AFRICA

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	133,871
RCMs distributed	107,227
Phone calls facilitated between family members	1,063,203
Tracing cases closed positively (subject located or fate established)	5,685
People reunited with their families	906
of whom unaccompanied minors/separated children	855
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	329
Detainees in places of detention visited	234,075
of whom visited and monitored individually	14,733
Visits carried out	1,067
Protection of family links	
RCMs collected	6,946
RCMs distributed	2,512
Phone calls made to families to inform them of the whereabouts of a detained relative	3,253

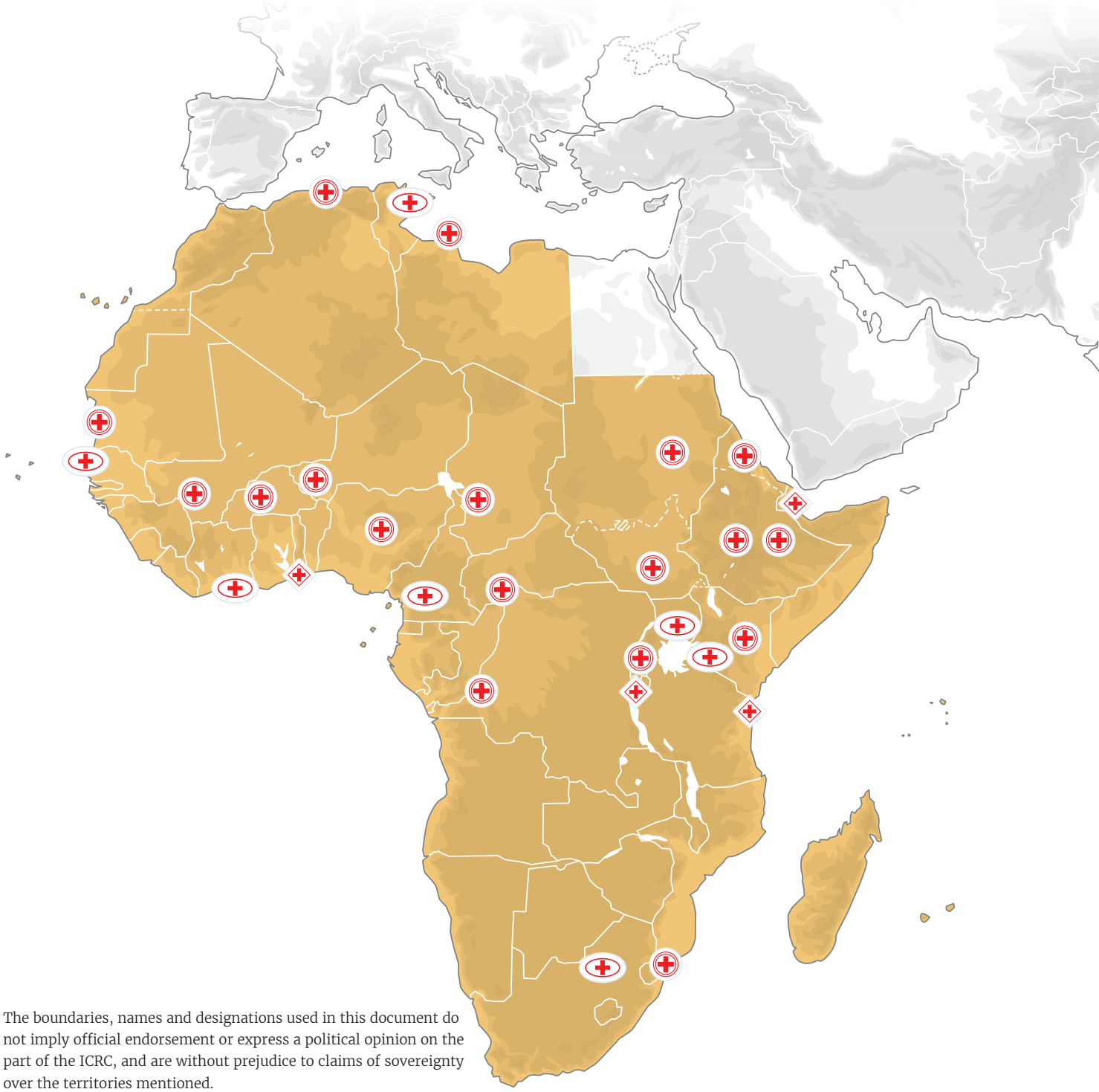
EXPENDITURE IN KCHF	
Protection	145,485
Assistance	667,123
Prevention	74,430
Cooperation with National Societies	50,590
General	6,640
Total	**944,268**
Of which: Overheads	*57,614*
IMPLEMENTATION RATE	
Expenditure/yearly budget	98%
PERSONNEL	
Mobile staff	1,395
Resident staff (daily workers not included)	7,157

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	2,540,317	3,297,644
Food production	People	5,100,780	5,692,964
Income support	People	1,011,446	896,325
Living conditions	People	1,588,050	1,746,088
Capacity-building	People	36,720	59,035
Water and habitat			
Water and habitat activities	People	7,950,124	10,782,840
Health			
Health centres supported	Structures	379	352
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	53,046	46,442
Living conditions	People	53,235	135,181
Water and habitat			
Water and habitat activities	People	112,841	113,097
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	196	264
Physical rehabilitation			
Projects supported	Projects	116	105
Water and habitat			
Water and habitat activities	Beds (capacity)	5,219	6,377

DELEGATIONS

Abidjan (regional)
African Union
Algeria
Burkina Faso
Central African Republic
Chad
Dakar (regional)
Democratic Republic of the Congo
Eritrea
Ethiopia
Kampala (regional)
Libya
Mali
Mauritania
Mozambique
Nairobi (regional)
Niger
Nigeria
Pretoria (regional)
Somalia
South Sudan
Sudan
Tunis (regional)
Yaoundé (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.

ABIDJAN (regional)

COVERING: *Benin, Côte d'Ivoire, Ghana, Guinea, Liberia, Sierra Leone and Togo*

In the countries covered by the regional delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed and security forces to respect that law and works with the authorities to improve conditions for detainees. It works with the region's National Societies and supports their development. It strives to respond to the protection and assistance needs of people, including refugees, affected by armed conflicts and other situations of violence in the greater region.

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

KEY RESULTS/CONSTRAINTS IN 2022

- In Côte d'Ivoire, the ICRC facilitated thousands of calls between families and their children who were in a juvenile detention facility. It also helped to reunite two vulnerable adults and one minor with their families in other countries.
- The ICRC visited detainees in Benin, Côte d'Ivoire and Guinea and gave authorities advice for improving detainees' living conditions and treatment. In Côte d'Ivoire, some malnourished detainees were treated with ICRC supplies.
- In Benin and Togo, disabled people were treated at ICRC-supported centres. In Benin, Togo and Côte d'Ivoire, the ICRC helped the parties concerned to maintain a regional platform for supporting the physical rehabilitation sector.
- In northern Côte d'Ivoire, the ICRC and the Red Cross Society of Côte d'Ivoire covered some of the needs – food, shelter and water – of displaced people and the communities hosting them.
- Thousands of weapon bearers learnt about IHL, and other pertinent international norms, from the ICRC. In Abidjan, the ICRC held or participated in events that drew attention to IHL and such issues as missing people and disability.

EXPENDITURE IN KCHF	
Protection	2,381
Assistance	3,032
Prevention	2,010
Cooperation with National Societies	2,342
General	162
Total	**9,926**
Of which: Overheads	*606*
IMPLEMENTATION RATE	
Expenditure/yearly budget	96%
PERSONNEL	
Mobile staff	28
Resident staff (daily workers not included)	180

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	35
RCMs distributed	35
Phone calls facilitated between family members	6,737
Tracing cases closed positively (subject located or fate established)	67
People reunited with their families	5
of whom unaccompanied minors/separated children	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	13
Detainees in places of detention visited	19,622
of whom visited and monitored individually	141
Visits carried out	36
Protection of family links	
RCMs collected	39
RCMs distributed	16
Phone calls made to families to inform them of the whereabouts of a detained relative	11

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People		4,957
Living conditions	People		4,960
Water and habitat			
Water and habitat activities	People	1,000	500
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	300	
Water and habitat			
Water and habitat activities	People	1,330	330
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	5	
Physical rehabilitation			
Projects supported	Projects	13	10
Water and habitat			
Water and habitat activities	Beds (capacity)	50	50

CONTEXT

Benin, Côte d'Ivoire, Ghana, Guinea and Togo tightened security measures in response to the activities of armed groups in their northern regions, including waves of attacks in recent years (see, for example, *Burkina Faso*). The activities of these armed groups, and military and security operations undertaken against them, led to numerous arrests, and to injuries, deaths, and displacement of people, notably from Burkina Faso to Côte d'Ivoire.

Communal, political and socio-economic tensions sometimes boiled over into violence. An interim president was installed in Guinea, his predecessor having been removed by a military coup. Protests in Benin, Guinea and Côte d'Ivoire caused injuries, and led to arrests.

Many Ivorian families still had no news of relatives missing in connection with migration or past conflict. A certain number of Ivorian refugees remained in neighbouring countries, such as Liberia and Ghana.

People from the countries covered by the regional delegation attempted to migrate to Europe or elsewhere in West Africa, putting themselves at risk of physical assault or other unlawful conduct. Côte d'Ivoire was both a transit and a destination country for migrants.

There were comparatively fewer cases of COVID-19 in the region, and many measures against the disease were lifted.

ICRC ACTION AND RESULTS

The ICRC monitored the concerns of people affected by the presence of weapon bearers in northern Côte d'Ivoire and other areas bordering the Sahel region, such as members of families separated by migration or past conflict and people affected by situations of violence other than armed conflict. It also continued to remind weapon bearers that they must comply with IHL and other international norms applicable to their duties. It worked with authorities throughout the region to integrate these norms into the training, doctrine and operations of these weapon bearers, and to incorporate them in domestic legislation as well.

National Societies were given support to respond to the needs of people affected by armed conflict in the Sahel and families separated by violence, migration, detention or other circumstances. In northern Côte d'Ivoire, the ICRC and the Red Cross Society of Côte d'Ivoire covered some of the needs – food, shelter and water – of displaced people and the communities hosting them. The ICRC and the Ivorian National Society facilitated thousands of calls between families and their children who were in a juvenile detention facility. They also helped to reunite two vulnerable adults and one minor with their families in other countries. The ICRC continued to give the Ivorian authorities expert advice for resolving missing-persons cases linked to migration and the 2011 conflict. It also continued to remind them of the importance of facilitating family contact for detainees. In May, the Ivorian authorities permitted the resumption of family visits for detainees, which had been suspended since the beginning of the COVID-19 pandemic.

The ICRC visited – in accordance with its standard procedures – people held at 11 detention facilities in Côte d'Ivoire and at one each in Benin and Guinea. In Côte d'Ivoire, particular attention was paid to people held in connection with "terrorist" attacks and the 2011 conflict, including a few held by the *gendarmerie*, and to minors, women, older people, the ailing and foreigners. In Benin, the ICRC visited people held under the authority of the International Residual Mechanism for Criminal Tribunals. In Guinea, people held for security reasons were among the detainees visited by the ICRC. Findings from these visits were communicated confidentially to the pertinent authorities, to help them improve detainees' living conditions and treatment. In Côte d'Ivoire, the judicial and penitentiary authorities were given advice for strengthening respect for judicial guarantees and exploring alternatives to detention, with a view to reducing overcrowding in prisons. The ICRC also made recommendations for improving prison services. Prison officials and staff were trained in meeting internationally accepted standards of detention and the use of tools for monitoring detainees' well-being; they were also instructed in various aspects of service provision in prisons. In several prisons, the ICRC provided food and made improvements to prison infrastructure.

Thousands of people were treated at three physical rehabilitation centres in Benin and two in Togo. The ICRC provided these centres with regular support: supplies, funding and specialized training for staff, and coverage of vulnerable patients' expenses for treatment and travel. Guided by the ICRC, seven physical rehabilitation organizations – including the five centres previously mentioned and the École Nationale des Auxiliaires Médicaux in Lomé, Togo, that trains ICRC-sponsored technicians from throughout francophone Africa – and the health ministries of Benin, Côte d'Ivoire and Togo continued to develop a regional platform to support the development of the physical rehabilitation sector in the region. In Abidjan, the ICRC held or participated in events that drew attention to such issues as disability and missing people, and the plight of the families concerned.

CIVILIANS

People in northern Côte d'Ivoire have their urgent needs met

The ICRC monitored the concerns of people affected by the presence of weapon bearers in northern Côte d'Ivoire and other areas bordering the Sahel, such as members of families separated by migration or past conflict and people affected by armed violence. It also continued to remind weapon bearers that they must comply with IHL and other international norms applicable to their duties and facilitate the work of humanitarian workers and health personnel (see *Actors of influence*).

National Societies were given support to respond to the needs of people in areas bordering the Sahel and prepare for other emergencies (see *Red Cross and Red Crescent Movement*). In northern Côte d'Ivoire, the ICRC and the Red Cross Society of Côte d'Ivoire assisted displaced people and the communities hosting them. In total, 706 households (4,960 people) received household essentials, including shelter materials and jerrycans, and food rations which helped them cope with their sudden displacement. The ICRC and the National Society carried out various activities to increase the availability of clean water, such as improvements to water pumps,

maintenance work on communal water points and chlorination of well water; 500 people benefited.

Minors and migrants stay in touch with relatives

The seven National Societies in the region and the ICRC broadened public awareness of the Movement's family-links services, and of ways to prevent family separation, via radio spots and posters, and in Côte d'Ivoire, meetings with leaders of communities and youth groups. National Societies' staff and volunteers continued to receive training and other technical support to develop their family-links capacities. In addition, the ICRC covered the salaries of a few staff members of the Guinean and Ivorian National Societies, and gave the Ivorian National Society advice for managing and protecting the personal data that came into their hands.

Members of families dispersed by violence, migration, detention or other circumstances restored or maintained contact through the family-links services mentioned above and the Trace the Face website. In Côte d'Ivoire, the ICRC and the Ivorian National Society arranged about 6,700 phone calls between families and their children who were in a juvenile detention facility. Some Ivorian migrants in Italy sent RCMs or short oral messages – via the ICRC and the National Societies concerned (see *Paris*) – to their families back home, to inform them of their safe arrival and their current situation. Two vulnerable adults and one minor were reunited with their families in other countries, with the help of the National Societies concerned (see *Paris* and *Sudan*).

Two Ivorian minors were reunited with their families.

Family visits for two former detainees were postponed to 2023; the men had resettled in Ghana after being released from the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Ivorian families participate in the search for their missing relatives

The ICRC continued to give the Ivorian authorities expert advice for resolving missing-persons cases linked to migration and the 2011 conflict. The national human rights committee, the national institute of forensic medicine and the ICRC organized an event to mark the International Day of the Disappeared. Sixty families attended and honoured the memory of relatives missing in connection with the 2011 conflict or migration. At a meeting organized by the ICRC, government officials and others discussed what had to be done to strengthen the laws covering missing people and their families and to create mechanisms to support these families.

National Society volunteers, staff at hospital morgues and forensic authorities improved their techniques in handling human remains. Staff at the national institute of forensic medicine were given medical and office equipment and trained to gather DNA samples from the families of missing migrants; the ICRC sponsored four staff members to attend a specialized course in Ghana, and another to attend a course in Tunisia (see *Tunis*). The institute drew on ICRC expertise to continue to update guidelines – drafted in 2021 with the ICRC's input – for handling human remains and collecting DNA samples; these guidelines were shared with the government agencies concerned.

The Ivorian National Society and ICRC continued to support regional efforts to identify the remains of migrants who died in maritime accidents off the coasts of Italy and Tunisia (see *Dakar*, *Paris* and *Tunis*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees across the region have their needs monitored

The ICRC visited – in accordance with its standard procedures – people held at 11 detention facilities in Côte d'Ivoire and at one each in Benin and Guinea. In Côte d'Ivoire, particular attention was paid to people held in connection with "terrorist" attacks and the 2011 conflict, including a few held by the *gendarmerie*, and to minors, women, the elderly, the ailing and foreigners. In Benin, the ICRC visited people held under the authority of the International Residual Mechanism for Criminal Tribunals. In Guinea, people held for security reasons were among the detainees visited by the ICRC.

Findings from these visits were communicated confidentially to the pertinent authorities, to help them improve detainees' living conditions and treatment. In Côte d'Ivoire, the judicial and penitentiary authorities were given advice for strengthening respect for judicial guarantees and exploring alternatives to detention, with a view to reducing overcrowding in prisons. The Ivorian authorities were also reminded that they must facilitate family contact, especially for minors. In May, the Ivorian authorities permitted the resumption of family visits for detainees, which had been suspended since the beginning of the pandemic. The ICRC helped foreign inmates to notify their consular representatives of their situation.

Health care, food and water are more readily available to detainees in Côte d'Ivoire

The ICRC focused on helping penitentiary authorities to improve prison services. Prison officials learnt more about internationally accepted standards for detention and trained in the use of tools for monitoring detainees' well-being. The ICRC also gave the authorities support to create a mobile training unit for providing instruction in detention standards, and support to provide advanced training for the instructors. Members of the national human rights committee were trained to monitor detainees' well-being.

Prison staff were instructed in various aspects of service provision in prisons. Health staff were trained in psychosocial care and treatment for malnutrition; those in charge of food were trained to manage the food supply chain; and maintenance staff were trained to evaluate infrastructure according to standards drafted by the penitentiary authorities in 2021 with the ICRC's help. The penitentiary authorities were given expert advice for designing a new prison.

The ICRC provided some support directly. The authorities were able to increase the supply of food at some prisons; in others, malnourished detainees were treated with ICRC-provided supplies. The ICRC also provided infrastructural support: notably, maintenance work on a kitchen at one prison and improvements to the electrical system of the clinic at the Abidjan central prison; 330 detainees benefited. No emergencies required ICRC repairs.

WOUNDED AND SICK

People with disabilities in Benin and Togo have access to rehabilitative care

A total of 3,863 people with physical disabilities,[1] including 2,077 children, were treated at three physical rehabilitation centres in Benin and two in Togo. The ICRC provided these centres regular support: supplies, funding and specialized training for staff, and coverage of vulnerable patients' expenses for treatment and travel. In Benin, Côte d'Ivoire and Togo, the ICRC – together with a regional organization – trained health staff and relatives or legal guardians in caring for children with cerebral palsy.

The ICRC supported efforts to advance the social inclusion of disabled people. It helped organize events to mark the International Day of Persons with Disabilities, and donated sports wheelchairs to a disabled athletes' association, for use in wheelchair-basketball tournaments. Women with disabilities were enrolled in ICRC-supported sewing courses.

Physical rehabilitation institutions maintain a regional support network

The five physical rehabilitation centres mentioned above, two other physical rehabilitation institutions – including the École Nationale des Auxiliaires Médicaux in Lomé, Togo, that trains ICRC-sponsored technicians from throughout francophone Africa – and the health ministries of Benin, Côte d'Ivoire and Togo continued to develop a regional platform to support the development of the physical rehabilitation sector in the region.

The ICRC supported this process by advising those involved in standardizing their working procedures and in coordinating their training programmes; it also donated office equipment and trained their staff. Notably, some of their staff members honed their skills at ICRC-supported specialized courses in Benin and Togo and/or, funded by the ICRC, attended conferences in Benin and Kenya; one Togolese technician began a post-graduate degree in physiotherapy in Morocco, with the ICRC's funding. Training for staff of three other institutions was also planned, but did not push through.

The ICRC also continued to give the health authorities in Benin, Côte d'Ivoire and Togo expert advice and other support for ensuring the sustainability of their physical rehabilitation sector and for raising funds (see *Actors of influence*). For instance, it funded studies of the sector in these three countries – it completed the one in Côte d'Ivoire and apprised the Ivorian authorities of its findings.

ACTORS OF INFLUENCE

Weapon bearers, lawmakers and academics learn more about IHL

Some 3,000 Ivorian soldiers being deployed to northern Côte d'Ivoire and nearly 300 cadet officers from throughout the region learnt the basic provisions of IHL and international human rights law from the ICRC.

The ICRC worked with authorities throughout the region to integrate IHL and international standards for law enforcement more fully into the training, doctrine and operations of weapon bearers. It helped train commanders and instructors: in Guinea, it held advanced workshops for 25 senior officers on integrating IHL into operations, and for 25 officers on IHL instruction; and in Côte d'Ivoire, it explained – to commanders of military and security forces, and local authorities in the north – the basic principles of IHL and the importance of facilitating humanitarian action. Three senior officers – Beninese, Guinean and Ivorian – were sponsored to attend an international workshop on using IHL to guide operations (see *Headquarters – Protection and Essential Services*). The international school for counter-terrorism in Côte d'Ivoire and the ICRC conducted information sessions, on the applicability of IHL to "terrorism", for some 95 military, intelligence and police units and magistrates from different countries.

National IHL committees and the ICRC gave governments in the region advice for implementing IHL. The ICRC held information sessions on IHL for lawmakers and others involved in the implementation process, and enabled them to take part in regional workshops on IHL implementation (see *Nigeria*) and on the necessity of drafting and adopting laws to regulate the use of improvised explosive devices. The ICRC sponsored three Ivorian magistrates to attend an advanced IHL course in the Netherlands; afterwards, with the help of these three magistrates, the ICRC organized a regional IHL workshop on sanctions for war crimes. In Benin, the National Society and the ICRC reviewed the current law on the red cross emblem, with a view to finding ways to strengthen it. The ICRC organized information sessions, competitions and other events to encourage academics – political advisers and potentially, lawmakers – to conduct research on IHL.

Civil society is urged to support the humanitarian and physical rehabilitation sectors

The ICRC provided National Societies in the region with funding and other support to develop their capacities in public communication, particularly their ability to raise awareness of the proper use of the red cross emblem and the importance of facilitating the work of humanitarian personnel and health workers. The ICRC focused on engaging more closely with violence-affected communities in the Sahel, with a view to assessing their needs more accurately and carrying out humanitarian activities for them. Videos and other digital content produced by the ICRC, and communication campaigns by National Societies, raised awareness of the plight of people with disabilities.

In Abidjan, a regional hub for diplomacy and for humanitarian and development organizations, the ICRC held or participated in events that drew attention to such issues as missing people and disability, and the plight of the families concerned, and helped keep these issues alive to the public, the authorities and other humanitarian actors. The ICRC held a contest in humanitarian reporting for the eleventh consecutive year, with climate change as the theme. Along with ICRC workshops on the subject, the contest publicized the need for accurate coverage of humanitarian issues. Various forums – such as a climate change conference and ICRC events drawing attention

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

to the plight of people with disabilities – gave the ICRC opportunities to explore possibilities for cooperation with the African Development Bank and other development actors. Health workers from throughout Africa attended a regional ICRC workshop at which they learnt about the applicability of IHL to the provision of health care.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers are equipped to respond safely to emergencies

The ICRC provided all seven National Societies with funding, equipment, and training to prepare for emergencies – such as violence related to the activities of armed groups – and to ensure the safety of volunteers in violence-prone areas. The Beninese, Guinean, Ivorian and Liberian National Societies were trained in the application of the Safer Access Framework and trained to raise awareness of the red cross emblem. Ivorian National Society staff were taught techniques for assessing risks. Volunteers at the Beninese, Guinean, Ivorian and Togolese National Society were given training in first aid at an ICRC workshop in Benin. Volunteers at the Ivorian National Society in northern Côte d'Ivoire were trained in basic psychosocial care.

National Societies drew on ICRC expertise and training to strengthen their legal bases and/or their managerial capacities. For example, the ICRC gave the Ivorian National Society advice for improving the management of its human and financial resources; funded the salary of one financial manager; and provided training and digital tools.

Movement components in the region coordinated their activities through regular meetings and joint planning sessions.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	35			
RCMs distributed	35			
Phone calls facilitated between family members	6,737			
Reunifications, transfers and repatriations				
People reunited with their families	5			
including people registered by another delegation	1			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	190	56	27	22
including people for whom tracing requests were registered by another delegation	24			
Tracing cases closed positively (subject located or fate established)	67			
including people for whom tracing requests were registered by another delegation	14			
Tracing cases still being handled at the end of the reporting period (people)	909	244	144	137
including people for whom tracing requests were registered by another delegation	61			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered by the ICRC/National Society	3	2		
UAMs/SC reunited with their families by the ICRC/National Society	3	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	6	3		
Documents				
People to whom travel documents were issued	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	13			
Detainees in places of detention visited	19,622	1,031	2,212	
Visits carried out	36			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	141	3		6
of whom newly registered	70	3		6
RCMs and other means of family contact				
RCMs collected	39			
RCMs distributed	16			
Phone calls made to families to inform them of the whereabouts of a detained relative	11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	4,957	1,241	2,475
Living conditions	People	4,960	1,242	2,477
of whom IDPs		3	1	2
Water and habitat				
Water and habitat activities	People	500	150	200
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Capacity-building	People	29	9	
Water and habitat				
Water and habitat activities	People	330	13	10
Health care in detention				
Places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Beds (capacity)	50		
Physical rehabilitation				
Projects supported		10		
of which physical rehabilitation centres supported regularly		5		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,870		
of whom service users at physical rehabilitation centres (PRCs)		3,863	869	2,077
of whom participants in social inclusion projects not linked to PRCs		7		
of whom victims of mines or explosive remnants of war		*		
of whom weapon-wounded		*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	320		
Orthoses delivered	Units	2,528		
Physiotherapy sessions		2,091		
Walking aids delivered	Units	48		
Wheelchairs or postural support devices delivered	Units	6		

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

AFRICAN UNION

The ICRC, in its capacity as an official observer to the African Union (AU), works with member states to draw attention to problems requiring humanitarian action and to promote greater recognition of IHL and its integration into AU decisions and policies, as well as wider implementation of IHL throughout Africa. It also aims to raise awareness of and acceptance for the ICRC's role and activities within AU bodies. It endeavours to build strong relations with diplomatic representatives and humanitarian organizations working in Addis Ababa, Ethiopia.

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

EXPENDITURE IN KCHF	
See under *Ethiopia*	

PERSONNEL	
See under *Ethiopia*	

CONTEXT

The African Union (AU) promoted peace, security, cooperation and development, and supported diplomatic and military efforts to address the consequences of armed conflict and other situations of violence, throughout Africa. It did so against a backdrop of increased security-related and humanitarian issues that arose from intensified fighting – particularly in the Sahel, Horn of Africa, Great Lakes, and Lake Chad regions – and of deteriorated food security, climate change and environmental degradation and their impacts on social, health and economic systems.

The Peace and Security Council (PSC) was the AU's main decision-making body for managing, resolving and preventing conflicts. The AU Commission tackled humanitarian and IHL-related matters. The Africa Centres for Disease Control and Prevention (Africa CDC), a public-health agency established by the AU, helped member states develop their ability to tackle public-health issues such as the COVID-19 pandemic. The African Commission on Human and Peoples' Rights (ACHPR), and the African Committee of Experts on the Rights and Welfare of the Child, played a crucial part in developing and promoting legal instruments and policies to address issues of humanitarian concern. The AU also worked with the Regional Economic Communities (RECs) and Regional Mechanisms to foster economic development and cooperation throughout the continent.

The Peace Support Operations Division (PSOD) of the AU Political Affairs, Peace and Security Department (AU PAPS) mandated and authorized multinational peace-support operations, for which member states contributed troops. The AU mandated and supported such operations to assist regional efforts to stabilize the Lake Chad, Horn of Africa and Sahel regions, and the AU's Southern and Northern Regions. The AU Transition Mission in Somalia (ATMIS) took over security operations in that country from the AU Mission in Somalia, which concluded during the year. ATMIS was aiming to hand over all responsibility in this matter to the Somali armed forces by 2024. The AU led mediation efforts in various contexts and managed political transitions to promote peace and security in Africa. It also took the lead in mobilizing support for African countries affected by food insecurity.

ICRC ACTION AND RESULTS

The ICRC continued to broaden its engagement with AU organs, AU member states, the RECs and other influential actors, such as diplomatic missions to the AU and think tanks. It discussed its mandate, working methods and activities with them, in order to secure political acceptance of its mission as well as their support for its neutral, impartial and independent humanitarian action and ensure that it could work in safety throughout the continent. The ICRC also made its expertise in IHL available to these parties, and explained its views on key issues to them, in order to strengthen its position as the primary source of reference on IHL and to ensure that humanitarian and IHL-related concerns were taken into account in the AU's decisions and policies.

The ICRC draws attention to issues of humanitarian concern

The ICRC discussed a number of humanitarian issues with the PSC, ACHPR and other AU organs through bilateral dialogue and by participating in various meetings, panel discussions and other events. It also discussed humanitarian issues with think tanks and other actors – particularly those who worked in partnership with the AU – who could also draw attention to humanitarian concerns and matters related to IHL compliance during their own discussions with AU bodies. These issues included food security; health security; children affected by armed conflict; the COVID-19 pandemic, with a focus on its impact on vulnerable groups; sexual violence, especially that directed at women and girls; the plight of IDPs and migrants, including refugees; missing people; the needs of mine accident victims and their families; and the combined effects of conflict and the climate crisis on communities. Members of the general public also learnt about key issues through the ICRC's social-media pages.

There were a number of milestones in these advocacy efforts, and for health security in particular. For example, expert contributions from the ICRC helped to influence the language of the ten-year plan of action that came out of the AU's humanitarian summit in Malabo, Equatorial Guinea, and the language of a report presented at the AU's 10th humanitarian symposium. This influence contributed to the documents having a greater emphasis on the necessity of protecting health workers and underscored the importance of IHL in

health security, especially during armed conflict and other violence. ICRC influence also helped to integrate IHL language and humanitarian concerns into various decisions of the EU-AU Summit, the 8th Tokyo International Conference on African Development, the Pan-African Forum on Migration, and the AU-PSC.

AU bodies strive to strengthen compliance with IHL in peace-support missions

An ICRC legal adviser seconded to the AU – and working closely with the AU PAPS and the Office of Internal Oversight – continued to give the AU expert assistance in strengthening compliance with IHL and international human rights law in AU peace-support operations, with a focus on the ATMIS. The African Union Compliance and Accountability Framework – a project by the AU, the EU and the UN launched in November – also sought to increase the AU's compliance with IHL. It drew on the ICRC's legal expertise in its development and review of policies. The ICRC's recommendations focused on protection of civilians, including protection for children in peace-support operations; the screening and selection of troops for peace-support missions, and enhancing their discipline and conduct; and the investigation of alleged violations of IHL.

The AU PAPS worked to standardize its IHL training for troops, with expert guidance from the ICRC. Senior AU PAPS officials were sponsored to attend advanced IHL training held outside Africa, including at Sanremo. Military cadets learnt about IHL at ICRC lectures in military colleges. The ICRC also gave military colleges expert guidance in integrating IHL into their curricula, and helped to develop an IHL module for the International Peace Support Training Institute in Ethiopia.

AU member states advance the ratification and implementation of IHL-related treaties

The ICRC continued to advocate, among AU member states, ratification and/or implementation of IHL and IHL-related treaties such as the Treaty on the Prohibition of Nuclear Weapons and the Anti-Personnel Mine Ban Convention. For example, at an AU event on the African Nuclear-Weapon-Free Zone Treaty, it reminded member states to put in place safeguards to prevent nuclear materials being used for civilian purposes from being diverted to military purposes. At an AU PSC meeting to mark the International Day for Mine Awareness and Assistance in Mine Action, the ICRC urged member states to fulfil their time-bound mine-clearance obligations.

In partnership with Amani Africa – a think tank – the ICRC carried out and publicized the results of a project that reviewed the incorporation and implementation of IHL in AU policies and activities, and made policy recommendations. At the launch event for this project, policymakers and other representatives from AU member states, military attachés from the embassies of troop-contributing countries, officials from the AU PSOD, and others discussed the project's findings on such issues as predeployment training for troops and accountability measures for IHL violations.

ALGERIA

The ICRC has been working in Algeria, with some interruptions, since the 1954–1962 Algerian war of independence. Aside from visiting people held in places of detention run by the justice ministry and people remanded in police stations and *gendarmeries*, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reforms process. Together, they restore links between separated family members.

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

EXPENDITURE IN KCHF	
Protection	1,009
Assistance	-
Prevention	598
Cooperation with National Societies	271
General	118
Total	**2,086**
Of which: Overheads	*127*
IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	5
Resident staff (daily workers not included)	15

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	12
RCMs distributed	11
Phone calls facilitated between family members	4
Tracing cases closed positively (subject located or fate established)	24
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	6
Detainees in places of detention visited	12,268
of whom visited and monitored individually	109
Visits carried out	9
Protection of family links	
RCMs collected	6
Phone calls made to families to inform them of the whereabouts of a detained relative	103

CONTEXT

Algeria carried out security operations against groups suspected of endangering the state or of being associated with unregulated trade in various commodities. Protests over the socio-economic situation in Algiers and other major cities, and changes in government policies concerning activists and political groups, reportedly led to arrests and detention.

Algeria remained a country of destination, transit and departure for migrants, such as people attempting to reach Europe and people coming from or passing through Mali and Niger. People in transit were at risk of separation from their families; many migrants lost their lives along migration routes, and their remains were found on the Algerian coast or in the desert, if they were found at all.

Some Algerians returned or were repatriated from conflict-affected countries. Some families were unable to contact relatives who had yet to return.

Algeria played an active role in regional politics and in matters related to regional security. It was a member of the African Union Peace and Security Council.

ICRC ACTION AND RESULTS

Fostering awareness and acceptance of IHL and humanitarian action

The ICRC kept up its dialogue with authorities, military officers, and other parties, with a view to expanding their knowledge and understanding of IHL, the Movement, the ICRC's activities and working methods. It also strove to raise public awareness of pressing humanitarian issues. For instance, it supported the production of a short film on the subject of nuclear weapons and held a public screening.

The ICRC strove to promote acceptance for IHL and its implementation. It enabled foreign-ministry officials and others to attend courses and round tables on IHL, including abroad. At ICRC briefings, magistrates and prospective magistrates strengthened their grasp of IHL and its pertinence to their work. Law students demonstrated their knowledge of IHL at an ICRC-organized moot court competition, and some received support to take part in a regional competition held outside Algeria (see *Kuwait*).

The defence ministry continued, with the ICRC's technical support, to work on further integrating IHL provisions into the military's operations. The ICRC enabled a senior national-security official to attend a workshop on international rules governing police operations (see *Headquarters – Protection and Essential Services*). Discussions with the foreign ministry and others tackled Algeria's ratification and implementation of

IHL-related treaties such as the Treaty on the Prohibition of Nuclear Weapons.

The ICRC resumes visits to detainees in Algeria

Following dialogue with the authorities, the ICRC was able to resume its visits to detainees, these visits having initially been suspended in 2020 owing to the pandemic. The ICRC visited, in accordance with its standard procedures, six places of detention holding over 12,200 detainees in all. During these visits, it assessed the treatment and living conditions of detainees, paying special attention to particularly vulnerable detainees, such as foreigners.

The authorities and the ICRC discussed a number of other matters, including the necessity of ensuring that detainees – foreigners, in particular – had regular and equitable means of family contact. The ICRC also emphasized to the authorities the need for detainees to have access to adequate medical services.

Detainees held far from their homes, or whose families were not in Algeria, used the Movement's family-links services to exchange news with their relatives.

Helping migrants and other dispersed family members to reconnect

People fleeing armed conflict or other violence in their countries sought refuge in Algeria. Algerian and other families were dispersed by detention, migration or other circumstances. Members of some of these families reconnected through RCMs and other family-links services provided by the Algerian Red Crescent and the ICRC. People put in requests to locate missing relatives, some of whom were thought to have taken migration routes through the desert to Algeria. The ICRC resolved 24 tracing cases with the National Society's help.

The ICRC continued to discuss the repatriation of Algerian nationals with authorities, and reiterated its availability and willingness to serve as a neutral intermediary. One person held at the US detention facility at the Guantanamo Bay Naval Station in Cuba was repatriated to Algeria; the ICRC followed up his social reintegration.

During its dialogue with the authorities, the ICRC discussed its work for migrants in various contexts and offered its expertise to the authorities on addressing migrants' needs. At a meeting in Tunis, officials from the foreign ministry and others discussed the issue of missing migrants with their regional counterparts. The ICRC continued to engage with and provide technical support to medico-legal and forensic professionals, with a view to advancing the process of identifying the remains of migrants found at sea and informing the families concerned.

The ICRC maintained contact with the IOM and the UNHCR and coordinated its activities with theirs. It stood ready to refer vulnerable people to these agencies or others for assistance.

Supporting the work of the Algerian Red Crescent

The Algerian Red Crescent, the main humanitarian actor in the country, responded to emergencies throughout the year; floods, forest fires and other natural disasters damaged property and caused injuries and deaths. The ICRC continued to give the Algerian Red Crescent technical and material assistance to improve its family-links services, restructure its first aid department, set-up a disaster management unit, and supported its communication department and efforts to broaden awareness of IHL and the Movement. For instance, National Society staff strengthened their capacity to provide family-links services, in line with the ICRC's data-protection standards, with ICRC training and technical support to this end.

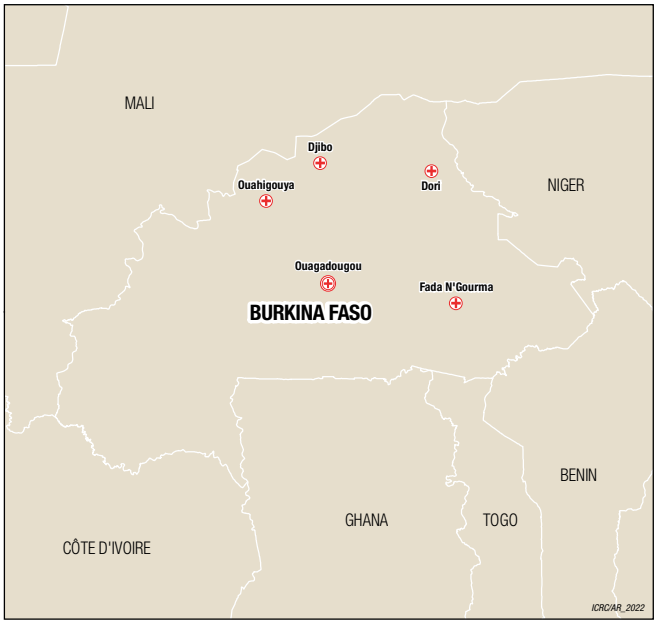
Movement components in Algeria maintained regular contact with one another, to exchange information and coordinate activities. The ICRC had planned to support more National Society pandemic-response activities, but these did not push through.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	12			
RCMs distributed	11			
Phone calls facilitated between family members	4			
Names published on the ICRC family-links website	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	49	12	8	4
including people for whom tracing requests were registered by another delegation	18			
Tracing cases closed positively (subject located or fate established)	24			
including people for whom tracing requests were registered by another delegation	1			
Tracing cases still being handled at the end of the reporting period (people)	178	24	28	23
including people for whom tracing requests were registered by another delegation	35			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	6			
Detainees in places of detention visited	12,268	221	49	
Visits carried out	9			
		Women	Girls	Boys
Detainees visited and monitored individually	109	4		
of whom newly registered	95	3		
RCMs and other means of family contact				
RCMs collected	6			
Phone calls made to families to inform them of the whereabouts of a detained relative	103			

BURKINA FASO

Having worked in the country for over a decade, the ICRC opened a delegation in Burkina Faso in 2020. It seeks to ensure that people affected by hostilities are protected in line with IHL and other norms, and monitors detainees' treatment and living conditions. With the Burkinabe Red Cross Society, the ICRC helps communities cope with the effects of armed conflict and the climate crisis in the Sahel region by providing essential goods and health care, improving water infrastructure and supporting livelihoods. It helps displaced people restore contact with their families.



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

KEY RESULTS/CONSTRAINTS IN 2022

- Amid intensified violence, key parties were reminded by the ICRC to protect civilians and health services, in line with IHL and other norms. Dialogue with them sought to foster their acceptance for principled humanitarian action.
- Violence-affected people covered their immediate and longer-term needs, with aid from the ICRC. It strove to expand such aid, notably in response to food insecurity, but its activities were hindered by security and logistical constraints.
- Primary-health-care centres and hospitals drew on ICRC support to provide good-quality preventive, curative and surgical care. For example, health workers were trained in managing malnutrition, especially in mothers and children.
- The authorities signed an agreement with the ICRC that expanded its access to detainees, especially in places of temporary detention. Detainees met their health and other basic needs via the authorities' efforts, backed by the ICRC.
- The Burkinabe Red Cross Society, with support from the ICRC, bolstered its ability to help people in need, particularly in such fields as first aid, emergency-needs assessment and response and family-links services.

EXPENDITURE IN KCHF	
Protection	3,522
Assistance	19,052
Prevention	2,085
Cooperation with National Societies	1,658
General	140
Total	**26,458**
Of which: Overheads	*1,613*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	42
Resident staff (daily workers not included)	184

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	77
RCMs distributed	42
Phone calls facilitated between family members	2,277
Tracing cases closed positively (subject located or fate established)	129
People reunited with their families	5
of whom unaccompanied minors/separated children	4
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	4,886
of whom visited and monitored individually	294
Visits carried out	43
Protection of family links	
RCMs collected	107
RCMs distributed	51
Phone calls made to families to inform them of the whereabouts of a detained relative	43

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	448,000	146,198
Food production	People	476,000	410,461
Income support	People	19,200	8,144
Living conditions	People	80,000	51,090
Capacity-building	People	10,020	11,094
Water and habitat			
Water and habitat activities	People	69,300	129,535
Health			
Health centres supported	Structures	35	42
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	300	200
Living conditions	People	8,000	11,962
Water and habitat			
Water and habitat activities	People	2,500	2,319
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	13

CONTEXT

Burkina Faso's military and security forces – sometimes as part of international coalitions – continued to fight armed groups active in the country and elsewhere (see *Mali* and *Niger*). Volunteers, recruited as army auxiliaries, participated in operations against these groups. By mid-year, the armed conflict further intensified in the north and the east, and expanded to the west; the consequences were felt throughout the country. Arrests were made in connection with the hostilities.

Instances of communal violence, often linked to tensions over access to land or other natural resources, were reported.

Civilians, including health workers and patients, were allegedly attacked; many were injured, subjected to abuse or killed. Some 1.9 million people were reportedly internally displaced. The security situation also impeded delivery of humanitarian aid.

IDPs had difficulty meeting their needs; their host communities' resources were severely strained. Agriculture was hampered by violence and recurrent drought and floods, which were exacerbated by the climate crisis. Food and other essentials became costlier – owing partly to the economic impact of the COVID-19 pandemic and the knock-on effects of the international armed conflict between the Russian Federation and Ukraine on global commodity prices. Health care and other essential services, including in detention centres, were inadequate.

Migrants passed through Burkina Faso on their way to Europe or elsewhere.

Two coup d'états took place, in January and September.

ICRC ACTION AND RESULTS

The ICRC, together with the Burkinabe Red Cross Society, helped people suffering the consequences of the conflict, which were compounded by climate risks and other factors. In May, it launched a budget extension appeal[1] to bolster its response to food insecurity in Burkina Faso and other parts of Africa. In June, it opened a sub-delegation in Dori, its second such structure in the country's Sahel region, which was particularly conflict-affected. Measures to prevent the spread of COVID-19 remained part of the ICRC's operations.

Given the intensifying violence and other developments in the country, the ICRC stepped up its efforts to engage in dialogue and network with all influential actors. It did so with a view to fostering acceptance for principled humanitarian action, and facilitating safe access to conflict-affected communities, for itself and other Movement components. The ICRC monitored the situation of violence-affected people, documenting their humanitarian concerns – including allegations of abuse – and confidentially communicating these to the pertinent parties. It reminded these parties to ensure protection for all civilians, particularly those seeking or providing health care. Armed forces and security forces personnel strengthened their grasp of the ICRC's role as a neutral intermediary, and of IHL and other applicable norms, during training sessions.

The ICRC endeavoured to help people cover both their immediate and longer-term needs. Security and logistical challenges, however, hindered its activities, especially distributions of food and other relief aid in certain communities. The ICRC provided food rations, or cash or vouchers to buy food, and facilitated opportunities for households to generate income; these activities also helped stimulate the local economy. Households with malnourished members, additionally, were given nutritional supplements. Tens of thousands of households strove to increase their food production, with help from the ICRC. Farmers received seed, tools, cash and other support, while herders benefited from livestock-vaccination and -treatment campaigns. Women and other breadwinners earned income, thanks to ICRC support for their livelihood activities, or to ICRC cash-for-work projects.

Together with the National Society, the ICRC worked to broaden access to clean water and sanitation in communities affected by fighting, by constructing or repairing key infrastructure, including at primary-health-care centres. It adapted its response to increased needs, benefiting more people than planned. Logistical issues, however, constrained implementation of projects in support of farmers and herders.

The ICRC continued to provide support for primary-health-care centres and hospitals in conflict-affected regions, to ensure the availability of good-quality preventive, curative and surgical care. For example, health workers, along with other community members, were trained to detect and manage malnutrition, especially among children and mothers. Because large numbers of people were wounded during the intense fighting, the ICRC supported more hospitals than planned.

The ICRC visited detainees to check on their treatment and living conditions, afterwards sharing its findings confidentially with the authorities; it signed an agreement with these authorities that expanded its access to detainees, particularly in places of temporary detention. These authorities drew on the ICRC's support for addressing detainees' health-care, nutritional and other basic needs.

People separated from their relatives by displacement, detention or migration used the Movement's family-links services to reconnect. For example, at family-links kiosks run by the National Society with ICRC support, migrants and IDPs made phone calls, sent RCMs, and filed requests to locate missing relatives.

The Burkinabe Red Cross Society remained the ICRC's main partner in assisting violence-affected communities. With comprehensive ICRC support, it bolstered its ability to help people in need and work in safety.

CIVILIANS

Civilians express their humanitarian concerns

The ICRC monitored the situation of violence-affected communities in Burkina Faso. It documented their humanitarian concerns, including allegations of abuse, and confidentially

1. See the budget extension appeal on the ICRC Extranet for Donors.

communicated these to the pertinent parties, with a view to ensuring that such concerns were addressed. It reminded these parties of the norms on the conduct of hostilities and of law enforcement operations, and the protection due to all civilians, particularly those seeking or providing health care.

To better understand people's protection-related needs – including those of women and health workers – and promote its services for them, the ICRC engaged in dialogue with IDPs, residents, and local officials and community leaders (see also *Actors of influence*).

People meet their immediate and longer-term needs

The Burkinabe Red Cross Society and the ICRC assisted newly displaced and other conflict-affected people in covering their needs, especially those in communities in northern and eastern Burkina Faso that few or no other organizations could reach. Volatile security conditions and logistical challenges, however, hindered its activities, especially distributions of food and other relief aid in certain communities.

Nearly 16,000 households (146,198 people) obtained food rations, or cash or vouchers to buy food, which also helped stimulate the local economy; they included farmers, who thus avoided consuming seed meant for planting (see below). Some of these households, additionally, were given corn-soya blend, a nutrient-enriched food supplement, to address malnutrition among children and pregnant and lactating women. In connection with distributions of the supplement, more than 11,000 mothers and community-based health workers (see below) received guidance on health-related matters, notably on preventing and managing malnutrition in children. Approximately 6,400 households (51,090 people) were given essential items, including blankets and solar-powered lamps, to help them ease their living conditions.

The ICRC sought to help people reinforce the local food supply. Roughly 7,300 households (58,376 people) planted crops and vegetables with seed, tools, cash and other support for farming (see below) from the ICRC. Livestock belonging to some 44,000 herding households (352,085 people) were dewormed and/or vaccinated during campaigns organized by the ICRC with local actors. Training, including refresher training, and equipment from the ICRC enabled 36 community-based animal-health workers, who were serving remote herding communities, to enhance their services.

Some 1,000 women and other breadwinners (supporting 8,144 people in all) earned an income, with ICRC livelihood support. Some used cash grants, training and/or equipment to pursue initiatives like beekeeping and sheep fattening. Others participated in cash-for-work projects to benefit their communities – for example, soil restoration, to bolster agriculture.

Communities have improved water and sanitation facilities

Together with the National Society, the ICRC worked to broaden access to clean water and sanitation in conflict-affected communities. It adapted its response to increased needs, enabling it to help more people than planned: 74,000 people had access to potable water, following the construction or renovation of boreholes, equipped with manual pumps; and 55,535 people benefited from the water systems that were built in three cities and a generator donated to a fourth, to support the state-run water network.

To improve care settings at primary-health-care centres, the ICRC carried out renovations to such facilities as water systems, dispensaries and maternity wards; some renovations, including those begun in 2021 at a National Society-run centre, were ongoing at the end of 2022.

Logistical issues constrained the implementation of projects to improve wells and other infrastructure, in support of farmers and herders.

People obtain good-quality primary health care

Together with the National Society, the ICRC regularly supported 16 primary-health-care centres with supplies and equipment, such as personal protective equipment and cold-chain equipment for vaccines; infrastructural upgrades (see above); and staff training in such fields as malnutrition screening, managing childhood illnesses and cases of sexual and gender-based violence, and making referrals for people with mental-health conditions. At these centres, 568,356 consultations in all were provided, including for antenatal care. Children and adults were vaccinated against COVID-19 and other diseases, and patients and staff were made aware of ways to reduce COVID-19 risk during information sessions. Under a multi-year project with Movement partners, personnel at three of the centres were also trained in, for example, promoting maternal and child health, notably by addressing malnutrition. Twenty-six other centres received ad hoc support for their emergency response, such as to measles outbreaks.

Health workers – at the centres mentioned above, and elsewhere – community leaders, soldiers and others attended workshops, where they learnt more about providing basic psychosocial support and/or the goals of the Health Care in Danger initiative. Two health ministry officials were sponsored to attend a conference related to the initiative in Switzerland. In its dialogue with the authorities, the ICRC emphasized the need for adequate staffing at health centres.

People who lived in remote areas or otherwise had difficulty accessing health centres were also enabled to receive care. Mobile health teams, for example, were sent to sites hosting IDPs, while ICRC-trained community-based birth attendants facilitated safe deliveries for women unable to travel. Patients from hard-to-reach areas were transferred to ICRC-supported health centres or to referral hospitals via tricycle ambulances donated by the ICRC.

Members of dispersed families reconnect

Members of families separated by displacement, migration, detention or other circumstances used the Movement's family-links services – such as RCMs and phone calls – to reconnect. Migrants obtained these services at National Society kiosks along migration routes, as did community members in those areas. National Society volunteers – some of whom were IDPs – were trained to help provide family-links services

during emergencies, and to publicize these services, such as through information sessions for traditional and religious leaders and other community members.

People seeking family members who were missing in connection with the violence filed tracing requests with the ICRC. The families of 129 missing people learnt of their relatives' fate and/or whereabouts and, where possible, were put in touch with them. During meetings with the authorities, the ICRC advocated families' right to know the fate of their missing relatives (see also *Actors of influence*).

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited people in 20 detention centres – including places of temporary detention – to check on their treatment and living conditions; it communicated its findings confidentially to the authorities. Security detainees, including people held in connection with the armed conflict, and others with specific needs – 294 in all – were monitored individually; some received material assistance. The authorities signed an agreement with the ICRC that expanded its access to detainees, particularly in places of temporary detention.

At meetings and workshops, the ICRC and the penitentiary and justice officials discussed various issues related to prison management, for instance, in connection with water and food supply, and health care; the ICRC promoted a systemic approach to address these. Selected officials were sponsored to attend an international conference on health in detention (see *Headquarters – Protection and Essential Services*).

Detainees contacted their relatives through RCMs, short oral messages relayed by ICRC delegates, and phone calls arranged by the detaining authorities, using phone credit provided by the ICRC. The ICRC helped 43 people return home after their release. Foreign detainees informed their consular authorities of their detention through the ICRC.

Detainees benefit from access to health care and improvements in their living conditions

Together with the health authorities, the ICRC monitored infirmaries at seven places of detention. It provided the infirmaries with essential drugs, medical equipment, and staff training in such areas as drug-supply management and infection prevention and control; it also offered detainees consultations and basic medical care. Most newly arrived detainees were medically screened upon entry, facilitating follow-up and treatment, including for malnutrition (see below). Six detainees were referred to hospital, and the ICRC covered the costs. At two places of detention, health workers dealt with chickenpox outbreaks among detainees, with ICRC technical advice. Contingency plans for health emergencies in places of detention, updated by the health ministry, were relayed during ICRC-facilitated workshops to the staff of the infirmaries.

Malnourished detainees – 200 in all – received therapeutic food from the ICRC. To enable detainees to have a more nutritious diet, the ICRC provided seed, tools and other support for cultivating vegetable gardens at four places of detention. Prison health workers learnt more about detecting and treating malnutrition at ICRC workshops.

Some 12,000 detainees were given soap, blankets, hygiene kits and other essential items, to help ease their confinement.

About 2,300 detainees at four detention centres saw improvements in their living conditions, following upgrades to water, sanitation and ventilation systems. At another detention centre, the ICRC began to install booster pumps to prevent flooding. Prison authorities were given technical advice and training for building prison infrastructure in line with internationally recognized standards.

WOUNDED AND SICK

Ailing and injured people have access to good-quality health care

The ICRC engaged the pertinent parties in dialogue on the need to safeguard access to health care and enabled health workers and others to add to their knowledge of the protection due to people seeking or providing health care (see *Civilians*). National Society volunteers were provided with first-aid kits and training, including in how to instruct others in first aid.

Because large numbers of people were wounded during the intense fighting (see *Context*), the ICRC assisted more hospitals than planned. Thirteen hospitals in violence-affected areas sustained their operations with the help of ICRC-provided medical supplies and equipment, and staff training, notably in war surgery. Suitable treatment was thus available to people who were critically ill or wounded. With the authorities, the ICRC discussed the provision of free medical treatment to victims of conflict.

ACTORS OF INFLUENCE

The intensifying violence and other developments in Burkina Faso (see *Context*) led the ICRC to step up its efforts to engage in dialogue and network with all influential actors, including during its vice president's visit to the country in December. It did so with a view to fostering acceptance for neutral, impartial and independent humanitarian action, and facilitating safe access to conflict-affected communities, for itself and other Movement components.

All parties are urged to protect civilians

The ICRC continued to make urgent appeals to all parties to protect civilians and comply with IHL and other applicable norms; it also engaged those concerned in confidential dialogue on specific issues (see *Civilians*). Armed forces and security forces personnel, including instructors, strengthened their grasp of the ICRC's role as a neutral intermediary, and of IHL and other pertinent norms, during training sessions. ICRC support enabled some of them to attend IHL-related events abroad. Two military officers attended a seminar on partnered military operations (see *Nairobi*), and a third, an advanced IHL course at Sanremo. One police officer participated in an international workshop on law enforcement (see *Headquarters – Protection and Essential Services*).

At events organized by intergovernmental bodies and other institutions, the ICRC drew attention to issues of humanitarian concern in Burkina Faso, such as the protection due to civilians and food insecurity. To encourage media coverage of these issues, the ICRC organized workshops for journalists and a competition in humanitarian reporting.

Together with the Burkinabe Red Cross Society, the ICRC worked to gather support for the Movement and make communities aware of the humanitarian services available to them, through information sessions, radio spots, digital campaigns and other means. The National Society pursued public-communication initiatives with funding and guidance from the ICRC. Conflict-affected people provided feedback on ICRC activities, through focus-group discussions, call-in radio programmes and phone calls to the ICRC's community contact centre.

Burkina Faso signs the Treaty on the Prohibition of Nuclear Weapons

The authorities took steps to advance the domestic implementation of IHL, drawing on ICRC expertise and other support. In September, Burkina Faso signed the Treaty on the Prohibition of Nuclear Weapons. With the defence and justice ministries, the ICRC tackled the issue of missing people and the plight of their families, and provided input on a draft decree aimed at preventing disappearances. Judicial officials and the ICRC discussed IHL in connection with counter-terrorism, while magistrates were sponsored to attend a workshop on the subject (see *Abidjan*). Government personnel learnt more about protecting cultural property during armed conflict, at workshops organized by a local foundation and the ICRC. The national IHL committee and the ICRC reached an agreement, on IHL training and other activities to bolster the committee's work.

The ICRC strove to develop local IHL expertise. Law students and staff members of civil society organizations attended information sessions where they learnt more about IHL and the Movement. With ICRC support, one teacher served as a trainer in a course for humanitarian professionals (see *Dakar*); two others attended an international IHL round table. A higher-education institute and the ICRC signed an agreement to promote IHL in academic and other influential circles, for instance, by organizing conferences and other events. During their meetings with the ICRC, religious leaders deepened their understanding of principled humanitarian action, and shared insight on the points of correspondence between Islamic law and IHL; these subjects were also discussed with journalists, at an event for faith-based media organizations.

RED CROSS AND RED CRESCENT MOVEMENT

The Burkinabe Red Cross Society received various forms of ICRC support – funding, supplies and equipment, infrastructural improvements, training, and expert guidance – to bolster its ability to help people in need, particularly in connection with such fields as first aid, health care, emergency-needs assessment and response, family-links services, and public communication (see above). To help National Society volunteers work more safely during emergencies, the ICRC trained them in applying the Safer Access Framework.

Guided by its Movement partners, the National Society worked to strengthen its financial management and other organizational capacities.

Movement components working in Burkina Faso met regularly to coordinate activities – for instance, in response to food insecurity – and discuss security management and other matters of common concern.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	77	12		
RCMs distributed	42	5		
Phone calls facilitated between family members	2,277			
Reunifications, transfers and repatriations				
People reunited with their families	5			
including people registered by another delegation	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	726	26	6	29
including people for whom tracing requests were registered by another delegation	40			
Tracing cases closed positively (subject located or fate established)	129			
including people for whom tracing requests were registered by another delegation	13			
Tracing cases still being handled at the end of the reporting period (people)	1,684	38	9	53
including people for whom tracing requests were registered by another delegation	68			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	9	1		
UAMs/SC reunited with their families by the ICRC/National Society	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	6	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	4,886	83	129	
Visits carried out	43			
		Women	Girls	Boys
Detainees visited and monitored individually	294	6		23
of whom newly registered	160	2		18
RCMs and other means of family contact				
RCMs collected	107			
RCMs distributed	51			
Phone calls made to families to inform them of the whereabouts of a detained relative	43			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	146,198	45,431	6,978
of whom IDPs		133,069	40,610	3,630
Food production	People	410,461	144,350	70,463
of whom IDPs		158,452	54,182	27,648
Income support	People	8,144	4,820	9
of whom IDPs		4,704	2,640	4
Living conditions	People	51,090	15,314	40
of whom IDPs		51,089	15,314	40
Capacity-building	People	11,094	6,106	4,939
of whom IDPs		5,503	3,034	2,469
Water and habitat				
Water and habitat activities	People	129,535	28,490	75,105
of whom IDPs		75,613	16,635	43,856
Primary health care				
Health centres supported	Structures	42		
of which health centres supported regularly		16		
Average catchment population		437,102		
Services at health centres supported regularly				
Consultations		568,356		
of which curative		515,800	2,054	322,545
of which antenatal		52,556		
Vaccines provided	Doses	185,913		
of which polio vaccines for children under 5 years of age		89,520		
Referrals to a second level of care	Patients	4,351		
of whom gynaecological/obstetric cases		1,338		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	200		
Living conditions	People	11,962	2,429	252
Water and habitat				
Water and habitat activities	People	2,319	46	70
Health care in detention				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	13		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		936		
Weapon-wound admissions (surgical and non-surgical admissions)		468	*	*
Weapon-wound surgeries performed		349		
Patients whose hospital treatment was paid for by the ICRC		170		

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

CENTRAL AFRICAN REPUBLIC

The ICRC has been working in the Central African Republic since 1983; it opened a delegation in the country in 2007. It seeks to protect and assist people affected by armed conflict and other situations of violence, providing emergency relief and medical and psychological care, helping people restore their livelihoods and rehabilitating water and sanitation facilities. It visits detainees, restores links between separated relatives, promotes IHL and humanitarian principles among the authorities, armed forces, armed groups and civil society, and, with Movement partners, supports the Central African Red Cross Society's development.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Displaced and other violence/conflict-affected people in Bambari and elsewhere were given food by the ICRC, which stepped up its support during the year. Households set up temporary shelter with donated household essentials.
- Households raised livestock, grew crops and added to incomes with support from the ICRC, which reached more people than planned. People in IDP camps and host communities obtained water via ICRC-upgraded infrastructure.
- People obtained specialized care at an ICRC-supported hospital in Kaga Bandoro. Victims/survivors of sexual and other violence received psychosocial assistance from personnel trained/supervised by the ICRC.
- The ICRC reminded the authorities and weapon bearers of their obligations under IHL, particularly their duty to protect civilians. It emphasized the importance of ensuring protection for people displaced by violence.
- Detainees benefited from an ICRC nutritional programme and ICRC-supported measures to check the spread of COVID-19. The ICRC engaged the authorities in dialogue on regaining access to places of temporary detention.
- Military personnel, and members of "mixed units" made up of security forces personnel and members of armed groups, advanced their understanding of IHL and norms pertinent to their duties at ICRC dissemination sessions.

EXPENDITURE IN KCHF	
Protection	9,643
Assistance	34,617
Prevention	2,613
Cooperation with National Societies	1,573
General	413
Total	**48,860**
Of which: Overheads	*2,982*
IMPLEMENTATION RATE	
Expenditure/yearly budget	97%
PERSONNEL	
Mobile staff	92
Resident staff (daily workers not included)	514

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	105
RCMs distributed	156
Phone calls facilitated between family members	248
Tracing cases closed positively (subject located or fate established)	113
People reunited with their families	21
of whom unaccompanied minors/separated children	17
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	2,037
of whom visited and monitored individually	212
Visits carried out	54
Protection of family links	
RCMs collected	149
RCMs distributed	53
Phone calls made to families to inform them of the whereabouts of a detained relative	96

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	69,900	106,447
Food production	People	98,000	156,667
Income support	People	10,220	27,298
Living conditions	People	42,000	39,698
Water and habitat			
Water and habitat activities	People	270,000	293,214
Health			
Health centres supported	Structures	6	6
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	1,600	3,269
Living conditions	People		2,198
Water and habitat			
Water and habitat activities	People	1,618	1,844
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	6	1
Physical rehabilitation			
Projects supported	Projects	2	3
Water and habitat			
Water and habitat activities	Beds (capacity)	177	157

CONTEXT

Armed conflict and other situations of violence persisted in the Central African Republic (hereafter CAR). Security conditions remained volatile, despite a 2019 peace agreement between the government and 14 armed groups. Outbreaks of violence were reportedly frequent and intense, including in Bambari and areas bordering Chad. Armed violence was widespread and armed elements were present throughout the CAR. Crime was reportedly prevalent. Communal tensions sometimes boiled over into violence.

In areas where the security situation was relatively stable, some displaced people were able to return to their places of origin. However, many others remained displaced or were newly displaced by armed clashes. Violence-affected communities had limited access to water and to other essential services such as health care. People struggled to pursue their livelihoods because farmland and other resources were not readily accessible, and also because of the prevailing security conditions. All of these circumstances contributed to food insecurity. Cases of COVID-19 continued to be reported in the CAR.

The UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) remained operational throughout the country.

ICRC ACTION AND RESULTS

Throughout the CAR, the ICRC worked to aid people affected by conflict and other violence. When possible, it carried out its activities with the Central African Red Cross Society; the ICRC also gave the National Society technical and material support for conducting its activities and coordinating with Movement components.

The ICRC worked to foster compliance with IHL and other pertinent norms, and to prevent violations of IHL. It endeavoured to build support among the authorities and weapon bearers for the Movement's activities; it reminded all these groups of their obligation to protect civilians. It also documented allegations of unlawful conduct reported to it and, when appropriate, relayed them to the parties concerned; it urged these parties to take measures to prevent or end such misconduct.

The ICRC stepped up its economic-assistance activities to help people cope with the combined effects of violence and food insecurity. IDPs, residents in host communities and others met their need for food and shelter with aid distributed by the National Society and the ICRC. Among those who received food were children being treated for malnutrition. To help an influx IDPs meet their needs, the ICRC made water readily available at IDP camps. In violence-affected areas, both rural and urban, the ICRC worked with the authorities to repair and make improvements to water infrastructure and treat the water supply. Herding households sought to keep their livestock healthy and productive with the help of ICRC-backed livestock-vaccination campaigns and veterinary services for their animals. Farmers grew food with seed and tools from the ICRC. Missing people's families, households headed by victims/survivors of sexual violence, and other violence-affected people were given cash to help them cover household expenses and begin income-earning activities.

People in violence-affected areas obtained primary-health-care services, including vaccination against COVID-19, at ICRC-supported centres and other health facilities. At first-aid training sessions conducted by the National Society and the ICRC, moto-taxi drivers and other first responders learnt how to stabilize the condition of wounded people needing urgent care. The ICRC helped to refer people needing critical care to the appropriate health facilities. A district hospital in Kaga Bandoro continued to provide surgery, and maternity and paediatric services, free of charge: this was made possible with the help of material and technical support from the ICRC. Malnourished children were treated at ICRC-supported health facilities and at an ICRC-run therapeutic feeding unit. Victims of violence, including victims/survivors of sexual violence, obtained psychosocial support at ICRC-supported facilities and/or from personnel supervised or trained by the ICRC. People with physical disabilities were given physiotherapy and assistive devices by an ICRC-supported rehabilitation centre; some of them benefited from room and board, and activities to advance their social inclusion, provided by an ICRC-supported organization.

Members of families dispersed by violence, detention and other circumstances reconnected through the Movement's family-links services. Unaccompanied minors, including those formerly associated with armed groups, were reunited with their families.

The ICRC visited detainees in accordance with its standard procedures and monitored their treatment and living conditions. It conveyed its findings and recommendations confidentially to the detaining authorities. It aided the authorities' efforts to improve detainees' living conditions and ensure that good-quality health care was available to them. The ICRC also maintained a nutritional programme for malnourished detainees. Its access to places of temporary detention having been suspended during the first half of the year, the ICRC intensified its dialogue with the authorities, with a view to securing access to all detainees within its purview.

The National Society and the ICRC carried out communication campaigns to broaden awareness of IHL and other pertinent norms, the Movement, and the ICRC's work. Local leaders, academics and others of influence learnt more about IHL and humanitarian issues at dissemination sessions and other ICRC events.

CIVILIANS

Weapon bearers strengthen their grasp of IHL and other applicable norms

The ICRC worked to foster compliance with IHL and other applicable bodies of law among authorities and weapon bearers. It reminded these parties of their obligations under IHL and other applicable norms, particularly to protect civilians. It documented allegations of unlawful conduct against civilians, including sexual violence, and when appropriate, discussed them confidentially with the parties concerned. Through

oral and written representations, it urged these parties to take measures to prevent or end such misconduct. It also emphasized the importance of ensuring protection for people displaced by violence.

Thousands of military personnel and members of "mixed units" – made up of military troops, security forces personnel and members of armed groups – set up by the government advanced their understanding of IHL. Hundreds of members of security forces learnt more about international standards for law enforcement.

Violence-affected people are helped to meet their basic needs

The Central African Red Cross Society and the ICRC worked to ensure that violence-affected people in Bambari, Kaga Bandoro and elsewhere were able to meet their immediate needs, and cope with the effects of violence and prevailing food insecurity. The ICRC ramped up its distributions of food assistance in response to humanitarian needs: around 13,800 households (some 95,300 people) were given food, including IDPs and farming households, in order to help them cope with food insecurity. Some households received this aid more than once during the reporting period.

Some 5,600 households (around 39,700 people) in Bouar and elsewhere were given household items, including supplies for setting up temporary shelters.

IDPs have broader access to safe water

Intensified violence in areas like Ippy, north-east of Bambari, created new needs. The ICRC responded by stepping up its efforts to ensure that IDPs and others affected by the fighting had access to water. Supply systems set up by the ICRC at IDP sites and in host communities broadened access to water for roughly 12,600 people.

Some 122,300 violence-affected people in rural areas were able to obtain clean water via hand pumps and other water infrastructure repaired or built by the ICRC. In the capital city of Bangui and other urban areas, the authorities maintained water-distribution facilities with spare parts provided by the ICRC, and treated the water supply with ICRC-provided chemicals; this benefited 158,000 people in all.

Violence-affected households work to restore their livelihoods

Residents, returnees and other violence-affected people began or continued herding, farming and other livelihood activities with support from the National Society and the ICRC. The ICRC stepped up its support for these activities, enabling more people to receive assistance than originally planned. These efforts helped households to strengthen their resilience against the effects of the fighting. ICRC training helped the National Society to develop its ability to implement economic-security activities.

Roughly 10,400 farming households (some 71,100 people in all) grew crops with seed and tools from the ICRC and the National Society; some of them also benefited from food aid (see above), which also helped them not have to resort to consume seed meant for planting. Vaccination and treatment campaigns organized by the authorities and the ICRC aimed to help some 12,200 households (85,470 people in all) to preserve the health and productivity of their livestock. The ICRC also helped to train and equip community-based animal health workers and to stock veterinary depots, to help ensure the availability of veterinary services to herding households.

Around 3,800 households affected by violence (around 27,300 people in all) supplemented their income and covered their household expenses with the ICRC's assistance. Some of these households, including those containing IDPs and/or female victims of violence, were given cash to buy food and other essentials. Other households, including those of missing people's families, benefited from cash grants for starting income-earning activities and support for vocational training. Farmers multiplied seed for their community with financial support from the ICRC.

People in violence-affected areas obtain primary-health-care services at ICRC-supported centres

The ICRC maintained its support for six health facilities – five health-care centres and a therapeutic feeding unit – in violence-affected areas, to help ensure the availability of basic health services. It donated medical supplies and made infrastructural improvements, and provided other forms of support as well. These facilities collectively served some 115,000 people, providing them with consultations, antenatal care and other kinds of primary health care. Roughly 10,000 people were also vaccinated against COVID-19 at ICRC-supported health centres. Patients needing specialized care were referred to appropriate facilities by the ICRC, which in some cases also arranged for their transport (see *Wounded and sick*).

Young children were vaccinated at ICRC-supported health facilities and also screened for malnutrition. Children found to be malnourished received appropriate treatment, including at a therapeutic feeding unit run by the ICRC; the ICRC had transferred direct management of this unit to a local organization by the end of the year. Malnourished children being treated at ICRC-supported facilities and their families (11,100 people in all) also received cooked meals, and families were briefed on such topics as preparing nutritious meals and monitoring their children for signs of malnutrition.

Community health relays, pregnant women and other community members learnt more about various health-related topics during ICRC information sessions. These included childbirth, prenatal care and other services available for mothers at health facilities, and the importance of prompt medical care for victims/survivors of sexual violence.

Victims/survivors of sexual violence receive psychosocial support at ICRC-supported facilities

Victims of violence – including victims/survivors of sexual violence – obtained psychosocial support at the ICRC-supported hospital in Kaga Bandoro and at some ICRC-supported health-care centres, and at three IDP camps. They were tended to by personnel trained and/or supervised by the ICRC. Of around 300 victims/survivors of sexual violence who received medical care at ICRC-supported centres, around 270 were treated within

72 hours. In all, some 1,600 people received direct psychosocial support from the ICRC.

National Society volunteers honed their capacity to provide psychological support for their peers, to help them cope with the stressful nature of their work, at ICRC training sessions.

Minors formerly associated with armed groups are reunited with their relatives

Members of families dispersed by conflict or other violence, or detention, reconnected through family-links services provided by the Central African Red Cross, National Societies in neighbouring countries and the ICRC. Five unaccompanied minors – some formerly associated with armed groups – were reunited with their families. In total, 113 tracing cases were resolved.

Missing people's families were helped to cope with the ambiguous loss of their relatives at workshops on mental health led by the ICRC and also at events to raise awareness of their specific needs.

The ICRC worked to intensify its dialogue with the defence ministry and other pertinent authorities on strengthening national mechanisms for managing and identifying human remains, including by ensuring that human remains were accorded due dignity during and after armed violence, and on ascertaining the fate of missing people. Police officers and other first responders were trained and equipped by the ICRC in ensuring that human remains were handled properly.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, nine places of detention managed by the authorities collectively holding 2,037 people. The ICRC's access to places of temporary detention run by the police and the *gendarmerie* was suspended in the first half of the year. The ICRC intensified its dialogue with the pertinent authorities on regaining access to all detainees within its purview and was pursuing this access at the end of the year.

During its visits, the ICRC paid close attention to particularly vulnerable detainees, such as women and children and people held in connection with conflict. Findings and recommendations for improving detainees' living conditions and treatment, including respect for judicial guarantees, were communicated confidentially to the authorities. The ICRC urged them to ensure that detainees' families were kept informed of the whereabouts and health of their relatives.

Malnourished detainees are treated under an ICRC nutritional programme

Prison authorities and health staff worked to ensure detainees' access to good-quality health care, with technical and material support from the ICRC. The authorities continued to implement measures to check the spread of COVID-19 in places of detention, and vaccinated detainees against the disease. Cases of COVID-19 were reported at some places of detention; the authorities treated these detainees and took additional measures to prevent the spread of the disease with the help of face masks, soap and cleaning supplies provided by the ICRC.

Detainees were treated for medical conditions and diseases such as TB and HIV/AIDS under national programmes; the ICRC had previously given the authorities recommendations and advice in this regard. Detainees benefited from the services of prison health clinics, which received medicine, and medical supplies and equipment, from the ICRC. At specialized training sessions by the ICRC, prison health staff honed their skills, which made them more capable of providing a broad range of treatment for detainees.

The ICRC continued to give the authorities support for treating and preventing malnourishment among detainees at the central prison in Bangui. A total of 3,269 detainees received supplementary food. Prison staff in charge of detainees' food added to their knowledge of nutrition and related matters at ICRC training sessions. The ICRC also gave the authorities technical advice for other activities to improve detainees' health, such as planting vegetable gardens and using the produce to diversify detainees' diets.

The authorities take steps to improve living conditions in prisons

Various projects undertaken by the authorities with the ICRC's support, and by the ICRC, helped ensure that 1,844 people in detention had living conditions, including hygiene and sanitation, that met internationally recognized standards. For instance, detainees had their meals prepared in a more sanitary environment following renovations to the kitchen of the central prison in Bangui. Upgrades to the water system meant that water was more readily available to people held at one place of temporary detention. Some 2,200 detainees benefited from ICRC distributions of hygiene items.

WOUNDED AND SICK

Wounded people are stabilized and referred for higher-level care

Moto-taxi drivers, members of violence-affected communities and other potential first responders learnt how to administer first aid to wounded people and stabilize their condition at training sessions conducted by the Central African Red Cross Society and the ICRC. They were also given some supplies and equipment. These efforts helped to ensure that seriously wounded people were stabilized before being taken to hospitals or other facilities for treatment.

People obtain surgical and other services at hospitals supported by the ICRC

The ICRC continued to support a hospital in Kaga Bandoro that served as the reference hospital for the violence-affected district of Nana Grebizi.

The hospital developed its ability to provide good-quality medical care free of charge, and to strengthen its surgical and maternity, paediatric and other services, with various forms of ICRC support. The ICRC assigned a team to the hospital, donated medical supplies, and provided other kinds of material and technical assistance. It helped the hospital to repair and maintain electrical and other systems to ensure the quality and continuity of its services: notably, operating rooms were expanded and the hospital's pharmacy upgraded. Training in the proper disposal of biomedical waste, and in other

specialized areas, helped hospital staff become more capable of providing good-quality care. The hospital also provided suitable care for victims/survivors of sexual violence. A therapeutic feeding unit at the hospital, run by the ICRC, continued to treat severely malnourished children; these children, their families, and other hospital patients benefited from supplementary cooked meals provided by the ICRC (see also *Civilians*).

The ICRC stood ready to provide support to additional hospitals in the event of an emergency; however, the need to do so was not identified during the year.

People with disabilities obtain physical rehabilitation services and assistive devices

At an ICRC-supported centre in Bangui, people with physical disabilities received physiotherapy and other services, and obtained assistive devices. The centre provided physical rehabilitation services for some 400 people,[1] and gave out 153 prostheses and 72 orthoses. Some patients were referred for livelihood support (see *Civilians*). The centre developed its ability to produce assistive devices and provide physiotherapy with the help of materials and components, training for technicians and other personnel, and expert guidance from the ICRC. The ICRC also helped some patients cover their expenses for travelling to the centre.

Patients of the Bangui centre who had no relatives with whom they could stay during their treatment were given room and board by an ICRC-supported local organization. This organization also helped to advance the social inclusion of disabled people through sports and other means. The ICRC's support for it included infrastructural improvements to water and other infrastructure and installation of a solar-powered electrical system at its premises.

Construction of a new physical rehabilitation centre, carried out by the ICRC and the authorities, neared completion.

ACTORS OF INFLUENCE

The ICRC continued to discuss a broad range of issue with authorities, weapon bearers, local leaders and community members. These included the humanitarian consequences of armed conflict and other violence; the plight of victims/survivors of sexual violence; the specific concerns of IDPs; and the Movement and the ICRC's work.

The ICRC continued to support the efforts of authorities and weapon bearers to integrate IHL and other applicable norms and standards into their doctrine, training and operations (see also *Civilians*). The ICRC endeavoured to deepen its engagement with the interior ministry on these topics.

The pertinent authorities and the ICRC discussed the domestic implementation of IHL and IHL-related treaties, for instance the African Union Convention on IDPs. The ICRC continued to make its expertise available to the authorities, including for the establishment of a national IHL committee. Members of the justice ministry added to their knowledge of IHL during ICRC briefings.

At a moot court competition organized by the ICRC, law students demonstrated their grasp of IHL. University students and professors learnt more about IHL at ICRC dissemination sessions, and academics benefited from IHL reference materials provided by the ICRC. The ICRC provided technical and other support for a university towards establishing a master's degree programme in IHL and humanitarian action.

Communities familiarize themselves with IHL and the Movement

The Central African Red Cross Society and the ICRC worked to broaden awareness and understanding of IHL and the Movement, and of humanitarian issues among the general public. They did so by disseminating informational materials via both traditional and digital media. The ICRC also met with beneficiaries of its work both to seek their feedback and to convey other information to help them strengthen their resilience against violence.

Journalists familiarized themselves with the ICRC and its activities during a field trip, which enabled them to improve their coverage of humanitarian issues in the CAR.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society continued to develop its operational capacities with the ICRC's material and technical support, under a framework agreement between the two organizations. In particular, National Society staff and volunteers developed their ability to carry out economic-support activities (see *Civilians*) and disseminate information about humanitarian issues, IHL and the Movement (see also *Actors of influence*).

Training and technical advice from the ICRC helped National Society staff and volunteers to become more capable of working in line with the Safer Access Framework. The National Society strove to strengthen its managerial capacities with ICRC support, which included financial assistance for covering the salaries of key staff.

Regular meetings and discussions among Movement components helped to ensure closer cooperation and more effective coordination, and to reduce duplication of effort.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	105	23		
RCMs distributed	156	15		
Phone calls facilitated between family members	248			
Reunifications, transfers and repatriations				
People reunited with their families	21			
including people registered by another delegation	4			
People transferred or repatriated	9			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	141	29	37	16
including people for whom tracing requests were registered by another delegation	62			
Tracing cases closed positively (subject located or fate established)	113			
including people for whom tracing requests were registered by another delegation	71			
Tracing cases still being handled at the end of the reporting period (people)	464	82	104	70
including people for whom tracing requests were registered by another delegation	121			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	14	3		
UAMs/SC reunited with their families by the ICRC/National Society	17	1		4
including UAMs/SC registered by another delegation	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	19	9		
Documents				
People to whom official documents were delivered across borders/front lines	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	2,037	39	45	
Visits carried out	54			
		Women	Girls	Boys
Detainees visited and monitored individually	212	3	1	9
of whom newly registered	90	2		3
RCMs and other means of family contact				
RCMs collected	149			
RCMs distributed	53			
Phone calls made to families to inform them of the whereabouts of a detained relative	96			
Detainees released and transferred/repatriated by/via the ICRC	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

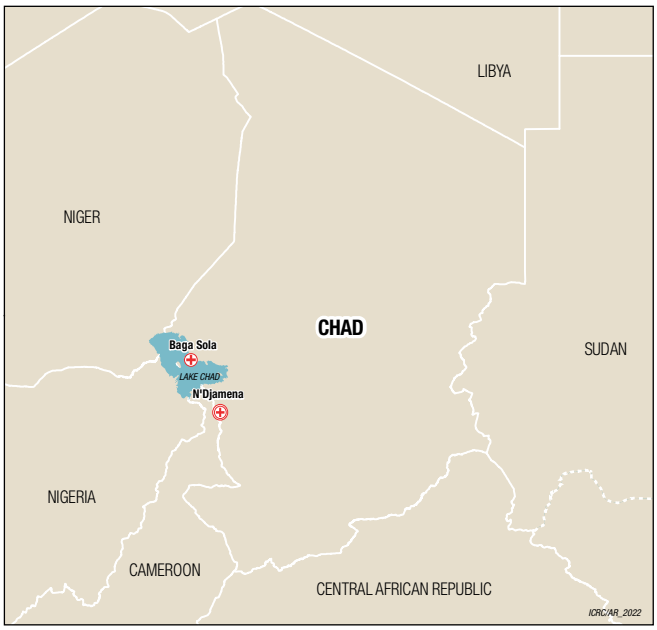
CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	106,447	42,599	17,342
of whom IDPs		9,220	3,494	1,651
Food production	People	156,667	43,262	20,226
of whom IDPs		12,709	2,542	2,542
Income support	People	27,298	13,322	2,110
of whom IDPs		3,215	1,603	725
Living conditions	People	39,698	17,188	4,686
of whom IDPs		12,767	5,890	2,089
Water and habitat				
Water and habitat activities	People	293,021	87,906	125,999
of whom IDPs		49,846	14,954	21,433
Primary health care				
Health centres supported	Structures	6		
of which health centres supported regularly		6		
Average catchment population		115,100		
Services at health centres supported regularly				
Consultations		59,744		
of which curative		53,198	13,670	32,102
of which antenatal		6,546		
Vaccines provided	Doses	55,264		
of which polio vaccines for children under 5 years of age		24,717		
Referrals to a second level of care	Patients	680		
of whom gynaecological/obstetric cases		50		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		3,331		
People who attended information sessions on mental health		100,817		
People trained in mental-health care and psychosocial support		118		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	3,269		
Living conditions	People	2,198	40	40
Capacity-building	People	1,551		
Water and habitat				
Water and habitat activities	People	1,844	37	74
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	317		
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				
Surgical admissions				
Weapon-wound admissions		90	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		834		
Operations performed		1,580		
Medical (non-surgical) admissions		3,000	1,870	123
Gynaecological/obstetric admissions		2,277	2,226	51
Consultations		59,413		
Water and habitat				
Water and habitat activities	Beds (capacity)	157		
Physical rehabilitation				
Projects supported		3		
of which physical rehabilitation centres supported regularly		1		
People who benefited from ICRC-supported projects	Aggregated monthly data	675		
of whom service users at physical rehabilitation centres (PRCs)		442	98	79
of whom participants in social inclusion projects not linked to PRCs		233		
of whom victims of mines or explosive remnants of war		*		
of whom weapon-wounded		77		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	153		
Orthoses delivered	Units	72		
Physiotherapy sessions		2,914		
Walking aids delivered	Units	57		
Wheelchairs or postural support devices delivered	Units	10		

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

CHAD

The ICRC has worked in Chad since 1978. It seeks to protect and assist people suffering the consequences of armed conflict in the region, follows up on the treatment and living conditions of detainees, and restores links between separated family members, including refugees from neighbouring countries. It also pursues long-standing programmes to promote IHL among the authorities, armed forces and civil society. It supports the Red Cross of Chad.



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

KEY RESULTS/CONSTRAINTS IN 2022

- Authorities and weapon bearers were urged to uphold IHL and other pertinent norms, in connection with conflict in Chad and the wider region. Documented allegations of violations were bilaterally relayed to the parties concerned.
- Violence-affected people built their resilience and covered their immediate needs with assistance from the Red Cross of Chad and the ICRC. This included livelihood support, aid distributions and upgrades to water infrastructure.
- Members of families separated by violence, migration or detention – including refugees from Cameroon, the Central African Republic (hereafter CAR) and Sudan – reconnected, using the Movement's family-links services.
- The authorities, with comprehensive ICRC support, sought to meet detainees' basic needs at four prisons. Detainees benefited from entry-screening systems that facilitated treatment and follow-up for common diseases and malnutrition.
- Lawmakers drew on the ICRC's expert advice to further refine a draft law and to prepare a draft implementing decree on the domestic implementation of the African Union Convention on IDPs.

EXPENDITURE IN KCHF	
Protection	3,652
Assistance	8,332
Prevention	1,466
Cooperation with National Societies	1,353
General	139
Total	**14,942**
Of which: Overheads	*912*
IMPLEMENTATION RATE	
Expenditure/yearly budget	102%
PERSONNEL	
Mobile staff	31
Resident staff (daily workers not included)	133

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	167
RCMs distributed	1,013
Phone calls facilitated between family members	54,084
Tracing cases closed positively (subject located or fate established)	82
People reunited with their families	1
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	5,168
of whom visited and monitored individually	948
Visits carried out	25
Protection of family links	
RCMs collected	899
RCMs distributed	298
Phone calls made to families to inform them of the whereabouts of a detained relative	32

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	18,000	14,711
Food production	People	171,000	131,071
Income support	People	4,000	4,019
Living conditions	People	18,000	15,090
Capacity-building	People	250	286
Water and habitat			
Water and habitat activities	People	32,200	31,905
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	2,800	2,785
Living conditions	People	750	3,907
Water and habitat			
Water and habitat activities	People	3,872	4,607

CONTEXT

Chad – together with other members of the Multinational Joint Task Force headquartered in N'Djamena – continued to battle the armed groups known as "the Islamic State's West Africa Province" and Jama'atu Ahlis Sunna Lidda'awati wal-Jihad, which were active in the wider Lake Chad region (see also *Niger*, *Nigeria* and *Yaoundé*). Chadian and international forces made arrests in connection with armed conflict. Communal tensions persisted in eastern and southern Chad.

Owing to the violence, people fled or could not return to their homes. Weapon bearers allegedly engaged in unlawful conduct. Access to basic services – including in detention facilities, which were overcrowded – and livelihood sources was hampered. The climate crisis exacerbated people's difficulties. All these circumstances contributed to food insecurity and malnutrition, which also affected many countries in sub-Saharan Africa.

Violence in Cameroon, the CAR and Sudan (see *Central African Republic*, *Sudan* and *Yaoundé*) drove more people into Chad.

Chad's transitional military authorities, in place since 2021, signed a peace agreement with several armed groups in August. Chad remained part of the G5 Sahel Joint Force, a regional coalition against armed groups. Operation Barkhane – a French initiative supporting conflict-affected countries in the Sahel – officially ended in November. Chad continued to host a French military base.

ICRC ACTION AND RESULTS

The ICRC maintained its efforts to protect and assist people affected by armed conflict and other situations of violence in Lac province and other parts of Chad, and people affected by crises in the wider region.

To cultivate respect for IHL and other applicable norms, and help facilitate the Movement's activities for people in need, the ICRC engaged in dialogue with the authorities, weapon bearers and other influential actors. It documented allegations of violations of IHL and other pertinent norms, and relayed them bilaterally to the parties concerned, with a view to ending or preventing such misconduct. The general staff of the Chadian National Army and the ICRC continued to discuss ways to integrate IHL principles more fully into the army's doctrine, training and operations, in line with their memorandum of understanding. Consultations were ongoing between the pertinent authorities, on establishing a national IHL committee, in line with the ICRC's recommendations.

Together with the Red Cross of Chad and other local partners, the ICRC assisted IDPs, residents and returnees in building their resilience to the consequences of conflict and other crises and, as needed, in covering their immediate needs. Farming households planted food with the help of donated seed and tools; they also received cash to tide them over the pre-harvest period. Herding households benefited from livestock-vaccination and -treatment campaigns. With ICRC support, local agricultural and veterinary services strengthened their ability to back food production. Breadwinners augmented their income by drawing on cash grants or participating in cash-for-work projects. Emergency-stricken households received cash for buying food, supplementary food for their malnourished members, and/or essential household items. Members of mothers' clubs and other women were given guidance in practising and promoting good nutrition, hygiene and sanitation.

Violence-affected communities in Lac had improved water and other public facilities, because of work done by the ICRC. It constructed boreholes and a pastoral station, which made clean water for household and livelihood use more readily available to IDPs and residents. Dikes were reinforced to reduce the risk of flooding. In coordination with the water ministry, the ICRC trained local technicians to maintain and repair water infrastructure, and community representatives to establish committees for monitoring the state of such infrastructure. It conducted distributions of soap and other cleaning items – coupled with hygiene-promotion sessions – and solar-powered devices that function as both lamps and phone chargers, to help displaced and resident households have better living conditions.

Members of families dispersed by violence, migration, detention or other circumstances – including refugees from Cameroon, the CAR and Sudan – reconnected, using the Movement family-links services.

In accordance with its standard procedures, the ICRC conducted visits to detainees to monitor their situation; those with specific needs received close attention. It discussed, with penitentiary and judicial authorities, ways to ensure that detainees' treatment and living conditions met internationally recognized standards and encouraged implementation of longer-term measures, wherever possible. The detaining authorities, with comprehensive ICRC support, worked to address detainees' basic needs at four prisons. Detainees benefited from entry-screening systems that facilitated treatment and follow-up for common diseases and malnutrition. The ICRC continued to urge coordination between the health and justice ministries, on providing health care to detainees.

The Red Cross of Chad, with support from the ICRC and other Movement partners, bolstered its ability to assist people affected by violence and other crises. Movement components maintained regular contact to exchange information and coordinate their activities.

CIVILIANS

Authorities and weapon bearers are urged to uphold IHL and other applicable norms

The ICRC monitored the situation of IDPs, returnees, members of host communities, migrants and refugees affected by armed conflict and other situations of violence in Chad – particularly in border areas of Lac – and the wider Lake Chad region. It documented allegations of violations of IHL and other pertinent norms, especially in connection with the conduct of hostilities, the use of force in law enforcement operations, the rights of displaced people and returnees, and sexual violence. With a view to ending or preventing such misconduct, the ICRC relayed the allegations bilaterally to the authorities

and weapon bearers concerned, whenever possible. It also reminded these parties of the necessity of ensuring people's access to basic services and sources of livelihood.

The ICRC sought proximity to crisis-affected communities, to understand their needs more fully and support them in designing and implementing activities in response. For instance, it discussed – with local leaders, mothers' clubs and youth groups – measures to mitigate the risk of sexual violence; some villages were provided with solar-powered lamps to help residents feel safer at night. The ICRC referred victims/survivors of sexual violence to providers of psychosocial support; it also gave livelihood assistance to some of them and others with specific needs (see below).

Violence-affected people pursue livelihoods and meet their immediate needs

The ICRC, often working together with the Red Cross of Chad, assisted IDPs, residents and returnees in building their resilience to the consequences of conflict and other violence, the climate crisis, and food insecurity and malnutrition. As necessary, it also gave them support for covering their immediate needs.

Approximately 5,800 farming and market-gardening households (36,355 people) – including members of agro-pastoral associations, some led by women – planted vegetables and other food crops with the help of ICRC-provided seed, tools and/or vouchers for obtaining these; they also received cash to see them through the pre-harvest period. Livestock belonging to some 15,790 herding households (94,716 people) were vaccinated and treated for disease during campaigns organized by the ICRC, in coordination with the livestock ministry and other local actors. These households were also provided with fodder, and cash to cover the costs of transporting it to their herds.

The ICRC helped local agricultural and veterinary services to strengthen their ability to support food production, among the people mentioned above and others. A total of 275 seed producers received seed and basic equipment and training. They stood to benefit from the ongoing construction of a warehouse – for storing seed – by a local organization, with the ICRC's financial support. Government agricultural and livestock personnel honed their skills during workshops; donated motorcycles and spare parts enabled them to better carry out their duties. Eighty community animal-health workers were given vouchers for obtaining veterinary medicines and other supplies from mobile pharmacies. Solar-powered freezers for storing vaccines were donated to veterinary posts. A seed laboratory, previously renovated by the ICRC and handed over to the authorities, was provided with office and other equipment.

Around 670 women and other breadwinners (supporting 4,019 people in all) augmented their income by using ICRC cash grants to sustain their livelihood activities, start small businesses or undergo vocational training, or by participating in ICRC cash-for-work projects to enhance community facilities – for instance, to put up fences to protect market gardens (see also below).

The ICRC provided people affected by violence, floods or other emergencies with relief, to alleviate their immediate situation. Roughly 2,450 households (14,711 people) received cash or vouchers for buying food; the malnourished children and pregnant and lactating mothers among them were given supplementary food. Cooking utensils, blankets and other essentials were distributed to about 2,510 recently displaced households (15,090 people).

With a view to helping improve public health, the National Society and the ICRC trained members of mothers' clubs and other women in good nutrition, hygiene and sanitation, and in promoting these practices in their communities (see also below).

Communities help upgrade water infrastructure and other public facilities

In key areas of Lac, IDPs and residents had better access to clean water for household and livelihood use, after the ICRC constructed 16 boreholes (benefiting some 7,750 people in all) – each equipped with a manual pump – and a pastoral station (serving 2,000 people). The renovation of a damaged well (serving 200 people) did not take place as planned; discussions with the village concerned remained pending. Dikes were reinforced or repaired to reduce the risk of flooding; the work was undertaken by community members employed by the ICRC for this purpose. In coordination with the water ministry, the ICRC trained local technicians to maintain and repair water infrastructure, and community representatives to establish committees for monitoring the state of such infrastructure.

The National Society and the ICRC distributed soap, other cleaning items, and/or water-storage containers, at times coupling these with hygiene-promotion sessions. Some 3,370 households (20,265 people) – including those headed by women – were thus enabled to have cleaner surroundings and reduce their risk of water-borne disease.

Solar-powered devices that function as both lamps and phone chargers, provided by the National Society and the ICRC, helped nearly 2,680 displaced and resident households (16,070 people) have a source of both light and energy.

Members of dispersed families reconnect

Members of families separated by violence, migration, detention and other circumstances reconnected with one another via short oral messages relayed by ICRC delegates, RCMs, phone calls and other Movement family-links services. These services were provided in refugee camps and at other places where people – including IDPs and refugees from Cameroon, the CAR and Sudan – had moved. One unaccompanied minor was reunited with his family in the CAR. The fate and/or whereabouts of 82 people reported missing were ascertained; where possible, their families were informed and/or contact between them and their families, facilitated. The National Society and the ICRC sought to broaden awareness of the Movement's family-links services, through radio spots and information sessions.

With a view to helping address the plight of relatives of missing people and promote measures to prevent loss of family contact,

the ICRC pursued dialogue with the authorities concerned. To enrich that dialogue, it continued to assess the domestic legal framework governing missing people and their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees are visited by the ICRC

In accordance with its standard procedures, the ICRC visited people confined in five prisons to check on their situation, particularly with regard to respect for judicial guarantees, access to health care, and nutrition. Detainees with specific needs – such as those detained on security-related charges; ailing detainees, including those with mental-health conditions; women; minors; and foreigners – received close attention; some were given clothing, blankets and menstrual-hygiene products. Findings and recommendations from the ICRC's visits were communicated confidentially to the authorities concerned. The ICRC continued to seek access to all detainees within its purview.

During dialogue and events with penitentiary and judicial authorities, the ICRC discussed with them ways to ensure that detainees' treatment and living conditions met internationally recognized standards. It also encouraged them to alleviate overcrowding and consider alternatives to detention, especially for minors. At a round table, magistrates, lawyers and the ICRC tackled IHL, the fight against "terrorism" and the protection due to security detainees – especially in connection with Chad's anti-terrorism law.

Detainees and their relatives contacted one another through short oral messages relayed by ICRC delegates, RCMs and other family-links services. At the request of foreign inmates, the ICRC notified their consular representatives or the UNHCR of their detention. During discussions with the authorities, the ICRC: followed up allegations of arrest; promoted the use of detainee registries; urged the authorities to notify the families concerned whenever people were arrested, transferred to other detention facilities or released, or died; and emphasized the importance of facilitating family contact, including family visits.

Authorities endeavour to cover detainees' basic needs

Amid budgetary, staffing and other resource constraints and structural issues in the penitentiary system, the authorities strove to meet the basic needs of detainees at four prisons. The ICRC provided them with comprehensive support and encouraged implementation of longer-term measures, wherever possible.

The ICRC monitored the health of detainees and offered medical consultations. Detainees benefited from entry-screening systems – set up at the prisons with the ICRC's assistance – that facilitated treatment and follow-up for common diseases and malnutrition. Whenever necessary, referrals and/or financial assistance was provided to help detainees obtain higher-level care via national programmes for TB, HIV/AIDS and malaria or at local hospitals that had entered into agreements – reached with the ICRC's help – with the prison authorities. The ICRC regularly donated essential drugs, personal protective equipment and cleaning supplies to the four prisons' clinics. At one prison, it backed a COVID-19 vaccination campaign. Prison health personnel developed their capacities in delivering primary care, and in preventing and addressing infectious diseases and malnutrition, during workshops; the ICRC also gave them performance-based financial incentives. It continued to urge coordination between the health and justice ministries, on providing health care to detainees; finalization of an agreement to this effect, drafted with ICRC input, was pending.

Some 2,790 malnourished inmates received therapeutic or supplementary food. In August, as part of an ICRC pilot project to enhance the sustainability of the response to malnutrition, fortified porridge made from locally sourced ingredients was introduced as supplementary food at the largest of the four prisons; 11 officers at the prison were also trained in ensuring detainees' nutrition. In December, another prison began to serve the porridge. To improve meal preparation conditions for 3,907 detainees, the ICRC provided cooking tools and equipment, and fuel.

Detainees see improvements in their living conditions

At the four prisons mentioned above, the ICRC organized hygiene-promotion sessions to help about 4,600 detainees have cleaner surroundings. The sessions were supplemented by informational materials on good hygiene practices and by regular donations of soap, disinfectants and related supplies. Nearly 4,160 detainees also benefited from improvements in detention infrastructure. At the biggest prison, these improvements included building and equipping a kitchen, enabling the provision of fortified porridge (see above); renovation of water and electrical systems; and construction of a vocational training centre. Smaller-scale improvements – to walls and kitchens, for example – were made in two other prisons. The ICRC pursued discussions with the authorities, on the maintenance of prison facilities.

ACTORS OF INFLUENCE

Dialogue with authorities, armed forces and security forces personnel, and members of civil society remained a priority for the ICRC, particularly in view of Chad's position in the region and the number of international actors in the country. The ICRC intended for its dialogue to cultivate respect for IHL and other pertinent norms, and help facilitate the Movement's activities for people in need (see above).

Armed forces and security forces personnel learn more about pertinent norms

Chadian armed forces and security forces personnel – including those bound for peacekeeping missions – and multinational troops present in Chad strengthened their grasp of IHL, international human rights law and other pertinent norms, and standards applicable to their duties, through briefings, meetings and training conducted by the ICRC, which also supplied some of them with reference materials. The ICRC sponsored Chadian weapon bearers to attend events abroad: two senior-level military officers participated in a workshop on IHL (see *Headquarters – Protection and Essential Services*) and two police officers, in a seminar on regional law enforcement standards (see *Democratic Republic of the Congo*).

The general staff of the Chadian National Army and the ICRC continued to discuss ways to integrate IHL principles more fully into the army's doctrine, training and operations, in line with their memorandum of understanding.

Judicial officials strengthen their grasp of IHL

The ICRC encouraged the Chadian government to ratify, accede to or implement IHL-related treaties, and incorporate key provisions of IHL into domestic law. Consultations were ongoing between the pertinent authorities, on establishing a national IHL committee, in line with the ICRC's recommendations. Lawmakers drew on the ICRC's expert advice to advance the domestic implementation of the African Union Convention on IDPs, notably working towards the adoption of a draft law and preparing a draft implementing decree. Magistrates and other legal experts were sponsored to attend IHL-related events – a regional seminar on the repression of war crimes and acts of "terrorism", and a conference on the ICRC's updated French Commentary on the First Geneva Convention – in Côte d'Ivoire (see *Abidjan*); some of them had previously participated in a round table on detention (see *People deprived of their freedom*).

Members of civil society add to their knowledge of IHL and the Movement

The ICRC sought to stimulate discussions on IHL among people capable of influencing decision makers, or who were themselves prospective decision makers. It organized an IHL teaching workshop with and for academics from ten universities, with a view to promoting a standardized curriculum, and provided reference materials to one university. It held dissemination sessions and other events for university students, on IHL, humanitarian issues – such as sexual violence – and the ICRC. It provided support for a national moot court competition for law students. During meetings and workshops with the ICRC, religious leaders and teachers discussed the common ground between Islamic law and IHL.

The ICRC's information sessions for members of civil society – including traditional leaders and journalists – in Lac and other violence-affected areas of Chad sought to further acceptance for humanitarian principles and the ICRC's mandate, and broaden awareness of the humanitarian services available to people in need. These sessions were supplemented by radio spots, social-media posts and related materials, some produced with the National Society. The ICRC sought feedback from people that it assisted (see *Civilians*), including through help desks and committees set up by community members for this purpose.

The Red Cross of Chad reinforced its public-communication capacities with the ICRC's help, notably in connection with an awareness-raising campaign on the domestic law regulating the use of the red cross and red crescent emblems.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross of Chad continued to be a key partner to the ICRC in helping people in need (see *Civilians*). Financial, material and technical support from the ICRC, including improvements to National Society offices, and from other Movement components, enabled it to reinforce its operational capacities. Its staff and volunteers were trained in: the Safer Access Framework; emergency-needs assessment and response; first aid, including the instruction of others to provide it; delivery of family-links services; promotion of good nutrition, hygiene and sanitation practices; and public communication (see *Civilians* and *Actors of influence*). Chadian and Cameroonian National Society personnel exchanged best practices at a workshop (see *Yaoundé*).

The National Society, the ICRC and other Movement components maintained regular contact to share information and coordinate their activities – for instance, emergency preparedness and response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	167	3		
RCMs distributed	1,013	7		
Phone calls facilitated between family members	54,084			
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	92	7	12	20
including people for whom tracing requests were registered by another delegation	46			
Tracing cases closed positively (subject located or fate established)	82			
including people for whom tracing requests were registered by another delegation	56			
Tracing cases still being handled at the end of the reporting period (people)	718	107	147	166
including people for whom tracing requests were registered by another delegation	343			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1			
UAMs/SC reunited with their families by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	53	20		1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	5			
Detainees in places of detention visited	5,168	56	179	
Visits carried out	25			
		Women	Girls	Boys
Detainees visited and monitored individually	948	14	3	108
of whom newly registered	211	10	2	67
RCMs and other means of family contact				
RCMs collected	899			
RCMs distributed	298			
Phone calls made to families to inform them of the whereabouts of a detained relative	32			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	14,711	1,123	12,465
of whom IDPs		14,462	1,123	12,216
Food production	People	131,071	42,789	9,921
of whom IDPs		47,880	16,288	3,293
Income support	People	4,019	1,120	324
of whom IDPs		1,866	562	158
Living conditions	People	15,090	7,116	2,437
of whom IDPs		15,090	7,116	2,437
Capacity-building	People	286	75	
of whom IDPs		22	6	
Water and habitat				
Water and habitat activities	People	31,905	5,424	21,376
of whom IDPs		27,438	4,665	18,383
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	2,785	194	
Living conditions	People	3,907	337	
Water and habitat				
Water and habitat activities	People	4,607	46	138
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	4		

DAKAR (regional)

COVERING: *Cabo Verde, The Gambia, Guinea-Bissau, Senegal*

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for several years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law throughout the region. It supports the activities of the National Societies; assists people affected by armed conflict and other situations of violence in Casamance, Senegal; seeks to facilitate efforts to clarify the fate of missing migrants; and visits detainees of ICRC concern, providing them with material aid where necessary.

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

KEY RESULTS/CONSTRAINTS IN 2022

- People displaced by clashes in Casamance coped with their situation partly thanks to distributions of emergency aid and the upgrade of water points in communities hosting IDPs by the ICRC and the Senegalese Red Cross Society.
- In rural Casamance, ICRC-upgraded infrastructure and farming support helped people to reduce their need to fetch water or farm in areas where weapon bearers or mines/explosive remnants of war (ERW) were present.
- People maimed by mines/ERW accessed free rehabilitative care and assistive devices at the Centro de Reabilitação Motora in Guinea-Bissau. Families of missing migrants obtained psychosocial care from ICRC-trained personnel.
- With National Societies, the ICRC helped families dispersed by armed conflict, detention or migration to reconnect. The Gambian and Senegalese National Societies gave migrants basic psychosocial care and family-links services.
- In Senegal, the ICRC visited detainees and advised the authorities in improving detainees' living conditions and treatment. It was also able to check the well-being of seven Senegalese soldiers released by an armed group.

EXPENDITURE IN KCHF	
Protection	2,829
Assistance	2,016
Prevention	1,711
Cooperation with National Societies	836
General	486
Total	**7,878**
Of which: Overheads	*481*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	38
Resident staff (daily workers not included)	139

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	11
RCMs distributed	41
Phone calls facilitated between family members	855
Tracing cases closed positively (subject located or fate established)	43
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	5,233
of whom visited and monitored individually	44
Visits carried out	16
Protection of family links	
RCMs collected	8
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	450	1,843
Income support	People	10,800	6,843
Capacity-building	People		30
Living conditions	People	450	
Water and habitat			
Water and habitat activities	People	5,900	9,778
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	3	2

CONTEXT

Senegalese government forces continued to battle factions of the Mouvement des forces démocratiques de Casamance (MFDC). This, together, with the ever-present threat of mines/ERW, endangered communities in Casamance and narrowed their access to farmland and other livelihood resources. Hundreds of people fled their villages after clashes – leaving their belongings and means of livelihood behind – to seek safety elsewhere in Senegal or in the Gambia, or had, subsequently, to cope with the destruction of communal infrastructure and of their houses. One MFDC faction, however, signed a peace agreement with the government in August 2022.

In Guinea-Bissau, arrests and deaths were reported to have taken place after a failed attempt to overthrow the government. In the Gambia, the work of the Truth, Reconciliation and Reparations Commission – part of the country's transitional-justice process – continued. The Economic Community of West African States (ECOWAS) maintained peacekeeping forces, which included Senegalese soldiers, in both these countries. Senegal also contributed troops to peacekeeping operations in neighbouring Mali (see *Mali*).

Asylum seekers, refugees and other migrants headed for Europe or elsewhere set off from the countries in the region or passed through them. Many took dangerous sea routes, and were never heard from again.

ICRC ACTION AND RESULTS

Weapon bearers – notably, members of MFDC factions and Senegalese troops bound for Casamance or peacekeeping missions in other countries – were reminded by the ICRC of the pertinence to their duties of IHL and international standards for the use of force in law enforcement. The ICRC documented allegations of violation of IHL in Casamance and relayed them to the parties concerned, with a view to ending or preventing such unlawful conduct.

The ICRC engaged with conflict-affected communities in Casamance, people with disabilities and missing people's families, and worked to address their most pressing needs. The Senegalese Red Cross Society and the ICRC helped people displaced by clashes in northern Casamance to cope, by distributing emergency aid and renovating water points in communities hosting IDPs; because of this, the ICRC assisted more people than planned. Displaced people also repaired their houses or set up temporary shelters with construction materials given to them by the ICRC. Where possible, cash and vouchers were given instead of aid in kind.

In rural Casamance, conflict-affected people – notably, households who had lost their main breadwinners to the conflict or migration, and people maimed by mines/ERW – were helped by the ICRC to become more resilient to the effects of armed conflict and to reduce their need to fetch water or farm in weapon-contaminated areas. The ICRC and the National Society provided supplies and equipment, and made improvements to irrigation infrastructure, for the benefit of farmers, including female market gardeners who were breadwinners. Households started small businesses with cash and training from the ICRC.

In Casamance, returnees and residents learnt about safe practices around mines/ERW from the ICRC and the National Society. Victims of mines/ERW and people with disabilities obtained rehabilitative services and assistive devices free of charge at the Centro de Reabilitação Motora (CRM) in Guinea-Bissau. As planned, the ICRC scaled back its support for the centre, limiting it to some training for staff. The ICRC continued to work with a regional education council and various universities to improve instruction in war surgery.

Together with National Societies in the region, the ICRC helped members of families dispersed by armed conflict, detention or migration to reconnect. The Gambian and Senegalese National Societies provided basic psychosocial care, family-links services and other aid for migrants. The ICRC resolved missing-persons cases, which gave the families some relief. It continued to help identify the bodies or remains of migrant victims of an accident in the Mediterranean Sea in 2015. Families of missing migrants were also given other support, notably psychosocial care from ICRC-trained community-based health workers and National Society volunteers.

The ICRC stood ready to visit all detainees within its purview. In Senegal, it visited detainees in accordance with its standard procedures; people held on charges of "terrorism", or in connection with the conflict in Casamance, and foreigners were monitored individually. After these visits, the ICRC communicated its findings, and recommendations for improvements, confidentially to the authorities. Acting as a neutral intermediary, it checked on the situation of seven Senegalese soldiers released by the MFDC.

National Societies and the ICRC carried out communication campaigns and held themed events in Dakar to broaden awareness of the humanitarian issues mentioned above. These events stimulated discussions among the government officials, and representatives of development agencies, humanitarian organizations and think tanks, in attendance. The ICRC also reminded the authorities of the right of families to be informed of the death of a relative – notably, as part of the transitional-justice process in the Gambia – and worked with them to develop forensic capacities in their countries.

CIVILIANS

People affected by conflict or other crises describe their concerns to the ICRC

The ICRC reminded MFDC factions and the Senegalese military of their obligation under IHL to protect civilians and facilitate their access to farmland and other sources of livelihood. It documented allegations of violation of IHL in Casamance and relayed them to the parties concerned, with a view to ending or preventing such unlawful conduct.

The ICRC engaged with conflict-affected communities, people with disabilities and missing people's families on their needs. It endeavoured to address their most pressing needs directly, and helped the authorities and others to do so as well. In its

capacity as a neutral intermediary, the ICRC also checked on the well-being of seven Senegalese soldiers released by the MFDC. The ICRC continued to monitor the situation of two people who had been resettled in Cabo Verde after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba.

People displaced by clashes in Casamance receive emergency aid

People displaced by clashes in northern Casamance coped with their difficult situation partly thanks to emergency aid from the ICRC and the Senegalese Red Cross Society. Around 1,850 people were given food, enough for a month, shortly after their displacement. A total of 384 returnees who lost homes or livelihoods were given cash, which they used to purchase what they needed to re-establish themselves in their home communities.

Emergency assistance of other kinds – to improve their access to water, for example – was given to people displaced by the clashes and the communities hosting them, as well as returnees (see below). For this reason, more people were assisted than planned.

People in rural Casamance mitigate risks to their safety and become more resilient

In Casamance, the ICRC and the National Society helped 5,500 conflict-affected people – notably households who lost their main breadwinners to the conflict or migration, and people injured by mines/ERW – to increase their income and become more resilient to the effects of armed conflict.

For example, people were helped to farm within their own communities via upgrades to farming infrastructure (see next section). In addition, 152 female heads of households set up market gardens and/or increased their harvests using ICRC-provided supplies, tools and training; this assistance aimed to increase their sales. In addition, 336 heads of households and 30 young people started small businesses, drawing on ICRC-provided cash and training in poultry farming, respectively. Households also participated in an ICRC-supported rotating savings and credit association, which allowed them to save money and take out small loans for emergencies.

About 1,600 farmers, returnees and others were instructed by the ICRC and the National Society in safe practices around mines/ERW. The ICRC and the National Society also launched communication campaigns to take this information to a wider audience.

People in rural Casamance have a more reliable supply of water

In communities hosting IDPs or otherwise affected by the conflict, 9,778 people had better access to drinking water, and water for irrigating farms or market gardens, after the ICRC helped dig new wells/irrigation ponds and installed solar-powered pumps at existing well sites. Farmers were able to reclaim more farmland, and protect it from the salty water of the Casamance river, after the ICRC built four dikes. Sanitation and hygiene improved after the ICRC built 50 latrines for about 1,000 people and ICRC-trained Senegalese Red Cross volunteers promoted good hygiene among 2,000 people. Community members were trained to maintain infrastructure renovated by the ICRC. These initiatives aimed to make it less necessary for people to pass through areas made unsafe by the presence of weapon bearers or mines/ERW to fetch water or farm, for example.

Some 900 people whose houses had been damaged by fighting, or by lack of maintenance during their owners' displacement, made repairs to them or set up temporary shelters with tarpaulins, nails and other construction materials given to them by the ICRC or bought with ICRC-supplied vouchers.

People contact their relatives through the Movement's family-links network

The ICRC gave the National Societies in the Gambia, Guinea-Bissau and Senegal advice and training – including regional workshops – for the provision of family-links services. It also worked with them to broaden public awareness of these services, via radio spots, posters and flyers, and an event marking the International Day of the Disappeared (30 August).

National Societies and the ICRC worked together to reconnect members of families dispersed by armed conflict, detention or migration. The Gambian and Senegalese National Societies provided basic psychosocial care, first aid, family-links services and other aid for 34 Gambian and 214 Senegalese migrants who had returned from Libya, Mauritania, Morocco and Niger.

The ICRC resolved 43 missing-persons cases, which provided some relief to the families concerned. Families of missing migrants were also given other support, for example, advice for overcoming legal, administrative and other hurdles. Of these families, 643 received some psychosocial care from ICRC-trained community-based health workers and National Society volunteers. At year's end, the authorities and other organizations were advised on how to provide more support for missing migrants' families.

Senegalese authorities develop standards for managing human remains safely

The ICRC continued to work with the Bissau-Guinean, Gambian and Senegalese authorities on a project – carried out in coordination with other ICRC delegations and with National Societies in Europe and across Africa – to identify the remains of victims of an accident in the Mediterranean Sea in 2015. The ICRC continued to collect DNA samples and other ante-mortem data from families whose relatives may have been involved in the accident, and continued also to send the samples for analysis.

The ICRC continued to remind authorities of the right of families to be informed of the death of a relative – notably, as part of the transitional-justice process in the Gambia – and worked with them to develop forensic capacities in their countries. The ICRC gave forensic workers training and sponsored Senegalese forensic workers to attend advanced training in Kenya, Togo and Tunisia (see *Nairobi*, *Abidjan* and *Tunis*). The ICRC donated forensic equipment and body bags to a hospital morgue, the police and firefighters.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to explain its detention-related activities to government officials in the region, and stood ready to visit all detainees within its purview. At the same time, it provided some technical support for detaining authorities in the region to improve detainees' treatment and living conditions: it sponsored two Bissau-Guinean and two Gambian prison officials to attend workshops on maintaining prison infrastructure (see *Abidjan* and *Nairobi*, respectively).

Living conditions improve for detainees in Senegal

In Senegal, the ICRC visited detainees at eight prisons in accordance with its standard procedures. Forty-four detainees – people held on charges of "terrorism", or in connection with the conflict in Casamance, and foreigners – were monitored individually. Findings and recommendations from these visits were discussed confidentially with the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. The ICRC also donated hygiene items, and about 40 fans and 100 mattresses to help detainees sleep more comfortably.

The authorities were also reminded that they must facilitate family contact; with their help, some of the people reported missing were found at detention facilities. Detainees, including people held in Casamance, used phone cards from the ICRC to contact their relatives. The ICRC continued to give the Senegalese authorities expert advice for constructing prisons, maintaining prison infrastructure and preventing the spread of disease in prisons.

WOUNDED AND SICK

Victims of mines/ERW obtain physical rehabilitation services for free

Roughly 1,180 persons with disabilities[1] – including victims of mines/ERW and other weapons – obtained rehabilitative services and assistive devices free of charge at the CRM, the only physical rehabilitation centre in Guinea-Bissau. After the authorities assumed full responsibility for its operation, the CRM began producing assistive devices and providing physical rehabilitation independently. As planned, the ICRC cut back its support for the centre in 2021; in 2022, it limited its support to providing some training for the CRM's staff, and to covering the treatment costs of 105 patients and their transport and lodging expenses, including those referred to the centre by a local organization. In Casamance, planned support for a hospital's physical rehabilitation unit did not push through, owing to operational constraints.

The CRM, the National Societies in Guinea-Bissau and Senegal, and the ICRC broadened public awareness of the plight of people with disabilities, through public-communication initiatives to mark the International Day of Persons with Disabilities; and a wheelchair-basketball tournament organized in Bissau supported by the ICRC with sports wheelchairs and other equipment. All these efforts helped advance physically disabled people's social inclusion.

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

The ICRC continued to work with a regional education council and various universities to improve instruction in war surgery.

ACTORS OF INFLUENCE

Weapon bearers and lawmakers learn more about IHL

Hundreds of Senegalese military personnel bound for northern Casamance or peacekeeping missions in other countries, and members of MFDC factions, attended information sessions on basic IHL and the Movement's activities. The ICRC also conducted such sessions, for Gambian police and military personnel, on international standards for the use of force in law enforcement.

In Senegal, the ICRC and senior military officers discussed how to integrate IHL more fully into the training, doctrine and decision-making processes of the military. Aided by the ICRC, the Senegalese military sent representatives to a number of specialized events, notably a conference on the application of IHL in military operations (see *Headquarters – Protection and Essential Services*), an IHL course at Sanremo, and train-the-trainer workshops on IHL. Seventeen officers studying military medicine were apprised of IHL provisions applicable to their duties, such as the right to health care of people who were not or were no longer involved in fighting.

The ICRC and national IHL committees continued to give authorities in the region advice for advancing IHL implementation and updating laws concerning missing people's families and displaced people. The ICRC sponsored an official from the Gambian justice ministry to attend a regional workshop on IHL implementation in Abuja (see *Nigeria*). Political developments, however, slowed the progress of the implementation process in the Gambia. In Senegal, the authorities learnt about the importance of supporting the work of the national human rights committee, which also served as the national IHL committee.

Members of civil society are urged to help address pressing humanitarian needs

In Dakar – a regional hub for diplomats, media organizations and humanitarian and development agencies – the ICRC attended or organized events to broaden awareness of humanitarian issues in the region and elsewhere. It helped organize the World Water Forum, during which it raised awareness of the plight of people affected by armed conflict and climate change, particularly in Casamance. The ICRC also arranged several round tables to draw attention to issues related to missing people, migration, disability and emotional trauma. These events stimulated discussions between government officials and representatives of development agencies, humanitarian organizations and think tanks.

At ICRC workshops in Dakar, academics, religious leaders, humanitarian workers and journalists from francophone Africa discussed best practices in applying IHL to their work. For instance, the focus of one workshop for humanitarian workers was on gaining access to communities affected by armed conflict in the Sahel.

Funding, training, and informational materials from the ICRC helped National Societies to launch communication campaigns of their own. Journalists – especially those working in radio, the most widely used medium in remote areas – were kept abreast of the Movement's activities in the region via interviews, information sessions and workshops on humanitarian reporting. Working with National Societies and journalists, the ICRC produced informational materials aimed at raising public awareness of the suffering of people in Casamance and that of missing migrants' families, and awareness also of the Movement's work.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region respond to needs arising from migration and armed conflict

The four National Societies built their operational capacities – particularly in public communication and protecting family links – with material, financial and technical support from the ICRC (see *Civilians*). The Bissau-Guinean, Gambian and Senegalese National Societies were given expert advice for drafting contingency plans for emergencies such as maritime accidents. Senegalese National Society volunteers in Casamance were trained to apply the Safer Access Framework and given uniforms that clearly identified them as humanitarian workers. In the Gambia, the National Society was given advice for assisting displaced people with cash and training in this area. In Cabo Verde, the National Society and the ICRC made preparations to conduct a Portuguese-language workshop on IHL in 2023.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	11			
RCMs distributed	41			
Phone calls facilitated between family members	855			
Names published on the ICRC family-links website	5			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	234	7	5	22
including people for whom tracing requests were registered by another delegation	3			
Tracing cases closed positively (subject located or fate established)	43			
Tracing cases still being handled at the end of the reporting period (people)	1,178	43	16	119
including people for whom tracing requests were registered by another delegation	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	5,233	152	50	
Visits carried out	16			
		Women	Girls	Boys
Detainees visited and monitored individually	44	1		
of whom newly registered	19			
RCMs and other means of family contact				
RCMs collected	8			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	1,843	613	758
of whom IDPs		381	128	152
Income support	People	6,843	2,103	2,990
of whom IDPs		934	215	491
Capacity-building	People	30	9	
Water and habitat				
Water and habitat activities	People	9,778	4,889	2,933
of whom IDPs		587	294	176
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		2		
of which physical rehabilitation centres supported regularly		1		
People who benefited from ICRC-supported projects	Aggregated monthly data	1,174		
of whom service users at physical rehabilitation centres (PRCs)		1,174	611	1 234
of whom victims of mines or explosive remnants of war		30		
of whom weapon-wounded		*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	16		
Orthoses delivered	Units	76		
Physiotherapy sessions		11,811		
Walking aids delivered	Units	72		
Wheelchairs or postural support devices delivered	Units	4		

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

DEMOCRATIC REPUBLIC OF THE CONGO

COVERING: *Democratic Republic of the Congo, the Republic of the Congo*

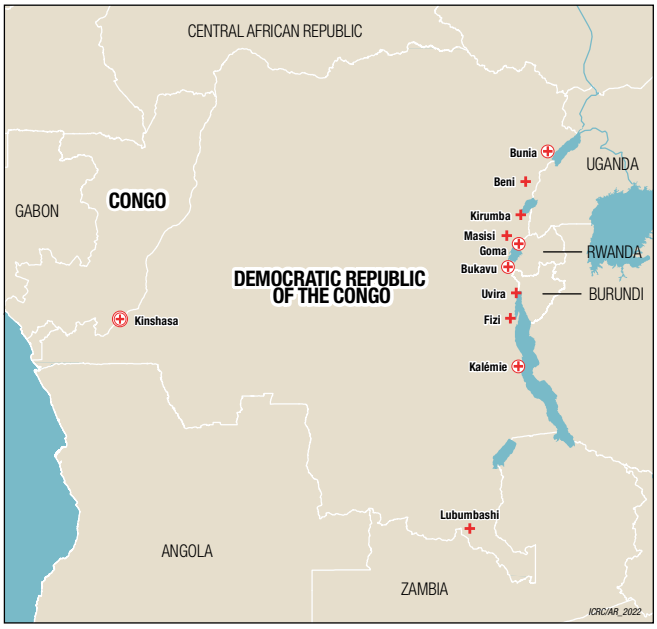
Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. In 2019, the delegation also began covering ICRC operations in Congo. The ICRC meets the emergency needs of violence-affected people, helps them obtain suitable health care, including mental-health and psychosocial support, and assists them in becoming more self-sufficient. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the pertinent National Societies. It also promotes knowledge of and respect for IHL and international human rights law.

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

KEY RESULTS/CONSTRAINTS IN 2022

- More people than planned were reached by distributions of food and agricultural support, and water projects, as the DRC Red Cross and the ICRC scaled up activities in the eastern DRC, even amid security and logistical challenges.
- Conflict-affected communities had access to various kinds of medical care at primary-health-care facilities, counselling centres, and hospitals supported by the ICRC, which exceeded its targets for such support.
- IDPs, refugees, detainees and others contacted their families via the Movement's family-links services, which included phone kiosks set up at sites for newly displaced people. More than 48,000 calls were facilitated for them.
- Communities' views on the risks they faced were incorporated in the ICRC's services for them: some projects were designed to reduce the need to travel to unsafe areas to fetch water, thus reducing the risk of sexual violence.
- Weapon bearers were reminded of their obligations under IHL and other applicable norms to safeguard civilians and their access to basic services. Child recruitment, sexual violence and other concerns were also raised with them.
- Detainees were visited by the ICRC to monitor their treatment and living conditions. The ICRC helped to ensure the safe transfer (to the authorities, health facilities, or their families) of 8 people who had been held by an armed group.

EXPENDITURE IN KCHF	
Protection	24,149
Assistance	67,955
Prevention	6,465
Cooperation with National Societies	4,865
General	494
Total	**103,928**
Of which: Overheads	*6,343*
IMPLEMENTATION RATE	
Expenditure/yearly budget	109%
PERSONNEL	
Mobile staff	133
Resident staff (daily workers not included)	903



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	38,210
RCMs distributed	29,824
Phone calls facilitated between family members	48,300
Tracing cases closed positively (subject located or fate established)	1,074
People reunited with their families	581
of whom unaccompanied minors/separated children	576
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	28
Detainees in places of detention visited	30,171
of whom visited and monitored individually	2,042
Visits carried out	157
Protection of family links	
RCMs collected	2,922
RCMs distributed	1,367
Phone calls made to families to inform them of the whereabouts of a detained relative	191

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	166,800	556,861
Food production	People	169,800	411,396
Income support	People	39,000	9,791
Living conditions	People	253,200	181,259
Water and habitat			
Water and habitat activities	People	930,926	1,753,887
Health			
Health centres supported	Structures	36	43
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	10,000	5,272
Living conditions	People	21,500	34,931
Water and habitat			
Water and habitat activities	People	20,267	24,496
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	69	93
Physical rehabilitation			
Projects supported	Projects	9	7
Water and habitat			
Water and habitat activities	Beds (capacity)	1,770	890

CONTEXT

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by UN troops and in some cases, by troops from other countries, continued to fight various armed groups, particularly in the eastern provinces of Ituri, North Kivu and South Kivu – and to a lesser extent, in Tanganyika.

Many such groups – of varying size and degree of organization – continued to fragment and compete for resources. Demobilization processes for armed groups continued.

Communal violence persisted, including in parts of the west. Protests against the presence of UN forces in the DRC occasionally turned violent.

The fighting caused deaths and injuries, and displaced even more people within the DRC – particularly in North Kivu, where the conflict became worse. There are reportedly millions of IDPs in the country. Violence in other countries also caused people to flee to the DRC and prevented refugees from returning home.

Many IDPs and other conflict-affected people suffered abuse. Their houses were destroyed, as were their crops and other sources of livelihood, making food security a major concern; they also lacked access to health care, water and other essential services disrupted by the violence. Outbreaks of COVID-19, Ebola and other diseases, and floods or other natural disasters, added to their difficulties.

In Congo, parliamentary elections ended in relative calm.

ICRC ACTION AND RESULTS

The ICRC and the Red Cross Society of the Democratic Republic of the Congo helped people affected by armed conflict and other situations of violence in the DRC, particularly in the east. Some activities for them were hindered by security and logistical constraints; however, the ICRC was still able to realize most of its objectives and even reached more people than planned in several cases. This was partly because of its efforts to cultivate support for IHL and the Movement's work among authorities, weapon bearers and affected communities.

Discussions with authorities and weapon bearers – about documented violations of civilians' rights under IHL and other norms – continued. In the eastern DRC, communities engaged with the ICRC via focus-group discussions, hotlines and other means, which enabled it to take better account of their needs, and the threats to their safety, in its activities. Some projects to facilitate access to water sought to mitigate the risk of sexual violence as well by reducing the need for people to travel to unsafe areas to fetch water.

In areas where security conditions were particularly volatile, the ICRC focused on meeting urgent needs: more people than planned benefited from food distributions and emergency water and sanitation projects (such as water trucking and construction of latrines at IDP sites) carried out by the ICRC. Where security conditions permitted people to pursue agriculture or other livelihoods and/or to access markets, the ICRC gave other forms of support to help them strengthen their resilience to the effects of armed conflict and other violence. Farmers sought to grow crops using seed and tools provided by the ICRC, and others – such as victims/survivors of sexual violence and persons with physical disabilities – started small businesses with ICRC grants.

Given the difficult terrain of the rural east, and the security conditions, the ICRC supported a wide range of health services in the region and facilitated referrals to and from them. Conflict-affected people thus obtained services from hundreds of ICRC-trained community workers and other first responders, and from ICRC-supported facilities: 43 primary-health-care centres; 93 hospitals; and 5 physical rehabilitation centres. All of these facilities were given supplies and equipment for preventing the spread of COVID-19. People suffering from conflict-related trauma, including victims/survivors of sexual violence, were able to obtain specialized care at many of these facilities. People in need of advanced treatment were treated at three referral hospitals – in Beni, Bukavu and Goma – that received more extensive support, including from ICRC staff. The hospital in Bukavu began to serve as a learning hub where surgeons from the DRC and elsewhere could hone their skills.

The family-links programme in the DRC, run by the DRC Red Cross and the ICRC, remained one of the ICRC's largest because of the scale of the needs. Hundreds of children – some of whom were formerly associated with weapon bearers – were reunited with their families. People phoned their relatives or, where networks were unavailable, sent RCMs via the Movement; more calls were facilitated than last year because of the surge in displacement.

The ICRC monitored the treatment and living conditions of detainees, including people arrested in connection with the situation in the east. The ICRC gave the authorities expert advice for strengthening respect for judicial guarantees and access to food and health care; at its urging, they hired more magistrates to speed up the processing of cases. It served as a neutral intermediary in the release of people being held by an armed group.

CIVILIANS

The ICRC sought to help end or prevent unlawful conduct against people affected by conflict or other violence – mainly in the eastern DRC – while also alleviating the consequences. Whenever possible, it worked with the Red Cross Society of the Democratic Republic of the Congo, supporting communities that few other organizations could reach. The volatile security situation and logistical constraints sometimes posed serious challenges to a few activities, such as aid distributions and family reunifications in certain areas, and improvements to some health facilities; however, the ICRC was generally able to respond to the surge of violence and humanitarian needs in the east. More civilians than planned received support for meeting their food and water needs; targets for improving detainees' living conditions (see *People deprived of their freedom*) and for supporting health facilities (see also *Wounded and sick*) were also exceeded.

Weapon bearers are reminded of their obligations under IHL and other pertinent norms

The ICRC reminded authorities and weapon bearers of their obligations under IHL, international human rights law and other norms applicable to the conduct of hostilities or law enforcement operations. These obligations included their duty to ensure the accessibility of health care, education and other services. The ICRC documented allegations of unlawful conduct against civilians, such as sexual violence, child recruitment, and attacks against humanitarian and medical staff. Through confidential representations, the parties concerned were urged to investigate, and take action to prevent, or end and punish, such misconduct. Bilateral dialogue with weapon bearers was supplemented by information sessions and workshops on IHL and other norms (see *Actors of influence*). Discussions with two armed groups, on drafting codes of conduct for their members, continued.

All these efforts to help prevent or end violations against civilians were supplemented by financial, medical and other assistance (see below) to alleviate the consequences of such misconduct on people, including victims/survivors of sexual violence and children formerly associated with armed groups. Some of them were referred to other organizations for further assistance.

Communities discuss the threats to their safety and receive support for mitigatory strategies

Conflict-affected communities discussed the risks to their safety, such as child recruitment and sexual or other violence, during focus groups organized by the ICRC. Based on these discussions, and information gathered through other means (see also *Actors of influence*), the ICRC worked with communities to strengthen their risk-mitigation strategies and/or incorporated their views and suggestions in its activities for them. For example, some projects to improve communities' water facilities also sought to mitigate the risk of sexual violence by lessening or eliminating the need for people to take unsafe routes to fetch water.

A past project – implemented by the ICRC in Hombo (at the border of the Kivu provinces), mostly from 2019 to 2020 – that had been carried out within the same framework of community-based protection was evaluated in 2022, after some interruptions due to the pandemic and security situation. Its goal had been to diminish the risk of (re)recruitment by giving parents cash grants for starting small businesses so that they could cover their household expenses, including tuition fees for their children, who wished to return to school. All 28 interviewed households reported that the project was successful in this regard.

Communities learnt more about child recruitment, and about the stigmatization of victims of violence (including victims/survivors of sexual violence) and of people with mental illnesses, at information sessions organized by the ICRC; community members were encouraged to refer the people affected to the appropriate services when necessary.

Newly displaced people restore or maintain contact with their families

People separated from their families – by violence, detention or other circumstances – contacted or reunited with their relatives via the family-links services of the DRC Red Cross and the ICRC. The family-links programme in the DRC remained one of the ICRC's largest because of the scale of the needs.

A total of 576 children – some of whom were formerly associated with weapon bearers – were reunited with their families; the ICRC made follow-up visits to some of them, to monitor their well-being. The DRC Red Cross and the ICRC responded to the surge in violence by setting up 16 phone kiosks, which enabled displaced people (mostly IDPs in the eastern DRC, but also refugees and others in the western DRC and in Congo) to stay in touch with their families. They made some 48,000 calls in all, up from roughly 7,200 last year. RCM services were offered to those with relatives in detention facilities or in remote areas where phone networks were unavailable.

The DRC Red Cross received support for strengthening its family-links capacities, including training in data protection; personnel working among unaccompanied children were also trained to identify and refer victims/survivors of sexual violence, and/or those in need of mental-health support, to appropriate service providers.

During bilateral dialogue and information sessions, the ICRC reminded parties to conflict of their obligations under IHL in connection with managing human remains. The ICRC did this with a view to ensuring that the remains were identified and the families notified. To the same end, first responders and forensic experts from various institutions – the army, police and civil-defence authorities, and hospitals and the DRC Red Cross – were provided with capacity-building support. They drew on the ICRC's expertise to standardize their procedures, and representatives were sponsored to attend conferences abroad to exchange best practices. Responders were also provided with body bags, personal protective equipment (PPE) and other supplies for their work; the DRC Red Cross, among others, was thus able to manage hundreds of sets of human remains after clashes or other emergencies.

Communities receive mother-and-child care and other health services at ICRC-supported facilities

People in violence-affected areas of the eastern DRC obtained primary health care at 43 ICRC-supported facilities. They included 22 primary-health-care centres, and 2 transitional centres hosting and providing care to demobilized children; these 24 facilities received financial, material and/or technical assistance regularly. One of the transitional centres received extra support when it also began to treat people who had fled to the area. Another 18 facilities were provided with up to three months' worth of support for dealing with emergencies, such as mass influxes of casualties of violence, or for conducting vaccination campaigns. The ICRC also provided supplies for one major health centre in North Kivu that had been looted. It helped to make improvements to facilities at six of the primary-health-care centres mentioned above.

Roughly 382,000 consultations (including some 45,700 antenatal consultations) took place at ICRC-supported facilities; 167,926 vaccines against common infectious diseases were administered, and 18,840 referrals to ICRC-supported hospitals (see *Wounded and sick*) took place. In addition,

750 victims/survivors of sexual violence were treated, 576 of them within 72 hours of the incident; 569 of them received post-rape kits.

About 6,400 people – people with physical disabilities, unaccompanied and/or demobilized children, victims/survivors of sexual violence, and weapon-wounded patients – obtained mental health and psychosocial support at 11 ICRC-supported counselling centres, several ICRC-supported health facilities (see above and *Wounded and sick*), or from more than 500 ICRC-trained community-based volunteers and health workers.

The ICRC trained staff at many of these centres, and provided PPE and other supplies to help prevent the spread of COVID-19. Some 92,000 people learnt ways to protect themselves against COVID-19 through ICRC communication campaigns.

More people than planned receive food rations or agricultural supplies

Some 556,800 violence-affected people – IDPs, host families, returnees – were given a month's supply of food to help them cope with their recent displacement, the lean season between harvests, or other difficulties. About 30,000 households (more than 180,200 people) received buckets, cooking utensils, soap and other essentials; centres or families hosting unaccompanied and demobilized children, or children who had been reunited with their relatives, were also given hygiene kits and other kinds of support that helped to improve living conditions for 994 people in all. Wherever possible, the ICRC provided such support in the form of cash for buying food or other essentials, so that they could prioritize their needs themselves.

Households that were able to pursue agriculture or other livelihoods, and/or had access to markets, were given support for producing food or earning an income. Some 68,000 households (411,396 people) began to grow crops or farm fish with the help of equipment, supplies and training provided by the ICRC.

More than 1,400 households (over 8,700 people in all, including people with disabilities and victims/survivors of sexual or other violence) started small businesses with ICRC training and conditional cash grants. Plans to give unconditional cash grants to other households, however, were hindered by a number of constraints linked to intermittent humanitarian access because of the security situation, and technical issues encountered by local financial service providers; hence, only 165 households (990 people in all, against an initial target of 30,000) received such support.

IDPs and residents gain better access to water

Roughly 1.7 million people had better access to clean water and a lower risk of contracting sanitation-related diseases after the ICRC completed some planned projects and several emergency projects in response to surges in violence in North Kivu and elsewhere. The planned projects included improvements to water infrastructure for people in urban areas (such as the extension of the water network in Béni for 600,000 people, and pipe repairs and other activities for around 160,000 people in western Goma) and the setting up of water facilities in rural villages. Emergency-response projects included water trucking, the construction of latrines in camps for displaced people, and the donation of chlorine for the DRC Red Cross's response to the resurgence of Ebola in Béni.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 28 detention facilities – including prisons, places of temporary detention, and facilities run by the UN Stabilization Mission in the DRC (MONUSCO) – collectively holding about 30,100 people. Particular attention was given to people with specific needs: security detainees; people arrested in connection with the situation in the east; foreigners and people whose families lived far away; women; and minors. Findings and recommendations were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions.

Detaining authorities recruit additional staff to speed up processing of cases

Detaining and judicial authorities were urged to respect judicial guarantees and the principle of *non-refoulement*, and to do more to address overcrowding and facilitate family contact. The ICRC continued to give expert advice for expediting the sentencing of people in prisons awaiting trial and the release of eligible detainees; at the ICRC's recommendation, the authorities recruited more magistrates to speed up the processing of cases.

An armed group released eight people in all to the ICRC, which acted as a neutral intermediary and ensured their safe transfer to the authorities, medical facilities or their families.

Detainees were able to contact their families, and foreign detainees were able to notify their consular representatives and/or the UNHCR of their detention, via the ICRC. The ICRC set up a new system to digitalize the transmission of RCMs, which sped up the process and enabled it to distribute and collect over 60% more RCMs than last year.

More detainees than planned receive food and other essentials

Despite resource constraints, prison authorities strove to improve health care and nutrition for detainees. At the ICRC's urging, the authorities amended a decree that aimed to make medical services more readily available to detainees. The ICRC also provided expert advice and various forms of capacity-building support, such as training for officials and prison staff in charge of detainees' health and diet.

The ICRC helped to monitor the health and nutrition of detainees at seven prisons, especially new arrivals; six of the prisons were also provided with supplies and other direct support regularly. A total of 1,459 detainees were treated for severe acute malnutrition. The ICRC covered the costs of life-saving treatment in external facilities for 242 detainees. It also helped health staff at one prison to test 300 inmates for TB and care for those who tested positive. The authorities received supplies for dealing with COVID-19 – such as PPE – and other diseases, and emergency assistance during outbreaks of cholera and diarrhoea at two prisons.

Some 5,200 detainees with greater nutritional needs, such as malnourished inmates and people with TB or HIV/AIDS, were given supplementary food. The direct provision of food assistance for the general prison population was decreased, as the ICRC focused on engaging the authorities in dialogue on fulfilling their obligations in this regard.

Around 34,900 detainees were given hygiene kits, clothes and other essentials; the target was exceeded because of the increase in the detainee population caused by the surge in violence in the eastern DRC.

Around 24,500 people were less at risk of contracting sanitation-related diseases, or had better access to water and other services, because of projects carried out by the ICRC. These included renovating facilities (such as fitting a borehole with a solar-powered pump), carrying out minor maintenance work, and donating cleaning supplies.

WOUNDED AND SICK

When violence intensified in the eastern DRC, the ICRC reminded weapon bearers that people seeking or providing medical care were protected under the law and that the red cross and other emblems protected under IHL must be shown due regard. Communities accessed a broad range of services at ICRC-supported health facilities (see also *Civilians*), which continued to receive PPE, disinfectant, thermometers and other supplies – and/or training for staff – to prevent the spread of COVID-19.

Wounded people in the eastern DRC receive life-saving care at ICRC-supported hospitals

Conflict-affected people underwent surgical operations or obtained other medical treatment (e.g. for malaria) free of charge at 18 hospitals regularly given funding, supplies and equipment by the ICRC. In all, roughly 25,200 people, including IDPs, unaccompanied and demobilized children, and wounded people, had their treatment costs covered by the ICRC.

Among the ICRC-supported hospitals were three referral hospitals in Bukavu, Goma and Beni, to which people from the rest of the east were referred for advanced treatment. These hospitals were supported by ICRC surgeons, on site or via video calls. The Bukavu hospital began to serve as a "surgical learning hub", where surgeons from the DRC and elsewhere (in particular, from Mali, where ICRC staff are also assigned to support hospitals) could further hone their skills. The Bukavu and Goma hospitals put in place systems to gather feedback from patients on the overall quality of services, with the majority of them sharing that they were satisfied with the hospitals' services.

Another 75 hospitals – significantly more than the 55 planned for, because of the number of emergencies during the year – were given medical supplies and other ad hoc support following unexpected influxes of people wounded during clashes and other emergencies. This contributed to the stabilization and/or transfer of hundreds of wounded people.

Victims/survivors of sexual violence and others in need of mental health and psychosocial support obtained such care at the three referral hospitals or at other ICRC-supported facilities (see *Civilians*).

Given the difficult terrain of the rural east, and the precarious security conditions, the ICRC sought to strengthen local capacities in basic life-saving care, and to facilitate the transport of patients in critical condition to hospitals. Together with the DRC Red Cross, it trained some 1,400 people – community members, weapon bearers, and National Society volunteers – in first aid and gave them the necessary equipment. The ICRC also continued to support a motorcycle-ambulance system and, in coordination with MONUSCO, medical evacuation by air.

The ICRC upgraded facilities at four hospitals and rehabilitation centres (890 beds in all).

People with physical disabilities receive rehabilitation services

Around 2,900 people[1], including those injured by mines or explosive remnants of war, obtained services free of charge at five ICRC-supported physical rehabilitation centres – four in the eastern DRC (Bukavu, Bunia, Goma and Uvira) and one on the grounds of the general hospital in Kinshasa – that received financial, material and training support from the ICRC. Psychosocial care was available at three of the centres; it helped patients cope with the traumatizing effects of violence and/or the loss of mobility.

A total of 620 people benefited from the ICRC's efforts to advance the social inclusion of persons with disabilities. Among them were some patients and other disabled people who received financial support to start small businesses (see *Civilians*), and 40 children that enrolled in school with the ICRC's help. The national Paralympic committee and the ICRC organized basketball leagues and other wheelchair-sports events for 385 athletes, which helped raise public awareness of the plight of disabled people and sought to remove some of the social stigma attached to disability.

The ICRC continued to offer advice and financial support to the health ministry's community-based rehabilitation programme, with a view to ensuring the sustainability of the DRC's physical rehabilitation sector.

ACTORS OF INFLUENCE

Communities in the eastern DRC communicate their views and suggestions to the ICRC

In the DRC, focus groups allowed thousands of people to express their needs and describe the threats to their safety and dignity (see *Civilians*). Help desks and hotlines reported approximately 2,200 conversations and 35,300 calls, respectively, during which people enquired about the ICRC's activities or shared their views on these activities; they also requested information on COVID-19 and Ebola. Tens of thousands of community leaders had an opportunity to ask questions about the Movement and its work at briefings organized by the ICRC and the Red Cross Society of the Democratic Republic of the Congo.

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

National Society volunteers in the DRC, and to a lesser extent, Congo, were given training in public communication. Aided by the DRC Red Cross, the ICRC organized communication campaigns that reached millions of people in the country. Radio spots in local languages, audiovisual materials shared via social and traditional media, and themed events fostered support for the Movement and its activities, and broadened awareness of humanitarian issues among the public, including among conflict-affected people in remote or hard-to-reach areas. The ICRC's public communication emphasized weapon bearers' duty to facilitate access to health care; prevention of diseases like Ebola, COVID-19 and cholera; the protection due to health workers and those bearing the red cross emblem; and the plight of victims/survivors of sexual violence.

Senior police and *gendarmerie* officers from the region discuss the proper use of force

In the DRC, some 4,800 weapon bearers, many working in conflict zones, learnt more about IHL, international human rights law, and other applicable norms at information sessions organized by the ICRC; the focus was on how these norms bore on such matters as the conduct of hostilities or law enforcement operations, sexual violence, recruitment of minors, the protection due to people seeking or providing health care, and detention. Attendees included DRC military and security forces personnel; troops from other countries; UN peacekeepers; and members of armed groups.

The ICRC also engaged senior officers from the military/security forces and international military contingents, and leaders of armed groups, in dialogue on applying IHL and other pertinent norms. It urged them to integrate these into their decision-making, doctrine and training: to that end, it briefed them on the subject and gave them case studies on violations.

At a three-day workshop in Kinshasa that was organized by the ICRC and the DRC authorities in October, 17 senior police and *gendarmerie* officers from Burundi, Cameroon, the Central African Republic, Chad, Congo, the DRC and Gabon exchanged best practices on integrating international human rights law – particularly those concerning the use of force when dealing with demonstrations – into training for law enforcers. They also approved a roadmap for implementing, in their respective countries, the African Union's guidelines on policing.

The DRC ratifies treaties on the rights of IDPs and the prohibition of nuclear weapons

In the DRC and in Congo, the pertinent authorities attended workshops held by the ICRC, which sought to help them advance the domestic implementation of IHL treaties and other key legal instruments – such as a regional convention on IDPs and treaties on the arms trade and on the prohibition of the use of cluster munitions – and domestic laws on the emblems protected under IHL. The DRC ratified the Kampala Convention and the Treaty on the Prohibition of Nuclear Weapons. Academics – potential policymakers or advisers – in the DRC strengthened their knowledge of IHL at a seminar organized by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of the Democratic Republic of the Congo was able to respond to several large-scale emergencies – particularly in the eastern DRC (see *Civilians* and *Wounded and sick*) – through its extensive operational reach; it did so together with the ICRC and other Movement partners. It built its capacities with substantial support from the ICRC: training and on-the-job assistance in various areas of common concern (economic security, first aid, managing human remains, restoring family links, and water and habitat); workshops on the Safer Access Framework; logistical support (e.g. for transport to remote areas); computer equipment; funds to cover salaries and other operating costs; and construction of new offices. The ICRC also provided financial and technical assistance within the framework of the Movement's response to the resurgence of Ebola.

The Congolese Red Cross received some capacity-building assistance as well: technical support for revising its contingency plans; training for volunteers in preparation for potential electoral violence; and financial and other support for hygiene- and sanitation-related activities for refugees who had fled to Congo because of communal violence in the DRC.

In both countries, the ICRC met with the National Societies and other Movement partners to coordinate activities and share updates on the security situation. Both the DRC Red Cross and Congolese Red Cross received support for their organizational development, and their representatives were sponsored to attend international Movement-wide meetings.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	38,210	1,381		
RCMs distributed	29,824	896		
Phone calls facilitated between family members	48,300			
Reunifications, transfers and repatriations				
People reunited with their families	581			
including people registered by another delegation	38			
People transferred or repatriated	315			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	2,371	936	224	194
including people for whom tracing requests were registered by another delegation	1,263			
Tracing cases closed positively (subject located or fate established)	1,074			
including people for whom tracing requests were registered by another delegation	277			
Tracing cases still being handled at the end of the reporting period (people)	3,762	1,205	649	577
including people for whom tracing requests were registered by another delegation	2,040			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	848	371		38
UAMs/SC reunited with their families by the ICRC/National Society	576	241		32
including UAMs/SC registered by another delegation	36			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	983	406		36
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	28			
Detainees in places of detention visited	30,171	842	901	
Visits carried out	157			
		Women	Girls	Boys
Detainees visited and monitored individually	2,042	29	5	101
of whom newly registered	1,319	19	4	94
RCMs and other means of family contact				
RCMs collected	2,922			
RCMs distributed	1,367			
Phone calls made to families to inform them of the whereabouts of a detained relative	191			
Detainees released and transferred/repatriated by/via the ICRC	8			
People to whom a detention attestation was issued	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	556,861	204,010	205,069
of whom IDPs		237,619	96,352	81,065
Food production	People	411,396	138,215	157,412
of whom IDPs		55,635	17,641	22,846
Income support	People	9,791	3,849	3,815
of whom IDPs		6	6	
Living conditions	People	181,259	56,802	75,642
of whom IDPs		113,055	35,317	47,098
Water and habitat				
Water and habitat activities	People	1,753,877	516,470	787,902
Primary health care				
Health centres supported	Structures	43		
of which health centres supported regularly		24		
Average catchment population		427,956		
Services at health centres supported regularly				
Consultations		381,978		
of which curative		336,212	4,383	22,196
of which antenatal		45,766		
Vaccines provided	Doses	167,926		
of which polio vaccines for children under 5 years of age		89,031		
Referrals to a second level of care	Patients	18,840		
of whom gynaecological/obstetric cases		3,294		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		5,089		
People who attended information sessions on mental health		171,578		
People trained in mental-health care and psychosocial support		577		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	5,272	22	22
Living conditions	People	34,931	95	95
Water and habitat				
Water and habitat activities	People	24,496	1,225	1,225
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	93		
including hospitals reinforced with or monitored by ICRC staff		18		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		1,502	203	124
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		3,224		
Operations performed		12,786		
Medical (non-surgical) admissions		8,979		
Gynaecological/obstetric admissions		8,390	2,003	
Consultations		52,368		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		829		
Weapon-wound admissions (surgical and non-surgical admissions)		1,070	58	23
Weapon-wound surgeries performed		367		
Patients whose hospital treatment was paid for by the ICRC		25,243		
First aid				
First-aid training				
Sessions		40		
Participants (aggregated monthly data)		1,434		
Water and habitat				
Water and habitat activities	Beds (capacity)	890		
Physical rehabilitation				
Projects supported		7		
of which physical rehabilitation centres supported regularly		5		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,552		
of whom service users at physical rehabilitation centres (PRCs)		2,932	734	733
of whom participants in social inclusion projects not linked to PRCs		620		
of whom victims of mines or explosive remnants of war		22		
of whom weapon-wounded		521		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	883		
Orthoses delivered	Units	1,442		
Physiotherapy sessions		13,373		
Walking aids delivered	Units	1,223		
Wheelchairs or postural support devices delivered	Units	203		
Mental health and psychosocial support				
People who received mental-health support		1,296		
People who attended information sessions on mental health		13,575		

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

ERITREA

The ICRC opened a delegation in Eritrea in 1998 in the context of the 1998–2000 international armed conflict between Eritrea and Ethiopia, and continues to respond to the needs remaining from that two-year war. Its priorities are to foster acceptance among the authorities for its humanitarian activities, restore family links and help improve the resilience of the population concerned.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Efforts to cultivate official acceptance for the ICRC's work were unsuccessful. Government restrictions continued to limit the ICRC's activities and the movements of its staff. ICRC water projects were not given approval.
- People continued to approach the ICRC for help in finding and contacting relatives. Whenever possible, the ICRC collected RCMs and worked to find people's missing relatives.
- At the end of the year, the Eritrean government discontinued the lease of the ICRC's premises in Asmara beyond June 2023, which would then make it unfeasible for the ICRC to operate in the country.

EXPENDITURE IN KCHF	
Protection	205
Assistance	-
Prevention	-
Cooperation with National Societies	-
General	260
Total	**465**
Of which: Overheads	*28*
IMPLEMENTATION RATE	
Expenditure/yearly budget	65%
PERSONNEL	
Mobile staff	-
Resident staff (daily workers not included)	4

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	14
Tracing cases closed positively (subject located or fate established)	1

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Water and habitat			
Water and habitat activities	People	10,000	

CONTEXT

The situation in Eritrea remained calm. The governments of Eritrea and Ethiopia continued to work towards normalizing relations, as per their joint declaration of July 2018; relations between them had been strained since the 1998–2000 armed conflict. Eritrea and Djibouti maintained their efforts to resolve the border dispute that had led to hostilities in June 2008.

People who were separated from their families because of conflict, migration or other circumstances remained unable to get in touch with relatives, or struggled to ascertain the fate or whereabouts of family members. Many could not easily contact relatives in Tigray, Ethiopia, because this region had been severely affected by armed conflict (see *Ethiopia*). Others had lost contact with members of their families as a consequence of the past conflict with Ethiopia.

People in rural areas could not easily obtain clean water, owing to damaged or poorly maintained infrastructure and erratic rainfall. Many water facilities were powered by generators, which were expensive to maintain and required fuel, a scarce commodity in Eritrea. Local water authorities lacked the resources to provide services. All this put people at considerable risk of water-borne diseases.

Government restrictions remained in place, making it exceedingly difficult for humanitarian organizations, including the ICRC, to work in Eritrea.

The "Red Cross Society of Eritrea" remained inactive; the government had instructed it to suspend its activities in 2017.

ICRC ACTION AND RESULTS

Because of the long-standing restrictions on humanitarian work in Eritrea, the ICRC maintained only a small presence in the country. As in previous years, the ICRC's protection-related activities were curtailed. ICRC mobile staff were unable to enter the country. Areas beyond Asmara, the capital city, have been inaccessible to ICRC staff since August 2021. This made it difficult for the ICRC to carry out humanitarian activities for communities in need; in particular, the inaccessibility of remote areas hampered collection and delivery of RCMs and the search for missing people.

The ICRC worked to foster acceptance for its neutral, impartial and independent approach to humanitarian work among Eritrean officials, with a view to securing humanitarian access throughout the country in order to implement activities to restore family links and ensure a reliable supply of clean water in rural areas. Despite these efforts, the ICRC's work in the country remained restricted. It was unable to obtain approval from the national authorities to maintain, together with the Water Resources Department (WRD), water systems in rural areas.

People continued to request for help from the ICRC, in order to find and contact missing relatives. The ICRC collected RCMs to help people reconnect with relatives in Eritrea or elsewhere. Where possible, it worked to trace people's missing relatives. Its family-links services were limited, as ICRC staff were not permitted to travel beyond Asmara.

At the end of the year, the Eritrean government informed the ICRC of its decision to discontinue the lease of the ICRC's premises in Asmara beyond June 2023, which would then make it unfeasible for the ICRC to operate in the country.

CIVILIANS

The ICRC promotes its humanitarian work among Eritrean authorities

The ICRC endeavoured to strengthen its dialogue with government officials, in order to foster acceptance for its activities and secure humanitarian access to communities in need throughout the country. In particular, it sought access in order to help reconnect members of separated families and ensure a reliable supply of clean water in rural areas. It met with officials from the foreign ministry and other authorities in Eritrea, and with Eritrean representatives at international forums. It also pursued dialogue with diplomats and other influential people who were in contact with Eritrean officials. During its meetings with them, the ICRC explained its neutral, impartial and independent approach to humanitarian action, discussed its work in Eritrea, and reiterated its readiness to expand its activities in order to help address humanitarian needs, together with the pertinent authorities.

Despite these efforts, the ICRC's activities in the country remained restricted and it was unable to realize many of its plans for the year.

At the end of the year, the Eritrean government informed the ICRC of its decision to discontinue the lease of the ICRC's premises in Asmara beyond June 2023, which would then make it unfeasible for the ICRC to operate in the country.

Members of separated families approach the ICRC for help

People in Asmara continued to approach the ICRC for help in finding and contacting family members; many of them were trying to contact relatives in the conflict-affected region of Tigray, in Ethiopia. People in other countries also got in touch with the ICRC for help in contacting relatives still in Eritrea.

However, owing to government restrictions, the ICRC could not travel beyond Asmara to collect and deliver RCMs or to find people being sought by their relatives. Where possible, it collected 14 RCMs for distribution within Eritrea or elsewhere. It received requests to find 18 people, and was able to ascertain the fate of one person.

Planned water projects are cancelled

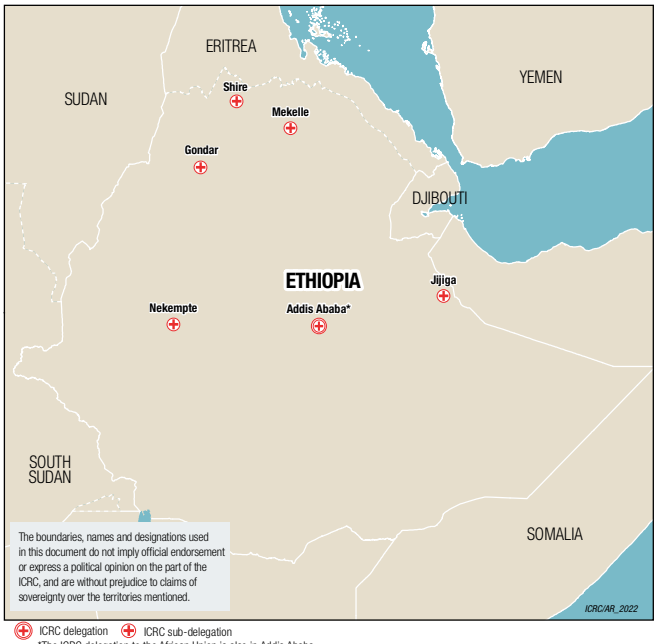
The ICRC was unable to obtain the authorities' approval for it to carry out projects, together with the WRD, to maintain water-supply systems in rural areas. As a result, it was also unable to help the WRD build its capacities to ensure the continued functioning of these water facilities and to develop its own projects.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	14			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	18	8	2	3
including people for whom tracing requests were registered by another delegation	11			
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	2,040	415	350	512
including people for whom tracing requests were registered by another delegation	1,860			

ETHIOPIA

Present in Ethiopia since 1977, the ICRC seeks to protect and assist people affected by armed conflict and other situations of violence in the country, including the lingering consequences of the 1998–2000 international armed conflict between Eritrea and Ethiopia. It helps preserve the livelihoods of violence-affected communities and seeks to ensure that they have access to essential services. It visits detainees, restores family links, and works to promote compliance with IHL. It supports the Ethiopian Red Cross Society.



ICRC delegation ICRC sub-delegation
*The ICRC delegation to the African Union is also in Addis Ababa.

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

KEY RESULTS/CONSTRAINTS IN 2022

- The ICRC engaged with authorities and weapon bearers to secure access to people in need, enabling it to deliver emergency assistance to areas where virtually no other humanitarian actors were working.
- More people than planned were able to obtain food, clean water, medical care and physical rehabilitation services, and to produce their own food, after the ICRC scaled up its response to intense fighting and food insecurity.
- The ICRC brought up people's protection-related concerns with the pertinent parties. It provided victims/survivors of sexual violence and other abuses with assistance for meeting their immediate needs.
- People in Tigray, refugees from neighbouring countries and others separated from their families restored contact with their relatives through family-links services provided by the Ethiopian Red Cross Society with ICRC support.
- Increased assistance from the ICRC helped prison authorities tackle disease outbreaks and other emergencies. An ICRC-supported programme led to a significant reduction in the rate of severe acute malnutrition at Mekelle prison.
- The National Society reinforced its response in violence-affected communities with support from the ICRC, which extended its assistance to more branches in areas affected by intense fighting.

EXPENDITURE IN KCHF	
Protection	12,340
Assistance	73,054
Prevention	6,954
Cooperation with National Societies	4,229
General	173
Total	**96,749**
Of which: Overheads	*5,894*
IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	120
Resident staff (daily workers not included)	487

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	4,060
RCMs distributed	1,453
Phone calls facilitated between family members	244,243
Tracing cases closed positively (subject located or fate established)	981
People reunited with their families	5
of whom unaccompanied minors/separated children	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	55
Detainees in places of detention visited	40,232
of whom visited and monitored individually	2,745
Visits carried out	117
Protection of family links	
RCMs collected	166
RCMs distributed	35
Phone calls made to families to inform them of the whereabouts of a detained relative	716

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	39,200	223,506
Food production	People	759,840	861,504
Income support	People	195,500	168,480
Living conditions	People	435,000	417,970
Capacity-building	People	21,100	37,270
Water and habitat			
Water and habitat activities	People	2,060,000	3,878,387
Health			
Health centres supported	Structures	71	44
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	7,000	11,490
Living conditions	People		34,047
Water and habitat			
Water and habitat activities	People	18,400	33,759
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	24	63
Physical rehabilitation			
Projects supported	Projects	22	17
Water and habitat			
Water and habitat activities	Beds (capacity)	400	1,485

CONTEXT

In northern Ethiopia, the armed conflict between the Ethiopian National Defense Force and its allies, and the Tigrayan forces, had dire humanitarian consequences for communities in Tigray and in neighbouring Afar and Amhara. Hostilities had been less intense for months because of a ceasefire agreement in March, but heavy fighting broke out again in August. In November, the parties signed an agreement on a permanent cessation of hostilities.

In western and southern Oromia, armed violence between government forces and the Oromo Liberation Army remained intense. Violence linked to ethnic and political tensions increased in Amhara, Benishangul-Gumuz, and the border areas between Afar and the Somali Regional State (SRS) and between Oromia and the SRS. In the south-eastern SRS, government troops battled Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab).

The volatile situation and other access constraints sometimes prevented humanitarian actors from reaching communities in need. In Tigray, services – water, health, electricity, banking and telecommunication – and the supply of essential items (e.g. food, medicine, fuel) were badly disrupted. Access constraints in northern Ethiopia eased during the ceasefire from March to August and after the signing of the agreement in November. This enabled essential services to begin resuming in Tigray. The prolonged disruption had, however, created needs on a massive scale, and some remote areas remained inaccessible for many humanitarian actors.

There were pervasive reports of sexual violence, attacks against health personnel, movement restrictions and other unlawful conduct. Civilians were injured or killed during clashes or because of explosive remnants of war. Many people were displaced, including to neighbouring countries (see *Sudan*). IDPs lived in camps without food, water or sanitation facilities, or in host communities, where resources were inadequate to needs. Returnees found their homes and livelihoods looted or destroyed. Water and health facilities were also looted or damaged; those still functioning struggled to meet the needs of both IDPs and residents.

High inflation rates, and disruptions to supply chains caused by the international armed conflict between the Russian Federation and Ukraine, contributed to an increase in food, fuel and oil prices. Eastern Oromia and the SRS also struggled with drought. As a result, many households faced severe food insecurity.

IDPs, migrants – including refugees from South Sudan and other neighbouring countries – and families separated by the past armed conflict between Eritrea and Ethiopia struggled to locate or contact their relatives.

ICRC ACTION AND RESULTS

The ICRC scaled up its response to the needs of people affected by intense fighting, drought and/or dire economic conditions, focusing on providing support where needs were greatest across the country. During periods of improved access to northern Ethiopia, it expanded its assistance to prevent further suffering among people who had gone for months without food, medical care and other essentials. It also increased its support[1] for households affected by food insecurity throughout the country. It had to cancel or postpone some of its activities, because it reallocated resources towards more pressing needs, or faced security or other constraints.

Thanks to its dialogue with authorities and weapon bearers, the ICRC was able to quickly deliver aid where virtually no other humanitarian actors were working. It was the first humanitarian organization to assist hospitals near the front line when the conflict flared up in August, and it organized the first humanitarian flights and convoys by road to bring much-needed aid to Tigray after the agreement between the parties to the conflict in November. The ICRC was also requested to act as a neutral intermediary in facilitating processes related to the agreement between the parties to the conflict.

More people than planned were able to obtain food, clean water and emergency care, after the ICRC increased its food distributions and support for water facilities and hospitals. The ICRC also helped more people than planned to grow crops or raise livestock, so that they could have more sustainable sources of food. Increased support enabled physical rehabilitation centres to treat more people disabled by recent fighting.

IDPs, returnees and violence-affected residents were given essential items to help ease their living conditions, or cash for covering urgent expenses or starting income-earning projects. Children, pregnant/lactating women and wounded people obtained appropriate care at ICRC-supported primary-health-care centres.

The ICRC continued to raise people's protection-related concerns with the pertinent parties and to remind them of their obligations under IHL and other applicable law. Victims/survivors of sexual violence were given cash grants, medical care and/or other support to meet their immediate needs and prevent them from turning to negative coping mechanisms.

People in Tigray, refugees from neighbouring countries and other members of families separated by conflict, migration or other circumstances restored contact through the Movement's family-links services.

The ICRC visited detainees, in accordance with its standard procedures. It scaled up its assistance in places of detention that were overcrowded, looted and/or damaged during clashes, or affected by disease outbreaks. In particular, an ICRC-supported programme helped address high rates of malnutrition and micronutrient deficiencies at the Mekelle prison.

The ICRC worked with the Ethiopian Red Cross Society to deliver aid to people in need. It extended support to more National Society branches than planned, to help them respond to the intense fighting.

1. See the budget extension appeal on the ICRC Extranet for Donors.

CIVILIANS

In response to the growth in needs throughout the country, the ICRC expanded its food distributions, assistance for farmers and herders, and water projects. It stepped up its provision of aid in Tigray and other places in northern Ethiopia when access to these areas improved, and increased its support for households facing severe food insecurity. It also scaled up its response in other areas of Ethiopia affected by intensified violence and drought.

The ICRC was able to reach areas where virtually no other humanitarian actors were working – such as sections of northern Ethiopia, western Oromia and the southern SRS – to deliver life-saving medical supplies and other assistance (see also *Wounded and sick*). This was achieved through dialogue with federal and local authorities, weapon bearers – including members of armed groups – traditional/religious leaders and community members on its neutral, impartial and independent approach to humanitarian work, which helped foster acceptance and support for its activities.

Because of volatile security conditions and/or other access constraints, the ICRC had to postpone or cancel some of its plans, such as those to develop projects with communities to strengthen their positive coping mechanisms, distribute food for malnourished people, renovate water infrastructure in urban areas, assist more primary-health-care centres, and produce booklets containing the photos of missing people to help refugees reconnect with their families.

People's protection-related needs are brought up with authorities and addressed

The ICRC documented people's protection-related concerns and raised these with the pertinent parties. It reminded authorities and weapon bearers of their obligations under IHL and other applicable norms, particularly with regard to the conduct of hostilities, and to preventing and addressing sexual violence and attacks against health services. It drew attention to the rights of IDPs, migrants – including refugees – and children, emphasizing their need to move freely and obtain health care and other essential services. Key aspects of the Health Care in Danger initiative were discussed with health authorities and medical staff, who helped document attacks against health services; the ICRC brought these up with the pertinent parties. These discussions with authorities and weapon bearers led to some improvements: for example, weapon bearers vacated a hospital they had been camping in. During the flare-up of hostilities in northern Ethiopia, the ICRC also helped mark two hospitals in Tigray with the red cross emblem and installed sandbags in safe areas at these hospitals for staff and patients. At workshops and dissemination sessions organized by the ICRC, community members, traditional/religious leaders, health workers, government officials and members of civil-society organizations learnt more about the needs of victims/survivors of sexual violence and how to help them.

People enduring the consequences of IHL violations were given assistance, to help them meet their immediate needs and prevent them from turning to negative coping mechanisms. Victims/survivors of sexual violence were given cash grants or access to family-links services; others were referred to health facilities, one-stop centres – which offered psychosocial, legal or other services – or shelters that also received ICRC support (e.g. food, medical supplies, hygiene items, cash for rent). Wounded people and others used ICRC cash grants to cover medical bills or other urgent expenses.

Through group discussions and the ICRC's community contact centre, people described their needs, learnt about ICRC services and gave feedback on the ICRC's family-links, livelihood-support and other activities.

People in hard-to-reach areas receive urgently needed assistance

Together with the Ethiopian Red Cross Society, the ICRC distributed relief aid, focusing on communities affected by recent fighting or those unreachable by other humanitarian actors or government agencies. Around 223,500 IDPs and violence-affected residents – including health workers and patients in Tigray (see below) – received food for one or two months. Some 69,700 displaced or returnee households (418,000 people) were given blankets, solar-powered lamps, jerrycans and other essential items to help ease their living conditions. Around 28,000 households (168,100 people) received cash assistance, which helped them to buy food or cover other needs.

Fewer people than planned were given essential household items, as some resources for this were reallocated towards providing cash assistance, to help households meet their needs according to their priorities. However, the disruption of banking services in Tigray caused the ICRC to cancel planned cash distributions there. As the service disruptions also affected the payment of salaries to health workers, the ICRC gave health facilities food for staff and their families, and for patients.

People bolster their resilience to violence and drought

Around 71,100 households (426,400 people) resumed farming with support from the National Society and the ICRC. Some of them were given seed and fertilizer, or cash for farming expenses, to grow their own food. Others – members of cooperatives in Oromia, the SRS and Tigray – received supplies and technical support from the ICRC and local institutions for growing crops under projects to ensure a more sustainable supply of seed in these areas.

Roughly 72,500 households (435,100 people) received assistance to minimize losses of livestock. Vaccination campaigns carried out by local authorities and ICRC-trained animal-health workers helped some of them to protect their herds against common diseases. Herders living near the Oromia–SRS border received support for mitigating the consequences of drought for their livestock. Those who benefited from the vaccination campaigns were also given animal feed or vouchers to buy it. Others insured their livestock against drought through an ICRC pilot project, with the ICRC covering part of the premium; many of them were given cash through this project to pay for animal feed, water or veterinary services.

Around 37,300 people honed various skills with ICRC support: community members learnt good farming practices through

training sessions or radio programmes, and animal-health workers were trained and equipped to provide basic services to herders.

Some 60 physically disabled breadwinners (supporting 380 people) set up or expanded small businesses with ICRC cash grants. Fewer people than planned benefited, as resources were reallocated to emergency response.

Clean water is more readily available to IDPs and residents

ICRC projects helped improve the supply of clean water in areas where water systems had been damaged by fighting, cut off from supply chains, overwhelmed by influxes of IDPs, or affected by drought.

More than 2.7 million people affected by recent fighting had access to potable water and to sanitation facilities, thanks to ICRC emergency assistance: water trucking; repairs or donations of supplies (e.g. chemicals, spare parts) to water-treatment plants and other facilities; distributions of water-purification tablets and jerrycans; construction of latrines; and hygiene-promotion sessions. In addition, some 323,200 people in rural areas benefited from solar-powered water systems or hand pumps that were repaired or constructed by the ICRC. The ICRC helped local authorities in urban areas to meet the needs of IDPs and residents by installing pumps and generators, donating water-treatment chemicals and building water points; about 853,600 people benefited. The local water authorities in Amhara and Tigray developed their ability to maintain and repair these systems, through ICRC training.

Infrastructural support from the ICRC helped ensure a more reliable supply of electricity and/or water at several primary-health-care centres. The ICRC also repaired sanitation facilities at National Society offices.

Primary-health-care facilities bolster or resume their services

Aided by the ICRC, 30 primary-health-care centres boosted their efforts to meet the needs of both IDPs and host communities, or resumed service provision after they were looted or damaged. They regularly received supplies, including items for newborn infants and their mothers (e.g. blankets, soap, diapers); staff training; and/or infrastructural support (see above). This enabled them to provide antenatal/postnatal services, paediatric care, vaccinations against childhood illnesses, and referrals for higher-level care. Community health relays were encouraged, through ICRC awareness-raising sessions, to refer women for antenatal/postnatal care. Victims/survivors of sexual violence received treatment, including post-exposure prophylaxis, at the centres; where needed, they were referred to fistula hospitals.

Ad hoc donations of medicine, wound-dressing kits, disinfectant and medical consumables helped 16 centres, including some of those mentioned above, to cope with influxes of IDPs or wounded people during periods of intense fighting.

To help check the spread of COVID-19, the ICRC included personal protective equipment (PPE) in most of its donations and held information sessions on the disease for around 62,300 people. The health authorities put COVID-19 vaccination initiatives on hold, as they focused on emergency care for people wounded by conflict or other violence; the ICRC was therefore unable to support these vaccination initiatives and likewise prioritized responding to the most pressing needs throughout the country (see also *Wounded and sick*).

Plans to provide mental-health and psychosocial support to people in Tigray were cancelled, owing to staffing constraints.

Members of separated families restore contact across national and regional borders

IDPs, refugees from neighbouring countries, returning Ethiopian migrants, and others contacted their relatives through family-links services provided by the National Society with ICRC support. Over 244,000 phone calls were facilitated between family members, and thousands of RCMs were collected. These services, and the transmission of short oral messages through the ICRC, enabled people in Tigray to contact their families while telecommunication services were unavailable in the region. Refugees from South Sudan and Somalia benefited from solar-powered phone chargers installed by the ICRC at several refugee camps. Somali refugees had the names of their missing relatives broadcast by an ICRC-sponsored radio programme (see *Somalia*). The well-being of unaccompanied minors and separated children was monitored, and five children were reunited with their families. At their request, the ICRC issued travel documents to five people, and conveyed official documents to five others, to enable them to rejoin their families, pursue educational or employment opportunities, or apply for government benefits.

During meetings with them, the ICRC urged the UNHCR and government officials to ensure that IDPs and migrants could contact their relatives; it also told them about the Movement's family-links services, so that they could refer people in need. People learnt about these services through information sessions conducted by the National Society and the ICRC.

National authorities work to address the issue of missing people

The ICRC engaged with the military, police, health ministry and other authorities on the importance of notifying families of the fate or whereabouts of their missing relatives; it reminded them that this entailed proper management of human remains, with future identification in mind. Together with the federal police, it convened a meeting of representatives from the health and justice ministries, the National Society, health institutes and the National Disaster Risk Management Commission (NDRMC), with a view to creating a national mechanism for managing human remains during disasters. Forensic workers and military personnel were given advice, training, informational materials and/or supplies (e.g. body bags) for managing the bodies of people killed during conflict or other situations of violence.

The ICRC pursued dialogue with the foreign ministry to secure its consent for implementing activities to identify the remains of migrants who died in the Mediterranean Sea in 2015.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 55 places of detention, in accordance with its standard procedures, to check on detainees' well-being; 2,745 detainees, including people held in connection with armed conflict or other violence and those with particular needs – pregnant/lactating women, minors, and people with physical disabilities or mental illnesses – were monitored individually. Findings from these visits were communicated confidentially to the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. The ICRC continued to seek access to all detainees within its purview.

Detaining authorities strengthen their capacities in prison management

The ICRC urged detaining authorities to ensure that detainees' families were notified of their arrest and/or transfer, and that minors and women were separated from male detainees. ICRC workshops, round tables and training sessions helped prison authorities and police officers strengthen their capacities in prison management and protection for juveniles. The Federal Prison Commission (FPC) received guidance from the ICRC for establishing information-management and inspection mechanisms to support decision-making related to improving detainees' treatment and living conditions. The ICRC submitted allegations of arrest to the authorities and relayed the information it received to the families concerned.

In addition, the ICRC gave the authorities material, infrastructural or other support for meeting detainees' urgent needs (see below). It scaled up this support, reaching more detainees than planned, in response to overcrowding, looting or damage during hostilities, and emergencies such as disease outbreaks. It also enabled detainees who had no other means of contacting their families to do so through RCMs. Former detainees were referred for physical rehabilitation or other health services.

Malnourished detainees and others with specific needs receive appropriate assistance

Staff at 21 places of detention provided health care for detainees with support from the ICRC: donations of medical supplies and furniture, on-the-job mentoring, and training carried out with the health ministry. This assistance enabled them to treat wounded detainees, respond to outbreaks of diarrhoea and other diseases, and give detainees with TB or HIV/AIDS the attention they need. Detainees with physical disabilities received rehabilitative care, and detaining authorities were urged to make such care more readily available. Detainees with mental illnesses or chronic ailments were given hygiene items and clothes. Guided by the ICRC, a technical working group composed of federal and regional prison officials discussed how to improve health care in prisons. Officials from the health ministry and the FPC were sponsored to attend the ICRC-organized World Conference on Health in Detention (see *Headquarters – Protection and Essential Services*). The ICRC did not donate PPE to prevent the spread of COVID-19, as the authorities made no request for it.

With the ICRC's support, authorities at the Mekelle prison – which struggled with overcrowding and a lack of essential supplies – implemented a programme to tackle severe malnutrition and micronutrient deficiencies. Health staff were trained to treat these conditions and given therapeutic food and vitamins. Some 11,500 detainees at the prison received food rations, including supplementary food, and firewood for cooking. This helped to bring about a significant reduction in the rate of severe acute malnutrition at the prison, from 30% in March to below 5% by mid-August.

Detainees were better protected against disease, thanks to water, sanitation and infrastructure projects carried out by the ICRC. Some 20,600 detainees had clean water after the ICRC renovated or built water-supply systems, and around 17,700 detainees had more sanitary surroundings after the ICRC built or made improvements to sewage systems, showers and toilets. Some 4,800 detainees benefited from energy-efficient stoves and/or renovated kitchens. Material support and training from the ICRC enabled prison staff to promote good hygiene among 9,300 detainees. ICRC training also helped prison staff to develop their ability to design prisons, maintain water facilities and purify drinking water. These activities benefited a total of 33,759 detainees.

In northern Ethiopia, roughly 34,000 detainees in prisons that were overcrowded, or damaged or looted during hostilities, were given hygiene items, mattresses and/or recreational materials to help ease their living conditions.

WOUNDED AND SICK

Wounded people receive life-saving care

The fighting in northern Ethiopia, western Oromia and the southern SRS resulted in thousands of casualties needing urgent care. In response to the massive scale of needs, the ICRC extended material, technical and infrastructural support to more hospitals than planned. It was the first humanitarian organization to deliver wound-dressing kits to hospitals near the front line in Amhara when the conflict flared up in August, and it organized the first humanitarian flights and convoys by road to bring much-needed medical items to Tigray after the agreement between the parties to the conflict in November. It distributed aid to hospitals in rural areas that were inaccessible to other humanitarian actors.

A total of 63 hospitals received wound-dressing kits, medicine, equipment, PPE against COVID-19, mattresses and bedding to help them cope with influxes of wounded people, provide emergency care for IDPs and treat victims/survivors of sexual violence. Four of these hospitals were assisted to strengthen capacities in their emergency departments: staff were trained in basic emergency care, managing mass-casualty situations and triage; the ICRC also repaired X-ray machines and other pieces of equipment, and trained staff in their use. Water or electrical facilities at several hospitals (1,485 beds) were repaired or renovated, to support the provision of care.

Around 60 people – National Society ambulance workers, health staff and weapon bearers – were trained and equipped by the ICRC to provide first aid. Notably, this support enabled the only referral hospital in Gondar to provide ambulance services for conflict-affected people.

Hospital staff were briefed by the ICRC in the Health Care in Danger initiative. They helped document instances of violence against health services and communicated them to the ICRC, so that they could be discussed with the pertinent parties.

Plans to support the government's COVID-19 vaccination programmes were cancelled, as health authorities and the ICRC focused on responding to the needs of wounded people.

People with physical disabilities obtain rehabilitative care and support for social inclusion

Some 11,800 people[2] with physical disabilities obtained rehabilitative care at ten physical rehabilitation centres, and one orthopaedic department at a paediatric hospital, which received raw materials for assistive devices and technical support regularly from the ICRC. Assistance was increased for centres serving areas heavily affected by fighting. Physiotherapists and prosthetists/orthotists strengthened their capacities through training sessions conducted by the ICRC or by two professional associations with ICRC support.

The ICRC sought to ensure that people could obtain the services they needed (see also *People deprived of their freedom*). It conducted outreach to refer people from remote areas to the centres nearest them, and covered their transport costs. People in Shire who could not reach the centre in Mekelle, because of a lack of cash or fuel, obtained services at a satellite clinic established by the ICRC at a local hospital. Posters distributed by the ICRC informed staff and patients at several health facilities about the availability of rehabilitative care, so that they could seek help themselves or refer others for it.

Ethiopian authorities continued to receive support for ensuring sustainable delivery of good-quality rehabilitative care. The ICRC worked with the health ministry to develop standard curriculum for a degree programme in prosthetics and orthotics, which was planned to be used at Addis Ababa University (AAU). The ICRC and the ministry also began setting up a National Rehabilitation Centre in the Black Lion Hospital, which was selected to host the training sessions for this programme. Administrative constraints hampered efforts to provide five universities with support for offering physiotherapy courses, and to design and produce a wheelchair using locally sourced materials.

The ICRC, in partnership with other institutions, sought to advance the social inclusion of people with physical disabilities. The social-inclusion programmes set up in 2021 by the women and social affairs ministry and the ICRC, at the centres in Dessie (Amhara) and Nekempte (Oromia), continued; through these programmes, breadwinners with disabilities obtained support for pursuing livelihoods (see *Civilians*). Guided by the ICRC, the women and social affairs ministry published and promoted national guidelines for the social inclusion of people with physical disabilities. The ICRC gave the Ethiopian Wheelchair Basketball Association technical, material and other support for organizing wheelchair-basketball tournaments; such support was also given to the Federation of Ethiopian Associations of Persons with Disabilities for holding events to mark the International Day of Persons with Disabilities.

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

ACTORS OF INFLUENCE

Weapon bearers strengthen their understanding of norms applicable to their duties

ICRC training and workshops helped military and security forces personnel – including officers bound for peace-support operations in other countries – to learn more about IHL, and police officers to add to their knowledge of international human rights law. The ICRC also conducted training for military legal advisers and police investigators in examining violations of IHL or international human rights law. During its training sessions, the ICRC emphasized the importance of preventing and addressing sexual violence. Trainers at the Ethiopian Police University College were guided by the ICRC in revising their curriculum to ensure that sufficient attention was given to international human rights law. Military officials were sponsored to attend an IHL course at Sanremo and a workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*).

Authorities advance the implementation of IHL-related treaties

The ICRC continued to give the national authorities support for ratifying and/or implementing IHL and IHL-related treaties, and for adopting legislative measures, in order to strengthen protection for people affected by conflict or other violence. With expert advice from the ICRC, the Inter-Ministerial Task Force (IMTF) – established by the government in 2021 to oversee a response to violations committed in northern Ethiopia – drafted a law to incorporate the African Union Convention on IDPs in domestic law. The IMTF also drew on ICRC expertise to develop transitional justice policies. During an ICRC workshop, representatives from UNESCO and the defence, foreign, justice and other ministries discussed implementation of the Hague Convention on Cultural Property. The ICRC sponsored officials from the foreign and justice ministries to attend a regional seminar in Kenya on domestic implementation of IHL (see *Nairobi*). The ICRC, together with the Ethiopian Red Cross Society and the health ministry, organized a round table to discuss the drafting of a law on the emblems protected under IHL; this was attended by lawmakers, academics and representatives from the NDRMC and the defence, foreign and peace ministries.

Staff from the foreign ministry and the IMTF added to their knowledge of IHL at ICRC training sessions or workshops. The director of the IHL clinic – established in 2020 with the ICRC's help – at AAU was sponsored to attend a round table on IHL for lecturers.

Attention is drawn to the ICRC's humanitarian work

The general public learnt about the humanitarian situation in Ethiopia, and the ICRC's response, through content posted on the ICRC's social-media accounts or produced by local and international media organizations briefed by the ICRC.

As the ICRC's neutral, impartial and independent humanitarian work was well known among key stakeholders (see *Civilians*),

it was requested to act as a neutral intermediary in facilitating processes related to the agreement between the parties to the conflict on a permanent cessation of hostilities. Notably, it transported the African Union envoy, and other counsellors mediating talks between the parties, to Mekelle for planned meetings.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society reinforced its response in communities affected by conflict or other violence, with support from the ICRC. More branches than planned were given assistance, as the ICRC increased its support to areas affected by intense fighting. The ICRC gave the National Society training, on-the-job mentoring, expert advice, financial assistance, logistical support and material aid (e.g. essential household items for IDPs) for its activities in various areas: restoring family links; emergency response, particularly in provision of relief, first aid and ambulance services; public communication; and tackling communities' protection-related concerns. Training sessions in restoring family links and first aid also included guidance in responding to the needs of victims/survivors of sexual violence.

The National Society was also given assistance to advance its organizational development and ensure the well-being of its volunteers. ICRC training sessions helped National Society personnel to learn more about the Safer Access Framework and youth volunteers to develop their ability to respond to humanitarian needs. The ICRC covered National Society salaries and running costs, and donated office equipment, furniture, generators and vehicles. Staff and volunteers in Tigray were given food to sustain them while they continued to assist conflict-affected people.

The ICRC coordinated its activities with those of other Movement components in Ethiopia, through meetings organized by the National Society. It shared information with its Movement partners in order to identify needs, address challenges and avoid duplication of effort in such areas as emergency response, security management, public communication and support for the National Society.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	4,060	303		
RCMs distributed	1,453	117		
Phone calls facilitated between family members	244,243			
Reunifications, transfers and repatriations				
People reunited with their families	5			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	3,149	774	233	314
including people for whom tracing requests were registered by another delegation	665			
Tracing cases closed positively (subject located or fate established)	981			
including people for whom tracing requests were registered by another delegation	206			
Tracing cases still being handled at the end of the reporting period (people)	9,061	2,235	1,090	1,352
including people for whom tracing requests were registered by another delegation	1,666			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	311	156		1
UAMs/SC reunited with their families by the ICRC/National Society	5	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1,257	403		1
Documents				
People to whom travel documents were issued	5			
People to whom official documents were delivered across borders/front lines	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	55			
Detainees in places of detention visited	40,232	1,892	1,871	
Visits carried out	117			
		Women	Girls	Boys
Detainees visited and monitored individually	2,745	825	32	432
of whom newly registered	2,628	820	31	431
RCMs and other means of family contact				
RCMs collected	166			
RCMs distributed	35			
Phone calls made to families to inform them of the whereabouts of a detained relative	716			
People to whom a detention attestation was issued	11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	223,506	151,503	22,904
of whom IDPs		156,500	116,250	10,900
Food production	People	861,504	447,012	108,022
of whom IDPs		30,000	24,000	
Income support	People	168,480	120,951	11,903
of whom IDPs		167,784	120,402	11,903
Living conditions	People	417,970	286,087	31,075
of whom IDPs		417,970	286,087	31,075
Capacity-building	People	37,270	22,365	
Water and habitat				
Water and habitat activities	People	3,878,387	1,939,215	581,758
Primary health care				
Health centres supported	Structures	44		
of which health centres supported regularly		30		
Average catchment population		823,008		
Services at health centres supported regularly				
Consultations		556,220		
of which curative		521,523	146,731	215,349
of which antenatal		34,697		
Vaccines provided	Doses	126,482		
of which polio vaccines for children under 5 years of age		25,224		
Referrals to a second level of care	Patients	4,836		
of whom gynaecological/obstetric cases		1,477		

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Food consumption	People	11,490	3,447	
Living conditions	People	34,047	987	312
Water and habitat				
Water and habitat activities	People	33,759	7,765	3,376
Health care in detention				
Places of detention visited by health staff	Structures	23		
Health facilities supported in places of detention visited by health staff	Structures	21		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	63		
including hospitals reinforced with or monitored by ICRC staff		4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		188	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		1,491		
Operations performed		1,449		
Medical (non-surgical) admissions		223	89	
Gynaecological/obstetric admissions		1,122	1,083	39
Consultations		28,267		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		36,677		
Weapon-wound admissions (surgical and non-surgical admissions)		74,830	548	216
Weapon-wound surgeries performed		11,956		
Patients whose hospital treatment was paid for by the ICRC		17,770		
First aid				
First-aid training				
Sessions		2		
Participants (aggregated monthly data)		59		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,485		
Physical rehabilitation				
Projects supported		17		
of which physical rehabilitation centres supported regularly		11		
People who benefited from ICRC-supported projects	Aggregated monthly data	12,043		
of whom service users at physical rehabilitation centres (PRCs)		11,853	1,299	1,647
of whom participants in social inclusion projects not linked to PRCs		190		
of whom victims of mines or explosive remnants of war		*		
of whom weapon-wounded		407		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	2,111		
Orthoses delivered	Units	3,658		
Physiotherapy sessions		1,357		
Walking aids delivered	Units	11,018		
Wheelchairs or postural support devices delivered	Units	629		

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

KAMPALA (regional)

COVERING: *Burundi, Rwanda, Uganda*

Present in Rwanda since 1960, in Burundi since 1962, and in Uganda since 1979, the ICRC established a regional delegation based in Kampala, Uganda, in 2021. It helps people separated from their families – owing to armed conflict or other violence, natural or man-made disasters, or migration – to contact their relatives. It visits detainees in Burundi and Uganda and works with the authorities to ensure that detainees' treatment and living conditions meet internationally recognized standards. The ICRC promotes IHL among the region's authorities, military and security forces and civil society, and supports the development of the National Societies.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Military and security forces, law enforcement personnel, members of the judiciary, government officials and others learnt more about IHL and the Movement at training sessions or other events organized and/or backed by the ICRC.
- Members of families separated for various reasons used the Movement's family-links services to reconnect. Some unaccompanied minors rejoined their families, aided by the National Societies in Burundi, Rwanda and Uganda.
- In Burundi, thousands of vulnerable people obtained preventive and curative care at ICRC-supported health facilities. They included victims/survivors of sexual violence, who were also given psychosocial care at these facilities.
- Thousands of people with disabilities obtained treatment and assistive devices at ICRC-supported centres in Rwanda. Physical rehabilitation providers developed their capacities with training and other support from the ICRC.
- In March, the ICRC suspended prison visits and all detention-related activities in Burundi owing to challenges in implementing its standard procedures. It visited detainees in Uganda and helped prison authorities to contain Ebola.
- The National Societies in Burundi, Rwanda and Uganda received ICRC support for expanding their operational capacities. They were assisted to ensure that their personnel worked in accordance with the Safer Access Framework.

EXPENDITURE IN KCHF	
Protection	7,849
Assistance	3,110
Prevention	2,672
Cooperation with National Societies	1,735
General	261
Total	**15,628**
Of which: Overheads	*954*
IMPLEMENTATION RATE	
Expenditure/yearly budget	101%
PERSONNEL	
Mobile staff	23
Resident staff (daily workers not included)	177

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	9,810
RCMs distributed	7,134
Phone calls facilitated between family members	156,396
Tracing cases closed positively (subject located or fate established)	784
People reunited with their families	259
of whom unaccompanied minors/separated children	234
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	25
Detainees in places of detention visited	21,189
of whom visited and monitored individually	303
Visits carried out	46
Protection of family links	
RCMs collected	221
RCMs distributed	91
Phone calls made to families to inform them of the whereabouts of a detained relative	74

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Living conditions	People		74
Health			
Health centres supported	Structures	12	12
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	10,500	
Living conditions	People		6,273
Water and habitat			
Water and habitat activities	People	9,000	360
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	11	11

CONTEXT

Burundi, Rwanda and Uganda continued to host people fleeing armed conflict or other situations of violence in neighbouring countries. There were reportedly 1.5 million refugees in Uganda, mostly from the Democratic Republic of the Congo (hereafter DRC) and South Sudan. Burundi continued to host refugees, mainly from the DRC. There were also hundreds of thousands of Burundians in neighbouring countries; some returned or were voluntarily repatriated to Burundi. People from Burundi and the DRC continued to seek refuge in Rwanda; Libyan refugees and asylum seekers passing through Rwanda were housed in a transit camp. Members of families dispersed by conflict or other violence, migration, detention or natural disasters needed help to restore contact with each other.

Land disputes in western and northern Uganda remained unresolved, and the outbreak of the Ebola epidemic in the country continued to blight people's lives.

People in Burundi, Rwanda and Uganda struggled with the combined effects of the COVID-19 pandemic, natural disasters, rise in commodity prices and shortage of basic necessities. Health services were overstretched in Burundi: only a few facilities offered specialized care such as mental-health and psychosocial support. In Rwanda, because of the costs involved, physical rehabilitation was not available to everyone who needed it; efforts to strengthen these services were hindered by the shortage of qualified personnel and equipment.

Prison overcrowding remained an issue in Burundi and Uganda. The situation was exacerbated by delays in judicial processes.

Rwandan troops continued to take part in UN peacekeeping missions, and in bilateral agreements with the Central African Republic and Mozambique. Burundi and Uganda contributed troops to the African Union Transition Mission in Somalia (formerly the African Union Mission in Somalia).

ICRC ACTION AND RESULTS

The ICRC expanded its dialogue with various parties and sought to promote respect for IHL and cultivate acceptance among them for the Movement's work. Authorities and other decision makers, weapon bearers and members of the judiciary and civil society broadened their understanding of and acceptance for humanitarian principles, IHL and other applicable norms, and of the ICRC's neutral, impartial and independent humanitarian action through interactions with the ICRC. Armed forces and police personnel and others learnt more about IHL and IHL-related matters at ICRC-conducted workshops. A broad range of other people learnt about IHL and the ICRC at training sessions and through traditional and other media.

Members of families dispersed by armed conflict or other violence, detention or crises, such as the pandemic, were enabled to restore or maintain contact by the ICRC and the National Societies in Burundi, Rwanda and Uganda. The ICRC paid close attention to the needs of unaccompanied minors and separated children, and followed up their cases with the authorities concerned. Around 234 unaccompanied minors rejoined their families with the help of the ICRC and the National Societies; some of them were given household essentials, which were meant to help them adjust to their living situation.

Burundians had access to health services at 12 primary-health-care centres that received comprehensive support from the ICRC. Victims of violence, including victims/survivors of sexual violence, received treatment and were referred when necessary for advanced care. They also obtained mental-health and psychosocial care at ICRC-supported health facilities. Hundreds of people obtained basic health care using health-insurance cards from the ICRC.

In Uganda, adolescent female refugees obtained vocational training combined with psychosocial support through a pilot project implemented by the Uganda Red Cross Society, the ICRC and another international aid organization.

In Rwanda, forensic agencies and other actors developed a national disaster-management plan, with technical support from the ICRC. Some military and security personnel participated in an ICRC-organized course.

In Rwanda, people with physical disabilities obtained treatment and assistive devices at ICRC-supported physical rehabilitation centres. Physical rehabilitation professionals, including staff from ICRC-supported centres, and students enhanced their knowledge of physical rehabilitation through courses, scholarships and expert guidance provided by the ICRC. Some patients at ICRC-supported centres were referred by the ICRC for vocational training, while others were given cash grants for starting their own businesses. Social workers and people working in disability sports were trained in career development.

The ICRC visited, in accordance with its standard procedures, places of detention in Burundi and Uganda; some detainees used the Movement's family-links services to get in touch with their relatives. From March onwards, however, the ICRC had to suspend all detention visits and other detention-related activities in Burundi – such as infrastructural upgrades in prisons and distribution of hygiene items to detainees – owing to challenges in implementing its standard procedures. In Uganda, the ICRC gave prison authorities material support for their Ebola response.

The National Societies in Burundi, Rwanda and Uganda continued to receive support from the ICRC for addressing the needs of people affected by violence and other crises.

CIVILIANS

Members of dispersed families reconnect

Members of families dispersed by armed conflict or other violence, detention or crises such as the pandemic, restored or maintained contact with each other through family-links services (e.g. RCMs, phone calls) provided by the ICRC and the National Societies in Burundi, Rwanda and Uganda. The ICRC continued to reiterate to the authorities and other pertinent actors the necessity of preventing disappearances and of ascertaining the fate of missing people and informing their families.

The ICRC met with community leaders in Uganda regularly to assess family-links needs in their communities and learn what they thought of the ICRC assistance they had received. It assessed conditions in refugee settlements, paying close attention to unaccompanied minors, some of whom had been associated with armed groups or had fled violence in Uganda or elsewhere; it followed up their cases with the authorities concerned. The ICRC helped refugee children to obtain the documents necessary to register for national examinations. It also assisted several refugee children – through its delegation in South Sudan – to acquire certificates from the education ministry in South Sudan, which they needed to enrol in Ugandan schools (see *South Sudan*).

The ICRC coordinated its activities – linked to the protection-related needs of children – with those of the UNHCR and other child-protection actors. Some 234 minors rejoined their families with the help of the National Societies in the region and the ICRC; around 60 of them were given essential household items, which were meant to help them adjust to their living situation.

National Society staff and volunteers in Burundi, Rwanda and Uganda were given training – for example, in protecting and managing personal data – and financial and material support (e.g. motorcycles, laptops, phones and batteries) for improving their provision of family-links services, especially during emergencies. The ICRC provided Ugandan Red Cross personnel with personal protective equipment (PPE) to help them follow the safety protocols for COVID-19 and Ebola while carrying out family-links activities. The ICRC also gave the Ugandan Red Cross PPE for distribution in refugee settlements in Uganda.

Aided by the ICRC, staff and volunteers of the National Societies in Burundi, Rwanda and Uganda publicized the Movement's family-links services through information sessions at refugee camps; in Uganda, this information, together with information on COVID-19 prevention, was also broadcast on the radio.

Adolescent female refugees build their resilience

The ICRC, together with the Ugandan Red Cross and an international aid organization, implemented a pilot project to provide vocational training combined with psychosocial support for adolescent female refugees, with the aim of helping them build their resilience. A total of 33 vulnerable adolescent female refugees – some of whom were mothers – acquired employable skills through vocational training and were given psychosocial support by Ugandan Red Cross volunteers; they were also given the supplies necessary for starting such small businesses as tailoring and hairdressing. The ICRC guided the Ugandan Red Cross in implementing the project until its conclusion in June.

Forensic professionals in Rwanda are given technical support for managing human remains

In Rwanda, the ICRC impressed upon the national forensic laboratory and the Ministry of Emergency Management (MINEMA) the importance of developing guidelines and procedures to ensure that human remains are managed respectfully and safely. It continued to provide MINEMA with technical support to develop a national disaster-management plan.

Officers from the Rwandan military and police improved their understanding of the proper management of human remains through a training session conducted by the ICRC.

Vulnerable people in Burundi obtain health care at ICRC-supported facilities

People in Bujumbura and in several provinces obtained preventive and curative care at 12 primary-health-care centres that received ICRC support regularly: supplies, technical assistance and staff training. Thousands of people were given consultations and treatment for common diseases. Those needing specialized care were referred to facilities offering more advanced treatment. Hundreds of people were given health-insurance cards by the ICRC, which helped guarantee basic health care for them and their families.

A total of 6,496 victims of violence, including 721 victims/survivors of sexual violence, received mental-health and psychosocial support at the health facilities mentioned above, while some of them were referred to other facilities for specialized care. Health staff at the ICRC-supported facilities learnt how to care for victims of violence through training given by the ICRC. Students from a Burundian university learnt best practices in dealing with victims of violence, including victims/survivors of sexual violence, through a conference conducted by the ICRC. Some university students of psychology completed their internships at ICRC-supported facilities, where they deepened their understanding of victims of violence through mentoring and supervision provided by the ICRC.

The Burundi Red Cross trained its volunteers at local branches so that they can provide water and sanitation services during emergencies; the ICRC provided material support, such as tents and kits for repairing vinyl tanks. The ICRC-supported health facilities were given chlorine for disinfection.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive visits from the ICRC

The ICRC visited detainees, in accordance with its standard procedures, at 10 places of detention in Burundi, from January to March, and 15 places of detention in Uganda. Findings from these visits, concerning detainees' treatment and living conditions, were submitted confidentially to the authorities. In March, the ICRC suspended its detention visits and detention-related activities in Burundi – such as infrastructural upgrades in prisons and distribution of hygiene items to detainees – owing to challenges in implementing its standard procedures; however, it continued to seek access to all detainees within its purview. The suspension was still in effect at the end of the year.

The ICRC sought to help relieve overcrowding in Burundian prisons. It identified detainees whose case files contained irregularities and brought them to the attention of the prosecutors concerned; the aim was to secure the provisional release of these detainees.

Detainees restore or maintain contact with relatives

Detainees in Burundi and Uganda made use of the ICRC's family-links services, such as phone calls and RCMs, to contact relatives. In Burundi, after a fire at a prison, the ICRC provided detaining authorities with mobile phones and phone credit

to help detainees let their relatives know that they were safe and well. When pandemic-related restrictions were lifted, the ICRC urged the Burundian authorities to restore family visits; the visits, facilitated by the authorities, resumed in April. In Uganda, some minors in prison or in transitory care contacted their families with the ICRC's help; they were also visited by the ICRC to monitor their situation. The ICRC helped ensure that authorities facilitated family visits for the detainees it visited at one prison.

Foreign detainees, with the ICRC's help, notified their embassies or the UNHCR of their situation. The ICRC submitted allegations of arrest or detention to the authorities and/or followed them up.

Authorities are given help to ease detainees' living conditions

In Uganda, the ICRC met with the authorities to discuss such subjects as the ICRC's standard procedures for prison visits and other detention-related concerns. Some 3,439 inmates were given blankets, mats, jackets and sandals by the ICRC, to help ease their living conditions; inmates whose mobility had been impaired received wheelchairs and crutches. Prison authorities were given hygiene supplies by the ICRC, which were meant to help them contain the Ebola epidemic.

In Burundi, during the first quarter of the year, the ICRC provided detaining authorities with technical support and recommendations for improving detainees' living conditions. It also provided mosquito nets, hygiene kits, and recreational and educational items for 2,834 detainees, and supplementary food for all malnourished inmates. Some 360 detainees had improved access to potable water after the ICRC donated a water bladder and other equipment. Some former detainees received cash from the ICRC, which was meant to aid them in their journey home. The ICRC organized a round table on health in detention and made recommendations to the authorities, with a view to improving detainees' access to health care.

WOUNDED AND SICK

Physical rehabilitation professionals in Rwanda develop their capacities

Around 7,000 people with physical disabilities[1] in Rwanda obtained assistive devices, physiotherapy and other services at two ICRC-supported physical rehabilitation centres. The ICRC provided the centres with regular support – technical guidance, raw materials for making assistive devices, and equipment – to ensure the quality and sustainability of their services.

Physical rehabilitation professionals built their capacities through training sessions that the ICRC organized or sponsored, with a view to helping strengthen the Rwandan physical rehabilitation sector. Health staff at the two physical rehabilitation centres were mentored by the ICRC, while 18 staff members received training on tending to physically disabled people. Members of two professional associations of physical and occupational therapists, and staff from the health ministry of Madagascar and a Rwandan university, were enabled by the ICRC to attend international conferences. Some professionals from Rwanda, Somalia and Sudan enhanced their knowledge in amputee management and foot orthotics through courses organized by the ICRC and a non-profit organization. A total of 26 students supported by the ICRC completed their studies in prosthetics and orthotics, physiotherapy and occupational therapy.

The ICRC, together with the Rwandan health ministry, the national biomedical centre and other providers of physical rehabilitation, conducted a workshop to review the draft national strategy for physical rehabilitation; the ICRC's aim was to help strengthen the physical rehabilitation sector in the country.

The ICRC provided material support for constructing two wheelchair-accessible toilets at one of the physical rehabilitation centres and for making another toilet accessible to wheelchair-basketball players.

People with physical disabilities receive support to advance their social inclusion

With a view to helping advance their social inclusion, 16 patients of the physical rehabilitation centres were referred by the ICRC to vocational training programmes – for example, in video production, woodworking and food handling. Ten physically disabled people were given cash grants for starting their own businesses.

The ICRC provided technical support for selecting the national amputee-football team and for training amputee-football coaches and referees. It also organized training sessions in wheelchair basketball for a number of players, coaches and referees. Several social workers and others working in disability sports were trained in career development so that they can help facilitate the social integration of persons with disabilities. Some 90 people were able to play wheelchair basketball, and 174 others were able to play amputee football, with ICRC support.

ACTORS OF INFLUENCE

Various parties learn more about IHL and the ICRC's work

The ICRC expanded its dialogue with various parties – the authorities, military and security forces, academics, members of the judiciary and other decision makers capable of influencing the humanitarian agenda. It did so in order to advance their understanding of – and to cultivate acceptance and support among them for – IHL and the ICRC's neutral, impartial and independent humanitarian work in the countries covered.

Government officials, military commanders, armed forces personnel, law enforcement officials, police officers, members of the judiciary and troops bound for peacekeeping missions in other countries attended workshops, briefings and dissemination sessions organized and/or sponsored by the ICRC. Through these events, they learnt more about international human rights law, the conduct of hostilities, the applicability of IHL in peacekeeping, and international rules governing police and military operations (see *Headquarters–Protection and Essential Services*).

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

Students and lecturers added to their knowledge of IHL through reference materials provided by the ICRC and during ICRC-organized moot court competitions and round tables. The ICRC continued to advocate among national authorities the ratification and/or implementation of IHL-related treaties such as the Arms Trade Treaty.

The ICRC used traditional and social media to disseminate vitally important information, such as the services available to vulnerable people and the nature of its activities. Recipients of ICRC assistance were able, through various means provided by the ICRC, to let the ICRC know how best to address their needs.

Personnel from the National Societies in Rwanda and Uganda – including branch managers and volunteers – learnt more about IHL and the ICRC's work, and developed their capacities in community engagement and public communication, through training sessions and material support provided by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Burundi, Rwanda and Uganda carried out their activities and developed their capacities with comprehensive support from the ICRC. With the ICRC' s guidance, they strove to ensure that their personnel applied the Safer Access Framework.

The Ugandan Red Cross enhanced their emergency response, particularly to the Ebola outbreak, with technical, material, and financial support from the ICRC. Several Ugandan Red Cross personnel learnt best practices in data protection through training conducted by the ICRC.

In Burundi, 180 Burundi Red Cross volunteers from emergency response teams learnt how to administer first aid properly through training organized by the ICRC; 80 volunteers were given training in treating water during emergencies. The Burundi Red Cross was also provided with jerrycans, mosquito nets, tents, gloves and soap to strengthen their capacity to respond to emergencies. The ICRC continued to support the Burundi Red Cross's COVID-19 response through provision of PPE, plastic buckets, soap and other supplies.

Through ICRC-provided training and other means, the National Societies in the region strengthened their ability to restore family links, engage with communities in need, assist unaccompanied minors and/or separated children and respond to emergencies. The ICRC renewed its partnership agreements with the Rwandan Red Cross and the Burundi Red Cross.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	9,810	216		
RCMs distributed	7,134	172		
Phone calls facilitated between family members	156,396			
Names published in the media	12			
Reunifications, transfers and repatriations				
People reunited with their families	259			
including people registered by another delegation	36			
People transferred or repatriated	12			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,759	773	182	176
including people for whom tracing requests were registered by another delegation	124			
Tracing cases closed positively (subject located or fate established)	784			
including people for whom tracing requests were registered by another delegation	104			
Tracing cases still being handled at the end of the reporting period (people)	3,467	1,226	491	530
including people for whom tracing requests were registered by another delegation	606			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1,181	371		9
UAMs/SC reunited with their families by the ICRC/National Society	234	88		1
including UAMs/SC registered by another delegation	32			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1,592	507		5
Documents				
People to whom travel documents were issued	48			
People to whom official documents were delivered across borders/front lines	23			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	25			
Detainees in places of detention visited	21,189	1,155	97	
Visits carried out	46			
		Women	Girls	Boys
Detainees visited and monitored individually	303	11	1	17
of whom newly registered	153	8	1	12
RCMs and other means of family contact				
RCMs collected	221			
RCMs distributed	91			
Phone calls made to families to inform them of the whereabouts of a detained relative	74			
People to whom a detention attestation was issued	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	People	74		63
Primary health care				
Health centres supported	Structures	12		
of which health centres supported regularly		12		
Average catchment population		293,248		
Services at health centres supported regularly				
Consultations		319,346		
of which curative		285,005	75,569	160,497
of which antenatal		34,341		
Vaccines provided	Doses	91,536		
of which polio vaccines for children under 5 years of age		35,096		
Referrals to a second level of care	Patients	5,093		
of whom gynaecological/obstetric cases		771		
Mental health and psychosocial support				
People who received mental-health support		6,496		
People who attended information sessions on mental health		31,613		
People trained in mental-health care and psychosocial support		58		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	6,273	201	52
Water and habitat				
Water and habitat activities	People	360	11	4
Health care in detention				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		11		
of which physical rehabilitation centres supported regularly		2		
People who benefited from ICRC-supported projects	Aggregated monthly data	7,024		
of whom service users at physical rehabilitation centres (PRCs)		6,603	2,207	2,265
of whom participants in social inclusion projects not linked to PRCs		421		
of whom weapon-wounded		121		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	137		
Orthoses delivered	Units	727		
Physiotherapy sessions		26,927		
Walking aids delivered	Units	1,529		

LIBYA

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It promotes respect for IHL and works to respond to the needs of violence-affected people in terms of essential services, income support, family contact and medical care. It visits people detained in relation to past and ongoing violence. It also provides forensic authorities with technical advice. It works closely with the Libyan Red Crescent and supports it in developing its capacities.

ICRC delegation ICRC sub-delegation ICRC office
*Map shows structures supporting ICRC operations in Libya

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

KEY RESULTS/CONSTRAINTS IN 2022

- Violence-affected people were helped to have sustained access to water and sanitation facilities and to improve their living conditions through several ICRC initiatives, which benefited more people than planned.
- People had better access to health services, including emergency medical care, at ICRC-backed facilities; some of these facilities received additional support to bolster their capacities during emergencies and/or outbreaks of violence.
- Returnees, people with disabilities and others met their basic needs, repaired their homes and/or started income-earning activities with financial and material assistance and/or training from the Libyan Red Crescent and the ICRC.
- People with disabilities received rehabilitative care at ICRC-supported facilities. Aided by the ICRC, some of them also gained business skills or participated in programmes and events to advance their social inclusion.
- Military officials learnt more about IHL and other pertinent norms at workshops organized by the ICRC, or with its support, in Libya and elsewhere.
- Administrative, logistical and security constraints limited the ICRC's ability to fully implement some of its planned activities, including cash distributions, training for health staff and other activities in places of detention.

EXPENDITURE IN KCHF	
Protection	6,954
Assistance	34,486
Prevention	3,732
Cooperation with National Societies	3,270
General	158
Total	**48,600**
Of which: Overheads	*2,966*
IMPLEMENTATION RATE	
Expenditure/yearly budget	77%
PERSONNEL	
Mobile staff	88
Resident staff (daily workers not included)	369

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	13
RCMs distributed	69
Phone calls facilitated between family members	97
Tracing cases closed positively (subject located or fate established)	100
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	2,149
of whom visited and monitored individually	48
Visits carried out	10
Protection of family links	
RCMs collected	63
RCMs distributed	27
Phone calls made to families to inform them of the whereabouts of a detained relative	27

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	60,000	41,430
Income support	People	171,312	6,546
Living conditions	People	60,000	214,893
Capacity-building	People	1,200	385
Water and habitat			
Water and habitat activities	People	1,655,925	1,936,232
Health			
Health centres supported	Structures	38	36
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		8
Water and habitat			
Water and habitat activities	People	4,200	1,474
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	26	14
Physical rehabilitation			
Projects supported	Projects	4	4
Water and habitat			
Water and habitat activities	Beds (capacity)	30	

CONTEXT

While the humanitarian situation in Libya showed signs of improvement during the year, the security conditions remained volatile. A second transitional government was established during the first half of 2022 after general and parliamentary elections, initially scheduled for December 2021, were postponed indefinitely. This exacerbated tensions between competing government bodies and their armed supporters.

Clashes between armed groups continued to take place in Tripoli and the surrounding areas – which intensified during the middle of the year – causing injuries and deaths among civilians, damaging civilian infrastructure and affecting the provision of essential services. The Islamic State group launched attacks, sporadically, on checkpoints and against military officers in southern Libya. Communal violence and crime persisted, especially in the south.

Thousands of displaced families returned to relatively calmer areas of Tripoli and other places in Libya – often to homes that had been looted or destroyed, and without the means to pursue livelihoods. However, thousands of people displaced by past hostilities had not returned yet, or were unable to return, to their places of origin. IDPs, returnees and residents struggled to buy basic necessities, pay rent or make repairs to their damaged houses, owing to the high cost of basic commodities and lack of a stable income that was also linked to a dearth of employment opportunities. The presence of mines and explosive remnants of war (ERW) threatened people's safety and hampered humanitarian activities. The state of essential infrastructure, which had sustained damages during past and recent hostilities or owing to poor maintenance, affected the provision of health and other services, adding to people's difficulties.

Libya remained a destination for migrants, including refugees and asylum seekers, who suffered from abuse and loss of contact with their families. Many migrants were arrested and held in facilities that lacked basic services.

Thousands of people remained missing in connection with armed conflict or other circumstances.

ICRC ACTION AND RESULTS

The ICRC strove to respond to the humanitarian needs in Libya. It coordinated its efforts with those of the Libyan Red Crescent, for which it provided comprehensive support. Owing to staffing, administrative and security constraints, some of its activities – such as livelihood support for civilians, projects to improve conditions at places of detention and training for health staff, for instance – could not be fully implemented.

Violence-affected households received ICRC assistance to help them meet their needs and ensure the sustainability of their livelihoods. People returning to southern Tripoli were helped to cover their household expenses, repair their homes and/or restore their livelihoods with cash grants and other support from the ICRC. IDPs and others affected by the fighting were given cash and material assistance by the ICRC and the National Society, to help ease their immediate situations. Other violence-affected households also received essential household supplies from the ICRC, which reached more people than planned.

The ICRC renovated key water and sanitation infrastructure, and gave local authorities the supplies and equipment necessary for maintenance and repairs; this helped ensure a more reliable access to water, and more sanitary surroundings for more people than planned.

The ICRC maintained its support for health services in Libya. Primary-health-care centres were given medical supplies, staff training, funds and infrastructural support to help ensure the continuity of their services. First responders were trained in first aid for the critically wounded. Wounded or sick people obtained advanced or specialized care at ICRC-supported hospitals in violence-affected areas. People with disabilities received rehabilitative care at ICRC-supported centres, and also benefited from activities to advance their social inclusion.

The ICRC was able to visit five detention facilities to check on detainees' treatment and living conditions. It continued to engage the authorities in dialogue aimed at securing access to all detainees within its purview. It provided detaining authorities with training and material assistance, and made its expertise available to them, in support of their efforts to improve conditions in places of detention, including the provision of health care.

Members of families separated by conflict, migration or other circumstances – including migrants held in immigration detention centres – reconnected with their relatives through the Movement's family-links services. The ICRC continued to follow up on missing-persons cases linked to migration or violence, and supported the authorities' efforts to ascertain the fate of missing people and address their families' needs. Technical and material support from the ICRC helped forensic services in Libya to develop their ability to manage and identify human remains.

Particularly because it was working in a challenging environment characterized by a complex political situation and volatile security conditions, the ICRC kept up its efforts to broaden acceptance for IHL and for its neutral, impartial and independent humanitarian approach among representatives of various government bodies, weapon bearers, and others who could facilitate its work. Government officials, military personnel and members of civil society strengthened their grasp of IHL at ICRC-organized events. The ICRC launched communication campaigns and undertook other activities to foster awareness and understanding of its work among the wider public, and to draw attention to various issues of humanitarian concern.

CIVILIANS

Whenever possible, the ICRC worked with the Libyan Red Crescent to address the multiple needs of returnees, IDPs and other violence-affected people in Libya. It also continued to help the National Society develop its ability to carry out its own activities, such as livelihood support and restoring family links. People were able to get in touch with the ICRC more easily through a community contact centre, through which they expressed their needs and shared their feedback on ICRC

activities; the ICRC also used the centre to inform people of the services available to them.

The ICRC maintained contact with the pertinent parties in Libya – including members of the transitional government – to secure acceptance for its neutral, impartial and independent approach to humanitarian action and promote compliance with IHL and other applicable norms. It reminded these parties of their obligation, under IHL and other applicable norms, to protect civilians – including displaced people and medical workers – and public infrastructure, particularly during outbreaks of violence. The ICRC also continued to visit violence-affected communities and returnees to document their concerns related to: freedom of movement, including for migrants fleeing hostilities elsewhere; maintenance of access to basic services; and the risk posed by mines/ERW, particularly for people returning to their places of origin. Whenever possible, the ICRC made representations about these concerns to the pertinent parties. It also sought to engage authorities and others in finding solutions for displaced families unwilling or unable to return to their homes.

The ICRC monitored the situation of migrants, including that of migrants held in immigration detention centres (see *People deprived of their freedom*). It continued to discuss, with influential actors at national and international levels – such as the Libyan authorities and European Union member states and institutions – issues related to the protection of migrants, including respect for the principle of *non-refoulement* and implementation of applicable legal frameworks.

Returnees repair their homes and pursue livelihoods

Returnees, IDPs, people living in areas affected by protracted violence and households that were economically vulnerable met their basic needs and worked towards building their resilience to the effects of violence with the help of the National Society and the ICRC. Around 2,933 families (17,598 people), including returnee households in Tripoli, were given cash for rent or for repairing their homes. More than 32,640 households (197,286 people) received essential household items (e.g. cooking utensils, mattresses, hygiene items), which were meant to ease their living conditions; more people than planned were reached because the ICRC redirected the distribution of hygiene items. Around 6,900 households (41,430 people) were given food rations, which were increased during the month of Ramadan. However, logistical delays hampered the distribution of food aid for the rest of the year, and fewer people were reached than planned.

Administrative constraints limited the channels through which the ICRC could distribute financial aid, which hampered the implementation of its livelihood-support activities. Nevertheless, it sought to give vulnerable households support for starting income-earning activities or augmenting their sources of income and ensuring the sustainability of their livelihoods; the ICRC carried out these activities with the National Society whenever possible. For example, 488 vulnerable households (2,928 people) were able to buy basic necessities using cash from the ICRC; they did so at nearby markets, supporting local commerce. Meanwhile, 571 breadwinners (supporting about 3,550 people), including women, were able to start their own businesses with ICRC cash grants or were sponsored to attend vocational training with similar financial support. Another 385 people developed vocational and/or business skills through training from ICRC-supported local institutions.

IDPs and others have more reliable access to water and sanitation

Roughly 1.9 million people had better access to clean water and better protection against disease following improvements to essential infrastructure that were either led or supported by the ICRC. The ICRC repaired or installed water-supply and wastewater disposal systems, and renovated facilities at two primary-health-care centres; it also provided water authorities and maintenance staff with training and material support (e.g. tools, equipment) to develop their ability to maintain these facilities. National Society branches, water authorities and health facilities were given personal protective equipment (PPE) and disinfectant to aid their efforts to prevent or contain outbreaks of disease. As part of its efforts to engage in long-term sustainable approaches, the ICRC continued to work with central and local authorities on a plan to renovate the sewage system in Benghazi, which has fallen into disrepair.

Overall, more people than planned benefited from these projects as the ICRC adapted to administrative and conflict-related constraints. It completed projects in densely populated areas and, whenever possible, coordinated with local actors to ensure that other activities could be carried out. However, some projects could not be implemented as planned. To help ensure the completion of repairs to an irrigation system, the ICRC worked and distributed materials for the repair with a local partner. Discussions with the authorities, about implementing cash-for-work programmes for returnee households, were still ongoing at the end of the year.

People obtain suitable care at ICRC-supported health centres

Returnees and other violence-affected people throughout Libya had better access to good-quality preventive and curative care at ICRC-supported health-care centres and other facilities. Twenty-five primary-health-care centres and three diabetes-treatment centres received medical supplies and staff training on a regular basis, in addition to infrastructural repairs and other ad hoc support. Several of the primary-health-care centres also received equipment for conducting paediatric examinations, under an ongoing initiative to introduce the use of ALMANACH (Algorithm for the Management of Acute Childhood Illnesses), an application that helps enhance care for children under the age of five, in Libya. At these centres, people obtained treatment for chronic diseases, children received primary immunization, and women were given antenatal/postnatal care.

Violence-affected people living in remote areas were able to obtain treatment at three mobile health units run by the National Society with regular support from the ICRC. In addition, five primary-health-care centres struggling with supply shortages were able to ensure the continuity of their services with ad hoc donations of medicine and medical supplies from the ICRC. The ICRC sustained its support – regular distributions of supplies (e.g. PPE, gloves, hand

sanitizers) – for the authorities' efforts to contain the spread of COVID-19.

People learnt more about non-communicable diseases and about managing their conditions through counselling and health information sessions conducted by ICRC-trained National Society staff with support from other Movement components; some of them were monitored regularly or referred to health facilities for advanced care.

Staff at ICRC-supported facilities received training to develop their ability to provide psychosocial support – and, when needed, make referrals to other facilities for mental-health services – for violence-affected people, including people with disabilities (see *Wounded and sick*), and/or in self-care. Administrative and security constraints led to the suspension of such training during the last quarter of the year.

Members of separated families reconnect through the Movement's family-links services

Members of families dispersed by armed conflict, other situations of violence, migration or other circumstances – including migrants held in immigration detention centres – used family-links services provided by the National Society and the ICRC to stay in touch. Children, including unaccompanied minors, and others made phone calls and/or video calls, some to relatives detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

The ICRC continued to work with the authorities, Movement components, and others to help advance the reunification of separated families. Where necessary, the ICRC, sometimes with the National Society, provided particularly vulnerable people with more aid – for instance, financial and/or material support (e.g. clothes, books, toys) for unaccompanied minors – or referred them to other programmes or organizations for further assistance.

In all, 100 tracing cases were resolved, sometimes through coordination with Libyan authorities or with information from other humanitarian actors. The ICRC continued to serve as a neutral intermediary in efforts to ascertain the fate and whereabouts of people missing in connection with past and recent hostilities. With support and expert guidance from the ICRC, the authorities set up a mechanism for notifying families of new information about their missing relatives. The ICRC continued to monitor the needs and concerns of missing people's families and bring them to the attention of the authorities and pertinent institutions. It continued to urge them to address these families' needs and implement measures to prevent disappearances, particularly for migrants and other people in transit. Whenever possible, it also helped to refer missing people's families to pertinent organizations for other forms of support.

Forensic services learn more about the proper management of human remains

The ICRC continued to advocate, among authorities and other influential people and organizations, safe and respectful management of human remains, and strengthening of the medico-legal system in Libya. Medico-legal authorities were given support for their efforts to improve coordination in forensic matters among government bodies and institutions. Guided by the ICRC, the authorities continued to develop and adopt measures to standardize procedures for identifying human remains, particularly those linked to conflict.

Health authorities, forensic specialists and others drew on the ICRC's support to develop their ability to manage human remains – linked to migration, hostilities or the pandemic – safely and in line with best practices. Forensic services under the judiciary received supplies (e.g. body bags, autopsy kits) and equipment. Some national forensic staff, sponsored by the ICRC, participated in an online workshop on managing forensic laboratories. The ICRC also completed repairs at selected hospital mortuaries, with a view to making them more capable of handling human remains (see also *Wounded and sick)*.

The authorities add to their knowledge of mitigating risks in weapon-contaminated areas

The ICRC continued to provide the authorities and other local parties with expert advice to mitigate the risks posed by mines/ERW to returnees and others and to those assisting them. Military and security personnel advanced their knowledge in the identification and safe handling of improvised explosive devices at an ICRC-organized workshop. Together with the National Society, the ICRC shared information about mine risks, and safety messages, through social media and at an event to mark International Mine Awareness Day. At ICRC-organized training sessions, National Society personnel learnt more about carrying out risk assessments, promoting safe practices in communities and protecting themselves in the course of their work.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC was able to visit, in accordance with its standard procedures, five places of detention in Libya collectively holding 2,149 detainees. It kept up its dialogue with detaining authorities, and with pertinent ministries and institutions, with a view to gaining access to all detainees within its purview, including foreign detainees and those held in relation to past or ongoing violence. It strove to draw the authorities' attention to migrants held in custody and urged them to consider alternatives to detention.

The ICRC endeavoured to support prison authorities' efforts to improve living conditions for detainees. It made repairs to facilities (e.g. electrical and water systems) or donated hygiene kits and disinfection supplies to prisons collectively holding 1,474 detainees. Several female detainees, and the children with them, were also given clothes, books and other items. Owing to resource constraints, other plans to repair facilities at other places of detention have been postponed.

Whenever possible, the ICRC continued to give detaining authorities support to ensure uninterrupted provision of health services in places of detention. Prison health personnel, government officials and others learnt about sanitation in prisons, health care in detention and other related matters through ICRC training and workshops, or at similar events held in other countries, which they attended with the ICRC's

help; for example, the ICRC sponsored officials from the defence, health and justice ministries to attend a global conference on health care in detention held in Switzerland (see *Headquarters – Protection and Essential Services*). Detainees with physical disabilities received crutches or other assistive devices donated by the ICRC and distributed at a penitentiary health facility in Al-Baida.

Access, administrative and other constraints prevented the ICRC from assessing health-related needs among detainees. This limited the development and implementation of some of its activities, such as training health staff to conduct medical screening and diagnose common ailments or illnesses.

Detained migrants contact their relatives through the Movement's family-links services

The ICRC sustained its contact with the pertinent authorities and other organizations as part of its efforts to monitor the situation of migrants detained in Libya. It kept up its dialogue with pertinent parties in Libya and elsewhere and took advantage of opportunities to explain its general position on issues related to immigration detention, particularly with regard to the specific vulnerabilities of unaccompanied minors and families with children.

Migrants at an immigration detention centre in Benghazi restored or maintained contact with their families through phone calls arranged by the Libyan Red Crescent with the ICRC's support. The ICRC collected RCMs from foreign detainees and enabled some of them – when requested – to notify their consular representatives or the UNHCR of their detention. The ICRC urged penitentiary authorities to ensure that detainees were able to maintain contact with their families and preserve family ties.

WOUNDED AND SICK

Owing to administrative and security constraints, the ICRC was unable to fully implement several health initiatives and had to suspend some of its activities towards the end of the year. Whenever possible, it worked, with the health ministry and the Libyan Red Crescent, to reinforce the continuum of care in Libya and sought to ensure uninterrupted access to life-saving medical care.

People who are severely wounded or critically ill receive emergency medical attention

First responders, including those among weapon bearers and people working around mines/ERW, learnt how to provide first aid at training sessions organized by the ICRC; at these sessions, they also learnt about the goals of the Health Care in Danger initiative. Ambulance services in Misrata were given medical supplies and office equipment (e.g. phones, laptops) to help increase their effectiveness.

The ICRC kept up its efforts to develop capacities at emergency services in Libya, to help ensure their ability to provide suitable care for people who were critically ill or wounded. Donations of medical and surgical supplies from the ICRC helped 14 hospitals – including a hospital in Misrata (see below) – to treat wounded people, especially during outbreaks of violence and other emergencies. The ICRC also made additional donations of blood bags to the health ministry, to help address shortages among blood banks across the country.

Doctors and other health personnel, including those working under the health ministry, strengthened their capacities in basic emergency and/or trauma care and in other related areas at training sessions organized by the ICRC in Libya and elsewhere. Notably, several health staff completed a course in training medical personnel on basic emergency care with support from the ICRC and in coordination with WHO. The ICRC enabled military medical personnel to attend global conferences and other events, and add to their knowledge of military medicine and/or medical ethics.

Under an ongoing pilot project, a hospital in Misrata received comprehensive ICRC support – medical supplies and equipment (e.g. compressors, blood warmers) – for reinforcing their emergency services. At ICRC training sessions, the hospital's staff learnt how to conduct courses in basic emergency care for their colleagues. Assessments of the repairs and/or additional support needed at the hospital's emergency wards and other facilities, and discussions in connection to this, were ongoing at the end of the year. Administrative and other constraints prevented the ICRC from providing additional support to bolster the hospital's outpatient services.

The ICRC completed the construction of a dormitory at a physical rehabilitation centre in Benghazi, and made improvements to facilities at two hospital morgues in Tripoli.

People with disabilities receive comprehensive rehabilitative care

A total of 3,191 people[1] received physiotherapy and other rehabilitative care, including assistive devices at ICRC-supported physical rehabilitation centres in Benghazi, Misrata and Tripoli. ICRC support consisted of walking aids, raw materials and components for making assistive devices, and technical support for providing services in line with best practices. Monitoring and mentoring from ICRC staff enabled medical personnel to continue to develop their ability to provide physical rehabilitation; some of them also received training in prosthetics and physiotherapy. The ICRC also provided these centres with PPE to help them continue to prevent and contain diseases such as COVID-19.

The ICRC helped 34 particularly vulnerable patients to cover the costs of travelling to and from the centres mentioned above or referred them to other facilities to receive prosthetic devices. The ICRC also furnished a dormitory (see above) at a centre in Benghazi, with a view to providing suitable accommodations for patients from remote areas as they undergo treatment at the centre.

Together with the Libyan Paralympic Committee, the ICRC continued to strive to advance the social inclusion of the persons with disabilities. For instance, it helped sponsor the committee's wheelchair-basketball team to compete in an

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

international tournament held outside Libya; it also donated wheelchairs and spare parts for distribution to sports clubs holding events in disability sports. With the ICRC's help, the centres mentioned above organized an annual event to mark the International Day of Persons with Disabilities. Hundreds of people with disabilities being treated at the centres also attended ICRC workshops on career development or were referred to ICRC income-support programmes (see *Civilians*) to help advance their social inclusion.

Eight students began or continued their studies in physical rehabilitation outside Libya. The ICRC sponsored them with a view to expanding the pool of qualified personnel in Libya and ensuring the sustainability of services at the centres, where the students will work after their return.

Where possible, an ICRC expert provided health staff with technical support for referring patients in need of mental-health services to other facilities.

ACTORS OF INFLUENCE

Despite administrative and security constraints that hampered the full implementation of some of its activities, the ICRC strove to maintain its efforts to broaden acceptance for IHL, and for its neutral, impartial and independent humanitarian approach, among those who could help facilitate its work in Libya. This remained particularly important in Libya, where the complex political situation and volatile security conditions have created a particularly challenging working environment.

Whenever possible, the ICRC continued to engage with government officials and weapon bearers. It endeavoured to expand its network of contacts among community leaders and members of civil society. The ICRC discussed several issues with the authorities and weapon bearers, such as the protection-related concerns of civilians, including displaced families in Libya and families separated by conflict/other violence or migration; it emphasized the necessity of addressing conflict-affected people's needs and facilitating their access to essential services.

The ICRC provided the Libyan armed forces with support to enable them to more fully integrate IHL into their doctrine, training and operations. Personnel from various government bodies – including military officers and judicial officials – strengthened their grasp of IHL, and its applicability to their work, through ICRC training sessions and other similar events held in Libya or elsewhere. The ICRC enabled some senior military officers to attend a workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*).

Government officials, journalists and other influential parties added to their knowledge of IHL at ICRC events. Academics, including Islamic scholars, discussed the points of correspondence between Islamic law and IHL through ICRC-organized meetings and awareness-raising sessions. The ICRC also helped law students to take part in a regional moot court competition, where they demonstrated their grasp of IHL.

Members of civil society learn more about the Movement

The ICRC strove to broaden awareness of humanitarian needs in Libya and of the efforts made by the Libyan Red Crescent and the ICRC to address them. It also continued to convey crucial information to the public, mainly online and including through social-media posts, on a number of subjects: IHL; the risk of mines/ERW and how to mitigate it; and ICRC activities. Diplomatic and humanitarian actors familiarized themselves with the ICRC's work and issues of humanitarian concern – including the impact of climate change – at meetings and other events held in Libya and elsewhere. Journalists helped to keep the public abreast of the issues mentioned above, and of the Movement's activities, through press releases and interviews given by ICRC staff.

People were able to communicate their concerns and their views on its activities directly to the ICRC, and learnt more about the services available to them, through the ICRC's social-media platforms and its community contact centre.

The National Society continued to strengthen its public communication with the ICRC's help, which included training sessions; for instance, it produced and distributed – with financial and material support from the ICRC – informational materials celebrating the 65th anniversary of its founding.

RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent remained the ICRC's main partner in responding to the various humanitarian needs in Libya.

The ICRC sought to reinforce its operational partnership with the National Society. Training, and financial, material and technical support from the ICRC enabled the National Society to continue strengthening its operational capacities in various areas: livelihood support, restoration of family links (see *Civilians*) and public communication (see *Actors of influence*). Workshops from the ICRC helped National Society staff and volunteers to refresh their knowledge of the Safer Access Framework, the Fundamental Principles, IHL and other related topics.

The National Society strove to improve its management of financial and human resources, with the ICRC maintaining support for these efforts. The ICRC donated office equipment and conducted training for National Society personnel – in some instances, together with the Federation – in organizational development and financial management. The ICRC also enabled selected National Society staff members to attend training courses, outside Libya, in such subjects.

Whenever possible, the ICRC sought to improve coordination between the National Society and other Movement components through meetings and discussions, and to foster closer cooperation to prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	13			
RCMs distributed	69			
Phone calls facilitated between family members	97			
Reunifications, transfers and repatriations				
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	298	26	12	27
including people for whom tracing requests were registered by another delegation	130			
Tracing cases closed positively (subject located or fate established)	100			
including people for whom tracing requests were registered by another delegation	14			
Tracing cases still being handled at the end of the reporting period (people)	2,633	231	124	174
including people for whom tracing requests were registered by another delegation	673			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	9	1		
Documents				
People to whom official documents were delivered across borders/front lines	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	5			
Detainees in places of detention visited	2,149	7		
Visits carried out	10			
		Women	Girls	Boys
Detainees visited and monitored individually	48	5		
of whom newly registered	39			
RCMs and other means of family contact				
RCMs collected	63			
RCMs distributed	27			
Phone calls made to families to inform them of the whereabouts of a detained relative	27			
Detainees visited by their relatives with ICRC/National Society support	1			
People to whom a detention attestation was issued	3			

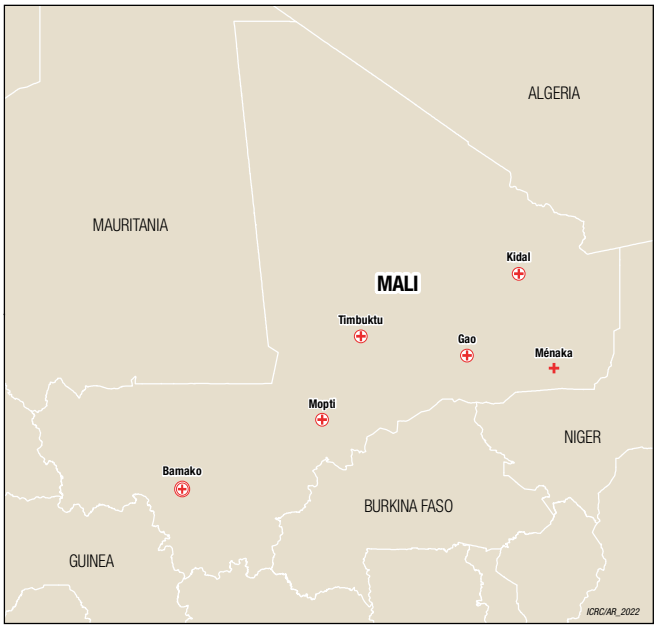
MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	41,430	12,432	16,566
of whom IDPs		20,595	6,180	8,235
Income support	People	6,546	2,634	1,470
of whom IDPs		1,968	590	788
Living conditions	People	214,893	61,978	90,938
of whom IDPs		115,827	33,505	48,817
Capacity-building	People	385	196	6
Water and habitat				
Water and habitat activities	People	1,936,232	580,870	677,681
of whom IDPs		77,449	23,235	27,107
Primary health care				
Health centres supported	Structures	36		
of which health centres supported regularly		31		
Average catchment population		2,449,332		
Services at health centres supported regularly				
Consultations		1,337,373		
of which curative		1,210,066	357,466	332,151
of which antenatal		127,307		
Vaccines provided	Doses	79,563		
of which polio vaccines for children under 5 years of age		19,425		
Referrals to a second level of care	Patients	8,176		
of whom gynaecological/obstetric cases		4,717		
Mental health and psychosocial support				
People trained in mental-health care and psychosocial support		4		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	8	7	
Water and habitat				
Water and habitat activities	People	1,474	74	29
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	14		
including hospitals reinforced with or monitored by ICRC staff		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		135,245		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		14,771		
Weapon-wound admissions (surgical and non-surgical admissions)		418		
Weapon-wound surgeries performed		*		
Patients whose hospital treatment was paid for by the ICRC		50,246		
First aid				
First-aid training				
Sessions		23		
Participants (aggregated monthly data)		322		
Physical rehabilitation				
Projects supported		4		
of which physical rehabilitation centres supported regularly		3		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,322		
of whom service users at physical rehabilitation centres (PRCs)		3,191	364	1,716
of whom participants in social inclusion projects not linked to PRCs		131		
of whom victims of mines or explosive remnants of war		98		
of whom weapon-wounded		88		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	635		
Orthoses delivered	Units	2,697		
Physiotherapy sessions		1,147		
Walking aids delivered	Units	611		
Mental health and psychosocial support				
People who attended information sessions on mental health		46		

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

MALI

Working in the country, with some interruptions, since 1970, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups, and of other situations of violence. It seeks to protect and assist violence-affected people, who also often struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among military and security forces and armed groups and encourages the authorities to ensure its implementation. It works closely with the Mali Red Cross and helps it develop its operational capacities.



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

KEY RESULTS/CONSTRAINTS IN 2022

- Authorities and weapon bearers were urged to respect IHL and other pertinent norms. Dialogue with them and other influential actors helped facilitate the ICRC's safe access to people in need, despite security and other constraints.
- People met their immediate and longer-term needs with various forms of assistance from the ICRC. Notably, they benefited from the ICRC's stepped-up distributions of food and other relief; more people than planned were reached.
- Displaced people and residents of host communities had improved access to clean water for household and livelihood use after the ICRC renovated or constructed essential infrastructure, such as water systems, boreholes and wells.
- People who were ailing, injured or with physical disabilities received good-quality services at primary-health-care centres, hospitals and physical rehabilitation centres that sustained their operations with comprehensive ICRC support.
- Detainees, including those held in connection with armed conflict, were visited by the ICRC. Detainees benefited from the authorities' efforts, backed by the ICRC, to meet their health-care and other basic needs.
- Members of families separated by violence, detention or other circumstances reconnected via the Movement's family-links services. Children, some formerly associated with weapon bearers, were reunited with their families.

EXPENDITURE IN KCHF	
Protection	6,392
Assistance	47,656
Prevention	4,715
Cooperation with National Societies	2,551
General	355
Total	**61,668**
Of which: Overheads	*3,764*
IMPLEMENTATION RATE	
Expenditure/yearly budget	103%
PERSONNEL	
Mobile staff	94
Resident staff (daily workers not included)	488

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	385
RCMs distributed	158
Phone calls facilitated between family members	14,841
Tracing cases closed positively (subject located or fate established)	140
People reunited with their families	24
of whom unaccompanied minors/separated children	21
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	4,925
of whom visited and monitored individually	1,077
Visits carried out	110
Protection of family links	
RCMs collected	125
RCMs distributed	32
Phone calls made to families to inform them of the whereabouts of a detained relative	1,332

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	168,000	195,972
Food production	People	898,320	834,972
Income support	People	23,500	14,844
Living conditions	People	90,000	153,282
Capacity-building	People	350	392
Water and habitat			
Water and habitat activities	People	250,956	302,307
Health			
Health centres supported	Structures	44	38
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	506	4,069
Living conditions	People		5,417
Water and habitat			
Water and habitat activities	People	3,254	4,203
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	11	14
Physical rehabilitation			
Projects supported	Projects	10	10
Water and habitat			
Water and habitat activities	Beds (capacity)	355	981

CONTEXT

Malian forces, sometimes supported by international troops, continued their operations against armed groups; some of these groups also battled one another. Implementation of a 2015 peace agreement between the Malian government and certain armed groups remained slow. Northern and central Mali were the main sites of fighting. Civilians were wounded or killed in attacks or by improvised explosive devices (IEDs); health-care centres, schools and humanitarian personnel were targeted. Thousands of people were newly displaced by the hostilities, which intensified towards the latter half of the year. Malian and international forces made arrests in connection with conflict.

People, moreover, contended with communal violence, criminality, competition over limited resources, and the effects of the climate crisis, such as drought and floods. State services were inadequate in many places. Mali's socio-economic difficulties – sharpened partly by sanctions imposed by other states – included high prices of food and other basic goods.

The situation described above contributed to food insecurity and malnutrition and disrupted people's access to basic services – including in prisons, which were overcrowded. Volatile security conditions impeded the delivery of humanitarian aid in some areas.

Migrants passing through Mali on their way to Europe were at risk of assault or other unlawful conduct.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of people grappling with the combined consequences of protracted armed conflict, other situations of violence, and the climate crisis, particularly in northern and central Mali. Although security and other constraints affected implementation of some activities, it reached communities that were accessible to few or no other humanitarian organizations, thanks to the Mali Red Cross, local authorities and community leaders. To bolster its multidisciplinary response to food insecurity in Mali and other countries in Africa, the ICRC launched a budget extension appeal in May.[1]

Dialogue with authorities and weapon bearers helped facilitate the ICRC's safe access to communities affected by conflict and other violence. Influential actors were reminded to respect humanitarian principles and IHL, and ensure unhindered access to health care and other basic services. Where feasible, the ICRC endeavoured to support violence-affected people in addressing their safety and other needs.

Communities eased their immediate situation and built their resilience with assistance from the ICRC, which at times worked with the National Society and other local actors to implement its activities. The ICRC stepped up its distributions of food and other relief to cover needs linked to increased violence, food insecurity and floods; rations, household essentials and/or cash to purchase these were provided to more people than planned. Farming households planted crops using ICRC-provided seed, tools, and/or cash, and herding households benefited from livestock vaccination and treatment, and livestock-feed vouchers. Breadwinners earned income by using cash grants to start or enhance their livelihoods or by participating in cash-for-work projects. Community members and local service providers furthered their capacities to support livelihoods, with help from the ICRC. Although the ICRC worked to expand its livelihood-support activities, these were affected by security and logistical issues.

After the ICRC renovated or built water systems, boreholes and wells, residents and IDPs had broader access to potable water, and herders and market gardeners could better sustain their livelihoods. Drinking water was more readily available to recently displaced and other people, following emergency upgrades to water points.

The ICRC continued to support various health structures. Primary-health-care centres provided curative and antenatal consultations, vaccination and referrals for further care. Ailing and/or injured people requiring higher-level treatment, such as wound surgery, obtained good-quality services at hospitals in Gao, Kidal and Mopti. People with disabilities received suitable care at physical rehabilitation centres. ICRC-trained counsellors provided psychosocial support to victims/survivors of sexual violence and other violence-affected people.

The ICRC visited detainees in accordance with its standard procedures. It checked on their treatment and living conditions, paying close attention to detainees with specific needs, such as those held in connection with armed conflict. It supported the authorities' efforts to meet detainees' health-care and other basic needs. Notably, detainees had access to health care at ICRC-backed prison clinics. Material aid – including therapeutic and supplementary food and hygiene items – and infrastructure upgrades helped improve detainees' living conditions.

Members of families dispersed by violence, migration, detention or other circumstances – including unaccompanied minors and children formerly associated with weapon bearers – reconnected through the Movement's family-links services.

The Mali Red Cross, with support from the ICRC and other Movement partners, strengthened its ability to assist crisis-stricken people. Movement components in Mali met regularly to reinforce their security measures.

CIVILIANS

In all its interactions with authorities, weapon bearers and other influential actors, the ICRC strove to cultivate acceptance for IHL and the Movement, with a view to contributing to the protection of violence-affected people and the delivery of humanitarian aid to them. This helped facilitate its safe access to people in need, despite security and other constraints.

The ICRC sought proximity to violence-affected communities, to better support them in addressing their safety and other needs. It trained a young women's association and other community members in safer practices around IEDs, and in

1. See the budget extension appeal on the ICRC Extranet for Donors.

promoting these practices. Plans to facilitate community-designed risk-mitigation activities were postponed to 2023, owing to the security situation.

Parties to conflict are reminded to respect IHL and other pertinent norms

Whenever possible, the ICRC urged authorities and weapon bearers to uphold IHL and other applicable norms. It urged them to: protect civilians, including IDPs and migrants; safeguard access to health care, education and other essential services, and to livelihood sources; facilitate safe passage for health and humanitarian workers; and prevent recruitment of minors, sexual violence and other misconduct. The ICRC confidentially relayed documented allegations of misconduct to the parties concerned, towards ending or preventing it.

The ICRC monitored the situation of migrants and IDPs; those with particularly pressing needs were referred to other humanitarian actors or given direct assistance (see below).

People meet their immediate and longer-term needs

Amid the combined consequences of conflict and other violence, the climate crisis and food insecurity, IDPs, residents, returnees and migrants addressed their immediate situation and built their resilience with assistance from the ICRC, which at times worked with the National Society and other local actors to implement its activities. The ICRC stepped up its distributions of food and other relief in view of increased violence, food insecurity and floods (see *Context*), reaching more people than planned. Although it worked to expand its livelihood-support activities, these were affected by security and logistical issues.

Around 32,660 households (195,972 people) received one month's supply of food or the cash equivalent. Approximately 25,500 households (153,282 people) obtained household essentials – including shelter materials – or the cash equivalent.

Some 15,950 farming households (95,664 people) planted grain and vegetables, using ICRC-provided seed, tools and/or cash for purchasing these. Livestock belonging to roughly 112,500 herding households (675,168 people) were vaccinated and/or treated; another 10,690 herding households (64,140 people) that were particularly vulnerable during the lean season received livestock-feed vouchers. Many of these households also benefited from training and/or infrastructural improvements (see below).

Over 2,400 breadwinners (supporting 14,844 people) earned income by using cash grants – at times, coupled with vocational training – to augment their current livelihoods or start small businesses, or by participating in cash-for-work projects, for example, to put up fences to protect market gardens.

About 390 community members and local service providers furthered their capacities to support livelihoods. ICRC-facilitated training sessions, including refresher sessions, covered such subjects as good farming practices and systematic use of weather data in agricultural decision-making. ICRC-provided technical advice and equipment helped the agriculture and livestock ministries, and the national meteorological agency, enhance their services. Mali's artificial-insemination centre and the ICRC signed an agreement, to strengthen livestock production.

Communities have better access to clean water

Approximately 218,400 IDPs and residents in Gao, Kidal, Menaka, Mopti, Segou and Timbuktu had increased access to potable water after the ICRC renovated or built solar-powered water systems. Following construction of boreholes, wells and livestock-vaccination pens, around 52,530 herders and market gardeners could better sustain their livelihoods. ICRC-provided training and/or equipment enabled 20 government technicians to strengthen their ability to manage the above-mentioned facilities, in tandem with National Society-backed local water committees.

Emergency upgrades to water points in Gao, Kidal and Menaka afforded 32,470 recently displaced and other people improved access to drinking water.

People obtain preventive and curative care

Thirty-eight primary-health-care centres drew on funds, supplies, equipment, infrastructural upgrades and/or staff training and supervision from the ICRC for their operations, including in response to large-scale displacements and malaria outbreaks. At the 29 regularly supported centres, patients were provided with consultations and vaccinations; children were screened and treated for malnutrition. Referrals for higher-level care were made for 1,157 patients; the ICRC covered their treatment and transportation costs. Health workers familiarized themselves with the goals of the Health Care in Danger initiative, at information sessions. The ICRC publicized measures against COVID-19 and backed COVID-19 vaccination campaigns.

A total of 1,520 violence-affected people – including victims/survivors of sexual violence – received psychosocial support from ICRC-trained counsellors at the above-mentioned centres or National Society-run facilities. Through events and radio spots, the ICRC aimed to increase understanding of means to address the mental-health needs of victims of violence, particularly among health professionals.

Members of separated families stay in touch

Members of families dispersed by violence, migration, detention or other circumstances used the Movement's family-links services, including short oral messages relayed by ICRC delegates, phone calls and RCMs, to reconnect. To broaden access to these services, the National Society and the ICRC set up mobile kiosks at IDP camps and transit sites, and along migration routes, in Bamako, Mopti and Timbuktu. They used radio spots and other means to raise awareness of the availability of family-links services and of ways to prevent loss of family contact. The families of 140 people reported missing learnt of their relatives' fate and/or whereabouts; whenever feasible, contact was facilitated between them. Twenty-one minors, including eighteen formerly associated with weapon bearers, were reunited with their families.

The ICRC encouraged the authorities concerned to pursue efforts to clarify the fate of Malian migrants and others reported

missing, and address their families' needs. It sponsored key officials to attend a pertinent regional event (see *Tunis*).

To increase the likelihood of dead people being properly identified, and their families, notified, the ICRC undertook several initiatives. At an ICRC briefing, 20 military officers, set for deployment as field commanders, strengthened their grasp of IHL, including as regards managing human remains. Two trainers – one from the civil-protection service and one from the police – attended a forensics seminar abroad (see *Tunis*); they passed on what they had learnt to their colleagues. Under a project to facilitate identification of the human remains in one hospital's morgue, the ICRC supported the hospital with: supplies and equipment, including personal protective equipment (PPE); staff training, on ante/post-mortem data collection; and renovations to its morgue. Another hospital was given body bags and PPE.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits

The ICRC visited, in accordance with its standard procedures, people held in 22 detention facilities under the authority of security forces and the justice ministry. It checked on detainees' treatment and living conditions, including respect for judicial guarantees and the principle of *non-refoulement*. Detainees with specific needs – such as security detainees, particularly those held in connection with armed conflict; minors; women; and people serving sentences handed down by the UN Mechanism for International Criminal Tribunals and/or its predecessors – were given close attention; 5,417 received material aid for easing their living conditions. Findings from these visits were confidentially communicated to the pertinent authorities, who were encouraged to follow up cases of people held past state-prescribed limits and address structural challenges within the judicial and penitentiary systems, particularly to alleviate overcrowding. The ICRC continued to seek access to all detainees within its purview.

Detainees and their relatives used family-links services – short oral messages relayed by ICRC delegates, phone calls and RCMs – to stay in touch. Foreigners were assisted to inform their consular representatives of their detention. UNICEF was notified of cases of detained minors. After their release, some people received financial or other assistance for returning home. The ICRC reminded the authorities to notify families whenever their relatives were arrested or transferred to other detention facilities.

Authorities work to meet detainees' basic needs

As per their 2020 agreement, drafted with ICRC advice, the health and justice ministries worked to implement a national prison health-care policy. The ICRC organized round tables, for penitentiary and health authorities at local level, to discuss the policy. It also sponsored selected officials to attend an international conference on health in detention (see *Headquarters – Protection and Essential Services*).

The ICRC regularly monitored the health of detainees at five prisons. Most new arrivals benefited from entry-screening systems, which facilitated follow-up and referrals for further care. Twenty-seven detainees, and nine recently released people, received life-saving treatment at hospital (see *Wounded and sick*); thirty detainees with disabilities obtained suitable care. The clinics at these prisons sustained their services, with ICRC-provided training, supplies and/or performance-based bonuses for health and social workers, including those assisting malnourished detainees (see also below). Staff at two clinics began entering detainees' medical records into the national health information system, using donated computers. During information sessions – supplemented by hygiene-item distributions – at five prisons, detainees and staff learnt more about checking the spread of communicable disease. A hygiene committee was established at one prison. The ICRC maintained contact with a local university, regarding its prison health course.

Prison and health authorities, with ICRC support, managed outbreaks of scabies and other diseases, and undertook COVID-19 vaccination campaigns.

Drawing on ICRC nutritional assessments and other technical input, penitentiary and judicial authorities sought to ensure sufficiency of detainees' food by bolstering their supply-chain and stock management. In five prisons, ICRC-donated kitchen tools and equipment increased cooking capacities, and ICRC-led workshops helped prison staff better manage cases of malnutrition; over 3,800 people benefited. Around 4,000 malnourished detainees received therapeutic or supplementary food – locally sourced, whenever feasible.

Water, sanitation and kitchen facilities at seven prisons were built or renovated, improving living conditions for about 4,200 detainees. Prison authorities and the ICRC continued discussions on an infrastructure-maintenance plan.

WOUNDED AND SICK

People have access to good-quality health care, including physical rehabilitation

Approximately 1,470 weapon bearers, health-care workers, Mali Red Cross volunteers and others were provided with first-aid training and/or equipment by the National Society and the ICRC; at times, civil-protection personnel co-facilitated the training.

One hospital each in Gao, Kidal and Mopti operated with comprehensive ICRC backing: funds, PPE and other equipment, supplies, training and on-site staff reinforcement and supervision. At these hospitals, people who were ailing, injured or with disabilities – among them detainees and people referred by National Society/ICRC-trained first-aiders – obtained appropriate treatment, including for mental health (see *Civilians*). Health-care professionals honed their skills in fields like trauma care and infection prevention and control; war-surgery courses involved participants from Niger. These professionals, and Malian community members, also learnt more about the protection due to people seeking or providing medical care. In coordination with local actors, one hospital ran simulations of its mass-casualty contingency plan. Eleven other hospitals received ad hoc material and/or financial support. ICRC mobile surgical teams treated people wounded during clashes in hard-to-reach areas.

At various hospitals and primary-health-care centres (see *Civilians*), the ICRC upgraded water and sanitation systems and other facilities (981 beds in all), and/or donated water and fuel.

The ICRC maintained its efforts to enhance care for people with disabilities and advance their social inclusion.

Five physical rehabilitation centres improved their services with ICRC-provided equipment, supplies, training and on-site supervision; selected personnel were sponsored to attend international events. Some centres were staffed by people who were with disabilities or had completed, with ICRC support, their orthopaedics training in Togo. Around 12,270 people[2] with disabilities received suitable care at the centres. Patients with limited means and/or from remote areas had their treatment and related costs covered by the ICRC.

The ICRC promoted educational, livelihood and sports opportunities for people with disabilities. To this end, it worked with associations of people with disabilities – for example, to organize athletic tournaments and advocacy events. ICRC-backed hospitals purchased face shields and soap produced by some of the above-mentioned associations.

In line with their strategic plan for the physical-rehabilitation sector, the health authorities – with ICRC technical support – established professional training programmes in key areas.

ACTORS OF INFLUENCE

To the extent permitted by security and access constraints, the ICRC – including during its president's visit in October – pursued contact with a broad range of actors critical to facilitating safe and timely delivery of humanitarian aid and health care, and preventing misconduct (see also *Civilians*). It continued to seek security guarantees from authorities and weapon bearers.

Weapon bearers are urged to uphold IHL

Military and security forces were reminded by the ICRC to fulfill their obligations under IHL and other pertinent norms (see *Civilians* and *People deprived of their freedom*). Measures to uphold the principle of distinction were discussed with operational commanders. Armed forces and peacekeeping personnel attended various ICRC-facilitated IHL training sessions; some sessions for Malian troops were conducted at the request of Mali's military education directorate and its partner multilateral organization. Senior Malian military officers were sponsored to attend IHL workshops abroad, including one organized in France by Sanremo (see also *Nairobi* and *Headquarters – Protection and Essential Services*).

During dissemination sessions and workshops, members of armed groups were urged to respect humanitarian principles and IHL – particularly, to ensure access to health care and other basic services for violence-affected people, and safe passage for health-care and humanitarian workers.

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

Policymakers drew on ICRC expertise as they worked to, for example, revise the national penal codes and advance domestic implementation of the African Union Convention on IDPs. At seminars, including some held abroad (see, for example, *Abidjan*), judicial actors strengthened their grasp of IHL, notably in connection with "terrorism". A think tank, with ICRC support, advocated Mali's ratification of the Treaty on the Prohibition of Nuclear Weapons among authorities and civil society organizations.

Religious and academic circles learn more about IHL

To foster greater acceptance for it, the ICRC maintained regular dialogue with religious leaders and other members of civil society. This helped deepen their understanding of humanitarian principles, the emblems protected under IHL, and the ICRC's mandate. Some meetings and workshops with them covered the common ground between sharia law and IHL. Ways to systematize exchanges between religious leaders and promote key messages on this subject continued to be discussed with one university. Students added to their knowledge of IHL and the ICRC during dissemination sessions; some pursued research on IHL-related topics.

Alongside the Mali Red Cross whenever possible, the ICRC organized events for journalists and bloggers, and produced radio spots, social-media posts and other materials, to broaden awareness of humanitarian issues and the Movement. These also helped violence-affected people learn more about the services available to them, and ways to reduce their risks, such as from IEDs or COVID-19. Communities were consulted for feedback on the ICRC's efforts to assist them (see also *Civilians*). ICRC technical and other input enabled the National Society to build its public-communication capacities.

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross continued to help people in need (see *Civilians* and *Wounded and sick*). With comprehensive support – including infrastructural upgrades – from the ICRC and other Movement partners, the National Society strengthened its ability to assist crisis-stricken people. Its personnel were trained in such fields as first aid, family-links services, livelihood support and public communication (see *Actors of influence*).

The National Society sustained its efforts to develop its organizational structure and volunteer base, and to incorporate the Safer Access Framework in its activities.

The Mali Red Cross, the ICRC and other Movement components in Mali met regularly to reinforce their security measures and coordinate their work.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	385	20		
RCMs distributed	158	6		
Phone calls facilitated between family members	14,841			
Names published on the ICRC family-links website	80			
Reunifications, transfers and repatriations				
People reunited with their families	24			
including people registered by another delegation	1			
People transferred or repatriated	8			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	746	57	45	69
including people for whom tracing requests were registered by another delegation	57			
Tracing cases closed positively (subject located or fate established)	140			
including people for whom tracing requests were registered by another delegation	6			
Tracing cases still being handled at the end of the reporting period (people)	1,384	79	63	101
including people for whom tracing requests were registered by another delegation	152			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	26	3		20
UAMs/SC reunited with their families by the ICRC/National Society	21	1		18
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	16	3		11
Documents				
People to whom official documents were delivered across borders/front lines	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	22			
Detainees in places of detention visited	4,925	17	62	
Visits carried out	110			
		Women	Girls	Boys
Detainees visited and monitored individually	1,077		1	60
of whom newly registered	850		1	51
RCMs and other means of family contact				
RCMs collected	125			
RCMs distributed	32			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,332			
Detainees released and transferred/repatriated by/via the ICRC	1			
People to whom a detention attestation was issued	8			

MAIN FIGURES AND INDICATORS: ASSISTANCE

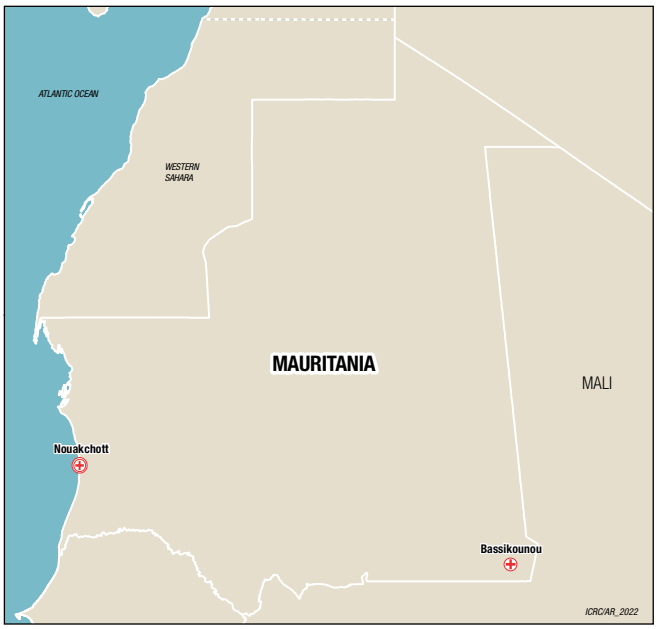
CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	195,972	62,193	75,985
of whom IDPs		175,163	54,942	68,187
Food production	People	834,972	205,037	187,132
of whom IDPs		769	211	250
Income support	People	14,844	4,340	1,310
of whom IDPs		579	332	134
Living conditions	People	153,282	46,682	63,204
of whom IDPs		142,584	42,127	60,683
Capacity-building	People	392	117	29
of whom IDPs		36	25	
Water and habitat				
Water and habitat activities	People	302,307	105,815	136,175
of whom IDPs		90,783	31,774	40,852
Primary health care				
Health centres supported	Structures	38		
of which health centres supported regularly		29		
Average catchment population		228,012		
Services at health centres supported regularly				
Consultations		147,258		
of which curative		121,664	36,310	59,165
of which antenatal		25,594		
Vaccines provided	Doses	85,466		
of which polio vaccines for children under 5 years of age		29,932		

CIVILIANS		Total	Women	Children
Referrals to a second level of care	Patients	1,157		
of whom gynaecological/obstetric cases		326		
Mental health and psychosocial support				
People who received mental-health support		1,020		
People who attended information sessions on mental health		87,982		
People trained in mental-health care and psychosocial support		730		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	4,069		
Living conditions	People	5,417	3	
Capacity-building	People	3,834	4	2
Water and habitat				
Water and habitat activities	People	4,203		
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	14		
including hospitals reinforced with or monitored by ICRC staff		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		491	33	42
(including those related to mines or explosive remnants of war)		35	*	*
Non-weapon-wound admissions		2,268		
Operations performed		4,958		
Medical (non-surgical) admissions		531	235	
Gynaecological/obstetric admissions		2,216	2,160	56
Consultations		37,240		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		96		
Weapon-wound admissions (surgical and non-surgical admissions)		92		
Weapon-wound surgeries performed		66		
Patients whose hospital treatment was paid for by the ICRC		2,376		
First aid				
First-aid training				
Sessions		56		
Participants (aggregated monthly data)		1,466		
Water and habitat				
Water and habitat activities	Beds (capacity)	981		
Physical rehabilitation				
Projects supported		10		
of which physical rehabilitation centres supported regularly		5		
People who benefited from ICRC-supported projects	Aggregated monthly data	12,511		
of whom service users at physical rehabilitation centres (PRCs)		12,274	2,790	6,221
of whom participants in social inclusion projects not linked to PRCs		237		
of whom victims of mines or explosive remnants of war		70		
of whom weapon-wounded		68		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	557		
Orthoses delivered	Units	358		
Physiotherapy sessions		37,977		
Walking aids delivered	Units	525		
Wheelchairs or postural support devices delivered	Units	3		
Mental health and psychosocial support				
People who received mental-health support		500		
People who attended information sessions on mental health		5,735		

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

MAURITANIA

The ICRC has worked in Mauritania since 1970, opening a delegation there in 2013. It visits detainees and helps improve their living conditions, particularly their access to health care. It offers them and other people in need, including refugees, family-links services. It works to meet the basic needs of both refugees who have fled conflict and of vulnerable residents in communities hosting them. It promotes IHL and humanitarian principles among the armed and security forces, authorities and civil society, and supports the development of the Mauritanian Red Crescent.



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

KEY RESULTS/CONSTRAINTS IN 2022

- Refugees, residents and returnees obtained water through infrastructure renovated or built by the ICRC. Households maintained livestock, cultivated market gardens and started small businesses with ICRC livelihood and cash support.
- Detainees were treated for chronic diseases and other medical conditions at ICRC-supported prison clinics. Prison authorities dealt with COVID-19, through treatment and vaccination, with the ICRC's help.
- Members of families dispersed by displacement, migration, detention or other circumstances reconnected through the Movement's family-links services. Forensic professionals developed their capacities with ICRC support.
- At ICRC events, military and security forces personnel, including troops bound for peacekeeping missions elsewhere, and senior officials familiarized themselves with norms applicable to their duties.

EXPENDITURE IN KCHF	
Protection	825
Assistance	4,163
Prevention	1,114
Cooperation with National Societies	351
General	98
Total	**6,551**
Of which: Overheads	*400*
IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	58

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	90
RCMs distributed	45
Phone calls facilitated between family members	266
Tracing cases closed positively (subject located or fate established)	7
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	10
Detainees in places of detention visited	3,007
of whom visited and monitored individually	3
Visits carried out	65

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	117,900	134,370
Income support	People	360	246
Capacity-building	People	40	432
Water and habitat			
Water and habitat activities	People	21,800	14,477
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	People	1,800	1,945

CONTEXT

The fighting in neighbouring Mali continued to drive people into Mauritania and prevent them from returning home (see *Mali*). Tens of thousands of Malian refugees remained in the Bassikounou department of south-eastern Mauritania, near the Mali–Mauritania border – either at the UNHCR camp in M'bera or among host communities. During the year, intensified violence in northern Mali led to the arrival of hundreds of Mauritanian returnee households.

In host communities, the water infrastructure was inadequate to the needs of residents and refugees and their livestock. In addition, bushfires made food and fodder even more scarce, particularly during the lean season. The scarcity of resources caused tensions between refugees and residents.

Migrants passed through Mauritania, often through Nouadhibou in the west, on their way north. A number of migrants died in maritime accidents off the Mauritanian coast.

Mauritania continued to support efforts to counter armed groups in the wider Sahel region. It remained a member of the G5 Sahel Joint Force and hosted the G5 Sahel defence college in Nouakchott.

The effects of the COVID-19 pandemic continued to be felt in Mauritania; the authorities maintained their efforts to check the spread of the coronavirus, through vaccination campaigns and other means.

ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of Malian refugees, host communities, returnees, migrants and others, in order to better understand and respond to their needs and raise their concerns with the pertinent authorities. In May, the ICRC launched a budget extension appeal[1] to strengthen its response to food insecurity in Mauritania and other countries in Africa.

Together with the Mauritanian Red Crescent, the ICRC helped refugees, residents and returnees meet their basic needs and restore their livelihoods. With the authorities, it renovated water infrastructure for people in the city of Bassikounou and elsewhere. In rural areas, these efforts helped ensure that people had access to water for cultivating market gardens and for other livelihood activities. Certain projects to improve access to water were postponed owing to administrative difficulties. Herding households had their animals vaccinated against disease through vaccination activities of the authorities and the ICRC; this helped preserve their animals' health and productivity. The ICRC also helped train and equip animal-health workers. Households were given assistance to cope with the lean season and bushfires: they were given cash for purchasing household essentials, and training and supplies for cultivating crops that did not depend on irrigation systems.

With the help of the National Society, the ICRC continued to provide family-links services, including for refugees in the M'bera camp and migrants in Nouadhibou and elsewhere. It continued to give the National Society support for developing its capacities in restoring family links and protecting data. Foreign detainees and other vulnerable people contacted their families through RCMs or brief oral messages relayed by the ICRC. The ICRC gave the authorities support for improving forensic services; however, some activities to support forensic work did not push through.

The ICRC visited detainees, in accordance with its standard procedures, paying particular attention to the situation of women, minors, foreigners and others particularly at risk. Findings and recommendations from these visits were communicated confidentially to the pertinent authorities and to the National Guard, whose personnel also served as prison guards, to help them improve detainees' treatment and living conditions.

The ICRC provided penitentiary and other authorities expert advice for ensuring detainees' access to good-quality health care and for improving their living conditions, including at a prison opened by the authorities during the year. It also directly assisted detainees at this new prison and six others in Mauritania. The ICRC provided logistical and other support for the authorities' efforts to vaccinate detainees against COVID-19 and to treat those who had contracted the disease. It also provided prison clinics with training and supplies to treat detainees suffering from chronic diseases and other medical conditions, and technical advice and supplies for disinfection and fumigation campaigns in prisons.

During its dialogue with local and national authorities, armed forces personnel and members of civil society, the ICRC continued to foster support for IHL and other international norms, and for the ICRC and the wider Movement. It also worked to broaden understanding of IHL and acceptance for it among others of influence, such as academics. Information sessions conducted by the ICRC enabled military and security forces personnel, including some bound for peacekeeping missions abroad, to familiarize themselves with the international norms applicable to their duties.

CIVILIANS

The ICRC monitored the situation of Malian refugees, members of host communities, Mauritanian returnees, migrants and others. It used this information to better respond to their needs and raise their concerns with the authorities.

Refugees and returnees have increased access to safe water

Refugees, host communities and returnees had broader access to water following the ICRC's construction and improvement of water and sanitation facilities, particularly in Bassikounou. The ICRC trucked in water and built latrines; it also helped local water authorities to renovate, build, and extend the reach of water facilities in urban areas. Notably, the ICRC made one water system partially solar-powered, helping to ensure its functioning even in the event of power shortages.

Refugees and returnees living in rural areas, including farming and herding households, had increased access to clean water after the ICRC built and refurbished boreholes and

1. See the budget extension appeal on the ICRC Extranet for Donors.

water-distribution systems. In the village of Néré, the ICRC made improvements to an irrigation system and a wire fence, which helped some 400 heads of household to cultivate market gardens. Herding households benefited from the construction of vaccination parks for their animals (see also below).

All of the above activities benefited some 14,500 people. The ICRC continued to lay a pipeline that would facilitate access to clean water for approximately 5,000 people in Bassikounou. Some other projects planned to improve access to water were postponed owing to administrative difficulties.

Violence-affected households work to restore their livelihoods

Around 17,000 herding households (101,970 people in all) had their cattle and goats vaccinated against disease through campaigns by the authorities and the ICRC. This helped households to maintain the health and productivity of their livestock, their main source of food and income. Some 430 community-based animal health workers honed their skills during training sessions led by the ICRC, which also gave them veterinary supplies. It also gave livestock authorities cold-storage equipment for vaccines.

The ICRC took steps to help farming and herding households cope with the pastoral lean season and the effects of bushfires. Over 4,000 households received cash to help them cover their household expenses. Some households, including households cultivating market gardens in Néré, were given planting seed and/or tools. They also learnt how to grow crop types that can be cultivated almost exclusively with rainfall, making them a more sustainable option for households with limited access to adequate irrigation. The above activities benefited some 5,400 households in all (32,400 people).

Some 40 breadwinners (supporting 246 people in all), mostly female heads of household, benefited from ICRC cash grants to start small businesses or other income-earning activities.

Members of families dispersed by violence and other circumstances reconnect

Aided by the Mauritanian Red Crescent, the ICRC continued to provide family-links services in Nouadhibou and elsewhere. Refugees at the M'bera camp maintained contact with their families in Mali through RCMs and phone calls. Some refugees put in requests to locate relatives with whom they had lost contact, because of conflict in Mali. The National Society, with financial support from the ICRC, also arranged phone calls for migrants. It continued to develop its capacities in data protection and restoration of family links with the ICRC's support.

The ICRC continued to assist the authorities to manage human remains, with a view to facilitating the process of identifying the remains of migrants who had died at sea and handing them over to the families concerned. Forensic professionals and others received training in managing human remains, including in connection with natural disasters. First responders were given body bags and other equipment, to help them manage human remains properly. The ICRC issued documents, attesting to the death of two migrants at sea, to these migrants' families to help them go through legal processes; it had identified the remains of these two migrants in 2019 and informed the families concerned in 2021. Owing to administrative issues, certain other activities in support of forensic services were not carried out.

Mine authorities strengthen their capacity to conduct mine-clearance activities

The ICRC endeavoured to help the authorities become more capable of addressing weapon contamination in Mauritania. Personnel from the national mine authority developed, through ICRC training, their ability to tend to blast-trauma victims and to conduct mine-clearance activities. The ICRC also gave them mine-detection and other equipment.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at held at ten places of detention, including in prisons and a police station. It paid particular attention to the situation of women, minors, foreigners, people in solitary confinement, and others especially at risk. Findings and recommendations from these visits were communicated confidentially to the penitentiary and other authorities concerned, and the National Guard – whose personnel also served as prison guards – to help them improve detainees' treatment and living conditions.

Foreign detainees and other vulnerable people contacted their families through RCMs or brief oral messages relayed by the ICRC.

The authorities take steps to improve detainees' access to good-quality health care

The authorities, with support from the ICRC, worked to improve health care and other services in prisons and maintain prison infrastructure, including in a new prison in Nbeika that they opened during the year. A technical steering committee, set up by the authorities with the ICRC's encouragement, met regularly and led efforts to improve health care in prisons. The ICRC also kept up its direct assistance for detainees at seven prisons in Mauritania: a detention centre for minors, a women's prison, and five prisons holding large numbers of detainees.

Detainees were vaccinated against COVID-19 during campaigns carried out by the authorities, with logistical and other support from the ICRC. At prisons where COVID-19 cases had been reported, the ICRC donated personal protective equipment for prison staff and gave the authorities additional technical support. Clinics at seven of the prisons mentioned above treated detainees suffering from chronic diseases, malnutrition, and other medical conditions with supplies from the ICRC. At two prisons, following the monitoring and the recommendations of the ICRC, malnourished detainees benefited from the authorities' enrichment of their diets with supplementary food meant to help moderate and severely malnourished detainees meet their nutritional needs. Senior officials from the health and justice ministry exchanged views with their peers at a conference abroad on health care in detention, which they attended with the ICRC's support. The authorities, with the encouragement of the ICRC, took steps to include detainees in

national programmes for treating HIV/AIDS, tuberculosis and malnutrition, and towards including detainees in a national health information system.

Justice and penitentiary officials learnt more about improving living conditions in prisons at a regional conference they attended with the ICRC's help. About 1,900 detainees at six of the prisons mentioned above had more sanitary living conditions after the ICRC supported disinfection and fumigation campaigns; detainees were trained to help conduct such campaigns. Together with the authorities, the ICRC built access stairs and helped improve fire safety in one prison; some 460 detainees benefited.

ACTORS OF INFLUENCE

Local authorities and civil society learn more about IHL and the Movement

During its dialogue with local and national authorities, armed forces personnel and members of civil society, the ICRC strove to foster understanding of and support for IHL and other international norms, and for the ICRC and the wider Movement. For example, at a workshop organized by the ICRC with a local university, academics learnt more about the points of correspondence between IHL and Islamic law; they also familiarized themselves with the ICRC's activities and the Movement.

The public learnt about IHL, the Movement and the ICRC's activities in Mauritania through ICRC-produced communication materials published through both traditional and social media. The ICRC gave the Mauritanian Red Crescent advice and other support for its public-communication initiatives.

Authorities and weapon bearers strengthen their grasp of IHL

The ICRC gave the authorities expert advice on advancing the domestic implementation of IHL. It also urged them to establish a national IHL committee. Notably, magistrates discussed IHL-related issues with their regional counterparts at a regional round table that they attended with the ICRC's help (see *Abidjan*).

The ICRC kept up its long-standing support for the provision of pertinent legal instruction at Mauritanian training institutions for military and security forces personnel, including the G5 Sahel defence college in Nouakchott. Notably, through an ICRC training session, instructors at the defence college added to what they already knew about integrating IHL into military decision-making. *Gendarmes* bound for deployment to the Democratic Republic of the Congo attended ICRC dissemination sessions on international standards pertinent to their work. One senior military officer participated in a workshop on rules covering military operations (see *Headquarters – Protection and Essential Services*) with the ICRC's help.

RED CROSS AND RED CRESCENT MOVEMENT

The Mauritanian Red Crescent strengthened its capacity to assist Malian refugees and those hosting them, and others (see *Civilians*), with technical and material support from the ICRC. The National Society also assisted people affected by floods and other emergencies in Mauritania; it received some financial support from the ICRC for these efforts. National Society volunteers were trained to restore family links in accordance with the Movement's data-protection standards.

Movement components working in Mauritania met to coordinate their activities and their support for the National Society.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	90			
RCMs distributed	45			
Phone calls facilitated between family members	266			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	50	3		5
including people for whom tracing requests were registered by another delegation	5			
Tracing cases closed positively (subject located or fate established)	7			
including people for whom tracing requests were registered by another delegation	1			
Tracing cases still being handled at the end of the reporting period (people)	219	9	3	19
including people for whom tracing requests were registered by another delegation	40			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	10			
Detainees in places of detention visited	3,007	64	150	
Visits carried out	65			
		Women	Girls	Boys
Detainees visited and monitored individually	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	134,370	42,066	54,220
Income support	People	246	71	108
Capacity-building	People	432	21	10
Water and habitat				
Water and habitat activities	People	14,477	5,075	6,525
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	1,945	58	192
Health care in detention				
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention visited by health staff	Structures	1		

MOZAMBIQUE

Present in Mozambique since 1976, the ICRC established a delegation in the country in 2021. It focuses on responding to the consequences of armed conflict in the northern part of the country. It promotes respect for IHL, other applicable norms and humanitarian principles, particularly in relation to the protection of people affected by conflict and violence. With the Mozambique Red Cross, it enables people to restore contact with their families and ensures that they have access to water, health care and other essential services, as well as livelihood support. It also visits detainees to monitor their treatment and living conditions.

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

KEY RESULTS/CONSTRAINTS IN 2022

- The ICRC documented allegations of IHL violations, including incidents of sexual violence; several victims/survivors were referred to providers of psychosocial support and/or other assistance.
- IDPs, returnees and vulnerable families from host communities – tens of thousands of people – coped with the effects of the conflict, or built their resilience to it, with cash grants or material support from the ICRC.
- Displaced people had a more reliable supply of water after the ICRC repaired vital infrastructure at places hosting them. The ICRC assisted fewer people than envisaged with these activities, because of security-related constraints.
- Wounded and sick people were given surgical and other care at two hospitals stocked by the ICRC with wound-dressing kits, medicines and other consumables.
- Members of families dispersed by violence, migration, detention or natural disasters used the Movement's family-links services to reconnect or reunite with relatives.
- Detainees and staff at one prison grew thousands of kilograms vegetables with training, tools, seed and fertilizer from the ICRC.

EXPENDITURE IN KCHF	
Protection	1,497
Assistance	11,685
Prevention	3,042
Cooperation with National Societies	1,718
General	68
Total	**18,009**
Of which: Overheads	*1,099*
IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	27
Resident staff (daily workers not included)	116

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	26
RCMs distributed	25
Phone calls facilitated between family members	929
Tracing cases closed positively (subject located or fate established)	387
People reunited with their families	5
of whom unaccompanied minors/separated children	4
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	12
Detainees in places of detention visited	5,206
of whom visited and monitored individually	368
Visits carried out	36
Protection of family links	
RCMs collected	108
RCMs distributed	25
Phone calls made to families to inform them of the whereabouts of a detained relative	125

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	35,000	34,000
Income support	People	23,000	22,610
Living conditions	People	30,000	31,135
Water and habitat			
Water and habitat activities	People	94,791	41,585
Health			
Health centres supported	Structures	14	12
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		622
Water and habitat			
Water and habitat activities	People	1,350	520
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	2

CONTEXT

In the province of Cabo Delgado, Mozambican forces – supported by foreign forces, including the South African Development Community Mission in Mozambique – and an armed group continued to clash. Reportedly, arrests were made in connection with the conflict.

Many civilians were wounded, subjected to abuse, psychologically traumatized or killed in connection with the conflict; women and children were particularly vulnerable to sexual violence and other abuse. Hundreds of thousands of people were forced to flee from areas heavily affected by the fighting. Many of them were displaced multiple times when the fighting intensified, for instance, when the armed group carried out attacks in the district of Ancuabe in June. IDPs were mostly staying in host communities or in camps, where living conditions were often dire. Resources in these areas were overstretched and essential services, such as health care, were ill-equipped to cope with the influx of people, putting many at risk of diseases such as COVID-19.

Migrants, including those who were fleeing armed conflict and other situations of violence elsewhere in the region, continued to pass through Mozambique on their way to South Africa or other countries.

Members of families dispersed by the conflict, migration, natural disasters, detention or other circumstances were often unable to maintain contact. Some of them had no news of missing relatives.

In central Mozambique, the government and the Mozambican National Resistance continued to implement a peace agreement that they signed in 2019.

ICRC ACTION AND RESULTS

The ICRC reminded the authorities and weapon bearers of their obligations under IHL and other applicable law to protect civilians from violence and abuse, including sexual violence, and ensure their safe and unhindered access to humanitarian aid and essential services such as health care. Weapon bearers learnt about IHL and/or other norms applicable to their duties through training and information sessions organized by the ICRC. The ICRC documented allegations of IHL violations, including instances of sexual violence, for its discussions with the authorities; several victims/survivors were referred to providers of psychosocial support and/or other assistance.

IDPs, returnees and vulnerable families from host communities coped with the effects of the conflict, or built their resilience to it, with assistance from the ICRC. Tens of thousands of them covered their basic expenses, improved their living conditions or produced more food with cash grants or material support from the ICRC. Large numbers of IDPs had a more reliable supply of water after the ICRC repaired vital infrastructure at places hosting them; fewer people were assisted through this than envisaged, because of security-related access constraints faced by the ICRC.

Primary-health-care centres and mobile clinics carried out, with comprehensive support from the ICRC, hundreds of thousands of medical consultations. ICRC support was aimed at improving services at these centres and developing the authorities' ability to run them independently. Health staff at the centres carried out vaccination campaigns – against COVID-19 and other diseases – with support from the Mozambique Red Cross Society and the ICRC. People in conflict-affected communities learnt about the Movement's work, and the services available to them, at information sessions and from radio spots and social-media posts produced by the ICRC and the National Society.

Wounded and sick people were given first aid by people who were trained by the ICRC; such people were also given surgical and other care at two hospitals stocked by the ICRC with wound-dressing kits, medicines and other consumables. People traumatized by violence obtained psychosocial support and/or other assistance for coping with emotional distress from ICRC-trained health workers and National Society staff.

Members of families dispersed by violence, migration, detention or natural disasters used the Movement's family-links services to reconnect or reunite with relatives. With technical and material support from the ICRC, authorities, forensic professionals and others developed their ability to handle human remains in line with international standards, which also meant protecting the dignity of the dead and increasing the likelihood of their identification.

The ICRC visited, in accordance with its standard procedures, detainees at 12 places of detention, including people held in connection to the conflict in Cabo Delgado. It communicated its findings and recommendations confidentially to the authorities concerned, in order to help improve detainees' treatment and living conditions. Detainees and staff at one prison grew thousands of kilograms of vegetables with tools, seed and other support from the ICRC to work towards diversifying detainees' diets.

Partly as a result of their engagement with the ICRC, the authorities established a national IHL committee, which functioned as a focal point for government efforts to advance the implementation of key IHL and IHL-related treaties.

The National Society, the ICRC and other Movement components met regularly to coordinate their activities in several areas, such as health, protection and financial management.

CIVILIANS

The ICRC engaged closely with IDP communities – via information sessions, for example – to understand their risks and safety concerns more fully, and tackle these more effectively. It reminded the authorities and weapon bearers of their obligation under IHL and other applicable law to protect civilians from violence and abuse, including sexual violence, and ensure their safe and unhindered access to humanitarian aid and essential services such as health care. Armed forces personnel and other weapon bearers learnt about their duties in these areas at ICRC information and training sessions (see

Actors of influence). The ICRC also recommended measures to provide safe passage for IDPs willing to return to their places of origin. It discussed, with the authorities and UNICEF, the situation of minors previously associated with armed groups and being held in administrative detention, with a view to having them transferred to more suitable facilities or reuniting them with their families.

The ICRC documented allegations of IHL violations, including incidents of sexual violence, for its discussions with the authorities; several victims/survivors were referred to providers of psychosocial support and/or other assistance. Mozambique Red Cross Society personnel also learnt how to provide psychosocial support at ICRC training sessions. People in conflict-affected communities learnt about the Movement's work, and the services available to them, through an ICRC helpline and from the National Society and ICRC's information sessions, social-media posts and radio spots (see *Actors of influence*).

Conflict-affected people meet their essential needs

The ICRC continued to respond to humanitarian needs among IDPs, returnees and vulnerable families from host communities. Around 6,200 households (31,100 people) had improved living conditions with household essentials such as kitchen sets and mosquito nets provided by the National Society and the ICRC; National Society volunteers learnt to organize such aid distributions themselves, with on-the-job training from the ICRC. Some 4,500 households (22,600 people) paid for basic necessities and, in some cases, pursued livelihood opportunities, with cash grants from the ICRC; most were given the cash in one or two instalments, while some with specific concerns, such as missing people's families, were given money more regularly. Approximately 6,800 farming and fishing households (34,000 people) produced food with tools and supplies, such as seed and fishing kits, provided to them by the ICRC.

People obtained preventive, curative and antenatal/postnatal care, vaccinations and other services at 12 primary-health-care centres and two mobile clinics that benefited from the ICRC's support. This support was aimed at improving services at these centres and developing the authorities' ability to run them independently. It gave the centres expert guidance and the supplies and equipment necessary for their daily operations, such as furniture, medicines and fuel; it also funded cash incentives for health ministry officials who provided the centres with their own expert guidance. Health workers, attending ICRC information sessions, learnt about their rights and the protection due to them, and to their patients, under applicable law. Ten of the centres had new or newly-renovated consultation rooms, water-supply systems and other vital infrastructure thanks to construction work carried out by the ICRC; four of the centres in one city made use of a pharmaceutical storage facility that the ICRC had built for them.

Health staff at the 12 centres administered over 134,000 doses of vaccines at the centres, and millions more through a vaccination campaign – against COVID-19 and other diseases – that the ICRC supported with fuel and other supplies. Communities learnt more about the importance of vaccination against COVID-19 and other diseases through initiatives carried out by community-based health workers and National Society volunteers with technical and material support from the ICRC.

Around 41,600 people had a more reliable supply of water after the ICRC repaired vital infrastructure at places hosting large numbers of displaced people. National Society volunteers and some 200 people from local water committees operated and maintained these water systems, with the help of training conducted jointly by the National Society and the ICRC. The ICRC assisted fewer people than envisaged with these activities, because of security-related access constraints, which prompted it to focus its work on areas to which it already had access.

Members of dispersed families reconnect and the authorities work to resolve missing persons cases

Members of families dispersed by violence – particularly the attacks in Ancuabe – migration, detention or natural disasters used the Movement's family-links services to reconnect or be reunited. Notably, five people, including four minors, were reunited with their families through these services, and 924 phone calls between family members were facilitated. Six people who had been detained in Lesotho obtained attestations of detention with the ICRC's support, which enabled them to provide proof of their identity and legal status, and travel to rejoin their families. Detained foreigners notified their consular representatives of their arrest with ICRC support (see *People deprived of their freedom*) and six refugee students used emergency travel documents – issued by the ICRC at the request of the UNHCR – to obtain visas for traveling abroad to avail themselves of scholarships. People learnt about family-links services through ICRC information sessions and from community leaders who attended such sessions.

The National Society, with support from the ICRC, expanded its capacities in restoring family links. National Society volunteers learnt how to carry out family-links activities through training and on-the-job guidance from the ICRC.

Missing people's families obtained financial support from the ICRC (see above) and food, psychosocial support, shelter and other assistance from other organizations or service providers to whom the ICRC had referred them.

The ICRC impressed upon the authorities, forensic professionals and others the importance of handling human remains in line with international standards, which also meant protecting the dignity of the dead and increasing the likelihood of their identification. Some of them further developed their knowledge of carrying out or facilitating forensic investigations by studying guidance documents from the ICRC or by attending, with the ICRC's support, a conference on the subject. Some of the guidance documents covered advanced or specialized areas such as the examination of mass graves and the integration of humanitarian mine action and humanitarian forensic work; the latter was shared in contexts where work to recover bodies was endangered by weapon contamination. Personnel from a DNA lab learnt ways to expand their lab's capacities at a training course that they attended with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 12 places of detention, including some temporary detention facilities, holding people detained in connection to the conflict in Cabo Delgado. Detainees with specific vulnerabilities – sick or malnourished people, women, children and people whose detention was linked to armed conflict – were monitored individually. The ICRC continued to seek access to all detainees within its purview.

Findings and recommendations from these visits were communicated confidentially to the authorities concerned. The ICRC gave them expert advice for improving detainees' treatment and living conditions. Minors, women, children accompanying their mothers, and other detainees with specific needs were given clothes, hygiene kits and other essentials by the ICRC to help improve their living conditions; some detainees also received similar items that their relatives had bought and relayed through the ICRC. Six malnourished children accompanying their mothers in detention were assessed and treated by UNICEF, which gained access to them as a result of the ICRC's intercession with the authorities.

The ICRC provided tools, seed, fertilizer, training and other support for a farm project in which detainees and staff grew thousands of kilograms of vegetables to add to some 620 detainees' meals, aiming to diversify their diets. This project, managed by the authorities together with the ICRC, was unable to reach its target of assisting 1,500 detainees because of administrative constraints on the use of some land.

Some 520 detainees had more sanitary conditions after the ICRC renovated hand pumps and kitchen equipment at two detention facilities; it also progressed renovations for latrines, showers and other infrastructure at one of the facilities. Penitentiary authorities learnt about maintaining prison infrastructure, and exchanged experiences with their counterparts from other countries, at an ICRC workshop in Nairobi, Kenya (see *Nairobi*) that the ICRC enabled them to attend. In addition, some were also able to attend and actively contribute to the first World Conference on Health in Detention organised by the ICRC in Geneva, Switzerland (see *Headquarters – Protection and Essential Services*).

Detainees used RCMs and other Movement family-links services to contact their relatives. Aided by the ICRC, some foreign detainees notified their consular representatives of their arrest. Upon their release from detention, 28 people returned to their homes with the ICRC's financial support, and were given hygiene items to help them maintain dignified living conditions.

WOUNDED AND SICK

Health services in Cabo Delgado used support from the Mozambique Red Cross Society and the ICRC to build up their operational capacities and better ensure that wounded and other violence-affected people had access to life-saving first aid and timely hospital care.

Wounded and sick people were given first aid by people trained by the ICRC; some 150 people in all – National Society volunteers, health workers and members of the community, such as teachers and religious leaders – attended the ICRC's training sessions.

Hundreds of people – including IDPs and wounded people – were stabilized and/or transported to hospitals by ambulance services provided with fuel and motorcycle ambulances by the ICRC. They were also given surgical and other care at two hospitals stocked by the ICRC with wound-dressing kits, medicines and other consumables. Three hospitals were better prepared to manage the dead safely and with due dignity with body bags given to them by the ICRC. The ICRC made progress in the construction of a rural hospital in Ibo. Civilian and military medical personnel learnt about treating weapon-wounded people at an ICRC workshop.

People traumatized by violence obtained psychosocial support and/or other assistance for coping with emotional distress from ICRC-trained health workers and National Society staff, who also organized information sessions at which nearly 10,000 people learnt about mental-health issues prevalent among people with experience of armed conflict and forced displacement, and how to cope with these.

ACTORS OF INFLUENCE

The ICRC maintained its contact with the armed forces and security forces in the country, with a view to furthering their understanding of IHL, international human rights law and other norms applicable to their duties. Weapon bearers added to their knowledge in these areas through training and information sessions organized by the ICRC; some of them were also trained in instructing others. Officers were given expert advice for integrating pertinent norms into their training, doctrine and operations. Some of them attended a workshop on international rules governing military operations that was held in Indonesia (see *Headquarters – Protection and Essential Services*).

Authorities work to implement IHL and related treaties

The ICRC urged the authorities to advance the implementation of key IHL and IHL-related treaties, such as the Treaty on the Prohibition of Nuclear Weapons and the African Union Convention on IDPs. Guided by the ICRC, government officials developed plans for this. Key officials attended the ICRC's regional IHL seminar and its All Africa Course on IHL, both held in Pretoria, South Africa (see *Pretoria*). Partly as a result of their engagement with the ICRC, the authorities established a national IHL committee, composed of representatives from key government ministries. It functioned as a focal point for government efforts to advance the implementation of key IHL and IHL-related treaties. Together with the authorities and at their request, the ICRC organized the committee's annual meeting.

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

The ICRC sought to secure acceptance for its neutral, impartial and independent humanitarian action, and influence discussion of humanitarian issues, by promoting humanitarian principles,

IHL, and its own mandate and activities among religious and community leaders, journalists and other key members of civil society. Members of parliament learnt about these matters, and the ICRC's perspective on them, in discussions with the ICRC. Media coverage of the ICRC's work, including interviews with ICRC officials, helped to keep the public abreast of developments in these areas; members of the public also learnt about the ICRC's work, and the services available to them, from the ICRC's social-media posts and through other means (see *Civilians*).

Religious leaders and Islamic scholars – with potential influence over communities and weapon bearers – learnt about the points of correspondence between IHL and Islamic law at meetings, seminars and other events organized by the ICRC. Students from six universities learnt about IHL through participation in an ICRC essay-writing competition, and at training sessions organized by the authorities and the ICRC.

Aided by the ICRC, the Mozambique Red Cross Society publicized its work, including activities that it had carried out with the ICRC. It also developed its capacities in public communications with help from the ICRC; the ICRC provided it with financial support, expert guidance and training for its staff.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC reinforced its partnership with the Mozambique Red Cross Society, and provided it with support for advancing its organizational development and strengthening its operational capacities in conflict-affected areas. For example, financial support from the ICRC helped to cover the costs of providing National Society volunteers with personal protective equipment and financial incentives for work in connection with the COVID-19 pandemic, such as the installation of handwashing points and disinfection of public transportation. ICRC training enabled National Society volunteers to learn first aid and self-protective measures in line with the Safer Access Framework.

The National Society, the ICRC and other Movement components met regularly to coordinate their work in several areas, such as health, protection and financial management.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	26			
RCMs distributed	25			
Phone calls facilitated between family members	929			
Reunifications, transfers and repatriations				
People reunited with their families	5			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	1,123	348	252	250
Tracing cases closed positively (subject located or fate established)	387			
Tracing cases still being handled at the end of the reporting period (people)	6,421	1,867	1,770	1,388
including people for whom tracing requests were registered by another delegation	9			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered by the ICRC/National Society	50	21		
UAMs/SC reunited with their families by the ICRC/National Society	4	3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	43	15		
Documents				
People to whom travel documents were issued	6			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	12			
Detainees in places of detention visited	5,206	191	208	
Visits carried out	36			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	368	112	37	16
of whom newly registered	256	97	37	15
RCMs and other means of family contact				
RCMs collected	108			
RCMs distributed	25			
Phone calls made to families to inform them of the whereabouts of a detained relative	125			

MAIN FIGURES AND INDICATORS: ASSISTANCE

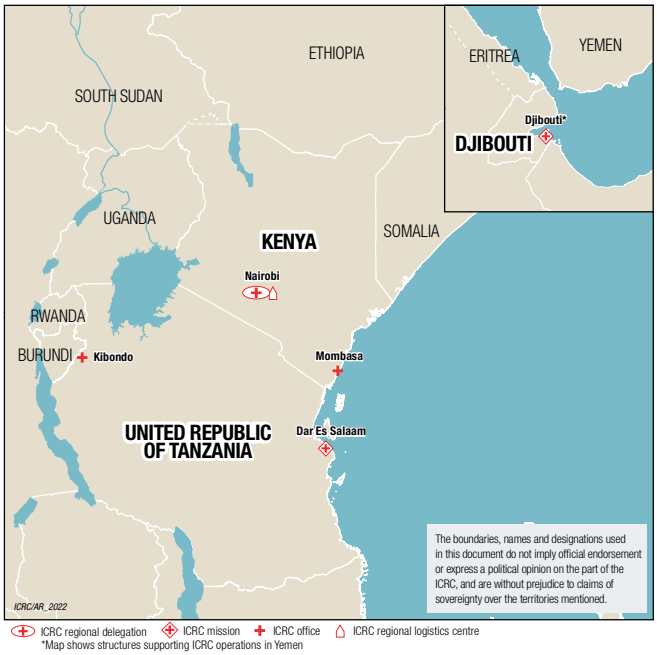
CIVILIANS		Total	Women	Children
Economic security				
Food production	People	34,000	11,898	9,400
of whom IDPs		30,600	10,709	8,460
Income support	People	22,610	7,910	7,915
of whom IDPs		22,607	7,909	7,914
Living conditions	People	31,135	11,194	10,900
of whom IDPs		29,541	10,637	10,341
Water and habitat				
Water and habitat activities	People	41,585	22,511	7,747
of whom IDPs		19,604	10,586	3,921
Primary health care				
Health centres supported	Structures	12		
of which health centres supported regularly		12		
Average catchment population		351,165		
Services at health centres supported regularly				
Consultations		469,979		
of which curative		431,883	117,626	213,648
of which antenatal		38,096		
Vaccines provided	Doses	134,660		
of which polio vaccines for children under 5 years of age		73,762		
Referrals to a second level of care	Patients	1,115		
of whom gynaecological/obstetric cases		695		
Mental health and psychosocial support				
People who received mental-health support		*		
People who attended information sessions on mental health		9,957		
People trained in mental-health care and psychosocial support		421		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	622	70	12
Water and habitat				
Water and habitat activities	People	520	390	130
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,370		
Weapon-wound admissions (surgical and non-surgical admissions)		*	*	*
Weapon-wound surgeries performed		39		
First aid				
First-aid training				
Sessions		10		
Participants (aggregated monthly data)		193		

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

NAIROBI (regional)

COVERING: *Djibouti, Kenya, United Republic of Tanzania*

The ICRC's regional delegation in Nairobi was set up in 1974. It has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflicts or other situations of violence, visiting detainees of concern to the ICRC, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in central and eastern Africa, and further afield.



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

KEY RESULTS/CONSTRAINTS IN 2022

- Tens of thousands of people affected by violence and climate shocks met their basic needs, increased their income and had access to water and health care, thanks to expanded support from the ICRC and the Kenyan Red Cross.
- Refugees, asylum seekers and other migrants in the countries covered reconnected with relatives through family-links services. Aided by the ICRC, authorities in Djibouti worked to improve the management of human remains.
- In Kenya, the ICRC helped penitentiary authorities improve detainees' treatment and living conditions. It visited detainees held under restrictive regimes at several prisons in Kenya, and detainees at one prison in Djibouti.
- In the United Republic of Tanzania (hereafter Tanzania), people with disabilities received physical rehabilitation services and other assistance from local projects supported by the ICRC.
- Authorities, weapon bearers, religious leaders, academics and the general public broadened their awareness of IHL, humanitarian issues and the ICRC's activities, through ICRC-organized or -supported workshops and other means.
- Support from the ICRC enabled the National Societies in the countries covered to assist migrants and others affected by violence and climatic shocks. The ICRC coordinated the activities of Movement components in the region.

EXPENDITURE IN KCHF	
Protection	5,119
Assistance	6,614
Prevention	3,915
Cooperation with National Societies	2,177
General	1,262
Total	**19,088**
Of which: Overheads	*1,165*
IMPLEMENTATION RATE	
Expenditure/yearly budget	100%
PERSONNEL	
Mobile staff	94
Resident staff (daily workers not included)	496

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	7,047
RCMs distributed	5,604
Phone calls facilitated between family members	207,443
Tracing cases closed positively (subject located or fate established)	122
People reunited with their families	44
of whom unaccompanied minors/separated children	40
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	10,835
Visits carried out	13
Protection of family links	
RCMs collected	18
RCMs distributed	4

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	12,000	12,000
Food production	People	3,000	3,120
Income support	People	44,736	45,663
Living conditions	People	18,000	24,000
Water and habitat			
Water and habitat activities	People	47,900	87,775
Health			
Health centres supported	Structures	2	1
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	People	14,900	12,713
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	4	4

CONTEXT

In Kenya, military and security forces continued to conduct operations along the coast and in north-eastern areas bordering Somalia, in response to attacks by groups reportedly affiliated with the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). They also dealt with communal violence in various parts of the country. Arrests were made during these operations.

Communities in coastal and north-eastern Kenya, affected by prolonged drought, continued to endure injuries and deaths, displacement and disrupted essential services and livelihoods. The fragile security situation sometimes restricted sustained humanitarian access.

Tanzanian forces carried out security operations along the country's southern border, in connection with the conflict in northern Mozambique (see *Mozambique*). The presence of humanitarian actors remained limited.

Djibouti, Kenya and Tanzania hosted refugees, asylum seekers and other migrants, and displaced people, from the wider region: people who had fled Ethiopia, Somalia (see *Somalia*) or South Sudan to Kenya; Burundi, the Democratic Republic of the Congo, or Mozambique to Tanzania; and Eritrea, Ethiopia or Yemen to Djibouti. Some refugees were in camps while others settled in urban areas.

In the countries covered, members of families separated by migration, detention or other circumstances had difficulty staying in touch. People in refugee camps and other migrants voiced out concerns about their safety, such as more stringent movement restrictions within camps and abuse in their countries of origin or during their journeys. In Djibouti, local institutions needed assistance to manage migrants' remains, identify them and inform the families concerned.

A new administration took office in Kenya in September 2022.

ICRC ACTION AND RESULTS

The ICRC monitored the protection-related concerns of violence-affected people, including migrants, who discussed their needs with the ICRC and gave their views on its activities. Migrants and others separated from their relatives used family-links services offered by the National Societies and the ICRC to reconnect with their families. Aided by the ICRC, authorities in Djibouti worked to improve the management of human remains.

In Kenya, the ICRC expanded its activities and launched new initiatives[1] to restore people's access to food and help them build resilience to the overlapping effects of violence, drought and economic shocks. It gave the Kenya Red Cross Society more support for developing its ability to participate in joint activities, particularly in the border counties of Garissa, Lamu, Mandera and Wajir, and intensified its efforts to engage with local actors to broaden acceptance for the Movement's activities. Because of the efforts of the ICRC and the National Society, tens of thousands of people were able to cover their basic expenses and emergency needs, grow their own food, supplement their income, access potable water and/or obtain health care.

Medical services in the countries covered were supported by the ICRC. In Tanzania, the ICRC supported projects for people with physical disabilities, including a physical rehabilitation centre, a training centre for prosthetists/ orthotists, and local disability sports organizations. A hospital in Mombasa, Kenya received ICRC technical support for developing capacities in mass-casualty management. Surgeons from Kenya and Somalia attended an ICRC course in war surgery.

The ICRC visited detainees held under restrictive regimes at several Kenyan prisons, and detainees at one Djiboutian prison. It supported penitentiary authorities' efforts to improve detainees' living conditions and access to family contact and health care, including protection against COVID-19. Penitentiary authorities attended workshops on prison management organized by the ICRC. Likewise, the ICRC, Kenyan penitentiary authorities and the African Correctional Services Association organized a regional workshop on prison infrastructure, with a view to promoting more humane detention conditions.

The ICRC pursued engagement with authorities and weapon bearers to advance their understanding of IHL and the Movement's work. It urged the authorities to incorporate key IHL provisions in domestic law. It broadened – via traditional and online media – public awareness of its mission and work, the nature and proper use of the red cross and red crescent emblems, and issues of humanitarian concern. It also helped the National Societies develop the capacities necessary to explain the Movement's work to the wider public. It interacted with religious scholars and organized events for academics to develop local interest and expertise in IHL.

Support from the ICRC and other Movement components helped the National Societies in Djibouti, Kenya and Tanzania assist migrants and others affected by violence and climate shocks.

The regional delegation in Nairobi remained vital for the ICRC's operations in central and eastern Africa. It sought to influence regional discussions and policies affecting humanitarian action. As in past years, neighbouring delegations received supplies through the regional logistics centre in Nairobi, and staff at the Djibouti mission provided administrative and logistical support for the ICRC's operations in Yemen. A centre of expertise, hosted at the regional delegation, helped several ICRC delegations implement preliminary studies towards using cleaner energy in their premises; this work was supported through the ICRC's Climate and Environment Transition Fund.

CIVILIANS

Promoting protection for people affected by violence

The regional delegation in Nairobi, together with delegations in neighbouring countries and in partnership with the pertinent National Societies, monitored the protection-related concerns of people affected by violence – particularly refugees, asylum seekers and other migrants – and people in

1. See the budget extension appeal on the ICRC Extranet for Donors.

areas where security operations were taking place. In Kenya, 230 security forces officers attended ICRC training sessions, where they learnt about the necessity of respecting people's rights during security operations (see *Actors of influence*).

The ICRC organized group discussions and interviews to understand the needs of communities affected by violence more fully and learn what they thought of its activities. The ICRC used information sessions, radio spots and other means to alert communities to the existence of its family-links and other services.

Certain activities had to be cancelled, such as: community-based workshops on devising self-protection measures in Kenya, owing to the fragile security situation and election-related movement restrictions; and economic-security projects in Tanzania, because of administrative constraints at the Tanzania Red Cross Society. Where possible, the ICRC redirected resources to its response to drought (see below).

Communities in Kenya work towards developing their resilience to the effects of violence and drought

The ICRC and the Kenya Red Cross Society focused on helping violence-affected communities in the coastal and north-eastern parts of Kenya, while also expanding its assistance for drought-affected people in the border counties of Garissa, Lamu, Mandera and Wajir, where humanitarian access was challenging, because of the spillover effects of the armed conflict in Somalia. It gave the Kenyan Red Cross more support to participate in joint activities.

In remote areas where markets were not functioning, 12,000 people (2,000 households) were given two months' worth of food rations (rice, beans, etc.) to tide them over the lean season. To help ease their living conditions, 24,000 people (4,000 households) received cash to cover urgent expenses; some of them used part of the cash to buy livestock or start small businesses. Drought-resistant seed from the ICRC enabled 520 farming households (3,120 people) to grow crops and vegetables. Some farmers were trained in agricultural best practices by the ICRC, and given the necessary equipment, enabling them to help others in the community increase their crop yield.

The ICRC gave roughly 5,000 pastoralist households (around 30,000 people) nutrient-dense feed for their livestock, which increased animal pregnancies and milk production. This support helped them sustain their livelihood despite the ongoing drought. Another 500 households (3,000 people) took part in ICRC cash-for-work projects, for instance, to rehabilitate water points (see below), which helped boost their income.

Various forms of income support were also provided to about 2,000 other households (over 12,000 people), in collaboration with several ministries. Fishermen were given environmentally friendly fishing equipment, and the ICRC organized a workshop to connect them with potential investors. Beekeeping households received protective clothing and honey-harvesting equipment. Community disease reporters were trained and equipped to help herders in disease surveillance; they also helped the livestock ministry implement vaccination/treatment campaigns. Members of savings and loans associations were instructed in financial management. Several other ICRC-sponsored breadwinners learnt vocational skills in training programmes; some of those who had completed their training in 2021 started apprenticeships at a local company.

Violence-affected communities had broader access to potable water for household consumption, and for their livestock, after the Kenyan Red Cross and the ICRC's other local partners completed infrastructure projects (e.g. installing a rainwater catchment system). To improve sanitation, the ICRC and the Kenyan Red Cross conducted hygiene-promotion sessions and provided support for community-led initiatives to construct latrines. As part of its drought response, the ICRC gave the communities affected cash to buy water and/or repair water points for their use. All these activities benefited some 90,000 people.

The ICRC shifted its plans from supporting mobile clinics to outreach activities to abandoned health facilities, after the Kenyan Red Cross and the health ministry decided that implementing such an approach would benefit residents and displaced people more. As a result, over 2,000 children were vaccinated; about 600 pregnant women received antenatal consultations; and some 650 family-planning sessions took place in Garissa – with technical and financial support, and medical supplies, from the ICRC. ICRC-supported Kenyan Red Cross personnel participated in vaccination campaigns against COVID-19 in Lamu.

Migrants restore contact with their families

The National Societies in Djibouti, Kenya and Tanzania helped migrants and other people to restore contact with their relatives separated from them, including during emergencies, through RCMs, internet connectivity and other family-links services; the ICRC arranged 207,443 phone calls between family members. People lodged requests for information on missing relatives via a website managed by the ICRC (tracetheface.org). The ICRC issued emergency travel documents for an Ethiopian family in Kenya that was to be reunited with their relatives in Ireland.

Representatives from these National Societies and ICRC delegations throughout Africa discussed the protection of family links at an ICRC-organized regional meeting in Nairobi.

The Burundi Red Cross, the Tanzanian Red Cross and the ICRC helped 40 unaccompanied minors and 4 adults that were staying in Tanzanian camps to rejoin their families in Burundi. The Red Crescent Society of Djibouti and the ICRC reviewed the effectiveness of booklets containing safety tips for migrants – that the ICRC had distributed at refugee camps and along migration routes – to improve future versions.

The ICRC provided the National Societies with equipment, training, funding and guidance for strengthening their family-links services, in line with pertinent data-protection standards. The National Societies and the ICRC coordinated their activities with those of other organizations assisting migrants. For instance, on migration routes not covered by the IOM, the ICRC supported a mobile emergency unit run by

the Djiboutian National Society that provided family-links services and assistance (e.g. water, food and first aid) for some 150 migrants who passed through Djibouti on their way from Ethiopia to countries in the Middle East.

The ICRC handed over to the Tanzanian Red Cross a case-management application, developed by the ICRC, with a view to providing family-links services efficiently and securely.

Djiboutian authorities are given support to manage human remains

Together with the Djiboutian National Society, the ICRC provided the authorities with guidance to develop forensic capacities and formalize policies for managing human remains. Fifteen religious leaders learnt about proper management of the dead at ICRC information sessions (see *Actors of influence*).

In Nairobi, hundreds of participants, including forensic professionals and representatives from African organizations and government agencies, attended a symposium hosted by the ICRC and DNAforAfrica on DNA profiling and other topics.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and contact their families

The ICRC visited – in accordance with its standard procedures – detainees held under restrictive regimes and other detainees within its purview at several prisons in Kenya. Findings and recommendations from these visits were communicated confidentially to the pertinent authorities, to help them bring detainees' treatment and living conditions in line with internationally recognized standards. The ICRC organized workshops for penitentiary authorities on prison management, overcrowding in prisons and the specific needs of detainees.

Detainees at 128 prisons in Kenya stayed in touch with their families through phone calls arranged by the Kenyan Red Cross and the ICRC.

The ICRC visited detainees at one detention facility in Djibouti, and helped the penitentiary authorities provide phone services to detainees.

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

The ICRC held meetings with penitentiary authorities, the health ministry and the Kenyan Red Cross on establishing an electronic health database for prisons. At a related ICRC-organized workshop, health staff drafted procedures for creating medical records for individual detainees, in line with medical ethics; these procedures were adopted by penitentiary authorities. To help prevent the spread of COVID-19 in prisons, penitentiary authorities received ICRC support for vaccinating prison staff and detainees, and donations of personal protective equipment (PPE). The ICRC renovated quarantine facilities at three prisons.

The ICRC and the penitentiary authorities completed water and sanitation projects at five Kenyan prisons, with other projects ongoing. In response to cholera outbreaks at several prisons, the ICRC also donated chlorine and sprayers. All these activities benefited about 13,000 detainees.

In June, penitentiary authorities from 13 African countries attended a five-day workshop on prison infrastructure in Nairobi, with a view to promoting more humane detention conditions. The event was organized by the ICRC, Kenyan penitentiary authorities and the African Correctional Services Association, in preparation for drafting a manual on operating and maintaining prison infrastructure.

With the ICRC's help, prison health staff across the region attended events organized by the ICRC in Kenya and other countries, such as the World Conference on Health in Detention (see *Headquarters – Protection and Essential Services*).

WOUNDED AND SICK

Health professionals in Kenya develop their capacities

The ICRC continued to provide the emergency department at a hospital in Mombasa with support to improve triage, patient flow and procedures for admission. During the first half of the year, the hospital finalized a contingency plan for mass-casualty emergencies, with ICRC technical support and in coordination with the health ministry and the Kenyan Red Cross. Training sessions for hospital staff were then conducted by the ICRC, which culminated in a mass-casualty drill to assess the hospital's level of preparedness and incorporate lessons learnt in future revisions of the plan.

In May, the ICRC organized a course in war surgery for 27 surgeons and resident doctors from civilian and military hospitals in violence-affected areas of Kenya and Somalia. Some of them were also given training to prepare for mass-casualty emergencies (see above).

Together with the National Societies in Djibouti, Kenya and Tanzania, the ICRC organized first-aid training for Hajj guides, religious leaders and others (see *Actors of influence*).

People with physical disabilities in Tanzania have access to rehabilitative services

In Tanzania, 4,643 people[2] with disabilities – including 4,052 children and 334 women – obtained physical rehabilitation services at a community-based centre receiving ICRC support. The ICRC mentored staff and provided technical guidance in making prosthetic devices for patients in refugee camps and host communities, and others. Some patients received financial assistance from the ICRC to avail themselves of rehabilitative services. In connection with the ICRC phasing out its support for the centre, it assessed the impact of its activities and shared its findings with the centre's management.

The ICRC continued to support a training centre for prosthetists/orthotists, including assistance in developing the centre's online learning platform. Local professionals attended a course on foot orthotics and diabetic foot management organized by the ICRC and the centre, together with a national association of prosthetists/orthotists. Tools and equipment for evaluating patients and making assistive devices were donated to the centre by the ICRC.

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

Two disability sports organizations received training, crutches, sports wheelchairs and other equipment from the ICRC.

ACTORS OF INFLUENCE

Various groups of people familiarize themselves with IHL and the Movement

National authorities, weapon bearers, representatives of the international community, academics, community and religious leaders and others furthered their understanding of IHL, humanitarian issues, and the Movement's role and its activities, through various forums and other events organized by the ICRC – together with the National Societies in the countries covered, whenever possible. At briefings, dissemination sessions and workshops, these people – including members of the Kenya Police Service, officers from the Tanzania People's Defence Force and the Tanzania Police Force, and members of the Djibouti National Gendarmerie and the Djibouti National Police – learnt more about IHL and other applicable norms, and the Movement's work. The ICRC organized a workshop on partnered military operations, jointly with the Kenya Defence Forces, for military commanders from 17 other countries.

The ICRC and the National Societies in Djibouti and Kenya used both traditional and online media (e.g. radio spots, flyers, news releases, social-media posts) to relay humanitarian messages to the public, and publicize the ICRC's activities and proper use of the red cross and red crescent emblems. The ICRC gave both National Societies funding, training and other support to expand their capacities in public communication. Members of the media in Kenya attended a workshop on the Movement.

The ICRC engaged with academics in Djibouti, Kenya and Tanzania, with a view to developing local interest and expertise in IHL. A Kenyan university published the first issue of its online IHL journal. The ICRC had signed a memorandum of understanding with the university in 2021, with a view to providing a platform for people in East Africa to discuss IHL and humanitarian issues. Students in the countries covered and lecturers/policymakers participated in IHL training and competitions and attended IHL courses, respectively. In November, university students from nine countries tested their grasp of IHL at the All Africa moot court competition that the ICRC hosted in Arusha, Tanzania.

The ICRC maintained contact with religious scholars in the countries covered, via online discussions and in-person meetings. In Kenya and Tanzania, books on IHL and Islam in Arabic or Kiswahili were distributed to various scholars and clerics.

The ICRC continued to urge authorities in the countries covered to incorporate key IHL provisions and IHL-related treaties in domestic law. It continued to provide guidance for the national IHL committees in Djibouti and Kenya. It hosted a seminar on IHL implementation for government officials from eight East African countries.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Djibouti, Kenya and Tanzania developed their ability to assist people affected by violence and climate shocks with comprehensive support from the ICRC and other Movement components. National Society branches in north-eastern Kenya were able to prepare for the possibility of electoral violence and respond to the growth in humanitarian needs created by severe drought. The ICRC signed partnership agreements with the National Societies for implementing joint activities.

The ICRC helped the National Societies cover their running costs, such as the salaries of key personnel. Some 250 Kenyan National Society volunteers learnt about the Safer Access Framework at ICRC workshops. The ICRC donated PPE and life jackets to volunteers, and electronic devices, ICT equipment and cars to branches of the Kenyan Red Cross. At the ICRC's invitation, five Kenyan National Society personnel took a certification course in data protection. Plans to further develop the Tanzanian National Society's capacities in emergency response were put on hold owing to administrative constraints.

The National Societies met regularly to coordinate their activities with those of the ICRC and other Movement components working in the region.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	7,047	72		
RCMs distributed	5,604	52		
Phone calls facilitated between family members	207,443			
Reunifications, transfers and repatriations				
People reunited with their families	44			
including people registered by another delegation	4			
People transferred or repatriated	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	251	89	28	6
including people for whom tracing requests were registered by another delegation	17			
Tracing cases closed positively (subject located or fate established)	122			
including people for whom tracing requests were registered by another delegation	26			
Tracing cases still being handled at the end of the reporting period (people)	1,951	500	401	358
including people for whom tracing requests were registered by another delegation	520			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	33	14		
UAMs/SC reunited with their families by the ICRC/National Society	40	17		3
including UAMs/SC registered by another delegation	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	198	77		
Documents				
People to whom travel documents were issued	3			
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	8			
Detainees in places of detention visited	10,835			
Visits carried out	13			
RCMs and other means of family contact				
RCMs collected	18			
RCMs distributed	4			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	12,000	3,221	3,654
Food production	People	3,120	1,097	624
Income support	People	45,663	14,491	3,882
Living conditions	People	24,000	12,000	
Water and habitat				
Water and habitat activities	People	87,775	26,339	31,606
Primary health care				
Health centres supported	Structures	1		
of which health centres supported regularly		1		
Average catchment population		3,845		
Services at health centres supported regularly				
Consultations		638		
of which antenatal		638		
Vaccines provided	Doses	2,133		
of which polio vaccines for children under 5 years of age		721		
Referrals to a second level of care	Patients	*		
of whom gynaecological/obstetric cases		*		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	12,713	2,543	
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		4		
of which physical rehabilitation centres supported regularly		1		
People who benefited from ICRC-supported projects	Aggregated monthly data	5,008		
of whom service users at physical rehabilitation centres (PRCs)		4,643	334	4,052
of whom participants in social inclusion projects not linked to PRCs		365		
of whom weapon-wounded		296		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	62		
Orthoses delivered	Units	1,955		
Physiotherapy sessions		13,885		
Walking aids delivered	Units	157		
Wheelchairs or postural support devices delivered	Units	196		

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

NIGER

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, those affected by communal violence, and vulnerable migrants. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. The ICRC works closely with the Red Cross Society of Niger and helps it develop its operational capacities.

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

KEY RESULTS/CONSTRAINTS IN 2022

- Authorities and weapon bearers were reminded to uphold IHL and other pertinent norms. The ICRC maintained its dialogue with them and with other actors of influence, with the aim of securing its safe access to people in need.
- Violence-affected people covered their urgent and long-term needs with assistance from the Red Cross Society of Niger and the ICRC. Support for farmers and herders was expanded, with a view to increasing food production.
- Communities had better access to clean water, thanks to ICRC projects to upgrade water infrastructure, at times carried out by local partners. Some projects did not take place as planned, given security and logistical constraints.
- People who were ailing, wounded or had disabilities accessed suitable services at primary-health-care facilities, hospitals and/or physical rehabilitation centres supported by the ICRC.
- Detainees, including those held in connection with armed conflict, received standard ICRC visits. Some detainees benefited from the authorities' efforts – reinforced by the ICRC – to meet their basic needs, including health care.
- Members of families separated by conflict and other reasons reconnected via the Movement's family-links services. To facilitate proper identification of dead people, the ICRC trained first responders in managing human remains.

EXPENDITURE IN KCHF	
Protection	5,502
Assistance	33,784
Prevention	3,533
Cooperation with National Societies	1,495
General	225
Total	**44,538**
Of which: Overheads	*2,718*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	61
Resident staff (daily workers not included)	281

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	107
RCMs distributed	53
Phone calls facilitated between family members	23,723
Tracing cases closed positively (subject located or fate established)	84
People reunited with their families	5
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	14
Detainees in places of detention visited	5,566
of whom visited and monitored individually	825
Visits carried out	51
Protection of family links	
RCMs collected	67
RCMs distributed	17
Phone calls made to families to inform them of the whereabouts of a detained relative	239

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	215,600	266,800
Food production	People	623,000	810,009
Income support	People	15,750	3,969
Living conditions	People	70,000	73,068
Capacity-building	People	2,320	5,255
Water and habitat			
Water and habitat activities	People	270,000	147,669
Health			
Health centres supported	Structures	20	15
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	2,390	5,330
Living conditions	People	3,085	5,061
Water and habitat			
Water and habitat activities	People	3,600	5,343
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	12	10
Physical rehabilitation			
Projects supported	Projects	10	10
Water and habitat			
Water and habitat activities	Beds (capacity)	150	285

CONTEXT

Armed groups active in nearby countries (see *Burkina Faso* and *Mali*) were also active in the Tillabery and Tahoua regions of Niger; the armed groups that called themselves "the Islamic State's West Africa Province" and "Jama'atu Ahlis Sunna Lidda'awati wal-Jihad" fought over territory in the Diffa region and elsewhere in the Lake Chad area (see *Chad*, *Nigeria* and *Yaoundé*).

Niger undertook military and security operations against these groups by itself or in regional coalitions, notably as a member of the Multinational Joint Task Force. These operations sometimes led to arrests.

The violence intensified throughout the year and was exacerbated by communal tensions and criminality. Civilians continued to suffer the consequences: hundreds of thousands were displaced within Niger or to neighbouring countries. The government's efforts to facilitate the safe return of IDPs home were affected by the volatile situation.

The combined effects of armed conflict and other situations of violence, climate shocks like drought and floods, and the COVID-19 pandemic made food security a major concern. Health care and other essential services were not readily available to many displaced people and residents, and detainees.

Migrants on their way to North Africa and Europe passed through Niger, particularly the Agadez region.

ICRC ACTION AND RESULTS

The ICRC, together with the Red Cross Society of Niger and other local partners, strove to protect and assist people dealing with the combined effects of conflict and other violence, climate risks, and the pandemic. It opened new offices in Tahoua and Maradi – in May and June, respectively – to better respond to the growing needs in those areas. Food insecurity in Niger and other parts of Africa prompted the ICRC to step up its provision of aid.[1] It carried out its activities in accordance with COVID-19 safety protocols.

In view of the prevailing situation, the ICRC maintained regular dialogue with authorities, weapon bearers and other influential actors capable of facilitating its safe access to communities in need, with the aim of securing their acceptance for principled humanitarian action and IHL. This enabled it, at times, to assist more people than planned. Security and/or logistical constraints nevertheless affected implementation of certain activities; the ICRC endeavoured to adapt by working through local partners. It documented allegations of violations of IHL and other pertinent norms, and relayed them to the parties concerned, with a view to ending or preventing such violations. The ICRC continued to give military and security forces expert advice for integrating IHL and international human rights law into their doctrine, training and operations.

1. See the budget extension appeal on the ICRC Extranet for Donors.

IDPs, residents, returnees and refugees drew on various forms of ICRC assistance, often provided with the National Society, to meet their basic needs and become more self-sufficient. Households struggling with food insecurity were given rations or electronic vouchers, for buying goods at small markets set up by the ICRC. People affected by violence or natural disasters received household essentials. Farmers and herders benefited from seed, tools, fodder and/or veterinary services provided by the ICRC, which expanded this support to increase food production. Women, people with disabilities and other breadwinners pursued livelihoods, with ICRC cash grants and/or other support, or earned money through ICRC cash-for-work projects; fewer people than planned benefited as the ICRC adapted its response to focus on addressing needs related to food insecurity.

Communities had better access to clean water for household and livelihood use, thanks to ICRC projects to upgrade water infrastructure, at times undertaken by local partners; some projects did not take place as planned, given security or technical concerns. Together with the National Society, the ICRC built latrines, distributed hygiene items and/or conducted hygiene-promotion sessions, enabling people to have more sanitary conditions.

The ICRC provided health facilities in violence-affected areas with medical supplies, infrastructural upgrades and technical and other support. At primary-health-care centres, people had access to such services as curative and antenatal consultations, vaccination and referrals for further care. Ailing and injured people requiring higher-level treatment obtained good-quality services at hospitals. People with disabilities obtained suitable care and/or assistive devices, for free, from physical rehabilitation centres.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to detainees with specific needs, such as those held in connection with conflict. It continued to support prison authorities' efforts to meet detainees' basic needs, such as health care. Detainees had access to health care at ICRC-supported prison clinics. Material aid – including therapeutic and supplementary food, and hygiene items – and infrastructural upgrades helped improve detainees' living conditions.

Members of families separated by conflict, other violence, detention, or migration reconnected using the Movement's family-links services. To facilitate proper identification of people killed during clashes, the ICRC trained health workers and other first responders in managing human remains.

The National Society was given support to do its work in safety, expand its capacities, and coordinate its activities with those of other Movement components.

CIVILIANS

The ICRC maintained regular dialogue with authorities, weapon bearers and other influential actors capable of facilitating its safe access to communities in need. This enabled it, at times, to assist more people than planned. Security and/or

logistical constraints nevertheless impeded implementation of certain activities; the ICRC endeavoured to adapt by working through local partners.

To better understand their safety and other needs and support them in developing a suitable response, the ICRC sought to maintain proximity to crisis-stricken communities.

Parties to conflict are urged to respect IHL and other pertinent norms

The ICRC monitored the situation of violence-affected people, including migrants and others with specific needs, and documented allegations of violations of IHL and other applicable norms, including sexual violence and attacks against health services. With a view to preventing or ending such violations, it communicated the allegations confidentially to the parties concerned. It discussed the conduct of military and security operations – particularly in Diffa, northern Tahoua and Tillabery – with the pertinent Nigerien officials (see *Actors of influence*). It also engaged the authorities in dialogue on ensuring the voluntary, safe return of IDPs home.

Violence-affected people cover their immediate and longer-term needs

IDPs, residents, returnees and refugees in violence-affected areas drew on various forms of ICRC assistance, often provided with the National Society, to meet their basic needs and increase their self-sufficiency.

Around 28,000 food-insecure households (195,260 people) obtained rations or electronic vouchers. The rations included a nutrient-enriched cereal blend to help avert malnutrition among children and pregnant or lactating women. Households used the electronic vouchers to buy maize, rice and other goods at small markets that the ICRC established in places where poor security conditions had closed down local markets. Such assistance helped farming households (see below) avoid consuming seed meant for planting. ICRC material, technical and financial input to cereal banks enabled them to offer roughly 10,000 other households (71,540 people) millet at lower prices.

Approximately 10,000 households (73,068 people) affected by violence, fires or floods were given clothes, shelter materials and/or other household essentials.

The ICRC expanded support for farmers and herders in Agadez, Diffa, Tahoua and Tillabery, to increase their food production. In Diffa, which was particularly conflict-affected, they included people who benefited from a multi-year project to build their resilience. Around 13,000 farming households (90,202 people) planted staple crops and vegetables, using ICRC-donated seed and tools, and/or cash to buy them. Livestock belonging to nearly 92,000 herding households (643,479 people) were vaccinated and/or treated by ICRC-trained and -equipped animal-health workers. Roughly 11,000 households (76,328 people) had more affordable livestock fodder, thanks to ICRC-provided seed and/or training for fodder banks, and for households wishing to grow their own fodder.

Approximately 530 women, people with disabilities and other breadwinners (supporting 3,969 people in all) raised goats or layer hens with ICRC cash grants and/or other support, or earned money through ICRC cash-for-work projects to improve their communities' water supply. Fewer people than planned benefited as the ICRC adapted its response to focus on addressing needs related to food insecurity (see above).

Among the above-mentioned community members and local service providers, about 5,300 people underwent ICRC training, sometimes provided along with equipment and/or other input. For example, mothers received guidance on addressing malnutrition in their children. People keeping goats or hens developed their ability to protect their animals' health. Certain herding households learnt to make urea blocks, to supplement livestock feed.

Communities gain improved access to clean water

Upgrades to water-supply systems in northern Tahoua and Tillaberry – initiated by the ICRC and carried out by local partners – enabled 70,320 IDPs and residents to have increased access to potable water. Similar projects in urban areas of Diffa and N'Guigmi – developed with partner organizations and local authorities – were not implemented, owing to security or technical constraints.

Construction of wells and vaccination parks in Agadez and Diffa enabled 6,400 farmers and herders to better sustain their livelihoods.

With the National Society, the ICRC built latrines, distributed hygiene essentials and/or conducted hygiene-promotion sessions in Agadez, Diffa, Maradi, Tillabery and Zinder; roughly 25,000 people – including students and teachers at Koranic schools – thus had more sanitary conditions.

In Diffa and Tillabery, 45,976 people affected by displacement, fires or floods were given water-storage containers, cleaning materials and other items for making their living conditions more sanitary.

The ICRC renovated drinking-water facilities at a primary-health-care centre in Tillabery and a waste-management system at another centre in Diffa, enabling them to improve their operations.

Violence-affected people have access to adequate health care

People in violence-affected communities received preventive and curative care at 15 primary-health-care centres run by the health ministry and given regular, comprehensive support – supplies and equipment, staff training, and infrastructural improvements (see above) – by the ICRC. Such support, sometimes channelled through local partners, helped the centres manage patient influxes linked to intensified violence, including in connection with fighting in Mali. Patients requiring higher-level care were referred to hospitals (see *Wounded and sick*); the ICRC covered their treatment and transportation costs. Victims/survivors of sexual violence were given post-exposure prophylactic treatment within 72 hours of the incident. Health workers, community leaders and

others familiarized themselves with the Health Care in Danger initiative, and self-protective measures against COVID-19, at information sessions organized by the National Society and/or the ICRC.

In Zinder, health authorities responded to a cholera outbreak with the help of ICRC-provided supplies.

Installation of ICRC-donated vaccine refrigerators and related cold-chain equipment, at 43 health centres in Diffa, Tahoua and Tillabery, was under way.

Migrants in Agadez and Arlit obtained suitable care, including psychosocial support, at two health-care facilities run by Movement partners with ICRC support.

Members of dispersed families reconnect

Members of families separated by conflict, other violence, detention or migration – including unaccompanied minors – reconnected using the Movement's family-links services, such as phone calls and RCMs. Through dialogue and events – including IHL workshops for judges, police officers and security forces – the ICRC continued to draw attention to the issue of missing people and the plight of their families, and to impress upon the authorities concerned the necessity of preventing disappearances along migration routes.

The ICRC strove to help ensure that people killed during clashes could be identified, and their families notified. Health workers, military and security forces personnel and other first responders learnt more about managing human remains at ICRC-organized training sessions, including train-the-trainer sessions; some were sponsored to attend a forensics course abroad (see *Tunis*). First-responder organizations received personal protective equipment and body bags. An interministerial committee, with ICRC technical and logistical support, began to oversee the management and identification of human remains recovered in Niger.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited detainees at 14 places of detention to check on their treatment and living conditions, including respect for judicial guarantees and the principle of *non-refoulement*. It paid especially close attention to security detainees; people held by military forces and counter-terrorism services; and other detainees with specific needs, such as minors and people held far from their families, including foreigners. After these visits, the ICRC communicated its findings and recommendations confidentially to the authorities concerned. It urged them to address systemic issues in detention, particularly to alleviate overcrowding. The authorities renewed the ICRC's access to detainees on a quarterly basis; discussions between the authorities and the ICRC, on further formalizing this access, continued.

Detainees and their families contacted each other using ICRC family-links services, such as RCMs and phone or video calls; the ICRC facilitated family visits for some detainees. Foreigners were assisted in notifying their consular representatives or the UNHCR of their detention. Hundreds of people released from detention received transportation and other support for returning home.

Detainees meet their health-care and other basic needs

The ICRC continued to give the authorities material and technical support for improving prison services, particularly health care and detainees' living conditions. To this end, it urged closer cooperation between the health, justice and interior ministries. Health and justice officials were sponsored to attend an international conference on health care in detention (see *Headquarters – Protection and Essential Services*).

Detainees at four prisons benefited from ICRC efforts to back the delivery of health care, through provision of medicine and other supplies; subsidies for detainees requiring higher-level treatment; and training for prison health staff, notably in preventing and managing malaria and malnutrition. Under an ICRC pilot project, health workers at one prison were given material and technical support to develop their ability to manage detainees' medical files; the project was later implemented at another prison.

At the four prisons, about 5,300 detainees afflicted with or at risk of malnutrition received therapeutic food or supplementary rations. The ICRC gave penitentiary workers technical advice – on meal preparation, distribution and storage – and kitchen utensils and equipment; this aimed to improve the diet of some 5,000 detainees. Two of the prisons were also given seed and tools for planting vegetable gardens. ICRC workshops, sometimes organized with penitentiary authorities, enabled 67 prison workers to build their capacities in food-supply management and nutrition monitoring.

Around 4,000 detainees benefited from ICRC-led infrastructural upgrades, including construction of an infirmary and a wastewater-treatment system. Approximately 5,300 detainees had more sanitary conditions, following ICRC-supported refresher sessions for the prisons' hygiene committees, vector-control campaigns and hygiene-item distributions.

WOUNDED AND SICK

Ailing and injured people obtain good-quality care

Ten hospitals improved their services with ICRC-provided medical supplies, equipment, expert advice, staff training and/or other support. One was remotely monitored, owing to security constraints, and two received ad hoc support in connection with the fighting in Mali. Ailing and injured people – including casualties of violence along Niger's borders with Burkina Faso and Mali, and patients referred from primary-health-care centres – obtained free treatment; patients and their caregivers also had their food, accommodation and transportation costs covered by the ICRC. Surgeons and other health-care professionals honed their skills in such fields as trauma care and war surgery; personnel previously trained by the ICRC in Mali facilitated the war-surgery courses. Hospital workers continued to conduct information sessions, for their colleagues and patients, on measures against COVID-19.

Care settings at two hospitals were improved, following renovation of the main entrance at one, and installation of an X-ray machine at another (165 beds in all). Refurbishment of

the morgue at a third hospital did not take place as planned, because of logistical constraints.

People with disabilities regain some mobility and independence

At the ICRC-supported national hospitals in Niamey and Zinder, 627 people[2] with disabilities obtained free rehabilitative services and/or assistive devices; those with limited means also had their food, accommodation and/or transportation expenses covered. Three workshops run by associations of people with disabilities – in Agadez, Niamey and Zinder – produced tricycles that work better than conventional wheelchairs on Niger's sandy terrain, according to a model that they had standardized. The workshops also made walking canes. All these organizations drew on ICRC-provided supplies, equipment and other support. Their staff, and other specialists from Agadez, Diffa, Tahoua and Tillabery, attended ICRC training, including refresher sessions, in such fields as post-amputation care and diabetic-foot management.

Associations of people with disabilities and the ICRC strove to broaden access to rehabilitative services. In Niamey, people with disabilities were assessed, treated or referred for further care at an ICRC mobile clinic; some of them were identified by female community members trained by the ICRC to improve women's access to orthopaedic care.

The ICRC worked to advance the social inclusion of people with disabilities. It backed the national sports federation in promoting wheelchair basketball. It sought to foster livelihood opportunities for people with disabilities by advocating their employment in the rehabilitation sector, organizing a career development programme, and other means (see *Civilians*). For example, 46 women, who had been given support for vocational training in sewing, subsequently made and sold face masks to help protect people from COVID-19. Three children received ICRC educational assistance. Public events on disability inclusion were held, and a radio programme, broadcast. In Kollo, Niamey and Zinder, facilities belonging to associations of people with disabilities were upgraded (120 beds in all).

Towards helping ensure the sustainability of services for people with disabilities, the ICRC provided technical and other support to two associations of rehabilitation professionals, and to a working group of rehabilitation-sector stakeholders. It sponsored some members of the associations to attend pertinent events abroad.

ACTORS OF INFLUENCE

In view of the security situation, safe access to people in violence-prone areas, for itself and for the National Society, remained a priority for the ICRC. Therefore, it strove to cultivate acceptance for IHL and the Movement among a broad range of key actors at central and local levels, through dialogue – including during its president's visit in February – and other means (see also *Civilians*). It sought security guarantees from authorities and weapon bearers.

Weapon bearers advance their understanding of IHL and other applicable norms

Armed forces and security forces personnel – including trainees and troops bound for peace-support operations in other countries – strengthened their grasp of IHL, other pertinent norms, and standards applicable to their duties, during dialogue, briefings and workshops conducted by the ICRC; they also familiarized themselves with the ICRC's mandate and activities. Trainers among these weapon bearers developed their ability to instruct others in IHL. Some military officers were sponsored to attend events abroad, such as: a round table on Article 1 common to the Geneva Conventions; a workshop on partnered military operations (see *Nairobi*); the annual Economic Community of West African States (ECOWAS) IHL workshop (see *Nigeria*); a workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*); and an IHL course organized by Sanremo.

The ICRC continued to give military and security forces expert advice for integrating IHL and international human rights law into their doctrine, training and operations, notably for the revision of a military manual on IHL.

The authorities took steps to advance domestic implementation of IHL, with ICRC support. The national IHL committee furthered their understanding of IHL in connection with such subjects as counter-terrorism and protection of the natural environment. Three committee members contributed to an online ECOWAS meeting on IHL (see *Nigeria*); two were sponsored to attend a workshop abroad (see *Dakar*). Together with the committee, the ICRC provided guidance to parliamentarians and other authorities concerned on developing policies, for instance, to address the issue of missing persons and the needs of their families (see *Civilians*). It continued to contribute technical input to the officials involved in revising the penal code. Some magistrates, with ICRC support, participated in IHL-related events organized outside of Niger (see, for example, *Abidjan*); one magistrate contributed an article to an ICRC publication on IHL and counter-terrorism.

Members of civil society learn more about the Movement

The National Society and the ICRC cultivated support for IHL and for principled humanitarian action – and broadened awareness of humanitarian issues, such as those associated with the Health Care in Danger initiative – among community leaders and others of influence in civil society. Journalists learnt more about these matters through field trips and at press conferences. Religious leaders and scholars and the ICRC discussed, at meetings and workshops, the common ground between Islamic jurisprudence and IHL.

To help ensure that violence-affected people knew of the humanitarian services available to them, and to gather their feedback on the ICRC's activities, the ICRC held information sessions for people that it assisted (see *Civilians*), set up a community contact centre in Niamey, and produced radio spots, social-media posts and other communication materials.

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

The National Society developed its own public-communication initiatives to promote awareness of humanitarian issues and the Movement; the ICRC provided training and equipment, and covered the salaries of National Society communication staff.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger and the ICRC worked together to assist people affected by violence or other crises (see *Civilians*). ICRC training expanded capacities among National Society staff and volunteers in such fields as first aid, livelihood support, delivery of family-links services and public communication (see *Actors of influence*). They also learnt more about applying the Safer Access Framework.

The National Society developed its managerial capacities with financial and technical support from Movement components.

The National Society, the ICRC and other Movement components in the region organized meetings to coordinate their activities and avoid duplication of effort, particularly in connection with emergency response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	107	38		
RCMs distributed	53			
Phone calls facilitated between family members	23,723			
Reunifications, transfers and repatriations				
People reunited with their families	5			
including people registered by another delegation	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	193	20	17	16
including people for whom tracing requests were registered by another delegation	27			
Tracing cases closed positively (subject located or fate established)	84			
including people for whom tracing requests were registered by another delegation	6			
Tracing cases still being handled at the end of the reporting period (people)	642	62	71	98
including people for whom tracing requests were registered by another delegation	150			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	40	5		1
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	39	11		1
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	5,566	163	222	
Visits carried out	51			
		Women	Girls	Boys
Detainees visited and monitored individually	825	14	2	23
of whom newly registered	478	11	2	21
RCMs and other means of family contact				
RCMs collected	67			
RCMs distributed	17			
Phone calls made to families to inform them of the whereabouts of a detained relative	239			
Detainees visited by their relatives with ICRC/National Society support	11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

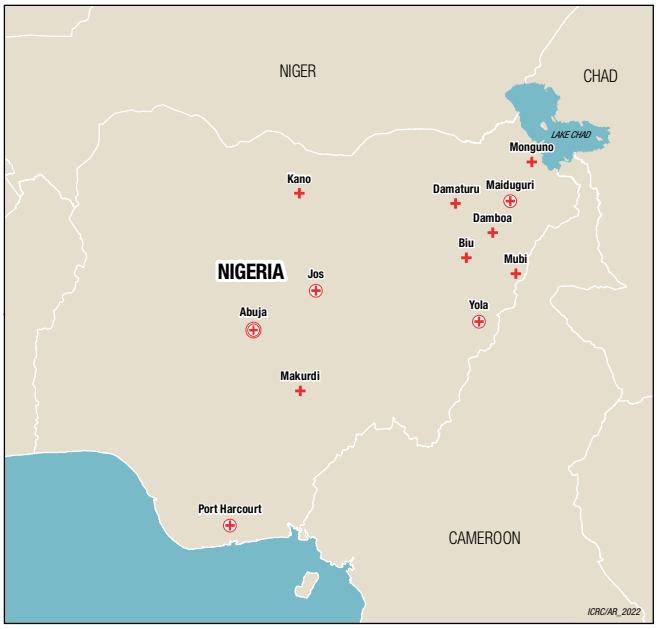
CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	266,800	66,720	133,360
of whom IDPs		86,556	21,643	43,270
Food production	People	810,009	202,520	404,922
of whom IDPs		42,545	10,640	21,265
Income support	People	3,969	1,036	1,932
of whom IDPs		1,867	470	927
Living conditions	People	73,068	18,274	36,520
of whom IDPs		39,553	9,891	19,771
Capacity-building	People	5,255	2,742	1,289
of whom IDPs		2,259	1,197	701

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	People	147,669	35,440	76,788
of whom IDPs		44,301	10,632	23,037
Primary health care				
Health centres supported	Structures	15		
of which health centres supported regularly		15		
Average catchment population		272,982		
Services at health centres supported regularly				
Consultations		200,772		
of which curative		160,242	27,386	110,310
of which antenatal		40,530		
Vaccines provided	Doses	167,086		
of which polio vaccines for children under 5 years of age		53,508		
Referrals to a second level of care	Patients	1,408		
of whom gynaecological/obstetric cases		321		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	5,330	42	105
Living conditions	People	5,061	57	38
Capacity-building	People	67		1
Water and habitat				
Water and habitat activities	People	5,343	160	107
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
including hospitals reinforced with or monitored by ICRC staff		10		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		513	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		2,533		
Operations performed		2,063		
Medical (non-surgical) admissions		2,697	659	664
Gynaecological/obstetric admissions		5,042	*	*
Consultations		11,039		
Patients whose hospital treatment was paid for by the ICRC		2,119		
Water and habitat				
Water and habitat activities	Beds (capacity)	285		
Physical rehabilitation				
Projects supported		10		
of which physical rehabilitation centres supported regularly		5		
People who benefited from ICRC-supported projects	Aggregated monthly data	1,394		
of whom service users at physical rehabilitation centres (PRCs)		627	165	122
of whom participants in social inclusion projects not linked to PRCs		767		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	160		
Orthoses delivered	Units	162		
Physiotherapy sessions		231		
Walking aids delivered	Units	82		
Wheelchairs or postural support devices delivered	Units	213		

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

NIGERIA

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to respond to the needs of people affected by armed conflict and other violence throughout the country, particularly the conflict in the north-east. It visits detainees. It works closely with the Nigerian Red Cross Society and supports its capacity-building efforts in restoring family links and delivering other assistance. Working with the authorities, the armed forces, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.



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

KEY RESULTS/CONSTRAINTS IN 2022

- The ICRC reached more people than planned with relief aid, support for producing food, and water and shelter projects as it scaled up its assistance for people affected by hostilities, IDP camp closures and/or food insecurity.
- In areas hit by outbreaks of cholera or measles, people received treatment at primary-health-care centres supported by the ICRC and learnt about preventive measures from ICRC-trained Nigerian Red Cross Society volunteers.
- People obtained reproductive care, surgery, physical rehabilitation or mental-health support at ICRC-backed facilities. The ICRC helped refer patients for further care, and covered their treatment and transport costs.
- Members of missing people's families received psychosocial, financial or other support through the ICRC's accompaniment programme, which was extended to more areas in the north-east.
- The ICRC brought up the concerns of IDPs, victims/survivors of sexual violence and others with the authorities. It assisted these groups to meet their immediate needs while also helping reduce risks to their safety.
- Detaining authorities worked to improve detainees' living conditions, with ICRC support; some plans were postponed because of administrative constraints, or because resources were reallocated to emergency response in communities.

EXPENDITURE IN KCHF	
Protection	14,236
Assistance	78,627
Prevention	8,865
Cooperation with National Societies	4,343
General	421
Total	**106,492**
Of which: Overheads	*6,499*
IMPLEMENTATION RATE	
Expenditure/yearly budget	106%
PERSONNEL	
Mobile staff	154
Resident staff (daily workers not included)	656

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	709
RCMs distributed	1,366
Phone calls facilitated between family members	754
Tracing cases closed positively (subject located or fate established)	1,136
People reunited with their families	15
of whom unaccompanied minors/separated children	13
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	24,186
of whom visited and monitored individually	5,081
Visits carried out	74
Protection of family links	
RCMs collected	1,807
RCMs distributed	437
Phone calls made to families to inform them of the whereabouts of a detained relative	61

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	198,767	290,538
Food production	People	632,182	646,874
Income support	People	159,300	449,592
Living conditions	People	138,000	103,022
Capacity-building	People	20	27
Water and habitat			
Water and habitat activities	People	561,300	720,971
Health			
Health centres supported	Structures	16	19
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	10,500	8,167
Living conditions	People	12,000	6,875
Water and habitat			
Water and habitat activities	People	12,000	7,748
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	12	11
Physical rehabilitation			
Projects supported	Projects	2	2
Water and habitat			
Water and habitat activities	Beds (capacity)	750	674

CONTEXT

The armed conflict between government forces and the armed groups known as "the Islamic State's West Africa Province" and Jama'atu Ahlis Sunna Lidda'awati wal-Jihad remained intense. Clashes took place in the north-eastern states of Adamawa, Borno and Yobe, and in the wider Lake Chad region (see *Chad*, *Niger* and *Yaoundé*). The two armed groups battled each other, and some attacks in rural areas were attributed to them. Communal violence flared up in the North Central region, and violence linked to crime and secessionist movements persisted in the south.

People were injured or killed in clashes or by improvised explosive devices (IEDs) and explosive remnants of war (ERW). Sexual violence and attacks on health facilities were reported. Large numbers of people had to leave their places of residence because of the fighting or the closure of IDP camps in Maiduguri, which prompted people to settle elsewhere or return home to unsafe areas. Resources were overstretched in places receiving influxes of IDPs. Meanwhile, returnees often found that their property had been destroyed and essential services had become non-existent.

Violence-affected people struggled to meet their basic needs. Prices for food and other essential items were driven up by inflation and by shortages resulting from poor harvests and the disruption of supply chains owing to the international armed conflict between the Russian Federation and Ukraine. All this contributed to severe food insecurity and high rates of malnutrition. People also had to contend with outbreaks of cholera and measles, climate change and extreme weather events such as heavy floods, and the COVID-19 pandemic.

IDPs, refugees who had fled violence in Cameroon, and others lost contact with their families. Many people remained without news of relatives reported missing in connection with conflict or other situations of violence.

ICRC ACTION AND RESULTS

The ICRC worked with the Nigerian Red Cross Society to meet the needs of the large numbers of IDPs, returnees and other people affected by conflict or other violence, particularly in remote areas. It responded to the intense fighting, severe food insecurity, disease outbreaks and other emergencies by scaling up its relief aid, support for producing food, provision of health care, and water, shelter and sanitation projects. It reallocated some of its resources to these activities and increased its efforts[1] to tackle food insecurity. This reallocation and various administrative, security and other constraints forced it to postpone or cancel some of its planned projects.

The ICRC distributed food, cash and essential household items to help people meet their immediate needs. It favoured cash over in-kind assistance, as communities preferred this type of support and because of logistical constraints. People grew crops, protected their livestock against disease and pursued livelihoods with supplies and/or training from the ICRC or ICRC-supported local service providers. ICRC projects made clean water, shelter and sanitation more readily available to IDPs, returnees and residents.

1. See the budget extension appeal on the ICRC Extranet for Donors.

Wounded people, pregnant/lactating women and others obtained appropriate care at primary-health-care centres and hospitals supported by the ICRC. Through mechanisms established by the ICRC, victims/survivors of sexual violence, wounded people and others were referred to get the care they needed. ICRC-trained workers provided mental-health and psychosocial support in conflict-affected communities. People learnt about the importance of antenatal/postnatal care and other health-related matters from ICRC-trained community members or National Society volunteers. The ICRC also helped make higher-level care available to conflict-affected people: an ICRC surgical team assigned to the State Specialist Hospital in Maiduguri (SSH-M) treated wounded people, and ICRC-supported physical rehabilitation centres – the National Orthopaedic Hospital (NOH) in Kano and the ICRC-built centre at the University of Maiduguri Teaching Hospital (UMTH) – provided rehabilitative care to people with physical disabilities.

The ICRC responded to outbreaks of cholera and measles by supporting primary-health-care centres and working with the National Society to raise awareness of preventive measures. Malnourished children received treatment at ICRC-supported facilities, and community members learnt to detect and prevent such cases. Victims/survivors of sexual violence received cash grants and health care, which helped them meet their immediate needs while also addressing risks to their safety.

IDPs and others reconnected with their families through the Movement's family-links services. Members of missing people's families obtained psychosocial, financial and other support through the ICRC's accompaniment programme, which was extended to more areas in the north-east.

The ICRC drew the pertinent parties' attention to protection-related issues and reminded them of their obligations under IHL and other applicable norms. Its discussions with them were supplemented by training sessions for weapon bearers in these matters, and by expert advice for authorities from Nigeria or the wider region for implementing IHL and other relevant treaties.

The ICRC visited detainees in accordance with its standard procedures. It gave the authorities material, technical and infrastructural support for ensuring that detainees' treatment and living conditions met internationally recognized standards.

CIVILIANS

In view of the large number of people who were newly or repeatedly displaced, returning home or attempting to do so despite the security conditions, facing severe food insecurity and/or affected by disease outbreaks, the ICRC scaled up its relief aid, support for producing food, provision of health care, and water, shelter and sanitation projects. It reallocated some of its resources to these activities, which along with various constraints – administrative, logistical, security-related, staffing, etc. – forced it to postpone or cancel some of its plans. It did not, for instance, distribute supplementary food, upgrade urban water facilities, disseminate messages on preventing sexual violence via radio, and offer support for missing people's children.

Community members described their needs and gave feedback to the ICRC through group discussions, surveys and the ICRC's community contact centre. They also learnt about the ICRC's services – and about measures against cholera and measles, preventing loss of family contact and safe practices around IEDs/ERW – through leaflets produced and briefing sessions organized with Nigerian Red Cross Society volunteers; radio broadcasts delivered these messages to people in remote areas.

People's protection-related concerns are raised with the pertinent parties

The ICRC discussed the needs of IDPs, returnees, violence-affected residents and Cameroonian refugees – including victims/survivors of sexual violence, children and other more vulnerable groups – with the authorities, and gave them guidance in meeting these needs. It reminded weapon bearers of their obligations under IHL and other applicable law, particularly in connection with the conduct of hostilities, the use of force in law enforcement operations, and addressing and preventing sexual violence and attacks against health services. These subjects were also integrated into training sessions – for instance, on IHL or first aid – for weapon bearers.

When necessary, the ICRC assisted people to meet their distinct needs, mitigate risks to their safety, and reduce their dependence on harmful coping mechanisms. Victims/survivors of sexual violence and children who were wounded or formerly associated with weapon bearers received cash from the ICRC or medical care through referral mechanisms set up by the ICRC. Community-based projects – which were developed together with the people benefiting from them – helped IDPs enduring protracted or repeated displacement to set up livelihoods and obtain clean water.

More people than planned strengthen their food security and livelihoods

Some 37,300 households (223,900 people) were given food to enable them to have more meals per day. Besides supporting health facilities in tackling malnutrition (see below), the ICRC trained 11,100 households (66,600 individuals) in proper infant-feeding practices and other ways to prevent malnutrition, and/or in using the standard method of measuring the circumference of the mid-upper arm to detect cases and refer them for care. Some 73,200 households (439,400 people) supplemented their income – thus enabling them to buy food and other necessities – through cash grants or cash-for-work projects to, for instance, repair roads or flood embankments. Roughly 17,200 displaced or returnee households (103,000 people) were given soap, blankets, cooking utensils and other essential items to help ease their living conditions. Fewer people than planned were given such items, as the ICRC provided cash instead of in-kind assistance in areas where people expressed preference for this type of support – which gave them flexibility of choice and stimulated local commerce – and where logistical and other constraints hampered aid distributions. The ICRC surveyed those who did receive these items, and 98% of the respondents said that they found the assistance helpful, 95% indicated that the assistance enabled them to cover their basic needs, and 99% found the items to be of good quality.

Around 56,600 households (339,600 people) grew crops with materials from the ICRC: seed adapted to the shorter growing seasons associated with climate change; mechanized tools; and/or cash or vouchers for buying fertilizer and other agricultural supplies. Many of these households also received food or cash to buy it, so that they would not have to consume seed meant for planting. Livestock belonging to some 51,200 households (307,200 people) were vaccinated against or treated for common diseases, which helped boost the animals' market value and productivity. ICRC training sessions helped some 270 farmers, among those mentioned above, to learn good agricultural practices that they could pass on to their communities, and around 90 animal-health workers to refresh their skills.

Roughly 1,600 breadwinners (supporting some 9,600 people) – including women, victims/survivors of sexual violence, people with physical disabilities and missing people's families – set up vegetable farms, small shops or other income-earning projects with cash grants and/or training from the ICRC. Follow-up visits conducted by the ICRC revealed that more than 80% of the breadwinners who received this support had businesses that were fully running, and that around 85% of those who received both cash and training were able to increase their number of clients. Under a programme that the ICRC implemented with a Lagos-based foundation, 83 entrepreneurs (supporting some 500 people) received cash grants for setting up small businesses (e.g. health-care services, poultry or fish farming) that could also benefit their communities.

With material, financial and infrastructural support from the ICRC (see also below), the National Agricultural Seed Council (NASC) put up greenhouses to check the quality of the seed used by farmers.

ICRC-supported facilities and community-based initiatives make primary health care more accessible

Violence-affected people obtained services free of charge at 18 primary-health-care centres that regularly received comprehensive support from the ICRC: supplies; training, on-the-job mentoring and incentives for staff; guidance in managing pharmacies or preventing infections; and/or infrastructural upgrades (see below). The centres' services included reproductive care, treatment for malnutrition, vaccinations against childhood illnesses, and referrals for further treatment for victims/survivors of sexual violence, wounded people and others. Four of the centres mentioned above, and one additional centre, received ad hoc assistance to help them cope with influxes of IDPs. The ICRC also gave training, medical supplies and personal protective equipment (PPE) to health facilities and local authorities responding to outbreaks of cholera and measles. Several students from remote areas in the north-east continued to study midwifery through ICRC scholarships, in order to improve the provision of care in their communities.

Community members were reminded of protective measures against COVID-19, and learnt about the importance of obtaining antenatal/postnatal care, through information sessions conducted by the ICRC or ICRC-supported traditional birth attendants and community-based committees. Together with the Norwegian Red Cross, the ICRC provided the National Society with training, supplies and other support for its efforts

in the north-east to raise awareness of good hygiene, prevent malnutrition, facilitate access to care for pregnant women and malnourished children, and check the spread of cholera and measles. National Society staff were also trained in preventing and addressing sexual violence and attacks against health services, and in COVID-19 response.

Together with a Swiss institute, the ICRC continued to give the Adamawa health authorities support for ensuring the continued use of the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses), an application for improving preventive and curative care for children. It helped train health staff in the use of the ALMANACH and gave the authorities financial support for maintaining the application's information technology systems.

Health and social workers, National Society volunteers and members of missing people's families were trained to provide mental-health and psychosocial support to conflict-affected people, including victims/survivors of sexual violence and/or their own peers. They provided services to around 1,600 people – including some 870 who were given such support through counselling sessions in their communities, and about 250 others who received such support at primary-health-care facilities. Some 140 patients at the SSH-M, and around 170 patients at the UMTH and its physical rehabilitation centre, also benefited from such support; the ICRC began to curtail its direct support at the SSH-M, and concentrated on more severe cases, which resulted in fewer people being reached than planned. At information sessions conducted by the ICRC or ICRC-trained personnel, around 5,300 community members, and some 380 patients and caregivers at the SSH-M and UMTH, learnt about the psychological consequences of conflict and the services available to address them.

The ICRC communicated key messages on the Health Care in Danger initiative during the training and information sessions mentioned above. It worked with health staff and community members to document attacks against health services, with a view to bringing them to the attention of the pertinent parties.

Violence-affected people have access to clean water and protect themselves against disease

Roughly 501,200 IDPs, members of host communities and returnees had improved access to clean water, and were better able to maintain good hygiene, thanks to ICRC projects: repairs to or construction of water-supply systems – including solar-powered ones – and latrines, distributions of hygiene items, and training for local technicians and National Society volunteers in maintaining water facilities and promoting good hygiene. Another 179,300 people benefited from emergency activities: IDPs whose shelters were damaged by fire or heavy rain were given tarpaulins and other materials; one community was given fuel for powering water systems during the dry season; and people affected by cholera outbreaks – including in areas where ICRC-supported health personnel and National Society volunteers were mounting a response (see above) – received water-purification tablets, chlorine and soap. Some 35,700 people were assisted through shelter projects. The ICRC repaired or built temporary shelters for IDPs, helped returnees rebuild their homes with stabilized-soil bricks, or distributed shelter materials to these groups.

Around 4,700 people grew crops with the help of irrigation systems renovated or built by the ICRC; facilities were also built to provide water for the NASC's greenhouses. ICRC infrastructure projects helped to improve the supply of water or electricity, or to repair damage, at health centres and National Society offices.

Members of separated families reconnect

People separated by violence, migration or other circumstances contacted each other through family-links services provided by the National Society with ICRC support. Various methods were used to trace missing people: discussions were held in communities to gather information; booklets containing photos of people enquiring after missing relatives were passed around; and the names of missing people were broadcast via radio. Through these efforts, the fate or whereabouts of 1,136 people were ascertained. Fifteen children and vulnerable adults were reunited with their families; some of them were given food or other items to ease their reintegration into their communities.

National authorities receive support for addressing the issue of missing people

The ICRC made recommendations to the National Human Rights Commission (NHRC) and the humanitarian affairs ministry for establishing mechanisms to address the large number of missing-persons cases in Nigeria. At the ICRC's invitation, members of missing people's families discussed the issue of missing people and described their needs during meetings with the NHRC, community and religious leaders, and other authorities, and at events organized to mark the International Day of the Disappeared. The ICRC's accompaniment programme was extended to more areas in the north-east, enabling members of missing people's families from conflict-affected areas to obtain psychosocial, financial, administrative and/or other assistance.

Aided by the ICRC, the pertinent authorities and local institutions strove to ensure that human remains were accounted for and eventually identified, with a view to preventing or resolving missing-persons cases. The ICRC gave the National Emergency Management Agency expert advice for a national plan for mass-casualty emergencies; it gave local authorities similar help for amending laws governing medico-legal procedures. Together with the health ministry and other government agencies, it assessed the capacities of morgues throughout the country and formulated recommendations for improving their services, with a view to developing national standards for managing human remains. Forensic and health workers were trained in handling human remains, and given body bags, PPE and informational materials. Military personnel were given similar support and expert advice for integrating proper management of human remains into their operations in the north-east, to help strengthen their compliance with IHL.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – people held by the military, the police and the Nigerian Correctional Service (NCS); 5,081 detainees – including women, minors and sick detainees – were monitored individually. The ICRC communicated its findings confidentially to the authorities and gave them support for ensuring that detainees'

treatment and living conditions met internationally recognized standards. It continued to seek access to all detainees within its purview.

Detaining authorities tackle systemic issues

The ICRC urged detention authorities to address various issues and/or gave them advice and other support (see below) for doing so. These issues included: sexual violence; the needs of vulnerable detainees; respect for judicial guarantees; facilitating detainees' access to health care and legal assistance; prison design, management and maintenance; ensuring that detainees' relatives were informed of their arrest and/or transfer; and managing the spread of COVID-19, for example, by including detainees in COVID-19 vaccination campaigns. As a result of these discussions, minors at two detention facilities were separated from adults, to mitigate the risk of sexual violence; at two other facilities, the number of detainees held past state-prescribed limits was reduced. The ICRC enabled detainees to contact their families through RCMs or short messages and foreigners to notify their consular representatives or the UNHCR of their detention. Several ex-detainees were given cash to travel home or meet their immediate needs.

Detainees have better access to health care and more sanitary living conditions

Health staff at seven places of detention received supplies, training and on-the-job mentoring, which enabled them to treat malnutrition, TB and HIV/AIDS, and to respond to a rise in scabies cases and outbreaks of violence. Multidisciplinary support – advice for health staff on managing waste and preventing/controlling infections, and material aid for detainees (see below) – helped to make detainees' surroundings more sanitary and protect them from disease. Personnel from the NCS and the health ministry strengthened their capacities in health-care provision for detainees, through ICRC training and by attending – through ICRC sponsorship – the ICRC World Conference on Health in Detention (see *Headquarters – Protection and Essential Services*).

Around 7,700 detainees had clean water, more sanitary surroundings and improved facilities, thanks to ICRC support. More specifically, around 7,500 detainees maintained good hygiene using ICRC-donated supplies, and some 240 detainees benefited from ICRC renovations to water, cooking, recreational and/or sewage facilities. ICRC-installed pumps and solar panels helped ensure access to clean water at one prison during power cuts, and ICRC-donated tarpaulins helped protect detainees in another prison from inclement weather; this benefited around 3,100 detainees among those mentioned above. The NCS strengthened its capacities in designing, operating and maintaining prison infrastructure: the ICRC gave it material support and training; two NCS officials participated in a regional workshop on prison infrastructure, with the ICRC's help.

Around 8,200 detainees in facilities with high malnutrition rates benefited from fortified cereal and other food items donated by the ICRC. A total of 27 prison staff – including an advisory body of NCS nutritionists formed at the ICRC's recommendation – were given refresher training and on-the-job mentoring to manage the food supply chain and tackle malnutrition. Some 6,900 detainees received clothes and personal hygiene items – including feminine hygiene products for female detainees – to ease their living conditions.

Some planned projects or distributions were still in progress at year's end, or had to be postponed, owing to administrative constraints or because resources were reallocated to respond to needs in violence-affected communities.

WOUNDED AND SICK

Wounded or sick people have access to life-saving care

Wounded people in the north-east obtained emergency care at the SSH-M, which continued to receive comprehensive support from the ICRC: the services of an ICRC surgical team; donations of supplies; staff training and incentives; advice for running the blood bank and pharmacy, and for providing nutritious meals for patients; and maintenance and/or upgrades to electrical, waste-management and other facilities and to the blood bank (580 beds in all). Patients were surveyed on the quality of the treatment they received, in order to improve the delivery of services. Owing to administrative constraints, other ICRC-planned infrastructural projects at the SSH-M were postponed.

Seven other hospitals regularly received medical supplies and technical support for treating wounded or sick people, including severely malnourished children. The ICRC also replaced damaged tents housing the ward for malnourished children at one hospital (76 beds). Three other hospitals were given ad hoc donations of medicine and consumables, to cope with influxes of people in need. These hospitals were also given PPE for protection against COVID-19. Hospital staff strengthened their capacities in basic emergency care, through ICRC training; the health ministry received similar support, which helped them establish the National Emergency Medical Service and Ambulance System.

To ensure that people could have the care they needed, the ICRC airlifted people from remote areas to the SSH-M, and referred patients at the SSH-M for other care, including mental-health support (see *Civilians*). It also facilitated referrals from primary-health-care centres to hospitals for advanced care. Around 1,800 community members, weapon bearers and first responders were trained and equipped by the National Society and the ICRC to provide first aid and refer people to nearby hospitals.

Key messages of the Health Care in Danger initiative were incorporated in training and information sessions for health staff and community members, who helped document instances of violence against health services for follow up with the pertinent parties.

Conflict-affected people with physical disabilities obtain comprehensive support

The ICRC continued to support the few facilities providing physical rehabilitation in north-eastern Nigeria, in order to make physiotherapy, limb-fitting and other services available to conflict-affected people. It provided the NOH in Kano and the physical rehabilitation centre at the UMTH – which

collectively treated around 700 people[2] – with raw materials for assistive devices, and training and on-the-job mentoring for staff. The ICRC covered transport, food, accommodation and treatment costs for destitute patients and/or people coming from remote areas. However, volatile security conditions at times prevented people from reaching the centres. Technical support from the ICRC helped managerial staff to develop their ability to manage supplies and ensure the sustainable delivery of services. One student trained in wheelchair services outside Nigeria, on an ICRC scholarship.

The ICRC-built UMTH centre was given additional support for strengthening its services. The ICRC dug boreholes, installed solar panels and carried out routine maintenance work, to ensure a reliable supply of water and electricity for the centre and its dormitory (18 beds). It also trained UMTH staff to provide mental-health support for people with physical disabilities and others (see *Civilians*). The UMTH and the ICRC organized information sessions to promote the centre's services among IDPs and other conflict-affected people.

Breadwinners with physical disabilities, and parents of children with disabilities, received cash for covering basic needs or started small businesses with cash grants and training from the ICRC (see *Civilians*). Local associations were also given support (e.g. educational materials, sports equipment) to advance the social inclusion of people with physical disabilities.

ACTORS OF INFLUENCE

The ICRC explained its neutral, impartial and independent humanitarian action during meetings, training sessions and other events for weapon bearers, traditional/religious leaders – particularly members of Islamic circles who were in contact with armed groups – and community members. It did so with a view to fostering acceptance and support for the ICRC's activities, increasing respect for IHL and securing access to people in need.

People learnt about the humanitarian situation in Nigeria, and the response of the ICRC and the wider Movement, from the ICRC's social-media accounts and from content produced by local and international media organizations briefed by the ICRC. The National Society carried out its own communication campaigns – for example, to promote blood-donation drives – with training and other support from the ICRC.

Weapon bearers add to their knowledge of applicable norms

ICRC training sessions or workshops held in the field or at training institutions enabled troops from the Nigerian army and the Economic Community of West African States (ECOWAS) Standby Force, legal advisers, and community self-defence groups to advance their understanding of IHL, and police forces to learn more about international human rights law and international standards governing the use of force and firearms. Guided by the ICRC, foreign troops supporting the Nigerian military integrated IHL into their training sessions for Nigerian instructors. Efforts to pursue dialogue with the Nigerian army and ECOWAS, on the points of correspondence between IHL and Islamic law, were ongoing at year's end.

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

Authorities work to advance implementation of IHL

The ICRC continued to engage with authorities from Nigeria and ECOWAS on the ratification and/or implementation of IHL and IHL-related treaties. It provided expert advice for the Nigerian justice and humanitarian affairs ministries, and for legislators, on domestic implementation of the African Union Convention on IDPs. It also met with officials from the justice and defence ministries to follow up efforts to implement the 1949 Geneva Conventions and their 1977 Additional Protocols, and the Anti-Personnel Mine Ban Convention, and to ratify the Convention on Cluster Munitions. The ICRC and the justice ministry held discussions on strengthening the national IHL committee. At a meeting of ECOWAS member states, the ECOWAS Commission and the ICRC advocated the domestic implementation of IHL and reviewed member states' progress to this end.

Various ICRC events helped develop local expertise in IHL: officials from the humanitarian affairs ministry and the NHRC added to their knowledge of IHL at ICRC training sessions, while university teachers attended an IHL conference and students participated in a moot court competition.

The ICRC strove to strengthen local efforts to prevent and address violence against health services. It discussed this topic with the military, police and health ministry. This led to representatives from these bodies drafting standard procedures for coordination between law enforcement agencies and health workers when movement restrictions were in effect, to ensure safe and timely delivery of health care. Guided by the ICRC, two Nigerian states adopted laws to implement a federal act ensuring access to health care for gunshot victims, and two teaching hospitals incorporated ways to prevent violence against health services in their curriculum. National Society volunteers were trained to collect data on attacks against health services, to understand why they take place and how best to prevent them.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC support, the Nigerian Red Cross Society continued to respond to the needs of people affected by conflict or other violence in the country – including in the north-west, where violent crime and fighting between armed groups and security forces increased. National Society staff and volunteers were given basic or refresher training, on-the-job mentoring and material assistance to build their capacities in various areas: restoring family links in line with the Movement's data-protection standards; delivering relief aid and livelihood support; first aid and emergency preparedness and response – particularly in preparation for the general elections scheduled for 2023; promoting safe practices around IEDs/ERW; and implementing measures against COVID-19. The ICRC held briefings or train-the-trainer sessions on the Safer Access Framework, to ensure the safety of National Society staff and volunteers in violence-affected areas.

The National Society also worked on expanding its organizational capacities, with ICRC support. Staff members learnt more about raising and managing funds, and overseeing operations, at ICRC training sessions. The National Society's headquarters was given solar panels to ensure a more reliable supply of electricity, and vehicles to expand their logistical

capacities. Branch offices were given furniture, and supplies and equipment to maintain their vehicles.

Movement components in Nigeria continued to meet to coordinate their activities, particularly in connection with the outbreaks of cholera and measles, the response to the floods, capacity-building support for the National Society, and communication initiatives on humanitarian issues. The ICRC sponsored National Society personnel to attend the Council of Delegates and other Movement-wide meetings.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	709	2		
RCMs distributed	1,366	3		
Phone calls facilitated between family members	754			
Names published in the media	44			
Reunifications, transfers and repatriations				
People reunited with their families	15			
including people registered by another delegation	2			
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	916	109	225	140
including people for whom tracing requests were registered by another delegation	83			
Tracing cases closed positively (subject located or fate established)	1,136			
including people for whom tracing requests were registered by another delegation	48			
Tracing cases still being handled at the end of the reporting period (people)	24,979	3,476	6,558	7,017
including people for whom tracing requests were registered by another delegation	752			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	76	24		38
UAMs/SC reunited with their families by the ICRC/National Society	13	3		11
including UAMs/SC registered by another delegation	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	603	257		26
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	24,186	146	116	
Visits carried out	74			
		Women	Girls	Boys
Detainees visited and monitored individually	5,081	64	12	95
of whom newly registered	713	23	12	79
RCMs and other means of family contact				
RCMs collected	1,807			
RCMs distributed	437			
Phone calls made to families to inform them of the whereabouts of a detained relative	61			
Detainees released and transferred/repatriated by/via the ICRC	29			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	290,538	157,962	92,772
of whom IDPs		70,176	51,213	13,508
Food production	People	646,874	172,432	40,770
of whom IDPs		241,295	73,111	21,245
Income support	People	449,592	178,564	95,779
of whom IDPs		245,760	105,065	67,293
Living conditions	People	103,022	32,942	50,188
of whom IDPs		84,640	27,434	40,985
Capacity-building	People	27	6	
Water and habitat				
Water and habitat activities	People	720,971	216,271	180,233
of whom IDPs		540,898	162,270	135,225
Primary health care				
Health centres supported	Structures	19		
of which health centres supported regularly		18		
Average catchment population		702,609		

CIVILIANS		Total	Women	Children
Primary health care				
Services at health centres supported regularly				
Consultations		550,865		
of which curative		449,607	112,474	264,333
of which antenatal		101,258		
Vaccines provided	Doses	304,779		
of which polio vaccines for children under 5 years of age		145,340		
Referrals to a second level of care	Patients	1,581		
of whom gynaecological/obstetric cases		1,035		
Mental health and psychosocial support				
People who received mental-health support		1,639		
People who attended information sessions on mental health		5,337		
People trained in mental-health care and psychosocial support		454		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	8,167	287	
Living conditions	People	6,875	191	
Water and habitat				
Water and habitat activities	People	7,748	156	156
Health care in detention				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
including hospitals reinforced with or monitored by ICRC staff		8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		335	27	53
(including those related to mines or explosive remnants of war)		42	*	*
Non-weapon-wound admissions		42		
Operations performed		2,140		
Gynaecological/obstetric admissions		6,080	6,080	
Consultations		1,182		
Patients whose hospital treatment was paid for by the ICRC		3,106		
First aid				
First-aid training				
Sessions		84		
Participants (aggregated monthly data)		1,800		
Water and habitat				
Water and habitat activities	Beds (capacity)	674		
Physical rehabilitation				
Projects supported		2		
of which physical rehabilitation centres supported regularly		2		
People who benefited from ICRC-supported projects	Aggregated monthly data	1,035		
of whom service users at physical rehabilitation centres (PRCs)		697	118	201
of whom participants in social inclusion projects not linked to PRCs		338		
of whom victims of mines or explosive remnants of war		61		
of whom weapon-wounded		119		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	390		
Orthoses delivered	Units	136		
Physiotherapy sessions		5,706		
Walking aids delivered	Units	139		
Wheelchairs or postural support devices delivered	Units	15		
Mental health and psychosocial support				
People who received mental-health support		305		
People who attended information sessions on mental health		379		

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

PRETORIA (regional)

COVERING: *Angola, Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia, Zimbabwe*

The ICRC opened a regional delegation in Pretoria in 1978, but has been present in parts of the region since the Second World War. It helps vulnerable migrants restore contact with relatives, facilitates efforts to clarify the fate of missing migrants, and works to ensure that migrants and the families of the missing have access to appropriate assistance. It promotes IHL and supports the incorporation of the law in military training and university curricula. It supports the region's National Societies in building their capacities.

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

EXPENDITURE IN KCHF	
Protection	2,239
Assistance	-
Prevention	1,181
Cooperation with National Societies	917
General	72
Total	**4,410**
Of which: Overheads	*269*
IMPLEMENTATION RATE	
Expenditure/yearly budget	86%
PERSONNEL	
Mobile staff	4
Resident staff (daily workers not included)	35

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	138
RCMs distributed	185
Phone calls facilitated between family members	44,533
Tracing cases closed positively (subject located or fate established)	51
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	1
Detainees in places of detention visited	2,550
Visits carried out	7
Protection of family links	
RCMs collected	1
RCMs distributed	4

CONTEXT

Migrants in the region included people displaced by natural disasters and those fleeing armed conflict or other situations of violence in neighbouring countries. Particularly in Angola, Malawi, South Africa, Zambia and Zimbabwe, they were often unable to maintain contact with their relatives. Basic services were not always available to them, and some were at risk of deportation or abuse. A growing number of unidentified bodies in South Africa were suspected to be those of migrants. The South African and Zimbabwean governments were in the process of implementing a mechanism for coordinating their efforts to identify the remains of dead Zimbabwean migrants in South Africa. Several families in Zimbabwe were still without news of relatives whom they had reported missing.

Military forces occasionally operated alongside police units during internal security operations. States in the region contributed troops to peacekeeping missions; some of them did so as members of the South African Development Community (SADC) and UN – for example in the Democratic Republic of the Congo and Mozambique. South Africa participated in diplomatic initiatives and hosted the Pan-African Parliament and other regional organizations, as well as a large diplomatic community, regional UN offices, humanitarian agencies, think tanks and major media organizations.

ICRC ACTION AND RESULTS

Migrants and other members of dispersed families reconnect

Members of families dispersed by conflict or other violence, migration, detention or natural disasters reconnected through the Movement's family-links services; for example, the ICRC facilitated around 44,500 phone calls. Trace the Face, an online Movement tracing service, enabled people looking for their relatives to post photos of themselves on a website. The National Societies of Angola, Malawi, South Africa, Zambia and Zimbabwe – with training, and financial and other support from the ICRC – offered family-links services regularly at IDP and refugee camps and other places frequented by migrants.

Migrants and their families learnt about the Movement's family-links services from posters, leaflets and flyers put up or distributed by National Societies and the ICRC, and from the mobile app RedSafe, which the ICRC piloted in 2021. They also used the app to securely store important documents and the contact details of their loved ones, and to learn about other services, such as vaccination against COVID-19, that were available to them along migration routes.

Detainees at the largest migrant holding facility in South Africa contacted their families through a phone-call service supported by the ICRC; for example, it installed the service and provided vouchers to enable detainees to use it for free. Guided by the ICRC, Médecins Sans Frontières prepared itself

to take over this service. The ICRC visited, in accordance with its standard procedures, detainees at the facility to check on their treatment and living conditions. It communicated its findings confidentially to the authorities concerned. It ceased these visits by the end of the year, as planned.

Authorities work to ascertain the fate of missing people and address the needs of their families

The ICRC urged the South African and Zimbabwean authorities to ascertain the fate of missing migrants and address their families' needs. It gave them guidance and other support for doing so. Partly in response to the ICRC's urging, the South African and Zimbabwean authorities established and worked to implement a formal mechanism to coordinate their efforts and exchange information. The ICRC handed over to the authorities information that it had gathered on missing-persons cases, in recognition of their increased capacity to manage and resolve these cases and the assistance they were getting in this area from other organizations.

Families of missing migrants learnt – from ICRC leaflets and at ICRC information sessions – about the process of reporting relatives missing and where to find administrative and legal support. In Zimbabwe, police forces were given training, guidance and material support – such as ICT equipment – for properly handling human remains, registering the names of migrants missing from their communities and relaying this information to the authorities concerned.

In November, the ICRC launched the African Centre for Medicolegal Systems, a network of African policymakers and professionals that aimed to promote humanitarian forensic and medico-legal expertise throughout the region and globally (see *Headquarters – Protection and Essential Services*); the launch event was attended by government officials, international organizations and others, and featured a panel discussion on the importance of improving medico-legal systems in the region. Forensic professionals deepened their understanding of topics in their field – the use of isotope analysis in identifying the dead, for example – at training sessions and other events organized by the ICRC and, after its launch, the centre; some of them were also given fingerprint identification kits for their work. The centre also helped to create the African Forensic Sciences Academy, the first formal Pan-African forensic community that aims to promote expertise, collaboration and common standards among forensic professionals.

Government authorities and military and security forces personnel strengthen their grasp of IHL and other norms

Armed forces and security forces in the region worked to integrate IHL, international human rights law and other pertinent norms more fully into their doctrine, operations and training; the ICRC provided guidance and training support. Senior officers, sponsored by the ICRC, attended advanced courses abroad on these subjects; they also contributed to the development of IHL through their participation in round tables and other fora focused on contemporary issues in IHL.

The ICRC urged authorities, and the national IHL committees in their countries, to advance the ratification and/or implementation of key IHL and IHL-related treaties. It organized meetings and other events to facilitate their efforts to do so. For example, government officials from countries throughout the region attended a round table on the Treaty on the Prohibition of Nuclear Weapons organized by the South African government and the ICRC; Malawi ratified the treaty two months after the event.

The ICRC sought to secure support for humanitarian principles and for its own work from authorities throughout the region, think tanks, organizations such as the SADC and others by discussing with them issues of common concern, for instance the protection of health services. Members of the public learnt about these issues from the ICRC's public communication. For example, the ICRC explained its work to journalists. The ICRC also created a collection of educational resources, printed and digital, illustrating the points of correspondence between IHL and African traditions; it was used to broaden public awareness of this common ground.

Students added to their knowledge of IHL at an ICRC moot court competition in Zimbabwe, and academics – some from countries outside the region – developed their expertise in IHL at the ICRC's 19th All Africa Course on IHL, which was held in Pretoria.

National Societies expand their operational capacities

The National Societies in Angola, Eswatini, Malawi, South Africa, Zambia and Zimbabwe expanded their organizational and operational capacities with support from the ICRC. They responded to people in need, contributed to local responses to COVID-19, and broadened awareness of the Movement. The ICRC helped to enable these activities by contributing its expertise; providing supplies and equipment; and/or covering staff salaries and other running costs. For example, National Society personnel learnt, at ICRC training sessions, how to provide migrants with mental-health and psychosocial support and assist them during medical emergencies.

National Society personnel were given first-aid kits and training in first aid and the Safer Access Framework by the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	138			
RCMs distributed	185			
Phone calls facilitated between family members	44,533			
Names published on the ICRC family-links website	19			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	56	14	10	14
including people for whom tracing requests were registered by another delegation	6			
Tracing cases closed positively (subject located or fate established)	51			
including people for whom tracing requests were registered by another delegation	4			
Tracing cases still being handled at the end of the reporting period (people)	196	49	53	36
including people for whom tracing requests were registered by another delegation	18			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	26	8		
Documents				
People to whom travel documents were issued	70			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	1			
Detainees in places of detention visited	2,550	42		
Visits carried out	7			
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	4			
People to whom a detention attestation was issued	6			

SOMALIA

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it provides emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

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

KEY RESULTS/CONSTRAINTS IN 2022

- The ICRC was able to aid people in certain areas accessible to only a few humanitarian organizations despite security risks and access constraints, which limited ICRC staff members' movements.
- Vulnerable people coped with the immediate effects of conflict, drought and other climatic shocks after the ICRC facilitated access to water and donated food and cash to more people than planned through the Somali Red Crescent.
- Households affected by violence or natural disasters strove to achieve some degree of self-sufficiency. They pursued farming, fishing and beekeeping activities and small businesses with various forms of support from the ICRC.
- Malnourished people regained their health through ICRC-supported therapeutic nutrition programmes. Women obtained antenatal/postnatal care, and children were immunized, at clinics regularly supported by the ICRC.
- Detainees' living conditions improved after the ICRC renovated prison facilities and sponsored fumigation campaigns. Malnourished detainees recovered their health through ICRC-implemented nutrition programmes.
- Authorities and weapon bearers learnt more about IHL and the Movement's work. The ICRC reminded them of their duty – under IHL and other applicable law – to protect civilians and facilitate their access to humanitarian aid.

EXPENDITURE IN KCHF	
Protection	7,478
Assistance	102,205
Prevention	5,352
Cooperation with National Societies	4,619
General	303
Total	**119,956**
Of which: Overheads	*7,321*
IMPLEMENTATION RATE	
Expenditure/yearly budget	99%
PERSONNEL	
Mobile staff	51
Resident staff (daily workers not included)	292

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	70,836
RCMs distributed	58,422
Phone calls facilitated between family members	171,738
Tracing cases closed positively (subject located or fate established)	303
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	10
Detainees in places of detention visited	3,770
of whom visited and monitored individually	109
Visits carried out	29
Protection of family links	
RCMs collected	7
Phone calls made to families to inform them of the whereabouts of a detained relative	159

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	840,000	1,120,823
Food production	People	120,000	175,848
Income support	People	18,600	4,140
Capacity-building	People	1,050	3,300
Water and habitat			
Water and habitat activities	People	656,015	501,388
Health			
Health centres supported	Structures	38	36
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	5,050	2,829
Living conditions	People	2,900	1,936
Water and habitat			
Water and habitat activities	People	4,270	3,858
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	4
Physical rehabilitation			
Projects supported	Projects	5	3
Water and habitat			
Water and habitat activities	Beds (capacity)	897	912

CONTEXT

Clashes between Somali forces – supported by the African Union Transition Mission in Somalia (ATMIS; formerly the African Union Mission in Somalia) and other foreign forces – and Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab) intensified. Certain clans, backed by the government, fought against al-Shabaab. Civilians were disproportionately affected by the intensified violence; they also suffered from the consequences of indiscriminate attacks by weapon bearers.

Somalia experienced severe drought, which destroyed harvests and weakened or killed livestock, and continued to deal with the effects of a locust infestation. These circumstances – along with the consequences of the COVID-19 pandemic, and the knock-on effects of the international armed conflict between the Russian Federation and Ukraine – drove commodity prices up, which made it even more difficult for people to buy food and other essentials. All this led to a food security crisis in Somalia. Extreme weather conditions also affected other aspects of people's lives. Floods damaged health, water and sanitation facilities in some regions. The resulting unavailability of health care and clean water put people at greater risk of disease. Acute malnutrition, particularly among children, worsened in several areas.

Approximately 3 million people were displaced within Somalia by armed conflict or other situations of violence and/or climatic shocks such as the drought. Somali refugees continued to return from Yemen and Kenya. People fleeing violence in Ethiopia passed through Somalia.

Widespread insecurity and blurring of front lines complicated the delivery of humanitarian aid, particularly in areas controlled by armed groups.

ICRC ACTION AND RESULTS

The ICRC pursued discussions with authorities and weapon bearers, with a view to helping them understand more fully the ICRC's mission and work and securing their acceptance for it. These discussions enabled the ICRC, together with the Somali Red Crescent Society, to assist communities inaccessible to virtually all other organizations.

With the National Society, the ICRC stepped up its efforts to respond to emergencies, address health-related needs and build people's resilience to the effects of armed conflict and other violence, which were compounded by drought and other climatic shocks. The ICRC reallocated some of its resources to these activities and increased its efforts[1] to address food insecurity in the country. Through its community contact centre, the ICRC gave people who reached out information about its activities and the humanitarian services available to them. It relayed similar information and key messages on the basic provisions of IHL to a broader range of audiences through sessions, briefings and communication campaigns on various channels.

The ICRC provided – mainly through the National Society – food and cash to more people than planned, enabling them to meet their immediate needs; they included people affected by violence and/or natural disasters and families of malnourished children and women. It repaired and/or constructed water systems, making clean water available to hundreds of thousands of people. To help households in impoverished communities work towards becoming self-sufficient, the ICRC provided financial, material and other support for food-production and income-generation activities. It helped people, including several female breadwinners, pursue fishing, beekeeping and agricultural activities and small businesses. Some livelihood support projects, however, had to be suspended, owing to the drought.

Primary-health-care clinics run by the National Society, and facilities offering specialized treatment for malnutrition, received ICRC support. At these clinics, pregnant women obtained antenatal/postnatal care, children were immunized against polio and other diseases, and victims/survivors of sexual violence received suitable care from ICRC-trained health staff. Malnourished people recovered their health through ICRC-supported therapeutic nutrition programmes. The ICRC also continued to provide four hospitals with regular support for upgrading infrastructure, developing staff capacities and responding to emergencies. It provided hospital staff with personal protective equipment (PPE) and ensured that measures against COVID-19 were in place. In communities served by these clinics and hospitals, and in areas where waterborne disease was prevalent, the National Society and the ICRC held information sessions on checking the spread of COVID-19 and other diseases, and donated soap and chlorine tablets.

The ICRC gave three National Society-run physical rehabilitation centres comprehensive support. It also provided and/or sponsored training for staff, including National Society health personnel. It covered the expenses of several clubfoot patients and treatment costs for some patients receiving rehabilitative care. Because of the pandemic and internal administrative constraints, some activities to advance the social inclusion of disabled people were postponed; the ICRC did enable a few coaches to attend a train-the-trainer course in wheelchair basketball.

The ICRC visited – in accordance with its standard procedures – inmates at several places of detention. It communicated its findings – and where necessary, its recommendations for improving detention conditions – confidentially to the authorities. It helped check cases of malnutrition at two prisons and implemented therapeutic nutrition programmes for malnourished detainees. To help prevent the spread of COVID-19, the ICRC conducted information sessions and distributed hygiene items at 11 places of detention across Somalia. It sponsored fumigation campaigns to get rid of bed bugs and lice at two prisons. It renovated prison facilities to help improve living conditions for detainees.

Family members separated by conflict or other violence, migration, detention or natural disasters restored or maintained contact with each other through the Movement's family-links services.

1. See the budget extension appeal on the ICRC Extranet for Donors.

The National Society received comprehensive support for developing its ability to assist vulnerable communities, provide health care, first aid and physical rehabilitation, and deliver family-links services. The ICRC continued to facilitate the coordination of Movement activities in Somalia.

CIVILIANS

The ICRC made confidential representations – based on documented allegations of IHL violations – to authorities and weapon bearers, regarding their obligation to respect and protect medical facilities and people who were not or were no longer involved in the fighting and to ensure the safe delivery of health care and humanitarian aid. Victims of such violations were given cash by the ICRC, to help them cope with their situation.

The ICRC sought closer engagement with communities affected by violence and/or drought, and documented their concerns about their safety and other matters; this included engaging with people in areas controlled by armed groups or under their influence. The ICRC also conducted information sessions on sexual violence in selected communities and referred victims/survivors of such violence to other humanitarian actors providing mental-health and psychosocial support. It continued to meet with other humanitarian actors regarding activities for migrants.

Authorities, weapon bearers, academics and community members advanced their understanding of IHL and the ICRC's work at information sessions or meetings (see *Actors of influence*). In particular, the ICRC drew the attention of weapon bearers, health workers and the general public to the necessity of protecting the provision of health care. This message was disseminated through meetings and information sessions.

People affected by violence or disasters meet their immediate needs and work towards self-sufficiency

Over 1.1 million people received supplementary food rations or bought food with cash from the ICRC, which were distributed by the National Society. The ICRC assisted more people than planned, in response to the food security crisis. They included people displaced or otherwise affected by violence, households affected by floods or drought, and the families of malnourished children and pregnant or lactating women who were admitted to therapeutic feeding programmes.

Some 4,140 people in impoverished communities were better placed to recover their livelihoods and supplement their income after receiving ICRC support: fishing households were given fishing kits while beekeeping households received training and equipment. Households in urban areas, meanwhile, received cash grants and skills training, which enabled them to start small businesses. They included households headed by female breadwinners, some of whom were given butchery kits and other supplies for their chosen business. Owing to the drought, some income-support projects were suspended.

Farming and herding households (175,848 people) received ICRC support for food production, which was meant to help them cope with the destruction of their crops and the death of their livestock. This support came in the form of cash grants or cash-for-work projects to repair roads and water infrastructure; those in riverine areas were also given cash and seed for planting, and sandbags to protect their crops or herds against floods.

The ICRC bought seed from agricultural cooperatives and distributed them to households in the areas where these cooperatives were based; some 274 community members also received cash assistance. Mobile teams consisting of ICRC-trained and community-based animal-health workers, and a veterinarian, provided services that treated over 315,000 animals; some households also received cash assistance. These ICRC initiatives enabled 3,300 people to improve their crop yields and protect their livestock against disease.

Communities have access to water and are better protected against disease

Water for household consumption, or for crops and livestock, was more readily available to people after the ICRC completed several water projects. Some households, for example, could use rainwater collected and stored in *berkads* – or cement tanks – repaired or built by the ICRC. The ICRC also repaired boreholes and constructed elevated water tanks, water troughs for livestock, and generator houses. It donated or installed equipment for water infrastructure, in areas controlled by armed groups, and completed a project to mitigate flooding. The ICRC provided 20 borehole operators in Puntland with training, tools and equipment for carrying out maintenance work and repairs.

In areas where the risk of cholera and diarrhoea was high, people received soap and chlorine tablets from the ICRC. At information sessions conducted by the National Society, they learnt about good hygiene and measures against COVID-19 and other diseases. The National Society branch in Belet Weyne was given a water truck to strengthen its ability to respond to emergencies.

These activities benefited a total of 501,388 people.

Vulnerable people receive life-saving care

People obtained preventive and curative health care at 36 National Society-run clinics that received comprehensive support regularly – supplies, equipment, financial assistance, etc. – from the ICRC. Communities served by these clinics, including IDPs and people in rural areas, were made aware of the dangers of COVID-19 and other diseases through information sessions led by volunteers and National Society staff trained by the ICRC.

Women obtained antenatal/postnatal care at these clinics, and many of them gave birth with the help of ICRC-trained health staff. Female community-based health workers trained by the ICRC conducted information sessions on reproductive health for women; when necessary, they referred women to other health facilities for further care. Victims/survivors of sexual violence also obtained medical services at these clinics, including post-exposure prophylaxis within 72 hours of the incident.

Health staff at National Society-run clinics continued to use the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses), a mobile application for improving preventive and curative care for children under the age of five. Together with a Swiss institute, the ICRC gave the National Society support for ensuring the continued implementation of the ALMANACH. It helped train health staff in the use of the ALMANACH and provided them with medical supplies.

Some 81,670 children were vaccinated against polio, and many others against measles and other diseases, and some 23,780 pregnant women against tetanus. The ICRC maintained its support for the inpatient malnutrition treatment centres in Baidoa and Kismayo, where therapeutic nutrition programmes enabled 5,313 malnourished children to recover their health.

The ICRC donated medical supplies to several health facilities to prepare them to meet emergency health needs. It upgraded health infrastructure in several areas: for instance, it renovated National Society-run clinics in Balcad, Farjano and Guriel.

People receive news on the fate of missing relatives

Members of families separated by conflict, violence, migration, detention or natural disasters reconnected with relatives in Somalia and elsewhere through the Movement's family-links services. They also used digital tools such as Trace the Face, an ICRC-managed website (tracetheface.org) that features a photo gallery of people looking for lost relatives. Those who benefited from family-links services included IDPs in settlements, migrants and detainees (see *People deprived of their freedom*). The ICRC facilitated 171,738 phone calls between family members, and enabled two detainees in the US detention facility at the Guantanamo Bay Naval Station in Cuba to reconnect with their families in Somalia through video calls. Families had the names of their missing relatives (5,322 names) broadcast by an ICRC-sponsored radio programme on the BBC's Somali service. The ICRC ascertained the whereabouts of 303 people and informed their families. It provided the National Society with training and technical support to expand its family-links capacities and continued to look for ways to enhance the Movement's capacity to trace missing persons and provide answers to families.

First responders, including personnel from the health and disaster-management sectors and the National Society, learnt more about the proper management of human remains at an ICRC workshop in Mogadishu.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and contact their families

The ICRC visited detainees at ten places of detention, in accordance with its standard procedures. Findings from these visits, and recommendations, were communicated confidentially to the authorities, to help them bring detainees' treatment and living conditions up to internationally recognized standards.

Detainees contacted their families through RCMs and brief oral messages relayed by ICRC delegates. With the ICRC's help, nine foreign detainees notified their embassies of their imprisonment.

Detainees benefit from therapeutic nutrition programmes and improved living conditions

Detainees at four places of detention had access to health care at prison clinics stocked with medical supplies from the ICRC. The ICRC carried out hygiene-promotion campaigns at 11 prisons collectively holding 3,858 detainees; it also distributed hygiene items and discussed measures against COVID-19 and other diseases. It provided on-the-job training to prison health staff and guided them in pharmacy management and the use of medicine stock cards.

At the Garowe and Mandera prisons, the ICRC helped screen detainees for malnutrition and implemented therapeutic nutrition programmes for those who needed it; a total of 2,829 detainees recovered their health through the programmes. The ICRC trained health and kitchen staff at the Garowe prison on the proper preparation of supplementary food for malnourished detainees. To help ensure a nutritious diet for detainees at the Mandera prison, the ICRC recruited a company to counsel the authorities in planting vegetables at two greenhouses and a garden that the ICRC helped set up at the prison in 2020.

Some 1,936 detainees at the prisons in Bossaso, Garowe, Hargeisa and Mandera were provided with mosquito nets, mattresses, blankets and jerrycans, which were meant to improve their living conditions.

The ICRC sponsored fumigation campaigns at two prisons, to get rid of bed bugs and lice. It carried out infrastructural work at prisons: for instance, it made repairs to a *berkad* at the Garowe prison, constructed a roof over a courtyard at the Hargeisa prison, and made minor repairs to facilities as needed.

WOUNDED AND SICK

Hospitals and emergency responders develop their capacities

Thousands of people obtained surgical or other medical treatment at four hospitals regularly supported and monitored by the ICRC – two in Baidoa and Kismayo (including the malnutrition treatment centres there), and two in Mogadishu (Keysaney and Medina). The ICRC covered running costs, and provided medical supplies and equipment, and training for staff, at the four hospitals; it also helped management recruit new hospital personnel. It provided logistical and administrative support, and monitoring, for a fistula treatment programme at the Keysaney hospital.

The Somali Red Crescent and the ICRC continued to conduct information sessions on COVID-19 for people in the areas served by these hospitals. The ICRC strengthened measures against COVID-19: for example, it ensured that handwashing areas were in place and working. It provided hospital staff with PPE and refresher training in using PPE and treating people with COVID-19.

The ICRC provided the maintenance teams at the Keysaney and Kismayo hospitals with material and technical assistance for making basic repairs to equipment. It completed renovations to the X-ray rooms in both hospitals (a total of 560 beds). At the Medina hospital (250 beds), the ICRC repaired laundry

and sanitation areas and paved the paths that linked different hospital departments. After an explosion in Belet Weyne damaged a hospital (102 beds), the ICRC donated tents to serve as temporary hospital rooms.

Wounded patients and others received emergency care or first aid from ICRC-trained personnel before being transferred to hospital. The ICRC gave the National Society technical support for developing its capacities in first aid and training its personnel to deal effectively with mass influxes of wounded people and other emergencies. It helped the National Society recruit ambulance responders in Galkayo and Las Anod. Community members and emergency responders throughout the country were given training in first aid.

People with disabilities obtain physical rehabilitation services

A total of 9,292 people with physical disabilities[2] obtained physiotherapy, and prostheses and other assistive devices, at three physical rehabilitation centres in Galkayo, Hargeisa and Mogadishu. The National Society operated these centres with technical, financial and material support, and staff training, from the ICRC; the Norwegian Red Cross covered the centres' running costs. The ICRC, through a pilot programme, covered treatment costs for a number of patients at the three centres. It also covered the expenses for food, lodging and transport of some clubfoot patients, under a programme for treating clubfoot at the centres in Galkayo and Mogadishu. It referred hundreds of people with mobility impairment to facilities that can provide further care.

Staff members at the physical rehabilitation centres – nurses, midwives, physiotherapists, prosthetists, orthotists and other health personnel – attended courses in wheelchair training and treatment of amputees and clubfoot cases. These courses were provided and/or sponsored by the ICRC and the Norwegian Red Cross.

Several activities to advance the social inclusion of disabled people had to be postponed because of internal constraints. The ICRC, however, was able to send three wheelchair-basketball coaches to a train-the-trainer course in Rwanda.

ACTORS OF INFLUENCE

Various groups familiarize themselves with IHL and the Movement

The ICRC sought dialogue with authorities, armed groups and members of civil society, with a view to securing acceptance for its mission and work in Somalia. At briefings, meetings, workshops and dissemination sessions, 45 officials of the Puntland security forces, 75 members of the Hirshabelle security forces, 15 senior officers of the Somaliland armed forces, and other weapon bearers learnt more about IHL, the National Society, and the ICRC's work. Whenever possible, the ICRC raised awareness among certain parties to the conflict of the lawful conduct of hostilities, counter-terrorism measures, and international standards for law enforcement, especially in connection with detention. It also met with federal ministers to discuss the provisions of a bill on counter-terrorism.

The ICRC and the National Society used various means to communicate humanitarian messages to the general public, with a view to advancing their understanding of the Movement's work in Somalia. A broad range of people, including weapon bearers and Somalis living abroad, had access to ICRC-produced informational materials – on IHL, the humanitarian situation in Somalia, the National Society and the ICRC's activities – via traditional or web-based channels (news articles, interviews, social-media posts and blog updates). University students, professors, and religious scholars added to their knowledge of these matters at information sessions or training conducted by the ICRC. Students also participated in moot court competitions, with ICRC support.

Through its community contact centre in Mogadishu, the ICRC provided people who called its hotline with information about COVID-19 and the humanitarian services available to them; callers also used the toll-free line to share their views on the assistance they had received and make suggestions.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent remained the ICRC's main partner in addressing the immediate and chronic needs of vulnerable people in Somalia. It received ICRC support for strengthening its capacity to deliver emergency assistance, provide health care, restore family links – in line with the Safer Access Framework – and promote the Movement's work.

The ICRC helped strengthen the operational capacities of the National Society, by covering its running costs, staff salaries and benefits, and through technical guidance and material and logistical support. To help expand the National Society's capacity to communicate during emergencies, the ICRC provided radios that were installed in ambulances operated by the National Society in Mogadishu. The ICRC helped complete the construction of the National Society's office in Mogadishu and provided support for repairs when it was damaged by a bomb blast in October.

The National Society, the ICRC and the British Red Cross signed a tripartite agreement in support of the National Society's development plan for the period 2022–2025.

The National Society and the ICRC coordinated their activities with those of other Movement components, to ensure a coherent response to emergencies, develop operational partnerships and make the most effective use of their resources.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	70,836			
RCMs distributed	58,422			
Phone calls facilitated between family members	171,738			
Names published in the media	5,322			
Names published on the ICRC family-links website	114			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	921	250	198	166
including people for whom tracing requests were registered by another delegation	25			
Tracing cases closed positively (subject located or fate established)	303			
including people for whom tracing requests were registered by another delegation	6			
Tracing cases still being handled at the end of the reporting period (people)	9,157	1,883	2,410	179
including people for whom tracing requests were registered by another delegation	462			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	10			
Detainees in places of detention visited	3,770	51	220	
Visits carried out	29			
		Women	Girls	Boys
Detainees visited and monitored individually	109	2		26
of whom newly registered	87	2		25
RCMs and other means of family contact				
RCMs collected	7			
Phone calls made to families to inform them of the whereabouts of a detained relative	159			

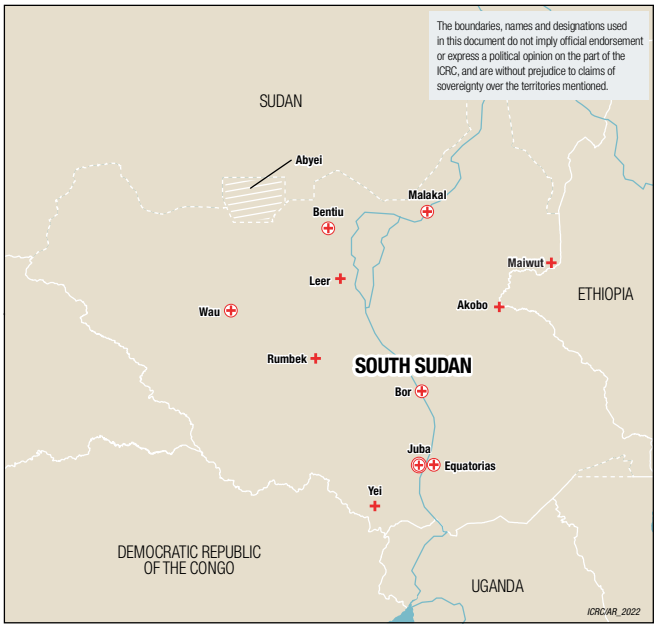
MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	1,120,823	193,634	747,940
of whom IDPs		432,138	73,467	285,204
Food production	People	175,848	29,893	116,062
Income support	People	4,140	2,671	1,168
Capacity-building	People	3,300	561	2,178
Water and habitat				
Water and habitat activities	People	501,388	135,375	230,638
of whom IDPs		205,569	55,504	94,561
Primary health care				
Health centres supported	Structures	36		
of which health centres supported regularly		36		
Average catchment population		656,568		
Services at health centres supported regularly				
Consultations		652,708		
of which curative		552,351		
of which antenatal		100,357		
Vaccines provided	Doses	337,934		
of which polio vaccines for children under 5 years of age		81,670		
Referrals to a second level of care	Patients	2,346		
of whom gynaecological/obstetric cases		778		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	2,829	142	554
Living conditions	People	1,936		
Water and habitat				
Water and habitat activities	People	3,858	77	39
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	2		
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				
Surgical admissions				
Weapon-wound admissions		1,945	246	189
(including those related to mines or explosive remnants of war)		99	*	*
Non-weapon-wound admissions		2,872		
Operations performed		9,510		
Consultations		29,409		
First aid				
First-aid training				
Sessions		229		
Participants (aggregated monthly data)		8,119		
Water and habitat				
Water and habitat activities	Beds (capacity)	912		
Physical rehabilitation				
Projects supported		3		
of which physical rehabilitation centres supported regularly		3		
People who benefited from ICRC-supported projects	Aggregated monthly data	9,292		
of whom service users at physical rehabilitation centres (PRCs)		9,292	1,550	2,878
of whom victims of mines or explosive remnants of war		60		
of whom weapon-wounded		64		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	777		
Orthoses delivered	Units	2,074		
Physiotherapy sessions		19,789		
Walking aids delivered	Units	1,384		
Wheelchairs or postural support devices delivered	Units	227		

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

SOUTH SUDAN

Present in Juba since 1980, the ICRC opened a delegation in South Sudan in mid-2011. It works to ensure that people affected by armed conflicts and other situations of violence are protected in accordance with IHL and other applicable norms, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities and weapon bearers. It works with and supports the South Sudan Red Cross.



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

KEY RESULTS/CONSTRAINTS IN 2022

- Aided by the ICRC, farming, fishing and herding households affected by violence worked to become self-sufficient. Displaced people met their basic needs with emergency aid from the ICRC and the South Sudan Red Cross.
- Violence-affected and/or underserved communities obtained clean water from infrastructure repaired or built by the ICRC. Certain constraints led to some water projects reaching fewer people than planned.
- Patients obtained suitable care at ICRC-supported primary-health-care centres and hospitals. Wounded people, including those who had been airlifted by the ICRC from sites of violence, were treated by ICRC surgical teams.
- People with physical disabilities received rehabilitative care at centres supported by the ICRC. The ICRC helped some of them participate in sports or vocational training and thus advanced their social inclusion.
- Malnourished and sick detainees received treatment at ICRC-supported prison clinics. Detainees had clean water and sanitary surroundings because of ICRC water-and-sanitation projects.
- The ICRC reminded authorities of their obligations under IHL, international human rights law and other applicable norms. Weapon bearers learnt more about these norms and were urged to integrate these into their operations.

EXPENDITURE IN KCHF	
Protection	16,750
Assistance	87,076
Prevention	6,888
Cooperation with National Societies	5,980
General	493
Total	**117,187**
Of which: Overheads	*7,148*
IMPLEMENTATION RATE	
Expenditure/yearly budget	100%
PERSONNEL	
Mobile staff	173
Resident staff (daily workers not included)	931

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	1,109
RCMs distributed	716
Phone calls facilitated between family members	27,703
Tracing cases closed positively (subject located or fate established)	656
People reunited with their families	20
of whom unaccompanied minors/separated children	9
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	23
Detainees in places of detention visited	7,145
of whom visited and monitored individually	100
Visits carried out	109
Protection of family links	
RCMs collected	48
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	7

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	186,000	183,414
Food production	People	336,180	405,767
Income support	People	7,320	5,426
Living conditions	People	210,000	180,229
Capacity-building	People	178	283
Water and habitat			
Water and habitat activities	People	334,796	228,913
Health			
Health centres supported	Structures	21	18
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	2,100	3,031
Living conditions	People	5,000	20,376
Water and habitat			
Water and habitat activities	People	5,300	4,468
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	2	3
Physical rehabilitation			
Projects supported	Projects	6	5
Water and habitat			
Water and habitat activities	Beds (capacity)	578	578

CONTEXT

A transitional unity government – formed in 2020, in line with a 2018 peace agreement between the government and the opposition – remained in place. The parties to the peace deal extended the transitional period, which had been due to end in early 2023, to February 2025.

Fighting between government forces and an armed group that did not sign the peace agreement continued sporadically in the Equatoria region. Communal violence – arising from ethnic tensions and disputes over cattle and scarce resources, and made deadlier by the proliferation of small arms and light weapons – persisted in many parts of the country, particularly in the states of Jonglei, Lakes, Unity, Upper Nile and Warrap, and in the Pibor Administrative Area. Disarmament processes, launched by the government in 2020 to collect weapons from armed youths, sometimes turned violent.

The protracted conflict and other situations of violence caused injuries and deaths, destroyed property, led to arrests and detention and displaced people. OCHA estimates that there were around 2.2 million IDPs in South Sudan and some 2.3 million South Sudanese refugees in neighbouring countries (see *Ethiopia* and *Sudan*). Many people had lost contact with their relatives.

Rainfall had been getting heavier in recent years, causing the worst floods recorded in the country's history and compounding people's difficulties. Some 900,000 people were affected in 2022, according to OCHA's estimates.

Food, clean water, health care and other basic services remained inadequate or unavailable for millions of people, including those who had returned to South Sudan from other countries. Reportedly, crime rates were high, particularly in urban areas, owing to the country's worsening economic situation.

Attacks against health-care providers, occupation of schools, sexual violence and other unlawful conduct by weapon bearers continued to take place.

ICRC ACTION AND RESULTS

Despite the volatile security conditions and the logistical difficulties caused by the floods, the ICRC maintained its access to areas affected by armed conflict and communal violence. It interacted with the communities affected and discussed their concerns with the pertinent parties. Authorities and weapon bearers on all sides were urged, through confidential dialogue, to fulfil their obligations under IHL and other applicable norms.

Farming, fishing and herding households in violence-affected areas received material, technical and other support from the ICRC for producing more food and protecting their livelihoods. Emergency aid from the ICRC and the South Sudan Red Cross helped people displaced by violence and/or floods to meet their immediate needs.

The ICRC strove to make essential services more readily available, despite constraints that limited the reach of some activities. Together with the National Society, it repaired or built water systems in rural and urban areas, enabling people to obtain clean water and have more protection against disease. To strengthen the continuum of care for sick and wounded people, the ICRC sought to develop local capacities in first aid and gave primary-health-care centres, hospitals and physical rehabilitation centres comprehensive support for providing appropriate care to patients. Wounded people, some of whom had been airlifted by the ICRC from sites of violence, were treated by ICRC surgical teams. In addition to obtaining rehabilitative care, people with physical disabilities accessed opportunities for social inclusion that the ICRC helped to create. ICRC-led repairs to vital infrastructure resulted in patients and health workers at ICRC-supported facilities having safer and more sanitary surroundings. The ICRC provided these facilities with personal protective equipment (PPE) for checking the spread of COVID-19. Victims of violence, including victims/survivors of sexual violence, and others in psychological distress received mental-health and psychosocial support from ICRC-trained counsellors.

The ICRC visited places of detention to which it had been granted access, and gave the detaining authorities recommendations for addressing systemic issues in prisons and for ensuring that detainees' treatment and living conditions complied with IHL and/or met internationally recognized standards. Some detainees received food, hygiene items and other essentials, and obtained clean water at facilities renovated by the ICRC. Sick and malnourished detainees received treatment at ICRC-supported prison clinics.

Members of families dispersed by violence, detention, floods or other circumstances reconnected – and in some cases were reunited – through the Movement's family-links services. The ICRC maintained its dialogue with the authorities and gave them technical support for ascertaining the fate of missing people and preventing disappearances. It also trained local forensic professionals in managing human remains properly.

The ICRC provided authorities with technical support for the domestic implementation of the African Union Convention on IDPs and other IHL-related treaties. Through training and other means, it helped the military and the police to integrate provisions of IHL and international human rights law, respectively, into their doctrine, training and practice.

The ICRC and the National Society used information sessions, radio, social media and other means to broaden public awareness of humanitarian issues and the Movement's work. As the ICRC's main partner, the National Society received comprehensive support for strengthening its operational capacities.

ICRC ACTION AND RESULTS

CIVILIANS

The ICRC promotes protection for violence-affected people

The ICRC made field visits and spoke with people affected by armed conflict and/or communal violence to understand and monitor the humanitarian situation in the country. It also documented the concerns and needs of those affected (see also *Actors of influence*), and discussed them with the authorities and other humanitarian actors, with a view to securing or

advancing protection for everyone affected by conflict and/or other violence.

The ICRC urged authorities and weapon bearers to meet their obligations under IHL, international human rights law and other applicable norms, particularly their duty to facilitate access to humanitarian aid and essential services; protect medical services and civilians; protect and assist refugees, IDPs and returnees; ascertain the fate of missing people; and prevent and address sexual violence, the recruitment of children into fighting forces, and other unlawful conduct. ICRC training helped weapon bearers learn about these issues, and about IHL and humanitarian principles (see also *Actors of influence*). Parties to communal violence and communities affected by such violence discussed the principles of humanity at ICRC events.

The ICRC continued to engage with authorities and communities on the issue of sexual violence. It discussed with them the findings of its study on male perceptions of sexual violence, to gather their feedback and urge them to take steps to prevent and address such violence. The ICRC also shared with the authorities the findings of another study, one that looked into the consequences of requiring health facilities to report cases of sexual violence to the police before treating victims/survivors. Together with the South Sudan Red Cross, the ICRC surveyed around 200 people from different communities to learn what they knew about sexual violence and what they thought of it, and to help contextualize its efforts to increase public awareness of the issue and discourage or decrease the stigmatization of victims/survivors.

Victims of violence – including victims/survivors of sexual violence, demobilized children, and missing people's families – were assisted by the ICRC to start small businesses or meet their basic needs (see below), or were referred to other organizations for further support.

The ICRC provided support for four communities in areas where violence had disrupted children's schooling, to ensure that children could continue their education. It renovated or constructed schools (see below), trained and gave financial incentives to volunteer teachers, equipped schools with the necessary supplies, and gave students educational, recreational and hygiene items; it also provided financial support for the education of children with specific vulnerabilities, such as those with disabilities (see *Wounded and sick*) or those whose parents had gone missing. It worked closely with the authorities: for example, at the ICRC's urging, the education ministry put some volunteer teachers on the government's payroll. Parent-teacher associations and community members – mobilized by the ICRC – maintained facilities and premises at schools or temporary learning spaces to make them more conducive to learning.

The ICRC trained National Society personnel in the principles on which the ICRC's protection-related work is based, and in applying these principles when assisting victims of violence, including victims/survivors of sexual violence.

People reconnect through the Movement's family-links services

Members of families separated by violence, detention, migration, floods or other circumstances reconnected through the Movement's family-links services. The National Society and the ICRC facilitated some 27,700 phone calls between relatives. Around 4,400 people received phone credit from the ICRC for calling their relatives. The ICRC collected 1,109 RCMs and delivered 716. During its visits to communities, and through radio spots, hotlines and other means, the ICRC publicized the Movement's family-links services. Community visits also enabled the ICRC to learn more about the concerns of people separated from their families and their feedback on the services, and to raise communities' awareness of ways to prevent disappearances.

The National Society and the ICRC helped the families of 656 people learn the fate or whereabouts of their missing relatives. Twenty people, including demobilized children, were reunited with their families under the ICRC's auspices. The ICRC later visited them, and other people it had helped locate, to assess their needs; it gave some of the families material and financial support for sending their children to school and reintegrating into their communities. Together with the authorities, the National Society and other organizations, the ICRC helped South Sudanese refugee students and teachers in Uganda (see *Kampala*) to obtain official documents to study and find work, respectively.

The ICRC used dialogue, workshops and information sessions to ensure that the authorities fully understood their obligation, under international law, to establish the fate of missing people and prevent disappearances. Together with a government working group created to tackle the issue, the ICRC organized a workshop at which legal experts discussed the development of a legal mechanism to ascertain the fate and whereabouts of missing people. After the workshop, the government hired a consultant to draft a bill on the issue of missing people.

Missing people's families discussed their concerns, received psychosocial support, learnt about the Movement's family-links services, obtained cash grants and/or were referred for further assistance through an ICRC programme that sought to mobilize relatives of missing people to provide support to similarly situated families. The ICRC conveyed the needs of missing people's families – through reports and other materials – to the authorities concerned and urged them to address these needs.

The National Society received training and material support for providing family-links services – and reinforcing data protection while doing so – during emergencies and at other times.

Violence-affected people meet their basic needs and work towards self-sufficiency

Together with the National Society, the ICRC helped displaced people meet their emergency needs. About 30,600 households (183,400 people) received food or cash for buying food; during the lean season, some 24,000 farming households (144,000 people) among them were given food rations

to prevent them from having to consume seed. Some 180,000 people received buckets, cooking supplies, hygiene kits and other essentials to ease their living conditions.

Violence-affected communities produced more food and/or protected their livelihoods with the ICRC's help: around 36,000 households (216,700 people) received seed and farming tools, and some 5,500 households (33,100 people) received fishing kits and/or boats. Around 9,800 households (58,700 people) received both agricultural and fishing inputs. Some parents and teachers among them were trained by the ICRC to plant fruit trees in schools.

Together with the livestock and fisheries ministry and community-based animal-health workers, the ICRC vaccinated and/or treated for disease about 668,900 heads of livestock belonging to 12,775 herding households (supporting 97,300 people in all). To determine the effectiveness of these immunization efforts, the ICRC tested animals that had been vaccinated over the last five years for their immunity to common diseases; the results were being analysed at year's end. Community-based animal-health workers were given supplies to ensure the availability of veterinary services in herding communities.

Some 900 breadwinners (supporting 5,400 people), including people with disabilities (see *Wounded and sick*), received cash to pursue income-generating activities, or worked to earn an income: for example, members of 57 households took part in a cash-for-work project to repair a dike before the onset of the rainy season.

At ICRC training sessions, farmers learnt about good agronomic practices; government veterinarians and community-based animal-health workers brushed up on their veterinary skills; and people with disabilities (see also *Wounded and sick*) and those with protection-related concerns learnt basic business skills to build their resilience to the consequences of violence. These capacity-building activities reached almost 300 people.

Displaced and underserved communities have clean water and renovated infrastructure

Clean water and functioning public facilities were made available to around 229,000 people in total through ICRC water-and-sanitation projects and community-based infrastructural work. Water projects – often carried out with the National Society – also helped reduce people's risk of contracting water-borne and hygiene-related diseases.

Nearly 205,000 people in rural areas obtained clean water after the ICRC and the National Society repaired or installed hand pumps and water yards. These were placed closer to communities to make it safer for women and children to fetch water. Repairs continued to be made even during the rainy season, which was possible because the ICRC had pre-positioned the necessary supplies. The ICRC trained National Society volunteers and local technicians to operate and maintain these facilities, to ensure their long-term functioning.

In the Gumbo district of Juba, the ICRC's construction of a water pipeline progressed slowly. Owing to external constraints, the water line was not yet in service at year's end. This resulted in the ICRC's urban water projects reaching fewer people than planned. Three water yards were built in Juba, benefiting 6,100 people.

An upsurge of violence in parts of South Sudan displaced more people, necessitating repairs to water infrastructure in the places they fled to. Together with the National Society, or through it, the ICRC repaired and built water sources and distributed water-purification kits, enabling some 14,200 people to have water during emergencies.

Around 2,900 pupils had better learning environments after the ICRC constructed one school and renovated three others. Communal facilities, including a structure to house a grinding mill, were built with ICRC support; the mill was situated near the community, for the safety of the women using it. Around 720 people benefited from these newly built facilities.

At nine primary-health-care centres, the ICRC renovated or built essential facilities, such as waste-management systems and consultation rooms, including those used for counselling sessions (see below).

Despite financial and other constraints, the National Society implemented water projects – including in response to emergencies – with technical and material support from the ICRC.

Vulnerable communities obtain physical and mental health care

The ICRC worked with health authorities and the South Sudanese and Canadian National Societies to make primary health care available to violence-affected people. Seventeen primary-health-care centres provided vaccinations, antenatal check-ups, treatment for common diseases, reproductive health care and other services with regular support from the ICRC. Ad hoc ICRC support enabled a health centre in Central Equatoria State to administer vaccines to around 1,200 people.

Medical supplies and equipment, financial support and training for staff helped the ICRC-supported centres treat their patients. The ICRC also supplied them with post-exposure prophylactics, and trained staff in administering them to victims/survivors of sexual violence. At ICRC briefings, health workers learnt about the protection due to people seeking or providing health care. Traditional birth attendants were trained in detecting signs of illness in pregnant women, and community members in promoting good health practices.

Close to 1,000 people, including victims of violence and families of missing people, received mental-health and psychosocial support from ICRC-trained counsellors at some ICRC-supported health centres. Some 19,000 people learnt about mental health at ICRC information sessions.

The ICRC concluded its support for two of the health centres at the end of the year, as planned; the South Sudanese and Canadian National Societies agreed to continue supporting them. Some of the other health centres became inaccessible to the ICRC for periods of time because of violence or floods;

the communities they served were able to obtain health care at other ICRC-supported centres.

Local professionals receive support to manage human remains

At meetings, information sessions and training courses, the ICRC strove to impress upon authorities, weapon bearers and community members the importance of managing human remains properly. It provided expert advice to the inter-ministerial committee overseeing the management of dead bodies during mass-casualty incidents. Mortuary staff, military and police officers, and medical students learnt more about managing human remains – including those of people who died of COVID-19 – in a safe and dignified manner. The ICRC gave mortuaries body bags, autopsy kits and PPE for better carrying out their work.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC discussed its working procedures with detaining authorities, with a view to gaining access to all people deprived of their freedom in connection with armed conflict or for security reasons. It visited detainees in civilian and military prisons and people held by armed groups and UNMISS. Findings and recommendations from its visits were communicated confidentially to the pertinent authorities and weapon bearers, to help them ensure that the living conditions of people in their custody complied with IHL and/or met internationally recognized standards.

The ICRC discussed with authorities the importance of respecting and safeguarding judicial guarantees and the concerns of detainees with specific vulnerabilities, including older people and people with mental illnesses. It also trained prison staff in such areas as record-keeping and sentence management. The ICRC provided financial incentives for several volunteer teachers at the juvenile reformatory in Juba, to support the education of detained minors; it gathered feedback from these teachers and students, with the aim of improving its support. It stood ready to serve as a neutral intermediary in the handover or exchange of released detainees.

Detainees maintained contact with their families through the ICRC's family-links services. Using ICRC-provided phones, detainees made some 5,000 calls to their relatives; these calls were facilitated by detaining authorities, whom the ICRC urged to continue helping detainees who had been unsuccessful in contacting their relatives. The ICRC also collected RCMs from detainees and delivered them to their families. Newly released people received financial and other support from the ICRC to ease their reintegration into society.

Detainees have health care and better living conditions

The ICRC worked closely with the health and interior ministries, and the National Prisons Service (NPS), to ensure health care for detainees; it met regularly with them to discuss health-related issues, such as medicine shortages, in prisons. ICRC-trained prison health staff treated malnourished detainees, as well as detainees with malaria, respiratory-tract infections and other common diseases, and screened detainees for TB and HIV/AIDS. ICRC donations of medicine and PPE helped the authorities manage outbreaks of COVID-19, anaemia and chicken pox at some prisons. At the urging of the ICRC, the health ministry vaccinated some 500 detainees against COVID-19.

At the Juba Central Prison, detainees learnt, from ICRC-trained prison health staff, how to prevent the spread of infectious diseases; aided by the ICRC, a committee at the prison oversaw hygiene-promotion activities. The ICRC monitored the prison clinic's services – consultations, medical screenings of new detainees, and referrals to hospitals – and offered technical or material support as needed, to ensure the quality of the services. It also trained health staff in managing medical stocks and detainees' medical records. The ICRC sponsored a health ministry official and a prison health director to attend a global conference it had organized on health care in detention (see *Headquarters – Protection and Essential Services*).

The ICRC worked to improve detainees' nutrition: it gave some 3,000 detainees supplementary or therapeutic food, and strengthened the ability of prison staff to provide detainees with nutritional food and manage food stocks. It also strove to ease the living conditions of nearly 20,400 detainees by giving them blankets, mosquito nets, and hygiene and other essential items.

The ICRC made improvements to water and sanitation systems and other infrastructure, and donated construction materials and maintenance supplies, at seven places of detention, benefiting almost 4,500 detainees. The ICRC also trained NPS staff in maintaining these facilities and sponsored senior NPS staff to attend a regional workshop on prison infrastructure (see *Nairobi*).

WOUNDED AND SICK

The ICRC donated PPE to its supported hospitals and physical rehabilitation centres to help them prevent the spread of COVID-19. Health staff and others trained in first aid learnt about the goals of the Health Care in Danger initiative at ICRC training sessions.

Wounded and sick people have access to suitable care

To increase the likelihood of wounded people receiving timely care, the ICRC and the South Sudan Red Cross trained about 4,000 people – National Society volunteers, community members, weapon bearers and others – in first aid.

Sick and wounded people obtained suitable care at the Akobo County Hospital (ACH) – which the ICRC managed, together with local health authorities – and at the Juba Military Hospital (JMH), where it ran a surgical ward. The ICRC gave both hospitals technical support, including comprehensive training for medical staff, and essential supplies, equipment and other material support.

ICRC surgical teams at the two hospitals performed 2,575 operations in all, including surgery on 373 wounded people, some of whom had been airlifted by the ICRC from sites of violence. Some patients received physiotherapy or were referred to ICRC-supported physical rehabilitation centres (see below), as needed. Medical personnel at the hospitals conducted around 64,000 outpatient consultations, and kept their emergency rooms open round the clock.

Around 300 people received counselling at the two hospitals and took part in other activities for easing their psychological distress. Almost 5,000 people attended information sessions on mental health. The ICRC provided ad hoc material support for the Bentiu State Hospital, enabling it to host the staff of a primary-health-care centre that had been flooded.

The ICRC renovated and constructed wards, water-and-sanitation systems and other infrastructure at the ACH and the JMH (total capacity: 470 beds) for the benefit of both patients and health staff. Maintenance staff at the JMH were trained to maintain the hospital's facilities. No such training was conducted at the ACH because of staffing constraints.

People with disabilities obtain rehabilitative care and support for social inclusion

The ICRC strove to increase the availability of rehabilitative services for people with physical disabilities by supporting local service providers. In cooperation with the gender, child and social welfare ministry, it provided comprehensive support – training and cash incentives for staff, and maintenance of equipment, for example – for three physical rehabilitation centres in Juba, Rumbek and Wau.

Floods sometimes hindered people's access to the centres; nevertheless, close to 3,200 people[1] – including people from remote communities and those referred from hospitals – obtained physiotherapy and assistive devices from them. The ICRC covered travel costs for 1,317 people seeking treatment and for their carers. Some 400 patients received mental-health and psychosocial support at all three centres, in person or over the phone, from ICRC-trained staff and reported their satisfaction with the service.

The ICRC improved sanitation systems and other infrastructure at the physical rehabilitation centres in Juba and Rumbek (total capacity: 71 beds). It also completed the construction of a new physical rehabilitation centre (37 beds) at the Wau Teaching Hospital; the existing centre in Wau was rehoused in the new facility and given the necessary equipment by the ICRC to help it operate there. ICRC training helped to expand the capacity of the electrician at the physical rehabilitation centre in Juba. Because of staffing constraints, the ICRC was unable to provide training to the maintenance personnel of the centre in Rumbek.

Four students on ICRC scholarships continued their education in prosthetics/orthotics or physiotherapy. A national oversight board for the physical rehabilitation sector, whose creation the ICRC had been advocating, had not yet materialized.

Some 300 people participated in sports and other activities aimed at advancing their social inclusion. Material and financial support from the ICRC enabled members of the amputee-football and wheelchair-basketball associations to train; wheelchair-basketball players also competed in a tournament outside South Sudan. Around 190 patients of the centres mentioned above received cash for starting small businesses; some enrolled in vocational training. Nine children with disabilities went to school with the ICRC's assistance.

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

ACTORS OF INFLUENCE

Authorities, weapon bearers and communities learn about the ICRC's activities

The ICRC strove to broaden awareness of its work for violence-affected people, and support for it, by engaging authorities and weapon bearers in dialogue and by interacting with the communities themselves, including those in remote areas. At information sessions held in various communities, it let people know of its activities for them and gathered views and suggestions from people who had been reached by these activities.

Through radio spots, social-media posts, news releases and other means, the ICRC sought to draw the public's attention and that of journalists to its activities and to such matters as sexual violence, mental health and the plight of people with disabilities. It gave the South Sudan Red Cross technical and material support for strengthening its public communication.

Influential actors add to their knowledge of IHL

Military and law enforcement personnel and members of armed groups – around 1,500 people in all – learnt more about IHL, international human rights law and other applicable norms at ICRC training sessions, round tables and meetings. These events aimed to increase their compliance with IHL and thus prevent unlawful conduct; they also covered the issue of sexual violence and reminded participants of the protection owed to medical services.

The ICRC also used these events to help the military and the police to integrate IHL into their doctrine, training and operations – particularly in the context of South Sudan's efforts to create a unified military force. The authorities took steps to draft or review certain security policies; the ICRC provided expert advice on IHL-related matters. The ICRC enabled a military legal adviser to attend a meeting on avoiding gender-based violence during military operations, and a senior police officer to take part in a workshop on international rules governing police operations; both events were held in other countries (see *Headquarters – Protection and Essential Services*).

At meetings and workshops, the ICRC advocated the domestic implementation of IHL-related treaties, such as the African Union Convention on IDPs and the Arms Trade Treaty, among the justice and parliamentary affairs ministries and other pertinent government bodies. It organized IHL training sessions for lawmakers, judges, public prosecutors and investigators, and sponsored a parliamentarian to attend a seminar outside South Sudan on the domestic implementation of IHL.

The ICRC strove to develop local interest in IHL by interacting with academics, students and NGOs. For example, it organized events at which local IHL experts and university lecturers discussed the promotion and teaching of IHL. Post-graduate students learnt about IHL at an ICRC lecture, and university students joined a moot court competition arranged by the ICRC and the authorities; this competition was attended by more

students than before. A member of the winning team competed in an ICRC-organized IHL competition in another country. The ICRC sponsored an official from a local NGO to take part in a regional IHL seminar (see *Nairobi*) for humanitarian professionals and policymakers.

The ICRC gave the National Society support for engaging with the authorities on IHL-related matters, such as national regulations for the use of the emblems protected under IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components working in the country gave the South Sudan Red Cross technical, material and financial support to help it become more capable of carrying out water-and-sanitation, economic-security and emergency response projects; delivering family-links services; and conducting first-aid training and other activities for people affected by violence and/or floods – all in line with the Safer Access Framework. The National Society distributed household essentials to flood-affected communities with financial and material support from the ICRC and other Movement components.

Financial support from the ICRC helped cover operational expenses at National Society branches and the salaries of some National Society staff. New National Society offices were constructed, and existing ones renovated, with ICRC support. The National Society renewed its cooperation agreements with the ICRC and finalized a new operational plan – oriented mainly towards disaster-risk management, health, water and sanitation – with help from the ICRC and other Movement components. With ICRC technical support, the National Society reviewed its standard procedures for responding to emergencies.

The ICRC met periodically with the South Sudan Red Cross, other National Societies working in the country and the International Federation to coordinate their activities and to discuss the Seville Agreement 2.0, the importance of safeguarding humanitarian data, and other matters. Movement components working in the country conducted field visits and other activities, some with the National Society, after receiving security briefings from the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,109	21		
RCMs distributed	716	4		
Phone calls facilitated between family members	27,703			
Reunifications, transfers and repatriations				
People reunited with their families	20			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,169	283	219	222
including people for whom tracing requests were registered by another delegation	173			
Tracing cases closed positively (subject located or fate established)	656			
including people for whom tracing requests were registered by another delegation	331			
Tracing cases still being handled at the end of the reporting period (people)	5,966	1,782	747	857
including people for whom tracing requests were registered by another delegation	2,492			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	58	27		5
UAMs/SC reunited with their families by the ICRC/National Society	9	5		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	222	91		29
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	23			
Detainees in places of detention visited	7,145	281	585	
Visits carried out	109			
		Women	Girls	Boys
Detainees visited and monitored individually	100	7	4	12
of whom newly registered	82	7	4	11
RCMs and other means of family contact				
RCMs collected	48			
RCMs distributed	5			
Phone calls made to families to inform them of the whereabouts of a detained relative	7			
Detainees released and transferred/repatriated by/via the ICRC	6			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

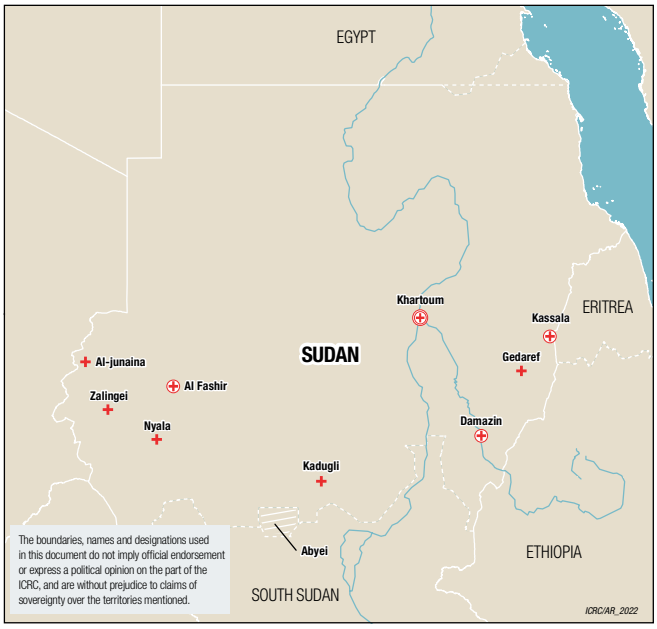
CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	183,414	101,158	37,186
of whom IDPs		139,829	76,040	31,481
Food production	People	405,767	166,263	74,764
of whom IDPs		262,082	105,793	47,183
Income support	People	5,426	1,877	628
of whom IDPs		2,663	899	311
Living conditions	People	180,229	88,825	31,161
of whom IDPs		158,764	77,149	29,842
Capacity-building	People	283	58	12
of whom IDPs		126	40	5
Water and habitat				
Water and habitat activities	People	228,913	68,674	91,565
of whom IDPs		50,361	15,108	20,145
Primary health care				
Health centres supported	Structures	18		
of which health centres supported regularly		17		
Average catchment population		357,589		
Services at health centres supported regularly				
Consultations		282,800		
of which curative		251,059	81,963	117,037
of which antenatal		31,741		

CIVILIANS		Total	Women	Children
Vaccines provided	Doses	82,710		
of which polio vaccines for children under 5 years of age		28,536		
Referrals to a second level of care	Patients	6,771		
of whom gynaecological/obstetric cases		554		
Mental health and psychosocial support				
People who received mental-health support		960		
People who attended information sessions on mental health		19,185		
People trained in mental-health care and psychosocial support		89		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	3,031	132	119
Living conditions	People	20,376	902	1,428
Water and habitat				
Water and habitat activities	People	4,468	45	
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
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		373	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		432		
Operations performed		2,575		
Medical (non-surgical) admissions		445	*	*
Gynaecological/obstetric admissions		1,383	*	*
Consultations		63,859		
Patients whose hospital treatment was paid for by the ICRC		552		
First aid				
First-aid training				
Sessions		187		
Participants (aggregated monthly data)		4,058		
Water and habitat				
Water and habitat activities	Beds (capacity)	578		
Physical rehabilitation				
Projects supported		5		
of which physical rehabilitation centres supported regularly		3		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,499		
of whom service users at physical rehabilitation centres (PRCs)		3,163	643	377
of whom participants in social inclusion projects not linked to PRCs		336		
of whom victims of mines or explosive remnants of war		93		
of whom weapon-wounded		420		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	451		
Orthoses delivered	Units	274		
Physiotherapy sessions		11,006		
Walking aids delivered	Units	1,848		
Wheelchairs or postural support devices delivered	Units	339		
Mental health and psychosocial support				
People who received mental-health support		759		
People who attended information sessions on mental health		5,276		

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

SUDAN

The ICRC has been present in Sudan since 1978 to address the consequences of armed conflicts. While pursuing dialogue with the authorities on increasing its direct access to conflict-affected people, it focuses on activities aiming to: promote respect for IHL; help people meet their basic needs and access physical rehabilitation and other essential services; re-establish links between separated family members; and seek information on the fate of persons allegedly detained in relation to the conflicts. The ICRC works with and supports the Sudanese Red Crescent.



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

KEY RESULTS/CONSTRAINTS IN 2022

- People affected by violence and/or floods had access to water and other essentials through the ICRC's efforts. Resource constraints limited the ICRC's plan to help more people to boost their income.
- IDPs, refugees and residents, including children, pregnant women, victims/survivors of sexual violence, people with disabilities and others obtained treatment at health facilities supported by the ICRC.
- Families separated by violence and/or migration reconnected using family-links services provided by the ICRC and the National Society. People learnt of their missing relatives' fate and/or whereabouts through the ICRC's efforts.
- The ICRC and a committee for the missing discussed how to resolve the issue of disappearances linked to the conflict in Sudan. Forensic actors learnt of best practices in managing human remains with the ICRC's help.
- Detainees got in touch with their families, had improved facilities and were better protected from COVID-19 and other diseases, thanks to ICRC support to detaining authorities. Former detainees reunited with their families.
- Aided by the ICRC, the Sudanese Red Crescent provided humanitarian assistance to refugees and to communities affected by violence and floods.

EXPENDITURE IN KCHF	
Protection	3,697
Assistance	29,313
Prevention	2,421
Cooperation with National Societies	2,553
General	150
Total	**38,134**
Of which: Overheads	*2,327*
IMPLEMENTATION RATE	
Expenditure/yearly budget	106%
PERSONNEL	
Mobile staff	54
Resident staff (daily workers not included)	425

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	704
RCMs distributed	587
Phone calls facilitated between family members	50,993
Tracing cases closed positively (subject located or fate established)	529
People reunited with their families	6
of whom unaccompanied minors/separated children	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	3,099
of whom visited and monitored individually	47
Visits carried out	15
Protection of family links	
RCMs collected	71
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	27

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	270,558	303,168
Income support	People	123,900	5,022
Living conditions	People	96,000	199,756
Capacity-building	People	192	241
Water and habitat			
Water and habitat activities	People	565,620	599,500
Health			
Health centres supported	Structures	12	14
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		1,468
Water and habitat			
Water and habitat activities	People	1,960	2,060
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	8	25
Physical rehabilitation			
Projects supported	Projects	11	11

CONTEXT

Communal violence linked to ethnic tensions persisted in the country, particularly in Blue Nile, Darfur, South Kordofan and eastern Sudan. In parts of Darfur, tensions also persisted between government forces and armed groups not party to a peace agreement signed in 2020 by the transitional government and the main opposition forces; this occasionally led to violence.

More than 3 million Sudanese remained displaced internally, in Darfur, Blue Nile and South Kordofan. Obtaining basic necessities was difficult, because of movement restrictions and the disruption of harvests and local commerce. Water facilities and health centres, strained by the COVID-19 pandemic, struggled to meet the needs of residents and displaced people. Food insecurity was a source of major concern. The situation was exacerbated by inflation, made worse by the effects of the international armed conflict between the Russian Federation and Ukraine, and by extreme weather conditions such as drought and recurrent floods, which destroyed crops and livelihoods and caused new rounds of displacement.

Protests over political and socio-economic crises, sometimes violent, took place in Khartoum and other major cities. The transitional government – composed of civilian and military representatives – was dissolved in October 2021. Efforts to form a new government was in progress. In December 2022, political, civilian and militant actors signed the Framework Political Agreement, which prepares the ground for forming a new civilian government over a two-year period.

In February 2022, as per a framework agreement (see above), authorities formed a committee for the missing to resolve the issue of disappearances linked to the conflict in Sudan.

Refugees from Ethiopia, South Sudan, and other countries continued to arrive and settled in camps in different parts of Sudan. The UNHCR estimates that over a million refugees were still in the country. Many of them lost contact with their families.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the humanitarian needs arising from violence and climate shocks in Sudan. It expanded its livelihood support for violence-affected communities in Darfur, to help them cope with the rising prices of essential commodities[1]. Owing to resource constraints and the massive increase in the prices of goods and fuel, the ICRC could not implement some of these income-support activities in 2022. However, the ICRC was able to assist more people than initially planned in increasing their food production and improving their living conditions. It worked with the Sudanese Red Crescent – and wherever possible, with other humanitarian actors – to deliver aid throughout the country. The ICRC opened offices in Al-junaina, Gedaref and Kadugli in order to address the protection needs of communities living near violence-affected areas.

The ICRC continued to cultivate its dialogue with the authorities and weapon bearers on its neutral, impartial and independent humanitarian work, in order to foster acceptance for its activities and broaden its access to people in need. It also sought to raise the concerns of violence-affected people and migrants, including refugees, with the pertinent authorities and other humanitarian organizations working in Sudan. It continued to explain its detention-related activities to the authorities and armed groups, with a view to securing their permission to visit detainees in accordance with its standard procedures; this led to the ICRC securing some access to visit several detention facilities, where it delivered family-links services to enable detainees to contact their families, renovated infrastructure and helped the authorities prevent the spread of COVID-19 and other diseases.

The ICRC helped people affected by violence or floods to meet their immediate needs or build their resilience. It gave them essential items or cash for covering necessary expenses, and donated supplies and equipment to local water authorities for maintaining or increasing the supply of clean water. The ICRC also enabled farmers to produce more food by giving them supplies, tools or cash; in addition, it supported herders by vaccinating their livestock against disease. Households were helped to increase their income through cash-for-work projects or material support for growing crops or starting small businesses. The ICRC also assisted local veterinary and agricultural services to become more capable of giving farmers and herders the services they needed.

IDPs, refugees and violence-affected residents obtained primary health care and physical rehabilitation at health facilities that received material, technical and/or infrastructural support from the ICRC. The ICRC helped strengthen emergency care for wounded people by giving the Kassala Teaching Hospital's emergency department support for providing uninterrupted medical treatment. It also helped health facilities reinforce their efforts against COVID-19 by giving them personal protective equipment (PPE), hygiene items and/or training in preventive measures. The ICRC extended support to more hospitals than planned, for treating people wounded in clashes. Physical rehabilitation centres received ICRC support to help them sustain provision of their services.

Members of families separated by violence, migration or other circumstances contacted or were reunited with each other through the Movement's family-links services, such as RCMs and phone calls. The ICRC searched for people reported to have been missing and relayed news of their fate and/or whereabouts to their relatives.

In coordination with other Movement components in Sudan, the ICRC gave the National Society support to strengthen its response to violence and floods, and to undertake governance reforms.

CIVILIANS

Migrants and others discuss their concerns with the ICRC

The ICRC maintained its efforts to help the authorities and weapon bearers further their understanding of its neutral, impartial and independent humanitarian activities and of IHL, particularly their obligation to safeguard health services (see

1. See the budget extension appeal on the ICRC Extranet for Donors.

Actors of influence). It continued to document the protection-related concerns of people in violence-prone areas, with a view to helping them devise methods of self-protection; information gathered by the ICRC was shared with the pertinent parties for follow up. The ICRC checked on the situation of refugees and other migrants living in camps, and explored possibilities for addressing their protection-related needs with the IOM and the UNHCR. The ICRC also worked to identify suitable communication channels to gather the concerns of violence-affected communities more effectively (see *Actors of influence*).

The ICRC organized training in the basic principles of protection work for Sudanese Red Crescent personnel, to help them address the needs of IDPs, refugees and other violence-affected people, including minors.

Violence-affected people work towards achieving a degree of self-sufficiency

Around 199,750 people (33,290 households), including IDPs and those affected by floods, covered their basic needs and improved their living conditions with essential items or cash for buying them, given by the ICRC and the National Society. More people benefited than planned as the ICRC scaled up its assistance to help the National Society cover the needs of those affected by floods.

Around 50,510 returnee or resident households (303,100 people) were able to produce more food with various kinds of support from the ICRC. Some 29,420 households (176,530 people) were given seed, tools and food (so that they would not have to consume seed meant for planting), and/or cash for buying them. With financial support from the ICRC, an agricultural research centre in Nyala implemented projects to cultivate good-quality seed, which were distributed to farmers. Vaccination campaigns organized jointly by the ICRC and the health authorities protected livestock belonging to 21,100 households (126,600 people) against common diseases.

Local service providers developed their ability to provide livelihood support for farmers and herders, with ICRC support. During training organized by the authorities with the support of the National Society and the ICRC, around 240 veterinary technicians learnt more about vaccinating livestock and treating them for disease; meanwhile, personnel from the agriculture ministry discussed agricultural best practices. The ministry of animal resources and fisheries and a research centre were given solar-powered refrigerators and other equipment, for their efforts to develop livestock vaccines.

With ICRC support, 837 households (5,022 people) in Darfur bolstered their livelihoods or started small businesses to increase their income. The ICRC installed solar-powered irrigation systems to help around 120 farming households (720 people) to increase their yield. Some 317 breadwinners with disabilities (supporting 1,902 people) were given cash grants by the National Society and the ICRC, to help augment their income or enable them to start their own businesses; several of these breadwinners also received training in basic business skills. Over 400 households (2,400 people), whom the ICRC had planned to support in 2021, earned money through a cash-for-work project. Because of resource constraints, the implementation of some livelihood projects was delayed; thus, the ICRC assisted fewer people than planned. However, the ICRC was able to assist more people than initially planned in increasing their food production and improving their living conditions (see above).

The ICRC gave the National Society technical support to carry out its economic-security activities more effectively.

IDPs, refugees and violence-affected residents have better access to health care and clean water

Pregnant women, children, victims/survivors of sexual violence and others had access to various services at primary-health-care centres supported by the ICRC together with the National Society and, wherever possible, with the United Nations Population Fund and the WHO. These facilities provided services such as reproductive, curative and preventive care; screening for malnutrition; immunization against COVID-19 and other diseases (including vaccination outreach to children in remote areas); and referrals for further care, with the ICRC covering transport costs as necessary. Six health centres regularly received PPE, wound-dressing kits and other supplies and equipment (e.g. vaccine refrigerators) and, fuel; the ICRC also donated vehicles and made infrastructural repairs when necessary. Eight other facilities were able to cope with influxes of wounded people using emergency stocks of wound-dressing kits provided by the ICRC.

Staff at ICRC-supported facilities were trained in various areas, such as good hygiene practices and checking the spread of COVID-19 and other diseases. During ICRC information sessions or through informational materials distributed by the ICRC, they also learnt how to protect themselves and their patients from violence.

Around 554,500 people had better access to clean water and protected themselves against water-borne diseases, thanks to ICRC assistance. The ICRC renovated, built or installed water mains, chlorination systems and other water infrastructure. It also repaired other water facilities in response to the floods and other emergencies. Some 45,000 other people benefited from these ad hoc activities. Repairs carried out by the ICRC helped improve waste-management systems and the supply of water and/or electricity at several health facilities, some of which were tending to refugees from Tigray (see *Ethiopia*).

National Society volunteers learnt about water chlorination and hygiene promotion at ICRC training sessions.

Members of dispersed families reconnect across national borders

Members of families separated by violence, migration (e.g. Ethiopians, South Sudanese refugees) or other circumstances reconnected using family-links services provided by the National Society and the ICRC: more than 700 RCMs were collected and 580 distributed, and around 50,990 phone calls between family members were facilitated. The fate and/or whereabouts of over 500 missing people were ascertained and relayed to their families. Together with other ICRC delegations in the region, the delegation in Sudan produced a booklet containing photos of South Sudanese refugees living in refugee

camps in the state of White Nile; the booklet, which will be published in Sudan and in the countries surrounding it, aim to help families locate and reconnect with relatives. The ICRC met with members of the committee for the missing and, with them, explored possibilities for addressing the issue of people missing in connection with the conflict in Sudan.

Several people were reunited with their families through the ICRC's efforts. For instance, in coordination with the IOM and pertinent authorities, the ICRC repatriated a mother and her two children, and reunited them with their relatives in Sudan; it also helped them to secure the documents necessary for them to travel. An unaccompanied minor was also reunited with her family in France, through the joint efforts of the ICRC and the French Red Cross.

The ICRC provided the National Society with technical and material support to restore family links more effectively.

The ICRC impressed upon authorities, forensic professionals, first responders and others the importance of managing human remains properly. It shared its expertise with the authorities who are involved in updating Sudan's medico-legal framework. With technical and financial assistance from the ICRC, forensic professionals worked to ensure that human remains were treated safely and accorded the dignity due them, so that these could be identified and handed over to the families concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its dialogue with detaining authorities and weapon bearers on its detention-related activities and working methods, with a view to securing permission to visit detainees – including those held in relation to conflict – in accordance with its standard procedures. It was granted access to visit some places of detention, as a result of this dialogue. In all, it visited nine places of detention under the interior ministry or an armed group, to help detainees contact their families, support the authorities in managing disease outbreaks, and renovate basic facilities. The ICRC also enabled some detaining authorities to attend a workshop held abroad on prison management.

Following outbreaks of COVID-19 at some places of detention, the ICRC gave authorities emergency supplies of soap and other hygiene items, and surgical masks. During the rainy season, detainees were less at risk of insect-borne diseases after the ICRC donated mosquito nets and supported the authorities' fumigation campaigns. Around 1,460 detainees benefited from these activities.

Detainees got in touch with their families through phone calls or through RCMs and short oral messages conveyed by ICRC delegates. The ICRC submitted allegations of arrest to the authorities and relayed the information it received to the families concerned. At the request of the parties involved, the ICRC acted as a neutral intermediary in the repatriation of former detainees, and reunited them with their families in Sudan; it covered the medical expenses of one of them and gave two others financial assistance to cope with their psychological difficulties.

Around 2,060 detainees had access to improved water, ventilation and/or sanitation systems at several prisons, after the ICRC carried out repairs or renovations.

WOUNDED AND SICK

Persons with disabilities benefit from rehabilitative services

Around 3,600 people with physical disabilities[2] – including victims of mine-related incidents – obtained assistive devices, physiotherapy and other rehabilitative services at discounted rates or free of charge at eight ICRC-supported facilities run by the National Authority for Prosthetics and Orthotics (NAPO). ICRC support for these facilities included donations of components and raw materials for making assistive devices, equipment, and technical support for providing services in line with best practices. The ICRC terminated its assistance to the Khartoum Cheshire Home as another organization began supporting the latter's physical rehabilitation activities.

In line with its plan to scale back its support for NAPO, the ICRC maintained its activities to help build local capacities in physical rehabilitation, with a view to ensuring the sustainability of good-quality services in Sudan. It continued to enable NAPO to provide wheelchair services at its centres by giving it material support and, together with a training institute, it organized certification courses for NAPO staff. It continued to give NAPO expert advice for improving its services and strengthening its managerial capabilities. The prosthetics and orthotics training programme – conducted jointly by NAPO and Al Neelain University in Khartoum – continued, with technical and material support from the ICRC. A NAPO staff member continued to take part, with the ICRC's help, in an online course from a university in Thailand.

The ICRC worked with the Disability Challengers Organization (DCO) to advance the social inclusion of people with physical disabilities. It provided the DCO with sports wheelchairs and uniforms, and with technical support for organizing wheelchair-basketball tournaments. It also renovated a wheelchair-basketball court on the premises of a local sports council. Together with local authorities, the ICRC organized events to celebrate the International Day of Persons with Disabilities. Several people with disabilities received livelihood support, to enable them to support themselves and their families (see *Civilians*).

Hospitals strengthen their capacities in emergency care

Wounded and sick people were able to obtain timely and life-saving assistance (e.g. referral services, surgical care) from first responders or at hospitals supported by the ICRC. Weapon bearers, National Society staff, health personnel, first responders and others likely to be at the scene of violent incidents learnt first aid at sessions organized by the ICRC; they were also given first-aid kits. The ICRC continued to assist the Kassala Teaching Hospital in providing uninterrupted emergency care. It provided medical equipment and supplies (including PPE); salary incentives for personnel; and training for staff and administrators, for instance, in ensuring good hygiene to prevent the spread of COVID-19 and

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

other infectious diseases. Infrastructural repairs by the ICRC also helped expand the capacity of the hospitals' emergency department. Twenty-four other hospitals received emergency donations of medical supplies and equipment – wound-dressing kits, surgical equipment and PPE – which they could use to treat influxes of people affected by communal violence or disease outbreaks.

Hospital staff learnt more about their rights and about effective means of protecting themselves from violence, at ICRC briefings and information sessions.

ACTORS OF INFLUENCE

The ICRC continued to advance understanding of its neutral, impartial and independent humanitarian work among authorities, weapon bearers, community leaders, violence-affected people, journalists and the general public, in order to foster acceptance for its activities and expand its access to violence-affected people. It discussed its mission and activities, the emblems protected under IHL and the Movement's Fundamental Principles during meetings, dissemination sessions and other events – such as IHL training sessions (see below). The ICRC also strove to broaden awareness of issues of humanitarian concern in Sudan: such as those brought about by the consequences of the climate crisis; sexual and gender-based violence; and management of human remains. It did so through radio broadcasts, distribution of informational materials, social media and other means. For instance, it organized an exhibition of photos showing violence-affected people coping with their situation.

The ICRC strove to increase its direct interaction with the people it was trying to help. It met with IDPs, returnees, refugees and other violence-affected people, with a view to learning what they thought of its assistance programmes and adjusting its activities accordingly. The ICRC also sought means of communicating more effectively with these people. The Sudanese Red Crescent was given technical and other support for carrying out its activities – for instance, public communication and community engagement – more effectively (see *Red Cross and Red Crescent Movement*).

Weapon bearers, authorities and academics add to their knowledge of IHL

The ICRC maintained its activities to help military and security forces personnel, and members of the police, to further their knowledge of IHL, international human rights law and other norms and standards applicable to their duties, such as those related to law enforcement operations. Military and security forces personnel and members of the armed groups that signed the 2020 peace agreement, for example, learnt more about these topics through training sessions and reference materials from the ICRC; such events and references for police officers focused on international policing standards and human rights law. Senior military officers attended, with the ICRC's help, an advanced seminar on IHL outside Sudan (see *Headquarters – Protection and Essential Services*). Senior military and police officials and the ICRC explored possibilities for developing a curriculum on IHL and/or human rights law for their training programmes.

The ICRC organized various events to enable members of the judiciary, government authorities, including members of the national IHL committee, and academics to strengthen their grasp of IHL, with a view to advancing domestic implementation of its provisions. At a second interministerial round table of its kind, academics, military officers and justice ministry officials discussed how to strengthen protection for health services. Several government officials attended workshops on IHL held outside Sudan, with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

The Sudanese Red Crescent, with support from the ICRC, provided humanitarian assistance to communities affected by violence, people displaced by floods, and refugees from neighbouring countries. The ICRC and the National Society renewed their partnership agreement to carry out joint activities in a number of different areas: health; restoration of family links; emergency response; public communication; and economic security and water-and-habitat initiatives. To help the National Society develop its ability to conduct such activities, the ICRC provided training, expert guidance and financial support (including for covering running costs and staff salaries). The National Society also received support for incorporating the Safer Access Framework in its operations; this included material assistance for its emergency response teams, which had been formed with the ICRC's help.

The National Society continued to reform its governance, as required, in 2020, by the transitional government; the ICRC and other Movement components in the country provided support to this end. The ICRC participated in various working groups established by the National Society: it provided expert guidance for carrying out reforms, particularly with regard to managing resources and volunteers. It continued to make its expertise available to the National Society for drafting a new Sudanese Red Crescent Law.

Movement components in the country met regularly to update one another on matters of common interest and coordinate their activities and their support for the reforms undertaken by the National Society. The ICRC continued to brief Movement components working in Sudan on the security situation in the country, and helped facilitate safe passage for them. All parties involved continued to discuss the drafting of a Movement coordination agreement, with a view to enhancing their collective humanitarian response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	704			
RCMs distributed	587			
Phone calls facilitated between family members	50,993			
Reunifications, transfers and repatriations				
People reunited with their families	6			
including people registered by another delegation	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	2,069	680	203	244
including people for whom tracing requests were registered by another delegation	389			
Tracing cases closed positively (subject located or fate established)	529			
including people for whom tracing requests were registered by another delegation	169			
Tracing cases still being handled at the end of the reporting period (people)	4,118	1,236	430	543
including people for whom tracing requests were registered by another delegation	934			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	150	63		
UAMs/SC reunited with their families by the ICRC/National Society	5	3		
including UAMs/SC registered by another delegation	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	284	118		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	3,099	39	54	
Visits carried out	15			
		Women	Girls	Boys
Detainees visited and monitored individually	47			1
of whom newly registered	47			1
RCMs and other means of family contact				
RCMs collected	71			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	27			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	303,168	65,489	181,898
of whom IDPs		51,448	11,232	30,868
Income support	People	5,022	1,054	3,014
of whom IDPs		144	30	87
Living conditions	People	199,756	42,165	119 795
of whom IDPs		138,251	29,112	82,951
Capacity-building	People	241	106	
Water and habitat				
Water and habitat activities	People	599,500	179,806	239,980
of whom IDPs		402,187	120,656	160,875
Primary health care				
Health centres supported	Structures	14		
of which health centres supported regularly		6		
Average catchment population		144,930		
Services at health centres supported regularly				
Consultations		78,972		
of which curative		69,967	23,409	29,606
of which antenatal		9,005		
Vaccines provided	Doses	13,252		
of which polio vaccines for children under 5 years of age		3,796		
Referrals to a second level of care	Patients	312		
of whom gynaecological/obstetric cases		152		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	1,468	147	
Water and habitat				
Water and habitat activities	People	2,060	21	
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	25		
including hospitals reinforced with or monitored by ICRC staff		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		6,543		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4,043		
Weapon-wound admissions (surgical and non-surgical admissions)		1,852		
Weapon-wound surgeries performed		614		
Patients whose hospital treatment was paid for by the ICRC		5,280		
First aid				
First-aid training				
Sessions		12		
Participants (aggregated monthly data)		201		
Physical rehabilitation				
Projects supported		11		
of which physical rehabilitation centres supported regularly		9		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,977		
of whom service users at physical rehabilitation centres (PRCs)		3,651	830	587
of whom participants in social inclusion projects not linked to PRCs		326		
of whom victims of mines or explosive remnants of war		*		
of whom weapon-wounded		*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	1,063		
Orthoses delivered	Units	514		
Physiotherapy sessions		2,128		
Walking aids delivered	Units	198		
Wheelchairs or postural support devices delivered	Units	37		

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

TUNIS (regional)

COVERING: *Morocco, Tunisia and Tindouf (Algeria)*

The ICRC's regional delegation in Tunis has been operating since 1987. It monitors the treatment and living conditions of detainees in Tunisia and promotes awareness of IHL among the authorities and weapon bearers, and implementation of that law. It helps respond to humanitarian issues linked to the 1975–1991 Western Sahara conflict: the presence of mines and explosive remnants of war on both sides of the berm; the plight of physically disabled Sahrawi refugees; and the unknown fate of people who when missing during that conflict. With National Societies, the ICRC reconnects families separated by armed conflict, detention and migration.

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

KEY RESULTS/CONSTRAINTS IN 2022

- In Tunisia, migrants made thousands of calls to their families, with the ICRC's help. Several Moroccan and Tunisian families contacted relatives detained in the Syrian Arab Republic (hereafter Syria), after an attack on a prison there.
- Thousands of people learnt to protect themselves against mines/explosive remnants of war (ERW) at presentations by ICRC-trained volunteers of the Moroccan Red Crescent or by Sahrawi mine-action personnel.
- Sahrawi refugees, including mine/ERW victims, obtained free treatment at an ICRC-supported centre in the Rabouni hospital, near Tindouf. Sixteen Sahrawi refugees trained in physiotherapy or the production of assistive devices.
- In Morocco and Tunisia, penitentiary staff and officials improved their capacities to care for detainees, thanks to ICRC-held training. Administrative constraints delayed the ICRC's infrastructural projects in Tunisian prisons.
- Tunisian military instructors and legal advisers to the military improved their teaching and ability to counsel military commanders, respectively, at ICRC-organized workshops. The ICRC also helped the military review its IHL manual.

EXPENDITURE IN KCHF	
Protection	2,884
Assistance	2,294
Prevention	759
Cooperation with National Societies	467
General	108
Total	**6,512**
Of which: Overheads	*397*
IMPLEMENTATION RATE	
Expenditure/yearly budget	98%
PERSONNEL	
Mobile staff	29
Resident staff (daily workers not included)	51

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	96
RCMs distributed	252
Phone calls facilitated between family members	7,010
Tracing cases closed positively (subject located or fate established)	56
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	14
Detainees in places of detention visited	14,939
of whom visited and monitored individually	211
Visits carried out	31
Protection of family links	
RCMs collected	114
RCMs distributed	42

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	People		29
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		100
Water and habitat			
Water and habitat activities	People	3,020	1,050
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	4	4

CONTEXT

In Tunisia, the government was reorganized after the adoption of a new constitution. Protests against this re-organization and the state of the economy led to violence and arrests. People continued to be detained under anti-terrorism legislation or for having been involved, allegedly, in fighting in other countries. Tunisians returning from conflict-affected countries (see *Libya* or *Syrian Arab Republic*), including women and children, faced difficulties in re-integrating into Tunisian society.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended to October 2023. Tens of thousands of Sahrawi refugees were living in refugee camps in the Tindouf province of Algeria – for instance, in the Rabouni camp – and were at risk from mines/ERW.

Morocco and Tunisia remained countries of origin, transit and destination for migrants. Many took dangerous sea routes to reach Europe; and many of them died when their boats capsized or were shipwrecked on the Moroccan or Tunisian coast.

ICRC ACTION AND RESULTS

Together with the Moroccan and Tunisian National Societies, the ICRC and other Movement components provided family-links services to enable members of dispersed families to reconnect. Moroccan and Tunisian families were, for example, helped to contact relatives who were in conflict-affected countries, detained elsewhere or resettled in third countries after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba. In Tunisia, migrants made thousands of calls to their families from phone sites set up by the ICRC at shelters and at retention, quarantine or transit centres; some of them used phone credit received from the ICRC. The ICRC also resolved a number of missing-persons cases, including some related to migration, and informed the families concerned.

Aided by Tunisian Red Crescent volunteers, the ICRC worked to identify the remains of migrants who had died at sea. It also monitored developments in the search for people who had gone missing during migration or past conflict. The ICRC continued to advise the Moroccan and Tunisian authorities in strengthening and standardizing national capacities in managing and identifying human remains. Material and infrastructural support from the ICRC helped forensic authorities in several coastal cities in Tunisia to manage human remains from large-scale maritime accidents.

In Tunisia, the ICRC visited, in accordance with its standard procedures, detainees held by the interior and justice ministries. It communicated its findings and recommendations confidentially to the authorities, to help them improve detainees' living conditions and treatment. The ICRC gave Tunisian penitentiary authorities technical, material and infrastructural support to improve detainees' living conditions and their access to health care. However, infrastructural work that the ICRC had planned was delayed owing to administrative constraints. In Morocco, the ICRC helped train health staff to deal with some of the issues that could arise as they provide health care to detainees. Thousands of people learnt how to protect themselves from mines/ERW at presentations by ICRC-trained volunteers from the Moroccan National Society or by personnel from the Sahrawi Mine Action Coordination Office (SMACO). Sahrawi refugees, including mine victims, obtained physical rehabilitation and/or assistive devices free of charge at an ICRC-supported centre in the Rabouni hospital near Tindouf. Staff at this centre continued to develop their capacities through various ICRC training initiatives. Sponsored by the ICRC, ten of them were in their third year of training in physiotherapy; six others, similarly sponsored, began attending courses in the production of assistive devices. Owing to administrative constraints, outreach to camps – to find, diagnose and treat more patients – did not take place. ICRC training enabled Moroccan and Tunisian National Society volunteers and Sahrawi first responders to develop their capacities in first aid.

The ICRC continued to monitor the situation of migrants and Tunisians returning from conflict-affected countries and counsel the authorities concerned on suitable responses to these people's needs and concerns. The ICRC referred – to the Tunisian authorities and to Tunisian NGOs offering legal assistance – people who wanted their children who were born outside Tunisia to be registered as Tunisian citizens. It checked on the situation of these children regularly and provided them and their households with school supplies and cash to ease their social reintegration. Owing to administrative constraints and the waning number of new returnees, the ICRC did not, as it had planned, carry out activities to reinforce psychosocial services for them.

The ICRC strove to broaden support for IHL and the Movement in Morocco and Tunisia. It did so by discussing the plight of migrants, detainees, missing people's families and disabled people, and the Movement's response, with Moroccan and Tunisian authorities and with other humanitarian organizations. The ICRC continued to give the Tunisian authorities expert advice for implementing IHL and integrating it and other pertinent norms more fully into the doctrine, training and operations of the Tunisian military and security forces.

CIVILIANS

The ICRC continued to monitor the situation of migrants and of Tunisians returning from conflict-affected countries. It advised the authorities concerned on suitable responses to these people's needs and concerns, notably, psychosocial care and education for their children. In Tunisia, the ICRC referred – to the authorities and to NGOs offering legal assistance – people who wanted their children who were born outside Tunisia to be registered as Tunisian citizens. The ICRC regularly checked on the situation of these children and that of other returnees in precarious circumstances; it gave 29 of them – including 25 children – cash and/or school supplies to help them and their households cover their daily needs and ease their reintegration into society. Owing to administrative constraints and the waning number of new returnees, the ICRC did not, as it had planned to, carry out activities to reinforce psychosocial services for them.

Families contact their relatives in other countries

Aided by training and ICT equipment from the ICRC, volunteers at the Moroccan and Tunisian National Societies developed their ability to restore family links in line with applicable

data-protection standards. The two National Societies, the ICRC and other Movement components provided families separated by armed conflict, migration or other circumstances with the means to reconnect.

Families exchanged RCMs with relatives in conflict-affected countries. Dozens of Moroccan and Tunisian families contacted the ICRC for news of their relatives detained in north-eastern Syria, following an attack on a prison there (see *Syrian Arab Republic*). Several Moroccan families were able to receive messages from relatives detained in Algeria (see *Algeria*), or make video calls to relatives resettled in third countries after their release from the Guantanamo Bay detention facility.

In Tunisia, ICRC-trained Tunisian Red Crescent volunteers provided emergency care and family-links services for shipwrecked migrants. Migrants made roughly 7,000 calls to their families from phone sites set up by the ICRC at shelters and retention, quarantine or transit centres, or using phone credits from the ICRC. The ICRC also resolved 56 missing-persons cases and informed the families concerned, including some in other countries (see *Abidjan*).

The ICRC continued to monitor developments in the search for people who went missing during the 1975–1991 Western Sahara conflict. It also continued to give the Tunisian authorities expert advice for updating laws concerning missing people and their families. The ICRC and the African Commission on Human and Peoples' Rights organized a meeting in Tunisia, at which government officials from throughout the continent discussed best approaches to ascertaining the fate of missing people.

Tunisian forensic experts work to identify the remains of migrants who died at sea

The Moroccan and Tunisian authorities continued, with expert help from the ICRC, to strengthen and standardize national capacities in managing and identifying human remains. Infrastructural and material support from the ICRC helped forensic authorities in several coastal cities in Tunisia to manage human remains from large-scale maritime accidents. The ICRC donated some 360 body bags and thousands of sets of personal protective equipment (PPE) and other supplies. In addition, it provided forensic authorities in the cities of Sfax and Medenine with autopsy kits and cold-storage units, and renovated a morgue and a cemetery in Gabès.

Aided by Tunisian Red Crescent volunteers, the ICRC collected information from the sites of about 60 maritime accidents and interviewed surviving migrants. It worked closely with Ivorian and Tunisian authorities to transport, to Tunisia, DNA samples taken from families in Côte d'Ivoire for comparison with samples taken from the remains of dead migrants (see *Abidjan*).

Forensic workers from throughout Africa developed their skills at a regional course in Tunisia – attended by 40 people from 13 countries and from several organizations – and a conference in Morocco, organized jointly by the ICRC and various local institutions.

Communities are alerted to the hazardousness of mines/ERW

In Morocco, some 21,000 people learnt how to protect themselves against mines/ERW from ICRC-trained volunteers at the Moroccan Red Crescent; the ICRC also gave the volunteers printed materials to use in their presentations or to distribute to participants. The ICRC referred three victims of mines/ERW to hospitals, where they also received psychosocial care.

ICRC-trained SMACO staff and partners alerted Sahrawi refugees to the threat of mines/ERW; besides training, the ICRC gave them ICT equipment, and printed materials for distribution to Sahrawi refugees. The ICRC also trained SMACO staff and their partners in documenting mine/ERW-related incidents.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees held by the interior and justice ministries at 14 places of detention; migrants were being held at one of these facilities. Particularly close attention was paid to security detainees, people in solitary confinement and/or in temporary detention, people who had returned to Tunisia from other countries, people held in connection with protests, women and children. Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. The ICRC raised a number of issues with authorities, such as organizing family visits for detainees and reducing overcrowding by finding alternatives to detention.

Detainees, notably foreigners and returnees, phoned their families or sent/received RCMs or short oral messages, with the help of the ICRC.

Detainees have more sanitary living conditions

In Tunisia, the ICRC held various training events to encourage penitentiary and health authorities to work more closely together to improve health care for detainees. For example, at seminars organized by the ICRC, a total of 58 prison doctors and penitentiary and health officials discussed how to make health care more readily available to detainees. Two penitentiary officials were sponsored to attend an international conference in Switzerland, where they learnt more about drafting prison health policies (see *Headquarters – Protection and Essential Services*). The ICRC also donated PPE, medical supplies and handwashing stations to clinics at two prisons, and clothes and recreational items to one hospital providing psychological assistance for detainees.

The ICRC made its technical expertise available to penitentiary staff, and gave them the training necessary, to draft a plan to maintain infrastructure. It also made improvements to prison infrastructure: it began renovating a kitchen at one prison and carrying out re-waterproofing works at another; owing to administrative constraints, these infrastructural projects will be completed only in 2023.

In Morocco, government officials and members of the national human rights committee sought to broaden awareness of medical ethics among prison health staff. The ICRC therefore organized a workshop with them on providing health care for

detainees: 30 health staff, selected for their capacity to instruct their colleagues afterwards, attended the workshop.

WOUNDED AND SICK

Sahrawi mine victims and other disabled people regain some mobility

A total of 756 Sahrawi refugees,[1] including mine victims, obtained physical rehabilitation and/or assistive devices free of charge at an ICRC-supported centre in the Rabouni hospital near Tindouf. The ICRC covered transport costs for 200 patients who were destitute or from camps located far from the hospital. Advised by the ICRC and guided by feedback from patients, staff at this centre continued to develop their capacities, notably in observing standards. The ICRC also began to renovate physical rehabilitation facilities at hospitals in the camps, a project scheduled for completion in 2023. Owing to administrative constraints, outreach to camps – to find, diagnose and treat more patients – did not take place.

Ten Sahrawi refugees completed their third year of ICRC-sponsored training in physiotherapy and took courses in managing patients' medical records; six others, similarly sponsored, took courses in the production of assistive devices. Twelve of them were hired by the local health administration; three other local institutions employed people with disabilities, at the ICRC's urging. With these local institutions, the ICRC helped organize tournaments in wheelchair basketball and volleyball and an event to mark the International Day of Persons with Disabilities. All these contributed to strengthening local physical rehabilitation services and to facilitating the social inclusion of disabled people.

Moroccan and Tunisian National Society volunteers developed their capacities in first aid through ICRC-supported training. At events organized by the ICRC in five Sahrawi refugee camps, two refugees at each camp learnt to provide instruction in first aid, and five others received training in basic first aid. This support helped increase the likelihood of people receiving emergency care on site.

ACTORS OF INFLUENCE

Tunisian authorities, weapon bearers and academics strengthen their grasp of IHL

Amid the governmental re-organization, the ICRC continued to give the Tunisian authorities expert advice for implementing IHL and revising the penal code. It also assisted their efforts to integrate IHL and other pertinent norms more fully into the doctrine, training and operations of the Tunisian military and security forces. The ICRC also helped the military review its newly drafted IHL manual, and train two military instructors to teach IHL. These two instructors and two military legal advisers and a Moroccan military officer were sponsored to attend a regional IHL course (see *Egypt*). At an ICRC workshop, a security adviser to the Tunisian president learnt about the applicability of international human rights law to law enforcement operations (see *Headquarters – Protection and Essential Services*). A total of 325 members of the military and security forces, including border guards, national guardsmen, coast guard personnel and cadets deepened their knowledge of IHL and the Movement's neutral, impartial and independent humanitarian approach, at ICRC-organized information sessions.

Academics – political advisers and potentially decision-makers – added to their knowledge of IHL at ICRC events, such as lectures or presentations at law faculties and an online conference on the protection due to women under IHL. Six law students consulted the ICRC for their theses on IHL-related subjects.

Authorities and civil society are urged to support humanitarian action

The ICRC strove to broaden support for the Movement's neutral, impartial and independent humanitarian activities in Morocco and Tunisia. It did so by discussing the plight of migrants, detainees, missing people's families, and disabled people, and the Movement's activities, with Moroccan and Tunisian authorities and with other humanitarian organizations. In coordination with the Moroccan and Tunisian National Societies, it also carried out communication campaigns to raise public awareness of the issues mentioned above. It gave interviews and met with journalists, and produced audiovisual materials that it disseminated via social media. For example, it produced a video drawing attention to the plight of missing people and another on the services available at the physical rehabilitation centre supported by it; this latter video was made available to Sahrawi refugees in camps via messaging applications. Thirty members of the Polisario Front and 20 Sahrawi first responders learnt more about IHL, and the Movement's activities, at ICRC information sessions.

RED CROSS AND RED CRESCENT MOVEMENT

Moroccan and Tunisian Red Crescent volunteers develop their capacities in various areas

As COVID-19 restrictions were gradually lifted in Morocco and Tunisia, the ICRC began to focus on supporting the Moroccan and Tunisian National Societies' other activities. Tunisian Red Crescent volunteers strengthened their family-links capacities with the ICRC's support. Notably, the ICRC provided the National Society with funds and advice to hire a staff member to oversee family-links services and additional staff for financial management. Moroccan Red Crescent volunteers were given training and material support for raising awareness of mines/ERW. Volunteers of both National Societies were also given training in first aid (see *Wounded and sick*) and the Safer Access Framework.

Movement components in the region met regularly to coordinate their activities, which helped to strengthen the Movement's humanitarian response and prevent duplication of efforts.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	96			
RCMs distributed	252			
Phone calls facilitated between family members	7,010			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	372	79	26	16
including people for whom tracing requests were registered by another delegation	29			
Tracing cases closed positively (subject located or fate established)	56			
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)	1,378	226	95	106
including people for whom tracing requests were registered by another delegation	182			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5	2		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	14,939	654	160	
Visits carried out	31			
		Women	Girls	Boys
Detainees visited and monitored individually	211	25		
of whom newly registered	21	3		
RCMs and other means of family contact				
RCMs collected	114			
RCMs distributed	42			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	29	2	25
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	100		
Water and habitat				
Water and habitat activities	People	1,050		
Health care in detention				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		4		
of which physical rehabilitation centres supported regularly		1		
People who benefited from ICRC-supported projects	Aggregated monthly data	756		
of whom service users at physical rehabilitation centres (PRCs)		728	217	136
of whom participants in social inclusion projects not linked to PRCs		28		
of whom victims of mines or explosive remnants of war		*		
of whom weapon-wounded		*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	16		
Orthoses delivered	Units	131		
Physiotherapy sessions		1,563		
Walking aids delivered	Units	189		
Wheelchairs or postural support devices delivered	Units	44		

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

YAOUNDÉ (regional)

COVERING: *Cameroon, Equatorial Guinea, Gabon, São Tomé and Príncipe*

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between separated family members, including migrants, and responds to the emergency needs of refugees, IDPs and other violence-affected people in Cameroon. It pursues longstanding programmes to spread knowledge of IHL among the region's authorities, armed forces and civil society, and supports the development of the National Societies.

ICRC regional delegation ICRC sub-delegation ICRC office

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

KEY RESULTS/CONSTRAINTS IN 2022

- In the Far North and South-West regions of Cameroon, more people than planned benefited from ICRC assistance to help them cope with armed violence and food insecurity. Some 200 tracing cases were resolved by the ICRC.
- IDPs and others affected by armed violence in Cameroon met their basic needs with food and household essentials from the ICRC. People accessed safe water through infrastructure built or repaired by the ICRC or with its help.
- In Cameroon, violence-affected households grew crops and tended to their herds with ICRC livelihood support. Households covered essential expenses with ICRC cash or used ICRC cash grants to begin income-earning activities.
- Violence-affected people in Cameroon obtained basic health care and surgical services at health centres and hospitals supported by the ICRC. Personnel trained or supervised by the ICRC gave victims of violence psychosocial care.
- The ICRC regained some access to certain places of detention it was unable to visit the previous year. It engaged authorities in dialogue on carrying out activities to improve detainees' living conditions and access to health care.
- National Societies in Cameroon, Gabon, and São Tomé and Príncipe to informed people about the Movement and drew attention to humanitarian issues, with support from the ICRC.

EXPENDITURE IN KCHF	
Protection	4,242
Assistance	18,053
Prevention	2,340
Cooperation with National Societies	1,287
General	282
Total	**26,203**
Of which: Overheads	*1,599*
IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	47
Resident staff (daily workers not included)	223

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	110
RCMs distributed	36
Phone calls facilitated between family members	29
Tracing cases closed positively (subject located or fate established)	201
People reunited with their families	7
of whom unaccompanied minors/separated children	7
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	12
Detainees in places of detention visited	5,892
of whom visited and monitored individually	26
Visits carried out	14
Protection of family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE		2022 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	117,600	132,144
Food production	People	390,000	373,737
Income support	People	144,948	113,663
Living conditions	People	47,400	56,562
Capacity-building	People		40
Water and habitat			
Water and habitat activities	People	101,695	105,010
Health			
Health centres supported	Structures	14	16
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	People	200	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	10	11
Physical rehabilitation			
Projects supported	Projects		2
Water and habitat			
Water and habitat activities	Beds (capacity)		365

CONTEXT

In Cameroon's Far North region, conflict escalated between government forces and factions of the armed groups known as "the Islamic State's West Africa Province" and Jama'atu Ahlis Sunna Lidda'awati wal-Jihad. These groups were also active in the wider Lake Chad region. Cameroon – along with Chad, Niger and Nigeria – contributed troops to the Multinational Joint Task Force. In the North-West and South-West regions, armed encounters between government forces and the armed opposition remained intense. Instances of unlawful conduct by weapon bearers were reported.

Hundreds of thousands of people were displaced by the fighting, and by emergencies such as floods, straining host communities' already meagre resources; large numbers of Cameroonians sought refuge in Nigeria. People in Cameroon were killed or injured during attacks. Basic services like water and health care were not readily available, putting people at greater risk of disease; cholera outbreaks were reported in the South-West. Livelihood sources were not always accessible. The volatile security conditions – together with the effects of the COVID-19 pandemic and to some extent, the international armed conflict between the Russian Federation and Ukraine – led to sharp increases in the price of essential commodities. Arrests were made in connection with the violence described above.

Socio-economic and political tensions persisted in the countries covered by the regional delegation and throughout the wider region.

ICRC ACTION AND RESULTS

The ICRC, together with the Cameroon Red Cross Society, assisted people affected by armed conflict and other situations of violence, particularly in the Far-North and South-West regions of Cameroon. In May, the ICRC launched a budget extension appeal[1] to strengthen its response to food insecurity in Cameroon and other countries in Africa. It expanded its food distributions and income-support activities, and kept up efforts to support food production in Cameroon. IDPs and other violence-affected people, and flood victims, received food and household essentials. The ICRC gave violence-affected households in Cameroon seed and tools for farming, and vaccinated their animals, with a view to helping them produce more food. People covered their essential expenses with cash from the ICRC, added to their income through ICRC cash-for-work projects, or began income-earning activities with ICRC cash grants and training. The ICRC repaired and built water systems, and trained and equipped local technicians to maintain them; this broadened access to water in IDP camps and elsewhere. The ICRC also distributed hygiene kits and other supplies necessary to help people mitigate the risk of cholera. People in violence-affected areas obtained care at ICRC-supported health-care centres and hospitals. Victims of violence, including missing people's families, obtained psychosocial support from staff trained or supervised by the ICRC.

The ICRC collected requests to locate missing relatives. Members of families separated by armed conflict or other violence, or by detention, reconnected through the Movement's family-links services. Some minors were reunited with their relatives in Cameroon and elsewhere. In Cameroon, the ICRC assisted missing people's families through an accompaniment programme and by providing them with economic assistance for setting up income-earning activities (see above).

The ICRC visited detainees in Cameroon to monitor their treatment and living conditions; ICRC access to places of detention remained limited, as some of the authorities' measures to prevent the spread of COVID-19 were still in place. The ICRC communicated its findings and recommendations confidentially to the authorities concerned. It was not able to carry out certain planned activities to improve detainees' living conditions, owing to some administrative constraints. It gave the authorities some technical support for their efforts to improve detainees' living conditions.

In all its interaction with authorities, weapon bearers and members of civil society, the ICRC strove to foster understanding and acceptance of the ICRC and the Movement as a whole; of neutral, impartial and independent humanitarian action; and of IHL and other relevant norms. It did so to help ensure the delivery of humanitarian aid to vulnerable people and contribute to their protection. Personnel from military and security forces, and cadets, attended various ICRC events and familiarized themselves with the norms applicable to their duties. The authorities and weapon bearers were urged to take action against unlawful conduct by their personnel.

The ICRC continued to give National Societies in the region, particularly the Cameroon Red Cross, various forms of support to expand their operational and administrative capacities. Owing to administrative difficulties, activities to support the Equatorial Guinea Red Cross Society did not push through. Movement components, especially those working in the Lake Chad region, met regularly to coordinate their activities.

CIVILIANS

IDPs and refugees in Cameroon reconnect with relatives

The ICRC endeavoured to intensify its dialogue with authorities and various weapon bearers in Cameroon on the protection due to civilians under IHL, international human rights law and/or other norms applicable to their operations – especially in connection with conflict in the Far North and other violence in the North-West and South-West (see *Actors of influence*). It discussed a number of issues with the authorities, including the use of force during security operations; the necessity of protecting people against unlawful conduct, including sexual violence, and the necessity also of protecting and assisting IDPs; and ensuring access to basic services such as health care, in line with IHL and the Health Care in Danger initiative.

In Cameroon, people separated from their families by conflict or other violence, or by detention, reconnected with them through RCMs and other family-links services provided by the Cameroon Red Cross Society and the ICRC. The ICRC gave the Cameroon Red Cross training and other support for improving its family-links services.

1. See the budget extension appeal on the ICRC Extranet for Donors.

The ICRC and the Cameroon Red Cross continued to assist IDPs in the North-West and South-West. The ICRC met with local authorities and others throughout the year and discussed the specific needs of IDPs and means of addressing them. It also worked to raise awareness among IDPs and other violence-affected people of the services available to them. Through dialogue with the parties concerned and by other means, the ICRC strove to broaden awareness of the plight of victims of violence, including victims/survivors of sexual violence, and of the necessity of referring such victims/survivors for suitable medical and other assistance.

People sought the ICRC's help to ascertain the fate and whereabouts of their missing relatives, and lodged tracing requests with it: 201 tracing cases were resolved. Through an accompaniment programme, the ICRC continued to provide various forms of support for missing people's families. It met with them to understand their needs more fully and when necessary, referred them for economic, psychosocial (see below) and/or other support. The authorities learnt more about the plight of missing people's families and their specific needs during a round table organized by the ICRC, and through other means.

Violence-affected people in Cameroon meet their need for food

In Cameroon, the ICRC scaled up its efforts to help people in the Far North and South-West to become more resilient to the combined effects of violence and food insecurity. It expanded its distributions of food and ramped up its income-support activities, while keeping up activities to help households produce more food by raising poultry and farming.

More than 22,000 violence-affected households (some 132,100 people), including households with malnourished children or pregnant/lactating women at risk of malnutrition, received food rations and/or therapeutic food from ICRC-supported nutrition centres. Also among them were households affected by communal violence and floods. Some households were given assistance several times, for up to four months. Some households with children were instructed in good feeding practices.

Over 46,200 herding households (around 277,400 people in all) had their animals vaccinated against disease by the livestock ministry and the ICRC, which helped to preserve their health and productivity. The ICRC also gave the ministry refrigerators and other equipment, and technical support, for carrying out such activities independently. It built pastoral wells and helped to renovate other infrastructure. Around 16,000 farming households (some 96,300 people) received seed and tools from the Cameroon Red Cross and the ICRC. Some farming households received cash to buy food (see also below) and thus avoid having to consume seed meant for planting. The ICRC provided the agriculture ministry with technical support to produce and ensure the availability of crop seed in the Far North and elsewhere.

Around 18,900 violence-affected households (around 113,600 people) covered essential household expenses with support from the ICRC. People added to their income by participating in cash-for-work projects, for instance, to repair homes damaged during violence. Missing people's families and violence-affected households were given cash grants and training for setting up small businesses and other income-earning activities.

Some 9,400 households (56,600 people) displaced by violence or affected by floods were given household essentials to help them ease their situation.

ICRC training helped National Society staff to develop their ability to implement economic-security activities.

Households in Cameroon have broader access to clean water

In Cameroon, displaced households, and others affected by outbreaks of violence, benefited from ICRC activities to broaden access to water and sanitation. IDPs had more sanitary conditions after the ICRC built latrines at IDP camps and distributed hygiene kits. People obtained water through water systems renovated by the ICRC, which also trained and equipped local technicians and members of local water boards to maintain these systems, helping to ensure their long-term reliability. The ICRC constructed pastoral wells and livestock-vaccination pens. The ICRC responded to reports of cholera cases in the South-West by distributing water-treatment supplies, soap and other items to protect people against the disease. The above activities benefited over 105,000 people in all.

The ICRC made improvements to water, waste-management and other infrastructure at various ICRC-supported health facilities.

People obtain health care in violence-affected areas of Cameroon

At 13 ICRC-supported health centres in the Far North and North-West, people obtained good-quality curative, preventive and antenatal/postnatal care. The centres had a catchment population of roughly 161,400 people in all. Centres received support on a regular basis from the ICRC, which included medical supplies, technical advice and/or infrastructural repairs. People availing of services in the centres were given information on good hygiene practices, including measures against COVID-19. Patients needing advanced care were referred to hospitals (see *Wounded and sick*).

To help health-care centres cope with influxes of patients, the ICRC provided some of the centres above and three other facilities with with medical supplies other forms of support.

Over 1,000 victims of violence, including missing people's families, and others obtained psychosocial support with the ICRC's help. Staff at ICRC-supported health facilities were supervised by the ICRC and trained to provide such care. The ICRC assisted missing people's families to attend group-support sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC monitors the situation of detainees in Cameroon

The ICRC visited 12 places of detention in Cameroon under the justice ministry and the *gendarmerie*, collectively holding some 5,900 people; ICRC access to places of detention remained limited, as some of the authorities' measures to prevent

the spread of COVID-19 were still in place. During its visits to places of detention, the ICRC paid particular attention to people with specific needs: security detainees, women, minors and foreigners; it monitored 26 detainees individually. Findings and recommendations were communicated confidentially to the relevant authorities, with a view to ensuring that detainees' treatment and living conditions met internationally recognized standards.

Some detainees in Cameroon contacted their relatives through the Movement's family-links services. The ICRC made five phone calls to inform families of the whereabouts of their detained relatives. The ICRC arranged family visits for one detainee and enabled foreigners to notify their consular representatives or the UNHCR of their detention. It gave some detainees financial assistance to return home after their release.

The ICRC engaged the authorities in dialogue on improving detainees' living conditions, including their access to health care; it made its technical expertise and other support available to them. During ICRC training sessions, prison officials discussed the consequences of overcrowding in places of detention and learnt more about maintaining prison infrastructure. Other projects to improve detainees' living conditions did not push through during the year, owing to administrative constraints.

WOUNDED AND SICK

Wounded people in violence-affected areas obtain surgical care

People needing surgical or other specialized care, including people wounded during armed violence, were referred to and treated at eleven regional and other hospitals in Cameroon supported by the ICRC. These facilities had over 2,200 surgical admissions and performed 47 surgeries on weapon-wounded patients. Hospital staff and patients at some of these facilities were briefed on the protections due to health care services during violence and issues covered by the ICRC's Health Care in Danger initiative. The ICRC also carried out assessments to prepare for carrying out training or other activities to broaden access to first aid in Cameroon.

Hospitals which received ICRC support included a regional hospital in Kousseri and a hospital in Mada that was the only facility in the Logone-et-Chari department where surgery was available. The ICRC provided hospitals with medicine, wound-dressing kits, technical advice and other forms of support to help ensure the continuity of their services for people affected by conflict and other violence. It also covered surgical expenses for hundreds of patients.

At two local centres, 18 persons with physical disabilities[2] obtained rehabilitation services. The ICRC provided financial assistance to cover transport and other expenses incurred during these patients' treatment, and other support.

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

ACTORS OF INFLUENCE

Military and security forces strengthen their grasp of IHL and other pertinent norms and standards

In Cameroon, military and security forces personnel added to their knowledge of IHL, human rights law, and other norms applicable to their duties at briefings by the ICRC and other themed events. *Gendarmes* were given training in norms and standards applicable to law enforcement. The Cameroonian armed forces, whose soldiers sometimes joined the police in maintaining public order, were also trained in these norms and standards; this training sought to ensure that they could determine the legal framework applicable to a given situation and act accordingly.

Military and *gendarmerie* cadets familiarized themselves with IHL and human rights law, respectively, at ICRC dissemination sessions. Military cadets added to their knowledge of these and related matters at a round table, and at a conference, organized by the ICRC. The ICRC enabled a Cameroonian military officer to meet with his counterparts in Nairobi to discuss the integration of IHL into military operations.

In Gabon, military personnel added to their knowledge of IHL through ICRC briefing sessions at a military school in Libreville. Members of the police and the *gendarmerie* learnt more about norms applicable to their work at similar ICRC events.

The ICRC sought to contact certain armed opposition groups, with a view to discussing with them the rudiments of human rights law, IHL and other applicable norms.

Whenever the opportunity arose, the ICRC urged the authorities to ratify IHL and IHL-related treaties, adopt related legislative measures and set up a national IHL committee. It organized workshops for local authorities and others on the African Union Convention on IDPs and on its domestic implementation.

The authorities and the general public learn more about the Movement

The ICRC, together with the Cameroon Red Cross Society, strove to broaden awareness of humanitarian issues, and make humanitarian principles and the Movement more widely known, in Cameroon and in the countries covered by the delegation. It carried out communication campaigns via social media and traditional-media organizations, national and regional. For instance, in Cameroon, it organized photo exhibits and other events to raise awareness of the specific needs of violence-affected people. It also told traditional birth attendants in the Far North about antenatal and other services available at ICRC-supported health facilities, to encourage them to refer mothers for care. It made radio broadcasts, in local languages, on measures to check the spread of cholera, in areas where outbreaks had been reported. The ICRC collected views and suggestions from people who had benefited from its economic-security activities in Cameroon.

Briefings, press releases and reference materials from the ICRC helped to give members of the local and the international media a fuller picture of humanitarian work during armed

conflict and other violence, and enabled them to cover the ICRC and other Movement components' activities more accurately.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components provided National Societies in the region with material, technical and other support to strengthen their operational and administrative capacities.

The Cameroon Red Cross Society assisted people affected by conflict and other violence (see *Civilians*). It also broadened awareness of humanitarian principles and the Movement and, in areas affected by cholera outbreaks, of means to protect themselves against disease (see *Actors of influence*). ICRC support for the National Society included provision of financial assistance; essential household items for distribution; first-aid kits; and training in carrying out its activities in safety. It explored possibilities for cooperation with the Red Cross of Chad during a workshop in Cameroon that the National Society organized and conducted with the ICRC's financial support.

The ICRC gave the Gabonese Red Cross Society and the Sao Tomé and Principe Red Cross financial and other support for their activities.

Owing to administrative difficulties, activities to support the Equatorial Guinea Red Cross Society did not push through.

Movement components, especially those working in the Lake Chad region, coordinated their activities to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	110			
RCMs distributed	36			
Phone calls facilitated between family members	29			
Reunifications, transfers and repatriations				
People reunited with their families	7			
including people registered by another delegation	6			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	329	44	54	35
including people for whom tracing requests were registered by another delegation	41			
Tracing cases closed positively (subject located or fate established)	201			
including people for whom tracing requests were registered by another delegation	30			
Tracing cases still being handled at the end of the reporting period (people)	2,437	210	278	374
including people for whom tracing requests were registered by another delegation	437			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	26	13		4
UAMs/SC reunited with their families by the ICRC/National Society	7			4
including UAMs/SC registered by another delegation	6			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	95	35		6
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	12			
Detainees in places of detention visited	5,892	180	83	
Visits carried out	14			
		Women	Girls	Boys
Detainees visited and monitored individually	26	4	1	1
of whom newly registered	10	2	1	1
RCMs and other means of family contact				
Phone calls made to families to inform them of the whereabouts of a detained relative	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	132,144	56,099	50,017
of whom IDPs		45,912	20,598	17,610
Food production	People	373,737	69,659	46,104
of whom IDPs		106,556	18,002	18,840
Income support	People	113,663	38,081	48,641
of whom IDPs		59,108	23,492	22,640
Living conditions	People	56,562	15,869	23,384
of whom IDPs		24,366	8,313	9,893
Capacity-building	People	40	18	
Water and habitat				
Water and habitat activities	People	105,010	31,507	42,175
of whom IDPs		51,928	15,579	20,771
Primary health care				
Health centres supported	Structures	16		
of which health centres supported regularly		13		
Average catchment population		161,434		
Services at health centres supported regularly				
Consultations		154,991		
of which curative		133,291	39,427	73,469
of which antenatal		21,700		
Vaccines provided	Doses	275,596		
of which polio vaccines for children under 5 years of age		64,745		
Referrals to a second level of care	Patients	1,631		
of whom gynaecological/obstetric cases		331		
Mental health and psychosocial support				
People who received mental-health support		1,028		
People who attended information sessions on mental health		7,232		
People trained in mental-health care and psychosocial support		88		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,268		
Weapon-wound admissions (surgical and non-surgical admissions)		36	*	*
Weapon-wound surgeries performed		47		
Patients whose hospital treatment was paid for by the ICRC		365		
Physical rehabilitation				
Projects supported		2		
of which physical rehabilitation centres supported regularly		2		
People who benefited from ICRC-supported projects	Aggregated monthly data	18		
of whom service users at physical rehabilitation centres (PRCs)		18	4	4
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	15		
Orthoses delivered	Units	343		
Physiotherapy sessions		624		
Walking aids delivered	Units	2		
Wheelchairs or postural support devices delivered	Units	2		

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