ASIA AND THE PACIFIC

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	2,385
RCMs distributed	2,958
Phone calls facilitated between family members	207,767
Tracing cases closed positively (subject located or fate established)	1,063
People reunited with their families	5
of whom unaccompanied minors/separated children	4
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	199
Detainees in places of detention visited	232,825
of whom visited and monitored individually	2,804
Visits carried out	478
Restoring family links	
RCMs collected	2,938
RCMs distributed	3,833
Phone calls made to families to inform them of the whereabouts of a detained relative	1,121

EXPENDITURE IN KCHF	
Protection	46,443
Assistance	143,305
Prevention	33,337
Cooperation with National Societies	16,150
General	4,211
Total	**243,446**
Of which: Overheads	*14,852*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	431
Resident staff (daily workers not included)	3,700

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	107,500	269,672
Food production	Beneficiaries	170,600	104,474
Income support	Beneficiaries	113,400	122,839
Living conditions	Beneficiaries	144,600	299,289
Capacity-building	Beneficiaries	62,806	1,882
Water and habitat			
Water and habitat activities	Beneficiaries	617,387	787,503
Health			
Health centres supported	Structures	78	112
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries	29,000	228,939
Water and habitat			
Water and habitat activities	Beneficiaries	88,136	206,612
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	63	63
Physical rehabilitation			
Projects supported	Projects	144	112
Water and habitat			
Water and habitat activities	Beds (capacity)	4,515	11,618

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. At present, it monitors the conduct of hostilities and engages in confidential dialogue on IHL violations. 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 visits detainees to monitor their treatment and living conditions and helps them exchange news with their families. It promotes accession to and national implementation of IHL treaties and compliance with IHL in military and security operations.

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

KEY RESULTS/CONSTRAINTS IN 2020

- The pandemic curtailed its work, but the ICRC found ways to provide aid while still observing COVID-19 protocols. It gave health facilities and prisons nationwide protective equipment and advice on measures against COVID-19.
- The ICRC endeavoured to keep humanitarian concerns on the agenda of parties to conflict as the peace process got under way. It reminded them to ensure that civilians and medical workers were protected as required by IHL.
- Cash from the ICRC enabled victims of IHL violations, a community in Ghazni impacted by intense fighting, persons with disabilities, and others affected by conflict to cover their basic expenses and augment their income.
- First responders, Afghan Red Crescent Society clinics and the Mirwais Hospital drew on ICRC support to treat wounded and sick people. Persons with disabilities regained some mobility through the ICRC's physical rehabilitation services.
- The ICRC sought the consent of the new national penitentiary authority to continue its activities in prisons that the authority had halted. It discussed with leaders of armed groups the issue of health care for people in their custody.
- Pandemic-related measures limited the National Society and the ICRC's ability to deliver family-links services; nevertheless, members of families separated by conflict and other reasons used the services to reconnect.

EXPENDITURE IN KCHF	
Protection	12,633
Assistance	53,811
Prevention	3,811
Cooperation with National Societies	1,454
General	775
Total	**72,484**
Of which: Overheads	*4,423*
IMPLEMENTATION RATE	
Expenditure/yearly budget	91%
PERSONNEL	
Mobile staff	95
Resident staff (daily workers not included)	1,667

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	208
RCMs distributed	339
Phone calls facilitated between family members	11,902
Tracing cases closed positively (subject located or fate established)	522
People reunited with their families	4
of whom unaccompanied minors/separated children	4
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	26,344
of whom visited and monitored individually	1,410
Visits carried out	85
Restoring family links	
RCMs collected	115
RCMs distributed	1,345
Phone calls made to families to inform them of the whereabouts of a detained relative	90

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries	8,400	25,097
Living conditions	Beneficiaries		7,985
Water and habitat			
Water and habitat activities	Beneficiaries	247,300	346,350
Health			
Health centres supported	Structures	47	47
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries	29,000	39,287
Water and habitat			
Water and habitat activities	Beneficiaries	31,240	39,320
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	5	2
Physical rehabilitation			
Projects supported	Projects	47	31
Water and habitat			
Water and habitat activities	Beds (capacity)	1,006	2,450

CONTEXT

Peace talks between the Afghan government and the Islamic Emirate of Afghanistan (better known as the Taliban) got under way in September; these negotiations followed the signing of a peace agreement between the United States of America and the Taliban in February. The peace process and the COVID-19 pandemic notwithstanding, fighting between NATO-backed Afghan armed/security forces and armed groups – involving ground operations and airstrikes – remained intense, especially in eastern and southern Afghanistan, and in both urban and rural areas. International military forces continued to provide technical support for local troops. Rising crime rates and the presence of numerous armed groups, including the Islamic State group, complicated the situation.

Civilians continued to bear the brunt of four decades of conflict: many of them were wounded, killed, displaced or prevented from obtaining basic services. They struggled to meet their immediate needs and/or lost their livelihoods because of the hostilities and/or because health care and water systems were inadequate or dysfunctional after years of damage from fighting. Conflict, detention, migration and natural disasters dispersed many families.

The pandemic further endangered public health, livelihoods and access to services.

The peace process contributed to the release of thousands of prisoners; the government's pandemic-related measures and its efforts to ease overcrowding in prisons were also instrumental. Arrests continued to be made in connection with armed conflict or other situations of violence; thousands of people facing security-related charges remained detained. A new national penitentiary authority was established to oversee detention facilities.

Attacks on humanitarian workers and medical facilities and staff, and the movement restrictions imposed on them, persisted.

ICRC ACTION AND RESULTS

The ICRC continued to address humanitarian needs created by armed conflict and other violence in Afghanistan, adapting the scale and scope of its activities to recurring access- and security-related issues. The pandemic delayed or cancelled many activities, or complicated their implementation, but the ICRC found ways to provide assistance while still observing COVID-19 protocols. It reinforced its presence and activities in areas controlled by armed groups.

The ICRC, often with the Afghan Red Crescent Society, maintained contact – through channels adapted to the pandemic – with the authorities, weapon bearers, religious leaders, journalists, and community members, including beneficiaries of its action, to advance their understanding of IHL, persuade them to facilitate humanitarian access, and gain their support for its neutral, impartial and independent work. Amid intense fighting, it continued to urge parties to conflict to ensure that civilians were protected, as required by IHL, and to take measures to prevent or end unlawful conduct. It reminded them to ensure access to basic services; safeguard medical services, and children and their right to education; and permit the collection of human remains. The ICRC gave victims of IHL violations cash to help them offset the financial consequences of the violations.

Injured people obtained life-saving care from ICRC-trained first-aiders and/or reached hospitals through an ICRC-funded taxi system. Wounded or sick people in the south were treated at the Mirwais Hospital, which continued to receive substantial support from the ICRC. Persons 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 clinics run by the National Society with the ICRC's support.

The ICRC visited detainees, in accordance with its standard procedures. Findings and recommendations – on the use of force during riots, management of hunger strikes, etc. – were discussed with detaining authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Sick detainees were treated at ICRC-supported prison clinics or referred to other facilities. The ICRC engaged the newly established national penitentiary authority in dialogue to obtain their consent to the continuation of its activities in detention facilities.

Members of families separated by conflict, detention, migration or natural disasters used the Movement's family-links services to reconnect or to search for missing relatives. The ICRC enabled some detainees to be visited by their families.

The ICRC kept up its efforts to further understanding of IHL and its work among religious scholars and academics, and military and security forces personnel, through information sessions, workshops and other events held virtually or in line with COVID-19 protocols when held in person.

The ICRC provided personal protective equipment (PPE), hygiene items, informational materials, training, and guidance on measures against COVID-19 to health facilities – including those not directly supported by it – government offices, prisons, people handling human remains, and violence-affected communities. It helped hospitals and detention facilities set up handwashing stations and isolation areas. It supported the conversion of a National Society-run district hospital into a COVID-19 treatment facility.

The National Society remained the ICRC's main partner in assisting people in need. It received financial, material and technical support, and training, from the ICRC. All Movement components working in Afghanistan coordinated their activities, including their COVID-19 response.

CIVILIANS

Parties to conflict are urged to protect civilians

The ICRC endeavoured to keep the protection of civilians and other humanitarian concerns on the agenda of the parties to conflict throughout the shift in conflict dynamics as the peace process got under way. Amid intense fighting, it continued to

remind them to ensure that people who were not, or were no longer involved, in the fighting were protected, as required by IHL and other applicable law. It made representations to the parties about alleged IHL violations – linked to the principles of distinction, proportionality, and precaution in attack – that were reported to have taken place during both airstrikes and ground operations in populated areas. It had confidential dialogue about these reported violations with the leaders of the parties and with their representatives on the ground, and through channels adapted to pandemic-related constraints. In these discussions, the ICRC reiterated the necessity of preventing or ending abuses against civilians; facilitating access to basic services; showing due regard for medical personnel, transport and facilities; protecting children and their right to education; and enabling the collection of human remains.

The ICRC made conflict-affected communities aware of the humanitarian services available to them. It discussed various matters with community members – particularly the concerns of health workers and women – and sought their views on their situation and the ICRC's work. This information was used to design activities in a way that matched people's needs more closely: the conversation with one community in Ghazni led to an assistance project there (see below). The ICRC also aided victims of IHL violations (see below), in the absence of adequate compensation schemes offered by the parties to conflict.

The ICRC made repairs at two schools damaged in the fighting. Risk-mitigation activities for students, teachers and others were postponed.

Families receive the remains of relatives killed in the fighting

Members of families separated by conflict, detention, migration or natural disasters used the Movement's family-links services to reconnect or to search for missing relatives. These services were less active than usual because pandemic-related movement restrictions limited the ability of Afghan Red Crescent Society and ICRC staff to convey RCMs or process tracing requests and made ICRC offices less accessible to people wanting to avail of its services. On the other hand, as a result of the continued promotion of the Movement's family-links services, more families than before approached the ICRC after identifying a relative's image on the "Trace the Face" website, which helped resolve a number of tracing cases.

Five attestations of detention were issued to former detainees or their families, to help them fulfil legal and other requirements.

The National Society and the ICRC collected the remains of hundreds of civilians and fighters killed in the conflict and handed them over to the families concerned; taxi drivers involved were given cash. The ICRC also facilitated the handover to the families concerned of the remains of ten detainees who had died, and the burial of several unclaimed sets of remains, which were at the Mirwais Hospital morgue.

The authorities, weapon bearers, first responders and the National Society were given material and technical assistance for managing human remains – including the bodies of people suspected or known to have died of COVID-19 – properly and safely, to prevent disappearances. Best practices were shared during meetings and training sessions – for military doctors, ambulance personnel, National Society volunteers, and taxi drivers, for example – and through informational materials; these materials included booklets, produced at the request of the ministry for Islamic affairs, on Islamic practices in managing human remains. The ICRC, together with various organizations of forensic professionals, held a webinar on medico-legal documentation of sexual violence.

The ICRC refurbished the morgues at two hospitals. It gave the National Society new vehicles for transporting human remains and repaired old ones. Body bags, PPE and disinfection materials were supplied to hospitals and facilities handling COVID-19-related deaths.

Conflict-affected people meet some of their financial needs

Persons with disabilities and other conflict-affected people were given help to earn an income or preserve one (see also *Wounded and sick*). The ICRC focused its assistance on communities to which it had safe access.

Some 600 households (4,800 individuals) in Ghazni received cash for recovering their livelihoods after losing property and/or sources of income during one episode of armed violence. Victims of IHL violations and/or their families (860 households; 9,575 people) were also given cash, which helped offset the financial consequences of the violations, and enabled them to pay for food, medical treatment, repairs to their houses, and funerals. The families (2,233 people in all) of 319 housebound people with spinal-cord injuries also received cash to cover their basic needs; the ICRC remodelled the houses of 13 families to make them more accessible. Livestock provided by the ICRC enabled some 200 violence-affected households (around 1,400 people) to increase their income; 90% of them reported doubling their heads of livestock by the end of the year.

Persons with disabilities and their families (995 households; 6,965 people) received firewood, stoves and other essentials to see them through the winter.

Health facilities provide services in line with COVID-19 protocols

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. These clinics provided almost 815,000 consultations and administered some 167,000 doses of polio vaccines to children. The ICRC gave the clinics medical supplies and equipment, and training and technical guidance for staff. It made renovations on some of the clinics to repair damage from attacks or to improve passive security measures.

The National Society clinics operated throughout the year with no significant disruptions, although some had to close temporarily or operate with fewer staff when personnel infected with the coronavirus or exposed to it sought treatment or went into quarantine. The ICRC provided PPE, hygiene items, informational materials, staff training, and expert advice on measures against COVID-19 to health centres – including

those not directly supported by it – government offices, and violence-affected communities.

The ICRC helped staff from National Society clinics better understand their rights and responsibilities and best practices in protecting medical services. Other activities linked to the Health Care in Danger initiative were cancelled because of the pandemic.

Safe water is more readily available

Some 232,600 people in urban areas and 113,800 in rural and suburban areas had better access to clean water after the ICRC repaired water towers and hand pumps – which were solar-powered for sustainability – and trained water-management committees to operate and maintain them. Of the beneficiaries in urban areas, 20,000 were served by a pumping station powered by a generator donated by the ICRC to water authorities, and approximately 200,000 people were from 13 locations for which the ICRC provided materials to chlorinate the water supply for up to six months.

The ICRC gave the National Society comprehensive support for its activities, particularly its family-links services, health programme and COVID-19 response. Activities to build its capacities – in needs assessments, project management and emergency response – were cancelled.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures and COVID-19 protocols, to monitor their treatment and living conditions. It paid particular attention to women, minors, foreigners, older people, and other vulnerable groups; 1,410 detainees were monitored individually. Findings from these visits were communicated confidentially to detaining authorities, to help them align detainees' treatment and living conditions with internationally recognized standards. The ICRC made representations to the authorities on such matters as alternatives to detention for mentally ill detainees, the use of force during riots, medical ethics, and the management of hunger strikes. It discussed with leaders of armed groups the issue of health care for people in their custody. Recommendations related specifically to COVID-19 were shared with all parties (see below).

The ICRC engaged the newly established penitentiary authority in dialogue, to explain its detention-related activities and secure their permission to continue a health project (see below) and other activities; these discussions were ongoing at year's end. The ICRC continued to brief various detaining parties on its working procedures and to seek access to all detainees within its purview.

Some detainees were referred to NGOs providing free legal services.

People in conflict-related detention reconnect with their families

Detainees reconnected with their relatives through RCMs and phone or videoconferencing services offered by the Movement. Some 2,200 people – including foreigners and detainees at the Parwan detention facility – were visited by their families; financial assistance from the ICRC made these visits possible. When family visits became impracticable because of the pandemic – such as visits that had been planned for people formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba who were resettled elsewhere – the ICRC arranged video calls for the families. It continued to remind the authorities that they must notify families of the arrest or detention of their relatives. It also conveyed RCMs to or from people held by armed groups.

Detainees have access to basic health care

As it took over responsibility for health services in detention, the new penitentiary authority voided an agreement that the ICRC had previously made with the health and interior ministries to implement a five-year strategy to improve health services at the Pul-e-Charkhi prison; activities linked to the strategy were thus cancelled until a new agreement could be drawn. The ICRC continued, wherever possible, to support the provision of basic health care in prisons and ensure that such services met national standards. It provided drugs and other medical supplies, equipment, and/or expert guidance and training for staff, on medical ethics and other matters, to clinics at four priority prisons. The ICRC made treatment possible for detainees with chronic diseases, psychological ailments or orthopaedic conditions; it referred some of them for more advanced care. It renovated the Kandahar prison clinic and rebuilt the Herat prison clinic, which was extensively damaged during riots.

The ICRC helped prison authorities to treat thousands of detainees during scabies and measles outbreaks and provided prophylactic medication for detainees and staff at a flood-damaged prison.

Prison authorities implement measures against COVID-19

The ICRC made recommendations – such as releasing certain categories of detainee to decongest prisons – and provided expert advice to the national penitentiary authority and the health ministry to help them develop their COVID-19 response. It helped the authorities to set up committees – or joined existing committees – to monitor the implementation of response plans and mitigation measures related to the pandemic.

The ICRC donated handwashing stations, thermometers, PPE, hygiene items and other supplies to some 40 places of detention. Authorities at the four priority prisons set up isolation areas with ICRC support – which included financial incentives for health staff in charge of those areas.

Detainees' living conditions improve

Several infrastructural projects were put on hold because of the pandemic and the change in the prison administration. Nevertheless, at selected places of detention, detainees' living conditions, including sanitation, were improved by various efforts undertaken by the ICRC: repairs to water and ventilation systems and other maintenance work; fumigation and vector-control campaigns; and provision of cleaning materials to the hygiene and maintenance committees at each prison. Hygiene items and sessions on health education were

provided for 39,320 people at 42 places of detention. Some 35,300 detainees, and the children with them, received winter clothes, blankets and other essentials from the ICRC. At the request of the new national penitentiary authority, the ICRC provided shoes, clothing, bedding and cooking utensils for hundreds of detainees.

The ICRC provided vocational training for 17 female detainees, which enabled them to earn some money by making and selling clothes. It gave eight detainees financial support to return home after their release.

WOUNDED AND SICK

Wounded and sick people obtain good-quality care

Injured and wounded people obtained life-saving care and/or reached hospitals through ICRC-supported service providers. Hundreds of people were transported to health facilities or referred to ICRC health staff by an ICRC-funded network of taxis. Taxi drivers, Afghan Red Crescent Society volunteers, military and police personnel, members of armed groups, and other first responders received first-aid training, as well as PPE and guidance on COVID-19 protocols to help them do their work safely. Protection for medical services was among the topics discussed at ICRC first-aid training sessions. Because of the pandemic, activities linked to the Health Care in Danger initiative were cancelled; however, the ICRC stayed in touch with health workers concerned about their safety (see *Civilians*).

Dozens of health facilities across the country, including those in areas controlled by armed groups, were given ad hoc donations of drugs and other supplies for coping with mass casualties; two field hospitals were given an ambulance each. Medical personnel received training in such areas as infection control, the rational use of drugs, emergency response and trauma care. While implementation in 2020 was not possible, the ICRC continued to prepare plans for improving emergency departments and surgical capacities at selected health facilities, including in areas controlled by armed groups.

In southern Afghanistan, wounded and sick people were treated at the Mirwais Hospital, which continued to improve its services with comprehensive support from the ICRC. The hospital received drugs and other medical supplies; equipment; expert guidance and training, particularly for infection control – including measures against COVID-19 (see below) – and for the emergency, surgical, paediatric, obstetric and gynaecological, and biomedical departments; and financial assistance for covering staff salaries and other running costs. Because the pandemic consumed most of the hospital's attention and resources in 2020, no substantial progress was made in efforts for ensuring the sustainability of the hospital's services by 2021.

Fewer persons with disabilities than usual benefit from ICRC physical rehabilitation services

Around 111,400 persons with disabilities[1] gained more mobility through services from seven ICRC-run physical rehabilitation centres and/or assistive devices made of parts manufactured at an ICRC components factory. The centres scaled down their services sharply and changed their working procedures in line with COVID-19 protocols: for example, inpatient treatment and referrals were suspended, and no new patients admitted, except in case of urgent need. The centres continued to be managed by ICRC-trained employees – many of them, persons with disabilities.

Persons with spinal-cord injuries or other disabilities received home care and/or cash (see *Civilians*). Programmes to help persons with disabilities get an education or achieve some degree of financial stability, and/or advance their social inclusion, were put on hold (sporting activities) or adapted (home tutoring was temporarily replaced by phone-based teaching) because of the pandemic. Nevertheless, 18 people found jobs with the ICRC's help. Around 220 young people with disabilities received home tutoring; about 100 were provided scholarships to attend university; and 60 were given monthly allowances to cover the costs of transportation to school. Many others received school supplies and financial aid for their studies. Though no competitions could be held, persons with disabilities attended their ICRC-funded sports teams' practices.

Over 20 other institutions in the physical rehabilitation sector received ICRC support. The ICRC organized, with two partner organizations, three refresher courses for physical-rehabilitation professionals. Classes at the ICRC-backed school of prosthetics and orthotics were cancelled for the year.

Patients benefit from upgraded facilities at ICRC-supported hospitals and rehabilitation centres

The ICRC supported renovations to the kitchen, laboratory, and water, sanitation and electrical systems at the Mirwais Hospital (620 beds); upgrades to the electrical system included the installation of solar-powered boilers and energy-saving light bulbs. The ICRC also renovated a field hospital in Ghazni (26 beds); two hospitals in Herat (750 beds), one of which treated COVID-19 patients; the National Society's COVID-19 treatment facility (50 beds; see below); and one physical rehabilitation centre (80 beds). The ICRC built a basketball court for persons with disabilities at one physical rehabilitation centre. Maintenance staff at all these facilities were given material and technical support.

Health facilities implement measures against COVID-19

In July, a National Society-run district hospital was converted, with comprehensive support from the ICRC, into a COVID-19 treatment facility. With the ICRC's support, administrators from the Mirwais Hospital visited other hospitals in the country to study best practices in using the mechanical ventilators donated to them by an aid agency. The ICRC provided expert advice – for instance, on performing surgery safely – ran

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

training sessions and information campaigns on infection prevention, installed handwashing stations, refurbished or reconfigured triage and isolation areas, and distributed hygiene items and PPE for staff in dozens of physical rehabilitation centres and hospitals (924 beds).

ACTORS OF INFLUENCE

Authorities and members of civil society learn more about the ICRC's work and IHL

The ICRC, often in tandem with the Afghan Red Crescent Society, maintained contact with authorities, weapon bearers, religious leaders, journalists, and community members, including beneficiaries (see *Civilians*); because of the pandemic, these efforts moved online. The primary aims of the ICRC's involvement with these actors remained unchanged: helping them understand IHL more fully, gaining their support for the Movement's work, and persuading them to facilitate humanitarian access. The ICRC endeavoured to keep humanitarian concerns on the agenda of parties to conflict as the peace process got under way (see *Civilians*).

Government officials, religious scholars and academics furthered their understanding of IHL (its points of correspondence with Islamic law, for instance) through ICRC publications in local languages, by taking part in online symposiums or – before the pandemic – by attending conferences in other countries (see, for example, *Tunis*). The ICRC expanded its social-media presence in Afghanistan, worked with journalists to produce stories with humanitarian themes for traditional media, and maintained other public-communication initiatives. All these efforts sought to broaden awareness of IHL and such issues as attacks on medical personnel and facilities. They covered such areas as the ICRC's work in physical rehabilitation, its involvement in the implementation of measures against COVID-19, and the Movement's response to the pandemic. Other activities – to promote IHL and the implementation of IHL-related treaties – were postponed to 2021 or cancelled.

Weapon bearers strengthen their grasp of IHL

The ICRC strove to maintain its efforts – often undertaken with the defence and interior ministries – to facilitate the integration of IHL and other applicable norms into the doctrine, training and operations of the armed forces and the security forces; it also trained these personnel in first aid (see *Wounded and sick*). ICRC workshops enabled weapon bearers to strengthen their grasp of the norms mentioned above and/or to become more capable of instructing others in them. Some 3,500 military, security and police personnel were able to attend 115 ICRC courses and information sessions conducted in line with COVID-19 protocols; earlier in the year, senior officers attended IHL courses and workshops in other countries (see, for example, *Jordan*).

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent Society remained the ICRC's main partner in providing humanitarian aid. It received financial, material and technical support from the ICRC and other Movement components, for instance, to operate a COVID-19 treatment facility in Kabul.

The National Society strove to become more capable of operating in line with the Safer Access Framework in conflict-affected areas and during the pandemic. To that end, it drafted an emergency response plan and infection-prevention protocols for its facilities, implemented passive security measures, and trained its staff. The ICRC gave the National Society equipment and other assistance to improve its connectivity and its ability to host virtual meetings, to help ensure that it could maintain its activities while also following COVID-19 protocols. The ICRC also gave the National Society expert advice for developing its communication strategy and policies and for strengthening its internal control mechanisms.

With the ICRC's help, the National Society reinforced the provision of psychosocial support for its staff and volunteers – for instance, those involved in transferring human remains – by designating personnel to oversee this and providing the training necessary.

Movement components in Afghanistan coordinated their activities, particularly those designed to address the effects of the pandemic. They also continued to help the National Society to document security incidents and mark its health facilities with the red crescent emblem.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	208			
RCMs distributed	339			
Phone calls facilitated between family members	11,902			
Reunifications, transfers and repatriations				
People reunited with their families	4			
People transferred or repatriated	1			
Human remains transferred or repatriated	2,477			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	756	149	145	193
including people for whom tracing requests were registered by another delegation	7			
Tracing cases closed positively (subject located or fate established)	522			
including people for whom tracing requests were registered by another delegation	38			
Tracing cases still being handled at the end of the reporting period (people)	3,530	787	690	1,024
including people for whom tracing requests were registered by another delegation	157			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1	1		
UAMs/SC reunited with their families by the ICRC/National Society	4	2		
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	19			
Detainees in places of detention visited	26,344	626	722	
Visits carried out	85			
		Women	Girls	Boys
Detainees visited and monitored individually	1,410	105	3	37
of whom newly registered	857	79	3	22
RCMs and other means of family contact				
RCMs collected	115			
RCMs distributed	1,345			
Phone calls made to families to inform them of the whereabouts of a detained relative	90			
Detainees visited by their relatives with ICRC/National Society support	2,218			
Detainees released and transferred/repatriated by/via the ICRC	20			
People to whom a detention attestation was issued	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	25,097	6,717	8,833
of whom IDPs		1,335	396	545
Living conditions	Beneficiaries	7,985	2,641	739
Water and habitat				
Water and habitat activities	Beneficiaries	346,350	138,540	103,905
Primary health care				
Health centres supported	Structures	47		
of which health centres supported regularly		47		
Average catchment population		1,026,618		
Services at health centres supported regularly				
Consultations		814,895		
of which curative		760,377	251,334	32,890
of which antenatal		54,518		
Vaccines provided	Doses	299,302		
of which polio vaccines for children aged 5 or under		166,768		
Referrals to a second level of care	Patients	6,093		
of whom gynaecological/obstetric cases		58		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	39,287	1,711	1,444
Water and habitat				
Water and habitat activities	Beneficiaries	39,320	15,728	11,796
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
including hospitals reinforced with or monitored by ICRC staff		2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		1,326	74	95
(including those related to mines or explosive remnants of war)		493	33	43
Non-weapon-wound admissions		20,479		
Operations performed		22,990		
Medical (non-surgical) admissions		37,606	2,581	7
Gynaecological/obstetric admissions		29,995	5,165	
Consultations		476,031		
Patients whose hospital treatment was paid for by the ICRC		411,255		
First aid				
First-aid training				
Sessions		56		
Participants (aggregated monthly data)		923		
Water and habitat				
Water and habitat activities	Beds (capacity)	2,450		
Physical rehabilitation				
Projects supported		31		
of which physical rehabilitation projects supported regularly		7		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	111,381	15,456	44,349
of whom victims of mines or explosive remnants of war		15,858		
Prostheses delivered	Units	2,593		
Orthoses delivered	Units	12,621		
Physiotherapy sessions		145,000		
Walking aids delivered	Units	15,038		
Wheelchairs or postural support devices delivered	Units	1,514		
Referrals to social integration projects		2,014		

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

KEY RESULTS/CONSTRAINTS IN 2020

- In Cambodia, detaining authorities received comprehensive ICRC support for their efforts to ensure detainees' well-being. The ICRC could no longer visit detainees in Thailand, as access was not granted to it.
- Community-based health organizations along the Myanmar–Thailand border were given material and infrastructural support. In Cambodia and Vietnam, persons with disabilities obtained rehabilitative care at ICRC-supported centres.
- In southern Thailand, livelihood support from the ICRC helped people build their resilience to the effects of violence. Communities had broader access to essential services after the ICRC renovated infrastructure.
- Because of restrictions necessitated by the COVID-19 pandemic, the ICRC had to postpone or suspend most of its planned events for various actors of influence. Whenever possible, these events were held online or in person.
- The ICRC broadened awareness of IHL-related issues among civil society, government officials and other influential figures. It launched public-communication initiatives to inform people about IHL, humanitarian issues, and its work.

EXPENDITURE IN KCHF	
Protection	3,148
Assistance	6,048
Prevention	3,361
Cooperation with National Societies	959
General	1,070
Total	**14,586**
Of which: Overheads	*890*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	62
Resident staff (daily workers not included)	191

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,456
RCMs distributed	2,076
Phone calls facilitated between family members	1,050
Tracing cases closed positively (subject located or fate established)	16
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	10
Detainees in places of detention visited	19,074
of whom visited and monitored individually	62
Visits carried out	20
Restoring family links	
RCMs collected	1,862
RCMs distributed	1,707
Phone calls made to families to inform them of the whereabouts of a detained relative	727

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries	2,800	231
Living conditions	Beneficiaries		1,950
Capacity-building	Beneficiaries	450	
Water and habitat			
Water and habitat activities	Beneficiaries		357
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		42,407
Water and habitat			
Water and habitat activities	Beneficiaries	15,096	4,292
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	13	8
Physical rehabilitation			
Projects supported	Projects	23	22
Water and habitat			
Water and habitat activities	Beds (capacity)		490

CONTEXT

The situation in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR), Thailand and Viet Nam remained relatively stable. However, some socio-economic and political tensions – such as territorial disputes among certain countries – persisted in the region. Irregular migration remained an issue throughout the region, with migrants sometimes at risk of losing contact with their families; some were arrested. The COVID-19 pandemic compounded migrants' difficulties: border closures and economic difficulties forced hundreds of thousands of Cambodian and Lao migrants from Thailand, and thousands of Thai migrants from Malaysia, to return home.

In southern Thailand, violent incidents continued to cause casualties and disrupt ordinary life. Peace talks between the government and representatives of armed groups remained stalled.

Clashes between armed groups and the Myanmar military forces continued to take place in Myanmar along its border with Thailand; some people wounded in the fighting sought treatment in Thailand. Over 90,000 refugees from Myanmar were reportedly still in camps on the Thai side of the border.

Mines and explosive remnants of war (ERW) linked to past conflicts – especially in Cambodia, the Lao PDR and Viet Nam – and natural disasters remained major sources of regional concern.

ICRC ACTION AND RESULTS

The regional delegation in Bangkok strove to help people cope with the effects of past armed conflict and other ongoing situations of violence in the countries covered. It also sought to foster acceptance for the ICRC's neutral, impartial and independent humanitarian action among influential parties, with a view to gaining or maintaining safe access to people in need. It adapted its work in view of access-related and other constraints, such as the necessary measures taken to contain the spread of COVID-19: it directed some funds – intended for various activities – to respond to needs arising from the pandemic, and postponed or cancelled other activities.

In southern Thailand, the ICRC continued to help people strengthen their resilience to the effects of violence. It provided income support for the economically vulnerable, and renovated essential infrastructure in communities.

Members of families dispersed by past armed conflict and violence, migration or detention reconnected through the Movement's family links-services. Forensic actors in the region drew on ICRC expertise and training, and material aid, to develop their ability to manage human remains safely and properly, including the bodies of people confirmed or suspected to have died of COVID-19.

The ICRC maintained contact with detaining authorities in the region, with a view to helping them improve detainees' treatment and living conditions, and gaining access to all detainees within its purview. It visited places of detention in Cambodia, in accordance with its standard procedures, and communicated its findings and recommendations confidentially to the authorities concerned. Family-links services were made available to detainees in Cambodia and Thailand; the ICRC also visited Thai immigration centres, to help migrants reconnect with their relatives abroad. The ICRC decided to conclude its efforts to seek visits to detainees in Thailand, as the detaining authorities were not interested to provide it with access to do so. With ICRC support, penitentiary authorities and prison health staff throughout the region strove to check and prevent the spread of COVID-19 in places of detention and, in Cambodia, respond to disease outbreaks or other emergencies in prisons. Detainees in Cambodia benefited from ICRC projects to renovate or construct prison infrastructure.

The ICRC covered the costs of treatment, and COVID-19 tests, for some people wounded during clashes in Myanmar. In Cambodia and Viet Nam, persons with disabilities obtained good-quality services at physical rehabilitation centres that received comprehensive ICRC support; they also benefited from efforts to promote their social inclusion. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia, the Lao PDR and Viet Nam: it gave the authorities technical support for assuming more financial responsibility for rehabilitation centres, supported education in prosthetics and orthotics, and discussed the development of the prosthetics/orthotics field, respectively.

Military officers in Thailand and Viet Nam strengthened their grasp of IHL and other applicable norms at workshops and other ICRC events. Students tested their knowledge of IHL at moot court competitions held online and abroad. Public-communication initiatives by the National Societies and the ICRC helped to broaden awareness of IHL, humanitarian issues and the ICRC's efforts to address them, and the Movement and its work. Government officials, members of civil society and other influential actors advanced their understanding of IHL-related issues at ICRC events online.

National Societies in the region continued, with the ICRC's support, to strengthen their ability to respond to emergencies, restore family links and raise awareness of humanitarian principles and the Movement's work.

Pandemic-related restrictions prevented the ICRC from implementing its plans to conduct courses or training sessions in such areas as: basic business skills, for economically vulnerable people; treatment of blast injuries, for mine-action authorities and military personnel; vocational training and personal development, for detainees; first aid, for community health workers; and mental-health and psychosocial support, for health-care providers and community volunteers.

CIVILIANS

The ICRC continued to monitor the situation in the countries covered. In all its contact with the pertinent authorities and weapon bearers, it sought to foster acceptance for its neutral, impartial and independent humanitarian action, with a view to gaining or maintaining safe access to people in need. It engaged in discussions with the Cambodian authorities on

the protection-related issues of migrants, which became even more urgent in view of the pandemic.

The ICRC produced informational videos on coping with pandemic-related stress; they were viewed by some 3,800 people.

People in southern Thailand receive livelihood support

The ICRC worked to help communities in southern Thailand cope with the effects of violence. In coordination with a local NGO, it renovated the essential facilities at three schools, benefiting nearly 360 people.

In southern Thailand, 1,950 people in quarantine centres – namely returnees from Malaysia (see *Context*) – received food parcels, hygiene items, bedding and other household essentials from the ICRC, to help ease their living conditions. Together with a local partner, the ICRC gave a fishermen's group cash grants for buying supplies and equipment, enabling 20 of its members (supporting 100 people) to supplement their income; it had planned to do this in 2019, but had been delayed at the request of the pertinent authorities, as they sought further clarification from the ICRC on this activity. Four economically vulnerable breadwinners (supporting 16 people) started small businesses with the help of ICRC cash grants, as did breadwinners with disabilities (see *Wounded and sick*). Plans to give them training in basic business skills – through a local partner – were postponed, owing to pandemic-related and operational constraints.

Plans to train the Lao PDR mine-action authorities and the Vietnamese military in providing first aid for blast injuries were postponed, owing to pandemic-related restrictions; the funds allocated were used to tackle pandemic-related needs.

Forensic actors strengthen their capacity to manage human remains

Members of families dispersed by past armed conflict or other violence, migration, detention or other circumstances reconnected through the Movement's family-links services. Cambodian migrants seeking to return from Thailand (see *Context*) learnt good hygiene practices and means to prevent loss of family contact during migration – matters of particular importance, in view of the pandemic – from leaflets produced jointly by the ICRC and other Movement components.

Thai experts participated in online ICRC workshops on the process of searching for missing migrants and the plight of missing people's families.

With the ICRC's help, health authorities, forensic professionals, the police and others in the Lao PDR, Thailand and Viet Nam developed their ability to manage human remains safely and properly. The ICRC gave them guidelines for managing the bodies of COVID-19 victims; it also translated the guidelines into Vietnamese. In Thailand, it conducted train-the-trainer sessions on the use of a virtual-reality tool to simulate the management of human remains after disasters. It made presentations on the management of human remains after disasters to students at two Thai universities. The ICRC provided the Thai government's Central Institute of Forensic Services with personal protective equipment (PPE) and body bags.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought to help detaining authorities in the region improve detainees' treatment and living conditions, and to secure access to all detainees within its purview. To that end, it maintained dialogue with the Cambodian authorities; however, engagement with detaining authorities from the other countries covered – namely Thailand and Viet Nam – remained restricted in scope, owing to a lack of common priorities and pandemic-related constraints.

In Cambodia, the ICRC continued to visit – in accordance with its standard procedures – detainees held by the Directorate General of Prisons; its confidential dialogue with the Cambodian authorities focused on topics such as health care in detention and detainees' access to clean water. It also visited immigration centres in Thailand, to help migrants stay in touch with their families. It concluded its efforts to visit detainees at prisons managed by the Thai government's Department of Corrections, as the detaining authorities were not interested to provide it with access to do so.

The Cambodian authorities and the ICRC discussed various issues related to prison management. The ICRC also engaged a technical committee – composed of justice ministry officials and other relevant stakeholders – in discussions on judicial delays and alternatives to detention. It helped the detaining authorities strengthen their capacity to tackle overcrowding in prisons, by giving them the material support necessary.

Detainees in Cambodia, and migrants in Thai immigration detention centres, reconnected with their relatives through the Movement's family-links services. At the ICRC's urging, the Cambodian authorities allowed phone calls between detainees and their families; however, owing to security concerns, these phone calls were suspended in August. Around 70 detainees in Thailand were visited by their relatives, who received financial assistance from the ICRC.

Owing to pandemic-related restrictions, plans to conduct vocational training and personal development programmes for detainees, in partnership with a local NGO, were postponed.

Authorities are given support to protect detainees against COVID-19

Detaining authorities in the region received comprehensive ICRC support for their COVID-19 response. Thai and Vietnamese authorities received guidelines for checking and preventing the spread of the disease in places of detention. Cambodian authorities were given technical support, and training, to implement COVID-19 infection prevention and control measures and disinfection practices; around 42,400 detainees, including the particularly vulnerable, were given medicine and hygiene items. The ICRC provided PPE for the authorities at immigration detention centres in Thailand.

Aided by the ICRC, Cambodian authorities established a technical working group to address health-related matters in prisons. The group drew on the ICRC's expertise to draft standard procedures for preventing and controlling the spread of COVID-19. The ICRC backed the detaining authorities' response to disease outbreaks and other emergencies: it gave them material and technical

support for conducting anti-scabies campaigns at two prisons, and provided relief aid to some vulnerable detainees (see above) at prisons that were flooded.

Prison staff in Cambodia strengthened their capacities in ensuring proper nutrition for detainees and in managing detainees' health-related information: they did so through training sessions organized by the health ministry and the ICRC, at the request of the detaining authorities.

In Thailand, the ICRC maintained its network of contacts among academics, regional bodies and other relevant organizations; its aim was to make expertise in detention-related matters, and the capacity-building support necessary, available to the parties concerned. It organized a workshop on health care in detention for prison health staff, and – together with a university in Bangkok – conducted an online course on the subject.

Detainees in Cambodian prisons have better living conditions

Living conditions for some 4,280 detainees in Cambodia improved after the ICRC renovated or constructed infrastructure. It drilled boreholes, installed pumps and donated equipment. It also trained nine engineers to operate and maintain the water facilities at prisons.

In Thailand, public-health engineers attended an ICRC workshop on health care in detention (see above). The ICRC helped a Thai university's architectural department to develop its curriculum, and delivered online lectures to students on prison design.

WOUNDED AND SICK

Wounded people in Thailand obtain suitable medical care

Some people wounded in clashes in north-eastern Myanmar sought treatment in Thailand (see *Context*). During discussions with the authorities in areas along the Myanmar–Thailand border, the ICRC emphasized the necessity of facilitating access to medical care for these people. It covered the costs of treatment, and COVID-19 tests, for some of them, and provided financial assistance for eight hospitals that admitted them.

The ICRC coordinated with the authorities in border areas to implement COVID-19 infection and prevention control measures. It donated disinfection supplies to nearby community-based health organizations, and at two such organizations (490 beds), it installed handwashing stations, renovated infrastructure and distributed hygiene items.

Plans to train community health workers in first aid, and health-care providers and community volunteers in mental-health and psychosocial support, were postponed because of pandemic-related constraints.

Persons with disabilities receive good-quality rehabilitative services

In Cambodia and Viet Nam, 7,400 persons with disabilities[1] obtained rehabilitative care at six physical rehabilitation centres or through their outreach programmes; the ICRC covered their food, transportation and accommodation costs. The centres received material, financial and technical support, and training, from the ICRC; one centre in Cambodia received additional funding from the ICRC's Programme for Humanitarian Impact Investment. The centres also received PPE, hygiene supplies, training in COVID-19 preventive measures, and guidance for screening and managing COVID-19 cases. The ICRC sponsored six staff members from the Cambodian centres to attend courses in physical therapy abroad. Aided by the ICRC, the pertinent Cambodian authorities were in the process of assuming financial responsibility for running the centres. The ICRC provided a local physiotherapy association with financial assistance for covering its running costs; it also gave the association PPE and training in COVID-19 preventive measures.

In Viet Nam, physical-rehabilitation services at three orthopaedic hospitals were backed by ICRC training and expertise. During a coordination meeting with the ICRC, personnel from four of the above-mentioned rehabilitation centres and three disabled people's associations exchanged best practices in rehabilitative care.

The ICRC provided two Cambodian ministries with technical advice, and training, for incorporating national standards for physiotherapy in the country's services. It sponsored 14 physiotherapists from Cambodia to attend a train-the-trainer session in physiotherapy abroad. It also helped a Cambodian university to finalize the curriculum for a degree course in physiotherapy; it gave students scholarships to study related courses there. Plans to help develop the curriculum for a degree course in prosthetics/orthotics, at a Vietnamese training institute, were postponed because of pandemic-related and operational constraints.

The ICRC worked to advance the social inclusion of persons with disabilities. Together with a disabled people's association in Cambodia, it gave 23 persons with disabilities (supporting 115 people) cash grants for starting small businesses. It gave the Cambodian Wheelchair Basketball Federation technical support for its formal recognition by the government. In the Lao PDR, it organized sporting events to mark the International Day of Persons with Disabilities. With the ICRC's help, children with disabilities were able to continue attending two schools in Cambodia.

Authorities in the Lao PDR strive to ensure the sustainability of the physical rehabilitation sector

The Lao PDR health ministry and the ICRC continued to work together to strengthen the country's physical rehabilitation sector. Six physiotherapists participated in a study tour to an ICRC-supported rehabilitation centre in Cambodia. Students continued their education in prosthetics/orthotics at schools in Cambodia and Viet Nam; the ICRC paid their tuition.

The ICRC and Vietnamese authorities discussed the development of the country's physical rehabilitation sector, particularly regarding the field of prosthetics/orthotics.

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

ACTORS OF INFLUENCE

The ICRC had to postpone or suspend most of its planned events because of pandemic-related movement restrictions; the funds allocated were redirected towards responding to needs arising from the pandemic. Whenever possible, these events were held virtually or in person.

In the countries covered, weapon bearers strengthened their grasp of IHL and other pertinent norms at events organized by the ICRC. Military officers in Thailand, including those involved in internal security operations, attended ICRC workshops on the norms applicable to their duties. Vietnamese troops bound for peace-support operations abroad were briefed on IHL.

ICRC publications and audiovisual materials – channelled mainly through social media – helped inform the public about IHL, and about humanitarian issues and the ICRC's efforts to tackle them. The subjects covered included: migration; sexual violence; COVID-19 and the stigma attached to it, and good hygiene; health care in detention; mental-health and psychosocial support; and physical rehabilitation. The ICRC arranged a field trip and other events for journalists, which resulted in broader coverage of its activities.

With the ICRC's help, the four National Societies produced their own public-communication materials to disseminate information on: COVID-19 and the stigma attached to it; the Movement and its activities; and the proper use of the red cross and red crescent emblems. National Society staff and volunteers themselves also learnt more about these matters at ICRC dissemination sessions (see *Red Cross and Red Crescent Movement*).

Students in Thailand and Viet Nam tested their grasp of IHL at moot court competitions – sometimes held virtually – organized by Thai and Vietnamese universities and the ICRC; they also participated in an international moot court competition, with ICRC sponsorship (see *Beijing*). The ICRC, in coordination with Thai universities, hosted webinars on IHL for students.

The ICRC continued to draw the attention of various influential actors to pertinent IHL-related issues. Together with the Association of Southeast Asian Nations and the Vietnamese foreign affairs ministry, it organized a virtual conference on cyber warfare and, with the ministry, online information sessions on the Convention on Cluster Munitions and the use of explosive weapons in densely populated areas. In Thailand, the ICRC produced a podcast on the Treaty on the Prohibition of Nuclear Weapons. Thai government officials were supported to attend an ICRC event online, at which their counterparts in other countries and members of national IHL committees discussed such matters as the obstacles to IHL implementation (see *Jakarta*).

RED CROSS AND RED CRESCENT MOVEMENT

The four National Societies in the region drew on financial, material and technical support, and training, from the ICRC to bolster their capacities in such areas as responding to emergencies – particularly the pandemic and natural disasters – and restoring family links (see also *Civilians*); and strengthen their statutes and/or legal bases. Aided by the ICRC, the Viet Nam Red Cross conducted mine-risk education sessions in areas affected by mines/ERW, and provided livelihood assistance to victims of mines/ERW. With the ICRC's support, the Cambodian Red Cross Society provided micro-credit for persons with disabilities.

The ICRC trained first responders from the Lao Red Cross in providing emergency medical services; police officers in the Lao PDR learnt to administer first aid at training sessions organized by the National Society, with ICRC support. Thai Red Cross Society personnel were trained to provide basic care for persons with disabilities; some staff attended ICRC train-the-trainer sessions on promoting the social inclusion of persons with disabilities.

To respond to the needs arising from the pandemic, the ICRC reallocated funds intended for training National Society personnel in the Safer Access Framework; however, it was still able to conduct workshops on the framework for the Viet Nam Red Cross. It distributed PPE to the Cambodian, Lao PDR and Thai National Societies.

National Society staff and volunteers attended ICRC dissemination and train-the-trainer sessions, and were given informational resources, on the Movement and the red cross emblem. At ICRC dissemination sessions, university students in Cambodia learnt more about the Cambodian Red Cross's activities.

Movement components in the region met periodically to discuss and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,456	2		
RCMs distributed	2,076			
Phone calls facilitated between family members	1,050			
Names published in the media	10			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	31	4	11	8
including people for whom tracing requests were registered by another delegation	13			
Tracing cases closed positively (subject located or fate established)	16			
including people for whom tracing requests were registered by another delegation	10			
Tracing cases still being handled at the end of the reporting period (people)	109	19	17	28
including people for whom tracing requests were registered by another delegation	37			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	10			
Detainees in places of detention visited	19,074	1,722	1,353	
Visits carried out	20			
		Women	Girls	Boys
Detainees visited and monitored individually	62	8		10
of whom newly registered	22	4		5
RCMs and other means of family contact				
RCMs collected	1,862			
RCMs distributed	1,707			
Phone calls made to families to inform them of the whereabouts of a detained relative	727			
Detainees visited by their relatives with ICRC/National Society support	72			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	231	71	93
Living conditions	Beneficiaries	1,950	1,021	
Water and habitat				
Water and habitat activities	Beneficiaries	357	179	178
Mental health and psychosocial support				
People who attended information sessions on mental health		3,831		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	42,407	3,832	2,639
Water and habitat				
Water and habitat activities	Beneficiaries	4,292	304	
Health care in detention				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		23	1	1
Weapon-wound surgeries performed		29		
Patients whose hospital treatment was paid for by the ICRC		23		
Water and habitat				
Water and habitat activities	Beds (capacity)	490		
Physical rehabilitation				
Projects supported		22		
of which physical rehabilitation projects supported regularly		6		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	7,433	1,132	1,131
of whom victims of mines or explosive remnants of war		3,262		
Prostheses delivered	Units	1,690		
Orthoses delivered	Units	849		
Physiotherapy sessions		22,625		
Walking aids delivered	Units	2,320		
Wheelchairs or postural support devices delivered	Units	473		
Referrals to social integration projects		211		

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 2020

- Displaced people from Myanmar and vulnerable residents were given emergency aid. The ICRC scaled up its emergency assistance activities in response to the COVID-19 pandemic.
- The ICRC promoted good hygiene, installed handwashing stations and made improvements to sanitation infrastructure. This enabled tens of thousands of people to live in sanitary conditions and protect themselves against disease.
- The ICRC's close contact with the authorities and key members of civil society enabled it to preserve its access to displaced people and vulnerable residents – who, the authorities were reminded, must be protected and assisted.
- Detainees in all facilities under the prison directorate benefited from the ICRC's support for the national COVID-19 response. The ICRC provided detaining authorities with material assistance, training for staff and expert advice.
- Tens of thousands of people obtained medical care at the emergency department of the Cox's Bazar district hospital, which received comprehensive ICRC support. Persons with disabilities received rehabilitative care at ICRC-supported centres.
- Aided by the ICRC, the Bangladesh Red Crescent Society continued to lead the Movement's efforts to assist both displaced people from Rakhine State in Myanmar and vulnerable residents.

EXPENDITURE IN KCHF	
Protection	3,836
Assistance	13,064
Prevention	1,685
Cooperation with National Societies	842
General	267
Total	**19,695**
Of which: Overheads	*1,200*
IMPLEMENTATION RATE	
Expenditure/yearly budget	82%
PERSONNEL	
Mobile staff	44
Resident staff (daily workers not included)	167

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	288
RCMs distributed	125
Phone calls facilitated between family members	145
Tracing cases closed positively (subject located or fate established)	378
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	27,094
of whom visited and monitored individually	55
Visits carried out	14
Restoring family links	
RCMs collected	36
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	7,500	82,255
Food production	Beneficiaries	18,000	4,036
Income support	Beneficiaries	11,000	3,275
Living conditions	Beneficiaries	7,500	43,525
Water and habitat			
Water and habitat activities	Beneficiaries	49,317	53,788
Health			
Health centres supported	Structures	3	4
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	15,000	89,263
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	1
Physical rehabilitation			
Projects supported	Projects	7	7
Water and habitat			
Water and habitat activities	Beds (capacity)	335	2,237

CONTEXT

Some 720,000 people who had fled violence in Rakhine after August 2017 (see *Myanmar*) remained in Bangladesh, along with hundreds of thousands who had arrived before then. The governments of Bangladesh and Myanmar continued discussions on facilitating their return, but no returns took place. Some displaced people were at camps in Cox's Bazar – in Teknaf and Ukhiya – and in shelters near or within host communities. Others settled along the Bangladesh–Myanmar border.

Most of the displaced people mentioned above were destitute; some were injured or sick. The camps in Cox's Bazar were overpopulated. Basic goods and services, already scarce, were overstretched – leading to tensions between displaced people and host communities. Some displaced families remained separated. The COVID-19 pandemic and the movement restrictions made necessary by it added to their difficulties.

Security forces throughout Bangladesh carried out operations against allegedly violent groups, particularly in Cox's Bazar and in the Chittagong Hill Tracts, where an increase in security incidents was reported. Prisons were overcrowded, and detainees lacked access to health care and other basic services.

Communal tensions persisted in the Chittagong Hill Tracts, as did political violence. Heavy monsoon rain and the resulting floods exacerbated people's difficulties.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the urgent needs of displaced people – at camps in Cox's Bazar, and in an area along the Bangladesh–Myanmar border that was inaccessible to most organizations – and to assist vulnerable residents in host communities and the Chittagong Hill Tracts; in the latter, it conducted most of its activities with the Bangladesh Red Crescent Society. The ICRC coordinated its work with Movement components and other organizations, and with local authorities. It adapted to the exigencies of the pandemic and related constraints and pursued a more emergency-oriented approach; not all planned activities managed to push through, others were rescaled, and new activities were initiated.

The ICRC monitored the concerns of displaced people and vulnerable residents, and reminded the authorities, and military and police commanders, of the importance of protecting them and ensuring their safe access to humanitarian and basic services. When necessary, it passed on allegations of unlawful conduct confidentially to the pertinent authorities, with a view to ending or preventing such misconduct. Through its interaction with these actors, and members of civil society, the ICRC cultivated support for the Movement, and maintained its access to vulnerable people.

The ICRC gave vulnerable residents and displaced people food rations, cash and essential household items, some of which helped to keep them safe from COVID-19. Aided by the ICRC, residents of host communities and the Chittagong Hill Tracts worked to stabilize their financial situation. The ICRC constructed a sewage treatment plant that improved a sewage system serving tens of thousands of people in Cox's Bazar. ICRC activities, such as hygiene promotion and installation of handwashing stations, enabled people to live in sanitary conditions and protect themselves against disease.

Tens of thousands of people's access to primary health care was reinforced by two health posts operated by the ICRC and by the deployment of mobile health teams to two camps for displaced people. Wounded and sick people obtained medical care at the emergency department of the Cox's Bazar district hospital; the ICRC gave the hospital comprehensive support for adapting to the difficulties created by the pandemic. Material and other support from the ICRC also enabled numerous other health facilities to maintain sanitary conditions.

People with physical disabilities obtained rehabilitative services at three ICRC-supported physical rehabilitation centres; an ICRC-supported mobile clinic referred people – some of whom it had treated – from the camps in Cox's Bazar. The ICRC covered their treatment costs, and in some cases, their food, transportation and accommodation costs as well. Material and technical support was given to an educational institute that provided instruction in prosthetics and orthotics. People with physical disabilities took part in ICRC-supported activities that sought to advance their social inclusion, such as a training camp in wheelchair basketball.

The ICRC visited detainees and communicated its findings and recommendations confidentially to the authorities; these visits were halted in March due to the pandemic and movement restrictions made necessary by it. In response to the pandemic, the ICRC worked to help national detention authorities to tackle COVID-19 in all detention facilities under the prison directorate; it gave them expert advice, personal protective equipment (PPE), disinfectants, hand sanitizers, infrared thermometers and other equipment, and helped to set up isolation facilities.

The ICRC supported the National Society's family-links services for members of separated families, including displaced people. It gave the authorities and local NGOs expert advice, body bags, PPE and burial materials, to help them ensure the safe and dignified management of the remains of people who had died of COVID-19.

CIVILIANS

The ICRC engaged authorities and armed/security forces personnel in dialogue on international norms for protecting vulnerable people – in particular, displaced people from Rakhine and residents of the Chittagong Hill Tracts – and facilitating their access to humanitarian aid and to health-care and other basic services. When necessary, it documented vulnerable people's concerns and communicated allegations of unlawful conduct confidentially to the pertinent authorities, with a view to ending or preventing such conduct; victims/survivors of sexual violence were referred for medical care and other assistance. Sometimes, because of pandemic-related constraints, the ICRC had to track these concerns remotely. The pandemic also forced the cancellation of ICRC workshops on international law enforcement standards for border guards and police and army personnel.

People in the communities mentioned above learnt about the Movement's family-links services from the ICRC through public communication channels; also in these communities, and in others severely affected by the pandemic, the ICRC organized a communication campaign that encouraged the use of face masks and stressed the importance of respecting health workers. Vulnerable people expressed their concerns about their situations and their views on the ICRC's activities at community feedback sessions and through an ICRC hotline.

Interaction with these community members, the national authorities, and officers from the military and security forces helped the ICRC to gather support for its work and maintain its access to violence-affected people.

Displaced people and vulnerable residents meet their basic needs and have access to health care

Together with the Bangladesh Red Crescent Society, the ICRC endeavoured to assist displaced people and vulnerable residents while also adapting its planned activities to the COVID-19 pandemic and restrictions necessitated by it; some activities had to be postponed or cancelled, and others were adapted to the new constraints or rescaled in pursuit of a more emergency-oriented approach.

Nearly 16,500 resident and displaced households (82,000 people) – in Cox's Bazar, the Chittagong Hill Tracts and a border area inaccessible to most organizations – were given food rations and/or cash for buying food by the ICRC and the National Society. Of this group, some 8,700 displaced households (43,500 people) received hygiene kits and/or other items for protection against COVID-19, as well as essential household items (e.g. cooking fuel and blankets).

Vulnerable people from the areas mentioned above, and others with physical disabilities, worked to increase their income, or engaged in food production work with the ICRC's assistance. Breadwinners from 617 households (3,275 people) received vocational training and/or cash grants for starting or restoring small businesses. Cash grants helped 245 farming households (1,639 people) to cover their production costs and 163 fishing households (897 people) to pursue other livelihoods, such as fish farming; irrigation channels dug by 300 breadwinners (supporting 1,500 people), under an ICRC cash-for-work initiative, bolstered food-production capacities in their communities.

The ICRC constructed a sewage treatment plant that improved a sewage system serving some 30,000 people in Teknaf; the ICRC and local officials entered into a partnership with a third-party service provider to collect and transport waste to the plant. ICRC and National Society activities, such as hygiene promotion and installation of handwashing stations, enabled over 3,800 displaced people to maintain sanitary conditions and curb the spread of disease in their communities; some of them were also given construction materials such as ropes and tarpaulins to repair their homes or reinforce them against inclement weather. Materials for repairing and reinforcing shelters were distributed to 24 communities in the Chittagong Hill Tracts and made accessible to about 19,900 residents. The ICRC made repairs at cyclone-damaged health posts in Domdomia and Nayapara.

The ICRC made basic health services, including antenatal care and family planning, more readily available to tens of thousands of displaced people and residents. It ran two health posts – in Nayapara and Tombru – with the health ministry; and its mobile health teams, together with National Society teams supported by it, provided treatment at two camps for displaced people from Rakhine. Until March, health staff at the two health posts mentioned above were trained to provide mental-health and psychosocial support and told about the protection due to those seeking or providing health care; this was suspended because of the pandemic.

Victims of violence obtained psychosocial support from community-based workers and National Society volunteers trained by the ICRC; some were referred to other institutions for further care. The ICRC provided psychosocial support for staff at the health facilities it supported, to enable them to cope with the emotional distress caused by the pandemic.

Members of dispersed families stay in touch

Displaced people and others separated from their relatives used family-links services provided by the National Society – such as RCMs and tracing – to reconnect with their relatives; the ICRC provided training. and financial and technical assistance, in support of these services. People learnt about these services at ICRC information sessions in technical training centres for prospective migrants. The ICRC provided the National Society's family-links volunteers with PPE to protect themselves against COVID-19. Owing to the pandemic and related restrictions, the National Society and the ICRC were unable to conduct studies on the needs of people separated from their families and the legal frameworks applicable to them.

The ICRC gave the authorities and local NGOs expert advice, body bags, PPE and burial materials, to help them ensure the safe and dignified management of the remains of people who had died of COVID-19. In vulnerable communities where people sometimes conduct home burials, people learnt how to use PPE correctly and handle human remains safely – through ICRC information sessions or from ICRC posters.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in 8 places of detention to monitor their treatment and living conditions. Particular attention was given to women, minors, foreigners, and detainees with disabilities or in ill health; 55 detainees were monitored individually. Findings and recommendations were discussed confidentially with the penitentiary authorities. Beginning in March, the ICRC was unable to continue these visits because of the pandemic and the movement restrictions necessitated by it. During this time, the ICRC prioritized supporting authorities' efforts against the pandemic.

While visits were still possible, the ICRC worked with the Bangladesh Red Crescent Society to provide detainees with family-links services, such as RCMs, to help them restore or maintain contact with relatives; it also helped foreign

detainees to notify their embassies of their detention. The pandemic forced a temporary suspension of family visits for detainees; in response, the ICRC urged authorities to ensure that safe means for maintaining family contact were available to detainees.

Detainees and guards are protected against COVID-19

Working closely with national detention authorities, the ICRC assisted in the COVID-19 response of all 68 detention facilities under the prison directorate (holding about 89,000 detainees in all); the ICRC also helped authorities to set up three COVID-19 isolation centres to be used for detainees, but human resources constraints prevented their use. PPE, disinfectants, hand sanitizers, infrared thermometers and other equipment were donated by the ICRC to these facilities or purchased by them with the ICRC's financial support. At the Old Dhaka Central Jail, certain guards who were working in close proximity to detainees suspected or confirmed to have COVID-19 were housed in tents which the ICRC provided and equipped with hygiene facilities and other necessary amenities.

Detaining authorities were given training or expert advice by the National Society and ICRC that helped them to prevent and respond to outbreaks of COVID-19; for example, the ICRC helped them to develop the relevant standard operating procedures. Prison guards, detainees and – before family visits were suspended – visiting relatives learnt how to better protect themselves against COVID-19 and cope with pandemic-related restrictions through informative videos and other digital resources produced by the ICRC and an NGO partner.

In addition to its pandemic-related activities, the ICRC continued to run a project at the Tangail prison, under which new detainees and any children with them were medically screened on arrival. The ICRC provided supplies and equipment for the project, and trained staff to implement it; it also took steps to replicate the project at one other prison, but could not complete this effort due to the pandemic and related constraints. Other detention-related activities that were planned for the year – upgrading water facilities, for example – were cancelled or postponed either because of the pandemic and its associated constraints or because resources had to be reallocated to the pandemic-related activities described above.

WOUNDED AND SICK

Tens of thousands of people receive emergency care at the Cox's Bazar district hospital

Despite adjustments made for pandemic-related constraints, ICRC support helped first responders to better provide wounded people with emergency care. Bangladesh Red Crescent Society teams working in urban areas and health workers operating in camps for displaced people attended basic and train-the-trainer sessions on first aid and emergency care; at these sessions they also learnt about the protection due to those seeking or providing health care.

Around 94,000 injured and sick people received medical care at the emergency department of the Cox's Bazar district hospital (250-bed capacity); the ICRC gave the hospital material aid, infrastructural support, training and expert guidance. It made renovations to the hospital's water system that helped to prevent water shortages, which had often occurred in 2019. Thousands of displaced people and residents of the communities hosting them were referred from health posts to the hospital's emergency department, or sent on from the department to another hospital for more advanced care, through networks reinforced by the ICRC. Hospital staff were also briefed on the Health Care in Danger initiative.

In response to the pandemic, the ICRC provided the hospital with PPE and helped it to implement protocols for preventing and controlling infections. Three floors of the emergency department, designated for COVID-19 patients, were renovated; the ICRC also set up tents that served as new emergency facilities at the hospital for this purpose, but logistical and other constraints prevented their opening.

Five health facilities (total capacity: 279 beds) managed waste and treated wastewater more safely and effectively with systems set up or improved by the ICRC; the facilities were disinfected regularly by ICRC-supported National Society volunteers. The ICRC provided training, expert advice and material support for 31 health facilities (around 1,800 beds) in the Chittagong Hill Tracts, which enabled their personnel to become more effective in implementing measures to prevent and control infections.

Persons with disabilities obtain suitable care

Around 2,700 people[1] with physical disabilities obtained rehabilitative services at three branches of the Centre for the Rehabilitation of the Paralyzed (CRP); some were treated at or referred from camps in Cox's Bazar by an ICRC-supported and CRP-run mobile clinic that managed to operate for about half the year despite pandemic-related restrictions. The ICRC provided the CRP, particularly those three branches, with expert advice, training and material support – including PPE – to bolster and sustain its operations during the pandemic. The centres were also given support to procure materials for producing assistive devices. About 330 patients were given financial support by the ICRC for transportation, accommodation and food during their treatment. ICRC support for a physical rehabilitation centre run by the National Institute of Traumatology and Orthopaedic Rehabilitation in Dhaka was cancelled, owing to administrative constraints.

The Bangladesh Health Professions Institute provided instruction in prosthetics and orthotics. Material support and expert guidance from the ICRC helped the institute to strengthen its curriculum and move its classes online after the onset of the pandemic. ICRC scholarships enabled two people to study prosthetics and orthotics at universities abroad.

People with physical disabilities took part in ICRC-supported activities that sought to advance their social inclusion. An ICRC-funded CRP programme helped some of them to boost their income (see *Civilians*) and worked with the Bangladesh Basketball Federation to provide them with training in wheelchair basketball. A training camp in women's wheelchair

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

basketball was organized in March, and from October onwards, wheelchair basketball coaches took part in train-the-trainer sessions online. Athletes in the programme were given cash to help them cope with the difficulties of the pandemic and related restrictions.

ACTORS OF INFLUENCE

Military and security forces personnel strengthen their grasp of IHL and/or other applicable norms

Military and security forces officers added to their knowledge of IHL and/or international human rights law – particularly provisions governing the use of force during arrests and detention – at ICRC training sessions; this included a two-day workshop on the military's role in security operations. Some 270 officers from the Defence Services Command and Staff College attended virtual information sessions on IHL.

The ICRC supported the authorities' efforts to incorporate IHL and international human rights law in domestic legislation more broadly. It met with legislative officials to urge them to draft bills for implementing the 1949 Geneva Conventions and the Anti-Personnel Mine Ban Convention; it also met with officials from the foreign affairs ministry to discuss implementation measures. Newly appointed judges attended IHL training sessions organized by the ICRC. Diplomats and others learnt more about IHL at online ICRC events and courses.

Academics and journalists learn about IHL and the Movement's activities

The Bangladesh Red Crescent Society and the ICRC cultivated support for IHL, and for their neutral, impartial and independent humanitarian action, in all their interactions with civil society. Journalists attended online events – jointly organized by Internews, the Dart Center for Journalism & Trauma, and the ICRC – about overcoming traumatic experiences and covering the pandemic safely. Two religious scholars were sponsored to attend a regional IHL course; the ICRC also organized domestic IHL events for other academics, and ICRC legal advisers served as judges in moot court competitions.

The ICRC aided the National Society's efforts to strengthen its public communications. With the ICRC's support, the National Society produced a radio show that broadcast key messages on such matters as disaster preparedness and maternal health.

Because of the pandemic, other activities with military and security forces, government officials and influential members of civil society had to be cancelled or postponed.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society continued to lead the Movement's efforts to assist both displaced people from Rakhine and vulnerable residents. It received comprehensive support from the ICRC, the International Federation and other National Societies. Movement partners in the country met to coordinate their activities and discuss matters of common concern, such as the pandemic and the return of displaced people to Rakhine.

ICRC support helped the National Society to assess needs and distribute humanitarian aid more effectively and in line with the Safer Access Framework.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	288			
RCMs distributed	125			
Phone calls facilitated between family members	145			
Reunifications, transfers and repatriations				
People reunited with their families	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	121	13	4	21
including people for whom tracing requests were registered by another delegation	4			
Tracing cases closed positively (subject located or fate established)	378			
including people for whom tracing requests were registered by another delegation	43			
Tracing cases still being handled at the end of the reporting period (people)	1,319	85	42	237
including people for whom tracing requests were registered by another delegation	56			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	12	7		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	27,094	724	103	
Visits carried out	14			
		Women	Girls	Boys
Detainees visited and monitored individually	55	5	1	4
of whom newly registered	39	5	1	2
RCMs and other means of family contact				
RCMs collected	36			
Phone calls made to families to inform them of the whereabouts of a detained relative	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	82,255	27,891	30,824
Food production	Beneficiaries	4,036	1,222	1,706
Income support	Beneficiaries	3,275	972	1,296
Living conditions	Beneficiaries	43,525	17,409	13,058
Water and habitat				
Water and habitat activities	Beneficiaries	53,788	16,709	16,201
Primary health care				
Health centres supported	Structures	4		
of which health centres supported regularly		4		
Average catchment population		50,524		
Services at health centres supported regularly				
Consultations		56,130		
of which curative		54,511	23,657	23,601
of which antenatal		1,619		
Referrals to a second level of care	Patients	117		
of whom gynaecological/obstetric cases		31		
Mental health and psychosocial support				
People who received mental-health support	Cases	35		
People trained in mental-health care and psychosocial support		18		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	89,263	11,599	
Health care in detention				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention	Structures	1		
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		93,962		
First aid				
First-aid training				
Sessions		15		
Participants (aggregated monthly data)		184		
Water and habitat				
Water and habitat activities	Beds (capacity)	2,237		
Physical rehabilitation				
Projects supported		7		
of which physical rehabilitation projects supported regularly		3		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	2,721	193	1,777
of whom victims of mines or explosive remnants of war		41		
Prostheses delivered	Units	306		
Orthoses delivered	Units	2,193		
Physiotherapy sessions		8,042		
Walking aids delivered	Units	220		
Wheelchairs or postural support devices delivered	Units	99		
Referrals to social integration projects		70		

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.

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- Because of the COVID-19 pandemic and the subsequent restrictions in the Democratic People's Republic of Korea (DPRK), the ICRC suspended most of its activities, but not its support for two physical rehabilitation centres there.
- ICRC-supported centres in China provided physical rehabilitation and assistive devices. The cooperation agreement between the ICRC and a hospital in Sichuan, which produced prostheses and orthoses, expired in March.
- Training for National Society staff in restoring family links and managing human remains was cancelled because of the pandemic and its related restrictions.
- Peacekeepers from the Republic of Korea (ROK) learnt about IHL, the humanitarian consequences of the pandemic, and the ICRC's response to it at ICRC presentations during their predeployment training.
- In China, the ICRC engaged various public-health authorities in dialogue about supporting their efforts to deliver health care and respond to emergencies.

EXPENDITURE IN KCHF	
Protection	252
Assistance	3,852
Prevention	4,914
Cooperation with National Societies	2,397
General	111
Total	**11,526**
Of which: Overheads	*703*
IMPLEMENTATION RATE	
Expenditure/yearly budget	64%
PERSONNEL	
Mobile staff	20
Resident staff (daily workers not included)	65

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	22,600	
Income support	Beneficiaries	300	
Capacity-building	Beneficiaries	131	
Water and habitat			
Water and habitat activities	Beneficiaries	105,100	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	
Physical rehabilitation			
Projects supported	Projects	5	4
Water and habitat			
Water and habitat activities	Beds (capacity)	150	

CONTEXT

China continued to figure prominently in international affairs – for example, through the Belt and Road Initiative. It strengthened its engagement with the transnational aspects of such issues as public health, and emergency preparedness and response.

China and the ROK took steps to contain the spread of COVID-19; the DPRK kept its borders closed. Despite the restrictions in place, cases continued to be reported in the region – except in the DPRK, which maintained that it had zero cases.

The Hong Kong national security law – the subject of widespread protests in 2019 – took effect in June. Criminalization of dissent led to arrests.

Some people in the Korean peninsula continued to endure the consequences of the 1950–1953 Korean War: mines and explosive remnants of war (ERW) jeopardized public safety; members of separated families were unable to contact each other; and many missing people remained unaccounted for.

In the DPRK, the availability of water, medical care and physical rehabilitation remained uncertain; the pandemic may have made matters worse. Food production remained inadequate and food insecurity was chronic – a situation caused and also exacerbated by natural disasters.

UN Security Council sanctions against the DPRK remained in place; however, the ICRC, and other organizations delivering humanitarian aid were exempted from them.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Beijing sought to maintain its dialogue with 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, especially in China and the DPRK. Pandemic-related restrictions on movement and access, however, forced the suspension, postponement or cancellation of many ICRC activities, some of which had been planned jointly with the National Societies in the region.

In the DPRK, ICRC activities to increase food production, and broaden access to water for civilians, were suspended. Training courses for government officials, staff of the Red Cross Society of the Democratic People's Republic of Korea, and others were also put on hold.

The physical rehabilitation centres in Rakrang and Songrim, in the DPRK, continued to provide services to persons with disabilities. The ICRC gave them material support but replenishing their dwindling stock of medical supplies was made impossible by the DPRK's closure of borders. The ICRC had to suspend support for the emergency department of a hospital in Pyongyang.

The ICRC continued to give the Yunnan branch of the Red Cross Society of China material and financial support to run a physical rehabilitation centre and a workshop where assistive devices were repaired. The prosthetics and orthotics unit of a hospital in Sichuan produced assistive devices with guidance from the ICRC; the ICRC's cooperation agreement with this hospital ended in March, as planned. Destitute households in China undertook livelihood activities through a Chinese Red Cross programme funded by the ICRC. After the onset of the pandemic, the priorities of the Chinese Red Cross shifted to addressing its consequences. This meant that training for Chinese Red Cross personnel in providing economic assistance, restoring family links and managing human remains had to be cancelled. The ICRC discussed with public-health authorities possibilities for supporting their efforts to deliver health care and respond to emergencies.

The ICRC's discussions with government and military officials, and other influential parties in the region focused on strengthening their grasp of IHL and cultivating acceptance and support for the ICRC and its activities. It continued to reiterate – to the government, and the Republic of Korea National Red Cross – its readiness to help reconnect people and families separated by the 1950–1953 Korean War.

The ICRC worked with the ROK armed forces to help ensure that their personnel understood the basic principles of IHL and other international norms. Government officials, business leaders, academics and others in China and the ROK learnt more about humanitarian issues from presentations made by the ICRC. The ICRC boosted its public engagement in the region by strengthening its presence in broadcast, print and online media.

The ICRC worked in partnership with the National Societies and coordinated its work with that of other Movement components in the region.

CIVILIANS

The ICRC adapted its work to national measures for controlling and preventing infections in the countries covered, and to the specific needs of people affected by the pandemic. Because of movement and travel restrictions, most activities were scaled down.

Pandemic-related restrictions hamper the implementation of activities

The DPRK authorities' measures against COVID-19 included confining members of the international community to Pyongyang. The ICRC therefore put most of its activities on hold, in particular: initiatives to increase food production among vulnerable rural communities and broaden access to water and sanitation for inhabitants of periurban areas; training for local authorities in charge of water systems; and training also for government and DPRK Red Cross personnel in disposing of unexploded ordnance and treating victims of mines/ERW.

In the ROK, the ICRC developed its engagement with people working in the areas of weapon contamination and forensics. It also continued to offer its services as a neutral intermediary to the authorities, with a view to facilitating contact between people and families separated by the 1950–1953 Korean War. However, the pandemic and reordered priorities forced the postponement of several meetings with these parties.

In China, the ICRC was not able to launch any new livelihood-support projects with a local NGO, because of the pandemic and strategic reorientations. It continued, however, to fund the integrated community resilience programme of the Chinese Red Cross, through which destitute households received cash grants for undertaking livelihood activities; implementation of the programme began in 2019.

After the onset of the pandemic, responding to it became the Chinese Red Cross's main priority; because of this and the travel restrictions enforced by the authorities, training for Chinese Red Cross personnel in providing economic assistance, restoring family links and managing human remains, and capacity-building activities for government and Chinese Red Cross personnel in managing industrial accidents involving hazardous materials, had to be cancelled or postponed. In the last quarter of the year, the ICRC met with the veteran affairs ministry to discuss how it could make its expertise in managing human remains available to them.

PEOPLE DEPRIVED OF THEIR FREEDOM

In China, the ICRC was not able to establish a dialogue with the justice ministry on prison management and health care in prisons. An international conference on health care in prisons, to which the ICRC would have invited justice ministry officials, did not take place owing to a lack of minimal working conditions in place for a collaboration with the authorities.

WOUNDED AND SICK

Support for a Pyongyang hospital is put on hold

In the DPRK, the ICRC suspended its support for the emergency department of the Pyongyang Medical College Hospital (PMCH). At request of the DPRK Red Cross, the ICRC gave the emergency department some contingency stocks of medical equipment and supplies that it had been storing in the PMCH's warehouse since 2019.

Chinese authorities and the ICRC discuss health and emergency response

In China, the ICRC had discussions with public-health authorities about possibilities for supporting their efforts to deliver health care and respond to emergencies, including, but not limited to, the pandemic. In its interaction with stakeholders, the ICRC emphasized the humanitarian perspective on global health issues and China's delivery of international medical aid, particularly in violence-affected environments.

The People's Liberation Army of China and the ICRC signed a second agreement for the translation of the ICRC's second volume of the war surgery manual.

Persons with disabilities obtain rehabilitative care

In the DPRK, the physical rehabilitation centres in Rakrang and Songrim continued to function, but not at full capacity. Around 1,800 disabled people[1] received good-quality services at the centres, which the ICRC, in cooperation with the DPRK Red Cross, continued to support – by providing raw materials for assistive devices and personal protective equipment for staff. The low patient numbers is attributable to movement restrictions and to the delay in replenishing the dwindling stocks of medical supplies and equipment in both centres, caused by the country's closure of its borders. Training in physiotherapy and other rehabilitative services for staff at the centres, and scholarships for students to study prosthetics and orthotics, were put on hold because of access and travel restrictions.

In China, some 800 disabled people[1] in Sichuan and Yunnan obtained physiotherapy, and prostheses and other assistive devices, at a physical rehabilitation centre in Kunming, including a repair workshop in Malipo – both managed by the Yunnan branch of the Chinese Red Cross, with material support from the ICRC – and at the prosthetics and orthotics unit of the Chengdu Second People's Hospital (CSPH), which was given expert guidance by the ICRC. Services were halted at the height of the pandemic but resumed shortly afterwards with strict observance of preventive measures. The cooperation agreement between the ICRC and the CSPH ended in March, as planned. A seminar on hybrid prosthetic systems, organized jointly by the ICRC and the China Disabled Persons' Federation, did not take place because of access and other internal concerns.

ACTORS OF INFLUENCE

ICRC workshops and seminars draw attention to IHL and IHL-related issues

Despite the pandemic, the ICRC continued to seek contact – sometimes via online or phone meetings – with government and military officials, and other influential parties in the region, to help them strengthen their grasp of IHL and other related international norms, and to foster acceptance and support for its activities in the region and elsewhere. The ICRC strengthened its engagement with Chinese authorities, including the foreign affairs ministry, and others, and urged them to join discussions of IHL-related subjects and other ICRC events online.

The ICRC made presentations on pressing humanitarian issues of concern at conferences and webinars organized by various institutions in China and the ROK for government officials, business leaders, academics and others. The subjects covered by these presentations included the ICRC's activities in violence-affected contexts during the pandemic and the necessity of addressing sexual violence during armed conflict and other situations of violence.

Peacekeeping troops from the ROK bound for missions abroad learnt more about IHL, and the humanitarian implications of the COVID-19 crisis and the ICRC's response, at ICRC presentations during their predeployment training. In Mongolia,

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

workshops for peacekeepers and the IHL Core Group were postponed because of the pandemic.

As in the past, the ICRC strove to persuade authorities in the region to advance the ratification or implementation of IHL treaties; in June, China's legislature approved the government's decision to accede to the Arms Trade Treaty.

Students and lecturers add to their knowledge of IHL

The ICRC explained to universities, training institutions, think-tanks, and the National Societies in the region how to make IHL-related information more readily available to government officials, military personnel and the academic community. The ICRC conducted two moot court competitions. One was held online and organized with the Hong Kong Red Cross, Branch of the Red Cross Society of China; it drew students from twenty cities in the Asia-Pacific region. The other, an in-person event, was organized with a Chinese university.

Humanitarian activities are given broader coverage by the media

The ICRC strengthened its presence in print, online and social media in local languages throughout the region, which helped to broaden awareness, among authorities and the general public, of humanitarian issues and the ICRC's work, especially its response to the pandemic. Media organizations in China and the ROK drew on ICRC materials when covering events or issues of humanitarian concern, such as mental health, sexual violence, and the consequences of the pandemic for conflict-affected and other vulnerable people. The ICRC carried out, together with the Republic of Korea National Red Cross, an online information campaign on its humanitarian work during the 1950–1953 Korean War.

Contact with members of the media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC activities, and IHL-related subjects.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided National Societies in the region with support to further their organizational development and sustain their operational capacities, particularly in emergency preparedness and response.

The Red Cross Society of China and the ICRC coordinated their activities with those of other Movement components, in order to ensure a coherent response to emergencies, particularly the pandemic, and develop operational partnerships. The ICRC provided technical and financial support for the Chinese Red Cross's programme in humanitarian education, particularly for its workshops for 80 secondary-school teachers and 40 university students.

The ICRC continued to engage the Hong Kong Red Cross, Branch of the Red Cross Society of China, in emergency response and preparedness, and promoted the Movement's Safer Access Framework.

The ICRC temporarily withdrew its mobile staff members from the DPRK because of pandemic-related restrictions, in coordination with Chinese and DPRK authorities and the DPRK Red Cross. The ICRC mission remained remotely managed from Beijing and kept regular online contact with the DPRK Red Cross.

MAIN FIGURES AND INDICATORS: ASSISTANCE

WOUNDED AND SICK		Total	Women	Children
Physical rehabilitation				
Projects supported		4		
of which physical rehabilitation projects supported regularly		4		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	2,666	636	120
of whom victims of mines or explosive remnants of war		*		
Prostheses delivered	Units	1,306		
Orthoses delivered	Units	411		
Physiotherapy sessions		1,150		
Walking aids delivered	Units	621		
Wheelchairs or postural support devices delivered	Units	29		

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

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 supports the National Societies in boosting their emergency response capacities. 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 universities to further IHL instruction. In Timor-Leste, it supports training for the authorities and other relevant actors in the management of human remains following emergencies.

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

EXPENDITURE IN KCHF	
Protection	1,076
Assistance	223
Prevention	1,897
Cooperation with National Societies	499
General	137
Total	**3,832**
Of which: Overheads	*232*
IMPLEMENTATION RATE	
Expenditure/yearly budget	82%
PERSONNEL	
Mobile staff	6
Resident staff (daily workers not included)	43

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	12
RCMs distributed	47
Phone calls facilitated between family members	160
Tracing cases closed positively (subject located or fate established)	1

CONTEXT

Indonesia completed its two-year term on the UN Security Council in December. A member of the Jakarta-based Association of Southeast Asian Nations (ASEAN), it remained actively involved in multilateral forums. It contributed troops to UN peace-support missions. ASEAN continued to develop its ability to coordinate the humanitarian response to emergencies in the region.

Governments throughout the region sought to check the spread of COVID-19 with movement restrictions and other measures: these measures, though necessary, created various socio-economic challenges.

Migrants, including asylum seekers, continued to arrive in or pass through Indonesia; many of them were detained or stranded in the country, their legal status uncertain.

Authorities and humanitarian organizations in Timor-Leste kept up their efforts to ascertain the fate of thousands of people who went missing during the 1975–1999 armed conflict there.

The security situation in Timor-Leste continued to be relatively stable, but confrontations between the police and young people took place occasionally.

Indonesia had to cope with various natural disasters: floods in and around the capital city of Jakarta, and landslides and floods in South Sulawesi, caused deaths, damaged property, and displaced people.

ICRC ACTION AND RESULTS

The ICRC engaged Indonesian and Timorese government officials, and representatives of ASEAN and other organizations, in dialogue to broaden support for the Movement's activities and to discuss issues such as: humanitarian action in Asia, including in response to emergencies; IHL; and the ICRC's neutral, impartial, and independent approach to humanitarian action.

Movement restrictions and other measures necessary to mitigate the spread of COVID-19 in the region limited or prevented the implementation of several ICRC activities. Among these activities were ICRC workshops and other in-person events, and the provision of ophthalmological services by the Indonesian Red Cross Society and the ICRC.

The authorities and Movement components respond to emergencies

The ICRC collaborated closely with other Movement components to support the efforts of the authorities in the region, mainly through the ASEAN, to respond to emergencies, particularly in light of the COVID-19 pandemic. It discussed its activities with the pertinent authorities and explored possibilities of collaboration – between Movement components and ASEAN, for instance.

At their request, the ICRC gave Indonesian authorities technical support and recommendations for preventing the spread of COVID-19 in places of detention; some of these recommendations were incorporated in official guidelines. The ICRC also donated personal protective equipment (PPE) and hygiene items to several detention facilities and a prison hospital, to the benefit of thousands of detainees.

People throughout the region learnt more about COVID-19 and measures against it through workshops and other events organized by the ICRC or with its support, and through radio broadcasts and other public-communication activities carried out by National Societies and the ICRC. The proper management and handling of human remains was a matter of cultural and religious significance, particularly within the context of the pandemic; ICRC discussed this issue with religious scholars in Indonesia and other influential figures.

In Indonesia, the ICRC distributed PPE and hygiene items to schools, benefiting thousands of students. In Timor-Leste, people learnt how to make protective face masks at workshops held by the Timor Leste Red Cross and the ICRC; these masks were then distributed in their communities.

People stored or maintained contact with their relatives

Members of families separated by armed conflict or other situations of violence, disasters, migration or detention – including migrants in Indonesia from Rakhine State in Myanmar – restored or maintained contact through phone calls, RCMs and other family-links services provided by the Movement. Notably, the Indonesian Red Cross Society, aided by the ICRC, provided family-links services to victims of landslides and floods in South Sulawesi during the first half of the year. All these services were delivered in line with COVID-19 protocols and national and international guidelines.

The ICRC arranged video calls between a family in Indonesia and their detained relative at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Forensic professionals and others strengthen their ability to manage human remains

Indonesian and Timorese authorities drew on the ICRC's expertise to develop their ability to ensure the proper management of human remains, particularly including during emergencies such as the pandemic. Forensic professionals, first responders and others bolstered their ability to manage human remains properly and with due dignity; they were helped to do so by ICRC seminars and ICRC-developed guidelines and operating procedures for first responders. Health staff in Indonesian hospitals were better equipped to safely handle the human remains of COVID-19 victims with the help of PPE and other items donated by the ICRC, including body bags produced locally with the ICRC's support.

The ICRC supports efforts to protect cultural property during armed conflict

At an ICRC-organized regional meeting, held online, members of national IHL committees and government representatives throughout Asia exchanged views with their peers and discussed challenges in IHL implementation, and other related topics.

The ICRC continued to provide expert advice to the Indonesian national IHL committee and the pertinent authorities involved in the advancement of the ratification and domestic implementation of IHL treaties, notably those involved in drafting legislation to implement the Hague Convention on Cultural Property.

Peace-support troops learn more about IHL and other applicable norms

The Indonesian and Timorese armed forces received ICRC assistance for integrating IHL and other applicable norms into their doctrine, training, and operations. In Indonesia, roughly 2,400 troops bound for peace-support missions abroad familiarized themselves with these topics at pre-deployment briefings; 40 air force officers learnt more about IHL and other norms at information sessions.

The ICRC discussed international standards for law enforcement – and training for their personnel – with the Indonesian and Timorese police forces.

At their request, the ICRC gave Indonesian detaining authorities advice on taking steps to tackle overcrowding in places of detention.

Civil society familiarizes itself with IHL and the Movement's work

Members of civil society capable of facilitating the Movement's work learnt more about IHL, humanitarian principles and the Movement during discussions with the National Societies and the ICRC in other settings, and through information published by the ICRC on social media and by other means. Around 60 lecturers from Islamic universities in Indonesia familiarized themselves on the points of correspondence between Islamic law and IHL during a course held online by the ICRC. Law students strengthened their grasp of IHL by taking part, with the ICRC's help, in moot court competitions held at the beginning of the year.

National Societies receive support from the ICRC

The Indonesian and Timorese National Societies, with support from the International Federation and the ICRC, responded to natural disasters and other emergencies, and strove to coordinate their activities in border areas more closely.

The ICRC gave the two National Societies financial and technical support to develop their capacities in such areas as restoring family links; managing human remains; responding to the pandemic safely; operating in line with the Safer Access Framework and the Health Care in Danger initiative; disseminating information on IHL and the Movement's activities; and contingency planning.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	12			
RCMs distributed	47			
Phone calls facilitated between family members	160			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	3		1	1
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	160	24	49	36
including people for whom tracing requests were registered by another delegation	1			

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	MEDIUM

EXPENDITURE IN KCHF	
Protection	1,734
Assistance	673
Prevention	3,157
Cooperation with National Societies	704
General	176
Total	**6,444**
Of which: Overheads	*393*
IMPLEMENTATION RATE	
Expenditure/yearly budget	86%
PERSONNEL	
Mobile staff	11
Resident staff (daily workers not included)	47

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	18
RCMs distributed	51
Phone calls facilitated between family members	1,249
Tracing cases closed positively (subject located or fate established)	47
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	16,323
of whom visited and monitored individually	417
Visits carried out	13
Restoring family links	
RCMs collected	86
RCMs distributed	15
Phone calls made to families to inform them of the whereabouts of a detained relative	301

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Health			
Health centres supported	Structures		2
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		1,910

CONTEXT

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

Estimates of the number of irregular migrants in Malaysia ranged from 2 to 5 million; nearly 1 million were reportedly in the state of Sabah. In addition, there were some 180,000 UNHCR-registered refugees or asylum seekers in Malaysia, many of them from Myanmar. Irregular migrants were often detained or deported; those in Sabah struggled to obtain health services.

A number of people were detained in Malaysia on security-related charges. Overcrowding in prisons remained an issue of concern, as did detainees' access to health care.

The COVID-19 pandemic caused socio-economic difficulties and strained health systems in the countries covered.

ICRC ACTION AND RESULTS

Government officials and weapon bearers learn more about implementing IHL

The ICRC used traditional and digital media platforms and, where possible, it organized events – such as online talks on nuclear weapons, co-hosted by partner organizations in Japan and Malaysia – to promote IHL and neutral, impartial and independent humanitarian action among key parties in the region and the general public. Academics, and university students and other young people, arranged or participated in IHL-related activities in Japan, Malaysia and Singapore.

At meetings with the ICRC, government officials, military lawyers and academics learnt about incorporating the provisions of IHL-related treaties in domestic legislation. In particular, webinars co-hosted by the ICRC and partner organizations in Japan and Singapore provided hundreds of participants from the region and from over 60 other countries – including members of national IHL committees – with material for policy-based discussions on the treatment of POWs and the protection of the natural environment during armed conflict. Malaysia ratified the Treaty on the Prohibition of Nuclear Weapons.

The ICRC continued to discuss, with the armed forces and the police in the region, the integration of IHL into their decision-making; it continued to help them train their personnel, including peace-support troops, in IHL. The ICRC participated in a field training exercise of Japan's Self-Defense Forces. In Malaysia, the ICRC counselled the armed forces and police on humanitarian concerns associated with the enforcement of pandemic-related restrictions.

The ICRC's president met virtually with the Japanese vice-minister of foreign affairs and other officials to explore areas for further cooperation and new models for funding humanitarian work. The ICRC held a workshop with partner organizations in Japan that were developing new technologies for detecting mines. The Bruneian foreign ministry and the ICRC discussed humanitarian issues in preparation for Brunei Darussalam's chairmanship of the Association of Southeast Asian Nations (see *Jakarta*) in 2021.

Because of the pandemic, many activities – to expand knowledge and understanding of IHL, and of the ICRC's work, among government officials, the armed forces, the security forces, and others – were postponed or cancelled, including one planned around the – now postponed – Paralympics in Japan.

The National Societies in the countries covered received some assistance for capacity building, but, at their request, most of the ICRC's support was directed towards their COVID-19 response (see below).

Detaining authorities in Malaysia are given help to fight COVID-19 and other diseases

In Malaysia, the ICRC visited detainees at four prisons and seven immigration detention centres – including a women's facility and a place that held people who had fled Myanmar – 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, women, minors, and persons with disabilities or medical conditions, including mental illness. It also discussed such matters as providing medical and mental-health care for detainees, addressing the protection-related needs of migrants, and respecting the principle of *non-refoulement*.

The ICRC counselled the authorities on dealing with the pandemic and overcrowding in places of detention. To support a penitentiary reform initiative launched by the authorities in August, the ICRC provided expert advice for tackling overcrowding – by using alternatives to detention for minors and decriminalizing the use of narcotic drugs, for instance – during round tables and workshops with the authorities. Prison officers familiarized themselves, at an ICRC workshop, with internationally recognized standards for detention.

Detainees reconnected with their relatives through the ICRC's family-links services, which included videoconferencing: the ICRC set that up when family visits were suspended because of the pandemic.

The ICRC donated medical supplies and equipment to ten prison clinics. At their request, the ICRC helped immigration authorities to control scabies outbreaks in several facilities: it also gave them hygiene items and cleaning supplies and equipment.

The ICRC provided all the detention facilities in Malaysia (42 prisons and 18 facilities holding migrants) with technical advice, personal protective equipment (PPE), hygiene items and informational materials for tackling the pandemic. The ICRC helped a research institute develop a guidance document on COVID-19 for prison health staff.

Vulnerable people in Sabah benefit from vaccination and hygiene-promotion campaigns

Early in the year, health authorities in Sabah, with the ICRC's support, provided outreach health services for some 500 people. Community-based volunteers trained by the health authorities, the Malaysian Red Crescent Society and the ICRC promoted good hygiene by distributing soap and/or through house-to-house information campaigns: roughly 2,200 households were reached. National Society personnel conducted similar activities at schools, for some 1,200 children. The authorities and the National Society immunized migrant communities against polio and measles; the ICRC gave them expert advice for vaccinating people safely, and provided food and daily allowances for the National Society and community-based volunteers involved.

With the ICRC's help, the National Society provided first-aid training for people in remote areas of Sabah and conducted train-the-trainer workshops for their own first-aid instructors.

National Societies in the region respond to the pandemic

Movement components in the region regularly exchanged information and coordinated their COVID-19 response and other activities. The ICRC provided the National Societies in Brunei Darussalam, Malaysia and Singapore with support for pandemic response: PPE, hygiene items and other supplies, and financial and technical assistance. The Brunei Darussalam Red Crescent Society conducted information campaigns on infection prevention, distributed thousands of face masks and hygiene kits, and provided food for 500 families made vulnerable by the pandemic. The Singapore Red Cross Society distributed care packages to 1,000 elderly and vulnerable people.

In Sabah, the Malaysian Red Crescent, with the ICRC's help and in coordination with local health authorities, provided food to over 2,200 vulnerable households; organized a blood drive in line with COVID-19 safety protocols; trained some 180 community volunteers from 18 districts in COVID-19 safety protocols; and manufactured PPE, which it distributed to hospitals and clinics in remote areas. The ICRC provided informational assistance for vulnerable communities to protect themselves against disease: community-based volunteers translated safety tips for preventing infections into local languages and distributed them in migrant settlements and through social media.

The ICRC donated PPE to the Malaysian health ministry, and body bags to the national forensic institute, to help them manage COVID-19 deaths safely. It hosted an online panel discussion – among government officials and academics in the region – on abiding by data-protection principles while collecting and using data for contact tracing.

People reconnect with relatives through the ICRC's family-links services

People in Malaysia contacted relatives abroad through RCMs and other ICRC family-links services; some of them learnt – through the Movement's services – of the whereabouts of family members separated from them by the pandemic, migration, detention or other circumstances. The families of three people held at the US detention facility at the Guantanamo Bay Naval Station in Cuba reconnected with their detained relatives through video calls, and sent them parcels. The ICRC coordinated with local authorities and organizations doing detention- and migration-related work to monitor and address the family-links needs of migrants and other vulnerable groups.

The ICRC continued to provide the Malaysian national forensic institute with expert advice, which partly influenced the institute's drafting of guidelines for managing human remains in emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
RCMs distributed	51			
Phone calls facilitated between family members	1,249			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	34	4	3	2
including people for whom tracing requests were registered by another delegation	29			
Tracing cases closed positively (subject located or fate established)	47			
including people for whom tracing requests were registered by another delegation	44			
Tracing cases still being handled at the end of the reporting period (people)	232	19	13	33
including people for whom tracing requests were registered by another delegation	173			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	16,323	2,752	322	
Visits carried out	13			
		Women	Girls	Boys
Detainees visited and monitored individually	417	103	26	16
of whom newly registered	340	89	25	10
RCMs and other means of family contact				
RCMs collected	86			
RCMs distributed	15			
Phone calls made to families to inform them of the whereabouts of a detained relative	301			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Primary health care				
Health centres supported	Structures	2		
Average catchment population		23,000		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	1,910	347	72
Health care in detention				
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention	Structures	10		
WOUNDED AND SICK				
First aid				
First-aid training				
Sessions		5		
Participants (aggregated monthly data)		55		

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 water, health and prison infrastructure. It conducts protection activities in favour of violence-affected communities, visits 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	HIGH

KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC reminded parties to conflict of the necessity of allowing medical evacuations to proceed unhindered. The health ministry adopted procedures to facilitate such evacuations in Rakhine State.
- With comprehensive assistance from the ICRC, health facilities in Kachin, Rakhine and Shan States, and the health ministry, responded to the COVID-19 pandemic and provided health care to vulnerable people.
- The ICRC's provision of food and other essentials, and its support for the authorities to improve the water supply, enabled people affected by conflict, past violence and the pandemic to meet their most pressing needs.
- Because of pandemic-related restrictions, ICRC visits to detainees were suspended for most of the year. This limited the ICRC's ability to monitor detainees' treatment and living conditions, particularly through repeat visits.
- The ICRC used traditional and social media to promote neutral, impartial and independent humanitarian action, explain mine risks and COVID-19 to the public, and ask for people's views on its services.
- Guidance, funding and material support from the ICRC and other Movement components helped the Myanmar Red Cross Society deliver humanitarian aid to people affected by the pandemic, particularly in Rakhine and Yangon.

EXPENDITURE IN KCHF	
Protection	8,195
Assistance	35,684
Prevention	3,473
Cooperation with National Societies	3,173
General	669
Total	**51,194**
Of which: Overheads	*3,125*
IMPLEMENTATION RATE	
Expenditure/yearly budget	81%
PERSONNEL	
Mobile staff	96
Resident staff (daily workers not included)	731

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	256
RCMs distributed	135
Phone calls facilitated between family members	1,917
Tracing cases closed positively (subject located or fate established)	332
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	12
Detainees in places of detention visited	28,676
of whom visited and monitored individually	224
Visits carried out	12
Restoring family links	
RCMs collected	711
RCMs distributed	703

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	85,000	120,342
Food production	Beneficiaries	125,000	98,108
Income support	Beneficiaries	41,000	44,025
Living conditions	Beneficiaries	112,500	237,989
Capacity-building	Beneficiaries	60,200	18
Water and habitat			
Water and habitat activities	Beneficiaries	152,500	361,329
Health			
Health centres supported	Structures	20	43
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		79,988
Water and habitat			
Water and habitat activities	Beneficiaries	17,000	36,085
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	6	23
Physical rehabilitation			
Projects supported	Projects	9	9
Water and habitat			
Water and habitat activities	Beds (capacity)	250	3,127

CONTEXT

Fighting between military forces and an armed group in Rakhine State intensified and spread to other areas, including some parts of Chin State. Civilians suffered its consequences, which included injuries, deaths, destruction of property, and displacement. Weapon bearers were reported to have committed abuses against civilians. Health personnel and facilities were attacked, and some medical evacuations were blocked. The surge in hostilities further impaired essential services that were already hobbled by past violence.

People displaced by past violence were in IDP camps, host communities or resettlement areas in Kachin, Rakhine and Shan. Armed clashes took place sporadically in Shan.

Mines and explosive remnants of war (ERW) continued to endanger people in many parts of the country.

Myanmar reported low numbers of COVID-19 cases in the first half of 2020. The incidence of COVID-19 increased in central Rakhine in August; the pandemic then spread through other regions, and eventually reached Yangon. The government imposed movement restrictions and other measures in response; these measures, though necessary, compounded the difficulties of people already struggling with the effects of conflict and past violence.

Nearly 25,000 out of about 95,000 detainees in the country were released after an amnesty was declared in April. A number of people were still being held in connection with past violence or ongoing hostilities, or on security-related charges.

More than 720,000 people who fled Rakhine after the violence in 2017 remained in Bangladesh, where they had sought refuge (see *Bangladesh*).

ICRC ACTION AND RESULTS

Together with the Myanmar Red Cross Society and other Movement components, the ICRC endeavoured to address the needs of people affected by armed conflict or other situations of violence and by the pandemic. Security conditions, access constraints and pandemic-related restrictions limited the ICRC's ability to reach people in need and monitor their situation, forcing it to adapt, postpone or cancel many of its activities. Nevertheless, it provided humanitarian assistance to several hundred thousand people.

The ICRC reminded parties to conflict of the necessity of protecting civilians, ensuring their access to essential services, including health care, and allowing medical evacuations to proceed unhindered. Towards the end of the year, the health ministry adopted a set of procedures to facilitate medical evacuations in Rakhine.

Comprehensive support from the ICRC enabled health centres, hospitals and physical rehabilitation centres in Kachin, Rakhine and Shan, and the health ministry, to respond to the pandemic and provide health care to people affected by conflict and past violence, including mine/ERW victims and other people with disabilities. The ICRC built COVID-19 wards at several hospitals in Rakhine, and enabled the largest hospital in the state to hire additional workers to manage medical waste in its COVID-19 wards.

The ICRC provided funds for the health ministry to transport COVID-19 test specimens and for the National Society to staff quarantine facilities and temporary health centres in Rakhine and Yangon, where the incidence of COVID-19 was the highest in Myanmar. In Rakhine, the ICRC helped the health ministry and/or the National Society transfer people with COVID-19, or suspected of having COVID-19, to hospitals.

Donations of food, planting supplies, household essentials and/or cash enabled vulnerable people in Kachin, Rakhine and Shan to meet their basic needs after the onset of the pandemic. The ICRC's infrastructural projects made clean water and adequate sanitation available to IDPs, and supported the authorities' COVID-19 response.

Because of the pandemic, the government suspended ICRC visits to detainees for most of the year. This limited the ICRC's ability to monitor detainees' treatment and living conditions, particularly through repeat visits.

The ICRC provided the authorities with support for their efforts to prevent the spread of COVID-19 in detention facilities, and provided prison staff with solutions for dealing with vulnerable detainees who might be unable or unwilling to wear masks. It donated essential items and carried out a number of infrastructural projects, benefiting tens of thousands of detainees.

Pandemic-related movement restrictions and the suspension of its visits to detainees impeded the ICRC's provision of family-links services for people separated from their relatives by violence, migration, detention and other circumstances.

The ICRC strove to cultivate support among key parties for IHL and for neutral, impartial and independent humanitarian action. In its discussions with government officials and military officers, it emphasized IHL provisions pertinent to the pandemic. It continued to urge the authorities to establish a national IHL committee, and strove to persuade weapon bearers to respect IHL and integrate it into their decision-making.

The ICRC used traditional and social media to publicize its activities, provide information on COVID-19, and ask for people's views on its services. Together with the National Society, it continued to promote safe practices around mines/ERW.

The ICRC and other Movement components gave the National Society guidance, funding and material support for tackling the needs created by the pandemic, particularly in Rakhine and Yangon.

CIVILIANS

The authorities adopt procedures to facilitate medical evacuations in Rakhine

The ICRC sought to help civilians deal with the effects of intensified conflict, past violence, and the pandemic. Whenever possible, it worked with the Myanmar Red Crescent Society, the International Federation and other Movement components. The pandemic created more humanitarian needs and, at the same time, limited the ICRC's ability to tackle those needs; pandemic-related movement restrictions made it difficult for the ICRC to reach violence-affected people and monitor their situation. These restrictions, combined with uncertain security conditions and other constraints, forced the ICRC to adapt, postpone or cancel many of its activities.

The ICRC reminded parties to conflict, through confidential dialogue and written representations, of their obligation to protect civilians and ensure their access to essential services, including health care. It emphasized the necessity of allowing medical evacuations to proceed unhindered. In the fourth quarter of the year, the health ministry adopted a set of procedures to facilitate such evacuations in Rakhine.

The ICRC engaged the authorities in discussions about ensuring the safety of IDPs returning to their places of origin – particularly those passing through or returning to weapon-contaminated areas – and finding sustainable alternatives for those who could not or would not return.

The National Society and the ICRC used billboards, radio broadcasts, social-media posts and other means to broaden awareness of mine/ERW risks, and held educational sessions for some 17,000 people on safe practices around mines/ERW; they incorporated information on COVID-19 in all of their messaging. Plans to develop local capacities in humanitarian demining were put on hold because of pandemic-related restrictions.

Local health facilities respond to the pandemic

Forty-three health centres in Kachin, Rakhine and Shan responded to the pandemic with the ICRC's help, which included donations of personal protective equipment (PPE) and other supplies, guidance for implementing contact tracing and other COVID-19 protocols, and infrastructural assistance (see below).

The ICRC provided the health ministry with funding for transporting COVID-19 test specimens, and helped the health ministry and/or the National Society transfer 1,210 people, who had or were suspected of having COVID-19, to hospitals. With the ICRC's assistance, government health workers in Kachin, Rakhine and Shan were trained in implementing measures for infection prevention and control, and dealing with patients who had or were suspected of having COVID-19. The ICRC provided material and financial support for 10 COVID-19 screening points and 58 government-run quarantine sites in the three states.

The ICRC donated PPE and hygiene items to 34 IDP camps in Rakhine and, together with the National Society, held information sessions on COVID-19.

Whenever possible, the ICRC kept up its support for general preventive and curative health care. The health ministry, and health facilities in Kachin, Rakhine and Shan, were given financial and material aid to bolster mother-and-child care, prevent dengue and malaria, and/or conduct vaccination campaigns.

In Rakhine, the ICRC continued to fund the health ministry's emergency transport system, which took patients to and from the state's main referral hospitals. Fifty-seven personnel from mobile clinics in Rakhine, including doctors and nurses, were trained in providing mental-health and psychosocial support.

People affected by conflict, past violence and the pandemic meet their immediate needs

The ICRC strove to help vulnerable people meet their most pressing needs. Because of pandemic-related restrictions, some aid was given indirectly – for example, through committees in IDP camps.

Food, or cash for buying food, was given to 120,342 people in northern and central Rakhine and southern Chin; recipients included people affected by the intensified fighting and those displaced by past violence. Donations of vegetable and rice seed, tools, and fertilizer enabled 98,108 people in Kachin, Rakhine and Shan to grow food, either for their own consumption or for sale.

A total of 237,989 people were given household essentials or cash to help them improve their living conditions. They included newly displaced people in Rakhine and Chin, who received winter clothes, blankets, jerrycans and/or solar lamps; people displaced by past violence in Rakhine, who received cooking fuel and hygiene kits; people at IDP camps in Kachin and Rakhine, who were given masks (see below); households temporarily displaced by sporadic clashes in Shan, who received a one-off donation of hygiene kits; people in quarantine, including those released from detention facilities after the amnesty (see *Context*) and migrant workers returning to Myanmar because of pandemic-related measures in other countries, who benefited from the ICRC's donation of hygiene items to quarantine facilities; and newly released detainees from Rakhine, who received cash.

Cash and other support enabled 6,726 households (34,425 people) to cover basic expenses or start livelihood activities; where possible, cash was sent through a mobile application. Recipients of this support included people affected by past violence in Kachin and Shan, whose ability to provide for themselves was impaired by the pandemic; mine/ERW victims and others severely affected by conflict or past violence, most of them in Rakhine; tailors at IDP camps in Kachin and Rakhine, who were given cash and materials for producing the masks that the ICRC distributed in the camps; and people in Shan who were training to become tailors. In addition, the ICRC gave 9,600 released detainees cash or other assistance to return home.

Because of the pandemic, training for animal-health workers and agricultural-support personnel was suspended for most of the year. Animal-health workers in Kachin, Rakhine and Shan who had received ICRC training in previous years continued

to look after the livestock in their communities. In December, the ICRC trained animal-health workers (supporting a total of 18 people) in Shan.

The ICRC pursued discussions with the authorities about its plans to help the agriculture and social-welfare ministries carry out projects for people affected by conflict or past violence. The agriculture ministry and the ICRC signed an agreement on these projects in November.

The ICRC's infrastructural projects benefited a total of 361,329 people in Kachin, Rakhine and Shan. As part of its pandemic-related assistance, the ICRC helped the health ministry set up screening and quarantine facilities in the three states; in Rakhine, it installed handwashing stations at health centres and in other public areas, including IDP camps, markets and aid-distribution sites. During the dry season, it helped municipal authorities make clean water available to people in central Rakhine by trucking in water, connecting existing water networks to new water sources, and building new water points. As part of multi-year water projects in Rakhine, it built three ponds in Sittwe and continued the construction of a new water network in Maungdaw.

The ICRC built homes, sanitation facilities, solar-power systems and roads for IDPs resettling in northern Shan, and homes for people newly displaced by hostilities in central Rakhine. It upgraded water and sanitation infrastructure at an IDP camp in Kachin, and gave IDPs in Kachin and northern Rakhine cash or materials for renovating their homes.

Released detainees and returning migrants contact their families

In the first half of the year, people in quarantine, including released detainees and returning migrants, were given mobile phone credit to contact their relatives; some of them also made use of ICRC phone services.

Pandemic-related movement restrictions and the suspension of its visits to detainees (see *People deprived of their freedom*) impeded the ICRC's provision of family-links services for people separated from their relatives by violence, migration, detention or other circumstances. In order to assess their needs, the ICRC conducted a phone survey of people affected by the suspension of family visits to detainees (see *People deprived of their freedom*).

Administrative constraints prevented the ICRC from realizing its plans to help develop local capacities in forensics.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC's visits to detainees are suspended for most of the year

As part of government measures necessitated by the pandemic, the ICRC's detention visits were suspended for a total of nine months in 2020. This limited the ICRC's ability to monitor detainees' treatment and living conditions, particularly through repeat visits; provide them with family-links services; and improve their access to vocational training. The ICRC visited 12 places of detention during the year.

Family visits were also suspended at a number of prisons for most of the year; in Rakhine, pandemic-related movement restrictions prevented people from travelling to see their detained relatives. The ICRC sought to persuade the authorities to consider alternatives to family visits, such as phone calls.

Plans to help the authorities address structural issues in the penitentiary system went unrealized because of pandemic-related restrictions.

Government officials develop their ability to provide health care for detainees

With the ICRC's support, five officials from the penitentiary services and the health ministry completed an online course, developed by a Thai university and the ICRC, on health-care provision in prisons. The ICRC donated laptops and other equipment to several prisons, to help them manage detainees' medical records.

The ICRC provided technical and material assistance for the penitentiary authorities' COVID-19 response. It donated soap, handwashing stations, disinfectants, cleaning items, and materials for making masks. Prison staff were given PPE, trained in the correct use of masks, and provided with solutions for dealing with vulnerable detainees, who might be unable or unwilling to wear masks.

Donations of essential items and/or recreational equipment from the ICRC benefited 79,988 detainees.

ICRC infrastructural projects at places of detention, carried out mostly in the first half of the year, included upgrading a drainage system at the largest prison in Myanmar and donating materials to several other facilities for renovation or construction work. These projects benefited 36,085 detainees.

WOUNDED AND SICK

Hospitals serving conflict-affected people respond to the pandemic

The ICRC provided comprehensive assistance, including donations of PPE, essential drugs, and medical supplies and equipment, for the COVID-19 response of 23 hospitals in Kachin, Rakhine and Shan. It carried out infrastructural projects at a number of these hospitals (3,127 beds in all), including installation of handwashing stations and water and sanitation systems, and construction of triage and isolation facilities; it built COVID-19 wards at several hospitals in Rakhine. Funds from the ICRC enabled the Sittwe General Hospital, the largest health facility in Rakhine, to hire additional workers to manage medical waste in its COVID-19 wards. The ICRC covered hospital costs for 173 patients.

One hospital, in a section of Kachin not controlled by the government, provided mother-and-child care in addition to its other services. The ICRC monitored the hospital remotely, conducted online training for some of the hospital's personnel early in the year, and donated PPE, laboratory items and essential drugs, but could not give further support because of access and connectivity constraints.

Other planned activities had to be postponed or cancelled because of pandemic-related restrictions.

People with disabilities receive rehabilitative care and other assistance

Some 2,400 people[1] with disabilities, including mine/ERW victims, benefited from physical rehabilitation services at five centres and, in Rakhine, a mobile workshop that fitted people with prostheses; all six facilities received technical, material and financial assistance from the ICRC. A mobile workshop that repaired assistive devices and a network of roving technicians, both of which served people living in remote sections of the five centres' catchment areas, also received support. Two of the centres were provided with raw materials for producing prosthetic feet; access constraints prevented the ICRC from giving similar assistance to a third centre. Because of the pandemic, all of these facilities had to suspend their services for several months.

Funds from the ICRC enabled one of the centres to hire a staff member to provide mental-health and psychosocial support. Training in providing such support was given to the newly hired staff member and to two physiotherapists at the centre; 36 people benefited from their services.

Clinical staff from ICRC-supported facilities took part in online training sessions conducted by the ICRC. Staff from two of the centres, who had been studying abroad on ICRC scholarships, returned to Myanmar after their institutions suspended classes because of the pandemic; some of them were able to continue their studies online.

The ICRC distributed PPE to the households of some 2,000 people with disabilities. One ICRC-supported centre was given a sewing machine and materials for producing PPE, which was donated to local organizations and to hospitals and monasteries. Supplies for making PPE were also donated to several women with disabilities, who had lost their livelihoods.

The ICRC organized an online workshop for players, coaches and other members of the wheelchair-basketball programme of the national Paralympic committee. Because of the pandemic, no other activities could take place.

The pandemic slowed down the work of two ICRC-supported projects: a steering committee set up by the health ministry to implement the national plan for strengthening the physical rehabilitation sector; and a referral system, staffed by the health ministry, local NGOs, and the National Society, that let people know which physical rehabilitation centre was nearest to them. The ICRC organized two online meetings for the steering committee in the fourth quarter of the year, to discuss how to broaden local access to assistive technology; it also worked on digitizing the materials it used for instructing the referral system's personnel.

ACTORS OF INFLUENCE

Key parties discuss IHL provisions pertinent to the pandemic

To strengthen support for IHL and for neutral, impartial and independent humanitarian action, and to broaden its access to people affected by conflict or other violence, the ICRC sustained its interaction, both in person and online, with the authorities, weapon bearers, community and religious leaders, and other key parties. It used traditional and social media to publicize its activities and provide information on COVID-19. Through social media and a hotline, it responded to enquiries from members of the public and asked for people's views on its services; it distributed cards with its hotline number, and other useful information, to members of vulnerable communities. Because of the pandemic, a number of its planned activities could not be realized; whenever possible, it held events online.

During its discussions with government officials, military officers, members of the international community, and other key parties, the ICRC emphasized provisions of IHL that were pertinent to the pandemic; it also provided factsheets on the subject, in Burmese and English. The ICRC continued to urge the authorities to establish a national IHL committee. It held two inter-ministerial workshops on IHL; one of the workshops discussed the protection of children during armed conflict.

The ICRC strove to persuade weapon bearers to respect IHL and other applicable norms and to integrate these norms in their decision-making. It sponsored a study visit to Switzerland for several senior military officers early in the year.

Early in the year, Shan State University and the ICRC hosted a workshop on the common ground between Buddhism and IHL; nearly 50 scholars, monks, nuns and students from several states took part. The ICRC organized a national moot court competition for university students; the format was in line with pandemic-related restrictions. It provided the University of Yangon with reference materials on IHL, including 100 copies of the Burmese translation of an ICRC publication on the notion of direct participation in hostilities.

RED CROSS AND RED CRESCENT MOVEMENT

Guidance, funding and material assistance from the International Federation, the ICRC and other Movement components enabled the National Society to support the authorities' COVID-19 response, particularly in Rakhine and Yangon, where the incidence of COVID-19 was highest.

The ICRC supplied the National Society with PPE, uniforms, hygiene items and disinfectants; it covered the insurance premiums of National Society staff and volunteers, and trained them in the proper use of the PPE it had provided. National Society branches were given sewing machines and materials for making masks, which were distributed in vulnerable communities. In Rakhine and Yangon, National Society volunteers helped run the quarantine facilities and temporary health centres set up by the health ministry after the onset of the pandemic; the ICRC provided financial assistance for bringing in National Society volunteers from other states. The ICRC prepared a contingency stock of PPE for National Society personnel in the event of COVID-19 outbreaks in Kachin and Shan.

The National Society cancelled a number of its activities in order to focus on responding to the pandemic.

Movement components operating in Myanmar met regularly to coordinate their activities, particularly in Rakhine.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	256			
RCMs distributed	135			
Phone calls facilitated between family members	1,917			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	173	15	6	27
including people for whom tracing requests were registered by another delegation	65			
Tracing cases closed positively (subject located or fate established)	332			
including people for whom tracing requests were registered by another delegation	216			
Tracing cases still being handled at the end of the reporting period (people)	1,113	67	28	184
including people for whom tracing requests were registered by another delegation	913			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	12	7		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	12			
Detainees in places of detention visited	28,676	4,159	313	
Visits carried out	12			
		Women	Girls	Boys
Detainees visited and monitored individually	224	27	61	42
of whom newly registered	188	23	61	41
RCMs and other means of family contact				
RCMs collected	711			
RCMs distributed	703			
Detainees visited by their relatives with ICRC/National Society support	775			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	120,342	31,252	59,988
of whom IDPs		36,484	9,486	18,238
Food production	Beneficiaries	98,108	25,509	49,052
of whom IDPs		18,994	4,939	9,497
Income support	Beneficiaries	44,025	10,398	17,202
of whom IDPs		34,148	7,822	12,281
Living conditions	Beneficiaries	237,989	61,799	118,725
of whom IDPs		142,466	37,044	71,235
Capacity-building	Beneficiaries	18	5	9
of whom IDPs		18	5	9
Water and habitat				
Water and habitat activities	Beneficiaries	361,329	112,002	83,118
of whom IDPs		101,196	31,371	23,375
Primary health care				
Health centres supported	Structures	43		
of which health centres supported regularly		21		
Average catchment population		4,352,322		
Services at health centres supported regularly				
Consultations		119,269		
of which curative		97,059	4,797	2,788
of which antenatal		22,210		
Vaccines provided	Doses	66,683		
of which polio vaccines for children aged 5 or under		25,441		
Referrals to a second level of care	Patients	1,275		
of whom gynaecological/obstetric cases		532		
Mental health and psychosocial support				
People trained in mental-health care and psychosocial support		60		

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	79,988	10,805	585
Water and habitat				
Water and habitat activities	Beneficiaries	36,085	5,052	
Health care in detention				
Places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	23		
including hospitals reinforced with or monitored by ICRC staff		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		5	1	
including those related to mines or explosive remnants of war		*	*	*
Non-weapon-wound admissions		866		
Operations performed		223		
Medical (non-surgical) admissions		521	226	6
Gynaecological/obstetric admissions		483		
Consultations		14,515		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		14,602		
Weapon-wound admissions (surgical and non-surgical admissions)		247	35	24
Weapon-wound surgeries performed		122		
Patients whose hospital treatment was paid for by the ICRC		173		
First aid				
First-aid training				
Sessions		9		
Participants (aggregated monthly data)		209		
Water and habitat				
Water and habitat activities	Beds (capacity)	3,127		
Physical rehabilitation				
Projects supported		9		
of which physical rehabilitation projects supported regularly		5		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	2,477	275	159
of whom victims of mines or explosive remnants of war		298		
Prostheses delivered	Units	708		
Orthoses delivered	Units	147		
Physiotherapy sessions		5,572		
Walking aids delivered	Units	906		
Wheelchairs or postural support devices delivered	Units	110		
Referrals to social integration projects		158		
Mental health and psychosocial support				
People who received mental-health support		36		

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

NEW DELHI (regional)

COVERING: *Bhutan, India, Maldives, Nepal*

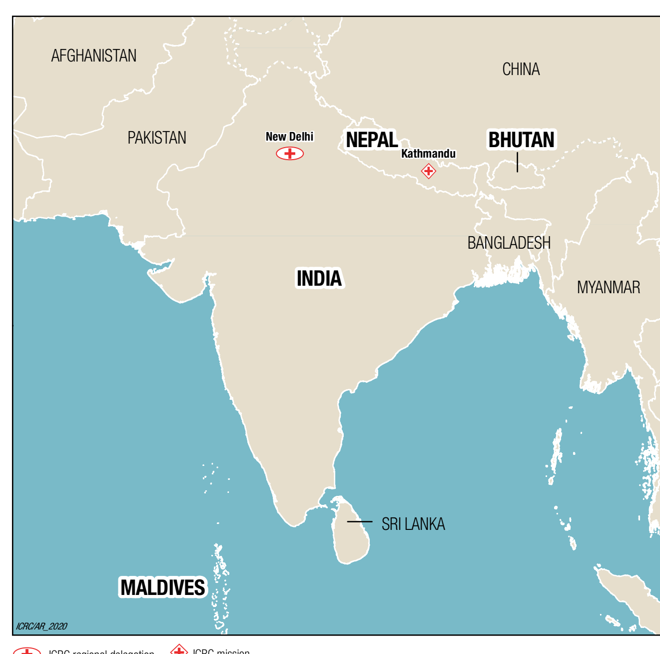
Opened in 1982, the regional delegation in New Delhi seeks to broaden understanding and implementation of IHL and encourage respect for humanitarian principles among the authorities, armed and security forces, academics, civil society and the media. It visits detainees in the Maldives and engages in dialogue with the authorities in India 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

KEY RESULTS/CONSTRAINTS IN 2020

- Military and security forces personnel, and government officials and others, learnt more about IHL and the ICRC's work at events organized or supported by the ICRC, such as the Raisina Dialogue in New Delhi, India.
- Some vulnerable people in India worked towards gaining self-sufficiency, with ICRC support. Because of access constraints, the ICRC had to put an end to its livelihood-support activities in Jammu and Kashmir.
- The ICRC was unable to visit detainees in the Maldives because of pandemic-related restrictions. It remained without access to detainees in India. Family visits for detainees in Bhutan and India were suspended.
- Disabled people obtained good-quality treatment at ICRC-supported centres in India and Nepal. Physical rehabilitation professionals developed their capacities through ICRC-supported training.
- Nepali authorities were urged to address the needs of people affected by the past conflict, including missing people's families. The ICRC helped improve human-remains management in Bhutan, India, the Maldives and Nepal.
- The ICRC supported the COVID-19 response of National Societies in Bhutan, India, the Maldives and Nepal. Information disseminated by the ICRC broadened awareness of measures against COVID-19.

EXPENDITURE IN KCHF	
Protection	2,266
Assistance	3,378
Prevention	1,783
Cooperation with National Societies	1,621
General	134
Total	**9,182**
Of which: Overheads	*560*
IMPLEMENTATION RATE	
Expenditure/yearly budget	87%
PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	128



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	14
RCMs distributed	20
Phone calls facilitated between family members	96
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs collected	23
RCMs distributed	16

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	5,000	2,330
Income support	Beneficiaries	1,150	3,367
Water and habitat			
Water and habitat activities	Beneficiaries	515	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	
Physical rehabilitation			
Projects supported	Projects	13	13

CONTEXT

Disputed borders remained a source of tension between India and some of its neighbours. The country continued to deal with various economic, social and security issues, while also seeking to raise its profile internationally.

Armed violence between security forces and militants continued, particularly in the Jammu and Kashmir region, and in some sections of central, eastern and north-eastern India. Violent encounters in the Himalayas between Indian and Chinese troops, rooted in territorial disagreements, caused casualties. The extensive military presence in Jammu and Kashmir, established after its special status was revoked in 2019, continued. Stepped-up security operations and criminalization of dissent have reportedly led to people being arrested and/or detained.

To check the spread of COVID-19, India and Nepal imposed nationwide lockdowns and Bhutan closed its borders. In India, the lockdown caused widespread unemployment and forced millions of displaced migrant workers to return to their places of origin.

The availability of health care – for people in violence- and/or disaster-affected areas of India and Nepal – remained precarious because of the limited capacities of emergency responders and medical personnel; the pandemic overwhelmed health systems and made matters worse.

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

In the Maldives, the government strove to enforce democratic principles; judicial and prison reforms remained matters of priority. The possibility that Maldivians who had participated in fighting abroad, and/or of their families, might be repatriated was a source of general concern.

Because of their geographical situation, the countries covered remained vulnerable to crises related to migration and natural disasters.

ICRC ACTION AND RESULTS

The ICRC – most of the time in cooperation with National Societies and local organizations – sustained its efforts to help people in need: physically disabled people; households affected by violence or natural disasters; missing people's families; and others. It also provided support for the National Societies in the region to tackle the COVID-19 pandemic.

The ICRC's interaction with authorities and other decision makers, members of the judiciary and the diplomatic community, and representatives of multilateral organizations helped foster understanding of and broadened acceptance for humanitarian principles, IHL and other applicable norms, and the ICRC's neutral, impartial and independent humanitarian action. Workshops on IHL and IHL-related matters were conducted for armed forces and police personnel – including troops bound for peacekeeping missions and border security officers. A broad range of other people – including academics and journalists – learnt about IHL and the ICRC at online workshops, and through web-based and other media.

In India, the ICRC assisted communities to work towards self-sufficiency. It carried out various initiatives to increase food production, fund small businesses, and cover household needs after the onset of the pandemic, particularly for households with female breadwinners or persons with disabilities. Because of security and access constraints, the ICRC had to end its provision of livelihood support in Jammu and Kashmir.

The ICRC continued to reiterate to the Nepalese authorities the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the Commission on Investigation of Enforced Disappeared Persons (CIEDP), and victims/survivors of sexual and other violence through the Truth and Reconciliation Commission (TRC). The ICRC met with other stakeholders to urge them to establish a mechanism to facilitate transitional justice. Forensic professionals in the countries covered drew on the ICRC's expertise to strengthen their ability to manage and identify human remains, especially within the context of the pandemic.

The ICRC helped members of dispersed families – including people in quarantine facilities – to restore or maintain contact. It gave the National Societies in India, Nepal and the Maldives capacity-building support for their family-links services; initiatives to this end had to be adapted to the pandemic.

ICRC-trained National Society volunteers in Bhutan, India and the Maldives participated in various initiatives to help check the spread of COVID-19. At the request of the Indian authorities, the ICRC donated personal protective equipment (PPE) to several hospitals in the country; it also helped the Indian Red Cross Society expand its pool of first-aid trainers.

In India and Nepal, persons with disabilities received specialized care at ICRC-supported physical rehabilitation centres: ICRC support included PPE for staff, and training for staff and physical rehabilitation professionals.

The ICRC remained without access to detention facilities in India. It was not able to carry out detention visits in the Maldives because of pandemic-related restrictions. Family visits for detainees in Bhutan and India were not possible for the same reason.

The ICRC gave the National Societies in Bhutan, India, the Maldives and Nepal comprehensive support for bolstering their organizational capacities. It continued to help coordinate Movement activities in the region.

CIVILIANS

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

The ICRC continued to remind Nepalese authorities of the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence through the TRC. It met with other stakeholders – such as members of the National Human Rights Commission and representatives of the International Centre for Transitional Justice – and continued to urge the establishment of a mechanism to facilitate transitional justice. It also held discussions regularly with the Conflict Victims' Common Platform and others advocating the creation of legal and administrative mechanisms for addressing the needs of people affected by the past conflict.

The authorities concerned, however, had to rearrange their priorities after the onset of the pandemic, which became the focus of their attention; initiatives to assist missing people's families were therefore stalled.

Some vulnerable people in India receive livelihood support

Vulnerable people in various parts of India were helped towards self-sufficiency by the ICRC, in conjunction with the Indian Red Cross. Female breadwinners from 80 households (supporting 400 people) received cash grants from the ICRC, which enabled them to start small businesses. Together with its local partners, the ICRC provided 609 households (around 3,000 people) containing persons with disabilities with cash grants for covering their essential household needs during the pandemic.

In violence-affected communities, the ICRC gave 466 destitute households (2,330 people) seed kits to start farming. It informed the Indian authorities that it would permanently end its livelihood support to vulnerable households in Jammu and Kashmir because of access and security constraints.

Training for the National Societies in Bhutan, India and the Maldives – in managing economic-security projects – was put on hold.

Because it had to rearrange its priorities in response to the pandemic, the ICRC suspended its activities for improving people's access to water and health care in India.

Members of dispersed families restore or maintain contact

The ICRC provided RCMs, tracing and other family-links services to members of families separated by violence, civil unrest, detention, migration, disasters or other emergencies, such as the pandemic. It helped the Indian, Maldivian and Nepalese National Societies to build their family-links capacities, but most activities to this end had to be postponed or scaled down because of pandemic-related restrictions. The ICRC drafted and translated guidelines for providing family-links services during the pandemic and shared them with the Indian and Nepalese National Societies.

People stranded abruptly, by a lockdown, in the Indian state of Uttar Pradesh were able to contact their families with the help of Indian Red Cross volunteers previously trained by the ICRC. The ICRC also trained Indian Red Cross volunteers to assess the need for family-links services in certain areas; however, visits to these places did not take place. Training for Indian Red Cross personnel, in providing family-links services during emergencies, was suspended; the ICRC was able, however, to provide the National Society with technical guidance, and other similar assistance, online for its COVID-19 response. Online training sessions in restoring family links, for the Bhutan Red Cross Society, were put on hold because its priorities shifted to responding to the pandemic.

The ICRC provided PPE and a train-the-trainer session for volunteers from the Nepal Red Cross Society. It also visited holding centres to ensure that migrant workers returning to Nepal were provided with family-links services. With the ICRC's support, the Nepalese Red Cross enlisted local radio stations to broadcast information to the general public – especially people in quarantine centres or hospitals who may have lost contact with their relatives – on the family-links services available to them. The ICRC and the Nepalese Red Cross helped reunite three people in quarantine with their families.

Based on the ICRC's recommendations, the Maldivian Red Crescent – in coordination with the national disaster management authority, and with guidance from the ICRC– undertook a pilot project to provide internet services and phone credit for migrant workers stranded in quarantine facilities to reconnect with their relatives.

Forensic professionals expand their capacities

The ICRC shared best practices in managing human remains, and guidance documents on the subject, with forensic institutions, government officials, task forces leading the COVID-19 response – in India, Bhutan and the Maldives – and others. It strove to build local capacities in handling human remains properly, a task made even more important by the pandemic. It organized or supported training, meetings and other events – mostly online – for authorities, forensic specialists, first responders, and others involved in managing human remains, including border security forces in India. Training in forensic odontology and identification of disaster victims was postponed because of pandemic-related restrictions. The International Centre for Humanitarian Forensics in India, aided by the ICRC, hosted an online round table – on management of the dead during the pandemic – for policy experts, decision makers, academics, medical staff, and professionals and others involved in forensic work.

In Nepal, ICRC-trained National Society staff provided instruction for army and police personnel in managing the dead. The ICRC donated body bags and/or PPE and other supplies for personnel handling dead bodies – through the Indian Red Cross, the Nepalese Red Cross, and the Maldivian Red Crescent and health ministry. Communication materials produced by the ICRC, disseminated online and by other means – for instance, posters and radio spots – helped broaden awareness of humanitarian forensics among the authorities, the general public and others.

PEOPLE DEPRIVED OF THEIR FREEDOM

In the Maldives, the ICRC reestablished dialogue with the authorities on systemic issues in detention. However, it was unable to visit places of detention because of pandemic-related movement restrictions.

In India, the ICRC was not able to establish a dialogue with the pertinent authorities on detention-related matters and remained without access to places of detention. Nevertheless, it continued to make recommendations – to the relevant ministries and institutions – for improving living conditions in prisons, especially in the context of the pandemic. It made similar recommendations to detention authorities in the Maldives and Nepal.

The ICRC supported the authorities' COVID-19 response. It donated, through the Nepalese Red Cross, soap, PPE, and potable water to several places of detention in Nepal; at the request of prison officials, the ICRC also donated disinfectants to a prison in Lalitpur, benefiting over a thousand detainees and security staff.

Because of pandemic-related restrictions, family visits for detainees in Bhutan were suspended for the whole year; detainees in India endured the same situation until November, when these visits resumed.

WOUNDED AND SICK

Local capacities in life-saving care are strengthened

ICRC-trained Indian Red Cross personnel provided first aid for wounded and sick people in violence- or disaster-prone areas of India during emergencies such as heavy floods and typhoons; some of these people received material support from the ICRC.

ICRC-trained volunteers from the National Societies in Bhutan, India and the Maldives helped check the spread of COVID-19: they disseminated information on preventive measures, distributed PPE, and provided other assistance at quarantine centres and elsewhere. The ICRC donated PPE to the health ministry and local authorities in India to support the COVID-19 response of four health institutions in Jammu and Kashmir, and three paramilitary hospitals in Delhi and Gwalior.

The Indian Red Cross established an advisory committee on first aid that included representatives from the ICRC and the International Federation; the committee formulated guidelines for first-aid training during the pandemic. The Indian Red Cross provided basic training for its volunteers, and train-the-trainer courses for instructors, in first aid and/or basic life support; some participants were also given equipment. The ICRC assisted the National Society to replicate these training sessions and courses and ensure the existence of a reliable supply of instructors.

Violence against health workers increased after the onset of the pandemic. The ICRC, together with the UNHCR and NITI Aayog –an Indian government think-tank – produced a video on pandemic-related stigmatization of health workers and disseminated it via various social-media platforms.

With technical support from the ICRC, and in cooperation with the Indian Red Cross, an international health institute in India hosted a regional course for medical personnel, on health emergencies in large populations; it drew participants from nine countries.

Physically disabled people obtain rehabilitative care

Some 8,600 persons with disabilities[1] improved their mobility through specialized care and/or assistive devices provided at physical rehabilitation centres – eleven in India, and two in Nepal; the ICRC gave these centres supplies and equipment. It also covered expenses – for assistive devices, treatment, transport and accommodation – for destitute patients in India and Nepal.

The ICRC worked to prevent the spread of COVID-19 in the areas served by these centres: it distributed informational materials containing vital pandemic-related messages to patients and their caregivers, and provided PPE to staff at the centres in India; it also donated soap, PPE and disinfection supplies to the centres in Nepal. In India, together with two local organizations, the ICRC provided persons with disabilities and their households with cash to alleviate their difficulties during the pandemic (see *Civilians*).

The ICRC helped to ensure the accessibility, and the sustainability, of good-quality physical rehabilitation services by organizing or sponsoring training for physical rehabilitation professionals, sometimes in coordination with local partners; most of these training sessions were conducted online. In India, instructors at training institutes refreshed their skills in advanced socket and conservative scoliosis treatment; staff from ICRC-supported centres developed their ability to diagnose strokes; manage patients with cerebral palsy; and provide physiotherapy services; and wheelchair users learnt to instruct other wheelchair users in health- and mobility-related matters. In Nepal, the ICRC launched an awareness programme in partnership with a local organization, which aimed to promote social inclusion and psychosocial support for physically disabled people; a series of online sessions, which attracted an audience of thousands, was held to this end.

Training for doctors in treating clubfoot, and sports activities such as wheelchair basketball and/or cricket, could not be held because of pandemic-related restrictions.

ACTORS OF INFLUENCE

Decision makers and other influential figures strengthen their grasp of IHL and humanitarian issues

The ICRC maintained its contact with authorities and other decision makers, members of the judiciary and the diplomatic community, and representatives of multilateral organizations in order to advance their understanding of – and cultivate acceptance and support for – IHL and the ICRC's neutral, impartial and independent humanitarian work in the countries covered.

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

Before the onset of the pandemic, the ICRC participated in the annual Raisina Dialogue in New Delhi; it sponsored a session at which participants from over a hundred countries learnt more about the doubled vulnerability of people affected by both climate change and armed conflict.

Meetings or events could not take place in person and had to be moved online. The ICRC organized online workshops – on international policing standards, the lawful use of force and firearms, the proper management of human remains, and the applicability of IHL in peacekeeping – for faculty members of training institutions for security forces, police officers, border security personnel, and troops bound for missions in other countries. The ICRC and the national IHL committee in Nepal continued to discuss IHL-related treaties.

Various groups of people familiarize themselves with IHL-related issues

The ICRC strove to stimulate academic interest in IHL in India, Nepal and elsewhere in the region, despite having to do so online because of the pandemic. It organized or supported online workshops and seminars on such subjects as safeguarding the delivery of health care, sexual violence in armed conflict, and the interplay between IHL and international human rights. These seminars attracted a large audience – running into the thousands – of lawyers, academics, researchers and others.

The ICRC used various means to relay humanitarian messages to the general public and advance their understanding of the Movement's work in the countries covered. A broad range of people had access to ICRC-produced materials via traditional or web-based channels (e.g. audiovisual clips, social-media posts, short films), and could therefore learn about IHL, the humanitarian situation in the region, and the activities of the ICRC and the National Societies involved, especially in connection with the pandemic.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Bhutan, India, Nepal and the Maldives carried out their activities – adapted to the pandemic – and strengthened their organizational capacities, with comprehensive support from the ICRC.

The Indian Red Cross continued to receive financial, material, technical and structural support from the ICRC to address the needs of vulnerable communities – including those engendered by the pandemic – especially in violence-affected and remote areas. The ICRC provided the Bhutanese Red Cross and the Maldivian Red Crescent with financial and other support to ensure the sustainability of their COVID-19 response. The Nepalese Red Cross, which received ICRC support for strengthening its legal base, submitted a draft law on its legal status to the relevant authorities; the process for enacting the law is in progress. Because of the pandemic, workshops on the Safer Access Framework did not take place.

The ICRC and the National Societies in the region coordinated with other Movement components regularly to ensure a coherent response to emergencies and to strengthen operational partnerships.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	14			
RCMs distributed	20			
Phone calls facilitated between family members	96			
Names published on the ICRC family-links website	1,325			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	6			1
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	1,548	160	71	149
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				
RCMs and other means of family contact				
RCMs collected	23			
RCMs distributed	16			
Detainees visited by their relatives with ICRC/National Society support	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	2,330	804	826
Income support	Beneficiaries	3,367	1,193	1,242
WOUNDED AND SICK				
First aid				
First-aid training				
Sessions		2		
Participants (aggregated monthly data)		44		
Physical rehabilitation				
Projects supported		13		
of which physical rehabilitation projects supported regularly		9		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	8,567	1,544	3,820
Prostheses delivered	Units	575		
Orthoses delivered	Units	6,153		
Physiotherapy sessions		9,449		
Walking aids delivered	Units	468		
Wheelchairs or postural support devices delivered	Units	227		

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	MEDIUM

KEY RESULTS/CONSTRAINTS IN 2020

- During the COVID-19 pandemic, people in violence-affected parts of Pakistan had access to primary health care, hospital care and physical rehabilitation services at ICRC-supported facilities.
- Material assistance and expert advice from the ICRC helped forensic authorities, penitentiary officials and health facilities to respond to the pandemic.
- In Khyber Pakhtunkhwa, advocacy by the ICRC and other parties led to the provincial authorities' passing of a law prohibiting violence against people seeking or providing health care and obstruction or disruption of health services.
- Plans to sponsor IHL training abroad for military officers were cancelled because of the pandemic. Police officers in various parts of Pakistan were trained in internationally recognized standards for law enforcement.
- Aided by the ICRC and other Movement partners, the Pakistan Red Crescent provided humanitarian assistance to people affected by the pandemic, and sought to strengthen its operational and organizational capacities.

EXPENDITURE IN KCHF	
Protection	1,920
Assistance	9,239
Prevention	2,471
Cooperation with National Societies	817
General	204
Total	**14,651**
Of which: Overheads	*894*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	11
Resident staff (daily workers not included)	252

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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	96
RCMs distributed	142
Phone calls facilitated between family members	725
Tracing cases closed positively (subject located or fate established)	63
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs collected	75
RCMs distributed	1

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries		13
Living conditions	Beneficiaries		94
Health			
Health centres supported	Structures	2	1
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		34,507
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	4
Physical rehabilitation			
Projects supported	Projects	39	25
Water and habitat			
Water and habitat activities	Beds (capacity)	2,649	1,240

CONTEXT

Clashes and shelling took place periodically along Pakistan's borders with Afghanistan, India and the Islamic Republic of Iran. Military and police operations against armed groups continued in various parts of the country, particularly the provinces of Balochistan and Khyber Pakhtunkhwa (KP). All of these resulted in civilian casualties.

Mines and explosive remnants of war (ERW) continued to threaten people's safety, particularly in KP and Pakistan-administered Kashmir.

Health care remained inaccessible or unaffordable for people in remote parts of the country; the pandemic made matters worse. Attacks on medical personnel and facilities, already an issue before the pandemic, increased in 2020. Health-care providers, and workers handling human remains during the pandemic, reported being stigmatized.

Many families were dispersed by violence, detention, migration, or other circumstances. As in past years, a number of migrants from neighbouring countries passed through Pakistan on their way to Europe or the Middle East. Members of dispersed families were often unable to stay in touch.

International humanitarian organizations continued to have limited operational presence in Pakistan, owing to security concerns and various administrative obstacles and restrictions imposed by the government. Lockdowns and other measures taken in response to COVID-19 further limited humanitarian organizations' access to people in need.

ICRC ACTION AND RESULTS

The ICRC's delegation in Pakistan continued to address the needs of violence-affected communities through activities listed in the 1994 headquarters agreement, and through others agreed upon with the government. It worked closely with the Pakistan Red Crescent and other local partners, with a view to reaching more people in need. The delegation remained a logistical hub for ICRC operations in Pakistan and elsewhere. The various constraints created by the COVID-19 pandemic led the ICRC and its local partners to adapt, postpone or cancel some planned activities; where possible, activities were conducted online.

The ICRC kept up its efforts to make primary health care, hospital care and physical rehabilitation services more readily available to people in violence-affected parts of Pakistan. It enabled a primary-health-care centre in Pakistan-administered Kashmir to follow up diabetic patients by phone during the pandemic, and built a road through a village in KP to open up access to health facilities.

ICRC assistance, which included guidance for strengthening measures to prevent and control infections and for sourcing and buying medical supplies, enabled four hospitals in KP to respond to the pandemic. Infrastructural upgrades helped them improve screening and triage for COVID-19 patients. Plans to support training for doctors and nurses in the province were not fully realized because of the pandemic.

Persons with disabilities, including mine/ERW victims, obtained care at physical rehabilitation centres that continued to receive ICRC support, such as staff training and guidance in quality control. The ICRC worked with local organizations to help persons with disabilities meet their immediate needs during the pandemic. It kept up its efforts to ensure the sustainability of physical rehabilitation services.

The ICRC continued to help develop local capacities in managing human remains. Together with local partners, it also sought to address the stigmatization of workers handling human remains during the pandemic.

As in past years, the National Society and the ICRC provided family-links services for people separated from their relatives, and strove to broaden awareness of the hazardousness of mines/ERW. In response to the pandemic, they began offering family-links services online, and included information about COVID-19 in all of their messaging about mine risks.

The ICRC provided penitentiary officials with assistance for developing their capacities in prison management and responding to the pandemic. It donated essential supplies and informational posters on COVID-19 to detention facilities in KP and Sindh. It concluded its detention-related activities in Pakistan at the end of the year.

The ICRC strove to draw attention to humanitarian issues, broaden support for its work, and promote IHL and other applicable norms. To that end, it held discussions and organized events, both online and in person, with government officials, weapon bearers, members of civil society and other key parties. Early in the year, police officers in various parts of Pakistan were trained in internationally recognized standards for law enforcement. Plans to sponsor IHL training abroad for military officers were cancelled because of the pandemic.

Together with local partners, the ICRC sought to promote respect for health workers and other people responding to the pandemic. In KP, advocacy by the ICRC and other parties led to the provincial authorities' passing of a law prohibiting violence against people seeking or providing health care and obstruction or disruption of health services.

The National Society continued to receive comprehensive support from the ICRC for expanding its operational capacities and pursuing organizational development.

CIVILIANS

The ICRC provided various forms of support for local actors assisting violence-affected people during the COVID-19 pandemic. The Pakistan Red Crescent, in particular, received comprehensive support for its COVID-19 response and its efforts to improve its humanitarian services. Various pandemic-related constraints led the ICRC and its local partners to adapt, postpone or cancel some planned activities.

Vulnerable people obtain primary health care during the pandemic

Early in the year, an ICRC-supported primary-health-care centre in Muzaffarabad, in Pakistan-administered Kashmir, provided 209 curative consultations for diabetic patients and held education sessions on diabetes for 4,232 people. With guidance and funding from the ICRC, the centre set up a system for following up diabetic patients by phone during the pandemic. The ICRC also provided the centre with personal protective equipment (PPE), cleaning items and disinfectants, and advised it on implementing COVID-19 safety protocols. In order to focus on strengthening services at the centre in Muzaffarabad, the ICRC cancelled its plans to assist a second centre.

As hospital outpatient departments were closed during the pandemic, leaving diabetic patients without access to consultations, the ICRC worked with the health ministry and the Diabetes Centre to facilitate online consultations and home delivery of medicine, and provision of information on COVID-19, for people with diabetes in the cities of Islamabad and Rawalpindi, and in the provinces of KP and Pakistan-administered Kashmir. In KP, the ICRC built a paved road through a village of around 9,300 people, most of whom lived in hilly neighbourhoods; this brought health facilities within safe reach of the village's inhabitants.

With ICRC support, National Society personnel trained some 19,000 people in first aid, held information sessions on preventing the spread of COVID-19, and helped the authorities disinfect a number of public facilities.

Administrative constraints prevented the ICRC from realizing its plans to provide support for hygiene and health promotion, and for pre-hospital emergency care and referral services.

With guidance and funding from the ICRC, the National Society worked to address the issue of mines/ERW. It used radio broadcasts, social-media posts and other means to broaden awareness of mine/ERW risks, and held educational sessions for some 28,900 people on safe practices around mines/ERW; all messages conveyed included information on COVID-19. The National Society gave food, hygiene items, face masks or cash to a number of mine/ERW victims, and referred some of them for physical rehabilitation and other services (see *Wounded and sick*). The ICRC supplied National Society staff with PPE.

Members of dispersed families stay in touch through family-links services offered online

The National Society and the ICRC provided family-links services to people separated from their relatives by violence, detention, migration or other circumstances. Early in the year, the National Society held information sessions for people in Balochistan and KP on maintaining family contact during migration. In response to the pandemic, the National Society and the ICRC began to offer family-links services online, including through social media.

The National Society, with the ICRC's support, provided some 400 households in Gilgit-Baltistan with mobile phone credit to contact hospitalized or quarantined relatives. Ninety-four vulnerable women and children received essential items from the National Society and the ICRC.

The ICRC arranged phone or video calls between families in Pakistan and their relatives being held at the Parwan detention facility in Afghanistan or at the US detention facility at the Guantanamo Bay Naval Station in Cuba. Early in the year, it delivered family parcels to two detainees at the Parwan facility, and facilitated family visits for four detainees; the families (13 people in all) were given financial assistance to make these visits.

Twenty-four people from Bangladesh, who had been released from prison in Pakistan, returned to their home country with help from the Bangladeshi consultate and the IOM. The Pakistan Red Crescent and the ICRC, in coordination with the Bangladesh Red Crescent Society, let the former detainees' families in Bangladesh know that their relatives were coming home.

Local organizations manage human remains during the pandemic

The ICRC strove to develop local forensic capacities, and urged officials to draw up national contingency plans for mass-casualty situations. National disaster-management and health authorities were given guidelines for managing human remains during the pandemic, and seminars were held for regional disaster-management authorities in Balochistan, Sindh and Pakistan-administered Kashmir. Police officers in Punjab attended an ICRC briefing on managing human remains during emergencies.

Government emergency-response teams and local organizations serving remote communities were trained, via ICRC webinars, in managing the remains of people who had died of COVID-19; the ICRC also gave them PPE, body bags, and pocket-size copies of simplified and translated guidelines. An ICRC webinar provided forensic specialists in Punjab with an opportunity to discuss challenges in managing the remains of COVID-19 victims.

Together with a local organization providing emergency response, the ICRC produced a video emphasizing the dignity of people handling human remains during the pandemic; the video was translated into Urdu, distributed to local partners and posted on social media platforms, along with an ICRC training video on managing the remains of COVID-19 victims.

The ICRC renovated the morgue at the main referral hospital for COVID-19 patients in KP (see *Wounded and sick*). Body bags and/or PPE were donated to local facilities, including those handling the remains of people who had died in an airplane crash in Karachi, and in an avalanche in Pakistan-administered Kashmir.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees benefit from measures against COVID-19

The authorities received support from the ICRC for strengthening their capacities in prison management. Early in the year, prison officials from various parts of Pakistan were trained

in leadership skills and in international best practices for detention; senior trainers at a police academy in Karachi were briefed on overcrowding in prisons.

In response to the COVID-19 pandemic, the ICRC provided government officials with advice for preventing the spread of the coronavirus in places of detention. It donated soap, disinfectants, face masks, infrared thermometers, and informational posters in local languages to detention facilities in KP and Sindh, benefiting 34,507 detainees.

Together with the ICRC, the penitentiary authorities in KP set up a system for referring detainees with physical disabilities to the Lady Reading Hospital for treatment; one detainee was referred early in the year.

With ICRC support, National Society personnel visited detained migrants in Sindh and provided them with family-links services and/or notified their consular representatives, at their request, of their detention.

The ICRC concluded its detention-related activities in Pakistan at the end of the year.

WOUNDED AND SICK

People in KP have access to good-quality medical treatment

With comprehensive support from the ICRC, the emergency departments of four hospitals in KP – the Lady Reading Hospital in Peshawar, and hospitals in Bajaur, Jamrud and Parachinar – treated people during the pandemic. The provincial authorities designated the Lady Reading Hospital as the main referral hospital for COVID-19 patients in KP.

ICRC support for the hospitals included donations of medical equipment, PPE, cleaning items and disinfectants; training in the use of certain equipment; and guidance for improving infection prevention and control, sourcing and buying medical supplies, and other areas. In addition, the ICRC delivered 10,512 food parcels over two months for staff dealing with COVID-19 at the Lady Reading Hospital. ICRC staff met regularly with health officials and hospital personnel; during lockdowns, they had discussions by phone or through mobile messaging applications.

Infrastructural upgrades by the ICRC, such as the construction of screening, triage and isolation facilities for COVID-19 patients, helped all four hospitals (1,240 beds in all) deal with the pandemic. Because of administrative constraints, certain renovations at the Lady Reading Hospital were postponed to 2021.

Plans to support training for doctors and nurses in KP were not fully realized because of the pandemic. Twenty-five doctors attended an ICRC course in trauma care in February; a follow-up webinar was held for them in December, but technological constraints prevented many of them from taking part. A number of nurses received some training in such areas as leadership and management skills, and online nursing documentation.

People with disabilities receive rehabilitative care and other assistance during the pandemic

Some 34,000 people with disabilities,[1] including mine/ERW victims, obtained physical rehabilitation services at 20 ICRC-supported centres; 1,184 children were treated for clubfoot. The ICRC covered transport, accommodation and/or food costs for 1,927 patients. ICRC assistance for the centres included material donations, staff training and mentoring, guidance in implementing quality-control mechanisms, and support for dealing with COVID-19. Access constraints prevented the ICRC from supporting as many centres as it had planned.

With ICRC support, three local organizations helped people with disabilities meet their most pressing needs during the pandemic. One-off cash assistance was given to 3,400 people, food parcels to 500 people, and tablet computers, for distance learning, to 33 children. Because of pandemic-related constraints, the ICRC assisted fewer organizations than planned.

Rehab Initiative, a government-registered private organization, distributed prosthetic and orthotic components and raw materials to partner organizations, and set up an online information hub for physical rehabilitation professionals. It also developed a mobile application to register patients and send them cash, and trained the staff of partner organizations in using the application. It received comprehensive support from the ICRC for its activities.

Prosthetics/orthotics instructors at a local university, and at one of the centres, were sponsored to complete certification courses to enhance their teaching skills. Supported by Rehab Initiative and the ICRC, 40 prosthetists/orthotists took online training courses offered by a German institute. The ICRC signed agreements with the health departments in KP and Pakistan-administered Kashmir about the incorporation of prosthetic/orthotic services in government hospitals.

ICRC-supported physical rehabilitation centres and hospitals were given informational materials on preventing the spread of COVID-19.

ACTORS OF INFLUENCE

KP passes a law that increases protection for health services

The ICRC sought to broaden awareness of humanitarian issues, increase acceptance and support for its work, and promote IHL and other applicable norms. To that end, it arranged discussions and events, both online and in person, with government officials, weapon bearers, members of civil society, and other key parties. The authorities and other local actors consulted the ICRC on various matters related to the pandemic; the ICRC shared pertinent guidelines with them (see, for example, *Civilians*).

Through various means, including social media and other online channels, the ICRC publicized its activities, provided information on COVID-19, and promoted respect for health

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

services. It conducted a nationwide public-awareness campaign, with the health ministry and local partners, to urge people to trust and respect health workers carrying out pandemic-related tasks.

The ICRC continued to support efforts to build a base of evidence for developing measures to prevent attacks against health services. For instance, it helped three universities to conduct and publish a joint study on violence in three Pakistani cities against health workers dealing with COVID-19.

In KP, advocacy by the ICRC, the health department and other parties led to the provincial assembly's passing of a law that banned violence against patients and their caregivers, and against health workers and health facilities; prohibited obstruction and disruption of health services; and made it unlawful to bring unauthorized weapons into health facilities. Together with local partners, the ICRC continued to advocate the passage of a similar law in Sindh; the provincial cabinet approved a bill for the protection of health care, to be presented to the provincial assembly for its approval.

The ICRC urged journalists to cover humanitarian issues. Together with the Centre for Excellence in Journalism, an organization based in Karachi, it held online workshops for journalists, including bloggers, on humanitarian reporting. It also prepared a guide for journalists on covering the pandemic. Plans to help the National Society develop its capacities in public communication were postponed because of the pandemic.

Police officers learn more about norms pertinent to their duties

Early in the year, ICRC training enabled police officers in various parts of Pakistan, including Balochistan and KP, to strengthen their knowledge of internationally recognized standards for law enforcement; some officers were also trained in first aid. Police officers in the Islamabad Capital Territory attended an ICRC course where various aspects of the issue of sexual violence were discussed. In Sindh, the ICRC carried out an assessment of training needs among police officers and shared its findings with the pertinent officials. Plans to sponsor military officers for IHL training abroad were postponed because of the pandemic.

The ICRC strove to develop local interest and expertise in IHL. Early in the year, it held an IHL workshop for judicial officials and seminars on the common ground between Islamic law and IHL for religious leaders and scholars. It sponsored several university students to take part in an international moot court competition. Students specializing in IHL at two Islamic universities received ICRC scholarships.

Because of the pandemic, events were organized online, whenever possible. Pakistani academics took part in an online course on the points of correspondence between Islamic law and IHL, which was organized by the ICRC's regional delegation in Jakarta, Indonesia (see *Jakarta*); related subjects were discussed at an ICRC webinar for university students in KP.

Local centres for legal and policy research, which the ICRC had helped set up in 2019, completed studies on migration and displacement and on the criminal-justice system's response to urban violence. The ICRC set up two new research centres, together with local partners.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC gave the Pakistan Red Crescent comprehensive support to strengthen its services and pursue organizational development. The National Society helped some of its branches launch income-earning projects; recruit key personnel; and/or train staff members to write project proposals, manage projects, and source and buy supplies and equipment.

Guidance and funding from the ICRC helped the National Society to respond to various humanitarian needs arising from the pandemic (see *Civilians*). It covered certain expenses at all of its provincial chapters, such as for PPE and insurance for volunteers. With the assistance of Movement partners, it set up a hospital for COVID-19 patients in Rawalpindi; patients were given psychosocial support, as well as treatment, free of charge.

In order to focus on the pandemic, the National Society postponed certain activities that it had planned.

Movement components operating in Pakistan met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	96			
RCMs distributed	142			
Phone calls facilitated between family members	725			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	82	9	15	24
including people for whom tracing requests were registered by another delegation	4			
Tracing cases closed positively (subject located or fate established)	63			
including people for whom tracing requests were registered by another delegation	2			
Tracing cases still being handled at the end of the reporting period (people)	197	38	28	32
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
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	75			
RCMs distributed	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	13	5	6
Living conditions	Beneficiaries	94	85	9
Primary health care				
Health centres supported	Structures	1		
Average catchment population		20,000		
Services at health centres supported regularly				
Consultations		209		
of which curative		209		96
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	34,507	79	
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		703,063		
First aid				
First-aid training				
Sessions		906		
Participants (aggregated monthly data)		19,875		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,240		
Physical rehabilitation				
Projects supported		25		
of which physical rehabilitation projects supported regularly		20		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	34,706	3,579	18,758
of whom victims of mines or explosive remnants of war		684		
Prostheses delivered	Units	4,351		
Orthoses delivered	Units	15,062		
Physiotherapy sessions		26,674		
Walking aids delivered	Units	1,658		
Wheelchairs or postural support devices delivered	Units	1,795		
Referrals to social integration projects		*		

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

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 clashes 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 2020

- Detaining authorities and others drew on the ICRC's expertise and support to check the spread of COVID-19 in detention facilities, and to draft plans and strategies in this regard.
- The wounded, the sick, and persons with disabilities obtained adequate care at ICRC-supported health facilities; some of these facilities also received technical and material assistance for dealing with the COVID-19 pandemic.
- Violence-affected people in Mindanao, including missing people's families, obtained psychosocial support through individual counselling or group-therapy sessions under an ICRC programme.
- People affected by conflict and other situations of violence, and people in quarantine, received food and other essentials, and livelihood support, from the Philippine Red Cross and/or the ICRC.
- The pandemic forced the ICRC to postpone or cancel several activities for populations it could not access. The ICRC focused on activities for vulnerable populations accessible to it and redirected resources towards its response to the pandemic.
- Following discussions with the ICRC, lawmakers included, in an amended law, a clause aimed at averting obstruction of principled humanitarian action within the context of counter-terrorism efforts.

EXPENDITURE IN KCHF	
Protection	5,388
Assistance	10,718
Prevention	2,951
Cooperation with National Societies	2,081
General	404
Total	**21,543**
Of which: Overheads	*1,313*
IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	36
Resident staff (daily workers not included)	204

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	18
RCMs distributed	22
Phone calls facilitated between family members	190,371
Tracing cases closed positively (subject located or fate established)	8
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	71
Detainees in places of detention visited	78,579
of whom visited and monitored individually	211
Visits carried out	87
Restoring family links	
RCMs collected	16
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	15,000	11,335
Income support	Beneficiaries	45,000	33,881
Living conditions	Beneficiaries	15,000	1,820
Water and habitat			
Water and habitat activities	Beneficiaries	59,880	22,899
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	5,000	5,247
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	27	27
Physical rehabilitation			
Projects supported	Projects	1	1
Water and habitat			
Water and habitat activities	Beds (capacity)	125	1,595

CONTEXT

Fighting persisted between the Armed Forces of the Philippines (AFP) and the Bangsamoro Islamic Freedom Fighters in central Mindanao, and between the AFP and the Abu Sayyaf Group (ASG) in the Sulu archipelago. Clashes between clans in Mindanao were also reported. The fighting caused displacement and numerous casualties. Thousands of displaced people had little or no access to essential services and were unable to pursue their livelihoods.

The effects of the hostilities in Marawi, Lanao del Sur – between the AFP and the Islamic State–Ranao (also known as the Maute group) and the ASG – which ended in 2017, continued to be felt. Clashes between the AFP and the New People's Army increased in parts of Mindanao and of the Luzon and Visayas regions.

The pandemic added to the difficulties of conflict-affected people. Quarantine and other measures necessary to contain the spread of COVID-19 made it even more difficult for them to cover their basic needs.

Detention facilities remained overcrowded. Thousands of detainees were released to help prevent the spread of COVID-19 in congested facilities.

Disputes over maritime areas in the South China Sea remained unresolved.

Irregular Filipino migrants continued to be deported from Sabah, Malaysia.

ICRC ACTION AND RESULTS

In partnership with the Philippine Red Cross, the ICRC delivered a multidisciplinary response to the humanitarian needs arising from armed conflict and other violence and the pandemic. Pandemic-related measures made it difficult for the ICRC to reach certain target populations, and forced it to postpone or cancel several activities, thus missing some of its assistance targets. Therefore, the ICRC focused on activities for vulnerable populations that were accessible to it and redirected resources towards activities to address the pandemic.

In all its contact with them, the ICRC reminded authorities, military and police personnel, and armed groups of their obligations under IHL to protect civilians and civilian property, and to facilitate safe access to essential services, including health care. It pursued various efforts to broaden awareness of IHL and support for it – and for the ICRC's own neutral, impartial and independent humanitarian work in the Philippines – among local and national authorities, government forces and other weapon bearers, civil-society figures, and community members. Following discussions with the ICRC, lawmakers included, in an amended law, a clause aimed at averting obstruction of principled humanitarian action within the context of counter-terrorism efforts.

Together with the National Society, the ICRC provided IDPs and residents in Mindanao with food and/or essential household items. Activities to build communities' long-term self-sufficiency were carried out whenever possible. Thousands of people – IDPs, returnees, missing people's families and persons with disabilities – pursued livelihoods or covered their basic needs with the help of ICRC cash grants; some of them took part in cash-for-work initiatives. Beneficiaries of ICRC assistance included those for whom economic consequences of conflict and the pandemic had been most damaging. ICRC projects opened up access for IDPs and residents to clean water and to sanitation and other basic facilities.

Health-care providers – including COVID-19 reference hospitals – sustained their services for the wounded and the sick with various forms of ICRC support, including technical, material and infrastructural assistance to prevent and control infections. Violence-affected people in Mindanao, including missing people's families, obtained psychosocial support through an ICRC programme. ICRC training enabled health workers to look after their mental health and to provide basic mental-health and psychosocial support to others, including their colleagues and COVID-19 patients. Persons with physical disabilities obtained rehabilitative care at the Davao Jubilee Foundation, which received comprehensive ICRC support.

The ICRC visited detainees – held at facilities under various authorities – in accordance with its standard procedures. It discussed its findings confidentially with detaining authorities, and continued to support their efforts to address recurrent issues, such as overcrowding, through systemic reforms. Detaining authorities and others concerned drew on the ICRC's expertise and support to prevent and control the spread of COVID-19 in detention facilities, and to draft plans and strategies in this regard. For instance, the ICRC helped penitentiary authorities and the National Society set up nine isolation facilities for detainees suspected or confirmed to have COVID-19. The ICRC also carried out health activities not directly related to the pandemic; notably, 20,000 detainees underwent ICRC-supported mass TB screenings.

Members of families dispersed by conflict, migration, detention or other circumstances reconnected through the Movement's family-links services. In March, family visits for detainees were suspended as a measure to contain the spread of COVID-19; the ICRC donated tablet devices, SIM cards and phone credit to prisons and COVID-19 isolation centres at detention facilities so that detainees could contact their families. Forensic professionals and forensic institutions improved their management of dead bodies and human remains with various kinds of ICRC support: donations of body bags and PPE; guidelines to ensure safe and dignified funerals and burials for people who died of COVID-19; and online training.

CIVILIANS

In all its contact with them, the ICRC reminded authorities, military and police personnel, and armed groups of their obligations under IHL to protect civilians and civilian property, and to facilitate safe access to essential services, including health care (see *Wounded and sick* and *Actors of influence*). It raised conflict-affected people's protection-related concerns with the relevant authorities and weapon bearers. Recommendations for addressing IHL-related concerns during pandemics, and for preventing sexual violence in

quarantine centres, were shared with parties to conflict. ICRC dissemination sessions helped law enforcement personnel to familiarize themselves with the legal frameworks applicable to their operations.

In 2019, the ICRC carried out an assessment of issues related to sexual violence. It drew on the assessment's recommendations to help communities in Marawi and Pagayawan to address their most urgent concerns about safety and sexual violence; discussions with community members identified opportunities for the ICRC to mobilize weapon bearers and service providers. Plans of action will be finalized in 2021. Dissemination sessions were organized for violence-affected communities with the specific purpose of reducing their exposure to risks and developing measures for self-protection; however, because of the pandemic, only a few sessions took place. The pandemic also necessitated the closure of schools; the ICRC postponed scholarships for violence-affected students to 2021.

The ICRC was finalizing, at year's end, a concept paper on legal frameworks concerning IDPs; the paper sought to initiate a dialogue with the pertinent authorities on how laws concerning disaster-risk reduction and disaster management should address the needs of IDPs.

People affected by conflict and the pandemic receive emergency aid and livelihood support

In partnership with the Philippine Red Cross, the ICRC delivered a multidisciplinary response to the humanitarian needs arising from armed conflict and other violence and the pandemic. Pandemic-related measures made it difficult for the ICRC to reach certain target populations, and forced it to postpone or cancel several activities, thus missing some of its assistance targets. Therefore, it focused on activities for vulnerable populations that were accessible to it and redirected resources towards activities to address the pandemic. It carried out all of its activities in line with national and international COVID-19 protocols.

The ICRC gave food to 11,335 people (2,355 households); these included IDPs and households in which people had gone missing in relation to the conflict in Marawi. Essential household items were given to 1,820 people (428 households). Activities to build communities' long-term self-sufficiency were carried out whenever possible. A total of 33,881 people – IDPs, returnees, missing people's families and persons with disabilities – pursued livelihoods or covered their basic needs with the help of ICRC cash grants; some of them took part in cash-for-work initiatives. Beneficiaries of ICRC assistance included those for whom economic consequences of conflict and the pandemic had been most damaging. The ICRC usually carried out the activities mentioned above – along with provision of family-links services and implementation of water-and-habit projects – with the Philippine Red Cross, for which it provided staff training and other capacity-building support.

ICRC projects opened up access to clean water, and to sanitation and other basic facilities, for some 22,800 IDPs and residents; 19,000 IDPs and residents among them had access to potable water through the Marawi City Water District, which the ICRC supplied with fuel for its pumping stations and with chlorine. Thousands of others benefited from other activities, such as: the renovation of a spring-water-supply system; distributions of hygiene kits, often in tandem with hygiene promotion sessions; construction of latrines; and setting up of provisional classrooms. Individuals left stranded by quarantine measures sheltered in tents put up by the ICRC at a quarantine facility in Marawi.

Owing to pandemic-related restrictions, the ICRC could not carry out its risk-mitigation activities for communities at risk from weapon contamination.

Members of separated families reconnect

Members of families dispersed by violence, migration, detention or other circumstances reconnected through family-links services made available by the National Society and the ICRC – in particular, through phone calls arranged by them. The ICRC provided the National Society with material support – laptops, satellite phones – and other assistance to bolster its family-links services, particularly during emergencies.

The ICRC engaged weapon bearers in dialogue on clarifying the fate of missing people and implementing measures for preventing disappearances. It continued to endeavour to help people search for relatives separated from them by conflict – including people missing in connection with the Marawi crisis – or by detention or migration. Eight tracing cases were resolved. Based on its assessment of their needs, the ICRC provided missing people's families with food or livelihood assistance (see above) and psychosocial support (see *Wounded and sick*).

Forensic professionals and forensic institutions improved their management of dead bodies and human remains with various kinds of ICRC support: donations of body bags and PPE; guidelines to ensure safe and dignified funerals and burials for people who died of COVID-19; and online training.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 71 places of detention under various authorities, including the Bureau of Jail Management and Penology (BJMP), the Bureau of Corrections and the Philippine National Police. It monitored 211 inmates, including security detainees, individually. Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

The ICRC arranged family visits for 87 detainees, including security detainees. In March, family visits were suspended as a measure to contain the spread of COVID-19; the ICRC donated tablet devices, SIM cards and phone credit to prisons and COVID-19 isolation centres at detention facilities so that detainees could contact their families. These tablet devices also helped facilitate judicial hearings online. The ICRC gave five detainees financial assistance to return home after their release.

Penitentiary officials pursue systemic reform

The ICRC continued to support the authorities' efforts to address longstanding issues at places of detention through structural reforms. It discussed – with court administrators, justice ministry officials, senators and others – such matters as tackling overcrowding in prisons holistically. It advocated emergency decongestion measures – particularly the early or temporary release of certain categories of detainee – as a means to check the spread of COVID-19 in detention facilities. The ICRC gave the BJMP technical support to finalize a five-year strategic plan to improve their assignment of personnel: the plan seeks to help address humanitarian needs in BJMP jails. Following discussions with the ICRC about bringing detention conditions in line with internationally recognized standards, the BJMP made an e-learning course on this topic mandatory for its staff; there were some 15,000 course completions. The ICRC continued to provide support for paralegals to follow up detainees' cases and coordinate with courts to expedite judicial proceedings; in December, the ICRC participated in a national conference, held online, for paralegals and BJMP lawyers. Several training sessions and other events for detaining authorities and prison staff were cancelled or postponed because of pandemic-related constraints.

Authorities draw on ICRC support to prevent the spread of COVID-19

Detaining authorities and others concerned drew on the ICRC's expertise and support to prevent and control the spread of COVID-19 in detention facilities, and to draft plans and strategies in this regard. The ICRC also helped national health authorities and penitentiary authorities to coordinate their efforts against COVID-19 in places of detention.

The ICRC helped penitentiary authorities and the Philippine Red Cross to set up nine isolation facilities (1,403 beds) for detainees suspected of having, or confirmed to have, COVID-19; it also helped these facilities to set up or create tools or mechanisms for recording health-related data. Hundreds of health and other staff in detention facilities were trained in measures against COVID-19. A number of detention facilities were given PPE, medical equipment and consumables, materials for making masks and/or cleaning supplies. Posters and audio recordings educated detainees about COVID-19 and safe practices. The ICRC also carried out health-related activities not directly linked to the pandemic: notably, 20,000 detainees in BJMP jails were screened for TB; the ICRC provided support for this. It completed the renovation of a clinic at one detention facility and set up a provisional hospital at another facility (160 beds).

The ICRC repaired or constructed water and ventilation systems, and other basic infrastructure, at several places of detention, benefiting 5,247 detainees.

WOUNDED AND SICK

Local hospitals receive support for treating COVID-19 patients

The ICRC strove – in line with the goals of the Health Care in Danger initiative – to prevent discrimination against and stigmatization of patients and health workers, particularly in connection with the pandemic; it carried out communication campaigns and made other efforts to broaden awareness of the importance of ensuring safe access to medical services for all those who were wounded or sick.

The ICRC provided 27 hospitals – including COVID-19 reference hospitals – with support to sustain their services for the wounded and the sick; this support included training, and technical and material assistance, to prevent and control infections. Nine of these hospitals were given quarterly supplies of drugs and consumables and/or medical equipment; several hospitals received PPE. Violence-affected people were also treated at primary-health-care centres and first-aid posts, which received medical supplies from the ICRC. The ICRC gave some wounded people financial assistance for medical consultations and/or treatment. ICRC training helped health personnel, weapon bearers and other first responders develop their capacities in first aid and/or basic life support.

The ICRC and the Philippine Red Cross set up a 20-bed isolation facility, at the Cotabato Regional and Medical Center, that was equipped with handwashing stations, showers and latrines; an emergency room for COVID-19 patients (12 beds) was also installed at the facility. The Southern Philippine Medical Center was given mattresses, bedclothes, and disinfection materials for its health staff's sleeping quarters. The ICRC covered the transportation and/or accommodation expenses of some health staff in Mindanao.

Violence-affected people work towards mental and physical recovery

Violence-affected people in Mindanao, including missing people's families, obtained psychosocial support through individual counselling or group-therapy sessions under an ICRC programme; however, pandemic-related constraints prevented the full implementation of the programme. ICRC training enabled health workers to look after their mental health and to provide basic mental-health and psychosocial support to others, including their colleagues and COVID-19 patients. Leading community members, religious leaders and social workers learnt about various mental-health issues, and psychosocial support, through ICRC information sessions.

The ICRC provided material support – such as PPE and disinfectants – for seven women and child protection units in Mindanao. Post-rape kits could not be delivered to these facilities because of logistical constraints. Capacity-building support for health staff involved in treating victims/survivors of sexual violence had to be put on hold because of pandemic-related constraints.

A total of 259 persons with physical disabilities[1] obtained rehabilitative care at the Davao Jubilee Foundation (DJF), which received comprehensive support from the ICRC; their treatment and/or transportation costs were covered by the ICRC. Staff at the facility were given expert guidance – for instance, to draw up guidelines for prosthetic management – and PPE. The manager of the DJF participated in the national rehabilitation coordination board, which seeks to lead the

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

drafting of a rehabilitation strategy for the country. Sporting activities for persons with disabilities could not be arranged because of pandemic-related constraints.

ACTORS OF INFLUENCE

The ICRC pursued various efforts to broaden awareness of IHL and support for it – and for the ICRC's own neutral, impartial and independent humanitarian work in the Philippines – among local and national authorities, government forces and other weapon bearers, civil-society figures, and community members. It continued to engage national authorities and weapon bearers, including state and non-state forces, in dialogue on respecting and ensuring respect for IHL. Owing to pandemic-related constraints, the ICRC had to postpone or cancel some of the events or activities that it had planned for actors of influence; it also moved several activities online.

The ICRC's public communication, including via social media, was directed towards broadening awareness of the humanitarian needs created by armed violence in the country and the pandemic, and towards gathering support for its joint response with the Philippine Red Cross. Radio spots reached people in remote areas; these gave them information on the ICRC's services. Local and national media used the ICRC's briefings and press releases to draw public attention to the organization's activities in the country, particularly its COVID-19 response in detention facilities.

The ICRC maintained contact with its beneficiaries by sending them text messages on COVID-19, and on self-protective measures against it, and by seeking their views on the assistance they had been given.

The Philippines includes humanitarian exemption in its law on counter-terrorism

The authorities continued to work towards ratifying and/or implementing IHL-related instruments, such as the Treaty on the Prohibition of Nuclear Weapons, with technical support from the ICRC. Following discussions with the ICRC, lawmakers included, in an amended law, a clause on humanitarian exemption – which specifically mentioned the Philippine Red Cross and the ICRC – aimed at averting obstruction of principled humanitarian action within the context of counter-terrorism efforts. Prosecutors attended a specialized course in IHL developed by the National Prosecution Service in partnership with the ICRC.

ICRC briefing sessions, seminars and workshops – some of them held online – enabled members of the armed forces and the police to learn more about the ICRC's mandate, humanitarian principles, and IHL and other norms applicable to their work. The Philippine National Police and the ICRC signed a five-year memorandum of understanding to cooperate in the promotion of IHL and international policing standards.

The ICRC sought through various means to develop interest and expertise in IHL among academics, students and universities. Teams from universities across the country participated in a national moot court competition organized by the ICRC and the National Society, that was held online.

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 conflict and violence in Mindanao. The ICRC gave the National Society material, technical and financial support, and training, to bolster its capacity to deliver an effective humanitarian response in line with the Safer Access Framework.

The National Society and the ICRC worked together to tackle the needs and challenges created by the pandemic. For instance, the ICRC gave the National Society PPE, thermal scanners and disinfectants for its ambulance, blood-bank and other services. The ICRC also provided the National Society – particularly its branches in Mindanao – with financial assistance for its COVID-19 response: this assistance enabled the National Society to buy equipment for molecular laboratories for conducting COVID-19 tests, and hygiene kits for quarantine facilities in communities and at hospitals.

To maximize the impact of the Movement's response, the ICRC coordinated its activities with those of the International Federation and National Societies working internationally. The ICRC also kept its Movement partners abreast of the security situation.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
RCMs distributed	22			
Phone calls facilitated between family members	190,371			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	48	8	2	5
Tracing cases closed positively (subject located or fate established)	8			
Tracing cases still being handled at the end of the reporting period (people)	222	19	18	27
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	71			
Detainees in places of detention visited	78,579	8,454	35	
Visits carried out	87			
		Women	Girls	Boys
Detainees visited and monitored individually	211	17		17
of whom newly registered	63	8		17
RCMs and other means of family contact				
RCMs collected	16			
RCMs distributed	19			
Phone calls made to families to inform them of the whereabouts of a detained relative	1			
Detainees visited by their relatives with ICRC/National Society support	87			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	11,335	3,295	4,742
of whom IDPs		10,397	3,013	4,368
Income support	Beneficiaries	33,881	10,171	15,325
of whom IDPs		16,315	4,896	7,762
Living conditions	Beneficiaries	1,820	439	939
of whom IDPs		1,820	439	939
Water and habitat				
Water and habitat activities	Beneficiaries	22,899	8,018	6,875
of whom IDPs		13,610	4,763	4,083
Mental health and psychosocial support				
People who received mental-health support	Cases	120		
People who attended information sessions on mental health		133		
People trained in mental-health care and psychosocial support		138		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	5,247	787	
Health care in detention				
Places of detention visited by health staff	Structures	50		
Health facilities supported in places of detention	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	27		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		12,241		
Weapon-wound admissions (surgical and non-surgical admissions)		548	17	17
Weapon-wound surgeries performed		732		
Patients whose hospital treatment was paid for by the ICRC		6		
First aid				
First-aid training				
Sessions		4		
Participants (aggregated monthly data)		121		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,595		
Physical rehabilitation				
Projects supported		1		
of which physical rehabilitation projects supported regularly		1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	259	47	74
Prostheses delivered	Units	81		
Orthoses delivered	Units	30		
Physiotherapy sessions		45		
Walking aids delivered	Units	46		

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 2020

- Missing people's families received ICRC support to cope with their psychological distress and other difficulties. Along with other vulnerable people, they also received emergency relief aid to cope with the pandemic.
- The Office on Missing Persons continued its work to clarify the fate and whereabouts of missing people and assist their families. ICRC expertise – in tracing missing people, for example – was made available to it.
- Forensic officials, particularly from the Institute of Forensic Medicine and Toxicology (IFMT), were given material support and expert advice to do their work safely and more effectively.
- Material support and expert advice from the ICRC helped authorities to provide more effective protection against COVID-19 for thousands of detainees.
- The authorities and the ICRC continued to discuss domestic legislative initiatives; the ICRC, together with the national IHL committee, urged the authorities to ratify and implement various IHL-related treaties.

EXPENDITURE IN KCHF	
Protection	3,313
Assistance	3,133
Prevention	982
Cooperation with National Societies	248
General	139
Total	**7,815**
Of which: Overheads	*477*
IMPLEMENTATION RATE	
Expenditure/yearly budget	87%
PERSONNEL	
Mobile staff	19
Resident staff (daily workers not included)	123

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1
RCMs distributed	1
Tracing cases closed positively (subject located or fate established)	48
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	42
Detainees in places of detention visited	31,195
of whom visited and monitored individually	391
Visits carried out	187
Restoring family links	
RCMs collected	14
RCMs distributed	9
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries		55,740
Income support	Beneficiaries	2,250	12,950
Living conditions	Beneficiaries		232
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		30,840
Water and habitat			
Water and habitat activities	Beneficiaries	4,500	31,366

CONTEXT

Families affected by the armed conflict that ended in 2009 continued to feel its effects. Many remained without news of relatives who went missing during the conflict; the ambiguity of that loss caused these families emotional distress and difficulties in overcoming legal and administrative obstacles. Some families struggled to meet their financial needs. The COVID-19 pandemic and the restrictive measures necessitated by it – the severities of which peaked at multiple points in the year – exacerbated these problems and put other vulnerable people in financial precarity.

Sri Lankan authorities continued to address the lingering effects of the conflict. The Office on Missing Persons strove to ascertain the fate of people missing in connection with the conflict and address the needs of their families; the Office on Reparations dealt with the issue of compensation. The two offices were set up to fulfil commitments made in a 2015 UN Human Rights Council resolution concerning the conflict; Sri Lanka withdrew from this resolution in February 2020.

A series of bomb attacks in April 2019 – which killed over 250 people and injured hundreds – set off protests, sometimes violent, and attacks against asylum seekers and refugees; these resulted in arrests, injuries, deaths, and damage to property. The violence largely subsided in 2020. Operations by security forces led to arrests.

ICRC ACTION AND RESULTS

The ICRC continued to support the authorities in addressing the consequences of past conflict in Sri Lanka. It impressed upon them, and upon others concerned, the urgency of ascertaining the fate of missing people and addressing their families' needs. It also reminded authorities to attend to the plight of migrants and to address and prevent unlawful conduct during law enforcement and security operations.

The Office on Missing Persons continued to receive ICRC support for clarifying the fate and whereabouts of missing people and assisting their families. ICRC expertise – in, tracing missing people, for example – was made available to it. The ICRC continued to implement an accompaniment programme, with a view to providing comprehensive support to missing people's families. Through this programme, the families received help for coping with their psychological distress, cash grants and other support to earn an income, and referrals to other, locally available services.

The ICRC responded to the pandemic by scaling up its economic assistance: missing people's families and other vulnerable people were given emergency cash and food parcels.

Forensic officials, particularly from the IFMT, were given material support and expert advice by the ICRC. Much of it helped them to do their work safely despite the pandemic; for example, body bags, personal protective equipment (PPE) and/or disinfectants and waste-management supplies were donated to the IFMT and several other medico-legal institutions, and to morgues.

Whenever it was safe to do so, the ICRC visited detainees in prisons and other places of detention, in accordance with its standard procedures. It communicated its findings and recommendations confidentially to the authorities. Certain activities with long-term objectives – for example, to improve health-care provision – continued, but the ICRC concentrated its detention-related work mainly on responding to the pandemic. The ICRC donated PPE, no-contact thermometers, disinfectants, cleaning materials, waste-management equipment and personal hygiene items. As a result, thousands of detainees were protected more effectively against COVID-19. Authorities met with the ICRC regularly and received expert advice for improving both their response to the pandemic and health-care services in general. With ICRC support, personnel from the health ministry and the department of prisons, and others, took part in an online course on health care in detention organized by a university in Thailand. ICRC support also enabled foreign detainees to keep in touch with their relatives over telephone or video calls.

The authorities and the ICRC continued to discuss domestic legislative initiatives. The ICRC, together with the national IHL committee, urged the authorities to ratify and implement IHL-related treaties, such as the Convention on Cluster Munitions; it gave them expert assistance for doing so. Officers and legal advisers from the armed forces drew on ICRC support to further integrate IHL into military training and doctrine.

The Sri Lanka Red Cross Society and the ICRC enabled migrants, detainees, and others to restore or maintain contact with relatives. The National Society continued to bolster its operational and managerial capacities, particularly in emergency response, with the ICRC's help.

CIVILIANS

The authorities, members of civil society and the ICRC continued to discuss issues linked to the past conflict, particularly the necessity of ascertaining the fate of missing people and addressing their families' needs (see below). Two families, whose children were injured by explosive remnants of war, were able to cover their transport and medical costs with ad hoc financial support from the ICRC.

The ICRC reminded authorities, through representations based on documented allegations, to address and prevent unlawful conduct during law enforcement operations, including those undertaken to enforce pandemic-related movement restrictions. This was supplemented by a few information sessions for police and security forces on international human rights law, international policing standards and the legal frameworks applicable to searches and the use of force during arrests and detention, but these had to be put on hold from early on in the year because of the pandemic.

The ICRC also continued – in coordination with the International Federation and others – to monitor the situation of migrants along migration routes and in detention centres (see *People deprived of their freedom*), and communicated its findings to the pertinent authorities.

Missing people's families receive various kinds of assistance

The work of the Office on Missing Persons – to clarify the fate of missing people and assist their families – continued, but haltingly, because of the pandemic and the movement restrictions it necessitated. ICRC expertise – in such areas as tracing missing people, forensics, and assisting missing people's families – supported the Office's efforts. Around 15,000 missing-persons cases – for which tracing requests had been lodged with the ICRC – remained unresolved.

The ICRC also sought to provide missing people's families with support through an accompaniment programme. Around 861 people received help to cope with their psychological distress at online and in-person support-group sessions facilitated by local partners trained and supported financially by the ICRC; some of them were visited – whenever it was safe to do so – in person individually and/or were shown how to help their relatives cope as well. Cash grants for starting small businesses, or undertaking other income-earning activities, were given to 32 particularly vulnerable households (160 people) – fewer than planned, owing to the pandemic; some of them, along with others previously assisted, also received training in basic business skills. Families in the accompaniment programme were referred to local authorities or service providers for legal, administrative and financial assistance when necessary; the database of service providers was kept up to date, as they suspended and resumed their activities through the pandemic. The families of some 2,250 missing people learnt about the accompaniment programme, and about the Office on Missing Persons' activities and mandate, through phone calls from the ICRC.

The ICRC surveyed missing people's families to understand how the pandemic was altering their financial, mental-health and other needs, and adapted its activities accordingly: it provided 2,560 households (12,790 people) with emergency cash relief to help them cover their most urgent needs, such as food; it also produced videos, which received tens of thousands of views, to help people cope with the pandemic's impact on their mental health.

The ICRC's local partners in the accompaniment programme, along with students and others, learnt about "ambiguous loss" – a distinctive experience of missing people's families – at ICRC information sessions.

Vulnerable households remain food secure during the COVID-19 pandemic

Food parcels or multipurpose cash vouchers from the Sri Lanka Red Cross Society and the ICRC enabled about 11,100 particularly vulnerable households (nearly 56,000 people) to increase their daily food consumption – and in some cases, buy the hygiene products they needed – during the heights of the pandemic. The National Society and the ICRC coordinated with the authorities, the UNHCR and others to select recipients for this aid and then distribute it. The ICRC funded this in part by redirecting economic assistance that had been planned for missing people's families, but which could not be delivered.

Forensic authorities do their work safely during the pandemic

The ICRC provided guidance and material support for the IFMT, with a view to ensuring that at its morgue, human remains were managed in accordance with best practices: for example, the IFMT was given X-ray equipment and helped to improve its working methods for dealing with unidentified and unclaimed bodies. At an ICRC workshop, military officers learnt about ways to ensure respect for the dead and the proper management and identification of their remains after disasters.

Particularly in light of the pandemic, the ICRC, together with the National Society, offered the health ministry and the IFMT expert advice on preventing and controlling infections; it also donated body bags, PPE and/or disinfectants and waste management supplies to the IFMT and several other medico-legal institutions, and to morgues. National Society staff learnt, at ICRC information sessions, how to better protect themselves against COVID-19 while handling human remains. The ICRC gave prison authorities and health staff expert advice and training on safely managing the remains of COVID-19 victims. The ICRC continued to advocate reforms to the law on inquests into deaths. Reforms drafted in 2019 by the justice ministry with ICRC support – which sought to require identification of human remains at inquests and, when possible, the involvement of family members in inquests – remained pending.

The ICRC and relevant authorities discussed the concerns of some religious communities regarding a law requiring the cremation of all those who have died of COVID-19.

Owing to administrative constraints, the ICRC was unable to discuss with the relevant authorities the creation of a national forensic service to coordinate the forensic activities of government bodies. Pandemic-related constraints prevented the ICRC from helping one university to improve instruction in forensic anthropology, but possibilities for doing so in 2021 were discussed.

Migrants use family-links services to restore contact with relatives

Members of dispersed families, including migrants, contacted their relatives through family-links services provided by the National Society and the ICRC; these services were temporarily suspended at different points in the year, when the COVID-19 pandemic was at its worst. The ICRC enabled people to obtain emergency travel documents, attestations of detention, and other official documents – by coordinating with the pertinent embassies and international organizations or by issuing them itself. These documents enabled recipients to travel, reunite with family members, or complete legal or administrative procedures.

The ICRC helped National Society staff and volunteers to develop their family-links capacities – for instance, by conducting a refresher course for National Society volunteers. The ICRC also assisted in the ongoing development of a website that will be used as an online platform for tracing during natural disasters and other emergencies. A joint large-scale assessment of the family-links needs in the country planned

by the National Society and the ICRC had to be postponed to 2021 because of the pandemic.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 42 places of detention that collectively held some 31,200 people. These detention facilities included police stations, a prison hospital and the Mirihana migration detention centre. Because of the pandemic, these visits had to be suspended periodically throughout the year.

During visits, 391 particularly vulnerable detainees were monitored individually; they included people held in connection with the bombings of April 2019 and related communal tensions, or with the past conflict; migrants, including asylum seekers; people held on drugs-related charges; women; and minors.

The ICRC communicated its findings – and when appropriate, its recommendations – confidentially to the authorities. It engaged the authorities regularly in dialogue, with a view to ensuring that detainees' living conditions and treatment, including procedural safeguards and judicial guarantees, complied with domestic and international law and met internationally recognized standards.

Authorities work to improve the living conditions and treatment of detainees

Activities for improving living conditions in places of detention were altered from what was initially planned, to better respond to the pandemic. The ICRC donated disinfectants, cleaning materials, waste-management equipment and personal hygiene items to numerous places of detention, including the Mirihana immigration detention centre and one prison hospital; as a result, some 31,000 detainees and 232 civilian detention staff had more effective protection against COVID-19. About 5,700 of those detainees at four places of detention benefited from ad hoc donations of materials and equipment to repair or make improvements to roofs and kitchens and other infrastructure.

An ICRC pilot project to upgrade kitchens at two prisons, and improve conditions for particularly vulnerable detainees at others, had to be postponed because of the pandemic. Plans to offer authorities training, and technical and other support, for developing their ability to manage, maintain and improve prison infrastructure were also pushed back.

At meetings and workshops, and through written representations, the ICRC counselled prison administrators and national detention authorities on upholding detainees' judicial guarantees and addressing the legal and judicial causes of overcrowding in places of detention. The ICRC drew on the work of an interministerial taskforce that had been created, with the ICRC's support, for just this purpose; it encouraged the authorities to reactivate the taskforce.

Detainees have access to improved health-care services

The ICRC helped detaining authorities to learn more about best practices in health-care provision for detainees. Authorities met with the ICRC regularly and received expert advice for improving both their response to the pandemic and health-care services in general. The ICRC enabled personnel from the health ministry and the department of prisons, and others, to take part in a course on health care in detention – organized by a university in Thailand – that had to be moved online because of the pandemic: the move online enabled more people to attend than originally foreseen.

The ICRC provided dozens of detention facilities with contactless thermometers and/or various types of PPE. As a result, detainees at these facilities were protected more effectively against COVID-19; the ICRC briefed staff on the proper use of the equipment it had given them, and on preventing and controlling outbreaks of COVID-19.

A planned pilot project at four prisons – to help the authorities manage health-related data – was postponed while the authorities focused their efforts on their COVID-19 response; consequently, the ICRC was unable to support the project.

Detainees stay in touch with their relatives

Detainees made use of RCMs and other Movement family-links services. When pandemic conditions permitted, detainees were visited by their families; the ICRC covered transport costs for the relatives of 258 detainees. The ICRC helped some foreign detainees to notify their embassies of their detention, and referred others to the UNHCR and the IOM. A pilot video-call project enabled foreign detainees at one prison to stay in touch with their relatives; the ICRC provided technical and material support for the project. At three other prisons, foreign detainees had access to a telephone service set up by the authorities and a telecommunications company, through a deal that the ICRC helped to facilitate.

ACTORS OF INFLUENCE

Military and police officers advance their understanding of humanitarian issues arising from their work

Officers and legal advisers from the armed forces drew on ICRC support to further integrate IHL into military training and doctrine. The ICRC organized training in IHL for army troops, including those bound for peacekeeping missions abroad. It met with legal officials to help them integrate IHL into the armed forces' reference booklet on rules of engagement. Police forces, aided by ICRC expertise, amended operational guidelines; they did so with a view to implementing international standards for law enforcement more effectively, and particularly in connection with the enforcement of pandemic-related movement restrictions. Discussions with the police also secured free movement for ICRC personnel conducting pandemic-related activities.

Authorities work to ratify and implement IHL-related treaties

The authorities and the ICRC continued to discuss domestic legislative initiatives. The ICRC urged the authorities to ratify and implement IHL-related treaties, such as the Convention on Cluster Munitions; it gave them expert assistance for doing so. The national IHL committee worked closely with the ICRC in this connection, and held quarterly high-level coordination meetings with the organization. The committee helped to

facilitate the ICRC's access to numerous government bodies; the ICRC provided it with expert guidance.

Trainee diplomats familiarize themselves with IHL and humanitarian diplomacy

The ICRC continued to cultivate its relationship with academic and religious scholars. It delivered lectures and organized webinars and other events for them on IHL, for example on its points of convergence with Buddhism. With the ICRC's support, a team of students took part in an online international moot competition hosted in Hong Kong. An article by Buddhist scholars, about Buddhist views on the treatment of prisoners of war, was posted on the ICRC's website.

The ICRC sought to build expertise in IHL among government officials as well. Sri Lankan trainee diplomats learnt more about IHL and humanitarian diplomacy from lectures organized by the ICRC at the Bandaranaike International Diplomatic Training Institute. At the institute's request, the ICRC submitted an article on humanitarian assistance, which was published in the institute's journal on diplomacy. An ICRC-sponsored book on the applicability of IHL in post-conflict Sri Lanka was translated into Sinhala by academics and government personnel.

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society strengthened its operational capacities and improved its financial management with technical, financial and material support from the ICRC. It worked with the ICRC in various pandemic-related efforts, such as strengthening measures to prevent and control infections in medico-legal institutions, such as morgues (see *Civilians*). The National Society, with financial support from the ICRC, bought thousands of units of PPE (i.e. gloves, masks and overalls) for frontline workers.

Aided by the ICRC, the National Society strove to apply the Safer Access Framework. To that end, it continued to strengthen and standardize its visual identity. It standardized the design and centralized the distribution of jackets worn by its staff and volunteers during field activities. It also ensured that staff had ID cards that could serve as passes during curfews and lockdowns. Refresher sessions for National Society staff – on the Safer Access Framework – were not held, because of pandemic-related restrictions.

ICRC funding helped to sustain first-aid and disaster-response training for National Society personnel, and to replenish stocks of emergency relief goods.

Revisions to legal instruments pertaining to the National Society's legal status, prepared with the ICRC's help, awaited the approval of the pertinent authorities.

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	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	35	5		3
including people for whom tracing requests were registered by another delegation	4			
Tracing cases closed positively (subject located or fate established)	48			
Tracing cases still being handled at the end of the reporting period (people)	15,204	733	424	1,286
including people for whom tracing requests were registered by another delegation	177			
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	5	4		
Documents				
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	42			
Detainees in places of detention visited	31,195	2,502	65	
Visits carried out	187			
		Women	Girls	Boys
Detainees visited and monitored individually	391	32	4	5
of whom newly registered	163	8		6
RCMs and other means of family contact				
RCMs collected	14			
RCMs distributed	9			
Phone calls made to families to inform them of the whereabouts of a detained relative	1			
Detainees visited by their relatives with ICRC/National Society support	258			
People to whom a detention attestation was issued	13			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	55,740	22,296	16,722
Income support	Beneficiaries	12,950	5,187	3,887
Living conditions	Beneficiaries	232	25	
Mental health and psychosocial support				
People who received mental-health support	Cases	861		
People who attended information sessions on mental health		82,136		
People trained in mental-health care and psychosocial support		6		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	30,840	2,050	
Water and habitat				
Water and habitat activities	Beneficiaries	31,366	3,137	627

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

KEY RESULTS/CONSTRAINTS IN 2020

- In Papua New Guinea, essential items from the National Society and the ICRC helped to ease the living conditions of violence-affected people. Communities received ICRC support for renovating or constructing vital infrastructure.
- Victims/survivors of sexual violence and others obtained suitable care at ICRC-supported health posts in Papua New Guinea. The ICRC helped set up COVID-19 triage and screening facilities and isolation wards, at two hospitals.
- Thousands of victims/survivors of violence, including sexual abuse, in Papua New Guinea received mental-health and psychosocial support from ICRC-trained health workers and traditional birth attendants.
- Because of restrictions necessitated by the COVID-19 pandemic, the ICRC could visit detainees in the Solomon Islands only in the first quarter of the year, and could not visit detainees in Samoa, Tonga and Vanuatu as planned.
- The ICRC gave penitentiary authorities in the region guidance and material support for their COVID-19 response. Detainees in Papua New Guinea benefited from ICRC projects to renovate infrastructure and diversify their diet.
- Guided by the ICRC, Fiji, Nauru, Niue and Tuvalu ratified the Treaty on the Prohibition of Nuclear Weapons; Niue ratified the Arms Trade Treaty and the Convention on Cluster Munitions as well.

EXPENDITURE IN KCHF	
Protection	2,682
Assistance	3,481
Prevention	2,852
Cooperation with National Societies	1,354
General	125
Total	**10,495**
Of which: Overheads	*641*
IMPLEMENTATION RATE	
Expenditure/yearly budget	84%
PERSONNEL	
Mobile staff	22
Resident staff (daily workers not included)	82

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	18
Phone calls facilitated between family members	152
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	26
Detainees in places of detention visited	5,540
of whom visited and monitored individually	34
Visits carried out	60
Restoring family links	
RCMs distributed	18

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries	1,500	
Living conditions	Beneficiaries	9,600	5,694
Capacity-building	Beneficiaries	2,000	1,864
Water and habitat			
Water and habitat activities	Beneficiaries	2,775	2,780
Health			
Health centres supported	Structures	6	15
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries		1,039
WOUNDED AND SICK			
Water and habitat			
Water and habitat activities	Beds (capacity)	300	479

CONTEXT

As in the past, communal tensions in the Enga, Hela and Southern Highlands provinces of Papua New Guinea often led to violence: many civilians were displaced, injured or killed, and their property reportedly destroyed. The police forces conducted operations in areas of unrest.

Migrants in Nauru and Papua New Guinea – including asylum seekers and refugees – continued to await resettlement. As per an agreement signed in 2017 between the governments of Australia and the United States of America (hereafter US), some migrants in Nauru and Papua New Guinea were resettled in the US. However, the fate of many others remained uncertain, with damaging psychological consequences for some of them. In Papua New Guinea, many migrants remained in Port Moresby, under the supervision of the immigration authorities.

Australia continued to take part in an international military coalition to combat armed groups (see *Iraq*) and, with New Zealand, helped the Iraqi government to train its armed forces. Australia and Fiji provided troops for international peacekeeping operations.

The COVID-19 pandemic compounded people's difficulties. It placed an additional strain on the already overburdened health services in Papua New Guinea; health workers and infected people were at risk of stigmatization and violence.

Countries throughout the Pacific region remained vulnerable to natural disasters and climate shocks.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Suva endeavoured to protect and assist people affected by communal violence or deprived of their freedom. It supported efforts to advance IHL implementation and helped National Societies in the region to strengthen their operational capacities. Where necessary, it adapted its work to the necessary measures taken to contain the spread of COVID-19: it postponed or cancelled some activities, and focused on addressing needs arising from the pandemic.

The ICRC sustained its multidisciplinary response to the humanitarian needs of violence-affected people in Papua New Guinea. It maintained its dialogue with the pertinent parties, emphasizing the necessity of protecting civilians – from sexual violence and other unlawful conduct – and facilitating safe and impartial access to health care and education. At ICRC workshops, community members learnt how to mitigate risks to their safety. Violence-affected people eased their living conditions, with the help of ICRC-donated household essentials. The ICRC trained community members in agricultural methods and in raising livestock; and briefed people on African swine fever. It gave community members material and technical support for renovating and constructing educational facilities in violence-affected areas.

In Papua New Guinea, the ICRC provided comprehensive support for health centres that offered good-quality medical care, including specialized treatment for victims/survivors of sexual violence. Mental-health and psychosocial support was made more widely available for victims/survivors of violence – including sexual violence – through initiatives facilitated by ICRC-trained health workers and traditional birth attendants. The ICRC also helped to set up COVID-19 triage and screening facilities and isolation wards, at two hospitals in the Western and Southern Highlands.

The ICRC's discussions with the authorities in Australia, Nauru and Papua New Guinea focused on migrants' humanitarian concerns, such as their access to health care and family contact, and their legal status.

The ICRC visited detainees, in accordance with its standard procedures, in Fiji, Papua New Guinea and the Solomon Islands. However, owing to pandemic-related restrictions, it was able to visit detainees in the Solomon Islands only in the first quarter of the year, and could not visit detainees in Samoa, Tonga and Vanuatu. Findings and recommendations from prison visits were communicated confidentially to the authorities concerned, to help them make the necessary improvements. Aided by the ICRC, penitentiary authorities and prison health staff throughout the region strove to check and prevent the spread of COVID-19 in places of detention. The ICRC renovated infrastructure at detention facilities in Papua New Guinea, to help improve detainees' living conditions. It continued to implement a project that enabled detainees to diversify their diet with produce from vegetable gardens that they were cultivating themselves.

In the Autonomous Region of Bougainville (hereafter Bougainville), Papua New Guinea, the ICRC continued to discuss, with the authorities, the creation of a mechanism to ascertain the fate of people missing since the 1990s. The ICRC continued to help missing people's families to commemorate their missing relatives.

The ICRC drew attention to humanitarian issues, and fostered support for IHL and for the Movement's work, through online events and dialogue with national and regional authorities and key members of civil society. At ICRC training courses and other events, weapon bearers strengthened their grasp of IHL and other applicable norms. Aided by the ICRC, governments in the region maintained their efforts to implement IHL-related treaties: Fiji, Nauru, Niue and Tuvalu ratified the Treaty on the Prohibition of Nuclear Weapons; Niue ratified the Arms Trade Treaty and the Convention on Cluster Munitions as well.

As the ICRC adjusted its set-up based on where needs were greatest, it closed its office in Arawa, Bougainville, on 31 December.

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 the Enga, Hela and Southern Highlands provinces. It strove to promote respect for the basic principles of humanity among the pertinent parties, including local leaders and fighters. It reminded them – through workshops, dissemination sessions

and other means – of the traditional rules regulating communal violence and emphasized the humanitarian consequences of the fighting. It reiterated the necessity of: ensuring protection for civilians, including from sexual violence; protecting medical services; and facilitating safe and impartial access to health care and other essential services, such as education. Community members learnt more about these issues from plays staged by the ICRC and at ICRC dissemination sessions.

Members of violence-affected communities in Enga attended ICRC workshops, where they discussed their protection-related concerns and the risks to their safety, and mitigatory measures in this regard. The ICRC undertook assistance activities throughout the Highlands region, to help people develop their ability to cope with the effects of violence (see below).

In Papua New Guinea, the ICRC documented allegations of unlawful conduct during law enforcement operations, and relayed them to the parties concerned, with a view to preventing or ending such misconduct. Security forces strengthened their grasp of international policing standards – particularly for the use of force – at ICRC workshops and training sessions, which were sometimes combined with first-aid training.

The ICRC discussed the situation of migrants, including asylum seekers and refugees, with the pertinent authorities in Australia, Nauru and Papua New Guinea; it also made written representations to them on the necessity of protecting these people against COVID-19. In Port Moresby, Papua New Guinea, it followed up the humanitarian concerns of migrants under the supervision of the immigration authorities, such as access to health care – especially mental-health services – and family contact, and uncertainty about their status.

Violence-affected communities in Papua New Guinea meet their basic needs

In the Highlands region of Papua New Guinea, nearly 950 households (5,694 people) displaced by communal violence eased their living conditions with the help of ICRC-donated household essentials: hygiene items, jerrycans, blankets, sleeping mats, shelter materials and kitchen sets; distributions of this material aid were sometimes made through the Papua New Guinea Red Cross Society.

The ICRC trained 137 community members in agricultural methods and the raising of livestock. Some 1,700 people were briefed on communicable diseases to which livestock are vulnerable, namely African swine fever.

Plans to provide particularly vulnerable households – such as those headed by widows or persons with disabilities – with cash grants for starting small businesses were postponed, owing to human-resource and pandemic-related constraints.

With material and technical support from the ICRC, community members in Enga and Hela renovated or constructed educational facilities in violence-affected areas, enabling 2,780 people to have improved access to essential services. For example, community members were given the tools necessary to rebuild schools destroyed in the fighting. They also installed rainwater-harvesting systems at one of these schools and at another, and in an area hosting displaced communities.

ICRC training enabled the National Society to strengthen its capacities in implementing and monitoring economic-security projects, and teaching communities how to cope with mental-health issues, especially pandemic-related stress.

Victims/survivors of violence obtain medical care and psychosocial support

In Papua New Guinea, the National Society and the ICRC conducted first-aid training for 200 community members – including traditional birth attendants – and police officers.

ICRC dissemination sessions broadened awareness of the necessity of protecting those seeking or providing health care. Around 9,700 people – including young people affected by communal violence, and military officers – attended ICRC information sessions, or watched informational videos produced by the ICRC, on mental-health and psychosocial matters, such as coping with pandemic-related stress and the psychological consequences of violence, including sexual violence. These information sessions and videos also made people aware of the services available to them, especially services for victims/survivors of sexual violence.

People in Enga, Hela and the Southern Highlands obtained free preventive and curative care at six community health centres for which the ICRC provided material support, and staff training; the ICRC also gave ad hoc financial incentives for staff at one of the centres. In November, the local health authorities in the Southern Highlands assumed responsibility for three of these facilities, which the ICRC had been supporting since 2018. The six health centres provided vaccinations, mainly for children, and antenatal consultations for women; some patients in need of further treatment were referred for advanced care, and the ICRC covered their transport costs.

In coordination with the local health authorities, the ICRC sponsored four nurses to pursue studies in midwifery, with a view to improving the quality of antenatal care in health centres; it also trained traditional birth attendants in the surrounding areas to disseminate information on sexual and reproductive health.

Victims/survivors of sexual violence obtained suitable care, including post-exposure prophylactic treatment, from ICRC-trained staff at the health centres mentioned above. Some of them were referred to family-support centres for further treatment; the ICRC covered their travel expenses. Around 3,400 victims/survivors of sexual and other violence, and emergency responders, received mental-health and psychosocial support through counselling and peer-support groups; these activities were facilitated by ICRC-trained health-centre staff, local health workers and traditional birth attendants.

The ICRC renovated and upgraded water, waste-management and electrical facilities at two of the health centres mentioned above. It helped two provincial hospitals in the Western and Southern Highlands to set up COVID-19 triage and screening

facilities and isolation wards (479 beds); it also donated personal protective equipment (PPE) and disinfection supplies to one of the hospitals.

Staff at various health centres and hospitals across Papua New Guinea were more prepared to cope with emergencies after receiving medical supplies for treating weapon-wounded people. The ICRC also gave them PPE, hygiene items and informational materials on COVID-19, and installed handwashing stations at one health centre.

Missing people's families receive support to commemorate their relatives

The ICRC gave the forensic authorities in Papua New Guinea expert advice on managing the remains of COVID-19 victims.

In Bougainville, Papua New Guinea, the ICRC continued to engage the pertinent authorities in discussions on the creation of a mechanism to ascertain the fate of people unaccounted for since the 1990s and assist their relatives. It also advocated the implementation of a policy addressing the issue of missing people. It met with local authorities and community members and drew their attention to the issue of missing people. The ICRC maintained its support for missing people's families: for instance, it organized ceremonies and built memorials to help them commemorate their missing relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at 26 places of detention in Fiji, Papua New Guinea and the Solomon Islands. However, owing to pandemic-related restrictions, it was able to visit detainees in the Solomon Islands only in the first quarter of the year, and could not visit detainees in Samoa, Tonga and Vanuatu as planned. In Papua New Guinea, people held in police lock-ups and at facilities run by the correctional services were paid particular attention; the ICRC also visited migrants under the supervision of the immigration authorities (see also *Civilians*).

Findings and recommendations from these visits were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. The ICRC discussed a number of key issues with them: judicial delays; accessibility of health care and other essential services; and the necessity of improving ventilation at detention facilities. Dialogue with police commands in Papua New Guinea covered various subjects, such as the needs of particularly vulnerable detainees – minors, women, the wounded and the sick – and measures to ease overcrowding.

After the onset of the pandemic, penitentiary authorities throughout the region suspended family visits for detainees as a precautionary measure against COVID-19. The ICRC donated mobile phones and laptops to places of detention in Fiji and the Solomon Islands, and covered the costs of phone credit, to enable detainees to stay in touch with their relatives.

Authorities work to protect detainees against COVID-19 with ICRC support

The ICRC provided penitentiary authorities throughout the region with comprehensive support for their COVID-19 response. For instance, it gave them expert advice for checking and preventing the spread of the disease at places of detention, and enabled them to exchange best practices, through meetings and email correspondence. In Papua New Guinea, it gave the authorities technical support to implement measures against COVID-19, and helped prison health staff strengthen their preparedness for and response to outbreaks of COVID-19 (see below). It provided PPE, hygiene items and disinfectants for the authorities in the Cook Islands, Fiji, Kiribati, the Marshall Islands, Nauru, Papua New Guinea, Samoa, the Solomon Islands and Vanuatu.

Because its focus had shifted towards responding to needs arising from the pandemic, the ICRC postponed some of its planned events for penitentiary authorities in the region, such as the round table for Pacific Correctional Executives that was to be held in Australia. However, it sponsored these authorities to attend an online course on health care in detention, which it conducted jointly with a university in Thailand (see *Bangkok*). At an ICRC training session, prison health staff in Papua New Guinea learnt more about handling various issues related to health care in places of detention.

Nearly 1,040 detainees in Papua New Guinea had better living conditions after the ICRC made infrastructural improvements to the facilities of police lock-ups and correctional centres. It renovated water-supply systems, installed handwashing stations and donated disinfectants.

In Papua New Guinea, the ICRC – together with the detaining authorities – continued to implement a project that enabled detainees to diversify their diet. It provided around 500 detainees at two correctional centres with seed, tools and fertilizer, and training in agricultural methods, for planting and harvesting vegetables; the detainees also benefited from the physical exertion involved.

ACTORS OF INFLUENCE

The ICRC continued to engage national and regional authorities in discussions on issues of humanitarian concern, such as those linked to migration; the COVID-19 pandemic; the Health Care in Danger initiative; and the necessity of preventing sexual violence. It cultivated support among them for IHL and for its own activities. It also maintained contact with various influential regional bodies and other relevant stakeholders.

Military and security personnel in the region attended IHL training courses and other events organized by the ICRC or with its support. For example, the ICRC made presentations on a number of IHL-related topics at courses for Australian military officers, which were conducted through the military's online learning platform and at the Australian Civil-Military

Centre. In Papua New Guinea, military officers bound for peacekeeping operations overseas added to their knowledge of IHL at predeployment briefings conducted by the ICRC; police forces strengthened their grasp of international law enforcement standards at ICRC workshops. Senior military officers from Australia and New Zealand were supported to attend ICRC events online, such as a workshop on ensuring that partnered military operations comply with IHL, and webinars on protecting civilians during urban warfare (see *International law and policy*).

Owing to pandemic-related constraints, the annual Pacific Islands Forum (PIF) did not take place. However, the ICRC was able to give PIF representatives expert guidance for preventing and controlling the spread of COVID-19 in the region.

The ICRC continued to promote the ratification and/or implementation of IHL-related treaties: Fiji, Nauru, Niue and Tuvalu ratified the Treaty on the Prohibition of Nuclear Weapons; Niue ratified the Arms Trade Treaty and the Convention on Cluster Munitions as well. Representatives of Pacific Island national IHL committees were supported to attend an ICRC event online, at which the obstacles to IHL implementation, and other matters, were discussed (see *Jakarta*).

As a key reference organization on IHL, the ICRC arranged or participated in various conferences, seminars and other events online; these events were conducted mainly for authorities, academics, prospective diplomats and other members of civil society, and helped stimulate debate on IHL and related matters. A university in Papua New Guinea continued to offer an IHL course in cooperation with the military and the ICRC. Australian students took part in national and international IHL moot court competitions (see, for example, *Beijing*).

Articles, news releases, interviews and social-media posts by the ICRC drew attention to humanitarian issues and helped broaden awareness of the Movement's work. In Papua New Guinea, community members also learnt about these matters through ICRC dissemination sessions (see *Civilians*).

The ICRC continued to give the National Societies in the region technical and financial support for developing their capacities in public communication.

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 reinforce their operational capacities in such areas as emergency preparedness and response – particularly with regard to the pandemic – restoring family links (see below), and conducting public-communication campaigns; and to strengthen their statutes and/or legal bases.

The ICRC continued to back the Papua New Guinea Red Cross Society's organizational development. Together with the National Societies of Australia and New Zealand, it covered some of the Papua New Guinea Red Cross Society's running costs. It gave the Papua New Guinea Red Cross Society technical advice and financial support for broadening people's awareness of COVID-19 and of measures against the disease. It also trained Papua New Guinea Red Cross Society staff in carrying out various assistance activities (see *Civilians*).

Representatives from Pacific Island National Societies and the ICRC continued to discuss how to develop family-links and other capacities necessary to respond more effectively to natural disasters and other emergencies in the region. Together with the Australian Red Cross, the ICRC trained staff from Pacific National Societies in restoring family links after disasters. After a cyclone hit Fiji in December, the Fiji Red Cross Society and the ICRC set up a hotline to enable people to contact their loved ones.

Staff from most of the Pacific Island National Societies were supported to attend an ICRC webinar on managing the remains of COVID-19 victims; they were also given PPE and body bags.

Movement components in the region met regularly to discuss and coordinate their activities, particularly in connection with their COVID-19 response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
Phone calls facilitated between family members	152			
Tracing requests, including cases of missing persons		Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)	13	4		1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	26			
Detainees in places of detention visited	5,540	99	29	
Visits carried out	60			
		Women	Girls	Boys
Detainees visited and monitored individually	34	1		2
of whom newly registered	16	1		2
RCMs and other means of family contact				
RCMs distributed	18			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	5,694	2,035	1,215
of whom IDPs		5,366	1,903	1,215
Capacity-building	Beneficiaries	1,864	1,076	
of whom IDPs		76	15	
Water and habitat				
Water and habitat activities	Beneficiaries	2,780	670	1,924
Primary health care				
Health centres supported	Structures	15		
of which health centres supported regularly		6		
Average catchment population		199,904		
Services at health centres supported regularly				
Consultations		65,537		
of which curative		61,586	4,180	11,679
of which antenatal		3,951		
Vaccines provided	Doses	14,980		
of which polio vaccines for children aged 5 or under		5,723		
Referrals to a second level of care	Patients	90		
of whom gynaecological/obstetric cases		39		
Mental health and psychosocial support				
People who received mental-health support	Cases	3,463		
People who attended information sessions on mental health		9,701		
People trained in mental-health care and psychosocial support		211		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	1,039	52	
Health care in detention				
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention	Structures	7		
WOUNDED AND SICK				
First aid				
First-aid training				
Sessions		7		
Participants (aggregated monthly data)		200		
Water and habitat				
Water and habitat activities	Beds (capacity)	479		