authorities on its access to the migrants still in Nauru.

Owing to administrative constraints, workshops to help violence-affected communities devise positive coping mechanisms were not implemented.

Violence-affected communities in Papua New Guinea have access to essential supplies and services

In Papua New Guinea, the ICRC worked with the National Society to help displaced and other violence-affected people in the Highlands to improve their living conditions or enhance their livelihoods. A total of 694 households (4,164 people) received blankets, shelter materials and cooking utensils; 844 students received school supplies. Some 450 households (supporting around 2,700 people) received seed and farming tools to help them grow more food. More people than planned benefited from capacity-building activities; a total of 345 farmers received training in agricultural best practices. Nine households headed by women (supporting 54 people) were able to start and/or sustain small businesses, with cash grants and skills training from the ICRC. Administrative constraints and security-related movement restrictions disrupted the implementation of some income-support activities and distribution of farming supplies to other households.

Several community workers were given tools and training by the ICRC to enable them to repair damaged school buildings and/or install basic facilities (e.g. incinerators, rainwater-harvesting systems) at several health facilities; a total of 2,278 people in violence-affected communities benefited from these projects.

The ICRC repaired classrooms and water systems at schools in Enga and the Southern Highlands that were looted or damaged during past communal clashes; it also donated desks and provided school supplies for students (see above).

Victims/survivors of sexual violence and others obtain medical care and psychosocial support

The ICRC worked to ensure that good-quality health services were available to people in Bougainville and the Highlands, including women, children, people who were sick or had serious wounds or injuries, and victims/survivors of sexual violence.

In Papua New Guinea, about 400 first responders, including fighters, received first-aid training and the necessary medical supplies from the ICRC, with a view to increasing the likelihood of wounded and sick people getting timely medical care. In line with the goals of the Health Care in Danger initiative, the ICRC also explained, during these training sessions, the protection due to those seeking or providing health care.

People obtained preventive and curative care free of charge at four community health centres in Enga and Hela; the ICRC provided technical support for these centres, regular supplies of medical consumables, and additional hand-washing units as one of several measures against COVID-19. The centres provided vaccinations, mainly for children, and antenatal consultations for women, as well as various other services. Patients requiring higher-level treatment were referred to hospitals or other health facilities; the ICRC covered the related transport expenses. The ICRC also provided training in basic emergency care and infection prevention and control to health staff at five hospitals.

Village health assistants at ICRC-supported health centres attended training sessions on safe motherhood and referring victims/survivors of sexual violence to appropriate services; they were given material support (e.g. umbrellas, boots) for visiting women before, during and after childbirth. The ICRC mobilized pertinent actors to train primary-health-care staff in providing medical treatment for victims/survivors of sexual violence.

Victims/survivors of sexual violence and other vulnerable people had access to mental-health and psychosocial support, from ICRC-trained health workers, village health assistants and/or community-based volunteers. Roughly 9,000 people benefited from mental-health and psychosocial support, in support groups, individual support and other kinds of psychosocial assistance. This includes some 3,900 victims/survivors of sexual violence and other violence-affected people who received "dignity kits" – containing feminine hygiene products and other items specifically for girls and women of childbearing age; some of them received financial support to cover the expenses for travelling to and from the centres. Health staff from family-support centres received ICRC training to strengthen the psychosocial support they provide to victims/survivors of sexual violence and other violence-affected people. They also received material and technical support for carrying out their duties in accordance with COVID-19 safety protocols.

Around 8,000 people learnt about the psychological consequences of sexual and other violence, and of the mental-health and psychosocial support available to victims/survivors of

sexual violence and others, through information sessions delivered by the ICRC-trained village health assistants and health workers.

Families reconnect with or commemorate their missing relatives

The ICRC provided National Societies in the region with training and material and/or technical support to expand their capacities in restoring family links, especially after natural disasters and other emergencies (see *Red Cross and Red Crescent Movement*). In preparation for the elections in Fiji, it trained the Fiji Red Cross Society to provide family-links services during emergencies and guided the updating of its protocols for emergency response in line with data-protection standards.

The ICRC continued to discuss with Bougainvillean authorities the creation of a mechanism to ascertain the fate of people missing in connection to the past armed conflict. It also continued to advocate implementation of a policy – adopted by local authorities in 2014 – to address the issue of missing people and gave the authorities technical support to this end.

Local authorities, community members and leaders were apprised of the issue of missing people and the plight of their families. Missing people's families received support from the ICRC for coping with their situation; two commemorative ceremonies were organized with the ICRC's support.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees in 13 places of detention in Papua New Guinea, Fiji and Australia. It paid particular attention to the situation of vulnerable detainees such as migrants, women, children and the sick. Findings and recommendations from these visits were communicated confidentially to the authorities concerned, to help them ensure that detainees' treatment and living conditions – including access to family contact, open air, food and health care – met internationally recognized standards. In the Solomon Islands, the ICRC provided mobile-connection credit to facilitate phone calls between detainees and their families.

At the request of the commissioner of the correctional services in Papua New Guinea, the ICRC reviewed and commented on the correctional services' annual plan of action. It organized a workshop to help them implement the plan, particularly in connection with the provision of health care, and donated laptops for managing detainees' medical records. Representatives from the correctional services and health authorities were sponsored to attend an ICRC conference on health care in detention (see *Headquarters – Protection and Essential Services*).

The ICRC donated essential items to 449 detainees in Papua New Guinea, to help ease their living conditions. It continued to give detaining authorities in Papua New Guinea support for implementing a project to diversify detainees' diet: to this end, it provided training and supplies to two correctional centres to help detainees plant and cultivate vegetable gardens. The ICRC made improvements to waste-management and water-supply systems at detention facilities in Papua New Guinea, benefiting around 1,900 detainees.

At an ICRC-organized round table in Suva, Fiji, prison officials from Kiribati, Nauru, New Zealand, Palau, Samoa and Vanuatu discussed best practices in prison management, the consequences of the climate crisis for prisons in the Pacific region, food security in prisons and lessons learnt from the COVID-19 response.

ICRC visits and other planned activities for detainees and detaining authorities at some detention facilities, particularly in the Solomon Islands, did not take place owing to logistical and other constraints.

The ICRC helps authorities to protect detainees against communicable diseases

Detaining authorities in Fiji, Palau and the Solomon Islands continued to receive personal protective equipment, disinfectant and hygiene items to prevent the spread of COVID-19. Measures against COVID-19 were gradually lifted at places of detention in Papua New Guinea; a technical working group to coordinate pandemic response in prisons – created at the ICRC's recommendation – scaled down its work and met on an ad hoc basis only. A new working group was created by detaining authorities to focus on the overall health and well-being of detainees; the ICRC provided expert advice for drafting the group's guiding principles.

The ICRC continued to impress upon the authorities the necessity of setting up quarantine facilities to prevent and control the spread of infectious diseases. To this end, it constructed a reception centre at the largest prison in Papua New Guinea; the centre includes a medical-screening ward and a quarantine area. It also provided technical guidance, material (e.g. medical supplies) and financial support, and trained health staff in measures to prevent infections.

ACTORS OF INFLUENCE

The ICRC continued to discuss various issues of humanitarian concern with national and regional authorities, including: communal violence; the pandemic; the matter of people missing in connection to the past armed conflict in Bougainville; prevention of sexual violence; and access to essential services, such as health care and education (see *Civilians*). It sought to cultivate support among these authorities for IHL and related norms (see below) and for its own activities, including its response to COVID-19 and other emergencies.

Press releases, interviews, social-media posts, among other means, from the ICRC drew public attention to the humanitarian issues mentioned above and to the Movement's work. Aided by the Papua New Guinea Red Cross Society, the ICRC expanded its engagement with people in violence-prone areas. It conducted information sessions, during which teachers and other community leaders in the Highlands learnt about its mandate, and people gave feedback on its humanitarian activities. People also learnt about humanitarian issues in Papua New Guinea through "drama shows" organized by the ICRC (see *Civilians*).

Weapon bearers and other influential figures strengthen their grasp of IHL and other norms

Military and police forces personnel in the region attended training courses in IHL and related norms, and other events organized by the ICRC or with its support. In Fiji, police officers bound for international peacekeeping operations added to their knowledge of IHL at predeployment briefings by the ICRC. In Papua New Guinea, members of the armed forces and the police strengthened their grasp of IHL, international human rights law and/or international standards for law enforcement – particularly in relation to the use of force – at ICRC workshops; two senior police officers learnt more about international policing standards at an ICRC-organized conference in Manila (see *Philippines*). Senior military officials from some countries in the region attended an advanced IHL workshop organized by the ICRC (see *Headquarters – Protection and Essential Services*).

As the main reference organization on IHL, the ICRC organized or attended conferences, round tables, lectures and other events. These events, conducted mainly for authorities, journalists and other members of civil society in the region, helped stimulate debate on IHL and related matters. The ICRC, in partnership with the Australian Civil-Military Centre, launched the publication of a report which sets out best practices and recommendations for ensuring IHL compliance through support relationships (see also *Headquarters – Operations*).

With the ICRC's support, the Papua New Guinea Red Cross Society participated in a meeting with the national IHL committee, at which it presented its plans to launch a handbook on IHL for authorities.

Military forces drew on ICRC expertise as they took measures to integrate IHL into their doctrine, training and operations.

Governments work to implement IHL and related treaties

The ICRC continued to promote, among governments in the region, the ratification and/or implementation of IHL-related treaties. National IHL committees were given technical support to help their governments in implementing such treaties as the Treaty on the Prohibition of Nuclear Weapons and the Arms Trade Treaty.

Some senior government officials from Papua New Guinea, and members of the national IHL committee, were sponsored to attend ICRC-organized events in other countries to help strengthen their grasp of IHL.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies drew on material, financial and technical support, and training, from the ICRC and other Movement components to develop their public-communication and operational capacities – in line with the Safer Access Framework – and ensure a coherent Movement response in such areas as preparing and responding to emergencies. When a volcano erupted in Tonga, the ICRC assisted the National Society in providing family-links services.

The Australian Red Cross, the New Zealand Red Cross and the ICRC worked together to promote IHL, provide family-links services, address the specific humanitarian needs of migrants, and support the organizational development of Pacific Island National Societies. In line with the Seville Agreement 2.0, the ICRC and majority of the National Societies in the region formalized agreements to bolster cooperation.

The ICRC continued to provide the Papua New Guinea Red Cross Society with support for developing its capacities in public communication and in implementing humanitarian activities primarily in partnership with the ICRC in the Highlands. It helped the National Society to distribute hygiene kits and conduct first-aid training in communities in Bougainville and the Highlands.

Movement components in the region met regularly to discuss and coordinate their activities. National Societies, the ICRC and other Movement partners gathered at regional events in Fiji to discuss the way forward in key areas of partnership, such as public communication, IHL promotion and restoring family links during and after disasters.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	47			
RCMs distributed	48			
Phone calls facilitated between family members	150			
Tracing requests, including cases of missing persons		Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)	19	6		1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	13			
Detainees in places of detention visited	3,166	106	61	
Visits carried out	22			
		Women	Girls	Boys
Detainees visited and monitored individually	10			
of whom newly registered	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	2,700	810	1,080
of whom IDPs		540	162	216
Income support	People	54	16	22
Living conditions	People	5,008	1,250	2,671
of whom IDPs		2,096	569	1,007
Capacity-building	People	345	104	137
of whom IDPs		69	21	27
Water and habitat				
Water and habitat activities	People	2,278	1,679	719
Primary health care				
Health centres supported	Structures	4		
of which health centres supported regularly		4		
Average catchment population		41,519		
Services at health centres supported regularly				
Consultations		50,100		
of which curative		47,969	20,908	6,988
of which antenatal		2,131		
Vaccines provided	Doses	4,744		
of which polio vaccines for children under 5 years of age		1,837		
Referrals to a second level of care	Patients	170		
of whom gynaecological/obstetric cases		69		
Mental health and psychosocial support				
People who received mental-health support		301		
People who attended information sessions on mental health		8,756		
People trained in mental-health care and psychosocial support		71		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	449	70	32
Water and habitat				
Water and habitat activities	People	1,941	252	
Health care in detention				
Places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
First aid				
First-aid training				
Sessions		21		
Participants (aggregated monthly data)		415		
Water and habitat				
Water and habitat activities	Beds (capacity)	25		