ASIA AND THE PACIFIC

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	2,341
RCMs distributed	3,148
Phone calls facilitated between family members	501,201
Tracing cases closed positively (subject located or fate established)	1,765
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	137
Detainees in places of detention visited	152,754
of whom visited and monitored individually	2,352
Visits carried out	268
Restoring family links	
RCMs collected	2,865
RCMs distributed	2,363
Phone calls made to families to inform them of the whereabouts of a detained relative	405

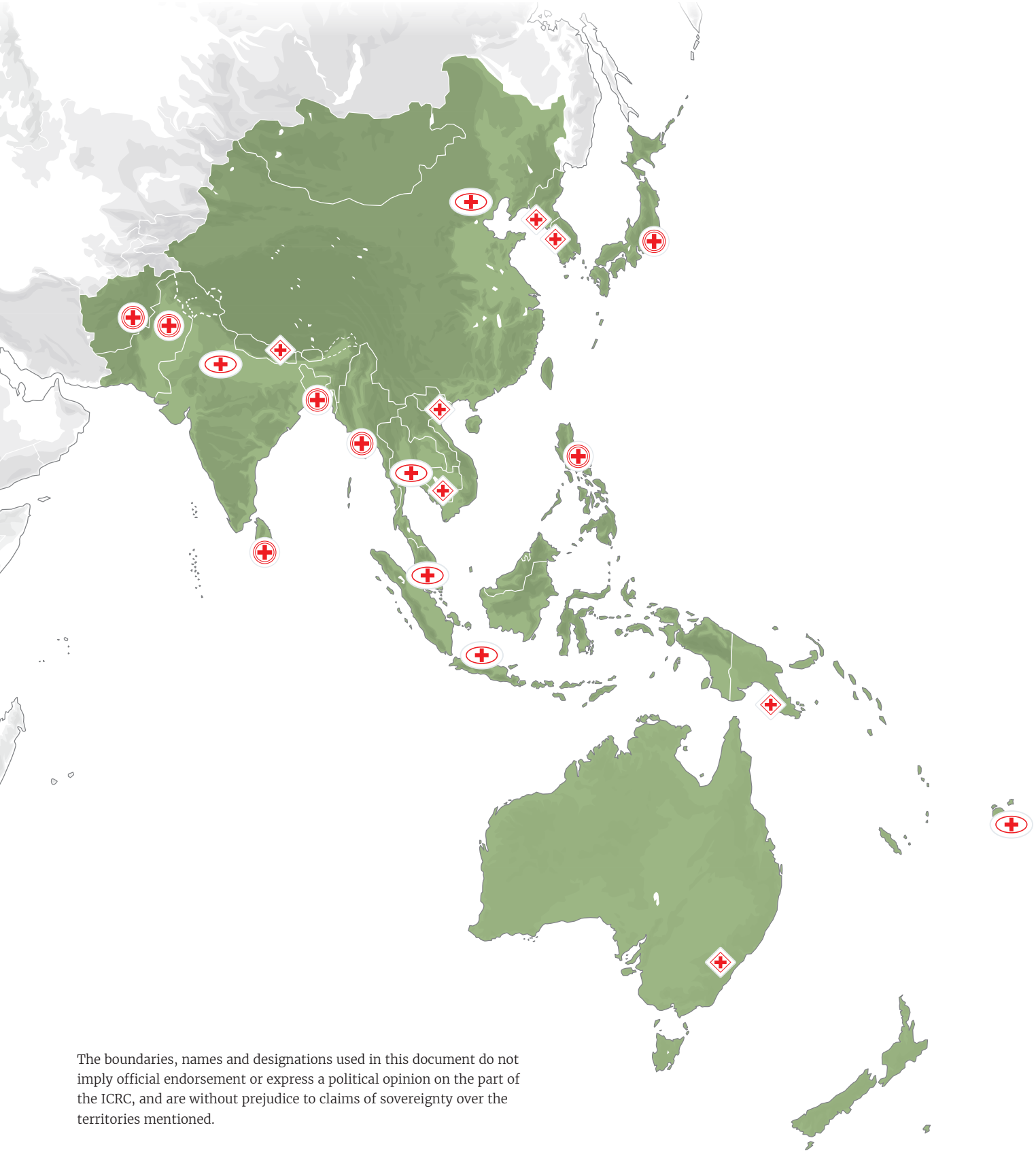
EXPENDITURE IN KCHF	
Protection	47,681
Assistance	137,770
Prevention	30,462
Cooperation with National Societies	14,576
General	5,106
Total	**235,596**
Of which: Overheads	*14,377*
IMPLEMENTATION RATE	
Expenditure/yearly budget	83%
PERSONNEL	
Mobile staff	463
Resident staff (daily workers not included)	3,771

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	138,750	165,700
Food production	People	152,100	142,666
Income support	People	140,447	117,496
Living conditions	People	206,750	299,374
Capacity-building	People	65,799	44,897
Water and habitat			
Water and habitat activities	People	635,520	1,651,497
Health			
Health centres supported	Structures	94	116
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People		6,758
Living conditions	People	30,000	73,505
Water and habitat			
Water and habitat activities	People	76,450	75,655
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	103	129
Physical rehabilitation			
Projects supported	Projects	107	102
Water and habitat			
Water and habitat activities	Beds (capacity)	5,160	10,768

DELEGATIONS

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

ICRC delegation
ICRC regional delegation
ICRC mission



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

AFGHANISTAN

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- In response to major national developments in Afghanistan – intensified hostilities, a political transition and an economic crisis – the ICRC redirected many of its efforts and resources to providing people with immediate relief aid.
- The ICRC advocated protection for people throughout the year. Its long-standing dialogue with the Islamic Emirate of Afghanistan (IEA) enabled it to carry out its activities after the transition.
- The ICRC stepped up its efforts to support people in light of economic sanctions and the suspension of most other aid. Notably, it helped sustain access to water and other basic services for over 1.2 million people.
- Afghan Red Crescent Society clinics and the Mirwais Hospital drew on ICRC support to treat wounded and sick people. Persons with disabilities regained some mobility through the ICRC's physical rehabilitation services.
- In response to the faltering health system, the ICRC, in coordination with local authorities launched a six-month project in support of hospitals. Dozens more hospitals than planned received financial support.
- The ICRC adapted its detention-related activities to the concerns of a new detainee population. It worked with the authorities to improve detainees' diet through nutrient-rich food rations and other assistance.

EXPENDITURE IN KCHF	
Protection	16,000
Assistance	57,198
Prevention	3,433
Cooperation with National Societies	1,486
General	855
Total	**78,972**
Of which: Overheads	*4,820*
IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	120
Resident staff (daily workers not included)	1,707

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	63
RCMs distributed	225
Phone calls facilitated between family members	5,446
Tracing cases closed positively (subject located or fate established)	511
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	24
Detainees in places of detention visited	25,188
of whom visited and monitored individually	628
Visits carried out	82
Restoring family links	
RCMs collected	30
RCMs distributed	74
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People		10,105
Food production	People		40,000
Income support	People	21,600	25,721
Living conditions	People		22,114
Water and habitat			
Water and habitat activities	People	237,520	1,245,106
Health			
Health centres supported	Structures	47	47
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People		6,758
Living conditions	People	30,000	17,921
Water and habitat			
Water and habitat activities	People	30,000	33,452
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	5	59
Physical rehabilitation			
Projects supported	Projects	31	31
Water and habitat			
Water and habitat activities	Beds (capacity)	862	3,324

CONTEXT

After almost ten months of intense hostilities, the Islamic Emirate of Afghanistan (IEA) announced the establishment of a government on 7 September 2021. Violence persisted throughout the country – IEA forces, for example, engaged with troops from the Islamic State Group – but fighting ceased in most provinces. Reportedly, thousands of detainees were released, but new arrests have taken place.

Despite the transition, people continued to struggle with the consequences of decades of armed conflict. Thousands of people were displaced, wounded or killed in the fighting. Many thousands of others struggled to meet their immediate needs and/or lost their livelihoods. Essential infrastructure was damaged or destroyed. Violence, detention, migration and natural disasters dispersed many families.

Foreign aid was suspended after the establishment of the new government, owing to sanctions in place. The country's central bank assets were also frozen. Consequently, the country's economy and health system – which had been propped up by donors and humanitarian and international organizations for a long time – were at risk of crisis. Major domestic markets, financial institutions and businesses were incapacitated. Prices of food, medicine and fuel soared. Basic services and supply lines were disrupted. Salaries went unpaid. Health facilities faced critical shortages of medical supplies and struggled to cover their operating costs. Chronic poverty, food shortages, climate change and the COVID-19 pandemic added to people's difficulties.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs created by armed conflict and other violence in Afghanistan. Because of its long-standing dialogue with IEA authorities, it was able to carry out its activities, even after the transition. Its operational and logistical capacities were reinforced by its presence in Dushanbe, Tajikistan – which was moved to Tashkent, Uzbekistan by the end of the year – and its regional logistics hub in Peshawar, Pakistan.

The ICRC responded to developments in the political and economic situation in Afghanistan (see *Context*) by reorienting its attention: it significantly scaled up or adapted some of its planned activities, and postponed or cancelled others; it focused on providing more people with immediate relief. It initiated or resumed dialogue with provincial and central authorities, in various areas, with a view to continuing its neutral, impartial and independent humanitarian activities.

During the fighting, the ICRC, often with the Afghan Red Crescent Society, maintained contact with authorities, weapon bearers and community members, to urge them to prevent or end unlawful conduct; ensure that people were protected; facilitate access to basic services; safeguard medical services; and permit collection of human remains. It also sought to advance their understanding of IHL and gain their support for the Movement's work.

Injured people obtained life-saving care from ICRC-trained first-aiders and/or reached hospitals through an ICRC-funded taxi system. Wounded or sick people were treated at the Mirwais Hospital, which continued to receive comprehensive support from the ICRC, or at dozens of other hospitals that received material, infrastructural and/or financial support from the ICRC, much of it necessitated by the political and economic crisis. Persons with disabilities improved their mobility at ICRC-run physical rehabilitation centres; they were also helped to ease their living conditions, obtain an education and earn an income. Primary health care was available at National Society clinics supported by the ICRC.

The ICRC provided cash and other assistance to tens of thousands of vulnerable people, including victims of violence. Its support for local water authorities and others helped to ensure that roughly 1 million people had access to a stable supply of water and to other utilities.

Before most of them were released, the ICRC visited detainees, in accordance with its standard procedures. Findings and recommendations were discussed with detaining authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Sick detainees were treated at ICRC-supported prison clinics or referred to other facilities. The ICRC enabled some detainees to be visited by their families. After the political transition, the ICRC engaged the IEA authorities in dialogue on resuming its visits to detainees. It maintained its health-care programmes and COVID-19 response, and worked with the authorities to provide nutritional assistance for the new detainee population.

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

The ICRC kept up its efforts to further understanding of IHL, and of its work, among religious scholars and academics, and military and security forces, through workshops and other events. When political developments shrank its network of influential contacts, it endeavoured to strengthen its public communication.

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

CIVILIANS

Developments in the political and humanitarian situation notwithstanding, the ICRC continued to deliver a multidisciplinary response, throughout the year, to the pressing needs of people affected by the fighting and the pandemic. It significantly expanded its emergency assistance to address the immediate consequences of the economic crisis, and postponed or cancelled other activities it had planned.

Authorities and weapon bearers are urged to ensure protection for people

During the fighting, the ICRC continued to remind parties to conflict to ensure that people who were not, or were no longer, involved in the fighting were protected, as required by IHL and other applicable law. It engaged in confidential dialogue with these parties about IHL violations that were alleged to have taken place during both airstrikes and ground operations in populated areas. In these discussions, the ICRC reiterated the necessity of preventing or ending unlawful conduct; facilitating access to basic services; showing due regard for medical personnel, transport and facilities; protecting children and upholding their right to an education; and enabling the recovery of human remains.

After the political transition, the ICRC focused on establishing dialogue with central and provincial IEA authorities – or renewing working relationships already in existence – to discuss the protection-related issues mentioned above that were still applicable, and to ensure their continued acceptance and support for its humanitarian activities.

People affected by the fighting and the ongoing crises expressed their concerns, and their views on the ICRC's work, during community feedback sessions. The ICRC also aided victims of violence (see below).

Families receive help to contact relatives or learn their fate

Members of families separated by conflict or other violence, detention, migration or natural disasters used the family-links services of the Afghan Red Crescent Society and the ICRC (e.g. RCMs, tracing) to reconnect with or to search for missing relatives. The ICRC met with the National Society to discuss improvements to these services, and with other humanitarian organizations to coordinate its work with theirs; it also organized information sessions about these services for the authorities and relevant stakeholders. Beginning in the second quarter of the year, constraints created by the pandemic and the political situation (see *Context*) limited visits to communities and other ICRC field activities.

The National Society and the ICRC – with the help of taxi drivers contracted for the purpose – collected the remains of hundreds of people killed in the fighting and handed them over to the families concerned.

The ICRC engaged the authorities in dialogue to remind them that human remains must be handled properly, to prevent disappearances. Providers of forensic services, including hospital morgues, were given material and technical assistance. The National Society received PPE, stretchers, body bags and other items to help them transfer dead bodies or human remains. The ICRC disseminated best practices during meetings and workshops, and through other means (e.g. informational booklets). The intensification of hostilities resulted in the authorities having to manage and identify an increasing number of sets of human remains.

People affected by the fighting meet some of their financial needs

The ICRC provided violence-affected families (some 2,000 households; 20,220 people) – including people injured by improvised explosive devices and explosive remnants of war (ERW) – with cash to cover their expenses (medical treatment, repairs to their houses, funerals, etc.). Some 1,230 persons with disabilities were given support to earn an income or preserve one (see *Wounded and sick*). The ICRC also provided financial assistance to families (about 3,080 people) who wanted to visit their detained relatives (see *People deprived of their freedom*). It also helped augment the income of the previously mentioned taxi drivers (benefiting around 1,200 people in all) who received compensation for assisting in the transfer of human remains.

Additional cash grants distributed near the end of the year reached almost 900 households headed by women (almost 7,100 people) in Kapisa Province, and helped them cover their expenses for food and other basic needs. The families (about 3,000 people) of around 430 housebound people with spinal-cord injuries received cash to cover their expenses for food and other basic necessities; the ICRC remodelled some of their houses to make them more disabled-accessible. It also supported some disabled people's families (some 22,100 people) by providing them with support to continue their education, or by distributing winter essentials such as firewood and stoves (see *Wounded and sick*).

Some 5,000 farming households (around 40,000 people) who had returned to their homes in the province of Helmand were given cash grants to buy wheat seed and fertilizer.

Clinics continue to provide primary-health-care services

People continued to receive primary health care at 46 clinics and from the outpatient department of a district hospital – all of them run by the National Society. These facilities operated throughout the year mostly with no significant disruption, although some had to close temporarily owing to security concerns during the intensified fighting. The clinics provided about 896,800 consultations and administered almost 164,700 doses of polio vaccine to children. The ICRC gave the clinics medical supplies and equipment – including PPE and hygiene items, in support of measures against COVID-19 – and training and technical guidance for staff. It made improvements at some of the clinics (e.g. installation of solar panels) or enhanced passive security measures.

To help strengthen the protection of people seeking and providing health care, the ICRC also briefed staff at National Society clinics on their rights and responsibilities as health workers.

People in both urban and rural areas retain their access to clean water

Some 1,215,000 people in both urban and rural areas were able to maintain access to a stable supply of clean water, because of the ICRC's efforts. The ICRC repaired and/or installed/constructed hand pumps and water towers and trained water-management committees to operate and maintain them. It also donated fuel, water-treatment supplies, and

spare parts to local water authorities. It expanded these activities, particularly the donations, in response to political developments and their economic impact (see *Context*); as a result, water networks operated by the authorities in urban areas, servicing about 1,000,000 of those mentioned above, were able to continue functioning.

The ICRC made repairs or improvements to other public infrastructure, and when necessary, provided material support for operating or maintaining these, benefiting roughly 30,000 people. Schools damaged in the fighting, health-care centres (see above), and selected National Society offices benefited from repairs and renovations made by the ICRC. For instance, the ICRC improved the electrical systems at certain clinics and donated tents to help some of them accommodate more people arriving for consultations. It also provided a local electricity company with oil for transformers.

The ICRC gave the National Society comprehensive support for its activities, particularly its family-links services, forensic work and health programme. Other activities to build its capacities – particularly in implementing water and sanitation projects – were cancelled.

PEOPLE DEPRIVED OF THEIR FREEDOM

In the final weeks of the hostilities and following the establishment of the new government, most of the detainees in penitentiary facilities throughout the country were released. While early in the year the ICRC carried out its activities as planned, changes in the situation caused it to adapt its work. Thus, certain planned activities, such as vocational training for detainees, did not take place.

Before this major shift, the ICRC visited detainees, in accordance with its standard procedures and COVID-19 protocols, to monitor their treatment and living conditions. It paid particular attention to women, minors, foreigners, older people, and other vulnerable groups; 628 detainees were monitored individually. Findings from these visits were communicated confidentially to the detaining authorities at that time, to help them align detainees' treatment and living conditions with internationally recognized standards.

Detainees reconnected with their relatives through RCMs and phone or video calls offered by the Movement. Hundreds of detainees were visited by their families; financial assistance from the ICRC made some of these visits possible. After the massive reduction in the prison population, the ICRC focused on conducting release checks of detainees it had previously registered, with a view to notifying their families and preventing disappearances.

After the transition, the ICRC focused on engaging the new penitentiary authorities – provincial and central – in dialogue on resuming standard ICRC visits to detainees. It began working with the authorities on planning and conducting humanitarian activities for the new detainee population (see *Context*) – for instance, addressing detainees' nutritional needs (see below).

Detainees obtain basic health care and improve their living conditions

Throughout the year, and despite the disruptions connected to the political situation, the ICRC continued to support the provision of basic health care in prisons and sought to help ensure that such services met national standards. It provided financial support, medical supplies and equipment, and/or expert guidance and training for staff – in medical ethics and other matters – to clinics at five priority prisons. The ICRC made it possible for detainees with chronic diseases or disabilities, and other special cases, to receive treatment; it referred some of them for more advanced care.

ICRC initiatives – both before and after changes in the government – improved living conditions for around 33,450 detainees. These initiatives included repairs to water and ventilation systems and other infrastructural work; fumigation campaigns; health- and hygiene-promotion sessions; and distributions of soap and other items for detainees. The ICRC donated around 180,000 litres of fuel to selected places of detention, to ensure that water, heating, and other utilities were available to detainees throughout the winter.

The ICRC provided nutritional assistance to seven penitentiary facilities that were struggling to feed around 6,760 detainees because of a shortage of funds caused by the country's economic plight (see *Context*). Some 13,120 detainees were given clothes, blankets and other winter essentials, and around 4,800 detainees received items for their personal hygiene. The ICRC had planned to reach more people, but was unable to do so with how much of the previous detainee population had been released.

To help strengthen the COVID-19 response in places of detention, the ICRC gave the authorities expert counsel in such matters as vaccinating prison staff and implementing measures to control and prevent infections. To the same end, it provided material support (e.g. hygiene items, PPE) to selected places of detention and conducted information sessions on COVID-19 for detainees.

WOUNDED AND SICK

Wounded and sick people obtain good-quality care

Hundreds of people were referred to ICRC health staff and transported to health facilities by an ICRC-funded network of taxis. Taxi drivers, weapon bearers and other potential first responders received first-aid training, as well as PPE and guidance in COVID-19 protocols to help them do such work safely. At some first-aid training sessions, participants also learnt about the protections afforded to health workers.

In southern Afghanistan, wounded and sick people were treated at the Mirwais Hospital, which continued to improve its services with comprehensive support from the ICRC. The hospital received drugs and other medical supplies; equipment; expert guidance and training, particularly for infection control – including measures against COVID-19 (see below) – and for the emergency, surgical, paediatric, obstetric and gynaecological, and biomedical departments; and financial assistance for covering staff salaries and other running costs. This support helped to sustain and improve the functioning

of the hospital's COVID-19 ward. Health staff were briefed on their rights and duties, and on key aspects of the Health Care in Danger initiative. The ICRC also provided expert guidance to the hospital's management, with a view to preparing them to run the hospital without ICRC support. The ICRC also covered the expenses of some patients requiring certain kinds of specialized treatment; these included transportation and accommodation costs.

The ICRC made ad hoc donations of drugs and other supplies, for dealing with mass casualties and other emergencies, to 49 health facilities across the country; personnel at some of these facilities were given training in emergency trauma care. ICRC expertise was made available to help improve emergency departments and surgical capacities at a community health centre, as well as two other facilities that received the ad hoc material support mentioned above. The ICRC also provided equipment to enhance their services: for instance, a blood-bank refrigerator for one of the hospitals. Health staff at these facilities attended ICRC training in such areas as basic life support, emergency trauma care, and infection prevention and control.

In response to urgent health needs created by the economic crisis (see *Context*), in November the ICRC, in coordination with the health authorities, began implementing the Hospital Resilience Program, a six-month initiative under which operational expenses and the salaries of thousands of staff for selected hospitals were covered.[1] The program was able to support a total of 17 hospitals – nine of which were also recipients of the previously mentioned ad hoc donations – which enabled these facilities to remain in service.

The ICRC made infrastructural improvements and/or renovations at a number of hospitals and physical rehabilitation centres (see below), including the Mirwais Hospital; it also donated fuel for generators to some of these facilities (total capacity: 3,324 beds). At the Mirwais Hospital, it renovated the paediatric ward, laboratory, and water, sanitation and electrical systems; built an X-ray department, triage area, and a room for storing medical records; and provided training and expert guidance for the hospital's maintenance staff. More facilities than anticipated required and were given assistance, because of the political and economic situation (see *Context*).

Persons with disabilities regain some mobility and self-sufficiency

Almost 160,000 persons with disabilities[2] gained more mobility through services from seven ICRC-run physical rehabilitation centres and/or assistive devices made of parts manufactured at an ICRC components factory. The centres operated throughout the year – taking the measures necessary against COVID-19 – although some of their activities had to be curtailed, temporarily, when the security situation became uncertain. They continued to be managed by ICRC-trained employees – many of them, persons with disabilities. The ICRC covered transportation and other expenses for disabled people travelling from remote areas to the centres or other facilities for specialized care. It also made renovations at five of the centres, and built an indoor arena for disability sports at one of them. It began construction of a new centre in Lashkar Gah.

The ICRC provided the centres' patients and other disabled people with support for getting an education or achieving financial stability, with a view also to advancing their social inclusion. Some people found jobs with the ICRC's help, attended ICRC vocational training, or were provided with microcredit for restoring or starting small businesses. Persons with spinal-cord injuries or other disabilities received home care, cash, and/or other assistance to help them cope. Hundreds of young people with disabilities received home tutoring, school supplies and financial aid for their studies, scholarships to attend university, and/or monthly allowances to cover the costs of transportation to school. Several disabled people attended their ICRC-funded sports teams' practices.

A total of 22 other institutions in the physical rehabilitation sector – including centres, disability sports organizations and training institutes – continued their work, in part with financial, material and/or other support from the ICRC. Students and professionals, including those enrolled in advanced courses in physiotherapy, took classes at an ICRC-supported school of prosthetics and orthotics.

ACTORS OF INFLUENCE

Before the political transition, the ICRC, often in tandem with the Afghan Red Crescent Society, maintained contact with authorities, weapon bearers, religious leaders, journalists, and community members. The ICRC's involvement with these actors had certain objectives, such as helping them understand IHL more fully, gaining their support for the Movement's work and persuading them to facilitate safe and uninterrupted humanitarian access.

The ICRC also continued to help integrate IHL and other applicable norms into the doctrine, training and operations of the armed forces and the security forces. ICRC workshops enabled weapon bearers to strengthen their grasp of these norms and/or to become more capable of instructing others in them. Some 2,220 military and security forces and police personnel were able to attend 69 ICRC courses and information sessions. Because of administrative constraints, as well as pandemic-related restrictions and the shift in the situation, officers were not able to participate in regional and international events on similar topics.

After the establishment of the new government, interaction with weapon bearers, influential members of civil society and violence-affected communities became limited. In addition, many stakeholders whom the ICRC had previously engaged with in dialogue, on its mandate and humanitarian activities, had left the country. The ICRC initiated dialogue with newly appointed IEA authorities – or renewed dialogue with those with whom it had already established a relationship – with

1. The Hospital Resilience Program, as of April 2022, has been expanded to cover 33 hospitals and teaching hospitals, and has been extended until the end of 2022. For more information, please see the budget extension appeal on the ICRC Extranet for Donors.
2. Based on aggregated monthly data, which include repeat users of physical rehabilitation services.

a view to fostering support for its neutral, impartial and independent humanitarian action.

The ICRC maintained – and after the change in government, strengthened – its public communication, particularly to amplify key humanitarian messages and to broaden awareness of its work. For instance, its news release on the six-month initiative to support hospitals (see *Wounded and sick*) was picked up by numerous media organizations.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent Society remained the ICRC's main partner in providing humanitarian aid throughout the country. It received financial, material and technical assistance from the ICRC, and other Movement components, to mount an effective humanitarian response. Notably, the National Society was able to make use of its health facilities in remote areas when it was assisting the health ministry's campaign to vaccinate people against COVID-19.

ICRC support helped the National Society to develop its operational capacities in various areas. About 70 staff members and volunteers learnt about the Safer Access Framework at ICRC workshops; some of these workshops were train-the-trainer sessions. The ICRC provided the National Society with equipment and other assistance to improve its connectivity and its ability to host virtual meetings.

Movement components in Afghanistan met regularly to coordinate their activities, including their response to the pandemic, and to discuss issues of common interest or concern. They also helped the National Society to document security incidents and mark its health facilities with the red crescent emblem.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	63	2		
RCMs distributed	225	2		
Phone calls facilitated between family members	5,446			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	4,022			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	967	171	154	215
including people for whom tracing requests were registered by another delegation	51			
Tracing cases closed positively (subject located or fate established)	511			
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)	4,063	916	774	1,202
including people for whom tracing requests were registered by another delegation	203			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	24			
Detainees in places of detention visited	25,188	678	371	
Visits carried out	82			
		Women	Girls	Boys
Detainees visited and monitored individually	628	80	10	1
of whom newly registered	356	38	10	
RCMs and other means of family contact				
RCMs collected	30			
RCMs distributed	74			
Phone calls made to families to inform them of the whereabouts of a detained relative	28			
Detainees visited by their relatives with ICRC/National Society support	1,972			
People to whom a detention attestation was issued	19			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	10,105	2,770	2,836
Food production	People	40,000	12,000	16,000
Income support	People	25,721	7,378	8,277
of whom IDPs		21	6	9
Living conditions	People	22,114	5,600	1,103
Water and habitat				
Water and habitat activities	People	1,245,106		
Primary health care				
Health centres supported	Structures	47		
of which health centres supported regularly		47		
Average catchment population		937,013		
Services at health centres supported regularly				
Consultations		896,803		
of which curative		843,240	264,409	22,685
of which antenatal		53,563		
Vaccines provided	Doses	295,968		
of which polio vaccines for children under 5 years of age		164,682		
Referrals to a second level of care	Patients	6,404		
of whom gynaecological/obstetric cases		45		

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Food consumption	People	6,758	185	125
Living conditions	People	17,921	301	190
Water and habitat				
Water and habitat activities	People	33,452		
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	59		
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		2,607	197	330
(including those related to mines or explosive remnants of war)		1,174	103	227
Non-weapon-wound admissions		18,380		
Operations performed		21,837		
Medical (non-surgical) admissions		19,561	3,541	65
Gynaecological/obstetric admissions		25,370	25,370	
Consultations		407,472		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		5,507		
Weapon-wound admissions (surgical and non-surgical admissions)		8,720	26	26
Weapon-wound surgeries performed		4,929		
Patients whose hospital treatment was paid for by the ICRC		380,441		
First aid				
First-aid training				
Sessions		46		
Participants (aggregated monthly data)		737		
Water and habitat				
Water and habitat activities	Beds (capacity)	3,324		
Physical rehabilitation				
Projects supported		31		
of which physical rehabilitation projects supported regularly		7		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	159,674	24,191	63,140
of whom victims of mines or explosive remnants of war		21,124		
Prostheses delivered	Units	3,851		
Orthoses delivered	Units	19,656		
Physiotherapy sessions		204,976		
Walking aids delivered	Units	24,081		
Wheelchairs or postural support devices delivered	Units	2,774		
Referrals to social integration projects		2,534		

BANGKOK (regional)

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

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- In Cambodia, detaining authorities received ICRC support for their efforts to ensure detainees' well-being and check the spread of COVID-19. Immigration centres in Thailand were inaccessible to the ICRC.
- People wounded along the Myanmar–Thailand border obtained free treatment at ICRC-supported facilities in Thailand. In Cambodia and Viet Nam, persons with disabilities received rehabilitative care at ICRC-supported centres.
- In southern Thailand, the ICRC helped people to build their resilience to the effects of violence, such as by providing income support, making clean water more readily available and repairing disabled people's homes.
- Because of restrictions necessitated by the COVID-19 pandemic, the ICRC had to postpone or cancel some activities it had planned, such as training health workers in first aid and helping destitute people to learn basic business skills.
- The ICRC broadened awareness of IHL-related issues among civil society, government officials and other influential figures. It briefed military officers in the countries covered on IHL and other norms applicable to their work.

EXPENDITURE IN KCHF	
Protection	2,963
Assistance	4,553
Prevention	3,077
Cooperation with National Societies	672
General	2,270
Total	**13,535**
Of which: Overheads	*826*
IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	60
Resident staff (daily workers not included)	182

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,812
RCMs distributed	2,396
Tracing cases closed positively (subject located or fate established)	8
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	16,109
of whom visited and monitored individually	52
Visits carried out	12
Restoring family links	
RCMs collected	2,250
RCMs distributed	1,942
Phone calls made to families to inform them of the whereabouts of a detained relative	10

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	People	732	100
Capacity-building	People	229	
Water and habitat			
Water and habitat activities	People		229
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		7,801
Water and habitat			
Water and habitat activities	People	5,400	6,847
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	14	10
Physical rehabilitation			
Projects supported	Projects	21	22

CONTEXT

The situation in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR), Thailand and Viet Nam remained relatively stable. Governments in the region sought to implement measures to contain the spread of COVID-19 and mitigate its socio-economic effects, but the pandemic continued to compound the difficulties of people, especially those with specific vulnerabilities.

Clashes between the Myanmar military and armed groups continued along the Myanmar–Thailand border. Some people wounded in the fighting, or by landmines and explosive remnants of war (ERW) in Myanmar, sought treatment in Thailand.

In southern Thailand, episodic violence continued to cause injuries and deaths.

Mines and ERW linked to past conflicts – especially in Cambodia, the Lao PDR and Viet Nam – continued to endanger public safety. Irregular migration and natural disaster remained major sources of regional concern. Many survivors of mine accidents required physical rehabilitation but had little or no access to it.

ICRC ACTION AND RESULTS

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

In southern Thailand, the ICRC continued to help people strengthen their resilience to the effects of violence. It provided income support for the economically vulnerable, and made clean water more readily available and renovated houses in some communities.

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

The ICRC visited places of detention in Cambodia, in accordance with its standard procedures, and communicated its findings and recommendations confidentially to the authorities concerned. Family-links services were made available to detainees in Cambodia. In Thailand, the ICRC was unable to obtain the authorities' permission to visit people held in immigration centres. Aided by the ICRC, penitentiary authorities and prison health staff in Cambodia strove to check and prevent the spread of COVID-19 in places of detention. Detainees in Cambodia benefited from ICRC projects to renovate or construct prison infrastructure.

The ICRC covered the costs of treatment, and COVID-19 tests, for some of the people wounded during clashes in Myanmar. In Cambodia and Viet Nam, persons with disabilities obtained good-quality services at physical rehabilitation centres that received comprehensive ICRC support; they also benefited from efforts to promote their social inclusion. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia, the Lao PDR and Vietnam: it gave the Cambodian authorities technical assistance for promoting national standards for physiotherapy and supported training or education in prosthetics and orthotics.

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

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

As in 2020, pandemic-related restrictions prevented the ICRC from implementing its plans to conduct courses or training in such areas as: basic business skills, for economically vulnerable people; treatment of blast injuries, for mine-action authorities and military personnel; first aid, for community health workers; and mental-health and psychosocial support, for health-care providers and community volunteers. These restrictions also hindered the provision of support for the organizational development of National Societies in the region.

CIVILIANS

The ICRC continued to monitor the situation in the countries covered – especially areas of Cambodia and southern Thailand affected by or prone to violence. In all its contact with the pertinent authorities and weapon bearers, it sought to foster acceptance for its neutral, impartial and independent humanitarian action, with a view to gaining or maintaining safe access to people in need.

People in southern Thailand receive livelihood support

The ICRC worked to help communities in southern Thailand cope with the effects of violence. It gave some 20 farmers (supporting 100 people) supplies and equipment for sustaining or improving their livelihoods. Owing to floods in the south, ICRC distributions were delayed and fewer people were reached than planned. The ICRC decided to deliver the rest of the items, and support local institutions in training the farmers, in 2022. Plans to give economically vulnerable breadwinners

cash grants, or training in basic business skills through a local partner, could not be realized because of operational and other constraints.

Some 224 displaced people, in areas along Thailand's border with Myanmar, had access to clean water because of water filters distributed by the ICRC, which also trained them in the proper use of the filters. The Thai Red Cross Society, with financial support from the ICRC, made repairs to the damaged houses of five people, some of them physically disabled.

Some communities learn about the risk of mines despite pandemic-related obstacles

The ICRC provided support for the Viet Nam Red Cross to conduct information sessions in primary schools on mine-related risks. At an ICRC seminar in Viet Nam, instructors in disaster response learnt how to broaden awareness of the threat of unexploded ordnance during natural disasters. A booklet on recovering human remains from weapon-contaminated settings was translated by the ICRC into Vietnamese and passed on to the Vietnamese military.

Movement restrictions necessitated by the pandemic continued to hamper the implementation of other activities in response to the effects of weapon contamination in the region. Plans to train Lao PDR mine-action authorities and the Vietnamese military in first aid for blast injuries had to be postponed, as in 2020. The ICRC and the Cambodian and Lao PDR National Societies were unable to organize information sessions on mine-related risks in communities endangered by mines/ERW.

National Societies bolster their family-links services

Members of families dispersed by past armed conflict or other violence, migration, detention or other circumstances re-connected through the Movement's family-links services. In Thailand, people lodged requests with the ICRC to trace their missing relatives; the fate and whereabouts of eight people were ascertained and relayed to the families concerned. In Cambodia and Thailand, the ICRC helped a few migrant families to travel to other countries, where they eventually reunited with their relatives.

Guided by the ICRC, the Cambodian Red Cross Society drafted its strategy for restoring family links, including in places of detention. The ICRC provided the Lao Red Cross with support to conduct dissemination sessions, and distribute informational materials, to publicize family-links services throughout the country. Guided by the ICRC, the Vietnamese Red Cross trained its volunteers in delivering family-links services or in training others to do so. Pandemic-related restrictions prevented the organization of more capacity-building activities.

Thai experts participated in online ICRC workshops on searching for missing migrants and addressing the plight of missing people's families. The families attended webinars and a combination of online and in-person events – organized by the ICRC – on coping with 'ambiguous loss' and participating in the drafting of laws and policies concerning missing people. The ICRC explored various migration-relation topics, with a view to undertaking research projects on these topics.

Forensic actors strengthen their capacity to manage humans remain

In Thailand, the ICRC expanded its network of contacts among actors involved in managing human remains, to advance its understanding of Thai medico-legal practices. It donated personal protective equipment (PPE) and body bags to the Thai government's Central Institute of Forensic Services (CIFS) and other forensic agencies. Posters and videos – on measures to prevent and control infections, and on handling the dead bodies of COVID-19 victims – were given to the CIFS, the Royal Thai Police and a number of universities; these materials were being translated into Thai. Forensic experts, first responders, university students and others learnt about humanitarian forensics and other topics of relevance. The ICRC demonstrated, for some of them, the use of a virtual-reality tool to simulate the management of human remains after disasters.

The National Institute of Forensic Medicine (NIFM) in Vietnam was given PPE and posters bearing information on COVID-19. The ICRC also sponsored NIFM representatives to attend various events, such as meetings of the Asia-Pacific Medico-Legal Agencies network. Operational constraints hindered the ICRC's plans to help the Vietnamese authorities draft national guidelines for managing human remains during emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Cambodia, the ICRC visited, in accordance with its standard procedures, detainees held by the Directorate General of Prisons (DGP), to check on their treatment and living conditions. Dialogue with the Cambodian authorities focused on overcrowding and prison management and construction. The ICRC and a technical working group – composed of justice ministry officials and other relevant stakeholders – met online to discuss the issue of judicial delays and alternatives to detention. Pandemic-related constraints prevented the ICRC from organizing in-person events with them on addressing issues at both the prison and the systemic level.

The ICRC was not granted access to people in immigration centres in Thailand; its engagement with Thai detaining authorities remained restricted in scope, owing to both pandemic-related constraints and the absence of shared priorities.

In Cambodia, detainees restored or maintained contact with their families through RCMs collected and distributed by the Cambodian Red Cross Society and the ICRC. Phone services linking detainees and their families remained suspended; the ICRC reminded the penitentiary and interior ministries of the necessity of ensuring that detainees can contact their families.

Authorities bolster their capacity to respond to COVID-19 and other issues in detention

The ICRC provided detaining authorities in Cambodia with material and technical support for their COVID-19 response; roughly 7,800 detainees were given hygiene items, PPE and other necessities. It organized a workshop on tackling COVID-19 in detention for prison directors throughout the country. It also submitted written representations to the justice, health and interior ministries, urging them to include detainees in vaccination campaigns; the authorities vaccinated detainees at all

28 places of detention in the country. Prison staff were given training to ensure proper nutrition for detainees and manage detainees' medical records. A technical working group was given guidance in drafting policies concerning public health in prisons.

In Thailand, the ICRC postponed to 2022 a workshop on health care in detention for prison health staff. It distributed modules to public-health engineers studying at a university in Bangkok, and delivered lectures online – on prison design and other topics – to students and government officials. Efforts to help the authorities develop a national curriculum for nursing in correction facilities were under way.

Detainees in Cambodia have access to personal development courses and better facilities

About 300 detainees had access to programmes in personal development organized by the authorities and a local NGO, with the ICRC's financial support. Some 40 of them also received, after their release, financial or capacity-building support from the ICRC to establish small businesses and advance their socio-economic reintegration.

About 6,800 detainees benefited from the ICRC's repairs or upgrades to water, sanitation and other critical systems, and its installation of handwashing stations, at selected places of detention. These detainees also benefited from ICRC support – financial or material – for the authorities to build kitchens and improve ventilation systems. Many of these projects were implemented by the ICRC in partnership with the DGP and a local organization. The ICRC also sponsored engineers of the DGP to participate in a course in project management, and trained prison personnel to maintain critical systems and disinfect prison facilities.

WOUNDED AND SICK

Wounded people in Thailand obtain suitable medical care

Some 50 people wounded in clashes in north-eastern Myanmar sought treatment in Thailand (see *Context*). The ICRC covered the costs of treatment and provided financial assistance for ten hospitals that admitted them. During discussions with authorities in areas along the Myanmar–Thailand border, it emphasized the necessity of facilitating safe access to medical care for wounded people.

The ICRC coordinated with the authorities in border areas to implement measures against COVID-19. It donated PPE to the hospitals mentioned above, and to border-force units. It covered the costs of COVID-19 tests for the wounded patients from Myanmar and the health workers treating them; it also distributed face masks and disinfectant.

Because of pandemic-related constraints, like in 2020, the ICRC was unable to train health workers in first aid and mental-health and psychosocial support.

Persons with disabilities receive good-quality rehabilitative services

About 6,800 persons with disabilities[1] obtained rehabilitative care at five physical rehabilitation centres – namely, three in Viet Nam and two in Cambodia – or through the centres' outreach programmes. The ICRC covered food, transport and accommodation costs for some of them. The centres received comprehensive ICRC support; health staff were trained in providing or promoting mental-health and psychosocial support, and in implementing measures against COVID-19. The ICRC sponsored 43 staff members from the Cambodian centres for online courses in physiotherapy. The ICRC also provided ad hoc material support to two orthopaedic hospitals in Viet Nam. The ICRC gave a Cambodian association of physiotherapists financial assistance for covering its running costs. The ICRC also supported the Vietnamese Red Cross, and three disability associations in Vietnam, to refer people with disabilities needing treatment to the centres mentioned above. All of the ICRC-supported actors also received PPE and hygiene supplies.

The ICRC worked to advance the social inclusion of persons with disabilities. In conjunction with a disabled people's association in Cambodia, it gave 58 persons with disabilities (supporting 290 people) cash grants for starting small businesses. It gave the Cambodian Wheelchair Basketball Federation technical support to secure formal recognition by the government, and to conduct training sessions online; financial support from the ICRC enabled 68 disabled people to participate in sports. Through financial and material support, the ICRC helped disabled people to find employment or undertake vocational training. Disabled children received supplies from the ICRC and attended an ICRC-supported school in Cambodia.

Authorities in Cambodia, Lao PDR and Vietnam work to develop the physical rehabilitation sector

In Cambodia, the ICRC provided the health ministry and the social affairs ministry with technical guidance for promoting national standards for physiotherapy. It also supported the labour and social affairs ministry in Vietnam to develop a training programme for rehabilitation technicians and to undertake a review of prosthetics and orthotics services in the country. The Lao PDR health ministry and the ICRC continued to work together to strengthen the country's physical rehabilitation sector.

The ICRC helped a Cambodian university to offer a degree course in physiotherapy; it gave 26 students scholarships to pursue studies in related fields there. Pandemic-related and operational constraints were, as in 2020, the main reasons for the postponement or cancellation of several activities, such as helping to develop a degree course in prosthetics and orthotics at a training institute in Viet Nam. With the ICRC's support, staff from a Vietnamese orthopaedic training centre attended a global event, held virtually, on developments in the prosthetics and orthotics field. Students from Lao PDR continued their education in prosthetics and orthotics at schools in Cambodia and Viet Nam; the ICRC paid their tuition. Six of them graduated in 2021.

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

ACTORS OF INFLUENCE

In the countries covered, weapon bearers strengthened their grasp of IHL and other pertinent norms at events organized by the ICRC. Military officers in Thailand, including those involved in internal security operations, attended ICRC workshops, seminars or presentations on the norms applicable to their duties. Some of them were sponsored to attend a workshop for senior officers, on international rules governing military operations; the workshop was conducted partly online and partly in person (see *International law and policy*). Cambodian and Vietnamese troops bound for peacekeeping operations were briefed on IHL, including provisions related to sexual violence, and the ICRC's humanitarian action; the ICRC gave Vietnamese peace-support officers reference materials on IHL.

Students in Cambodia and Thailand tested their grasp of IHL at national moot court competitions – some of them virtual – organized by Cambodian and Thai universities and the ICRC; sponsored by the ICRC, they also took part in an international moot court competition (see *Beijing*). The ICRC, in coordination with Thai universities, hosted webinars on IHL for students and a round table on its updated commentaries on the 1949 Geneva Conventions. Together with Buddhist scholars in Thailand, the ICRC organized webinars on the points of correspondence between Buddhism and IHL; it also organized workshops on the same topic for university students.

The ICRC continued to draw the attention of influential actors to various IHL-related issues. In Thailand, the ICRC produced podcasts on the Treaty on the Prohibition of Nuclear Weapons, cyber warfare and other relevant topics. Government officials and academics from Cambodia, the Lao PDR, Thailand and Viet Nam took part in an online regional conference on IHL. The ICRC took stock of its efforts to support governments in advancing the ratification and/or implementation of IHL and related treaties, with a view to developing a more effective approach.

ICRC publications and audio-visual materials – channelled mainly through social media – helped inform the public about IHL, and about humanitarian issues and the ICRC's efforts to tackle them.

RED CROSS AND RED CRESCENT MOVEMENT

The four National Societies in the region drew on financial, material and technical support, and training, from the ICRC to develop their capacities in responding to emergencies – particularly the pandemic and natural disasters – and restoring family links (see also *Civilians*). However, COVID-19 outbreaks in the region severely affected most of the ICRC's plans to support the National Societies, particularly in the Lao PDR and Viet Nam.

The ICRC redirected to pandemic response funds allocated for helping National Societies strengthen their legal bases and for supporting other National Society activities. Aided by the ICRC, the Cambodian Red Cross Society conducted communication campaigns on measures against COVID-19. The ICRC gave the Lao Red Cross financial assistance to buy PPE, disinfectants and other items required for its pandemic response. The Viet Nam Red Cross disseminated key messages about the pandemic, including its effects on mental health and ways to cope with them.

The Cambodian Red Cross, with the ICRC's support, provided microcredit for disabled people and family-links services for detainees. The ICRC helped the Lao Red Cross to develop training programmes, in emergency medical services, for its staff.

National Society staff and volunteers attended ICRC dissemination and train-the-trainer sessions – mostly online – and were given informational resources on the Movement and the red cross emblem.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,812			
RCMs distributed	2,396			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	10	4		3
including people for whom tracing requests were registered by another delegation	6			
Tracing cases closed positively (subject located or fate established)	8			
including people for whom tracing requests were registered by another delegation	8			
Tracing cases still being handled at the end of the reporting period (people)	134	26	28	39
including people for whom tracing requests were registered by another delegation	32			
Documents				
People to whom travel documents were issued	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	16,109	824	462	
Visits carried out	12			
		Women	Girls	Boys
Detainees visited and monitored individually	52	1		1
of whom newly registered	9			1
RCMs and other means of family contact				
RCMs collected	2,250			
RCMs distributed	1,942			
Phone calls made to families to inform them of the whereabouts of a detained relative	10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	100	25	60
Water and habitat				
Water and habitat activities	People	229	115	50
of whom IDPs		224	112	49
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	7,801	1,222	1,043
Water and habitat				
Water and habitat activities	People	6,847	624	208
Health care in detention				
Places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		56	5	2
Weapon-wound surgeries performed		55		
Patients whose hospital treatment was paid for by the ICRC		54		
Physical rehabilitation				
Projects supported		22		
of which physical rehabilitation projects supported regularly		5		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	6,829	954	1,166
of whom victims of mines or explosive remnants of war		3,310		
Prostheses delivered	Units	1,158		
Orthoses delivered	Units	585		
Physiotherapy sessions		18,061		
Walking aids delivered	Units	1,813		
Wheelchairs or postural support devices delivered	Units	539		
Referrals to social integration projects		218		

BANGLADESH

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- Displaced people from Myanmar and vulnerable residents – such as those affected by floods – were given food, cash or other aid. More people than planned received emergency assistance, owing to a surge in COVID-19 cases.
- Continued engagement with authorities and members of civil society enabled the ICRC to preserve its access to displaced people and vulnerable residents – who, the authorities were reminded, must be protected and assisted.
- Wounded or ailing people obtained medical care at the emergency department of a district hospital that received comprehensive ICRC support. ICRC-backed centres provided rehabilitative care for persons with disabilities.
- The ICRC carried out infrastructure projects such as drilling wells and operating a sewage collection and treatment service. All this enabled tens of thousands of people to live in sanitary conditions, better protected against disease.
- Detainees in all facilities under the prison directorate benefited from the ICRC's support for the national COVID-19 response. The ICRC provided the authorities with material assistance, expert guidance and training for staff.

EXPENDITURE IN KCHF	
Protection	3,361
Assistance	9,617
Prevention	1,550
Cooperation with National Societies	888
General	214
Total	**15,630**
Of which: Overheads	*952*
IMPLEMENTATION RATE	
Expenditure/yearly budget	82%
PERSONNEL	
Mobile staff	36
Resident staff (daily workers not included)	181

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	114
RCMs distributed	11
Tracing cases closed positively (subject located or fate established)	241
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	24,953
of whom visited and monitored individually	301
Visits carried out	16
Restoring family links	
RCMs collected	130
RCMs distributed	22
Phone calls made to families to inform them of the whereabouts of a detained relative	117

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	5,750	24,446
Food production	People	6,500	5,339
Income support	People	7,375	5,012
Living conditions	People	5,750	8,856
Water and habitat			
Water and habitat activities	People	42,300	36,006
Health			
Health centres supported	Structures	4	4
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		1,500
Water and habitat			
Water and habitat activities	People	13,250	3,245
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	9	1
Physical rehabilitation			
Projects supported	Projects	6	6
Water and habitat			
Water and habitat activities	Beds (capacity)	580	1,751

CONTEXT

Roughly 720,000 people who had fled violence in Rakhine after August 2017 (see *Myanmar*) remained in Bangladesh, along with hundreds of thousands who had arrived before then. The governments of Bangladesh and Myanmar had not yet facilitated any returns. Some displaced people were at camps in Cox's Bazar – in Teknaf and Ukhiya – and in shelters near or within host communities. Others had settled along the Bangladesh–Myanmar border. Reportedly, by December 2021, the authorities had relocated about 18,000 of them to the island of Bhasan Char, with a view eventually to relocating some 100,000 people.

The camps in Cox's Bazar remained overpopulated. Most of the displaced people were destitute. Basic goods and services were overstretched, leading to tensions between displaced people and host communities; some people suffered from sickness or injury. Some displaced families remained separated. The COVID-19 pandemic, and the movement restrictions it necessitated, added to their difficulties.

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

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

ICRC ACTION AND RESULTS

The ICRC continued to respond to the urgent needs of residents and displaced people at camps in Cox's Bazar; in an area along the Bangladesh–Myanmar border that was inaccessible to most organizations; and in the Chittagong Hill Tracts. It worked mainly in conjunction with the Bangladesh Red Crescent Society and other organizations, and with local authorities. Owing to a surge in COVID-19 cases around the middle of the year, it stepped up its response to the pandemic, and postponed some of its other activities because of pandemic-related restrictions.

The ICRC monitored the concerns of displaced people and vulnerable residents, and reminded the authorities, and military and police commanders, that these groups must be protected and their safe access to humanitarian aid and basic services be ensured. It passed on allegations of unlawful conduct confidentially to the pertinent authorities, with a view to ending or preventing such misconduct. Through its interaction with these actors, and members of civil society, the ICRC cultivated support for the Movement and maintained its access to vulnerable people.

The ICRC gave vulnerable residents and displaced people food rations, cash and essential household items; some of these were part of its response to the COVID-19 surge. Aided by the ICRC, residents of host communities and the Chittagong Hill Tracts worked to stabilize their financial situation. The ICRC enabled people to live in sanitary conditions, better protected against disease, through projects such as: the continued operation of a sewage collection and treatment service for tens of thousands of people in Cox's Bazar, the drilling of wells and other infrastructural work, and the promotion of good hygiene practices.

Tens of thousands of people's access to primary health care was reinforced by two health posts operated by the ICRC and by mobile health teams it assigned to camps for displaced people. Wounded and sick people obtained medical care at the emergency department of the Cox's Bazar district hospital. The ICRC gave the hospital comprehensive support for improving its services. It also helped other hospitals to maintain sanitary conditions; however, because of administrative constraints and the necessity of focusing its attention on the district hospital, it could not give them other kinds of support, as planned.

Disabled people obtained rehabilitative services at ICRC-supported physical rehabilitation centres. The ICRC covered their treatment costs, and in some cases, their food, transportation and accommodation costs as well. Material and technical support were given to an educational institute that provided instruction in prosthetics and orthotics. Disabled people took part in ICRC-supported activities that sought to advance their social inclusion, such as vocational training and wheelchair basketball.

The ICRC visited detainees and communicated its findings and recommendations confidentially to the authorities; these visits were temporarily suspended during the surge in COVID-19 cases. The ICRC helped national detention authorities to tackle COVID-19 in detention facilities under the prison directorate; it gave them expert advice, personal protective equipment (PPE), disinfectants, hand sanitizer and other supplies and equipment. Three isolation centres set up by the ICRC started functioning during the second quarter of the year.

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

CIVILIANS

The ICRC engaged authorities, and armed and security forces personnel, in dialogue on international norms for protecting vulnerable people – in particular, displaced people from Rakhine and residents of the Chittagong Hill Tracts – and facilitating their access to humanitarian aid and to health-care and other basic services. Military and security forces personnel attended ICRC workshops on international law enforcement standards and the Health Care in Danger initiative.

People in the communities mentioned above expressed their concerns during meetings with the ICRC. When necessary, the ICRC communicated allegations of unlawful conduct confidentially to the pertinent authorities, with a view to ending or preventing such misconduct. Because of the pandemic, it had to track some of these concerns remotely. Key community members were consulted about developing protection mechanisms against

sexual and gender-based violence; victims/survivors of sexual violence were referred for medical care and other assistance.

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

Vulnerable people meet their basic needs and have access to health care

The ICRC and the Bangladesh Red Crescent Society endeavoured to assist displaced people and vulnerable residents in Cox's Bazar, the Chittagong Hill Tracts and in an area bordering Myanmar.

Around 4,600 resident and displaced households (approximately 24,450 people) were given food rations and/or cash for buying food by the ICRC and the National Society; this number is higher than the ICRC's original target because additional distributions were organized in response to the surge in COVID-19 cases. Some 1,420 displaced households (roughly 8,850 people) were given reusable face masks, solar lamps, compressed rice husks for fuel and other household items.

Persons with disabilities and other vulnerable breadwinners of roughly 1,000 households (about 5,000 people) were given vocational training and/or cash grants for starting or restoring small businesses. The ICRC provided around 980 vulnerable households (almost 5,340 people) with help for producing food: some received vegetable seed; farming and fishing households were given cash to cover their production costs and/or pursue other livelihoods such as fish farming; and herders were trained in new techniques for raising livestock.

The ICRC, together with local authorities, continued to operate a sewage collection and treatment service for some 30,000 people in Teknaf. At one camp for displaced people, the ICRC helped around 4,000 people – who also received food and household items (see above) – to develop their resilience to the consequences of natural disasters; it distributed materials to reinforce their houses, and provided water-purification tablets and other items to those affected by floods. In Cox's Bazar, the ICRC promoted good hygiene, constructed latrines and wells, and trained community members to operate and maintain these facilities; around 1,200 people had more sanitary surroundings as a result. Some 800 people in the Chittagong Hill Tracts benefited from similar initiatives.

The ICRC made basic health services, including antenatal care and family planning, more readily available to tens of thousands of displaced people and residents. Together with the health ministry, it operated two health posts in Nayapara and Tombru; it also made repairs at these facilities. Its mobile health teams provided health care at two camps for people displaced from Rakhine; in May, the teams stopped visiting one of the camps, because other humanitarian actors were providing similar services there. To help ensure protection for people seeking or providing health care, the ICRC continued to monitor incidents of violence against them, and briefed medical personnel about the protections afforded to them.

Victims of violence obtained psychosocial support from ICRC-trained health personnel, community-based workers and National Society volunteers; some were referred to other institutions for further care. Staff at ICRC-supported health facilities received counselling and were given information on psychological self-care, to help them cope with work-related stress.

As part of its response to the pandemic, the ICRC trained National Society volunteers to monitor the implementation of measures to prevent and control infections at 31 health facilities throughout the Chittagong Hill Tracts. ICRC health-promotion sessions helped around 28,000 people learn more about COVID-19 and other diseases.

Members of dispersed families stay in touch

Displaced people and others separated from their relatives used family-links services provided by the National Society – such as RCMs and tracing – to reconnect with their relatives; the ICRC provided training, and financial and technical assistance, and PPE for volunteers, in support of these services. Community members and authorities learnt about these services at ICRC information sessions. During a visit to Bhasan Char – with National Society and other Movement personnel – the ICRC made a preliminary assessment of family-links needs among displaced people who had been moved to the island, with a view to providing family-links services for them. Staffing constraints prevented the ICRC from having regular discussions with authorities on ascertaining the fate of missing people; an ICRC study, on the needs of people separated from their families and the applicable legal frameworks, did not materialize.

The ICRC gave the authorities and local NGOs expert advice and material support (e.g. roughly 100,000 items of PPE and 5,000 body bags) for managing the dead, including the bodies or remains of COVID-19 victims. Dhaka Medical College was given a refrigerated storage unit to strengthen its forensic capacities, in preparation for mass-casualty emergencies. The ICRC also conducted information sessions – in person and remotely – for various religious organizations on safe handling of the bodies of COVID-19 victims. Because of pandemic-related constraints, forensic professionals could not be sponsored, as planned, to attend training outside Bangladesh.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at five places of detention, in accordance with its standard procedures, to monitor their treatment and living conditions. These visits, however, were suspended for several months during the surge in COVID-19 cases. Particular attention was given to women, minors, foreigners, and detainees with disabilities or in ill health. Findings and recommendations were discussed confidentially with the penitentiary authorities.

The ICRC worked with the Bangladesh Red Crescent Society to provide detainees with family-links services, such as RCMs, to help them restore or maintain contact with relatives; it also helped foreign detainees to notify their embassies of their detention. It gave the authorities expert guidance to ensure

that detainees could maintain family contact safely, in line with COVID-19 protocols. For instance, when family visits were suspended, detainees stayed in touch with relatives through phone calls instead.

Owing to administrative and/or pandemic-related constraints, the ICRC was unable to implement certain activities or realize certain plans: for instance, it was unable to conduct training in prison management or sponsor officials from the prison directorate to attend courses in other countries.

Detainees benefit from better health care

The ICRC monitored health care for detainees – including those with specific vulnerabilities – at the five jails; it also visited a COVID-19 isolation facility managed by the detaining authorities of one of these jails. It made its findings and recommendations known to penitentiary and health authorities, and helped them to address certain issues. For instance, it trained penitentiary staff in diagnosing and managing cases of scabies, and organized a meeting of the committee in charge of tackling TB in places of detention; the committee was composed of key detention and health authorities.

The ICRC provided these prisons with material support (e.g. medical supplies) and guided them in implementing measures to prevent and control infections, disposing of medical waste, and other matters. It continued to run a project under which detainees were medically screened upon arrival at the Tangail prison; and it gave the facility additional equipment for conducting these screenings. After receiving approval from local authorities to replicate the project at the prison in Chattogram, it coordinated its plans with people in charge of the prison and provided the prison's clinic with essential medical supplies such as nebulizers and oximeters.

The ICRC assisted the COVID-19 response at all 68 detention facilities under the prison directorate by providing hand sanitizer, PPE and other items that reached a total of 1,500 detainees. Detainees and prison staff learnt best practices in preventing the spread of COVID-19 through training organized by the ICRC. The three COVID-19 isolation centres previously set up by the ICRC – which served prisons collectively holding almost 3,250 detainees – started functioning during the second quarter of the year; the ICRC gave the authorities material and technical support to run these facilities. Infrastructural plans for some prisons – particularly, renovating water systems or consultation rooms for female detainees – were impeded by pandemic-related restrictions; because of this, the ICRC assisted fewer people than planned.

WOUNDED AND SICK

The Cox's Bazar district hospital provides emergency care

ICRC support helped Bangladesh Red Crescent Society teams, health workers operating in camps and other potential first responders to provide effective first aid. Around 500 people attended training in basic first aid or train-the-trainer sessions; at these sessions, they also learnt about the protection due to those seeking or providing health care. Some of them were given financial and material support (e.g. first-aid equipment, health emergency kits). At ICRC training sessions, National Society personnel and other health workers learnt how to provide emergency care for people with burns and other specific injuries. Because of the surge in COVID-19 cases, the ICRC had to postpone additional training sessions on pre-hospital emergency care, and its plans to set up a training centre for this purpose.

Around 106,200 wounded and sick people received medical care at the emergency department of the Cox's Bazar district hospital. The ICRC gave the hospital drugs and other medical supplies (e.g. PPE), training and expert guidance, and renovated its facilities. Displaced people and residents of the communities hosting them were referred from health posts to the hospital's emergency department, or sent from the department to other hospitals for more advanced care, through networks reinforced by the ICRC. The ICRC prioritized developing capacities at the emergency department, with a view to handing it over eventually to the authorities; because of administrative constraints, and because it wanted to focus on these capacity-building efforts, the ICRC suspended its plans to provide such support for other health facilities.

The ICRC also renovated the sanitation and drainage system at the district hospital (250 beds). Three health facilities (around 1,500 beds) in Chakaria, Pekua and Ramu managed waste and treated wastewater more safely and effectively with systems set up or improved by the ICRC; two similar projects were under way in Teknaf and Ukhiya at the end of the year. Owing to a shift in the priorities of local health authorities, plans to refurbish the emergency departments at two other health facilities were not realized.

Persons with disabilities obtain rehabilitative care

Around 3,600 people with physical disabilities[1] obtained rehabilitative services at three branches of the Centre for the Rehabilitation of the Paralysed (CRP). The ICRC provided equipment and components for manufacturing assistive devices, as well as PPE and other supplies, to these three branches, and gave them expert advice, training and other support to bolster their operations; for instance, some staff were sponsored to attend online conferences on physiotherapy. The ICRC also helped the centres to procure locally available materials for producing assistive devices. It helped some 450 patients meet their expenses for transportation, accommodation and food during their treatment. Owing to pandemic-related restrictions, the ICRC was not able to organize any mobile clinics as planned.

The Bangladesh Health Professions Institute provided instruction in prosthetics and orthotics. Material support and expert guidance from the ICRC helped the institute to strengthen its curriculum; notably, this helped it to upgrade its diploma course at the University of Dhaka to a bachelor's degree programme. The ICRC covered educational expenses for selected students.

Disabled people took part in ICRC-supported activities that sought to advance their social inclusion. An ICRC-funded CRP

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

programme enabled some of them to attend vocational or skills training, with a view to helping them get jobs or start small businesses. Disabled athletes participated in a programme run by the ICRC – in partnership with the National Paralympic Committee – that organized training camps in wheelchair basketball and other sports. Some of the participants in these programmes received cash grants to boost their income (see *Civilians*).

ACTORS OF INFLUENCE

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

Military and security forces officers added to their knowledge of IHL and/or international human rights law – particularly provisions governing the use of force during arrests and detention – at ICRC training sessions; this included a seminar on the Health Care in Danger initiative that the ICRC organized with the armed forces. Some 70 officers attended an online session on cyber warfare and the use of autonomous weapons; the ICRC enabled senior officers to attend IHL events in other countries.

The ICRC supported the authorities' efforts to incorporate IHL and human rights law in domestic legislation more broadly; it proactively advocated for the implementation of the Treaty on the Prohibition of Nuclear Weapons, which entered into force in 2021. Diplomats and others learnt more about IHL at online ICRC events and courses.

Academics learn about IHL and the Movement's activities

The Bangladesh Red Crescent Society and the ICRC cultivated support for IHL, and for their neutral, impartial and independent humanitarian action, in all their interaction with civil society. The ICRC organized IHL events for academics, such as a certificate course on the points of correspondence between Islamic law and IHL, and an online moot court competition for university students. Religious leaders participated in a webinar on preventing sexual and gender-based violence against women and children in their communities.

The ICRC aided the National Society's efforts to strengthen its public communication (e.g. radio shows, press releases) and develop its ability to engage pertinent actors on IHL-related issues. It also supported the National Society's COVID-19 activities: for instance, in remote areas of the Chittagong Hill Tracts, it helped register community members for vaccination.

RED CROSS AND RED CRESCENT MOVEMENT

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

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	114			
RCMs distributed	11			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	87	10	5	12
including people for whom tracing requests were registered by another delegation	18			
Tracing cases closed positively (subject located or fate established)	241			
including people for whom tracing requests were registered by another delegation	10			
Tracing cases still being handled at the end of the reporting period (people)	1,169	86	46	204
including people for whom tracing requests were registered by another delegation	64			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5	5		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	5			
Detainees in places of detention visited	24,953	662	2	
Visits carried out	16			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	301	55		
of whom newly registered	280	55		
RCMs and other means of family contact				
RCMs collected	130			
RCMs distributed	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	117			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	24,446	7,575	9,626
Food production	People	5,339	1,713	2,024
Income support	People	5,012	1,537	1,985
Living conditions	People	8,856	3,057	3,142
Water and habitat				
Water and habitat activities	People	36,006	11,545	10,460
Primary health care				
Health centres supported	Structures	4		
of which health centres supported regularly		4		
Average catchment population		77,082		
Services at health centres supported regularly				
Consultations		45,402		
of which curative		44,288	20,244	16,485
of which antenatal		1,114		
Referrals to a second level of care	Patients	200		
of whom gynaecological/obstetric cases		*		
Mental health and psychosocial support				
People who received mental-health support		564		
People who attended information sessions on mental health		384		
People trained in mental-health care and psychosocial support		140		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	1,500	733	171
Water and habitat				
Water and habitat activities	People	3,245		
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
including hospitals reinforced with or monitored by ICRC staff		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		106,209		
First aid				
First-aid training				
Sessions		37		
Participants (aggregated monthly data)		562		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,751		
Physical rehabilitation				
Projects supported		6		
of which physical rehabilitation projects supported regularly		3		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	3,613	261	2,376
Prostheses delivered	Units	325		
Orthoses delivered	Units	2,570		
Physiotherapy sessions		8,293		
Walking aids delivered	Units	314		
Wheelchairs or postural support devices delivered	Units	132		
Referrals to social integration projects		264		

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

BEIJING (regional)

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

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- Because of COVID-19 and the subsequent restrictions in the Democratic People's Republic of Korea, most of the ICRC's activities remained suspended. However, its support for two physical rehabilitation centres there continued.
- ICRC-supported facilities in China provided physical rehabilitation and assistive devices for people with disabilities in Sichuan and Yunnan. The cooperation agreement between the ICRC and these facilities expired in December.
- The ICRC concluded its support for the community resilience programme of the Red Cross Society of China, as there was no longer any need for it. The programme enabled destitute households to undertake livelihood activities.
- In China, the ICRC engaged relevant institutions in dialogue to explore possibilities for cooperation in global health and overseas medical aid.
- Officers from the People's Liberation Army of China, and senior Chinese government officials learnt about IHL and discussed issues of humanitarian concern, at conferences organized by the ICRC in Beijing, China.

EXPENDITURE IN KCHF	
Protection	343
Assistance	1,674
Prevention	5,025
Cooperation with National Societies	1,730
General	143
Total	**8,915**
Of which: Overheads	*544*
IMPLEMENTATION RATE	
Expenditure/yearly budget	56%
PERSONNEL	
Mobile staff	14
Resident staff (daily workers not included)	62

ICRC regional delegation ICRC mission

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	22,600	
Income support	People	90	
Capacity-building	People	120	
Water and habitat			
Water and habitat activities	People	105,100	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	
Physical rehabilitation			
Projects supported	Projects	3	3
Water and habitat			
Water and habitat activities	Beds (capacity)	150	

CONTEXT

China continued to figure prominently in international affairs – for example, through the Belt and Road Initiative and in its posture within the international multilateral bodies regarding peace and security, governance, and the applicability of the principles of the UN Charter. It strengthened its engagement with the transnational aspects of global public health and emergency preparedness and response. Disputes with some of its neighbours, over maritime features and areas in the South China Sea, remained unresolved.

China, Mongolia, and the Republic of Korea (hereafter ROK) continued to carry out vaccination programmes and other measures to contain the spread of COVID-19; the borders of the Democratic People's Republic of Korea (hereafter DPRK) remained sealed and the country had not yet undertaken a vaccination campaign. Despite the restrictions in place, cases of COVID-19 continued to be reported in the region – except in the DPRK, which maintained that it had zero cases.

In the DPRK, water supply, medical care and physical rehabilitation services remained largely unreliable. Inadequate food production – sometimes as a result of natural disasters – exacerbated food insecurity.

Some people in the Korean peninsula continued to endure the consequences of the 1950–1953 Korean War: mines and explosive remnants of war (ERW) jeopardized public safety; members of separated families were unable to contact one another; and many missing people remained unaccounted for. The ROK and the DPRK continued to engage in dialogue regarding mine clearance and forensic recovery in the Korean peninsula, according to their agreement in the 2018 Panmunjom Declaration.

UN Security Council sanctions against the DPRK remained in place.

ICRC ACTION AND RESULTS

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

The ICRC endeavoured to assist vulnerable people, especially in China and the DPRK. However, pandemic-related restrictions on movement and access remained in effect, and forced the suspension, postponement or cancellation of certain ICRC activities, some of which had been planned jointly with the National Societies in the region.

Because its international staff was without access to the DPRK for over two years, the ICRC had to put a number of its activities on hold. These included efforts to increase food production and broaden access to water for civilians, and training in various areas for representatives of the authorities and staff of the Red Cross Society of the Democratic People's Republic of Korea.

The physical rehabilitation centres in Rakrang and Songrim, in the DPRK, provided services to persons with disabilities. The ICRC continued to give them material support but replenishing their stock of medical supplies was made impossible by the DPRK's closure of borders. Without ICRC personnel in the country, both centres could not be monitored or staff at the centres trained. Support for the emergency department at a hospital in Pyongyang remained on hold.

The ICRC continued to give the Yunnan branch of the Red Cross Society of China support to run a physical rehabilitation centre and a workshop where assistive devices were repaired – until December, when its cooperation agreement with them ended, as planned. The ICRC engaged relevant Chinese institutions in dialogue to explore possibilities for cooperation and synergy in global health and overseas medical aid.

Pandemic-related restrictions forced the cancellation of training for Chinese NGOs in providing economic assistance. The ICRC concluded its support for the Chinese Red Cross's livelihood programme, as there was no longer any need for such support.

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

In China and the ROK, presentations by the ICRC enabled government officials, decision makers, academics and others to learn more about humanitarian issues. The ICRC engaged the Chinese government, the Chinese Red Cross and other relevant stakeholders in dialogue regarding the humanitarian situation in several crisis-affected countries, with a view to fostering support for its work in these contexts. It boosted its public engagement in the region by strengthening its presence in broadcast, print and online media.

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

CIVILIANS

Pandemic-related restrictions hamper implementation of activities

Owing to movement and access restrictions necessitated by the pandemic, the ICRC's international staff members have not been able to enter the DPRK for over two years. A number of ICRC activities therefore remained on hold, in particular: initiatives to increase food production among economically vulnerable rural communities and broaden access to water and sanitation for inhabitants of peri-urban areas; training for local authorities in charge of water systems; and training for personnel from the government, and the Red Cross Society of the Democratic People's Republic of Korea, in disposing of unexploded ordnance and treating victims of mines/ERW.

The ICRC concluded its support for the integrated community resilience programme of the Red Cross Society of China, as there was no longer any need for such support. Under this programme, destitute households had been receiving cash grants for undertaking livelihood activities. The ICRC was not able to launch any new livelihood-support projects because it was not able to find a partner among local NGOs. The pandemic forced the cancellation of training, for Chinese NGO personnel, in managing food-security projects.

In the ROK, the ICRC expanded its engagement with forensic professionals. It continued to offer its services as a neutral intermediary to the authorities, with a view to putting people and families separated by the 1950–1953 Korean War back in touch with one another. At the invitation of the ROK authorities, the ICRC visited the human remains recovery site inside the demilitarized zone between the ROK and the DPRK.

The ICRC made contact with several actors involved in forensic work – through meetings and themed events, and by disseminating informational materials. It discussed the management of human remains during the COVID-19 pandemic at a forensic symposium attended by medico-legal specialists in the Asia-Pacific region.

The ICRC and the Chinese Red Cross agreed to create a multi-year programme to enable Chinese Red Cross personnel to develop their ability to manage industrial accidents involving hazardous materials; the programme will get under way in 2022.

WOUNDED AND SICK

Border closures in the DPRK hinder provision of health care and physical rehabilitation

The physical rehabilitation centres in Rakrang and Songrim continued to function, but not at full capacity. Around 800 disabled people[1] received services at the centres, which the ICRC, in cooperation with the DPRK Red Cross, continued to support by providing coal and fuel supply. Border closures prevented ICRC staff from taking up their assignments in the DPRK and hampered the delivery of raw materials for making assistive devices. The absence of ICRC staff also impeded monitoring of the physical rehabilitation centres in Rakrang and Songrim and provision of staff training in physiotherapy, orthotics and other rehabilitative services at the centres. Scholarship students studying prosthetics and orthotics elsewhere were unable to leave the country because of travel restrictions.

ICRC support for the emergency department of the Pyongyang Medical College Hospital (PMCH) has been on hold since February 2020. Given the situation, the ICRC – in coordination with the Red Cross Society of the Democratic People's Republic of Korea and the hospital authorities – donated construction materials to the PMCH; the ICRC had been storing these materials in the PMCH's warehouse since 2019.

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

Disabled people in China obtain rehabilitative care

In China, some 423 disabled people[1] in Sichuan and Yunnan obtained physiotherapy, and prostheses and other assistive devices, at a physical rehabilitation centre in Kunming, including a repair workshop in Malipo – both managed by the Yunnan branch of the Chinese Red Cross, with material support from the ICRC. Cooperation between the ICRC and the Kunming centre, which began in 2003, ended in December, as planned.

Chinese authorities and the ICRC discuss global health issues

The ICRC continued to reinforce its dialogue with several health-related stakeholders in China. During meetings and conferences with Chinese government agencies, think tanks and the academia, the ICRC addressed issues such as universal health coverage for people living in fragile and conflict-affected contexts and elucidated its humanitarian position from a global health perspective; COVID-19 and equitable access to vaccines were also topics of concern. Some 2,000 personnel from the Ministry of Emergency Management attended an online training where the ICRC delivered a lecture on public health management in humanitarian crises, and emergency preparedness and response.

ACTORS OF INFLUENCE

ICRC events draw attention to IHL, IHL-related issues and humanitarian practices

The ICRC maintained its involvement with government officials, military and security forces officers, experts from think tanks and academics in China, Mongolia and the ROK, and other influential parties in the region. Via meetings, workshops and themed events, it sought to help them strengthen their grasp of IHL and other international norms, and to foster acceptance and support for its activities in the region and elsewhere. Officers from the People's Liberation Army of China, senior officials from the Chinese foreign affairs ministry, and members of the National People's Congress discussed a number of IHL-related issues at conferences organized by the ICRC in Beijing.

As China increased its engagement with multilateral mechanisms, the ICRC worked to strengthen its dialogue with the Chinese government, the Chinese Red Cross, and other relevant stakeholders regarding the humanitarian situation in crisis-affected countries such as Afghanistan, Ethiopia, Myanmar, and the Sahel, to foster support for the ICRC's activities.

The ICRC made presentations on pressing issues of humanitarian concern at conferences and webinars organized by institutions in China and the ROK for government officials, decision makers, academics and others. Discussions at these events – sometimes held online – focused on the applicability of IHL to peacekeeping; the international rules governing military operations; maritime security; artificial intelligence; and counter-terrorism. In China, the ICRC profiled the relevance of humanitarian diplomacy and multilateralism in high-level fora. It continued to build dialogue with the ROK authorities on sexual and gender-based violence and participated in a speaking and panel-moderating role at the 3rd International Conference on Action with Women and Peace.

As in the past, the ICRC endeavoured to persuade authorities in the region to advance ratification or implementation of IHL treaties. It met with officials from the arms control department of the Chinese foreign affairs ministry to discuss the Arms Trade Treaty and related issues. It maintained dialogue with the national IHL committee in China and participated in a meeting of its working group.

Students and lecturers add to their knowledge of IHL

The ICRC maintained its dialogue with scholars from universities, training institutions and think tanks. It did so to expand their knowledge of IHL and IHL-related subjects and make them more capable of influencing authorities involved in drafting pertinent laws and regulations. In China and the ROK, the ICRC worked with universities, and sometimes with the National Societies concerned, to conduct moot court competitions and organize events – including a four-day workshop attended by Chinese authorities, officials from military academies, and university staff: all this enabled students, lecturers and decision makers from the region to strengthen their grasp of IHL.

Humanitarian activities are given broader coverage by the media

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

Media organizations in China and the ROK drew on ICRC materials when covering events or issues of humanitarian concern, such as health, climate change, and the consequences of the pandemic for conflict-affected and other vulnerable people. Expanded contact with members of the media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC activities, and IHL-related matters. The Republic of Korea National Red Cross and the ICRC carried out an online branding campaign, which publicized the Movement's activities in the ROK and elsewhere.

RED CROSS AND RED CRESCENT MOVEMENT

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

The ICRC contributed to the development of the International Academy of the Red Cross and Red Crescent in China, in coordination with the International Federation; it supported the Chinese Red Cross's humanitarian education programme in four provinces and in Shanghai. The ICRC helped the Chinese Red Cross develop its response capacities, for instance, by providing its emergency response teams with a course on the management of human remains.

Because of border closures, the ICRC mission in the DPRK continued to be remotely managed from Beijing; it maintained contact online with the Red Cross Society of the Democratic People's Republic of Korea. When requested to do so, the ICRC donated two vehicles and provided informational materials on IHL, COVID-19, physical rehabilitation, emergency health care, and other subjects to the DPRK Red Cross. The Mongolian Red Cross Society and the ICRC renewed their annual cooperation agreement.

MAIN FIGURES AND INDICATORS: ASSISTANCE

WOUNDED AND SICK		Total	Women	Children
Physical rehabilitation				
Projects supported		3		
of which physical rehabilitation projects supported regularly		3		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	1,232	268	43
Prostheses delivered	Units	323		
Orthoses delivered	Units	*		
Physiotherapy sessions		189		
Walking aids delivered	Units	99		
Wheelchairs or postural support devices delivered	Units	*		

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

JAKARTA (regional)

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

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

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

EXPENDITURE IN KCHF	
Protection	953
Assistance	251
Prevention	1,789
Cooperation with National Societies	836
General	80
Total	**3,909**
Of which: Overheads	*239*
IMPLEMENTATION RATE	
Expenditure/yearly budget	92%
PERSONNEL	
Mobile staff	6
Resident staff (daily workers not included)	39

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	21
RCMs distributed	67
Phone calls facilitated between family members	28

CONTEXT

Indonesia, a member of the Jakarta-based Association of Southeast Asian Nations (ASEAN), remained actively involved in various multilateral forums. It contributed troops to UN peace-support missions.

Socio-economic, communal, and religious tensions in some parts of Indonesia led to violence, which displaced people and disrupted essential services. Migrants, including refugees and asylum seekers, continued to arrive in or pass through Indonesia; many of them were detained or stranded in the country, their legal status uncertain. Indonesia coped with various natural disasters: landslides and floods caused deaths, damaged property, and displaced people.

In Timor-Leste, authorities and humanitarian organizations kept up their efforts to ascertain the fate of thousands of people who went missing during the 1975–1999 armed conflict there. While the security situation in the country was relatively stable, confrontations between the police and young people took place occasionally.

The authorities in Indonesia and Timor-Leste tackled the COVID-19 pandemic with such measures as vaccination campaigns and movement restrictions.

ASEAN continued to develop its ability to coordinate the humanitarian response to emergencies in the region.

ICRC ACTION AND RESULTS

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

The ICRC worked in partnership with the authorities and the National Societies in the region. However, because the authorities were focused on the pandemic, and because of the restrictions it necessitated, the ICRC was unable to hold workshops, training sessions, and other in-person events that it had planned; some plans to sponsor officials' attendance at events outside the region were cancelled.

People restore or maintain contact with relatives

Members of families separated by armed conflict or other situations of violence, disasters, migration or detention – including migrants in Indonesia from Rakhine State in Myanmar – restored or maintained contact with each other through phone calls, RCMs and other family-links services provided by the National Societies, with the ICRC's support. Aided by the ICRC, an emergency team from the Indonesian Red Cross Society provided family-links services for victims of landslides in West Sulawesi. All these services were provided in accordance with COVID-19 safety protocols and national and international guidelines.

The ICRC continued to arrange video calls between a family in Indonesia and their relative who was being held at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Forensic professionals and others strengthen their ability to manage human remains

Indonesian and Timorese authorities drew on the ICRC's expertise to develop their ability to ensure the proper management of human remains, particularly during emergencies. Forensic professionals, first responders – including personnel from the Indonesian Red Cross Society and the Timor-Leste Red Cross Society – and others learnt about the proper management of human remains during meetings and discussions with the ICRC, and at seminars, training sessions and other events. Personnel from the National Societies attended ICRC workshops on incorporating COVID-19 safety protocols in forensic practice. The ICRC provided material and/or financial support for forensic professionals and institutions in the countries covered. This included providing personal protective equipment (PPE), body bags and disinfectants for 25 hospital mortuaries in Indonesia; enabling 20 Indonesian professionals to attend a workshop on forensic dentistry, by covering the cost of registering for the event; and donating dehumidifiers to the forensics department of a hospital in Timor-Leste.

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

The ICRC helped the Indonesian armed forces to integrate IHL and other applicable norms into their doctrine, training, and operations. Roughly 2,700 troops bound for peace-support missions familiarized themselves with these topics at predeployment briefings by the ICRC; around 370 officers from the armed forces, including those from the navy and the air force, learnt about IHL and other norms at ICRC information sessions. The ICRC organized dissemination sessions for Indonesian police officers on international standards for law enforcement, but because of pandemic-related and other constraints, fewer sessions than planned took place.

The ICRC sought to conduct similar activities for military and security forces in Timor-Leste, but discussions with them were limited because of the pandemic.

Influential actors advance their understanding of IHL and the Movement's work

The ICRC continued to offer expert advice to the Indonesian national IHL committee and to authorities involved in advancing the ratification and domestic implementation of IHL treaties; it prepared and distributed to relevant authorities an information package on the Treaty on the Prohibition of Nuclear Weapons. Discussions about the ratification of The Hague Convention on Cultural Property, however, were put on hold by the authorities.

To help the relevant Indonesian authorities and the general public reach a proper understanding of its work for detainees, the ICRC – together with the Polytechnic of Correctional Science – gave two lectures on humanitarian issues in places of detention. The ICRC continued to seek access to places of detention, in order to assess detainees' treatment and living conditions.

In Indonesia and Timor-Leste, members of civil society capable of facilitating the Movement's work learnt more about IHL, humanitarian principles and the Movement through discussions with the National Societies and the ICRC, information published by the ICRC on social media, and other means. The ICRC sought to expand its network of contacts; to this end, it engaged with faith-based humanitarian organizations and think tanks on issues of concern in the region.

Academics participated in events organized by the ICRC, and discussed IHL – teaching and researching the subject – and its incorporation in university curricula. At workshops and other events organized by the ICRC, students and lecturers in Indonesia learnt about the points of correspondence between IHL and different streams of religious belief and practice (e.g. Islamic law, Buddhism, Christian ethics). Law students from various universities in Indonesia tested their grasp of IHL at an online moot court competition that was organized jointly by Padjadjaran University and the ICRC.

ASEAN events draw on the ICRC's expertise in humanitarian action

The ICRC strengthened its partnership with ASEAN by sharing with it, whenever possible, its expertise in humanitarian action and assistance. It collaborated with ASEAN on various projects dealing with humanitarian issues in the region. The 3rd ASEAN-ICRC Joint Platform – which brought together ASEAN sectoral bodies and institutions, and members of the Movement and other humanitarian organizations – tackled such matters as sustainable funding and provision of aid during crises. Other ASEAN events drew on the ICRC's expertise in specific areas, such as pursuing sustainability in humanitarian action and assisting persons with disabilities.

National Societies are given support by the ICRC

The Indonesian and Timorese National Societies, aided by the International Federation and the ICRC, responded to natural disasters and other emergencies, and strove to coordinate their activities in border areas more closely. The National Societies – which the ICRC provided with PPE, oxygen concentrators and other material support – assisted their respective local authorities in responding to the effects of COVID-19, notably by running vaccination campaigns, which helped deliver 37,840 doses of vaccine in Indonesia and 17,581 doses in Timor-Leste.

The ICRC gave both National Societies material, financial and technical support to develop their capacities in restoring family links, managing human remains, responding to the pandemic safely, and operating in line with the Safer Access Framework.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	21			
RCMs distributed	67			
Phone calls facilitated between family members	28			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	1			
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)	160	24	49	35
including people for whom tracing requests were registered by another delegation	2			

KUALA LUMPUR (regional)

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

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

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

EXPENDITURE IN KCHF	
Protection	2,115
Assistance	764
Prevention	2,897
Cooperation with National Societies	584
General	120
Total	**6,481**
Of which: Overheads	*396*
IMPLEMENTATION RATE	
Expenditure/yearly budget	97%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	47

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	24
RCMs distributed	103
Phone calls facilitated between family members	559
Tracing cases closed positively (subject located or fate established)	16
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	7,890
of whom visited and monitored individually	444
Visits carried out	4
Restoring family links	
RCMs collected	68
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	230

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Health			
Health centres supported	Structures		2
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		5,089

CONTEXT

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

Estimates of the number of irregular migrants in Malaysia ranged from 2 to 5 million; reportedly, around 1 million were in the state of Sabah. In addition, there were some 180,000 UNHCR-registered refugees or asylum seekers in Malaysia, many of them from Myanmar. Irregular migrants were often detained or deported; those in Sabah struggled to obtain health services. Their situation was made worse by the COVID-19 pandemic.

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

A number of people were detained in Malaysia on security-related charges. Overcrowding and access to health care remained issues of concern at places of detention in the country. There were outbreaks of COVID-19 at many places of detention.

Brunei Darussalam assumed the chair of the Association of Southeast Asian Nations (ASEAN) in 2021.

ICRC ACTION AND RESULTS

Authorities, weapon bearers and civil-society groups strengthen support for humanitarian action

The ICRC used traditional and digital media and, where possible, it organized events – jointly with National Societies and/or partner organizations in Japan and Malaysia – to promote IHL and its own neutral, impartial and independent humanitarian action among key parties in the region and the general public. Academics, and university students and other young people, arranged or participated in IHL-related events in Japan, Malaysia and Singapore; issues discussed in these various settings include cyber warfare, data protection, and the combined effects of conflict and climate change.

The ICRC strove to sustain its humanitarian diplomacy among the national authorities, armed forces, multilateral organizations and other influential actors in the region, in order to gather more financial and/or political support for its work and encourage the ratification or implementation of IHL-related treaties. It strengthened its engagement with the private sector in the region to explore innovative possibilities for humanitarian work. In Japan, it signed agreements with NEC, an IT and electronics company, and with Waseda University to research, develop and test new and affordable means of detecting landmines. The ICRC, together with the Japanese and Malaysian National Societies, organized various events to foster support for the Movement's activities and promote IHL, including events to mark the entry into force of the Treaty on the Prohibition of Nuclear Weapons.

Webinars co-hosted by the ICRC and partner organizations provided participants from the region – including members of national IHL committees and officials from ASEAN – with opportunities to discuss global trends and challenges for IHL. At meetings or conferences that it attended, the ICRC discussed such issues as developments in the conflicts in Afghanistan and the Syrian Arab Republic; the humanitarian consequences of the pandemic; equitable access to vaccines; and cyber warfare. In Malaysia, the defence ministry incorporated the ICRC's recommendations in its national policy framework for cyber security.

Military, security, and police forces from the countries covered took part in peacekeeping missions in conflict-affected countries, and in multilateral exercises. The ICRC helped them train their personnel in IHL and other norms, and gave them expert advice for integrating these norms into their decision-making. The National Defence University of Malaysia, together with the ICRC, conducted an online course in counter-terrorism and IHL that was attended by 126 people from nine countries. The ICRC held a workshop for officers of the United States Indo-Pacific Command and the Japan Self-Defense Forces on rules governing military operations.

The National Societies in the countries covered were given some assistance to build their capacities, but, at their request, the ICRC directed most of its support towards their pandemic response. Some activities – meetings, training sessions, and events related to the Paralympics in Japan – were postponed to 2022 or cancelled because of pandemic-related and/or administrative constraints.

Detaining authorities in Malaysia are given help to deal with chronic issues

In Malaysia, the authorities suspended the ICRC's prison visits for most of the year, because of pandemic-related considerations. After the suspension was lifted in November, the ICRC visited, in accordance with its standard procedures, detainees at two prisons and two immigration detention centres – including a women's facility and a place that held people who had fled Myanmar – to monitor their treatment and living conditions. It communicated its findings and recommendations confidentially to the authorities concerned. It brought to their attention the needs of particularly vulnerable detainees: foreigners, women, minors, and persons with disabilities or medical conditions, including mental illnesses. The visits also gave detainees an opportunity to use the ICRC's family-links services to reconnect with relatives.

The ICRC gave the authorities expert advice for dealing with the pandemic and overcrowding in places of detention. It made confidential representations to the authorities, urging them to address the protection-related needs of migrants and respect the principle of *non-refoulement*. It continued to discuss, with the Malaysian authorities and with the UNHCR and other organizations, ways to improve the living conditions for the most vulnerable detainees.

An e-learning platform – developed, with the ICRC's technical assistance, to help personnel familiarize themselves with international standards for prison management – was piloted at selected prisons. Prison staff attended ICRC training in internationally recognized standards for detention. Training for prison health staff in medically screening new inmates did not take place because addressing pandemic-related needs took precedence.

At the request of detaining authorities, the ICRC donated personal protective equipment (PPE) to detention centres dealing with outbreaks of COVID-19, and trained prison personnel to draft contingency plans for outbreaks of disease. It continued to monitor scabies outbreaks at several facilities, and provided vulnerable detainees with material aid, such as hygiene items for some 5,000 detainees and child-care essentials for detained mothers.

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

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

The ICRC provided the Malaysian national forensic institute with body bags and technical support to bolster its capacity to manage human remains during the pandemic and other emergencies; conferences on forensics did not take place because of pandemic-related restrictions.

The National Societies in Brunei Darussalam, Japan, Malaysia and Singapore continued to receive support for strengthening their ability to provide humanitarian services and promote the Movement's work. The ICRC provided the Malaysian Red Crescent Society with financial, technical and material support (e.g. PPE, hygiene items) for its pandemic response and blood drive. The Japanese Red Cross Society, the Singapore Red Cross Society, the Malaysian Red Crescent and the ICRC organized a photo exhibit, webinars and other events to highlight the Movement's humanitarian activities throughout the world.

In Sabah, community volunteers trained by the health authorities, the Malaysian Red Crescent and the ICRC, vaccinated people against COVID-19 and promoted good health through home visits to vulnerable people; similar activities were conducted at schools for some 1,000 children. With the ICRC's help, the Malaysian Red Crescent conducted first-aid training for people in remote areas and train-the-trainer workshops for their own first-aid instructors.

MAIN FIGURES AND INDICATORS: PROTECTION

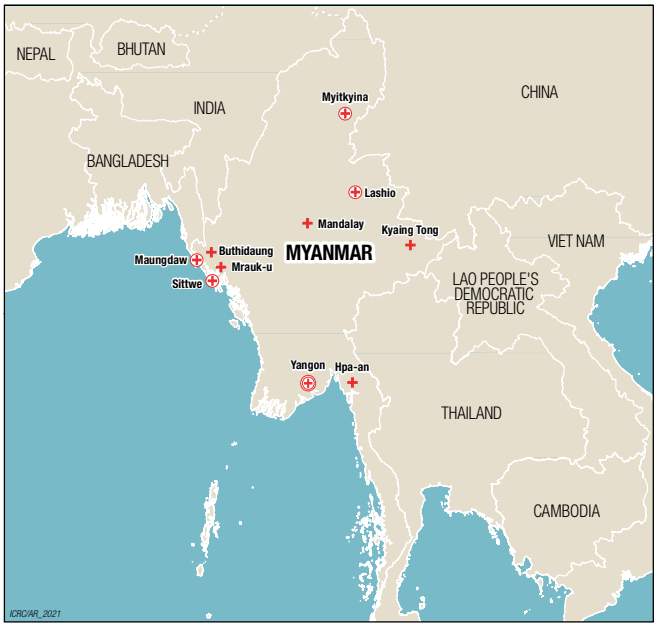
CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	24			
RCMs distributed	103			
Phone calls facilitated between family members	559			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	28	5		4
including people for whom tracing requests were registered by another delegation	19			
Tracing cases closed positively (subject located or fate established)	16			
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)	263	22	13	40
including people for whom tracing requests were registered by another delegation	198			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered by the ICRC/National Society	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	4			
Detainees in places of detention visited	7,890	1,419	13	
Visits carried out	4			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	444	94	9	3
of whom newly registered	406	87	9	2
RCMs and other means of family contact				
RCMs collected	68			
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	230			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Primary health care				
Health centres supported	Structures	2		
Average catchment population		23,000		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	5,089	2,262	673
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
Sessions		3		
Participants (aggregated monthly data)		90		

MYANMAR

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



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

KEY RESULTS/CONSTRAINTS IN 2021

- In all its contact with authorities, weapon bearers, and others, the ICRC sought to cultivate support for principled humanitarian action, IHL and international rules and standards for law enforcement.
- IDPs – including those newly displaced – and other violence-affected people in the states of Chin, Kachin, Rakhine and Shan were given food and other essentials by the ICRC.
- ICRC support, which often included assistance in tackling the COVID-19 pandemic, enabled hospitals, physical rehabilitation centres and other facilities to sustain their services for violence-affected people.
- The ICRC remained unable to visit places of detention. It engaged the authorities in dialogue on resuming these visits and on being given access to people detained or arrested in the recent past.
- Guidance, funding and/or material support from the ICRC and other Movement components helped the Myanmar Red Cross Society deliver humanitarian aid to people affected by conflict, violence and the pandemic.
- ICRC activities focused on the consequences of violence during demonstrations and security operations. The ICRC adapted to measures against COVID-19, restrictions on access, and other constraints.

EXPENDITURE IN KCHF	
Protection	7,894
Assistance	38,374
Prevention	3,082
Cooperation with National Societies	3,526
General	587
Total	**53,464**
Of which: Overheads	*3,263*
IMPLEMENTATION RATE	
Expenditure/yearly budget	77%
PERSONNEL	
Mobile staff	105
Resident staff (daily workers not included)	791

PROTECTION			Total
CIVILIANS			
Restoring family links			
RCMs collected			89
RCMs distributed			118
Tracing cases closed positively (subject located or fate established)			1,047
PEOPLE DEPRIVED OF THEIR FREEDOM			
Restoring family links			
RCMs collected			1
RCMs distributed			247

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	118,000	120,394
Food production	People	120,000	92,227
Income support	People	68,250	54,361
Living conditions	People	181,500	234,495
Capacity-building[1]	People	65,200	44,726
Water and habitat			
Water and habitat activities	People	212,500	331,845
Health			
Health centres supported	Structures	32	52
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		27,321
Water and habitat			
Water and habitat activities	People	13,000	2,092
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	14	33
Physical rehabilitation			
Projects supported	Projects	9	10
Water and habitat			
Water and habitat activities	Beds (capacity)	600	1,857

1. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Rising political tensions in Myanmar culminated in a military takeover of the government and, in February 2021, declaration of a state of emergency. Since then, protests have taken place throughout the country and many civil servants have gone on strike. Violence during political demonstrations and security operations resulted in numerous arrests, injuries and deaths. Dozens of new non-state armed groups were formed. The use of improvised explosive devices (IEDs), targeted killings, and other acts of violence emerged as trends with a direct impact on civilians. Disruptions in public administration, transportation and the private sector further complicated the delivery of humanitarian assistance.

In Rakhine, hostilities between military forces and an armed group have subsided since November 2020. However, clashes between government forces and armed groups in several parts of the country – Chin, Kachin, Kayah, Kayin, Magway, Sagaing and Shan, for instance – became more frequent.

All this made it difficult for IDPs and other violence-affected people to meet basic needs and maintain livelihoods. The pandemic exacerbated the situation; quarantine and other measures necessary to contain the spread of COVID-19 made it harder for people to obtain essential goods and services.

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

A number of people remain detained in connection with past or current conflict, or on security-related charges. In April 2021, some 23,000 detainees were released under a military amnesty.

Roughly 720,000 people who fled Rakhine after the violence in 2017 remained in Bangladesh (see *Bangladesh*).

ICRC ACTION AND RESULTS

The ICRC worked with the Myanmar Red Cross Society and other Movement partners to address needs created by intensified violence in various parts of the country. The National Society was given training and other support for its humanitarian activities. The ICRC focused on responding to the consequences of violence during demonstrations and security operations; it continued to adapt to measures against COVID-19, restrictions on access and other operational constraints.

In all its contact with authorities, weapon bearers and others, the ICRC sought to cultivate support for its principled humanitarian action, IHL and international standards for law enforcement, and to broaden its access to people in need. It also reiterated, to the actors mentioned above, that health services must be protected, and wounded and sick people enabled to obtain treatment.

IDPs – including those newly displaced – and other violence-affected people in Chin, Kachin, Rakhine and Shan were given food and other essentials by the ICRC. Households in Kachin, Rakhine and Shan revived or expanded their livelihoods with ICRC support that included seed, farming tools and/or cash. A number of households received services from ICRC-trained animal-health workers and local partners; the livestock, breeding and veterinary department received material and/or financial support from the ICRC for providing services. People had better access to water and more sanitary surroundings as a result of ICRC initiatives.

ICRC support, which often included assistance in tackling the COVID-19 pandemic, enabled hospitals, physical rehabilitation centres and other facilities to sustain their services for violence-affected people. The ICRC carried out infrastructural projects at health facilities, such as renovation of waste-management facilities and water systems. It provided financial or other support for the health ministry's immunization programme, and in Rakhine, particularly for its vaccination campaign against COVID-19 and its emergency patient transport system, which helped ensure that patients had timely access to hospital-level care. The ICRC also helped local actors respond to health-related emergencies. People with physical disabilities obtained rehabilitative care at centres that received comprehensive ICRC assistance. The ICRC also strove to advance the social inclusion of people with disabilities.

ICRC visits to places of detention – aimed at ensuring that detention conditions and treatment of detainees met internationally recognized standards – remained suspended. The ICRC engaged the authorities in dialogue on resuming these visits and on being given access to people detained or arrested in the recent past. Prison staff were given technical and material support for tackling COVID-19.

Members of families dispersed by violence, detention or other circumstances restored or maintained contact through the Movement's family-links services. The ICRC set up a hotline to take calls from families who have lost contact with detained relatives. It covered transport costs for families wanting to deliver food parcels and letters to their detained relatives. It also covered transport costs for released detainees returning home.

Aided by the ICRC, the National Society conducted risk-education sessions and produced radio spots – and used other means as well – to publicize safe practices around mines/ERW.

CIVILIANS

The ICRC worked with the Myanmar Red Cross Society and other Movement partners to address needs created by intensified violence in various parts of the country. It focused on responding to the consequences of violence during demonstrations and security operations; and continued to adapt to measures against COVID-19, restrictions on access, and other operational constraints. It gave the National Society training and other support for delivering family-links services, and for implementing and monitoring activities in such areas as water-and-habitat and mine-risk education.

The ICRC continued to monitor the protection concerns of displaced and other conflict-affected communities. In all its contact with authorities, weapon bearers and others – including confidential discussions and written representations – it sought to cultivate support for principled humanitarian action, IHL and international standards for law enforcement, and to broaden its access to people in need. It also reiterated to the actors mentioned above that they must protect health services

and enable wounded and sick people to obtain treatment, in line with the goals of the Health Care in Danger initiative. In Rakhine, a set of standard procedures adopted by the health ministry in 2020 helped the ICRC to evacuate wounded people to a hospital in Sittwe. Dialogue with the authorities on the concerns of displaced people, particularly in connection with their safe and voluntary return to their places of origin, continued.

Aided by the ICRC, the National Society sought to broaden awareness of safe practices around mines/ERW, through various means, such as: risk-education sessions, billboards, radio spots and social media. These activities often incorporated vital information on measures against COVID-19. Around 9,800 people attended information sessions, organized by the National Society and the ICRC, on mine risks and safe practices around mines/ERW. Pandemic-related restrictions prevented the organization of more sessions. To raise awareness among NGOs of the dangers posed by mines and ERW, and IEDs, the ICRC organized information sessions on these topics for them. The ICRC's priorities shifted as a result of the violence that took place during demonstrations and security operations (see *Context*). As a result, plans to train the pertinent authorities and others in humanitarian demining were not realized; efforts to engage the authorities in drawing up standard procedures for humanitarian demining, and in ratifying the Anti-Personnel Mine Ban Convention, also did not progress.

People in violence-affected areas meet their immediate and long-term needs

Relief aid from the ICRC helped IDPs – including those newly displaced – and other violence-affected people in Chin, Kachin, Rakhine and Shan to cope. A total of 120,394 people were given food or cash to buy it; 234,495 people received hygiene supplies and other essential items, including face masks for protection against COVID-19, blankets, fuel sticks and solar-powered lamps. The ICRC increased its distributions of essential items to respond to the needs of people displaced by the intensified violence. Households in Kachin, Rakhine and Shan revived or expanded their livelihoods with ICRC support: 18,577 households (92,227 people) received seed and/or farming tools for growing vegetables and rice; 10,890 households (54,361 people, including IDPs and mine victims) resumed or started income-earning activities and/or covered their basic expenses with cash, raw materials or other assistance from the ICRC. These households included tailors who produced protective masks that were distributed by the National Society and/or the ICRC among IDPs and other violence-affected people. Issues related to the import of seed, the disruption of banking services and/or other operational constraints hindered the full implementation of food production and income support activities. A total of 9,091 households (44,726 people) received services from ICRC-trained animal-health workers and local partners; the ICRC gave the livestock, breeding and veterinary department material and/or financial support for providing services.

A total of 331,845 people in Chin, Kachin, Rakhine and Shan had better access to water, or more sanitary surroundings, as a result of ICRC initiatives. This included 204,819 people in urban and rural areas who benefited from ICRC activities such as renovating or building water and sanitation facilities; and providing ceramic water filters and/or material support for water services. Emergency water and shelter projects (e.g. water trucking, installing handwashing stations and latrines, donating materials for building shelters) benefited 124,348 people. Such activities acquired even more importance during the pandemic, water being vital for checking the spread of COVID-19 (through handwashing, for instance). The ICRC renovated or built houses or shelters – or provided the materials necessary for doing so – for 2,678 IDPs, returnees and other violence-affected people.

Health facilities receive support for responding to the needs of conflict-affected communities

Conflict-affected people obtained appropriate care from ICRC-supported service providers, some of which were also given technical, material and infrastructural support for checking the spread of COVID-19. The ICRC provided 52 primary-health-care centres in Kachin, Rakhine and Shan with medicines, wound-dressing kits, oral rehydration salts and other supplies; it also trained staff at some of these facilities in managing medical waste and other related areas. More health facilities were supported than planned owing to increased needs brought about by the pandemic and the rise in violence. Some 9,900 people attended ICRC information sessions on COVID-19. The ICRC carried out infrastructural projects at health centres in rural areas: for instance, it constructed or installed latrines, handwashing stations and elevated water tanks. In Shan and Kachin, the ICRC donated medicine and/or personal protective equipment (PPE) to ethnic health organizations.

The ICRC provided financial or other support for the health ministry's immunization programme against measles, tetanus and other diseases, and in Rakhine and in Kachin, for its vaccination campaign against COVID-19. Similar assistance was extended to the health ministry's emergency patient transport system in Rakhine, which helped ensure that patients, including those with COVID-19, had timely access to hospital-level care. The ICRC also covered transportation costs for vaccination teams and for mobile health units providing antenatal care.

The ICRC provided financial or other support for 'fogging', a measure against dengue fever, in Kyauktaw, Minbya and Mrauk-U townships in Rakhine. It stood ready to respond to emergencies. Following an outbreak of gastroenteritis in Rakhine in June, the ICRC provided financial support for 252 patients in all, and four auxiliary midwives caring for patients at one hospital. In villages with a high incidence of gastroenteritis, the National Society and the ICRC also conducted information sessions on precautionary measures. The outbreak dissipated by July; during that month, the ICRC helped cover food and travel costs for 18 patients at two hospitals. A hospital in Shan was given emergency health kits to meet the health needs of IDPs. Following a landslide in Hpakant township in Kachin that caused numerous casualties, the ICRC donated 40 body bags to a local branch of the National Society.

People with disabilities receiving rehabilitation services at an ICRC-supported physical rehabilitation centre (see *Wounded and sick*) also benefited from mental-health and psychosocial support from a staff member trained by the ICRC.

Families learn the fate and whereabouts of detained relatives

Members of families dispersed by violence, detention or other circumstances restored or maintained contact through the Movement's family-links services. A total of 89 RCMs were collected from civilians, and 118 distributed. After the military takeover of the government, and the political demonstrations and security operations that took place throughout the country, the ICRC set up a hotline to take calls from families who had lost contact with detained relatives. People filed tracing requests for relatives who had gone missing, including in relation to recent arrests; 1,047 cases were resolved. The ICRC's family-links services were hindered by lack of access to places of detention (see *People deprived of their freedom*), pandemic-related movement restrictions, and other impediments. As the ICRC's detention visits remained suspended throughout the year, no embassies or humanitarian organizations were notified of the detention of foreigners, and no attestations of detention were provided.

The ICRC endeavoured to assess the needs of people separated from their families and publicize family-links services. For instance, at five IDP camps in Shan, the ICRC conducted dissemination sessions on the Movement's work to restore family links.

Owing to a shift in its priorities, caused by the violence that took place during demonstrations and security operations (see *Context*), the ICRC cancelled its plans to help develop local capacities in forensics. Instead, it strove to broaden awareness of the respect due to the dead; it issued a public statement in this regard.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detention visits remain suspended

ICRC visits to places of detention – aimed at ensuring that conditions of detention and treatment of detainees met internationally recognized standards – were suspended at the onset of the pandemic in March 2020, and the suspension remained in place. It engaged the authorities in dialogue on resuming these visits and on being given access to people detained or arrested in the recent past.

Family visits for detainees also remained suspended; at the end of the year, the pertinent authorities and the ICRC were in discussions about organizing video calls for detainees and their families. By covering their transport costs, the ICRC enabled 114 families to deliver food parcels and letters to detained relatives. The ICRC covered transport costs for 4,195 detainees who were returning home after their release. Beginning in September, the ICRC was able to submit – to detention facilities and the pertinent authorities – lists of people alleged to have been arrested; this resulted in 309 people being located, or their arrest confirmed, and their families informed.

Detention facilities receive support for dealing with the pandemic

The ICRC provided prison staff with technical and material support for tackling COVID-19. The ICRC donated PPE and medical equipment to eight prisons. It also provided hygiene kits for female detainees in quarantine at three detention facilities. Around 40 prison personnel, many of them senior officials, attended an online ICRC workshop on preventing and controlling COVID-19 infections. The ICRC trained 100 prison staff in a specific area: prison management during the pandemic. PPE was given to health and cleaning staff at several detention facilities; the health ministry and the ICRC trained them to use it properly.

Because of the suspension of prison visits, the ICRC was unable to realize most of its water-and-habitat projects at detention facilities; however, it was able to provide material assistance for preventing the spread of COVID-19. Hygiene items were given for detainees at the Insein prison. Staff at the Lashio prison were provided with PPE, bleach, gloves, goggles and other items; this was supplemented by an online presentation on cleaning and disinfection. The ICRC also organized an online presentation – for the prison department's engineering unit – on preventing and controlling COVID-19 infections; it was attended by six prison engineers, led by the prison department's head of logistics.

ICRC donations of cloth masks, books, recreational and other items benefited a total of 27,321 detainees at several detention facilities, including the Lashio central prison, under the custody of the ministry of home affairs, and juvenile centres under the custody of the ministry of social welfare.

WOUNDED AND SICK

Hospitals in Kachin, Rakhine and Shan serve conflict-affected people

In line with the goals of the Health Care in Danger Initiative, the ICRC continued to broaden awareness of the respect due to people seeking or providing health care (see *Civilians*). It conducted information sessions on the subject for representatives of civil-society organizations in Yangon. It also documented and analysed the obstacles to medical treatment for conflict-affected people, and discussed, with the people concerned, how the situation could be remedied.

People in Kachin, Rakhine and Shan obtained appropriate care from ICRC-supported hospitals, some of which received comprehensive assistance for tackling COVID-19. Other health facilities, including those run by ethnic health organizations, received similar support for dealing with COVID-19. The ICRC provided 33 hospitals with essential medicines, medical supplies, PPE, oxygen cylinders and/or other material aid. It covered medical expenses for numerous patients. More hospitals were supported than planned owing to increased needs brought about by the pandemic and the rise in violence. The ICRC carried out infrastructural work at some of the hospitals (1,857 beds) and physical rehabilitation centres (see below) it supported: for instance, it renovated waste-management facilities and water systems, refurbished isolation wards, and constructed latrines. Services at a number of these facilities, including mother-and-child care, were disrupted by a strike by civil servants, including health staff (see *Context*); plans to train health staff in mother-and-child care at a hospital in Kachin had to be postponed.

The ICRC gave the Myanmar Red Cross Society financial and technical support to roll out a programme to train volunteers

in first aid, particularly for trauma cases, and provide train-the-trainer sessions for first-aid instructors. The ICRC provided ambulance operators with basic responder kits. First responders, health workers and others – including volunteers from civil-society organizations – developed their capacities in emergency care and first aid, through training conducted or supported by the ICRC.

People with disabilities receive rehabilitative care and other assistance

Some 2,600 disabled people[2] obtained rehabilitative care (including physiotherapy and fitting of assistive devices) at five physical rehabilitation centres and a mobile workshop (see below) that received ICRC support. Two of these centres were given raw materials and other supplies and equipment for making prosthetic feet. People with physical disabilities continued to receive mental-health and psychosocial support at one ICRC-supported centre (see *Civilians*). The pandemic and the political situation (see *Context*) forced the ICRC-supported centres to curtail their services; one of the abovementioned centres, which the ICRC planned to support throughout year, had to suspend its services.

The ICRC continued to sponsor some clinical personnel for further training. Two staff members, on ICRC scholarships and from ICRC-supported centres, completed their studies; one student continued their studies. Two other staff, also on ICRC scholarships, began their studies – outside Myanmar – in wheelchair technology.

People with disabilities benefited from ICRC-supported outreach: a mobile workshop that repaired assistive devices and a network of roving technicians, both of which served people living in remote sections of ICRC-supported centres' catchment areas. The ICRC extended technical and/or financial support to the Myanmar Paralympic Sports Federation, the Myanmar Federation of Persons with Disabilities, and the health ministry's steering committee for strengthening the national physical rehabilitation sector. Similar assistance was also provided for a referral system that helped disabled people find the centre or service provider nearest to them. However, the political situation and pandemic-related constraints slowed down these projects. Staff at one ICRC-supported physical rehabilitation centre were trained to help disabled people pursue or develop careers. Eight athletes with disabilities developed their job-acquisition skills, and learnt about other related subjects, through training organized or supported by the ICRC. The ICRC organized online training on wheelchair basketball for players, coaches, referees and others.

One ICRC-supported physical rehabilitation centre produced face masks, face shields and medical gowns with materials donated by the ICRC. The ICRC helped disabled women attend vocational training in tailoring.

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

ACTORS OF INFLUENCE

The ICRC sought to expand its involvement with authorities, weapon bearers and other key actors in Myanmar. Its aims were to foster support for its neutral, impartial and independent humanitarian action, and for IHL and other applicable norms, and to persuade these parties to facilitate access to communities affected by armed conflict and other situations of violence. During a visit to Myanmar in June, the ICRC's president discussed humanitarian access to detention facilities, and to areas affected by conflict and other violence, with the commander-in-chief of defence services. During its discussions with military officials, the ICRC emphasized the necessity of pressing law enforcement personnel to act in accordance with international policing standards. Military officers attended an ICRC webinar on the classification of armed conflict and the use of force. Several other plans to engage with influential actors (for instance, activities to promote the ratification of IHL-related treaties) had to be postponed or cancelled, because of constraints related to the declaration of a state of emergency and the rise in armed violence throughout the country (see *Context*).

The ICRC broadens awareness of international standards for the use of force in law enforcement

The ICRC used social media to broaden public awareness of COVID-19 and of the availability of ICRC services, such as restoration of family links. It also made use of the delegation's official social media account, and the ICRC website, to issue public statements and reminders – on the international standards for the use of force in law enforcement; the necessity of protection for health-care personnel and facilities; and humane treatment of people who have been arrested or detained. People affected by conflict and other violence continued to use the ICRC's social-media platforms and its hotline to share their views and concerns. Mechanisms for gathering views and suggestions from communities helped the ICRC to understand more fully the needs of conflict-affected people and improve its services for them. The ICRC carried out public-communication activities with the Myanmar Red Cross Society; these helped broaden support for the Movement's response to humanitarian issues in Myanmar. At an event organized for that specific purpose, National Society and ICRC staff exchanged best practices in public communication during crises. Members of the media covered the ICRC's activities and reported its public statements.

Members of civil-society organizations, paralegals and others learnt more about IHL at ICRC information sessions. Representatives from three universities competed in a moot court competition organized by the ICRC. The ICRC met with members of the law faculty at a local university to discuss the organization of activities to promote IHL.

RED CROSS AND RED CRESCENT MOVEMENT

In coordination with the International Federation, the ICRC expanded its support for the Myanmar Red Cross Society's humanitarian activities, including its response to the pandemic and to the consequences of violence during demonstrations and security operations. The National Society received financial and other assistance for its programmes in first aid

and management of operational risks, and for incorporating the Safer Access Framework more fully in its activities. Aided by the ICRC, the National Society took steps towards decentralizing its branches. The National Society developed and adopted a new institutional strategy for the period 2021–2025.

The ICRC donated PPE to first responders at the National Society. It also provided the National Society with financial and other support for testing its staff for COVID-19, and for other activities in connection with the pandemic.

Movement components working in Myanmar continued to coordinate their activities, particularly in Rakhine. The International Federation and the ICRC issued joint statements on the humanitarian situation in Myanmar (see *Context*).

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	89			
RCMs distributed	118			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	1,368	220	22	57
including people for whom tracing requests were registered by another delegation	12			
Tracing cases closed positively (subject located or fate established)	1,047			
including people for whom tracing requests were registered by another delegation	124			
Tracing cases still being handled at the end of the reporting period (people)	1,419	120	35	168
including people for whom tracing requests were registered by another delegation	789			
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	12	7		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	247			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	120,394	31,304	60,194
of whom IDPs		46,821	12,174	23,409
Food production	People	92,227	23,982	46,108
of whom IDPs		9,041	2,351	4,521
Income support	People	54,361	14,131	27,173
of whom IDPs		49,781	12,945	24,885
Living conditions	People	234,495	60,971	117,245
of whom IDPs		163,780	42,583	81,889
Capacity-building[3]	People	44,726	11,639	22,355
of whom IDPs		9,555	2,489	4,777
Water and habitat				
Water and habitat activities	People	331,845	112,814	59,744
of whom IDPs		132,847	45,168	23,912
Primary health care				
Health centres supported	Structures	52		
of which health centres supported regularly		24		
Average catchment population		1,874,461		
Services at health centres supported regularly				
Consultations		85,466		
of which curative		73,907	863	737
of which antenatal		11,559		
Vaccines provided	Doses	54,055		
of which polio vaccines for children under 5 years of age		23,174		
Referrals to a second level of care	Patients	802		
of whom gynaecological/obstetric cases		331		

3. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

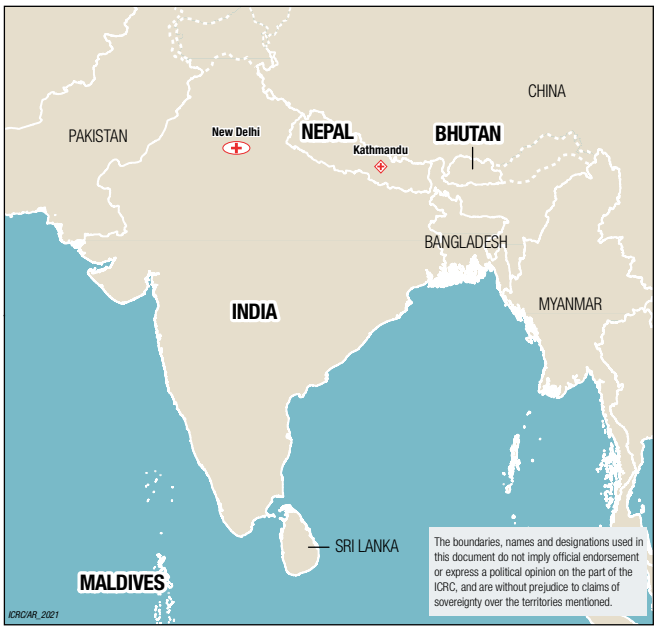
PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	People	27,321	3,556	251
Water and habitat				
Water and habitat activities	People	2,092	209	
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	33		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		7,803		
Weapon-wound admissions (surgical and non-surgical admissions)		84	*	*
Weapon-wound surgeries performed		59		
Patients whose hospital treatment was paid for by the ICRC		53		
First aid				
First-aid training				
Sessions		52		
Participants (aggregated monthly data)		1,310		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,857		
Physical rehabilitation				
Projects supported		10		
of which physical rehabilitation projects supported regularly		6		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	2,621	338	230
of whom victims of mines or explosive remnants of war		322		
Prostheses delivered	Units	737		
Orthoses delivered	Units	314		
Physiotherapy sessions		6,015		
Walking aids delivered	Units	861		
Wheelchairs or postural support devices delivered	Units	96		
Referrals to social integration projects		218		
Mental health and psychosocial support				
People who received mental-health support		176		

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

NEW DELHI (regional)

COVERING: *Bhutan, India, Maldives, Nepal*

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



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

KEY RESULTS/CONSTRAINTS IN 2021

- Military and security forces, government officials, and others learnt about IHL and the Movement's work at events organized or supported by the ICRC; sometimes these events were held online because of the COVID-19 pandemic.
- Disabled people obtained good-quality treatment at ICRC-supported centres, including clubfoot clinics, in India and Nepal. Physical rehabilitation professionals developed their capacities through ICRC-supported training.
- The ICRC visited detainees in the Maldives and checked on their well-being. Some detainees in India and the Maldives contacted their families through the Movement's family-links services.
- Nepali authorities were urged to address the needs of people affected by the past conflict, including missing people's families. The ICRC helped improve human remains management in India, the Maldives, and Nepal.
- The National Societies in Bhutan, India, the Maldives and Nepal received ICRC support for their pandemic response. They were assisted to ensure that their personnel worked in accordance with the Safer Access Framework.

EXPENDITURE IN KCHF	
Protection	2,111
Assistance	2,049
Prevention	1,111
Cooperation with National Societies	1,205
General	171
Total	**6,647**
Of which: Overheads	*406*
IMPLEMENTATION RATE	
Expenditure/yearly budget	80%
PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	86

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	10
RCMs distributed	38
Tracing cases closed positively (subject located or fate established)	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	2
Detainees in places of detention visited	134
Visits carried out	2
Restoring family links	
RCMs collected	4
RCMs distributed	40

ASSISTANCE		2021 Targets (up to)	Achieved
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	5	3
Physical rehabilitation			
Projects supported	Projects	13	13

CONTEXT

Disputed borders remained a source of tension between India and some of its neighbours. Armed violence between security forces and militants continued, particularly in the Jammu and Kashmir region and in some sections of central, eastern, and north-eastern India.

Bhutan, India, the Maldives and Nepal continued to implement measures against COVID-19, including vaccination campaigns.

The pandemic continued to overwhelm health systems and cause socio-economic difficulties. Physical rehabilitation was largely inaccessible in India and Nepal because of the expenses involved and the lack of trained personnel.

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

Because of their geographical situation, the countries covered had to deal with migration-related issues and natural disasters.

ICRC ACTION AND RESULTS

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

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

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

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

Indian Red Cross Society personnel trained by the ICRC provided first aid for people affected by violence, natural disasters and other emergencies. At the request of the Indian authorities, the ICRC donated personal protective equipment (PPE) to some hospitals in the country. The ICRC also gave PPE to the Indian Red Cross and helped it to train its personnel in first aid. Training in emergency-room trauma care was postponed because the authorities had to prioritize their COVID-19 response.

In India and Nepal, persons with disabilities received specialized care at ICRC-supported physical rehabilitation centres: ICRC support included PPE for staff, and training for staff and physical rehabilitation professionals. Some patients had access to training in disability sports.

The ICRC was able to visit places of detention in the Maldives, in accordance with its standard procedures. Some detainees in India and the Maldives used the Movement's family-links services to get in touch with relatives. In Bhutan, family visits for detainees were suspended because of the pandemic.

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

CIVILIANS

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

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

The ICRC organized a virtual event to mark the International Day of the Disappeared (30 August); missing people's families, victims of conflict, government officials, members of the National Human Rights Commission, and Nepal Red Cross Society personnel took part in it.

Members of dispersed families restore or maintain contact

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

to help reunite a man and his family who had lost touch with one another 52 years ago. Guided by the ICRC, the Maldivian Red Crescent delivered RCMs for the families of two Maldivian nationals detained elsewhere. Some people detained in India and elsewhere sent RCMs through the Indian Red Cross and the ICRC (see *People deprived of their freedom*).

The ICRC helped the Indian, Maldivian and Nepalese National Societies to build their family-links capacities, but most activities to this end – mainly in India – had to be postponed because of pandemic-related restrictions. The Nepalese Red Cross, with support from the ICRC, conducted training for their volunteers and staff. The ICRC updated and translated to Nepali guidelines for providing family-links services and passed them on to the Nepalese Red Cross. It was unable to conduct any training for Indian Red Cross personnel because of the pandemic.

At refugee camps where it was providing tracing services, the Indian Red Cross sought to conduct vaccination-awareness campaigns with the ICRC's support; however, physical access to the camps was denied by the authorities.

Nepalese Red Cross volunteers, with support from the ICRC, visited several places of detention and a children's correctional home, to assess the need for family-links services; they also disseminated information on COVID-19 and provided soap and sodium chloride for these facilities.

Aided by the ICRC, the Nepalese Red Cross enlisted local radio stations to broadcast information on the family-links services that were available.

Forensic professionals expand their capacities

The ICRC shared best practices in managing human remains – with a focus on handling pandemic-related deaths – with forensic institutions and government officials in India and the Maldives, and others. It strove to build local capacities in handling human remains properly, a task made even more important by the pandemic. It organized or supported training, meetings and other events for authorities, forensic specialists, first responders, medical staff and others involved in managing human remains.

In Nepal, the ICRC provided support for a medico-legal society to conduct a hands-on workshop on exhumation, and for the CIEDP to organize a workshop – for forensic experts and other professionals – on collecting ante-mortem data. Training in forensic odontology, and sessions with the Nepalese Red Cross on the management of human remains, were postponed because of pandemic-related restrictions.

In India, the National Forensic Sciences University (NFSU) and the ICRC renewed their partnership for developing the International Centre for Humanitarian Forensics (ICHF), a centre of expertise that aims to address challenges and issues in humanitarian forensics. The centre was established by the NFSU and the ICRC in 2018. The ICHF, with the ICRC's support, hosted an international summit on humanitarian forensics – with a focus on emergency preparedness in light of the lessons learnt during the pandemic – for academics, forensic professionals, and others involved in forensic work. The ICRC participated in national, regional and international events, with a view to cultivating the ICHF's reputation in humanitarian forensics and promoting the ICRC's work.

The ICRC donated body bags and/or PPE, and other supplies, for personnel handling dead bodies – through the Indian Nepalese, and Maldivian National Societies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visits detainees in the Maldives

In the Maldives, the ICRC re-established dialogue with the detaining authorities – mainly through online means – on systemic issues in detention. It visited detainees in places of detention, in accordance with its standard procedures. Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

Owing to the pandemic, ICRC-sponsored events in which officials from the Maldives Correctional Service were expected to participate, did not take place.

Detainees restore contact with their families

Some detainees in India and the Maldives got in touch with their relatives via the Movement's family-links services. In the Maldives, ICRC-trained personnel from the Maldivian Red Crescent delivered RCMs to families from detained relatives alleged to have been involved in fighting in other countries. The ICRC and the Maldivian Red Crescent discussed the establishment of a family-links service for these families. The ICRC also drew up an "offer of service" – to connect families in the Maldives and their relatives alleged to have been involved in fighting elsewhere – and sent it to the foreign affairs ministry. Indian fishermen detained in Pakistan, and several detainees in the Indian state of West Bengal, also sent RCMs through the Indian Red Cross and the ICRC. The ICRC arranged for some Indian detainees – including those held in connection with the situation in Jammu and Kashmir – to be visited by relatives.

Because of pandemic-related restrictions, family visits that the ICRC facilitates for detainees in Bhutan were suspended for the whole year.

WOUNDED AND SICK

Local capacities in life-saving care are strengthened

ICRC-trained Indian Red Cross personnel provided first aid for wounded and sick people in violence- or disaster-prone areas of India, including during emergencies such as heavy floods and cyclones; National Society volunteers, and staff at ICRC-supported physical rehabilitation centres in India, were given basic training in first aid (see below). The ICRC also trained Maldivian Red Crescent personnel in first aid.

The ICRC continued to work with the Indian Red Cross and other local partners to check the spread of COVID-19. Indian Red Cross volunteers disseminated vital information, to the general public, on measures against COVID-19. The ICRC donated PPE, hygiene supplies, and medical equipment to the

health ministry and local authorities in India, in support of the pandemic response at three health institutions in Jammu and Kashmir; the Indian Red Cross was also given PPE.

Training in emergency-room trauma care did not take place, because the pandemic forced health authorities to rearrange their priorities. A regional course for medical personnel, on health emergencies in large populations, was postponed to 2022, as preparations for it – done with other organizations – were inadequate.

People with physical disabilities obtain rehabilitative care

A total of 11,896 disabled people[1] improved their mobility through specialized care and/or assistive devices provided at physical rehabilitation centres – eleven in India, and two in Nepal; the ICRC gave these centres supplies and equipment for manufacturing assistive devices. It supported local clubfoot clinics managed by an organization in India and enabled 1,936 children with clubfoot to obtain treatment. It also covered expenses – for assistive devices, treatment, transport and accommodation – for destitute patients in India.

The ICRC helped to ensure the accessibility, and the sustainability, of good-quality physical rehabilitation services by organizing or sponsoring training for physical rehabilitation professionals, sometimes in coordination with local partners; some of these training sessions were conducted online. In India, instructors at training institutes refreshed their skills in designing ischial containment sockets; staff from ICRC-supported centres developed their ability to manage patients with cerebral palsy; treat clubfoot; administer first aid; and provide physiotherapy.

Some patients at ICRC-supported centres in India, along with coaches and referees, had access to training in wheelchair basketball. The ICRC provided support for an event to promote disability sports; some 75 people with disabilities took part in it. After the second wave of the pandemic, training sessions for the national wheelchair-basketball team had to be conducted online.

In Nepal, the ICRC launched a career development programme to prepare disabled people for employment; 20 people sharpened their job skills through it. Wheelchair-basketball players and coaches, from all over Nepal, participated in a virtual training session made available by the ICRC. The ICRC donated 12 sports wheelchairs to ensure that wheelchair-basketball players could continue to play the sport despite the dearth of wheelchair suppliers in Nepal.

In India, the ICRC strove to prevent the spread of COVID-19 in the areas served by the centres it supported: it provided PPE and medical supplies for staff at some of the centres; it also donated groceries to some of its partner organizations, for distribution to households with physically disabled people.

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

ACTORS OF INFLUENCE

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

The ICRC maintained contact with authorities and other decision makers; weapon bearers; academics; diplomats; judicial officials; and members of civil society. 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.

The ICRC organized workshops – on international policing standards, the lawful use of force and firearms, and the applicability of IHL in peacekeeping – for teachers at training institutions for security-forces personnel, police officers, border-security personnel, and troops bound for peacekeeping missions in other countries. In the Maldives, the ICRC held a workshop on maritime security operations and international rules and standards for maritime law enforcement – for members of the coast guard, police, and national defence force.

The ICRC and the national IHL committee in Nepal continued to discuss IHL-related treaties.

Various groups of people familiarize themselves with IHL-related issues

The ICRC strove to stimulate academic interest in IHL in India, Nepal and elsewhere in the region, despite having to move some activities online because of the pandemic. It organized or supported seminars and courses, and joined discussions on such subjects as safeguarding the delivery of health care, counter-terrorism, and IHL's place in international law. It organized a moot court competition jointly with a legal institution in India; the event was attended by government officials, NGO representatives, legal professionals and students. The ICRC donated books on IHL and the ICRC to several state libraries and universities.

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

The National Societies in India and Nepal strengthened their capacities in public communication – especially with regard to publicizing their pandemic response – and expanded their knowledge of IHL and the Movement, with the ICRC's technical and financial assistance.

RED CROSS AND RED CRESCENT MOVEMENT

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

to ensure that their personnel worked in accordance with the Safer Access Framework.

The Indian Red Cross, which continued to receive comprehensive support from the ICRC, strove to address the needs of vulnerable communities – including needs engendered by the pandemic – especially in violence-affected and remote areas. It also received IT equipment for improving its communication network at its headquarters and 47 branches. The ICRC provided the the Bhutan Red Cross and the Maldivian Red Crescent with financial and other support to ensure the sustainability of their pandemic response. The Nepalese Red Cross, which received ICRC support for strengthening its legal base, submitted a draft law on its legal status to the relevant authorities; the process for enacting the law was in progress. The ICRC donated 600 body bags to the COVID-19 crisis management centre in Nepal, through the Nepalese Red Cross.

The ICRC and the National Societies in the region met with other Movement components regularly to coordinate their 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	10			
RCMs distributed	38			
Names published in the media	1,329			
Names published on the ICRC family-links website	1,329			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	20	1	9	5
Tracing cases closed positively (subject located or fate established)	2			
Tracing cases still being handled at the end of the reporting period (people)	1,563	159	80	153
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	2			
Detainees in places of detention visited	134			
Visits carried out	2			
RCMs and other means of family contact				
RCMs collected	4			
RCMs distributed	40			
Detainees visited by their relatives with ICRC/National Society support	30			

MAIN FIGURES AND INDICATORS: ASSISTANCE

WOUNDED AND SICK		Total	Women	Children
Hospitals				
Hospitals supported	Structures	3		
First aid				
First-aid training				
Sessions		2		
Participants (aggregated monthly data)		47		
Physical rehabilitation				
Projects supported		13		
of which physical rehabilitation projects supported regularly		9		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	11,896	2,152	5,510
of whom victims of mines or explosive remnants of war		*		
Prostheses delivered	Units	726		
Orthoses delivered	Units	9,508		
Physiotherapy sessions		33,151		
Walking aids delivered	Units	670		
Wheelchairs or postural support devices delivered	Units	396		
Referrals to social integration projects		127		

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

PAKISTAN

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- People in Pakistan, especially in violence-affected communities, had access to primary health care, emergency treatment and physical rehabilitation services at ICRC-backed facilities.
- In Khyber Pakhtunkhwa province, the health department and the ICRC developed implementing mechanisms for a law safeguarding health-care services and carried out an awareness-raising campaign to foster compliance with it.
- Policymakers and military, police and civil-defence officers familiarized themselves with IHL, other pertinent norms and applicable standards, at ICRC-backed workshops that were conducted in person or online.
- With support from the ICRC and other Movement partners, the Pakistan Red Crescent provided humanitarian assistance to people in need and strengthened its operational and organizational capacities.

EXPENDITURE IN KCHF	
Protection	1,447
Assistance	6,270
Prevention	2,414
Cooperation with National Societies	896
General	210
Total	**11,236**
Of which: Overheads	*686*
IMPLEMENTATION RATE	
Expenditure/yearly budget	72%
PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	250

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	154
RCMs distributed	117
Phone calls facilitated between family members	1,008
Tracing cases closed positively (subject located or fate established)	90
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs collected	164
RCMs distributed	12

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Living conditions	People		415
Health			
Health centres supported	Structures	1	1
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		453
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	7	4
Physical rehabilitation			
Projects supported	Projects	23	16
Water and habitat			
Water and habitat activities	Beds (capacity)	2,743	3,166

CONTEXT

Clashes took place periodically along Pakistan's borders with Afghanistan and the Islamic Republic of Iran; developments in the former country (see *Afghanistan*) contributed to increased violence and instability in Pakistan. A February 2021 ceasefire agreement between India and Pakistan helped reduce the number of incidents along the Line of Control separating Jammu and Kashmir, India, and Pakistan-administered Kashmir. Military and police operations against armed groups continued in various parts of Pakistan, particularly the provinces of Balochistan and Khyber Pakhtunkhwa (hereafter KP). All these resulted in civilian casualties.

Health services were not readily available, especially in remote areas. Many hospitals struggled to cope with emergencies. Violence against health personnel and facilities continued to be reported.

Mines and explosive remnants of war (ERW) continued to pose risks to people, particularly in KP and Pakistan-administered Kashmir.

Many families were separated by migration, detention, violence and/or natural disasters; they faced difficulties staying in touch. As in past years, numerous migrants, including asylum seekers and refugees, passed through Pakistan on their way to Europe or the Middle East.

An earthquake struck Balochistan in October.

Owing to security concerns and various government-imposed administrative restrictions, international humanitarian organizations continued to have limited operational presence in Pakistan. Lockdowns and other measures implemented in response to the COVID-19 pandemic further constrained access to people in need.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of violence-affected communities through activities in line with agreements – notably, its 1994 headquarters agreement – with the government of Pakistan. It worked closely with the Pakistan Red Crescent and other local partners, with a view to reaching more people in need. In accordance with domestic and international guidelines, it took all appropriate measures to check the spread of COVID-19. The delegation continued to run a regional logistics hub in Peshawar to support ICRC operations in Pakistan, Afghanistan and elsewhere.

The ICRC maintained its efforts to make good-quality primary health care, emergency treatment and physical rehabilitation services more readily available to people in Pakistan, especially in violence-affected communities, although pandemic-related constraints led the ICRC to postpone or cancel some planned activities. It supported a primary-health-care facility in Pakistan-administered Kashmir in treating diabetic patients. The ICRC gave the emergency departments of four hospitals in KP assistance for providing emergency care. This included: training for health professionals; donations of medical paraphernalia; guidance for setting up emergency referral systems and strengthening infection prevention and control; and infrastructural upgrades. As part of facilitating one hospital's self-sufficiency, the ICRC fully handed over responsibility for running a laboratory to that hospital's management. Persons with disabilities, including victims of mines or ERW, obtained treatment at physical rehabilitation centres that continued to receive ICRC backing, such as staff training and guidance in quality control. The ICRC kept up its efforts to ensure the long-term sustainability of the physical rehabilitation sector and advance the socio-economic inclusion of disabled people.

To deal with weapon contamination, the National Society and other local actors drew on the ICRC's support – for example, in the form of training in working safely around mines and ERW.

As in past years, the National Society and the ICRC provided family-links services for people separated from their relatives by violence, detention, migration or other circumstances. The ICRC strove to develop local forensic capacities, including by helping first responders improve their ability to manage human remains.

The ICRC engaged in dialogue with a broad range of influential actors to increase awareness of humanitarian issues, foster acceptance and support for its work, and promote IHL and other relevant norms. It held discussions and organized events, both online and in-person, with and for government officials, weapon bearers, members of civil society and other key parties. ICRC-organized workshops enabled policymakers and military, police and civil defence officers to familiarize themselves with pertinent norms and standards. Together with local partners, the ICRC sought to ensure respect and protection for people seeking or providing health care. For example, in KP, following the formalization of a law safeguarding health-care services, the provincial health department and the ICRC developed implementing mechanisms for the law and carried out an awareness-raising campaign to foster compliance with it.

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

CIVILIANS

Diabetic patients in Muzaffarabad obtain suitable care

Together with the health ministry and The Diabetes Center (TDC) in Islamabad, the ICRC continued to support a primary-health-care facility in Muzaffarabad, in Pakistan-administered Kashmir, and other local actors addressing the needs of people with diabetes.

The Muzaffarabad facility provided 1,027 consultations for diabetic patients, all of whom were monitored – either at the facility or during home visits from women community health workers attached to the facility – and, as necessary, referred for specialized care. Information sessions run by the health workers enabled some 17,600 people to learn more about preventing and managing diabetes. The ICRC donated personal protective equipment (PPE) and cleaning items to the facility, to curb the risk of COVID-19.

TDC trained staff members from the Muzaffarabad facility and doctors from two referral hospitals on diabetes management; the training was based on an ICRC assessment of the participants' capacities. A local medical university organized a workshop for health personnel, on the digital and other tools that were developed by the university and the ICRC to improve treatment for diabetic patients.

Local actors draw on ICRC support to tackle weapon contamination

Funding, guidance and equipment from the ICRC helped the National Society enhance its ability to manage information on mine- and ERW-related incidents and organize – to the extent permitted by pandemic-related restrictions – mine-risk education sessions in the communities concerned. National Society- or ICRC-trained community members, such as religious leaders and journalists, shared key messages on avoiding risks in weapon-contaminated areas; some of them were sent PPE to help check the spread of COVID-19. The National Society and the ICRC used radio spots, social-media posts and other means to disseminate risk-reduction measures in connection with mines and ERW. Victims of mines or ERW were referred for appropriate assistance, including physical rehabilitation (see *Wounded and sick*).

Police, civil-defence and National Society personnel attended seminars on safer practices around mines and ERW. The ICRC formalized agreements with the disaster management authority of KP and with a local first-responder organization to train their personnel, respectively, in integrating mine-risk awareness in disaster response and in best practices for working in hazardous areas during emergencies.

Members of dispersed families stay in touch

The National Society and the ICRC provided family-links services to people separated from their relatives by violence, detention, migration or other circumstances. In various areas, including in Afghan communities, they held information sessions to increase familiarity with the Movement's family-links services, assessed the needs of people who had lost touch with family members, and/or discussed how to prevent loss of family contact during migration. The National Society initiated the translation into Urdu of the local version of the Movement's family-links website.

Ninety tracing cases were closed positively; these cases included 13 people who reconnected with relatives in Europe after tracing requests for them were followed up in Pakistan. In coordination with national child-welfare authorities, the UNHCR, and other pertinent parties, the ICRC monitored the situation of 13 minors who were seeking news of their family members or were waiting to be reunited with them abroad. The ICRC provided hundreds of earthquake-affected people (see *Context*) with mobile phone credit for contacting their relatives. Missing people's families in Pakistan and elsewhere shared their experiences with government officials and other pertinent parties, at an international conference – jointly organized by the National Society and the ICRC, with in-person and online components – aimed at fostering ways to address their plight.

The ICRC arranged phone or video calls between families in Pakistan and their relatives being held at the US detention facility at the Guantanamo Bay Naval Station in Cuba or at the Parwan detention facility in Afghanistan; it also delivered family parcels to some detainees. After most detainees in Afghanistan were released (see *Afghanistan*), the ICRC maintained contact with the families concerned as it endeavoured to clarify the fate and whereabouts of their relatives formerly held at Parwan. A one-off distribution of household essentials was made to 94 of these families (415 people in all) in Pakistan, to help address their basic needs.

Following their identification by the National Society, 453 particularly at-risk women and children held in places of detention in Sindh were given soap, face masks and other items to help alleviate their situation.

Local first responders strengthen their ability to manage human remains

The ICRC strove to develop local forensic capacities, especially in connection with mass-casualty incidents (see also *Wounded and sick*). During an ICRC-backed conference, policymakers and others involved in disaster response familiarized themselves with managing human remains, in accordance with best practices and internationally accepted standards for data protection, and with how to adapt existing guidelines and protocols accordingly. These subjects were also covered at briefings for judicial officials and senior police officers. The ICRC provided virtual or in-person training in a number of areas for various parties: human remains management, for first responders; DNA data management, for forensic laboratory technicians; and ante-mortem data collection, for National Society personnel. At a round table, religious scholars and the ICRC discussed how to manage human remains in line with religious and cultural practice and applicable legal norms, with a view to helping health and other authorities develop the appropriate protocols.

At one hospital each in Jamrud and Peshawar, the ICRC upgraded morgues and other facilities (see also *Wounded and sick*). It donated forensic equipment to the disaster-management authority in Pakistan-administered Kashmir, and body bags, PPE and cleaning items to first responders in different provinces, to enable them to work safely during the pandemic.

WOUNDED AND SICK

In coordination with the health authorities, the National Society and/or other local partners, the ICRC sustained its efforts to make adequate emergency and physical rehabilitation services more readily available to people in Pakistan, especially in violence-affected communities. Some planned activities were postponed or cancelled, given pandemic-related constraints.

People in violence-affected areas have access to good-quality emergency treatment

In Balochistan, KP, Punjab, Sindh and Pakistan-administered Kashmir, the National Society and/or the ICRC trained over 29,500 community members – including law enforcement

officers, civil defence personnel, educators and journalists – in basic first aid, and nearly 400 National Society staff members, in advanced first aid. Every month, five permanent – and an average of 134 mobile – first-aid posts received material and other assistance from the ICRC. The posts treated hundreds of patients; some were referred for further care and/or transported to hospital.

In three communities in Pakistan-administered Kashmir, the National Society, supervised by government doctors and funded by the ICRC, undertook a mass COVID-19 vaccination campaign, administering 34,490 vaccine doses.

The emergency departments of four hospitals in KP – the Lady Reading Hospital in Peshawar, and one hospital each in Bajaur, Jamrud and Parachinar – improved their emergency-care capacities, with ICRC support. This support took such forms as: training for health professionals in mass-casualty incident management and/or basic emergency care, including a train-the-trainer course on the latter subject; donations of medical paraphernalia, PPE, and cleaning items; and guidance for setting up emergency referral systems, strengthening infection prevention and control and waste management, procuring medical supplies and equipment, and conducting maintenance work. As part of facilitating the self-sufficiency of the Lady Reading Hospital's emergency department, the ICRC – in line with its formal agreement with the hospital – fully handed over responsibility for running the nursing-skills laboratory to the hospital's management. Planned ad hoc support, good for up to three other hospitals, was not necessary.

The ICRC completed infrastructural upgrades to the four hospitals in KP mentioned above (3,166 beds in all) – for instance, to waiting areas, medical admission wards and triage rooms. As necessary, it donated maintenance supplies. One planned renovation project at the Lady Reading Hospital, carried over from 2020, was cancelled, following discussions with the hospital's management.

People with disabilities receive rehabilitative care

At 11 physical rehabilitation centres regularly backed by the ICRC, 20,794 people with disabilities,[1] including victims of mines or ERW, obtained physical rehabilitation services. They included 852 children with clubfoot; the ICRC covered treatment-related expenses – transportation, accommodation and/or food – for 149 of these children. ICRC support to the centres took various forms: financial and material assistance, staff training and coaching, and guidance in implementing quality-control mechanisms and COVID-19 risk-reduction measures.

To foster the long-term sustainability of the country's physical rehabilitation sector, the ICRC continued to provide funding and other assistance to schools running programmes in prosthetics and orthotics, and to sponsor two students training in the same field at a local university. It also maintained its comprehensive support to Rehab Initiative, a government-registered private entity. Among others, Rehab Initiative: distributed components and raw materials, for making prostheses and orthoses, to partner organizations; enhanced its order management system; ran training courses for physical-rehabilitation professionals; and briefed various stakeholders on its activities and on the issues faced by disabled people in Pakistan.

The ICRC sought to advance the socio-economic inclusion of people with disabilities. In partnership with two local organizations, it helped 40 disabled children gain access to basic education, and 50 disabled adults, to vocational training; it also donated school bags or sewing machines to some of them. One organization conducted a series of workshops on career guidance and counselling. The ICRC backed these and other relevant organizations to carry out activities to mark the International Day of Persons with Disabilities (3 December).

ACTORS OF INFLUENCE

To the extent permitted by pandemic-related constraints, the ICRC engaged in dialogue with a broad range of key parties in Pakistan to increase awareness of humanitarian issues, foster acceptance and support for its work, and promote IHL and other relevant norms.

Authorities and weapon bearers familiarize themselves with pertinent norms and standards

The ICRC maintained contact with authorities and weapon bearers, through meetings and themed events, and in the course of its activities – with the Pakistan Red Crescent and/or other local partners – for people in need (see *Civilians* and *Wounded and sick*). ICRC-organized workshops enabled policymakers from different government bodies to strengthen their grasp of IHL, notably in connection with sexual and gender-based violence, and mid-level and senior military, police and civil defence officers to advance their understanding of armed conflict, other situations of violence and applicable international law. Military legal advisers were given copies of the ICRC's publication on IHL and urban warfare. Police personnel – including police academy instructors and senior officers – added to their knowledge of IHL, international human rights law and internationally recognized law enforcement standards, during in-person or virtual training courses held by the ICRC.

Civil society representatives learn more about the need to protect health-care services

The ICRC continued to promote the goals of the Health Care in Danger initiative. In KP, following the formalization, in 2020, of a law safeguarding health-care services, the provincial health department and the ICRC – which had jointly drafted the law – developed implementing mechanisms for the law and carried out an awareness-raising campaign to foster compliance with it. Together with other stakeholders, the ICRC advocated the passage of a similar law in Sindh.

With local partners, the ICRC also organized relevant training, including train-the-trainer courses, and themed events, such as: seminars on medical ethics, for health workers, and on field safety, for ambulance staff; an online programme on de-escalating violence in health settings, hosted on a medical university's learning platform; and a virtual regional meeting, at which health-care actors shared best practices. The ICRC

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

launched a tool, developed with academics, to assess mass-casualty emergency response capacities in cities.

The ICRC encouraged journalists to cover subjects of humanitarian relevance – for instance, the ICRC's work in Pakistan, the necessity of protecting health-care services, and the basic principles of IHL – during workshops, at times coupled with first-aid training (see *Wounded and sick*). The ICRC's interactions with communities and its use of radio spots, social-media posts and other publicity materials – some produced with the National Society – enabled violence-affected people to learn more about the humanitarian services available to them and ways to ensure their welfare (see *Civilians* and *Wounded and sick*).

With the ICRC's technical input, the National Society strengthened its public-communication capacities, notably through the development of a comprehensive strategy aimed at, among others, improving its fundraising.

Academic and religious circles hone their expertise in IHL

Law professors and students gained further insight into IHL at ICRC workshops.

During ICRC-supported conferences, religious leaders and scholars discussed the points of correspondence between Islamic law and IHL. A local university, building on discussions with the ICRC, began to incorporate the subject into its curriculum.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC gave the Pakistan Red Crescent comprehensive support to enhance its capacities in emergency preparedness and response, first aid, family-links services, mine-risk education, human remains management, and public communication (see above). The two organizations renewed agreements concerning their joint activities.

The National Society continued to pursue organizational development, with technical and financial input from the ICRC and other Movement partners. It worked towards incorporating the Safer Access Framework into its policies and standard procedures. It opened a new branch in Chaman, in Balochistan, and reinforced volunteer management at key branches in KP and Pakistan-administered Kashmir.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		**UAMs/SC**		
RCMs collected	154			
RCMs distributed	117			
Phone calls facilitated between family members	1,008			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	188	21	29	31
Tracing cases closed positively (subject located or fate established)	90			
Tracing cases still being handled at the end of the reporting period (people)	288	48	40	47
including people for whom tracing requests were registered by another delegation	6			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		**Girls**		**Demobilized children**
UAMs/SC newly registered by the ICRC/National Society	9	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	13	2		
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
RCMs collected	164			
RCMs distributed	12			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Living conditions	People	415	114	284
Primary health care				
Health centres supported	Structures	1		
of which health centres supported regularly		1		
Average catchment population		21,000		
Services at health centres supported regularly				
Consultations		1,027		
of which curative		1,027	489	
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	453	277	176
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
including hospitals reinforced with or monitored by ICRC staff		4		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		735,042		
First aid				
First-aid training				
Sessions		1,413		
Participants (aggregated monthly data)		29,597		
Water and habitat				
Water and habitat activities	Beds (capacity)	3,166		
Physical rehabilitation				
Projects supported		16		
of which physical rehabilitation projects supported regularly		11		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	20,794	1,748	12,247
of whom victims of mines or explosive remnants of war		314		
Prostheses delivered	Units	1,945		
Orthoses delivered	Units	7,021		
Physiotherapy sessions		16,518		
Walking aids delivered	Units	1,124		
Wheelchairs or postural support devices delivered	Units	928		
Referrals to social integration projects		332		

PHILIPPINES

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- People displaced by armed conflict in Mindanao received emergency supplies of food and household essentials. Clean water was made more readily available to them by ICRC projects.
- Families of people missing in connection with the Marawi conflict obtained mental-health and psychosocial support from ICRC-trained counsellors. Some of them started small businesses with ICRC cash grants.
- Detaining authorities, assisted by the health department and the ICRC, strove to prevent the spread of COVID-19 in places of detention and to improve health care for detainees.
- The Philippine Red Cross assisted victims of Typhoon Rai and vaccinated detainees and IDPs against COVID-19, with material, logistical, financial and other support from the ICRC.
- In February, lawmakers ratified the Treaty on the Prohibition of Nuclear Weapons.
- Constraints related to security and/or to the COVID-19 pandemic forced the ICRC to cancel the reconstruction of a school in Mindanao, and to postpone hospital renovation projects, and certain training programmes, to 2022.

EXPENDITURE IN KCHF	
Protection	5,412
Assistance	10,711
Prevention	2,414
Cooperation with National Societies	1,171
General	267
Total	**19,974**
Of which: Overheads	*1,219*
IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	49
Resident staff (daily workers not included)	226

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	53
RCMs distributed	73
Phone calls facilitated between family members	494,155
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	59
Detainees in places of detention visited	63,314
of whom visited and monitored individually	439
Visits carried out	85
Restoring family links	
RCMs collected	207
RCMs distributed	21
Phone calls made to families to inform them of the whereabouts of a detained relative	17

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	15,000	10,755
Income support	People	27,500	9,269
Living conditions	People	10,000	16,436
Water and habitat			
Water and habitat activities	People	35,900	38,283
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	People	8,000	5,385
WOUNDED AND SICK			
Medical care			
Hospitals supported[1]	Structures	48	19
Physical rehabilitation			
Projects supported	Projects	1	1
Water and habitat			
Water and habitat activities	Beds (capacity)	225	670

1. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Fighting persisted in the Bangsamoro region, an autonomous area of Mindanao that was created under a peace deal between the government and some Moro armed groups. The Moro Islamic Liberation Front and the Moro National Liberation Front backed the Armed Forces of the Philippines (AFP) in fighting the Bangsamoro Islamic Freedom Fighters, the Abu Sayyaf Group (ASG) and other, smaller Moro armed groups. Armed encounters between the AFP and the New People's Army continued in parts of Mindanao and in remote areas of the Luzon and Visayas regions. Violent incidents among feuding clans in Mindanao were also reported. The fighting caused casualties, displaced people, damaged or destroyed civilian property and disrupted livelihoods; the pandemic added to the difficulties of violence-affected people.

The effects of the armed conflict in Marawi, Lanao del Sur – between the AFP and the Islamic State–Ranao (also known as the Maute group) and the ASG – which ended in 2017, continued to be felt. Houses and public facilities were still being rebuilt, and IDPs continued to endure poor living conditions in temporary shelters. Cases of people missing in connection with the conflict remained unresolved, causing anguish to the families concerned.

Detention facilities remained overcrowded, partly because of limited resources and bottlenecks in judicial processes.

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

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

In December, Typhoon Rai displaced thousands of families and damaged property in Visayas and Mindanao.

ICRC ACTION AND RESULTS

In partnership with the Philippine Red Cross, the ICRC delivered a multidisciplinary response to the humanitarian needs arising from armed conflict and other situations of violence, the pandemic, and natural disasters.

The ICRC reminded authorities and weapon bearers of their obligations under IHL to protect civilians and civilian property, and to facilitate safe access to essential services, including education and health care. It pursued various efforts to broaden awareness of IHL and support for it – and for the ICRC's own neutral, impartial and independent humanitarian work – among local and national authorities, government forces and other weapon bearers, religious and community leaders, and academics and other members of civil society. It provided lawmakers with expert advice in implementing IHL treaties, including the Treaty on the Prohibition of Nuclear Weapons, which was ratified in February.

Consultations with conflict-affected communities in Mindanao informed the ICRC's activities. In July, the ICRC set up a community contact centre, which operated a hotline that answered enquiries about the humanitarian assistance available from the ICRC. The ICRC provided IDPs in Mindanao with food and/or essential household items. Activities to build communities' long-term self-sufficiency were carried out. IDPs, returnees, missing people's families and persons with disabilities pursued livelihoods or covered their basic needs with the help of ICRC cash grants and cash-for-work projects. ICRC projects made clean water and sanitation available to IDPs and residents in Mindanao.

The ICRC continued to promote the goals of the Health Care in Danger initiative among authorities, weapon bearers and civil-society groups. Aided by the ICRC, hospitals in Mindanao – including COVID-19 referral hospitals – sustained their services for wounded and sick people. Disabled people obtained rehabilitative care at the ICRC-supported Davao Jubilee Foundation. Victims of violence, missing people's families and disabled people received mental-health and psychosocial support from ICRC-trained counsellors.

Repairs to some hospitals in Mindanao, reconstruction of a school, and certain kinds of training could not be carried out, owing to pandemic-related constraints and/or for security reasons.

The ICRC visited detainees at facilities under various authorities, in accordance with its standard procedures. It discussed its findings confidentially with detaining authorities, and continued to support their efforts to address persistent issues, such as overcrowding, through systemic reforms. It also aided detaining authorities' efforts to prevent the spread of COVID-19 in places of detention, and to improve health services for detainees. Detainees were treated for common ailments at clinics provided, by the ICRC, with the necessary medical supplies and equipment. A number of detention facilities carried out mass screening for TB and scabies, and treated infected detainees. The ICRC introduced, at several places of detention, a tool for storing and monitoring detainees' health-related data.

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

The National Society and the ICRC continued to respond jointly to humanitarian emergencies in the country. Financial, logistical and other support from the ICRC enabled the National Society to mount a response to the needs created by Typhoon Rai, and to vaccinate people against COVID-19 (in prisons and at some places in Mindanao).

CIVILIANS

The ICRC used dialogue and written representations to remind authorities, military and police personnel, and armed groups of their obligations under IHL to protect civilians and civilian property, and to facilitate safe access to essential services,

including education and health care. It advocated the formulating of a national policy to address the protection-related and other needs of IDPs. The ICRC worked with health professionals, NGOs, and civil-society groups to raise awareness – among authorities, weapon bearers and the general public – of the necessity of protecting people seeking or providing health services. Around 400 military and police personnel attended ICRC workshops, seminars and other events to learn about international norms and standards applicable to their duties.

The ICRC helped IDP communities in Mindanao – through workshops and other means – to develop and implement small but consequential projects to reduce threats to their safety. Nine IDP communities in remote areas installed solar-powered street lamps donated by the ICRC, which served as a deterrent to criminal activity.

The ICRC brought up – with the pertinent authorities, UNICEF and others – the educational needs of children in violence-affected communities. One-off cash grants, tablet devices and phone credit from the ICRC enabled 50 children from missing people's families to attend classes online. Owing to the pandemic, schools in Mindanao remained closed for most of the year; as a result, no scholarships were given to violence-affected students. The ICRC decided – for security reasons – not to pursue reconstruction of a school damaged in the Marawi conflict; the wooden learning spaces it set up in 2020 remained functional.

Vulnerable people have access to aid and essential services

In partnership with the National Society, and in coordination with local authorities and community organizations, the ICRC mounted a multidisciplinary response to the humanitarian needs arising from armed conflict and other violence, the pandemic, and natural disasters.

The National Society and the ICRC carried out emergency distributions of food and household essentials to people displaced by armed conflict and by Typhoon Rai – particularly those not reached by assistance from other organizations or the government. Relief assistance was also provided to economically vulnerable families of people missing in connection with the Marawi conflict. In total, 10,755 people (2,144 households) received food, and 16,436 people (2,952 households) received hygiene kits and other essential household items.

A total of 9,269 people – IDPs, returnees, missing people's families and persons with physical disabilities – benefited from income support provided by the ICRC: cash grants to cover their basic needs or to start small businesses, and cash-for-work projects to repair latrines and other communal facilities. Fewer of these projects than planned were carried out owing to human-resource and security-related constraints.

National Society volunteers in Mindanao received ICRC training in carrying out the activities mentioned above.

Around 22,000 IDPs and residents had access to potable water from the Marawi City Water District, which received chlorine, and fuel for its pumping stations, from the ICRC. An additional 16,000 people benefited from other ICRC activities, such as upgrades to water systems, donation of materials for repairing shelters, and distributions of water-purification tablets to communities stricken by diarrhoea outbreaks. The National Society, with financial and technical support from the ICRC, trucked in water and held hygiene-promotion sessions for six IDP communities.

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

Members of dispersed families reconnect

Members of families dispersed by violence, detention, migration, or other circumstances reconnected through family-links services provided by the National Society and the ICRC. The ICRC gave the National Society material aid (e.g. laptops, satellite phones), training, and other support to bolster its family-links services; this accounted for the effectiveness of the National Society's family-links services immediately after Typhoon Rai.

The ICRC engaged authorities and weapon bearers in discussions about ascertaining the fate of missing people and preventing disappearances. It continued to help people search for missing relatives. Six tracing cases were resolved. Missing people's families received livelihood assistance and mental-health and psychosocial support through an accompaniment programme run by the ICRC. They also attended an online conference and other events – organized with ICRC support – to commemorate their missing relatives.

The Philippine National Police (PNP) and other pertinent authorities were given expert advice on managing human remains in a manner conducive to their identification. The ICRC donated body bags, personal protective equipment (PPE) and other supplies to hospitals, morgues and a PNP laboratory. The ICRC trained medico-legal examiners from the PNP in collecting ante-mortem data; aided by the ICRC, they gathered biological reference samples from relatives of people missing in connection with the Marawi conflict. It provided missing people's families with informational materials that explained how missing-persons cases were resolved. At one cemetery in Marawi, around 280 markers were placed at the graves of unidentified casualties of the conflict; the aim was to mark the graves for exhumations in the future.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 59 places of detention under various authorities. It monitored 439 inmates – security detainees, minors and foreigners – individually. Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

Family visits were suspended by the authorities for most of the year because of the pandemic. The ICRC arranged family visits for 11 security detainees at the New Bilibid Prison (NBP), the largest detention facility in the country. Detainees at 14 other prisons maintained contact with relatives through phone or video calls, using tablet devices, SIM cards and phone credit from the ICRC; an estimated 494,000 calls were made.

The ICRC provided the authorities with expert advice and other support for making structural reforms to deal with overcrowding and other long-standing issues at places of detention. It also helped the Bureau of Jail Management and Penology (BJMP) to draft a competency-based recruitment policy and multi-year plans for improving facilities and health services for detainees. Tablet devices donated by the ICRC were used at online judicial hearings; the ICRC convened a lessons-learnt exercise for the paralegals involved. BJMP wardens, lawyers and paralegals attended ICRC seminars on criminal-justice reform and other topics.

Detainees have better living conditions and access to health care

The ICRC helped detaining authorities to prevent and control the spread of diseases – such as TB, scabies and COVID-19 – in detention facilities. To prevent or manage future outbreaks, the ICRC introduced, at 36 BJMP jails, a tool for storing and monitoring detainees' health-related data; it also provided training and equipment, and other support, to enable BJMP staff to use the tool.

The ICRC donated equipment to 15 prison clinics for conducting routine medical examinations, and trained health staff in treating and preventing common diseases and making referrals for advanced or specialized care. A number of prisons, with material and technical support from the ICRC, carried out mass screening for TB and scabies, and treated infected detainees.

The ICRC installed bunkbeds and repaired or constructed water, electrical and ventilation systems at several places of detention (380 beds in all), benefiting roughly 5,000 detainees; some projects were postponed to early 2022 for logistical or other reasons. The NBP resumed its TB programme for detainees after the ICRC completed renovations and donated equipment to the NBP's TB laboratory.

The ICRC organized meetings with detaining and health authorities to exchange information and ensure a well-coordinated response to COVID-19 in prisons. Several prisons and isolation centres in Luzon and Mindanao received technical support and medical supplies; the ICRC also provided training and refresher sessions for their staff in dealing with COVID-19. The ICRC gave the NBP two vaccine refrigerators, and 60 additional beds to expand the capacity of its medical isolation facility. It provided technical and logistical support for the vaccination campaign conducted by the Philippine Red Cross at 18 prisons, where over 52,000 doses were administered.

WOUNDED AND SICK

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

Local hospitals are given support to treat wounded and sick people

The ICRC endeavoured to expand the pool of trained first responders in Mindanao: thus 524 military personnel, community volunteers and health workers were trained in first aid; 37 others attended a train-the-trainer workshop on basic emergency care.

The ICRC provided medical supplies and equipment for ten main referral hospitals in Mindanao, on a quarterly basis. A total of 22 other facilities – including four government clinics, nine hospitals that treated wounded people, and nine vaccination centres – received ad hoc donations of medical supplies and PPE; 58 first-aid posts received wound-dressing kits and/or training. The ICRC covered laboratory and treatment costs for several wounded people. Two Philippine Red Cross blood banks were given financial support and/or laboratory equipment.

Ten of the above-mentioned hospitals (total capacity: 230 beds) were given beds, tents, tables and chairs, and electric fans to expand their capacity to test people for COVID-19 and treat them. The ICRC gave the National Society financial support for transportation and other expenses involved in vaccinating people at three locations, where a total of 29,183 vaccine doses were administered.

ICRC-trained counsellors provided mental-health and psychosocial support for victims of violence, including victims/survivors of sexual violence; persons with disabilities; and missing people's families. The ICRC broadened awareness in violence-affected communities of mental-health issues and of the services available for people traumatized by violence. The ICRC donated post-rape kits and other supplies to 12 Women and Child Protection Units – located in the hospitals mentioned above – in Mindanao.

Owing to logistical and pandemic-related constraints, training in trauma management and in treating victims/survivors of sexual violence, was postponed to 2022, as were upgrades to facilities at the main ICRC-supported hospitals.

People with disabilities obtain rehabilitative care and other aid

A total of 219 disabled people[2] obtained rehabilitative care at the Davao Jubilee Foundation (DJF), which received material, technical and other support from the ICRC. The ICRC covered treatment costs for DJF patients, and expenses incurred by their carers; it also gave patients, and their carers, cash to cover their basic needs. It made its expertise available to the DJF for raising funds to ensure the DJF's long-term operations; and, at year's end, it was guiding the DJF's drafting of a plan to build a dormitory.

Discussions with authorities and other actors on developing a national strategy for physical rehabilitation, and sports events for disabled people, were postponed to 2022 because of pandemic-related restrictions.

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

ACTORS OF INFLUENCE

The ICRC explained its neutral, impartial and independent humanitarian activities – through briefings and information sessions – to local and national authorities, government forces and other weapon bearers, and religious and community leaders. This helped ensure its ability to work safely in conflict-affected areas.

In cooperation with the Philippine Red Cross, academic institutions, and others, the ICRC continued to promote IHL and principled humanitarian action through various themed events. University students competed in a national moot court competition; the ICRC sponsored the winning team to take part in a competition outside the Philippines. Law students and professors learnt more about the points of correspondence between IHL and Islamic law at ICRC seminars and during guest lectures. The ICRC had a publication on protection of civilians under IHL and Islamic law translated into a local language, to encourage research on the subject. It gave the University of the Philippines expert assistance to publish the second issue of the *Asia-Pacific Journal of IHL*. Conferences and train-the-trainer courses and other events organized by the ICRC helped build IHL expertise among judges, lawyers and scholars. At an ICRC webinar, representatives from 20 countries in the region discussed cyber warfare, new weapons technology and other contemporary IHL-related issues.

The ICRC's public communication (e.g. articles, news releases and social-media posts) was directed towards broadening awareness of the humanitarian needs created by armed violence in the country, and towards gathering support for its response. With support from the ICRC, a news agency produced videos explaining IHL within the context of the Marawi conflict. Radio spots informed people in remote areas of the ICRC's services; promoted the health department's vaccination campaigns; and raised awareness of the psychosocial needs of victims of violence, including victims/survivors of sexual violence, and the services available to them. A community contact centre, established by the ICRC in July, operated a hotline that responded to enquiries and collected people's views on the ICRC's activities.

Lawmakers and weapon bearers work on IHL integration

The ICRC provided the authorities with technical support for ratifying and/or implementing IHL and IHL-related treaties. It gave lawmakers expert advice, and provided technical input in a webinar, in connection with the Treaty on the Prohibition of Nuclear Weapons, following the treaty's ratification in February. In September, the Arms Trade Treaty was endorsed by a senate committee for ratification; this committee was given technical support by the ICRC. Members of the interim government of the Bangsamoro region were briefed on IHL and humanitarian principles. The PNP and the Commission on Human Rights received ICRC input for drafting a protocol for protecting children during armed conflict.

The AFP and the ICRC signed a memorandum of understanding and set up a team to integrate IHL into the AFP's doctrine and standard procedures.

RED CROSS AND RED CRESCENT MOVEMENT

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

The National Society, with the ICRC's support, addressed needs created by the pandemic and Typhoon Rai. The ICRC provided financial and other assistance for the National Society's vaccination campaigns in Mindanao and at several prisons in Luzon. It provided food, communication equipment and other essential supplies for the National Society's relief operations.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact				
RCMs collected	53			
RCMs distributed	73			
Phone calls facilitated between family members	494,155			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	83	5	3	8
Tracing cases closed positively (subject located or fate established)	6			
Tracing cases still being handled at the end of the reporting period (people)	300	23	21	35
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		**Women**	**Minors**	
Places of detention visited	59			
Detainees in places of detention visited	63,314	6,205	38	
Visits carried out	85			
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	439	64	4	17
of whom newly registered	128	23	4	12
RCMs and other means of family contact				
RCMs collected	207			
RCMs distributed	21			
Phone calls made to families to inform them of the whereabouts of a detained relative	17			
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	10,755	2,851	5,053
of whom IDPs		10,755	2,851	5,053
Income support	People	9,269	2,556	3,562
of whom IDPs		7,740	2,082	2,921
Living conditions	People	16,436	3,937	8,562
of whom IDPs		16,436	3,937	8,562
Water and habitat				
Water and habitat activities	People	38,283	5,743	6,125
Mental health and psychosocial support				
People who received mental-health support		352		
People who attended information sessions on mental health		1,442		
People trained in mental-health care and psychosocial support		246		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	5,385	54	
Health care in detention				
Places of detention visited by health staff	Structures	55		
Health facilities supported in places of detention visited by health staff	Structures	15		
WOUNDED AND SICK				
Hospitals				
Hospitals supported[3]	Structures	19		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		15,707		
Weapon-wound admissions (surgical and non-surgical admissions)		710	*	*
Weapon-wound surgeries performed		682		
Patients whose hospital treatment was paid for by the ICRC		*		
First aid				
First-aid training				
Sessions		21		
Participants (aggregated monthly data)		561		
Water and habitat				
Water and habitat activities	Beds (capacity)	670		
Physical rehabilitation				
Projects supported		1		
of which physical rehabilitation projects supported regularly		1		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	219	39	91
of whom victims of mines or explosive remnants of war		*		
Prostheses delivered	Units	87		
Orthoses delivered	Units	40		
Physiotherapy sessions		543		
Walking aids delivered	Units	103		
Wheelchairs or postural support devices delivered	Units	*		
Referrals to social integration projects		264		
Mental health and psychosocial support				
People who received mental-health support		98		
People who attended information sessions on mental health		29		

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

3. Owing to operational and data collection constraints, this figure may not reflect the extent of the activities carried out during the reporting period.

SRI LANKA

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- Missing people's families covered basic expenses, added to their income and coped with the economic effects of the COVID-19 pandemic with ICRC cash aid and cash grants. They also obtained psychosocial support from the ICRC.
- The authorities worked to protect detainees against COVID-19 and improve prison health services. The ICRC assisted these efforts by increasing donations of protective equipment and other supplies, and upgrading infrastructure.
- Forensic professionals strengthened their capacity to properly and safely manage human remains, including the bodies/remains of COVID-19 victims; the ICRC provided body bags and other supplies, and its expert guidance.
- The ICRC and the authorities, and members of the national IHL committee, continued to discuss IHL implementation. The Sri Lankan parliament passed a bill to implement the Anti-Personnel Mine Ban Convention.
- The military, and police and security forces familiarized themselves with norms pertinent to their duties and operations through ICRC training sessions, briefings and workshops on IHL and international policing standards.

EXPENDITURE IN KCHF	
Protection	2,834
Assistance	2,914
Prevention	940
Cooperation with National Societies	217
General	107
Total	**7,011**
Of which: Overheads	*428*
IMPLEMENTATION RATE	
Expenditure/yearly budget	83%
PERSONNEL	
Mobile staff	20
Resident staff (daily workers not included)	117

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1
Tracing cases closed positively (subject located or fate established)	39
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	12,677
of whom visited and monitored individually	441
Visits carried out	45
Restoring family links	
RCMs collected	11
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	People	14,000	23,022
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		9,213
Water and habitat			
Water and habitat activities	People	6,500	24,078

CONTEXT

Families affected by the armed conflict that ended in 2009 continued to feel its effects. Many families still had no news of relatives who went missing during the conflict; this uncertainty, besides being a source of emotional distress, also caused them difficulties in overcoming legal and administrative hurdles. Some of the families struggled to meet their financial needs. Movement restrictions and other measures necessitated by the COVID-19 pandemic, which became more stringent when rates of infection surged, continued to have damaging economic consequences for Sri Lankans.

Sri Lankan authorities continued to strive to address the lingering effects of past conflict. In February 2020, Sri Lanka withdrew its sponsorship of a 2015 UN Human Rights Council resolution concerning the conflict. However, offices set up to fulfil the commitments made in that resolution remained operational; notably, and in line with part of its mandate, the Office on Missing Persons took steps to facilitate the distribution of financial compensation for missing people's families.

Political and economic tensions gave rise to protests. Operations by security forces led to arrests.

ICRC ACTION AND RESULTS

The ICRC continued to help the authorities address the consequences of past conflict in Sri Lanka. Pandemic-related movement and other restrictions were in effect during the year; the ICRC adapted its activities as necessary. The ICRC impressed upon the authorities, and upon others concerned, the urgency of ascertaining the fate of missing people and addressing their families' needs. It also reminded authorities to attend to the plight of migrants and to address and prevent unlawful conduct during law enforcement and security operations. Engagement with the Office on Missing Persons was limited owing to administrative constraints; the ICRC continued to make its expertise – in ascertaining the fate and whereabouts of missing people – available to the Office.

Missing peoples' families continued to benefit from an ICRC accompaniment programme designed to give them comprehensive assistance. The ICRC stepped up cash distributions to these families, in order to help them cope with the sudden loss of livelihoods and other economic consequences of the pandemic. ICRC cash grants helped families to resume or begin income-earning activities and become more self-sufficient. Families also obtained psychosocial support from the ICRC and from local partners trained and equipped by the ICRC. As necessary, they were referred to other organizations for other kinds of support.

Material and technical support from the Sri Lanka Red Cross Society and the ICRC helped forensic professionals to ensure safe and respectful management of human remains, including the bodies/remains of COVID-19 victims. The ICRC also supported efforts by the authorities and forensic professionals to further develop national capacities in forensics, for instance by organizing workshops and training for them.

Where pandemic-related restrictions permitted, the ICRC visited detainees in prisons and other places of detention in accordance with its standard procedures. It communicated its findings and recommendations confidentially to the authorities. During the year, penitentiary and other authorities concentrated on protecting detainees against COVID-19. The ICRC expanded and/or adapted its activities to support them in this, and in their efforts to improve detainees' living conditions, including access to health care; it donated personal protective equipment (PPE), cleaning supplies, and hygiene and other items for detainees. Repairs and/or upgrades at detention facilities – completed by or with material support from the ICRC – helped improve living conditions for thousands of detainees. The ICRC advocated the inclusion of detainees in national vaccination efforts. By the end of the year, the authorities had vaccinated thousands of detainees against COVID-19. The ICRC continued to carry out several pilot projects for improving health care in detention.

The ICRC continued to support the work of the national IHL committee and discuss IHL-related matters with the authorities, with a view to helping advance IHL implementation in Sri Lanka. During the latter half of the year, the Sri Lankan parliament passed a bill to implement the Anti-Personnel Mine Ban Convention.

The military and police forces drew on the ICRC's support to further integrate IHL and international standards pertinent to law enforcement, respectively, into their training and doctrine. Senior military officers were sponsored by the ICRC to attend international and regional courses to help strengthen their grasp of IHL. Journalists, academics, religious scholars, and other members of civil society learnt more about the Movement's activities and/or IHL through information sessions, webinars and other events organized by the National Society and the ICRC.

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

CIVILIANS

Owing to pandemic-related restrictions in place during the year, the ICRC conducted some of its planned activities remotely.

The authorities are urged to ensure the protection of civilians during law enforcement operations

The authorities, members of civil society and the ICRC continued to discuss issues linked to the past conflict, particularly the necessity of ascertaining the fate and whereabouts of missing people and addressing their families' needs (see below). The ICRC urged authorities to tackle the threat of mines and explosive remnants of war (ERW); it helped two victims of ERW-related accidents to cover their transport and medical expenses.

The ICRC reminded authorities, through representations based on documented allegations, to address and prevent unlawful

conduct during law enforcement operations. These matters were also covered during training sessions, in international policing standards, for police officers (see *Actors of Influence*).

The ICRC, in coordination with the International Federation and others, continued to monitor the situation of migrants along migration routes and in immigration detention centres, and to communicate its findings to the pertinent authorities. It reminded the authorities of their obligations under international law, and emphasized the necessity of respecting the principle of *non-refoulement*.

Missing people's families obtain comprehensive support through an ICRC programme

Administrative constraints continued to limit engagement with the Office on Missing Persons (see *Context*). However, the ICRC maintained contact with the Office and continued to share its expertise in such areas as tracing missing people and assisting missing people's families. It kept missing people's families updated on the Office's activities. Around 15,000 missing-persons cases – for which tracing requests had been lodged with the ICRC – remained unresolved.

Together with local partners, the ICRC sought to provide families of missing people with comprehensive support through an accompaniment programme. These families coped with uncertainty about the fate of their relatives, and hardships caused by the circumstances of the pandemic, with the help of group and/or individual psychosocial-support sessions by the ICRC and ICRC-trained and -backed local partners; these sessions took place online or over the phone. Families were also helped to arrange events to commemorate their missing relatives. Those particularly at risk financially were given additional assistance (see below). Where necessary, families registered in the programme were also referred to local authorities or other organizations for legal, administrative and financial assistance.

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

Families of missing people restart their livelihoods with ICRC cash grants

Financial support from the ICRC enabled around 4,200 families of missing people (16,822 people) to cover their immediate needs, and helped them to work towards becoming more self-sufficient. When there was a surge in COVID-19 cases, necessitating more stringent movement and other restrictions, the ICRC expanded its cash distributions and helped thousands of missing people's families to buy food and other essential goods. This helped households withstand the sudden loss of incomes and livelihoods. Cash grants helped enable families to restart their livelihoods or to undertake other income-earning activities. Households particularly at risk financially were given cash for rent and other immediate expenses, or were helped by the ICRC, working with local organizations, to start simple livelihood projects to earn more money to buy food.

The ICRC also worked with community-based organizations to develop livelihood-support programmes for vulnerable communities in rural areas, which included families of missing people. Around 1,550 households (6,200 people) were given technical assistance and capital to start earning an income from farming or fishing.

Forensic authorities work safely during the pandemic

The ICRC worked with forensic professionals and institutions, particularly the health ministry and the Institute of Forensic Medicine and Toxicology (IFMT), to strengthen forensic services in Sri Lanka. It bolstered their efforts to ensure that human remains, particularly the bodies/remains of COVID-19 victims, were managed in accordance with best practices. The ICRC, sometimes together with the Sri Lanka Red Cross Society, provided body bags, PPE and other supplies, and guidance – for instance, expert advice for revising standard operating procedures – for the health ministry, and for the IFMT and other forensic institutions and medico-legal bodies in Sri Lanka. At an ICRC briefing, military officers-in-training, and police forces, learnt more about ways to ensure the proper management of human remains.

Forensic professionals worked closely with the ICRC to develop national standards for forensic examination. The ICRC helped them conduct workshops, both online and in-person, and produce training videos and other educational materials on the proper management of human remains. It gave one university books and equipment to help them raise the quality of instruction in forensic pathology.

The ICRC continued to advocate reforms to the law on inquests into deaths, including those drafted with its support in 2019, which remained pending.

Members of dispersed families benefit from improvements to family-links services

Members of dispersed families, including migrants, were informed of developments in efforts to locate their missing relatives; by the end of the year, 39 tracing requests lodged with the ICRC had been resolved positively. The ICRC enabled people to obtain attestations of detention, and other official documents, for legal or administrative procedures.

National Society staff and volunteers attended ICRC refresher courses to develop their ability to provide family-links services. Technical support from the ICRC helped the National Society to develop its information management systems, and undertake a large-scale assessment of family-links needs in Sri Lanka.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 22 places of detention that collectively held some 12,600 people. These detention facilities included police stations, a prison hospital, and the Mirhana migration detention centre. Owing to pandemic-related restrictions, the ICRC visited fewer places of detention compared to the previous year; these restrictions also limited the implementation of several ICRC activities, such as support for prison health services.

During its visits, the ICRC monitored 441 particularly vulnerable detainees individually; they included people held in connection with the bombings of April 2019 and for other security-related reasons; migrants, including asylum seekers; and women.

The ICRC communicated its findings and recommendations confidentially to the authorities. It regularly engaged the authorities in dialogue on ensuring that detainees' living conditions and treatment, including procedural safeguards and judicial guarantees, complied with domestic and international law and met internationally recognized standards; and to discuss systemic issues affecting detainees, such as overcrowding.

The authorities take steps to protect detainees against COVID-19

The authorities directed most of their resources towards their response to the surge in COVID-19 infections at places of detention, and towards protecting detainees against the disease. The ICRC gave them technical advice and other assistance for these efforts. For instance, it increased its donations of PPE, cleaning materials, hygiene items and other supplies (see also below). During discussions with the WHO and the authorities, the ICRC urged the inclusion of detainees in national vaccination programmes. By the end of the year, the authorities had vaccinated thousands of detainees against COVID-19.

Wherever possible, the ICRC kept up its technical and other support, at numerous prisons, for pilot projects to improve health-care services, medical screening, and management of detainees' medical records. Notably, penitentiary authorities adopted the ICRC's recommendations for standardizing procedures for medical screening. The ICRC also gave a prison hospital laboratory equipment for conducting basic medical tests.

Prison staff and health personnel honed their capacities in managing health-related data at an ICRC workshop. The ICRC facilitated referrals for detainees to specialized medical care.

Detainees' living conditions improve

The ICRC adapted its pilot project for improving maintenance and management at detention facilities to helping the authorities strengthen their pandemic response. Together with the Sri Lanka Red Cross Society, it increased its donations of supplies, such as soap, disinfectants, and materials for making face masks. These efforts benefited some 21,000 detainees in all, many more than planned.

The ICRC provided the authorities with its expertise for their efforts to construct and maintain prisons. At ICRC workshops and training sessions, and with the ICRC's guidance, penitentiary officials and prison staff learnt more about prison management and other related subjects.

At a number of detention facilities, the ICRC renovated video-visiting rooms (see below) and other infrastructure, or gave the authorities support for doing so; roughly 3,000 detainees benefited from these projects. The authorities were given the materials necessary to make upgrades at one prison hospital. Around 9,000 detainees received hygiene kits and recreational materials from the ICRC, to help them ease their living conditions; the ICRC also donated items to help particularly vulnerable people meet specific needs, such as milk and diapers for children of detained mothers.

The ICRC maintained its advisory role to the authorities in addressing the legal and judicial causes of overcrowding in places of detention. It drew on the past work of an inter-ministerial taskforce, which remained inactive, previously created for this purpose with the ICRC's support.

Detainees stay in touch with relatives

Detainees made use of RCMs and other Movement family-links services. The ICRC notified the pertinent embassies of foreigners held in detention. When circumstances allowed, detainees were visited by their families; the ICRC covered transport costs for the relatives of 266 detainees. An ICRC-supported programme for video calls, pilot-tested with the ICRC's support in 2020, was expanded to all prisons in the country by penitentiary authorities, and helped foreigners and other detainees to stay in touch with relatives.

ACTORS OF INFLUENCE

Military and police officers advance their understanding of IHL and other pertinent norms

The military drew on ICRC support to further integrate IHL into their training and doctrine. The ICRC organized training in IHL for army troops, including those bound for peacekeeping missions in other countries. Military officers and personnel, including senior officers, attended international and/or regional courses in IHL and other pertinent norms with the ICRC's help. Notably, military personnel took part in a regional course online in cyber warfare and other IHL-related issues (see *Philippines*). Six officers attended a senior workshop on international rules governing military operations (see *International law and policy*).

Police officers and officers-in-training advanced their understanding of international standards for law enforcement through dissemination sessions conducted by the ICRC in person and online. Security forces personnel exchanged best practices in law enforcement during health-related emergencies, at international round tables organized online by the ICRC.

Sri Lankan parliament passes a bill to implement the Anti-Personnel Mine Ban Convention

The national IHL committee, guided by the ICRC, strove to advance IHL implementation in Sri Lanka. Aided by the ICRC, it facilitated discussions among various government bodies on domestic legislative initiatives for ratifying and implementing IHL-related treaties, such as the Treaty on the Prohibition of Nuclear Weapons and the Convention on Cluster Munitions.

During the latter half of the year, the Sri Lankan parliament passed a bill to implement the Anti-Personnel Mine Ban Convention.

Members of civil society learn more about the Movement

The ICRC continued to cultivate its relationship with academic and religious scholars. At ICRC webinars, briefings and other events, these groups added to their knowledge of the Movement and its activities, and of IHL: for example, they reached a fuller understanding of the points of correspondence between IHL and Buddhism. The ICRC continued to support the publication, and translation into local languages, of scholarly work on these subjects. With the ICRC's support, a team of students participated in an international moot court competition that took place online.

Authorities took part in ICRC webinars and online conferences to build their expertise in IHL. Prospective Sri Lankan diplomats learnt about humanitarian diplomacy through ICRC dissemination sessions at a diplomatic training institute.

The ICRC worked with the Sri Lanka Red Cross Society to foster awareness of and build support for its work, and that of the Movement in general – including their response to the pandemic – through social media and other channels for public communication (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society continued to strengthen its operational capacities, and improve its financial management, with technical, financial and other support from the ICRC. The National Society supported the authorities' pandemic response, notably by helping to raise public awareness of measures against COVID-19. The ICRC helped the National Society to buy PPE so that staff and volunteers could do their work in safety. National Society personnel reinforced their preparedness for emergencies with training and emergency relief supplies from the ICRC.

The National Society continued to work in accordance with the Safer Access Framework and, aided by the ICRC, reviewed their current policies pertinent to applying the framework; staff and volunteers were trained on how to conduct their activities safely. With the ICRC's help, the National Society endeavoured to publicize its work and that of the Movement in general, for instance, at events to mark World Red Cross and Red Crescent Day and through dissemination sessions for police officers, academics and others.

Amendments to laws pertaining to the National Society's legal status in Sri Lanka were still awaiting approval, owing to pandemic-related and administrative constraints.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	47	8	1	8
Tracing cases closed positively (subject located or fate established)	39			
including people for whom tracing requests were registered by another delegation	34			
Tracing cases still being handled at the end of the reporting period (people)	15,186	733	420	1,278
including people for whom tracing requests were registered by another delegation	135			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	22			
Detainees in places of detention visited	12,677	825	4	
Visits carried out	45			
		Women	Girls	Boys
Detainees visited and monitored individually	441	33		
of whom newly registered	174	16		
RCMs and other means of family contact				
RCMs collected	11			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	3			
Detainees visited by their relatives with ICRC/National Society support	266			
People to whom a detention attestation was issued	21			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	23,022	9,331	6,862
Mental health and psychosocial support				
People who received mental-health support		1,096		
People who attended information sessions on mental health		290		
People trained in mental-health care and psychosocial support		67		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	9,213	648	4
Water and habitat				
Water and habitat activities	People	24,078	1,204	
Health care in detention				
Places of detention visited by health staff	Structures	3		

SUVA (regional)

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

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

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

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

KEY RESULTS/CONSTRAINTS IN 2021

- In the Highlands region of Papua New Guinea, violence-affected people received relief or farming items from the Papua New Guinea Red Cross Society and/or the ICRC. Fewer people than planned were given income support.
- Victims/survivors of sexual violence and other people obtained suitable care, including mental-health and psychosocial support, at ICRC-supported health posts or from ICRC-backed traditional birth attendants in Papua New Guinea.
- Because of COVID-19 restrictions, the ICRC visited detainees only in Papua New Guinea; it gave them essential items. Prison authorities in Fiji and Papua New Guinea bolstered their pandemic response with ICRC support.
- Military and police personnel in the region – including those bound for peacekeeping operations – learnt more about IHL and other applicable norms at training sessions and predeployment briefings organized by the ICRC.
- Guided by the ICRC, national IHL committees of several countries in the region worked to promote implementation of IHL and IHL-related treaties. Kiribati formed a national IHL committee, with the ICRC's help.

EXPENDITURE IN KCHF	
Protection	2,248
Assistance	3,395
Prevention	2,730
Cooperation with National Societies	1,367
General	82
Total	**9,822**
Of which: Overheads	*599*
IMPLEMENTATION RATE	
Expenditure/yearly budget	86%
PERSONNEL	
Mobile staff	23
Resident staff (daily workers not included)	83

PROTECTION	Total
CIVILIANS	
Restoring family links	
Phone calls facilitated between family members	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	12
Detainees in places of detention visited	2,489
of whom visited and monitored individually	47
Visits carried out	22

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	3,000	5,100
Income support	People	900	11
Living conditions	People	9,500	17,058
Capacity-building	People	250	171
Water and habitat			
Water and habitat activities	People	2,200	28
Health			
Health centres supported	Structures	10	10
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People		4,207
Water and habitat			
Water and habitat activities	People	300	556

CONTEXT

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

Migrants in Nauru and Papua New Guinea – including asylum seekers and refugees – continued to await resettlement. As per an agreement signed in 2016 between the governments of Australia and the United States of America (hereafter US), some migrants in Nauru and Papua New Guinea were resettled in the US. However, the fate of many others remained uncertain, with damaging psychological consequences for some of them. In Papua New Guinea, migrants remained in Port Moresby, under the supervision of the immigration authorities.

In the Autonomous Region of Bougainville (hereafter Bougainville) – in Papua New Guinea – families had yet to ascertain the fate and/or whereabouts of their relatives who had been missing since the armed conflict in the 1990s.

In the Solomon Islands, protests arising from political and economic discontent broke out in November and resulted in violence, arrests and deaths.

The armed forces of Australia and New Zealand had a presence in parts of the Middle East and, with Fiji, participated in international peacekeeping operations. Australia helped train and support militaries of certain countries in the Asia and the Pacific region.

The COVID-19 pandemic continued to add to people's difficulties. It further strained health services in Papua New Guinea; health workers and infected people were at risk of stigmatization and violence.

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

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Suva endeavoured – in accordance with measures against COVID-19 – to protect and assist people affected by communal violence or deprived of their freedom. However, significantly fewer people than planned benefited from the ICRC's income-support projects, because of staffing and pandemic-related constraints, and from its water-and-habitat activities, as plans to broaden access to clean water did not push through. The ICRC helped National Societies in the region to strengthen their operational capacities. Where necessary, it postponed or cancelled activities and focused on addressing needs arising from the pandemic.

In Papua New Guinea, the ICRC maintained its dialogue with local authorities, police forces and fighters, emphasizing the necessity of protecting violence-affected communities – from sexual violence and other unlawful conduct – and facilitating safe and impartial access to health care and education. It provided household essentials for displaced and other violence-affected people, and trained community members in agricultural best practices to help them grow more food. Female breadwinners were instructed in making face masks for sale. Some people in violence-affected areas received technical support and tools from the ICRC for repairing essential infrastructure.

The ICRC provided comprehensive support for health centres in Papua New Guinea to help them deliver good-quality medical care. It helped these facilities to refer patients requiring further care to other health centres, and covered the transport costs involved. Victims/survivors of sexual violence and others obtained specialized treatment and/or psychosocial support from ICRC-trained traditional birth attendants or at family-support centres supported by the ICRC.

The ICRC, with the UNCHR and authorities in Australia and Papua New Guinea, discussed the needs and concerns of migrants, including refugees and asylum seekers.

The ICRC visited, in accordance with its standard procedures, detainees in Papua New Guinea. Findings and recommendations from prison visits were communicated confidentially to the authorities concerned. Owing to pandemic-related restrictions, it was unable to visit detainees in Fiji, the Solomon Islands and other countries; nevertheless, the ICRC assisted prison authorities in Fiji, Papua New Guinea and the Solomon Islands to make family-links services available to detainees and/or prevent the spread of COVID-19. It helped detaining authorities in Papua New Guinea to mount a joint response to the pandemic; some detainees were vaccinated against COVID-19. The ICRC installed hand-washing stations at detention facilities in Papua New Guinea. It continued to implement a project that aimed to enable detainees to diversify their diet with produce from vegetable gardens that they were cultivating themselves.

In Bougainville, Papua New Guinea, the ICRC continued to discuss with the authorities the creation of a mechanism to ascertain the fate of people missing since the 1990s. It continued to help families to commemorate their missing relatives.

The ICRC drew attention to humanitarian issues, and fostered support for IHL and for the Movement's work, through online events and dialogue with national and regional authorities and key members of civil society. At ICRC training courses and other events, military and police personnel strengthened their grasp of IHL and other applicable norms. Aided by the ICRC, national IHL committees in the region promoted implementation of IHL and IHL-related treaties, such as the Treaty on the Prohibition of Nuclear Weapons and the Arms Trade Treaty. Kiribati formed a national IHL committee, with the ICRC's help.

CIVILIANS

The ICRC promotes protection for violence-affected people and migrants

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

consequences of such violence, and reiterated the necessity of: ensuring protection for violence-affected communities, including from sexual violence; safeguarding medical services; and facilitating safe and impartial access to health care, education and other essential services. It urged fighters to abide by the basic principles of humanity and reminded them – through workshops, dissemination sessions, educational modules and other means – of the traditional rules regulating communal violence. Community members learnt more about these issues through plays staged by the ICRC and at ICRC dissemination sessions (see *Actors of influence*). Owing to pandemic-related restrictions and staffing constraints, the ICRC was unable to carry out activities to help violence-affected communities devise positive coping mechanisms.

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

With the UNHCR and pertinent authorities in Australia and Papua New Guinea, the ICRC discussed the situation of migrants – including asylum seekers and refugees – such as their legal status, access to health care and family contact; it also reminded authorities that they must uphold the principle of *non-refoulement*. In Port Moresby, Papua New Guinea, it followed up the humanitarian concerns of migrants under the supervision of the immigration authorities.

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

In the Highlands region of Papua New Guinea, the ICRC helped displaced and other violence-affected people to ease their living conditions or enhance their livelihoods. The Papua New Guinea Red Cross Society and the ICRC distributed blankets, shelter materials and cooking utensils to about 2,800 households (17,000 people). They trained around 170 people to help expand their agricultural capacities. The ICRC gave some 850 households (supporting around 5,000 people) agricultural implements and cash to help them grow more food. It taught 11 female breadwinners how to make face masks for sale. The ICRC gave income support to fewer people than planned because of staffing and pandemic-related constraints.

Some 28 community members were given technical support and the tools necessary to rebuild damaged schools or bridges. The ICRC did not, as planned, seek to broaden access to clean water for displaced people, because it discovered that these communities already had access to a reliable supply. Thus, fewer people than planned benefited from the ICRC's water-and-habitat activities. The ICRC made repairs to maternity wards and waste-management systems at three health facilities.

The ICRC opened up access to schooling for some students. It began to select people for its scholarship programme, which will take effect in 2022. It also gave two colleges materials for renovating and/or making repairs to their classrooms.

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

The ICRC worked to ensure that good-quality health services were available to people in Bougainville and the Highlands region of Papua New Guinea, particularly those who were most vulnerable: women, children, the seriously wounded, the ailing, and victims/survivors of sexual violence.

In Bougainville, Papua New Guinea, the National Society and the ICRC trained 35 community members in first aid; pandemic-related restrictions prevented them from organizing more training sessions.

ICRC dissemination sessions broadened awareness – among health workers, community members and local leaders – of the necessity of protecting those seeking or providing health care; however, round tables for health authorities on key aspects of the Health Care in Danger initiative had to be postponed because of the pandemic. The ICRC organized information sessions at which around 13,000 people were made aware of the psychological consequences of sexual and other violence, and of the mental-health and psychosocial support available including for victims/survivors of sexual violence.

People obtained preventive and curative care free of charge at five community health centres, recipients of regular ICRC support: monitoring visits; supervision and training of staff; and donations of medical equipment, consumables and/or furniture. Some staff were given cash incentives; others were given psychosocial support and/or trained to broaden awareness of such matters. These health centres provided such services as vaccinations, mainly for children, and antenatal consultations for women. The ICRC helped these centres make referrals to other facilities, and covered transport costs for patients. The ICRC gave these facilities, and five others, ad hoc supplies of personal protective equipment (PPE) and other items to deal with the surge in COVID-19 cases.

Victims/survivors of sexual violence and other vulnerable people had access to specialized treatment, and to mental-health and psychosocial support, from ICRC-trained health workers, traditional birth attendants and/or community volunteers. Roughly 1,600 people benefited from support groups and other kinds of psychosocial assistance. Traditional birth attendants were given technical support for referring victims/survivors of sexual violence to family-support centres, at which they received post-exposure prophylaxis and/or psychosocial support. The ICRC provided health personnel at these family-support centres with material and technical support to perform their duties in accordance with COVID-19 safety protocols.

Families reconnect with or commemorate their missing relatives

The ICRC provided the National Societies in the region – notably in Fiji, New Zealand, Samoa, Solomon Islands and Vanuatu – with training and material and/or technical support to expand their capacities in restoring family links, especially

after natural disasters and other emergency situations (see *Red Cross and Red Crescent Movement*). It gave some of them phones, and cash to cover their operating costs; thus, the Fiji Red Cross Society could enable COVID-19 patients in isolation facilities to reconnect and/or maintain contact with their families.

In Bougainville, Papua New Guinea, the ICRC continued to engage the pertinent authorities in discussions on the creation of a mechanism to ascertain the fate of people unaccounted for since the 1990s. It also continued to advocate for the implementation of a policy – adopted by local authorities in 2014 – to address the issue of missing people, and gave the authorities technical support to this end.

The ICRC used informational materials, testimonials and other means to draw the attention of local authorities, community members and leaders to the issue of missing people and the plight of their families. It also continued to provide missing people's families with support to cope with their situation. For instance, it helped them commemorate their missing relatives by covering the costs of organizing ceremonies and building memorials.

PEOPLE DEPRIVED OF THEIR FREEDOM

Because of the surge in COVID-19 cases in the region, the ICRC visited fewer places of detention than in the past and could not implement all its activities. As in 2020, it had to postpone some of its events for penitentiary authorities in the region, such as the round table for Pacific Correctional Executives.

The ICRC visited, in accordance with its standard procedures, 12 places of detention in Papua New Guinea, paying particular attention to people held in police lock-ups and at facilities run by the correctional services. Findings and recommendations from these visits were communicated confidentially to the authorities concerned, to help them ensure that detainees' treatment and living conditions – including access to family contact, open air, food and health care – met internationally recognized standards. The ICRC had planned to discuss the concerns of particularly vulnerable detainees – such as women, children and the ailing – with Papua New Guinean authorities and urge them to address these matters; but that, too, had to be put on hold.

In the Solomon Islands, the ICRC supported family visits for detainees before concluding such assistance at the end of 2021; it covered the financial costs of phone and/or video calls to allow detainees to maintain contact with their families.

The ICRC donated essential and recreational items to around 4,000 detainees in Papua New Guinea, to help improve their living conditions. At the request of the authorities, it also donated essential items for some of those arrested in connection with protests in the Solomon Islands (see *Context*). The ICRC continued to give detaining authorities in Papua New Guinea support for implementing a project to diversify detainees' diet: it provided 47 detainees at two correctional centres with training and supplies for planting and cultivating vegetable gardens.

In Papua New Guinea, the ICRC installed handwashing stations at detention facilities, and refurbished a medical consultation room at a prison clinic; around 550 detainees benefited. Staffing constraints prevented it from carrying out activities to help prison authorities learn more about designing prisons and maintaining prison infrastructure.

The ICRC helps authorities to protect detainees against COVID-19

The ICRC provided material and/or technical support to detaining authorities in Fiji and Papua New Guinea to help them check the spread of COVID-19. Prison authorities in these places received PPE, disinfectants and hygiene and other items. In Papua New Guinea, at the authorities' request, the ICRC helped them organize a technical working group for coordinating efforts to protect the prison population from the virus. Based on the findings of the working group, the ICRC provided authorities with technical support in managing overcrowding and establishing protocols for responding to disease outbreaks. For instance, the ICRC recommended to authorities the setting-up of quarantine facilities and drafted guidelines on how to maintain and operate these. The ICRC also impressed upon the prison population, through awareness sessions, the importance of getting vaccinated against COVID-19, and urged pertinent authorities to make these vaccines available to detainees. As a result, vaccination drives were carried out at some places of detention.

Through the sponsorship of the ICRC, prison health staff in Fiji completed an online course on health care in detention from a university in Thailand.

ACTORS OF INFLUENCE

The ICRC continued to engage national and regional authorities in discussions on issues of humanitarian concern, such as: communal violence; the pandemic; violence against health services; missing people in Bougainville, Papua New Guinea; and prevention of sexual violence (see *Civilians*). It cultivated support among these authorities for IHL and related norms (see below) and for its own activities.

The ICRC drew attention to the humanitarian issues mentioned above, and helped broaden awareness of the Movement's work, among the general public – through articles, news releases and social-media posts; it also gave interviews to members of the media. It continued to give the Papua New Guinea Red Cross Society technical and financial support for developing its capacities in public communication (see *Red Cross and Red Crescent Movement*). Together with the Papua New Guinea Red Cross Society, the ICRC expanded its engagement with people in violence-prone areas. It used its community contact centre and other means to publicize its services and to learn what people thought of its various activities. People also learnt about humanitarian issues in Papua New Guinea through ICRC dissemination sessions and plays (see *Civilians*).

Influential actors strengthen their grasp of IHL and other norms

Military and police forces personnel in the region attended training courses in IHL and related norms, and other events

organized by the ICRC or with its support. In Fiji, police officers bound for international peacekeeping operations added to their knowledge of IHL at predeployment briefings by the ICRC. In Papua New Guinea, members of the armed and police forces strengthened their grasp of IHL, international human rights law and/or international policing standards – particularly in relation to the use of force – at ICRC dissemination sessions. Senior military officials from some countries in the region participated in an advanced IHL seminar organized by the ICRC (see *International law and policy*).

As the main reference organization on IHL, the ICRC arranged or attended various conferences, lectures, seminars and other events, including those held online; these events were conducted mainly for authorities and members of civil society in the region, and helped stimulate debate on IHL and related matters. Owing to pandemic-related constraints, the annual Pacific Islands Forum did not take place. However, government officials and representatives of regional bodies participated in a round table on IHL, held online by the authorities in Kiribati with the ICRC's support.

The ICRC assisted National Societies' efforts to promote IHL in the region, for example, by participating as a judge in moot court competitions organized by the Australian Red Cross or the New Zealand Red Cross.

Governments work to implement IHL and related treaties

The ICRC continued to promote, among governments in the region, the ratification and/or implementation of IHL-related treaties; for instance, it provided technical support for national IHL committees to assist governments in implementing such treaties as the Treaty on the Prohibition of Nuclear Weapons and the Arms Trade Treaty. With the help of the ICRC, Kiribati was able to establish a national IHL committee.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies drew on material, financial and technical support, and training, from the ICRC and other Movement components to reinforce their operational capacities and ensure a coherent Movement response in such areas as preparing and responding to emergencies (particularly with regard to the pandemic), restoring family links, and conducting communication campaigns (notably, to disseminate vitally important information about COVID-19). The ICRC, with other Movement partners, also helped the National Societies strengthen their statutes and/or legal bases.

The ICRC continued to provide the Papua New Guinea Red Cross Society with support for its organizational development and implementation of its humanitarian activities. It helped the National Society distribute relief items and hygiene kits to detainees in Bougainville, Papua New Guinea. The ICRC also gave the National Society guidance and financial support for broadening awareness of COVID-19 and measures against it, including among the prison population.

The ICRC gave the Solomon Islands Red Cross support for the activities – in such areas as restoring family links and public communication – that it carried out in response to protests in the country (see *Context*).

Movement components in the region met regularly to discuss and coordinate their activities, particularly in connection with the pandemic.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact				
Phone calls facilitated between family members	5			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	2			
Tracing cases still being handled at the end of the reporting period (people)	19	6		1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	12			
Detainees in places of detention visited	2,489	86	44	
Visits carried out	22			
		Women	Girls	Boys
Detainees visited and monitored individually	47	2		6
of whom newly registered	42	1		6

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	5,100	1,531	2,550
Income support	People	11	11	
Living conditions	People	17,058	5,117	8,529
of whom IDPs		15,060	4,518	7,530
Capacity-building	People	171	7	
of whom IDPs		105		
Water and habitat				
Water and habitat activities	People	28		
Primary health care				
Health centres supported	Structures	10		
of which health centres supported regularly		5		
Average catchment population		32,611		
Services at health centres supported regularly				
Consultations		28,402		
of which curative		26,439	3,403	5,801
of which antenatal		1,963		
Vaccines provided	Doses	3,078		
of which polio vaccines for children under 5 years of age		1,323		
Referrals to a second level of care	Patients	24		
of whom gynaecological/obstetric cases		*		
Mental health and psychosocial support				
People who received mental-health support		1,613		
People who attended information sessions on mental health		13,114		
People trained in mental-health care and psychosocial support		247		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	4,207	89	10
Water and habitat				
Water and habitat activities	People	556		
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
First aid				
First-aid training				
Sessions		1		
Participants (aggregated monthly data)		35		

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