AFRICA

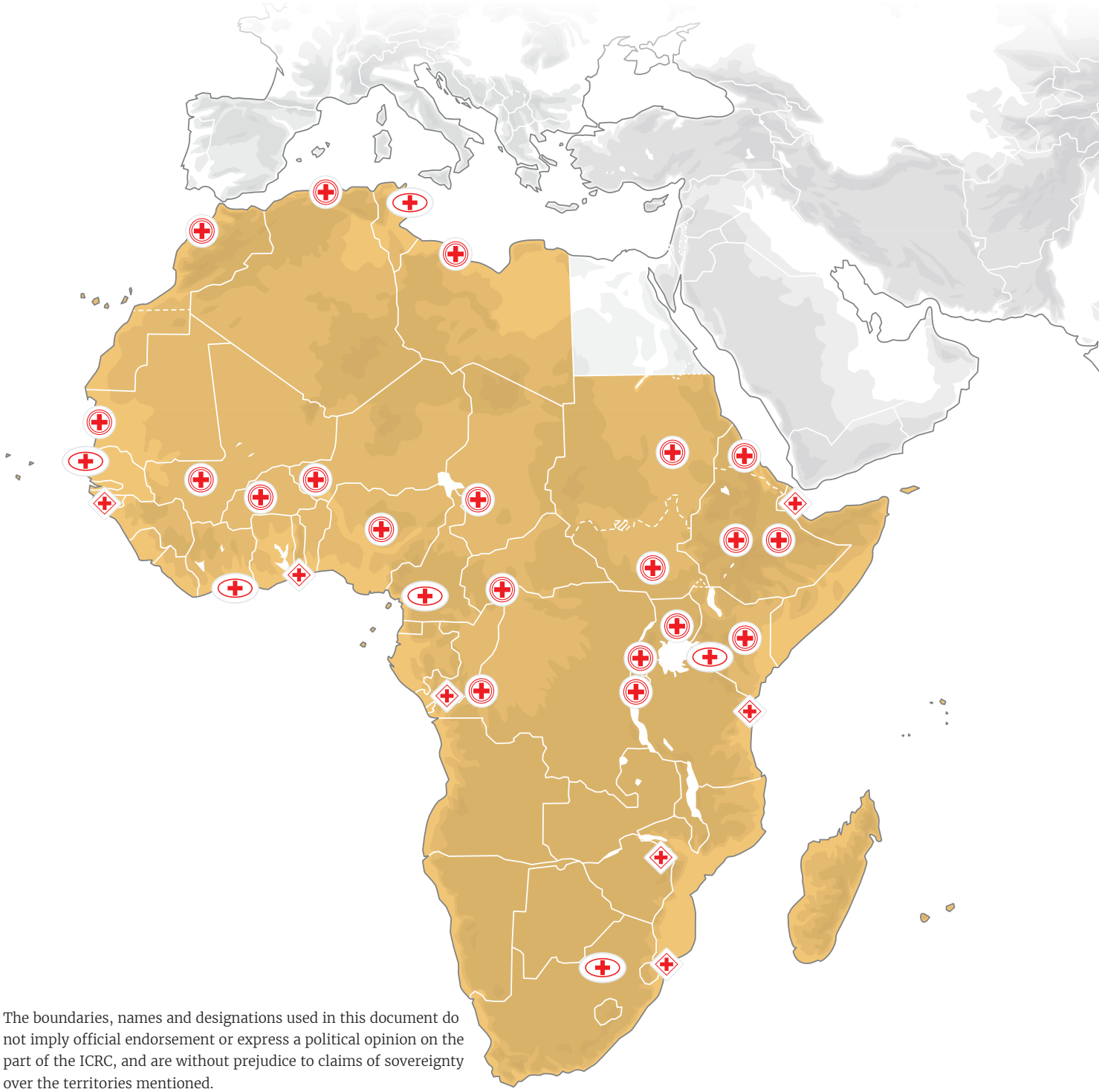
PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	113,530
RCMs distributed	101,805
Phone calls facilitated between family members	740,064
Tracing cases closed positively (subject located or fate established)	4,374
People reunited with their families	874
of whom unaccompanied minors/separated children	788
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	409
Detainees in places of detention visited	293,623
of whom visited and monitored individually	9,162
Visits carried out	1,250
Restoring family links	
RCMs collected	4,924
RCMs distributed	2,497
Phone calls made to families to inform them of the whereabouts of a detained relative	2,944

EXPENDITURE IN KCHF	
Protection	120,217
Assistance	459,518
Prevention	62,537
Cooperation with National Societies	39,847
General	5,667
Total	**687,786**
Of which: Overheads	*41,940*
IMPLEMENTATION RATE	
Expenditure/yearly budget	86%
PERSONNEL	
Mobile staff	1,098
Resident staff (daily workers not included)	6,172

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	1,559,270	1,930,154
Food production	Beneficiaries	4,146,325	4,325,931
Income support	Beneficiaries	484,990	292,628
Living conditions	Beneficiaries	948,220	1,634,233
Capacity-building	Beneficiaries	87,616	60,221
Water and habitat			
Water and habitat activities	Beneficiaries	4,632,621	4,906,964
Health			
Health centres supported	Structures	221	308
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	51,533	88,837
Living conditions	Beneficiaries	67,040	245,796
Water and habitat			
Water and habitat activities	Beneficiaries	136,889	322,682
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	78	193
Physical rehabilitation			
Projects supported	Projects	121	105
Water and habitat			
Water and habitat activities	Beds (capacity)	3,901	4,402

DELEGATIONS

Abidjan (regional)
African Union
Algeria
Burkina Faso
Burundi
Central African Republic
Chad
Congo, Democratic Republic of the
Dakar (regional)
Eritrea
Ethiopia
Libya
Mali
Mauritania
Morocco
Nairobi (regional)
Niger
Nigeria
Pretoria (regional)
Rwanda
Somalia
South Sudan
Sudan
Tunis (regional)
Uganda
Yaoundé (regional)



ABIDJAN (regional)

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

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- At ICRC workshops, military and police officers developed their understanding of pertinent international norms and standards, particularly for maintaining public order during the elections.
- Members of separated relatives restored contact using the Movement's family-links services. National Societies expanded their operational capacities with comprehensive support from the ICRC.
- Despite pandemic-related constraints, malnourished detainees in Côte d'Ivoire obtained ICRC-supported treatment. Ivorian, Guinean and Togolese authorities, aided by the ICRC, strove to contain the spread of COVID-19 in prisons.
- Persons with disabilities obtained treatment at ICRC-backed centres in Benin and Togo. The Beninese, Togolese and Ivorian authorities sought to strengthen their national physical rehabilitation sector with the ICRC's support.
- Events and communication campaigns organized or undertaken by the ICRC enabled key members of civil society to familiarize themselves with the ICRC and its work, which helped facilitate its access to people in need in the region.

EXPENDITURE IN KCHF	
Protection	2,260
Assistance	3,334
Prevention	2,312
Cooperation with National Societies	2,762
General	242
Total	**10,911**
Of which: Overheads	*666*
IMPLEMENTATION RATE	
Expenditure/yearly budget	96%
PERSONNEL	
Mobile staff	33
Resident staff (daily workers not included)	207

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	28
RCMs distributed	33
Phone calls facilitated between family members	3,766
Tracing cases closed positively (subject located or fate established)	69
People reunited with their families	1
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	14,961
of whom visited and monitored individually	142
Visits carried out	16
Restoring family links	
RCMs collected	44
RCMs distributed	13
Phone calls made to families to inform them of the whereabouts of a detained relative	34

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Capacity-building	Beneficiaries		19
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	11,066	17,615
Water and habitat			
Water and habitat activities	Beneficiaries	8,400	26,500
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	25	12

CONTEXT

Simmering communal, political and socio-economic tensions boiled over into violence sometimes – for example, in Côte d'Ivoire and Guinea. Thousands of people fleeing from unrest and communal violence in western Côte d'Ivoire sought refuge in Liberia and Ghana. Thousands of Ivorian refugees, who had fled past violence, remained in Ghana and Togo.

Elections took place in Côte d'Ivoire, Ghana, Guinea, and Togo. Violent protests in Côte d'Ivoire and Guinea led to casualties and arrests.

Côte d'Ivoire continued to tighten security measures in response to attacks by armed groups. People from the countries covered by the regional delegation attempted to migrate to Europe or elsewhere in West Africa; they were at risk of physical assault or other unlawful conduct. Côte d'Ivoire was both a transit and a destination country for migrants.

The COVID-19 pandemic compounded people's difficulties. Detainees in overcrowded facilities, struggling with sub-standard diets and health care, were particularly susceptible to disease.

ICRC ACTION AND RESULTS

The ICRC monitored the concerns of people affected by violence – particularly electoral violence – and the use of force by security forces personnel to maintain public order.

Members of families separated by violence, migration, detention or other circumstances restored or maintained contact through the Movement's family-links services. National Societies and the ICRC had to suspend some of these services because of the pandemic, but – particularly in Côte d'Ivoire – adjustments were made to ensure that detainees and people in quarantine could stay in touch with their relatives.

The ICRC sought to help the Ivorian authorities ascertain the fate of people missing in connection with past conflict and migration; it urged them to set up mechanisms for identifying human remains. It organized events for authorities and civil society to draw attention to the issue of missing people and the plight of their families.

The ICRC visited detainees in Benin, Côte d'Ivoire, and Guinea; owing to public-health measures, these visits were temporarily suspended during the pandemic. Findings from these visits were discussed confidentially with the authorities, to help them improve detainees' treatment and living conditions. The ICRC organized workshops on overcrowding in prisons for judicial and penitentiary officials in Côte d'Ivoire, and gave them advice. The pandemic, however, disrupted implementation of the authorities' and/or the ICRC's improvements to the prison system and upgrades to prison facilities.

The ICRC responded to the pandemic by expanding its support for detaining authorities in Côte d'Ivoire, Guinea and Togo: it gave them personal protective equipment (PPE) and other supplies, and technical support, to assist their COVID-19 response. It helped Ivorian authorities to establish a site for isolating and preparing COVID-19 patients for referral.

Ivorian penitentiary authorities endeavoured to improve detainees' nutrition and access to health care; the ICRC donated medicine and other supplies, and gave staff technical guidance. Under a programme implemented by Ivorian authorities and the ICRC, detainees at four prisons were screened and treated for malnutrition. The ICRC provided therapeutic food for malnourished detainees, whose meals were prepared by staff trained and equipped by the ICRC. Medicine and other supplies from the ICRC helped Ivorian prison clinics to treat vitamin-deficient detainees and protect them against COVID-19. Authorities in Côte d'Ivoire worked with the ICRC to renovate infrastructure at places of detention.

The ICRC gave the health authorities in Benin, Togo and Côte d'Ivoire support for strengthening their national physical rehabilitation sector and making services more widely available to persons with disabilities. ICRC-supported centres in Benin and Togo helped persons with disabilities to improve their mobility.

The ICRC strove to broaden awareness of and support for IHL and neutral, impartial and independent humanitarian action throughout the region. Briefings for military and security forces personnel helped to strengthen their grasp of IHL and/or international law enforcement standards. The ICRC engaged local leaders, academics, diplomats and other influential figures in dialogue; these interactions helped facilitate the Movement's work. Academics, journalists and others learnt more about IHL and the ICRC at workshops and other events. The ICRC continued to urge governments to implement IHL and related treaties, and gave them support for doing so.

The regional delegation in Abidjan continued to provide communications, logistic and technical support for ICRC operations in central, northern and western Africa. Its mission in Conakry, Guinea, remained operational throughout the year but was closed at year's end, as planned.

Aided by the ICRC, National Societies in the region responded to the pandemic, strengthened their emergency preparedness – especially in connection with elections – and their ability to promote IHL, and broadened awareness of the Movement and its activities.

CIVILIANS

The ICRC monitored the concerns of violence-affected people and the use of force by security forces personnel to maintain public order, particularly in countries where elections were taking place. However, the pandemic made it difficult for the ICRC to make representations – to the parties concerned – about complaints that international law enforcement standards were being disregarded. The ICRC briefed military and security forces in the region on IHL and other norms applicable to their duties (see *Actors of influence*).

The ICRC supported the National Societies' emergency response (see *Red Cross and Red Crescent Movement*). In Côte d'Ivoire, the National Society also received technical support for revising and expanding its contingency plan for the elections.

Migrants maintain contact with their relatives

Members of families dispersed by violence, migration, detention or other circumstances restored or maintained contact through the Movement's family-links services, including the "Trace the Face" website. National Societies in the countries covered, especially in Côte d'Ivoire and Guinea, expanded their family-links capacities, with a view to responding more effectively to emergencies such as electoral violence and influxes of refugees; the ICRC gave them material, financial and technical support, and training.

From mid-March to December, these services were provided in accordance with COVID-19. Kiosks providing family-links services for migrants in Côte d'Ivoire were closed; family visits were cancelled for two people formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and resettled in Ghana after their release. In Côte d'Ivoire, the ICRC also gave the National Society technical support to make phone calls available for people held at a quarantine facility and others separated from their families because of the pandemic. Technical support was also given to other National Societies for adapting their services.

Ivorian authorities work to clarify the fate of missing people

In Côte d'Ivoire, the ICRC continued to discuss with the authorities setting up mechanisms to resolve missing-persons cases linked to migration. The Ivorian authorities approved a joint initiative of the national institute of forensic medicine and the ICRC to set up, in 2021, a mechanism for sharing samples of biological data with the pertinent authorities abroad, to facilitate the identification of the remains of Ivorian migrants who died in maritime accidents. In 2020, after such an incident took place off the Tunisian coast, the Red Cross Society of Côte d'Ivoire and the ICRC collected tracing requests and ante-mortem data from victims' families, to help the Tunisian authorities identify the remains (see *Tunis*).

Government officials, representatives from NGOs and the media, and other members of civil society attended an event organized by the national council for human rights and the ICRC, in consultation with missing people's families, to mark the International Day of the Disappeared (see also *Actors of influence*). Fifty families of people missing in connection with the 2011 internal conflict and migration participated in the event. The ICRC's efforts to help missing people's families obtain psychosocial support and other necessary assistance were postponed to 2021.

Forensic authorities and the region's National Societies, especially those in Côte d'Ivoire and Guinea, were given material and technical support to develop their ability to manage human remains in a manner conducive to future identification, and to incorporate COVID-19 safety protocols in their activities.

PEOPLE DEPRIVED OF THEIR FREEDOM

People throughout the region were arrested and detained for security reasons. In Côte d'Ivoire, detainees included people held in connection with "terrorist" attacks and the 2011 internal conflict, and in Benin, people who were convicted by the International Criminal Tribunal for Rwanda – now closed, its responsibilities transferred to the International Residual Mechanism for Criminal Tribunals.

The ICRC visits detainees in Côte d'Ivoire, Benin and Guinea

The ICRC visited – in accordance with its standard procedures – people held at nine detention facilities in Côte d'Ivoire and two others in Benin and Guinea (cumulatively holding 14,961 people), to check on their treatment and living conditions. Particular attention was paid to minors, women, older and/or sick people, and foreigners. Findings were communicated confidentially to the pertinent authorities.

Because of the COVID-19 pandemic, and in line with public-health guidelines, the visits mentioned above were temporarily suspended; the ICRC was unable to visit detainees in Togo. The ICRC expanded its support for detaining authorities – both at the national and the prison level – in Côte d'Ivoire, Guinea and Togo to tackle the pandemic and ensure that detainees could contact their relatives.

The ICRC signed an agreement with the justice ministry in Côte d'Ivoire to strengthen coordination between judicial and penitentiary officials, in part to help reduce overcrowding. It urged the authorities to expedite the release of detainees who were particularly susceptible to disease. Detaining officials attended an ICRC course in improving prison management and detainees' living conditions. These efforts were in line with the ICRC's strategy to end direct assistance for detainees and focus on helping the Ivorian authorities to become more capable of meeting detainees' needs themselves. The pandemic, however, limited the authorities' ability to make – with the ICRC's help – systemic improvements to the provision of health care and food. Some of the ICRC's workshops for them and repairs to facilities were also postponed or delayed.

Despite the suspension of family visits owing to COVID-19, several detainees in Côte d'Ivoire and Guinea maintained contact with their relatives through the Movement's family-links services; the ICRC donated phones and phone credit to the authorities at two facilities in Côte d'Ivoire. It helped foreign inmates to notify their consular representatives of their situation.

Malnourished detainees in Côte d'Ivoire receive suitable treatment

Aided by the ICRC, penitentiary authorities in Côte d'Ivoire endeavoured to improve detainees' nutrition and their access to good-quality health care. ICRC support consisted of expert guidance – for instance, for entering detainees' medical information in national databases – visits by its health staff, and training and material aid such as supplies for prison infirmaries. Because of the pandemic, ICRC workshops for prison health staff were cancelled.

The Ivorian health ministry and the ICRC continued to carry out nutritional programmes at the Abidjan central prison – the largest detention facility in the country – and three other detention facilities; under this initiative, detainees were screened for malnutrition and treated for it. Around 17,600 malnourished detainees benefited from donations of therapeutic food and medicine, and other support (see below);

the ICRC also donated micronutrients in response to outbreaks of beriberi and to help protect detainees, including those suffering from chronic illnesses, against COVID-19. Nineteen prison personnel attended an ICRC workshop on managing stocks of food in prisons.

The ICRC helped the Ivorian authorities to develop a strategy for maintaining prison infrastructure and to make improvements to facilities at places of detention. For instance, kitchens in priority prisons were given cooking utensils and ovens; a pest-control campaign was carried out at the central prison of Abidjan.

Ivorian, Guinean and Togolese authorities work to contain the spread of COVID-19

The ICRC provided the detaining authorities in Côte d'Ivoire, Guinea and Togo with PPE and other necessities, logistical support for transporting supplies, and/or technical support for implementing measures to prevent and control infections. It helped the health and justice ministries in Côte d'Ivoire to work together to transfer detainees with COVID-19 to isolation centres. It gave the authorities support to establish at the Abidjan central prison, a site for isolating and preparing COVID-19 patients for referral. 26,500 detainees in all – at 34 detention facilities in Côte d'Ivoire and 14 in Togo – benefited from hygiene kits, cleaning materials, handwashing stations and portable lavatories provided by the ICRC.

WOUNDED AND SICK

The pandemic disrupted the ICRC's activities for persons with disabilities in Togo, Benin and Côte d'Ivoire, for instance: some training sessions and social-inclusion efforts were postponed, and fewer patients came to ICRC-supported centres. The ICRC was also unable to finalize its partnership with a centre in Côte d'Ivoire, partly because of the pandemic. It provided physical rehabilitation centres, health ministries, organizations for professionals, and associations of persons with disabilities with PPE, cleaning materials and technical support to do their work safely.

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

Three physical rehabilitation centres in Benin, and two in Togo, provided treatment for around 1,700 persons[1] with disabilities. The ICRC gave these centres comprehensive support for improving the quality of their services and covering treatment and/or travel costs for destitute people. At one of the centres backed by the ICRC in Togo, a multi-year project with the private sector reportedly led to such improvements in patient management as the use of an appointment system. An ICRC-supported organization delivered raw materials for making assistive devices to the centres in Togo. People taking care of children with cerebral palsy strengthened their capacities at ICRC workshops.

In Togo, the École Nationale des Auxilliaires Médicaux was given material and technical support to organize courses, in such areas as occupational therapy, for physical rehabilitation professionals. An association of orthotists and prosthetists and an organization promoting disability sports, also in Togo, were given financial assistance for maintaining their activities.

The ICRC strove to help the health ministries in Togo, Benin and Côte d'Ivoire to make physical rehabilitation services more widely available. In Benin and Togo, it provided financial and/or technical support – to the multisectoral platforms overseeing the physical rehabilitation sector – for developing plans of action. The launch of the multisectoral platform in Côte d'Ivoire was delayed, but the health authorities still received support for strengthening the physical rehabilitation sector. Health authorities and members of professional associations – in Togo, Benin and Côte d'Ivoire – participated in online meetings organized by the ICRC to review the application, locally, of WHO standards for prosthetics and orthotics.

ACTORS OF INFLUENCE

Many of the ICRC's events, such as workshops and conferences, were postponed or cancelled owing to the pandemic. Nevertheless, in all the countries covered, the ICRC, together with the pertinent National Society, maintained regular contact and cultivated relationships with the authorities, weapon bearers and civil society, with a view to fostering for IHL, and support for the Movement's neutral, impartial and independent humanitarian action.

In Côte d'Ivoire, Guinea and Togo, the ICRC held or helped organize workshops for military and security forces – including personnel belonging to multinational forces or bound for peace-support operations – to help them integrate IHL and international law enforcement standards into their doctrine, training and operations. Ivorian military and police officers attended ICRC seminars where they learnt more about IHL and the challenges posed to it by "terrorism", and about the norms/standards concerning the maintenance of public order during elections. The Military Tribunal of Abidjan organized, with the ICRC's support, a workshop to discuss how to reform the code of military criminal procedure.

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

The National Societies in the region and the ICRC focused their communication initiatives on broadening awareness of certain matters of humanitarian concern or interest: the threats faced by health workers; detainees' living conditions; preventive measures against COVID-19; and the Movement's work. They used various means: traditional and social media; and informational resources that were distributed to the police, among others. Notably, two musical projects were carried out with Ivorian artists to raise awareness of infection prevention measures and to promote humanitarian messages on practicing tolerance and respect for differences and for the Movement's impartial presence in the region.

In Côte d'Ivoire, the ICRC met with and conducted briefings for youth and community leaders, authorities, military and security forces personnel, representatives of the African Development Bank (during the ICRC vice-president's visit), academics and

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

journalists. An online debate and conference about missing migrants, which the ICRC helped organize, aimed to promote awareness of their families' plight; academics and diplomats, and many others, attended. The ICRC also held dissemination sessions on IHL, and on its activities, for influential figures in Benin, Togo and Guinea. Journalists from Côte d'Ivoire, Togo, Guinea and Benin participated in an ICRC competition for reporters covering the humanitarian consequences of the pandemic. It is worth reiterating that all the activities mentioned above aimed to facilitate the Movement's access to people in need (see *Civilians*).

Benin ratifies the Treaty on the Prohibition of Nuclear Weapons

The ICRC reminded governments in the region to implement IHL and related legislation – for instance, a law on the proper use of the red cross emblem, in Côte d'Ivoire – and made its expertise and other support available to government officials, including the national IHL committees. Government officials from all the countries covered participated in an online meeting on IHL implementation (see *Nigeria*). The ICRC created, and shared with the authorities, a newsletter on the relevance of IHL in a pandemic. In December, Benin ratified the Treaty on the Prohibition of Nuclear Weapons.

The regional delegation organized events to raise support for IHL and humanitarian action in Africa. At an online ICRC conference, 12 experts in IHL from the Sahel – academics and government and judicial officials – discussed the humanitarian challenges the region faced. Academics from five francophone African countries participated in an essay-writing competition on the applicability of IHL in pandemics.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region strengthened their capacities in various areas: responding to the needs of people affected by violence, including electoral violence, and emergencies such as the pandemic; promoting IHL and the Movement; and pursuing organizational development. The ICRC gave them financial, material and technical support, and training. ICRC support included advice for drafting plans of action; provision of PPE and soap; assistance in organizing first-aid workshops; and donations of flags and jerseys bearing the National Societies' logos.

Financial and communication support from the ICRC enabled the Liberia National Red Cross Society to maintain a programme under which it provided counselling, check-ups via phone calls, and other services for a number of vulnerable women affected by or at risk of sexual violence.

The ICRC helped cover the salaries of key personnel, and other expenses, for some National Societies.

The ICRC strengthened coordination of its activities with those of other Movement components in the region, through regular meetings and by other means; this helped it to maximize the impact of its activities and prevented duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	28			
RCMs distributed	33			
Phone calls facilitated between family members	3,766			
Reunifications, transfers and repatriations				
People reunited with their families	1			
including people registered by another delegation	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	164	49	44	24
including people for whom tracing requests were registered by another delegation	18			
Tracing cases closed positively (subject located or fate established)	69			
Tracing cases still being handled at the end of the reporting period (people)	580	133	124	75
including people for whom tracing requests were registered by another delegation	63			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	1			
including UAMs/SC registered by another delegation	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	14,961	406	658	
Visits carried out	16			
		Women	Girls	Boys
Detainees visited and monitored individually	142	8		2
of whom newly registered	107	8		2
RCMs and other means of family contact				
RCMs collected	44			
RCMs distributed	13			
Phone calls made to families to inform them of the whereabouts of a detained relative	34			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Capacity-building	Beneficiaries	19	2	
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	17,615	312	501
Water and habitat				
Water and habitat activities	Beneficiaries	26,500	1,060	795
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention	Structures	4		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		12		
of which physical rehabilitation projects supported regularly		5		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	1,695	338	992
Prostheses delivered	Units	93		
Orthoses delivered	Units	1,406		
Physiotherapy sessions		2,427		
Walking aids delivered	Units	33		
Wheelchairs or postural support devices delivered	Units	*		

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

AFRICAN UNION

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

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

EXPENDITURE IN KCHF	
See under *Ethiopia*	

PERSONNEL	
See under *Ethiopia*	

CONTEXT

The African Union (AU) maintained its support for diplomatic and military efforts to address the consequences of armed conflict and political unrest throughout Africa. It continued to mandate multinational peace-support operations and support regional efforts to stabilize the Lake Chad and Sahel regions. The AU–UN Mission in Darfur, Sudan, concluded in December 2020, with plans to fully withdraw its personnel from the country in 2021. The AU Mission in Somalia (AMISOM) continued to scale down throughout the year.

The AU continued to develop and refine policies and operational guidelines, with a view to integrating pertinent provisions of IHL and international human rights law into peace-support operations and to helping ensure compliance with these bodies of law among peace-support personnel – for example, by providing strategic guidance for training police, military and civilian personnel involved in these operations.

AU organs – such as the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) – continued to develop and promote legal instruments to address issues of humanitarian concern.

The COVID-19 pandemic, which necessitated movement restrictions and other preventive measures, created social and economic challenges throughout Africa. These restrictions hampered some of the AU's activities, such as those related to its theme for 2020, which focused on its commitment to tackling the issue of conflict resolution in Africa. The Africa Centres for Disease Control and Prevention (Africa CDC), a public-health agency established by the AU, worked to help AU member states strengthen their capacity to deal with the pandemic.

ICRC ACTION AND RESULTS

The ICRC continued to foster acceptance for its work among various AU organs and other relevant stakeholders, and to broaden awareness among them of humanitarian issues in Africa. It maintained its support for the AU's efforts to address the consequences of armed conflict and other situations of violence in the continent.

Movement restrictions necessitated by the pandemic delayed or suspended certain meetings and events that the ICRC had planned with the AU.

AU officials deepen their understanding of the ICRC's mission and activities

In its interactions with AU officials and member state representatives at various events, the ICRC endeavoured to expand support for its neutral, impartial and independent humanitarian action throughout the continent. It also sought to raise awareness of its priorities and working methods, and the operational constraints in Africa.

The ICRC was invited to participate in events held by different AU bodies, which provided opportunities for it to consolidate its position as the reference organization on IHL in Africa and to offer expert assistance for developing pertinent policies. It also maintained contact with diplomatic representatives of the AU and others concerned.

With a view to strengthening the coordination of humanitarian activities in Africa, the ICRC continued to exchange information with international organizations, NGOs and think-tanks working with the AU, and to take part in inter-agency meetings as an observer.

The AU and the ICRC discuss IHL-related issues

The ICRC attended statutory meetings of AU organs – such as the AU Peace and Security Council (PSC) and various departments of the AU Commission (AUC) – where it discussed IHL-related issues and the humanitarian consequences of conflict and other violence in the continent with the pertinent officials. It conducted a virtual seminar on urban warfare jointly with the AU's Peace Support Operations Division (PSOD); contributed to webinars on arms-related issues; and cultivated dialogue with the AUC on the use of explosive weapons in densely populated areas.

The ICRC engaged in discussions with AU PSC officials on the needs of particularly vulnerable people – such as women, children, the elderly, IDPs and migrants, including refugees and asylum seekers – especially within the context of the pandemic. The Africa CDC and the ICRC supported African authorities' efforts to improve health care in detention during the pandemic by jointly organizing webinars to help enhance knowledge of the topic. The ICRC also shared technical guidance on the proper management of human remains with the Africa CDC, with a view to helping strengthen forensic capacities in AU member states.

The ICRC discussed the subjects mentioned above, and other issues of regional concern – such as the humanitarian consequences of certain migration policies – at various events with representatives of international organizations, NGOs and think-tanks working with the AU.

AU officials continued to draw on ICRC expertise to draft and implement certain policies. The ICRC gave the ACERWC expert advice to finalize a general comment on provisions of the African Charter on the Rights and Welfare of the Child pertaining to children involved in armed conflict. With the ICRC's help, the AU drafted a policy for incorporating protection for children in the African Peace and Security Architecture.

The ICRC continued to support AU member states' efforts to ratify IHL and IHL-related treaties and incorporate their provisions in domestic law and policies. It contributed to webinars on the AU's theme for 2020, where it advocated the implementation of arms treaties; an event on the topic, planned jointly between the AU and the ICRC, was postponed because of the pandemic.

The AU takes steps to ensure that peace-support operations comply with IHL

The ICRC continued to assist in the development of measures to promote compliance with IHL and other applicable norms among AU peace-support personnel.

An ICRC legal adviser seconded to the AU Peace and Security Department provided expert assistance for the AU's efforts to: integrate IHL and international human rights law more fully into the decision-making processes and doctrine of peace-support operations; and strengthen its frameworks regulating conduct and accountability among peace-support personnel.

The ICRC also gave the AU PSOD technical support for integrating protection for children into its training for peace-support personnel.

Senior military officials from countries contributing troops to AMISOM participated in a virtual workshop – organized by the AU PSOD with the ICRC's support – where they exchanged experiences and best practices in applying IHL during their operations. The AU and the ICRC organized an online round table for AU peace-support personnel, at which they discussed how to investigate violations of IHL and human rights law during peace-support operations.

ALGERIA

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC visited detainees at a few places of detention before the onset of the pandemic; the authorities were given recommendations for improving detention conditions, and equipment to support their COVID-19 response.
- Members of families separated by armed conflict, migration, detention or other circumstances in neighbouring countries reconnected through the Movement's family-links services. Fewer people than before benefited from the services.
- Government personnel and journalists learnt more about IHL and the ICRC at workshops and other events; many other events and activities to promote IHL and the ICRC's work were postponed because of the pandemic.
- The ICRC assisted in the Algerian Red Crescent's COVID-19 response: volunteers with COVID-19 were given financial support; a public information campaign was undertaken; and vulnerable people were given food and hygiene items.

EXPENDITURE IN KCHF	
Protection	1,078
Assistance	251
Prevention	468
Cooperation with National Societies	405
General	94
Total	**2,296**
Of which: Overheads	*140*
IMPLEMENTATION RATE	
Expenditure/yearly budget	80%
PERSONNEL	
Mobile staff	6
Resident staff (daily workers not included)	18

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	13
RCMs distributed	12
Phone calls facilitated between family members	14
Tracing cases closed positively (subject located or fate established)	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	2,603
of whom visited and monitored individually	31
Visits carried out	5
Restoring family links	
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	131

CONTEXT

The COVID-19 pandemic notwithstanding, protests – which began in early 2019, in response to the previous president's attempt to secure a fifth term in office – continued to take place in Algiers and other major cities in the country, but attendance was sparser than before. People were reported to have been arrested.

Algeria continued to carry out security operations against groups suspected of endangering the state or of being associated with unregulated trade in various commodities. These operations reportedly led to arrests and casualties.

Algeria remained a key destination, and take-off or transit point, for migrants, who included: unaccompanied minors and others attempting to reach Europe by crossing the Mediterranean Sea from Algeria; and people from remote areas without assistance or the means to meet their needs. The country closed all its borders in March, at the onset of the pandemic.

Algeria played an active role in multilateral forums, particularly the African Union Peace and Security Council. It continued to promote peaceful resolutions to conflicts in Libya and the Sahel region.

ICRC ACTION AND RESULTS

The pandemic, and the restrictions necessitated by it, caused the ICRC to postpone or cancel part of its activities in Algeria. The ICRC continued, however, to reach out to the authorities, military officers, and members of the private sector and civil society – with a view to expanding their knowledge and understanding of IHL and the ICRC's activities and working methods. It held meetings and workshops – in person before the pandemic, and online afterwards – with various government ministries, journalists and others with influence over the humanitarian agenda.

The ICRC was able, until April, to visit detainees to monitor their treatment and living conditions. It communicated its findings and recommendations confidentially to the authorities concerned. It gave detaining authorities expert advice for their COVID-19 response. It also gave them equipment: audio-visual devices for instance, which enabled them to conduct online court hearings and minimize procedural delays. The pandemic prevented the ICRC from implementing plans to help the authorities improve penitentiary health services.

Many families entered Algeria after fleeing armed conflict or other situations of violence in their countries, or were dispersed by detention, migration or natural disasters: the Movement's family-links services helped some of them maintain contact with relatives.

The ICRC gave the Algerian Red Crescent technical support to improve its family-links services; all other ICRC support was directed towards the National Society's COVID-19 response. The National Society and the ICRC postponed or cancelled joint activities unrelated to the pandemic response. The National Society launched a nationwide information campaign on infection prevention, delivered food and hygiene items to vulnerable people, distributed personal protective equipment to health personnel and teams disinfecting public spaces, made oxygen concentrators available to people in need, and provided insurance coverage for National Society volunteers and financial assistance to those volunteers who had contracted COVID-19 in the course of their duties. Movement components in Algeria maintained regular contact among themselves, to exchange information and coordinate activities.

CIVILIANS

Members of families who entered Algeria after fleeing armed conflict or other situations of violence in their countries, or were dispersed by detention, migration or natural disasters reconnected with relatives through RCMs and other family-links services provided by the Algerian Red Crescent with the ICRC's technical support. The ICRC helped one family to send parcels and make video calls to a relative held at the US detention facility at the Guantanamo Bay Naval Station in Cuba. People lodged requests to trace missing relatives, most of whom were believed to have taken the maritime route – crossing the Mediterranean Sea – to Europe. The ICRC resolved three missing-persons cases with the Algerian National Society's help. Fewer people than before benefited from the National Society and ICRC's family-links services, because pandemic-related restrictions prevented people from visiting ICRC offices to seek help and limited the National Society and ICRC's ability to convey RCMs and process tracing requests. More tracing requests were referred to the ICRC than before, in part because of the ICRC's efforts to improve coordination with the IOM, UNHCR and other pertinent organizations.

The ICRC continued to discuss with the authorities the repatriation of Algerian nationals and the ICRC's action as a neutral intermediary in these matters. No repatriations or reunification of families took place.

Because of pandemic-related constraints, plans to discuss the proper management of human remains, with forensic organizations, were cancelled.

The ICRC continued to provide the National Society with technical support for improving their family-links services, but staff and volunteer training and other activities related to building their capacity in this regard were postponed because of the pandemic.

The Algerian Red Crescent assists people affected by COVID-19

The ICRC provided financial, material and technical assistance for the Algerian Red Crescent's COVID-19 response. The National Society undertook a national campaign – which involved the distribution of 50,000 posters – to broaden awareness of infection-prevention measures. It delivered food parcels to 500 households in remote areas who were made vulnerable by the pandemic, and 4,800 hygiene kits to families in 48 provinces. It made oxygen concentrators available to people who did not have access to such equipment in health facilities, and distributed 30,000 face masks, and 7,000 sets of protective suits and goggles, to hospital personnel and to

volunteers and staff of National Society branches in regions most affected by the pandemic, including those tasked with disinfecting public spaces. The National Society and the ICRC gave financial assistance to volunteers who had contracted COVID-19 in the course of their duties; 2,000 volunteers were also provided with accident insurance.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC was able to visit – in accordance with its standard procedures – five detention facilities, including places of temporary detention, to monitor detainees' treatment and living conditions: 31 detainees with specific needs, including foreign nationals, were monitored individually. These visits to detainees were suspended from April onwards, after the onset of the pandemic.

Findings and recommendations from the visits were communicated confidentially to the detaining authorities – after each visit and through summaries submitted at the end of the year – to help them improve detainees' living conditions and treatment. The ICRC discussed a number of matters with the authorities: its access to detainees; recommendations for ensuring that detainees, foreigners in particular, had regular and equitable means of family contact, especially after family visits were suspended because of the pandemic; treatment of detainees; and measures to address overcrowding, such as systematic reviews – and commutation, as appropriate – of sentences and increased use of alternatives to incarceration. The ICRC supported the penitentiary authorities' COVID-19 response: it gave them expert advice for preventing and controlling infections in prisons; cameras and other devices to conduct online court hearings, thereby minimizing procedural delays; and sewing machines to make face masks.

Detainees held far from their homes, or whose families were not in Algeria, used the Movement's family-links services to exchange news with relatives (see also *Civilians*). The ICRC helped foreigners to notify their consular representatives and/or UNHCR of their detention.

Owing to administrative constraints, exacerbated by the pandemic, the ICRC was unable to realize plans to help detaining authorities and the health and justice ministries improve their provision of mental-health care and other prison health services. Training and other initiatives to build the authorities' capacities in prison management were also cancelled.

ACTORS OF INFLUENCE

A few influential actors advance their understanding of IHL and the ICRC's work

Government officials, military officers, and members of the private sector and civil society learnt more about IHL and the ICRC's work and working methods – including its detention-related activities (see also *People deprived of their freedom*) – at meetings and events with the ICRC. A documentary on the ICRC's work during the Algerian war of independence was screened in a cinema and online; a debate, organized by the ICRC, took place after the screenings. Prospective civil servants strengthened their grasp of IHL at a workshop organized by the national IHL committee and the ICRC. Early in the year, representatives from the foreign, defence and justice ministries attended an IHL course in Tunisia (see *Tunis*).

The ICRC and the defence ministry discussed the preparation of an IHL manual for the army; no IHL training activities for the military or police were held. With the defence and foreign ministries, the ICRC discussed Algeria's ratification and implementation of IHL-related treaties such as the Treaty on the Prohibition of Nuclear Weapons.

Ten journalists took part in an online ICRC seminar that sought to help them provide more accurate coverage of the humanitarian consequences of conflicts in the region. The ICRC maintained contact with several university teachers, to support their teaching of IHL.

Moot court competitions and other events to promote IHL and the ICRC's work were postponed or cancelled because of the pandemic.

The ICRC redirected resources intended for supporting the Algerian Red Crescent's public communications towards their COVID-19 response instead (see *Civilians*).

RED CROSS AND RED CRESCENT MOVEMENT

The Algerian Red Crescent protects volunteers and staff involved in its COVID-19 response

The ICRC focused its support for the Algerian Red Crescent on the latter's response to the pandemic. This was done at the National Society's request. Both organizations postponed or cancelled joint activities unrelated to the pandemic.

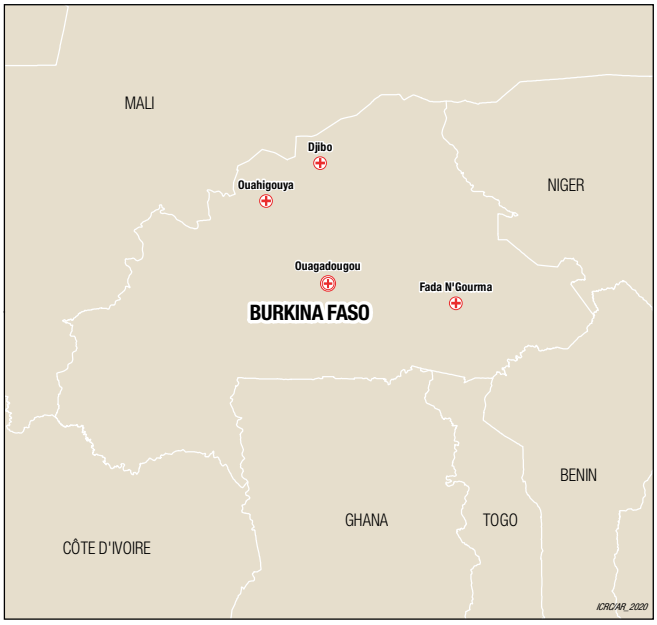
The National Society received comprehensive support from the ICRC for responding to the pandemic and providing relief to those affected (see *Civilians*). Movement components in Algeria maintained regular contact among themselves, to exchange information and coordinate their activities and their support for the Algerian Red Crescent.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	13			
RCMs distributed	12			
Phone calls facilitated between family members	14			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	51	10	12	11
including people for whom tracing requests were registered by another delegation	3			
Tracing cases closed positively (subject located or fate established)	3			
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)	111	17	23	14
including people for whom tracing requests were registered by another delegation	8			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	5			
Detainees in places of detention visited	2,603	23		
Visits carried out	5			
		Women	Girls	Boys
Detainees visited and monitored individually	31			
of whom newly registered	23			
RCMs and other means of family contact				
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	131			

BURKINA FASO

Having worked in the country for over a decade, the ICRC opened a delegation in Burkina Faso in 2020, in response to increasing violence in the northern and eastern parts of the country. It seeks to ensure that the people affected are protected in line with IHL and other norms, and monitors detainees' treatment and living conditions. With the Burkinabé Red Cross Society, it helps people cope with the effects of armed conflict – which are often exacerbated by climate shocks – by providing health care, water, livelihood support and other assistance.



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

KEY RESULTS/CONSTRAINTS IN 2020

- Although security conditions and quarantine measures delayed some activities, the Burkinabè Red Cross Society and the ICRC provided assistance for food production to more people, and support to more health centres, than planned.
- Displaced people and others affected by conflict were given food items or the means to buy them, to get them through the lean period before the harvest; malnourished children and pregnant women also received nutritional supplements.
- The violence having shut down some health facilities, the primary-health-care centres and hospitals that remained functional expanded their capacities with substantial support from the ICRC.
- Households undertook livestock farming and other livelihood activities with cash grants from the ICRC; in some areas, volatile security conditions prevented the pursuit of such activities.
- Communities learnt about COVID-19 safety protocols at information sessions; hygiene items from the ICRC enabled them to follow these protocols.
- The authorities, in consultation with the ICRC, took steps to prevent the spread of COVID-19 among detainees; for instance, they set up isolation sites in five prisons with ICRC support.

EXPENDITURE IN KCHF	
Protection	1,680
Assistance	11,348
Prevention	1,741
Cooperation with National Societies	1,043
General	55
Total	**15,868**
Of which: Overheads	*968*
IMPLEMENTATION RATE	
Expenditure/yearly budget	84%
PERSONNEL	
Mobile staff	15
Resident staff (daily workers not included)	89

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	334
RCMs distributed	40
Phone calls facilitated between family members	2,952
Tracing cases closed positively (subject located or fate established)	18
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	14
Detainees in places of detention visited	3,759
of whom visited and monitored individually	196
Visits carried out	28
Restoring family links	
RCMs collected	253
RCMs distributed	17
Phone calls made to families to inform them of the whereabouts of a detained relative	164

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	142,000	95,893
Food production	Beneficiaries	88,410	153,307
Income support	Beneficiaries	1,050	737
Living conditions	Beneficiaries	35,000	45,019
Capacity-building	Beneficiaries	14,150	17,103
Water and habitat			
Water and habitat activities	Beneficiaries	23,680	62,957
Health			
Health centres supported	Structures	20	30
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,000	3,941
Living conditions	Beneficiaries	3,200	3,455
Water and habitat			
Water and habitat activities	Beneficiaries	1,350	7,559

CONTEXT

Burkinabè military and security forces – at times, as part of international coalitions – engaged in armed conflict with armed groups active in the country and elsewhere (see *Mali* and *Niger*). The government formed the Volunteers for the Defence of the Homeland (VDP), which was made up of volunteers recruited to support defence and security forces in operations against armed groups. Arrests were made in relation to the hostilities.

Weapon bearers were reported to be engaged in unlawful conduct such as killing civilians. As clashes and attacks intensified in the North and East regions, the number of IDPs rose to over 1 million. Some Malian refugees, who had fled to northern Burkina Faso in the past, returned to Mali because of the violence.

Basic goods and services were comparatively inaccessible to displaced people; the resources of host communities were under tremendous strain. Food was scarce, as agriculture was disrupted by fighting and by climate change, which caused drought and floods. Many health facilities were unable to function because of the violence.

The authorities worked to contain the spread of COVID-19, as cases were reported in certain areas.

ICRC ACTION AND RESULTS

The deteriorating situation led the ICRC to bolster its efforts, in cooperation with the Burkinabè Red Cross Society, to help people deal with the cumulative effects of armed conflict, climate change and COVID-19. To this end, it launched a budget extension appeal[1] for Burkina Faso and other countries in the Sahel region. The ICRC prioritized activities for conflict-affected people, especially in areas inaccessible to other organizations, and adapted its activities to pandemic-related constraints. Measures to control and prevent infections were implemented during aid distributions and other activities.

Dialogue with the authorities and weapon bearers enabled the ICRC to secure access to conflict-affected communities and monitor their situation. It documented allegations of abuse and raised them with the parties concerned. It also reminded the parties of their obligations under IHL and other applicable law. In parallel, ICRC workshops helped military and security forces personnel to familiarize themselves with these norms.

The ICRC sought to address critical food shortages: households were given food and nutritional supplements, or cash or vouchers for buying them, and helped to get through the lean season before the harvest. Whenever possible, vouchers were distributed electronically. All this was supplemented by support for raising livestock, one of the main sources of food and income, and for participating in microeconomic initiatives. The ICRC strove to improve living conditions for conflict-affected people, by repairing and building water and sanitation infrastructure and distributing hygiene items and other essentials. These efforts, along with information sessions, were also helpful in protecting them against COVID-19 and other diseases. Although its food assistance and income support activities were hampered by the volatile security conditions, the ICRC's efforts to increase food production and improve living conditions benefited more people than planned.

As health facilities began to close because of the security conditions, the ICRC's support for primary-health-care centres and hospitals became even more important for tackling malnutrition and ensuring the availability of basic health care and treatment for wounded people. ICRC support included material aid, staff training and improvements to infrastructure. Local health workers, supported by the National Society and the ICRC, conducted vaccination campaigns in response to measles and meningitis outbreaks; vaccines were stored in solar-powered refrigerators provided to health centres. A few health centres were given tricycle ambulances to transport people in remote areas to medical facilities.

People separated from their relatives by displacement or detention used the Movement's family-links services to get back in touch. For example, at family-links kiosks run by the National Society with ICRC support, migrants and IDPs were able to make phone calls, send RCMs, or file requests to locate missing relatives.

The ICRC visited detainees to check on their well-being. Findings from these visits – temporarily put on hold during the second quarter, in line with national measures to contain COVID-19 – were communicated confidentially to the authorities. The ICRC gave these authorities comprehensive support for improving prison infrastructure, broadening detainees' access to health care and improving their nutrition, and preventing the spread of COVID-19 in prisons. Isolation sites were set up in selected prisons with ICRC support, to facilitate proper infection prevention and control at these facilities.

The National Society played a key role in the response to COVID-19 and to natural disasters. It strengthened its operational capacities with support from the ICRC: funds, supplies, equipment, infrastructure, technical guidance and staff training.

CIVILIANS

The ICRC responded to the needs of conflict-affected people, adapting its activities to the constraints created by the hostilities and by the pandemic. Security conditions and pandemic-related movement restrictions delayed some of its projects, but the ICRC was able to scale up its efforts to address food shortages and improve living conditions for displaced people and host communities. Representatives of local communities took part in planning and implementing assistance activities, to ensure an adequate response to their specific needs.

Dialogue with key parties seeks to ensure protection for civilians and health services

The ICRC engaged the authorities and weapon bearers in dialogue on IHL and other pertinent norms; military and security forces familiarized themselves with these norms during ICRC workshops (see *Actors of influence*). The ICRC

1. For more information, please see the budget extension appeal on the ICRC Extranet for Donors.

made a formal determination that part of the violence in Burkina Faso could be classified as non-international armed conflict; it communicated this to the authorities in April. It monitored the situation of civilians in the North, Centre North, Sahel and East regions closely and documented allegations of abuse. It made confidential representations based on these allegations to key parties, and reminded them of their obligations – concerning the conduct of hostilities and the protection due to medical services – under IHL and other applicable law. It also reminded them of the importance of abiding by international standards for law enforcement.

To help strengthen the protection of people seeking and providing health care, seminars on the rights and responsibilities of health workers were organized for community leaders, medical personnel and National Society volunteers.

People searching for relatives missing in connection with the violence lodged tracing requests with the ICRC. Allegations of arrest were documented by the ICRC and presented to the parties concerned. National Society teams, with equipment and on-site support from the ICRC, provided phone and RCM services during regular field visits and at family-links kiosks, enabling IDPs and migrants, including Malian refugees, to restore contact with their relatives.

Relief distributions and livelihood support alleviate the effects of food shortages and conflict

The National Society and the ICRC provided aid for newly displaced people and host communities, including in areas inaccessible to other organizations; however, volatile security conditions prevented the ICRC from providing food assistance and income support in certain areas. Aid distributions were accompanied by information sessions on the pandemic.

Over 95,800 people (13,702 households) received food and/or cash or vouchers for food – sufficient for at least three months – which helped them get through the lean period before the harvest. Wherever possible, the food vouchers were distributed electronically; some 2,000 people were reached in this way. The food items usually included a nutrient-enriched corn-soya blend to reduce malnutrition among children and pregnant women. Some 200 health workers and community volunteers were trained to detect cases of malnutrition and refer malnourished people for treatment; they, in turn, trained thousands of others. To further ensure that malnourished children could be given suitable care, parents were taught to check for malnutrition by measuring the circumference of their children's arms.

Support for livestock farming helped households maintain their sources of food and livelihood; this benefited more people than planned, thanks to local veterinary workers who were able to extend the reach of livestock vaccination campaigns to their communities after receiving ICRC training. About 1 million animals were vaccinated and treated by local veterinary authorities with the ICRC's support, benefiting 21,901 households (153,307 people). Around 2,000 of these households (14,000 people) were given roughly 150 tonnes of animal feed. Community-based animal-health workers, trained and equipped by the ICRC, treated the livestock of over 2,400 households (16,821 people).

With the help of ICRC cash grants, 103 breadwinners were able to start livestock, market gardening and small trade projects in order to generate income, benefiting their entire households (737 people). Such projects could not be launched in areas affected by unstable security conditions; thus fewer people than planned benefited from them.

People obtain health care and other essential services

Medical needs in certain areas increased, because of violence, displacement and the pandemic. The ICRC stepped up its support to functioning primary-health-care centres and hospitals, assisting more facilities than envisaged. The ICRC drew the authorities' attention to the necessity of ensuring that displaced people could benefit from national health programmes, including those related to the pandemic; at the ICRC's urging, the authorities assigned an additional doctor to a health centre serving both residents and IDPs.

Conflict-affected people obtained health services at six centres that received substantial ICRC support regularly: supplies, basic equipment, and staff training, for example, in dealing with COVID-19 and malnutrition. The ICRC increased capacity at one centre by putting up a 20-bed medical tent; it also repaired the water system at some centres. Four health centres were given tricycle ambulances to transport people in remote areas to medical facilities.

Health workers and National Society staff implemented preventive measures against COVID-19 during their health-related activities; the ICRC gave them protective equipment, sanitation supplies, technical advice and training. Some 15,000 people attended information sessions on COVID-19.

Providing good-quality care to mothers and children was a priority. The ICRC trained and equipped local midwives and birth attendants, with a view to improving the availability and quality of assisted childbirth in conflict-affected areas. ICRC-supported health centres conducted ante/post-natal consultations and provided paediatric services. They assessed the nutritional status of 85,861 children, of whom 2,943 were treated for malnutrition. Children and adults were vaccinated at ICRC-supported facilities against common diseases (over 54,000 vaccines administered); at four centres, solar-powered refrigerators from the ICRC kept vaccines in optimal condition. When outbreaks of measles and meningitis occurred in areas where poor security conditions had shut down health centres, the National Society and the ICRC provided logistical and financial support for vaccination campaigns to check the spread of these diseases, especially among children.

Ad hoc material assistance was given to 24 other primary-health centres and 11 hospitals, which provided basic health care and treatment for wounded people. The ICRC also trained 15 doctors in war surgery. It gave the National Society financial support to train its staff in first aid.

The ICRC's renovations to water and sanitation infrastructure were critical in ensuring good hygiene among displaced people and residents and thereby checking the spread of COVID-19 and other diseases. More people were reached than envisaged, because the ICRC stepped up its activities to match the scale of

the needs revealed by its assessments. Roughly 63,000 people benefited from the construction of new boreholes and latrines, repairs to hand pumps and water networks, distributions of jerrycans for storing and transporting water, and hygiene promotion. Some 45,000 people (6,392 households) – many of whom were IDPs living in empty lots or schools, or with host families in cramped spaces – received hygiene items and other essentials, which helped improve their living conditions.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people held in prisons, and at some places of temporary detention, to check on their treatment and living conditions; it discussed its findings confidentially with the authorities. Security detainees, including people held in relation to armed conflict or the coup in 2015, were monitored individually. In accordance with pandemic-related protocols, the ICRC temporarily put these visits on hold during the second quarter of the year. The ICRC paid particular attention to reinforcing the authorities' COVID-19 response in places of detention, scaling up its efforts to improve detainees' hygiene conditions and enhance health-care infrastructure in prisons.

The ICRC sought to gain access to all detainees within its purview. To that end, it strove to advance understanding of its activities and working methods among the pertinent authorities, and military and *gendarmerie* officials, through bilateral talks and briefings.

The authorities take steps to prevent the spread of COVID-19 among detainees

The detaining authorities drew on ICRC recommendations to improve detainees' access to health care. ICRC health staff monitored the health situation of detainees at selected prisons and met with district health personnel to discuss how detainees could be integrated more fully into local health programmes. Various forms of support were provided for enhancing prison health services. The onset of the pandemic led the ICRC to concentrate its efforts on helping the health ministry and penitentiary authorities to develop and implement procedures for preventing infections in places of detention. It recommended the early release of certain detainees, particularly those most vulnerable to COVID-19; some 1,200 detainees who had already been sentenced, and several hundred more who were awaiting trial, were released, which made prisons a little less overcrowded.

The ICRC provided expert advice on measures to protect detainees against COVID-19 (e.g. regular disinfection of cells). It also gave prison staff the necessary training, upgraded infrastructure and helped promote good hygiene and sanitation, to the benefit of 7,500 detainees. The ICRC helped to set up and equip isolation areas in five prisons, so that protocols for controlling infections could be followed; it also gave these prisons medicine and other supplies. It renovated water and sanitation systems at three prisons, installed water-storage facilities and 244 handwashing stations, and donated personal hygiene items and some 22,500 litres of disinfectant. This enabled detainees to maintain good hygiene and reduced their vulnerability to disease. Other planned projects (e.g. construction of prison yards) were put on hold, as pandemic-related activities took precedence.

The ICRC was able to sustain its family-links services by adapting them to pandemic-related constraints and ensuring that the people obtaining and providing these services were able to do so safely. While family visits were suspended between March and June, detainees in one of the most populated detention facilities were able to stay in touch with their relatives, as a result of phone credit provided to the authorities by the ICRC.

Multidisciplinary efforts seek to address malnutrition in prisons

Malnourished detainees in three prisons benefited from nutritional supplements from the ICRC; kitchen equipment were provided to these facilities, increasing their capacity to prepare food for some 3,000 detainees. Material assistance from the ICRC enabled detainees at one facility (holding over 900 inmates) to plant a vegetable garden and enrich their diet. The ICRC also discussed with the justice and finance ministries the possibility of increasing the food budget for prisons in order to improve detainees' diet.

ACTORS OF INFLUENCE

Dialogue with key actors enables the ICRC to reach conflict-affected communities

Dialogue with authorities and weapon bearers, and efforts to broaden understanding of the Movement's work, resulted in the ICRC securing safe access to conflict-affected communities and working with them to alleviate their condition. During its talks with the authorities, the ICRC raised various issues of humanitarian concern, particularly in connection with the protection of civilians and medical services. These matters were also brought to the fore during the ICRC president's visit in September.

The ICRC worked with the Burkinabè Red Cross Society to build support for the Movement's principled humanitarian action and encourage communities to make use of the humanitarian services available to them. Various means were employed to this end: dissemination sessions for community leaders and local organizations; radio spots in different local languages; press releases and interviews; and digital campaigns. Conflict-affected people gave their views on ICRC activities, and suggestions for improving them, at events organized for that purpose and on a call-in radio programme.

At the onset of the pandemic, the ICRC put some of its communication activities and IHL-related events on hold, or adjusted their focus, to concentrate on raising awareness of the means by which people could protect themselves and others against COVID-19; these activities were conducted in collaboration with the National Society.

Weapon bearers familiarize themselves with rules applicable to hostilities

Besides engaging them in confidential dialogue on protection-related matters, the ICRC also sought to foster respect for the law among weapon bearers by training them in its basic

provisions. About 1,000 officers of the military, *gendarmerie* and the VDP learnt about IHL and other relevant norms through these training sessions. Peace-support troops attended predeployment sessions on these norms. Train-the-trainer courses were provided for *gendarmerie* instructors.

The ICRC strove to develop local expertise in IHL, with a view to advancing domestic implementation of its provisions. Some 250 law students advanced their understanding of IHL and principled humanitarian action through various ICRC events; six students participated in an international moot-court competition with financial support from the ICRC. Burkinabè experts in IHL exchanged views with other experts at an online colloquium on humanitarian issues in the Sahel region (see *Abidjan*). ICRC support enabled religious leaders to take part in a regional conference, held in February, on the protection afforded by Islamic law to humanitarian personnel.

Masks, protective gear and handwashing stations were made available during ICRC training sessions and other events in order to prevent the spread of COVID-19.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society tackles needs arising from conflict, the pandemic and natural disasters

The Burkinabè Red Cross Society worked closely with the ICRC to assist conflict-affected people; it expanded its capacities with comprehensive support from the ICRC. The ICRC met regularly with the National Society and other Movement components working in Burkina Faso, to ensure that Movement activities were well coordinated as they increased in scale, and to discuss security management and other pertinent issues.

The National Society's COVID-19 response drew on ICRC support, which included protective equipment for volunteers engaged in contact tracing and disinfection; tents for setting up quarantine facilities; and body bags. With the ICRC's help, the National Society produced posters and radio spots, in local languages, on measures to prevent the spread of COVID-19.

The National Society provided victims of floods with about 500 kits of essential items (for approximately 3,500 people) donated by the ICRC. The construction of two new offices helped to boost its emergency response capacities in rural areas.

National Society staff involved in aid distributions and other ICRC activities received training; volunteers familiarized themselves with the Safer Access Framework and the Fundamental Principles during field operations and ICRC-supported training sessions.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	334	5		
RCMs distributed	40	7		
Phone calls facilitated between family members	2,952			
Reunifications, transfers and repatriations				
People reunited with their families	1			
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	416	4	1	6
including people for whom tracing requests were registered by another delegation	9			
Tracing cases closed positively (subject located or fate established)	18			
Tracing cases still being handled at the end of the reporting period (people)	520	12	5	12
including people for whom tracing requests were registered by another delegation	19			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	3,759	56	101	
Visits carried out	28			
		Women	Girls	Boys
Detainees visited and monitored individually	196	8		13
of whom newly registered	64	5		8
RCMs and other means of family contact				
RCMs collected	253			
RCMs distributed	17			
Phone calls made to families to inform them of the whereabouts of a detained relative	164			
Detainees released and transferred/repatriated by/via the ICRC	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	95,893	39,697	23,013
of whom IDPs		91,262	37,751	21,902
Food production	Beneficiaries	153,307	63,293	38,580
of whom IDPs		53,025	21,980	13,249
Income support	Beneficiaries	737	699	
of whom IDPs		721	699	
Living conditions	Beneficiaries	45,019	19,702	9,333
of whom IDPs		44,761	19,501	9,333
Capacity-building	Beneficiaries	17,103	177	
of whom IDPs		150	150	
Water and habitat				
Water and habitat activities	Beneficiaries	62,957	14,480	37,144
Primary health care				
Health centres supported	Structures	30		
of which health centres supported regularly		6		
Average catchment population		265,814		
Services at health centres supported regularly				
Consultations		214,273		
of which curative		194,593	46,898	120,040
of which antenatal		19,680		
Vaccines provided	Doses	54,833		
of which polio vaccines for children aged 5 or under		27,151		
Referrals to a second level of care	Patients	875		
of whom gynaecological/obstetric cases		320		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	3,941	1,087	46
Living conditions	Beneficiaries	3,455	1,050	4
Water and habitat				
Water and habitat activities	Beneficiaries	7,559	151	76
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention[2]	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		553		
Weapon-wound admissions (surgical and non-surgical admissions)		307		
Weapon-wound surgeries performed		233		
Patients whose hospital treatment was paid for by the ICRC		19		

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

BURUNDI

The ICRC has been present in Burundi since 1962, opening its delegation there in 1992 to help people overcome the humanitarian consequences of armed conflict. It focuses on working with the prison authorities to ensure that detainees' treatment and living conditions meet internationally recognized standards, and on assisting violence-affected people. The ICRC helps the Burundi Red Cross bolster its work, especially in terms of emergency preparedness and restoring links between separated family members, including refugees. It supports the armed forces' efforts to train their members in applying IHL in their operations.

ICRC delegation

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2020

- Victims/survivors of sexual violence obtained medical and psychosocial care at ICRC-supported health and counselling centres; two new counselling centres were supported to make psychosocial care available in more areas.
- Malnourished detainees received therapeutic food donated by the ICRC and had their diet supplemented with the yield of various projects (e.g. fish ponds, pig farms, vegetable gardens) carried out by detainees with ICRC support.
- Breadwinners, including women, generated profits from small businesses that they started or revived with cash from the ICRC; they were also given mobile phones, so that they could receive the cash transfers.
- Potable water was more readily available for people in rural areas, thanks to ICRC water projects. Fewer people than planned were reached as some projects were delayed because of restrictions linked to the COVID-19 pandemic.
- The ICRC gave technical advice, supplies and other support for local efforts to check the spread of disease in health centres and detention facilities.
- Detainees used telephones, donated by the ICRC to 11 prisons, to contact their relatives after family visits were suspended as a precaution against COVID-19; the authorities and the ICRC gave them additional hygiene items.

EXPENDITURE IN KCHF

Protection	2,572
Assistance	5,489
Prevention	1,039
Cooperation with National Societies	650
General	148
Total	**9,897**
Of which: Overheads	*604*

IMPLEMENTATION RATE

Expenditure/yearly budget	84%

PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	105

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	6,648
RCMs distributed	7,013
Phone calls facilitated between family members	7,435
Tracing cases closed positively (subject located or fate established)	91
People reunited with their families	3
of whom unaccompanied minors/separated children	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	31
Detainees in places of detention visited	13,933
of whom visited and monitored individually	302
Visits carried out	84
Restoring family links	
RCMs collected	121
RCMs distributed	36
Phone calls made to families to inform them of the whereabouts of a detained relative	34

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	12,000	1,667
Income support	Beneficiaries	18,000	18,027
Living conditions	Beneficiaries	12,000	261
Water and habitat			
Water and habitat activities	Beneficiaries	101,500	44,646
Health			
Health centres supported	Structures	7	9
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	11,000	12,473

CONTEXT

The situation in Burundi was relatively calm despite the persistence of political and socio-economic tensions. National and local elections were held in May and September, respectively; owing to the death of his predecessor, the elected president was sworn into office earlier than scheduled.

The European Union (EU) and its member states continued to withhold direct financial aid to Burundi because of reports of human rights violations. Burundians struggled economically because of the fuel taxes and price hikes imposed by the government – which was dependent on EU aid – and, reportedly, because of delays in the disbursement of funds for public services. People displaced by past violence, returnees, and residents of host communities were especially affected. Some people left the country in pursuit of better economic opportunities.

Hundreds of thousands of Burundians remained in neighbouring countries, but some returned – from Rwanda, for example – or registered in programmes for voluntary repatriation. These programmes were, however, disrupted by border closures and movement restrictions imposed by Burundi and neighboring countries as precautions against COVID-19. Some people were stranded at borders.

Despite the authorities' efforts, overcrowding in detention facilities remained an issue, mainly because of delays in the processing of cases.

ICRC ACTION AND RESULTS

The ICRC helped people with specific needs or vulnerabilities to obtain health-care and other basic services, pursue livelihoods and contact their relatives. It supported the authorities' response to the COVID-19 pandemic, especially in places of detention; together with the Burundi Red Cross, it helped broaden public awareness of the disease and measures against it. Several activities planned for the year were altered or cancelled because of the pandemic and the necessary measures to check its spread.

The ICRC visited places of detention to monitor detainees' treatment and living conditions. It communicated its findings confidentially to the authorities and gave them technical and other support. It sustained dialogue with them on expediting judicial proceedings for cases of prolonged pre-trial detention. The ICRC also provided detention authorities with technical, material and other support for their COVID-19 response, especially for preventing the entry and spread of the disease in places of detention. It enabled detainees to call their relatives after family visits organized by the authorities were suspended as a precaution against the disease.

Detainees had access to health services at prison clinics or public health-care centres receiving material and technical support from the ICRC. Malnourished detainees were given therapeutic food and supplementary rations that helped them regain their health. Soap and hygiene kits were distributed, in larger quantities than last year, to detainees. Most renovation work at prisons, undertaken to improve detainees' living conditions, was postponed.

The ICRC supported seven primary-health-care centres, with a view to ensuring their ability to provide victims of violence with the necessary care. It also helped these centres and other health facilities to implement COVID-19 safety protocols: it set up triage and isolation areas, and handwashing stations, and donated personal protective equipment (PPE) and hygiene items. Victims/survivors of sexual violence received treatment at ICRC-supported health centres and were referred as necessary for advanced care. They also had access to mental-health and psychosocial care at these centres and at counselling centres supported by the ICRC, including two additional ones that began to receive support this year. Renovations at primary-health-care and counselling centres improved conditions for both health personnel and patients.

Breadwinners started or revived small businesses with cash from the ICRC. Others earned money through ICRC cash-for-work projects, which also benefited their communities. Potable water was more readily available in rural areas after the ICRC renovated water systems there; several water projects were, however, delayed or cancelled because of pandemic-related logistical constraints. The National Society, aided by the ICRC, built latrines for IDPs. Some of the funds meant for these projects and for emergency response activities were used to support local COVID-19 prevention and response efforts.

Members of families separated by civil unrest in Burundi, armed conflict or other situations of violence in neighbouring countries, or other circumstances restored and/or maintained contact through the Movement's family-links services.

The ICRC maintained dialogue with authorities and weapon bearers, to broaden understanding of and foster acceptance for: the ICRC and the Movement; neutral, impartial and independent humanitarian action; and IHL, international human rights law and other pertinent norms. It did so with a view to facilitating aid delivery to vulnerable people and contributing to their protection. Several initiatives for the military and for university students were cancelled.

The National Society remained the ICRC's main partner. It received support for developing its capacities in emergency response and other areas, and for its pandemic-related activities.

CIVILIANS

The ICRC monitored the situation in Burundi and pursued dialogue with the authorities, and with military and security forces personnel, during which it explained key aspects of the Health Care in Danger initiative. It provided advice and other support for the authorities' efforts to prevent the spread of COVID-19; together with the Burundi Red Cross, it conducted information campaigns on measures to counter disease transmission (see *Actors of influence*).

Dispersed family members stay in touch

Members of families separated by civil unrest in Burundi, armed conflict or other violence in neighbouring countries, detention, or other circumstances exchanged news through the Movement's family-links services. Three unaccompanied minors were reunited with their families in Burundi; several others were reunited elsewhere. A total of 91 tracing cases were resolved, with the families concerned informed and, where possible, put in touch with their relatives.

The ICRC and the National Society provided family-links services at quarantine centres and during the elections. National Society staff and volunteers drew on what they had learnt during ICRC training in March and April. The training was part of the comprehensive support – which also included training in data protection, technical advice, and donations of smartphones and other supplies – that the National Society was given to help expand its family-links capacities.

Body bags and reference materials, on the management of human remains, were donated to a hospital.

Victims of violence are tended to at ICRC-supported facilities

Victims of violence, including sexual violence, obtained preventive and curative care at seven health centres that regularly received ICRC support: supplies, technical assistance, staff training, coverage of staff salaries, and/or infrastructural upgrades. The ICRC helped transfer some of them to other facilities for more advanced treatment. Health-insurance cards were given to indigent people, which helped guarantee basic health care for them and their families.

Victims/survivors of sexual violence (some 370 people) and other people dealing with distress received mental-health and psychosocial support at seven ICRC-supported health centres and at four counselling centres, including two that began to receive ICRC support in 2020. Health-care providers and psychologists at all of these centres were regularly supervised by ICRC staff members, who provided technical advice and training in such areas as handling cases of sexual violence. National Society volunteers, after being briefed by the ICRC, conducted information sessions in communities, aimed at preventing the stigmatization of victims/survivors of sexual violence and publicizing the services available to them. Health-care providers were briefed on their rights and duties, and on key aspects of the Health Care in Danger initiative.

The ICRC gave two hospitals wound-dressing kits and guidance on maintaining their sterilization equipment. Fifty persons with disabilities received limb-fitting and other services at the Saint Kizito Institute; the ICRC covered their treatment costs.

The ICRC helped health facilities across Burundi to implement measures against COVID-19. Personal protective equipment (PPE), such as face masks and gloves, and thermometers were donated to the health centres and hospitals mentioned above; triage tents were put at three centres. Some 140 health facilities were given handwashing stations and chlorine for disinfection.

Access to potable water is broadened

Potable water was more readily available to nearly 36,700 people after the ICRC renovated water systems in rural areas. Other projects ran into delays or were cancelled because of logistical constraints; some of the funds allocated to them were used to help health centres (see above) and other service providers take precautions against COVID-19 or respond to the broader consequences of the pandemic. For example, supplies given to the National Society enabled it to provide water and hygiene kits to 800 people at a quarantine centre in Muyinga Province.

With material support from the ICRC, the National Society built latrines for IDPs in Gatumba and Nyanza Lac, which benefited roughly 6,000 people in all; it also received equipment and spare parts for an emergency water-treatment unit.

Three health and counselling centres were renovated, which benefited both staff and patients. Solar panels were installed at one health centre. Two schools in Makamba were renovated (benefitting 1,150 people). In Batwa, families were given roofing sheets for protection against heavy rain.

Breadwinners turn a profit from their own small businesses

Households with specific vulnerabilities or needs – such as those headed by women – supplemented their income with the ICRC's assistance. Around 2,000 breadwinners (supporting 12,000 people) earned cash by helping to repair or build community infrastructure. They confirmed, during phone calls with the ICRC, that the money they received had had an ameliorative effect on their living conditions. Another 1,000 breadwinners (supporting 6,000 people) used the ICRC's financial assistance to start, revive or expand their own small businesses (e.g. vegetable and fruit shops); they were also given phones, so that they could receive the money through mobile transfers. Around 98% of them reported turning a profit from their businesses.

Some funds allocated to emergency response (e.g. distributing food and household essentials) were used to support health facilities and people affected by pandemic-related restrictions (see above). More than 1,600 people in quarantine sites, for example, were given food and other supplies through the Burundi Red Cross. National Society volunteers were trained in managing economic-security projects, but most capacity-building activities for them were cancelled.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive visits from the ICRC

The ICRC visited 31 places of detention – collectively holding 13,933 detainees – to check detainees' treatment and living conditions. The visits were carried out in accordance with standard ICRC procedures. Detainees held for security reasons and people with specific needs were monitored individually (302 people in all). The cases of 22 minors were raised with the authorities and the Terre des Hommes foundation.

After these visits, the ICRC shared its findings and recommendations confidentially with the authorities concerned. It gave them various forms of support to ensure that detention conditions met internationally recognized standards, including respect for judicial guarantees. The ICRC and detaining and judicial authorities continued to discuss the importance of expediting judicial proceedings for cases of pre-trial detention outside of the prescribed legal limit. The ICRC maintained its support for the authorities' efforts: it helped organize data management training for penitentiary and judicial officers, and helped digitize detainees' files to enable more effective follow-up of their cases. The ICRC explained internationally recognized standards for detention during training sessions for weapon bearers (see *Actors of influence*).

Other training and joint initiatives with the authorities, however, were cancelled because of the pandemic. The ICRC reoriented its activities to supporting the authorities' COVID-19 response in places of detention.

Detainees maintain contact with relatives

Detainees kept in touch with their relatives, in Burundi and elsewhere, through the Movement's family-links services. They were able to call their families with telephones and phone cards, which were donated by the ICRC to 11 prisons, after family visits organized by the authorities were suspended as a precaution against COVID-19. At the request of 40 foreign detainees, the ICRC notified their consular representatives or the UNHCR of their detention.

The ICRC submitted allegations of arrest or detention to the authorities; the information it received was passed on to the families concerned. The ICRC assisted 27 detainees to return home after their release.

The authorities seek to prevent outbreaks of disease

Health services were available at ICRC-supported prison clinics or public health facilities. Health clinics, especially at four priority prisons that held most of Burundi's prison population, were given medical supplies, PPE and/or technical support. The ICRC reminded the detaining and health authorities of the importance of coordinating their activities, to ensure that detainees received timely and good-quality care that was also in accordance with national protocols. One consequence was that there were fewer shortages of medicine in prison clinics. The ICRC also facilitated the transfer of sick detainees to hospitals and other health facilities.

The ICRC provided detaining authorities with advice and other support for their COVID-19 response. It helped create or install areas for medical screening and triage, isolation centres, and handwashing stations at 11 prisons and at facilities for minors. It donated face masks, gloves and/or full PPE suits, along with additional supplies of soap and hygiene items for detainees. Prison health staff and detainees learnt more about the disease, including good practices in avoiding or preventing infection, through information sessions organized by the authorities and the ICRC; posters donated by the ICRC helped reinforce these messages. At one prison, some 1,600 detainees were vaccinated against measles.

Malnourished detainees receive therapeutic food and supplementary rations

Severely malnourished detainees received therapeutic food donated by the ICRC, which also gave health-service providers and social workers guidance on looking after malnourished detainees and screening new inmates for malnutrition.

Malnourished detainees continued to supplement their diet with the yield of projects (e.g. fish ponds, pig farms, vegetable gardens) carried out by detainees. The ICRC provided seed, fingerlings or livestock, and tools and technical advice, for these initiatives, which also enabled detainees to learn various skills. At six prisons where the ICRC had helped plant vegetable gardens, detainees received training in food preservation; a drip-irrigation system was installed at one prison.

The authorities, advised and supported by the ICRC, distributed additional supplies of soap and hygiene items to detainees, as a measure to control and prevent disease transmission. The ICRC also donated hygiene, educational and recreational items to detainees. Kitchen ovens at one prison were repaired, but projects in other prisons – to improve sanitation, cooking and other facilities – were delayed because of the pandemic.

ACTORS OF INFLUENCE

Communities learn about the ICRC and about protecting themselves against COVID-19

Community members learnt about the services available to them, about COVID-19 and about the ICRC at information sessions conducted by the Burundi Red Cross and the ICRC. An ICRC hotline enabled them to ask about ICRC services or give their views on them. Posters with safety tips against infection were distributed in communities and at places of detention (see *People deprived of their freedom*). Information sessions were also organized for police officers; COVID-19 reference materials, PPE and water-storage tanks were donated to the military and police.

Communication campaigns – on radio and through other means – helped inform local officials, members of civil society, and the broader public about the Movement. Media coverage of its work also helped to increase the ICRC's visibility and broaden awareness of its activities in Burundi. Journalists were briefed, given informational materials, and invited to ICRC events, to help them report on the organization's activities accurately.

The ICRC provided financial and other support for the National Society's radio programme.

Military and police personnel strengthen their grasp of IHL

The ICRC pursued dialogue with military, police and government officials, and made other efforts to promote respect for IHL and advance its domestic implementation. However, several planned initiatives, such as helping military officers to attend advanced IHL courses abroad and organizing events for university students, were cancelled.

Some 1,450 military recruits and roughly 1,300 police cadets learnt more about IHL and human rights law, respectively, at dissemination sessions conducted by ICRC-trained instructors;

twenty police trainers benefited from refresher courses. Troops bound for peacekeeping missions and other soldiers learnt more about IHL and the Movement at dissemination sessions organized by the ICRC. These sessions were conducted in line with COVID-19 safety protocols.

During discussions with government ministers and parliamentarians, including newly elected officials (see *Context*), the ICRC emphasized the importance of ratifying IHL and IHL-related treaties, especially those concerning weapons. Round tables on these treaties, though planned, did not take place.

RED CROSS AND RED CRESCENT MOVEMENT

The Burundi Red Cross remained the ICRC's main partner in implementing certain projects (see *Civilians*). The two organizations worked together to broaden awareness of infection-prevention protocols – during the elections, for example – and to respond to the needs created or exacerbated by pandemic-related restrictions.

The ICRC provided the National Society with various forms of support to develop its operational and organizational capacities: first-aid kits, stretchers and PPE; financial assistance to insure volunteers; flags and jerseys with the National Society's logo; and, at nine branches, a faster internet connection.

National Society volunteers were trained in the Safer Access Framework, to enable them to work in safety, especially in violence-prone areas. Training sessions and workshops enabled National Society staff and volunteers to develop their first-aid capacities and refresh their knowledge of both the Fundamental Principles and the proper use of the red cross emblem.

During meetings, Movement components in Burundi exchanged information about their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	6,648	14		
RCMs distributed	7,013	11		
Phone calls facilitated between family members	7,435			
Reunifications, transfers and repatriations				
People reunited with their families	3			
including people registered by another delegation	1			
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	125	25	28	10
including people for whom tracing requests were registered by another delegation	20			
Tracing cases closed positively (subject located or fate established)	91			
including people for whom tracing requests were registered by another delegation	7			
Tracing cases still being handled at the end of the reporting period (people)	176	41	34	21
including people for whom tracing requests were registered by another delegation	39			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	16	2		
UAMs/SC reunited with their families by the ICRC/National Society	3			
including UAMs/SC registered by another delegation	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	22	10		
Documents				
People to whom official documents were delivered across borders/front lines	17			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	31			
Detainees in places of detention visited	13,933	818	225	
Visits carried out	84			
		Women	Girls	Boys
Detainees visited and monitored individually	302	13	4	30
of whom newly registered	182	10	4	25
RCMs and other means of family contact				
RCMs collected	121			
RCMs distributed	36			
Phone calls made to families to inform them of the whereabouts of a detained relative	34			
People to whom a detention attestation was issued	11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	1,667	427	110
Income support	Beneficiaries	18,027	10,260	
Living conditions	Beneficiaries	261		31
Water and habitat				
Water and habitat activities	Beneficiaries	44,646	10,300	24,183
Primary health care				
Health centres supported	Structures	9		
of which health centres supported regularly		7		
Average catchment population		240,591		
Services at health centres supported regularly				
Consultations		217,057		
of which curative		180,622	45,736	105,709
of which antenatal		36,435		
Vaccines provided	Doses	131,300		
of which polio vaccines for children aged 5 or under		30,898		
Referrals to a second level of care	Patients	1,567		
of whom gynaecological/obstetric cases		244		
Mental health and psychosocial support				
People who received mental-health support	Cases	3,395		
People who attended information sessions on mental health		147,704		
People trained in mental-health care and psychosocial support		56		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	13,919	845	318
Capacity-building	Beneficiaries	12,606	700	219
Water and habitat				
Water and habitat activities	Beneficiaries	12,473	374	125
Health care in detention				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention	Structures	7		

CENTRAL AFRICAN REPUBLIC

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- The worsened security situation significantly hampered the implementation of some of the ICRC's activities. After the onset of the pandemic, the authorities and others, with ICRC support, worked to check the spread of COVID-19.
- Ill and injured people obtained advanced care at an ICRC-supported hospital. Psychosocial support for victims/survivors of sexual and other violence was available at ICRC-supported health facilities, and at IDP camps.
- Returnees, newly displaced people and others affected by armed violence in Kaga Bandoro and elsewhere were given food, water, household items and hygiene kits by the ICRC and the Central African Red Cross Society.
- Violence-affected households kept up farming and herding, and set up small businesses, with ICRC livelihood support. Water was more readily available in rural and urban areas after ICRC-supported infrastructural upgrades.
- The ICRC reminded authorities and weapon bearers, including personnel involved in security operations, of their obligations under IHL, particularly to protect civilians. It urged them to safeguard medical personnel and facilities.
- Detainees benefited from the authorities' efforts, undertaken with the ICRC's help, to improve sanitation and mitigate health risks in places of detention, and from an ICRC nutritional programme for malnourished detainees.

EXPENDITURE IN KCHF	
Protection	7,470
Assistance	23,835
Prevention	2,992
Cooperation with National Societies	2,760
General	502
Total	**37,559**
Of which: Overheads	*2,292*
IMPLEMENTATION RATE	
Expenditure/yearly budget	82%
PERSONNEL	
Mobile staff	75
Resident staff (daily workers not included)	481

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	75
RCMs distributed	102
Phone calls facilitated between family members	468
Tracing cases closed positively (subject located or fate established)	161
People reunited with their families	21
of whom unaccompanied minors/separated children	18
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	1,312
of whom visited and monitored individually	186
Visits carried out	58
Restoring family links	
RCMs collected	89
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	202

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	57,200	76,557
Food production	Beneficiaries	101,875	106,411
Income support	Beneficiaries	1,500	270
Living conditions	Beneficiaries	37,500	55,770
Capacity-building	Beneficiaries	80	58
Water and habitat			
Water and habitat activities	Beneficiaries	237,500	300,278
Health			
Health centres supported	Structures	2	3
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	2,280	1,227
Living conditions	Beneficiaries		2,555
Water and habitat			
Water and habitat activities	Beneficiaries	1,320	1,187
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	6	6
Physical rehabilitation			
Projects supported	Projects	1	1
Water and habitat			
Water and habitat activities	Beds (capacity)	210	236

CONTEXT

Conflict and other situations of violence persisted in the Central African Republic (hereafter CAR). The government signed a peace agreement with 14 armed groups in 2019, but violence remained prevalent; volatile security conditions deteriorated further towards the end of the year. Armed groups, including some which signed the agreement, clashed with government forces. Armed elements maintained their presence throughout the country. Crime was reportedly widespread, including in the capital city, Bangui. Communal tensions – for instance, over limited resources for herders – led to violence. Abuses against civilians and attacks on medical personnel and humanitarian workers were reported.

Presidential and legislative elections took place in December; reportedly, political tensions led to armed violence.

Some households were able to return to their places of origin, however, many people were newly displaced by clashes or remained displaced. IDPs and other violence-affected people had little or no access to water and essential services, such as health care. Households struggled to undertake or sustain livelihood activities, owing to limited access to agricultural land and other resources, and the persistent insecurity. These circumstances contributed to food insecurity. Cases of COVID-19 were reported.

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

ICRC ACTION AND RESULTS

The ICRC continued to assist people affected by armed conflict and other violence, particularly IDPs, returnees and residents of violence-affected areas. Whenever possible, it carried out its activities with the Central African Red Cross Society. The volatile security conditions limited the implementation of some ICRC activities; the ICRC adapted its activities, where necessary, to comply with measures necessitated by the pandemic.

As in the past, the ICRC endeavoured to prevent violations of IHL and to promote respect for it and other pertinent norms. It strove to build support for the Movement's activities among CAR soldiers, members of armed groups, police officers, *gendarmes*, security forces and others. It reminded these groups of their duty to protect civilians and medical personnel and facilities. It also documented allegations of unlawful conduct reported to it and, when appropriate, relayed them to the parties concerned; it urged these parties to take measures to prevent or end such misconduct.

People in violence-affected areas obtained primary health care at facilities backed by the ICRC. The National Society and the ICRC worked to ensure the availability of prompt, suitable care for people affected by armed violence and the pandemic; they trained people in first aid and briefed them on COVID-19. When necessary, they referred people for higher-level care. Hospitals and other health facilities treated people injured during violence, and worked to check the spread of COVID-19, with the ICRC's material and technical support. The ICRC continued to provide regular support to a hospital in Kaga Bandoro that served violence-affected people, including mothers and children; malnourished children were treated at an ICRC-run unit. Victims of violence, including victims/survivors of sexual violence, and children in IDP camps received psychosocial support at ICRC-supported facilities and/or from ICRC-trained staff. Persons with physical disabilities obtained assistive devices and physiotherapy, and participated in sports, at an ICRC-supported rehabilitation centre.

Returnees, IDPs and residents of violence-affected areas met their basic needs with distributions of emergency supplies of food and household essentials, as well as hygiene items; distributions of emergency aid were stepped up to address increased needs. Farming and herding households comprised of returnees and residents endeavoured to produce more food with the ICRC's support, which included seed and farming tools, and livestock-vaccination campaigns and veterinary services for animals. Households headed by victims/survivors of sexual violence, and others who were particularly vulnerable, received cash grants and training to set up small businesses and add to their household income. Local authorities and the ICRC repaired and built water infrastructure in both rural and urban areas affected by violence, which helped ensure a more reliable supply of water.

National Society and ICRC family-links services helped members of families dispersed by violence, migration, detention and other circumstances to restore or maintain contact. Unaccompanied minors – including those formerly associated with armed groups – were reunited with their families.

Communication campaigns by the National Society and the ICRC enabled communities to learn more about IHL, the Movement, humanitarian issues in the CAR and COVID-19. Members of the media, and others of influence, were kept up to date on the ICRC's activities.

The ICRC visited detainees in accordance with its standard procedures and monitored their treatment and living conditions. It conveyed its findings and recommendations confidentially to the detaining authorities. It aided the authorities' efforts to improve detainees' living conditions – which included ensuring the availability of good-quality health care – and maintained a treatment programme for malnourished detainees.

The ICRC gave the National Society support for strengthening its capacity to respond to emergencies, restore family links, implement livelihood-support programmes, and coordinate its activities more closely with those of other Movement components.

CIVILIANS

The volatile security situation (see *Context*) significantly hampered the implementation of some ICRC activities. The ICRC adapted its activities in line with national COVID-19 protocols, such as movement and other restrictions enforced by the government – as an indispensable part of the national COVID-19 response – and with international guidelines to check the spread of the disease.

Weapon bearers strengthen their grasp of IHL and other applicable norms

The ICRC endeavoured to foster compliance with IHL and other applicable law among authorities and weapon bearers. It reminded these parties of their obligations under IHL and other applicable norms, particularly to protect civilians and medical personnel and facilities. It documented allegations of abuse and, when appropriate, discussed them confidentially with the parties concerned. It urged them to take measures to prevent or end such misconduct, and also to ensure that people were able to return, voluntarily and safely, to their places of origin.

In line with the terms of the peace agreement, the authorities set up mixed units – made up of military troops, security forces personnel and members of armed groups – to carry out security operations; members of these units, and armed forces personnel, advanced their understanding of IHL and other pertinent norms at ICRC dissemination sessions. The ICRC also briefed some members of armed groups on these subjects. Military officers discussed IHL and other pertinent norms, and operational planning, at an ICRC round table. ICRC dissemination sessions enabled police officers and *gendarmes* to familiarize themselves with international standards for law enforcement.

IDPs in Bambari learnt more about community-based means of self-protection at an ICRC workshop.

Violence-affected people avail themselves of primary-health-care services at ICRC-supported centres

The ICRC supported health-care centres and a therapeutic feeding unit – three facilities in all – to help ensure the availability of basic health care in the violence-affected prefectures of Nana Grebizi and Ouaka. At these facilities, which collectively covered around 73,000 community members, people obtained vaccinations, antenatal care and other primary-health-care services. The ICRC gave these facilities medical supplies, PPE and guidance on implementing measures to check the spread of COVID-19; it also upgraded infrastructure and trained health staff and community health relays. Patients needing higher-level or specialized care were referred to appropriate facilities by the ICRC, which in some cases also arranged for their transport. (see *Wounded and sick*).

Young children were vaccinated at ICRC-supported health facilities and also screened for malnutrition; those found to be malnourished received appropriate treatment, including at a therapeutic feeding unit run by the ICRC.

Children in treatment for malnutrition and children with disabilities being treated at ICRC-supported health facilities, and their families – around 7,900 people in all (1,575 households) – were given food suited to their particular needs.

Victims/survivors of sexual violence obtain psychosocial and other support at ICRC-backed facilities

Victims of violence, including victims/survivors of sexual violence, obtained psychosocial support from ICRC-trained staff at the two ICRC-supported health centres, and at an ICRC-supported hospital in Kaga Bandoro. Some of them were given food aid and referred for other assistance as well (see below).

In cooperation with the Central African Red Cross Society, the ICRC also made psychosocial support available to children at three IDP sites. Children also learnt how to protect themselves and others against COVID-19, and were encouraged to share this information with their families.

Particularly vulnerable violence-affected people are given emergency aid

Despite the substantial constraints brought about by the security situation and other factors, the ICRC was able to distribute emergency aid, with a view to assisting people newly displaced and affected by incidents of armed violence (see *Context*).

Some 13,700 violence-affected households (68,680 people) in Kaga Bandoro and elsewhere were helped to cover their basic needs with food staples distributed by the National Society and the ICRC. These included farming households, who were helped to avoid the need to consume seed meant for planting; and particularly vulnerable people, including victims/survivors of sexual violence receiving psychosocial support at ICRC-backed facilities.

Over 10,000 households (some 55,700 people) comprised mainly of IDPs, and some returnee households and residents of violence-affected areas, were given items for setting up temporary shelter, mosquito nets, kitchen sets and other household essentials. Many of these households also received items such as soap and kettles for boiling water; this helped them to maintain good hygiene, and thus mitigate risks to their health.

Violence-affected households work to restore their livelihoods

Where security conditions permitted, some IDPs who were able to return to their places of origin and violence-affected residents grew crops and tended to their livestock with the ICRC's support. Farming households were given higher-yield, drought-resistant seed, and tools, and agricultural authorities were given technical and material support to produce high-quality seed; these efforts benefited around 10,900 households (some 54,700 people) in all. Around 10,300 herding households (some 51,700 people) had their livestock protected against disease as part of a vaccination campaign organized by the authorities and the ICRC, which helped them keep their animals healthy and productive; they also benefited from services provided by ICRC-backed veterinary clinics and community-based animal-health workers trained and equipped by the ICRC. ICRC training helped National Society staff to strengthen their capacities in livelihood support.

People affected by violence – among them victims/survivors of sexual violence and persons with disabilities – added to their household income with the ICRC's support. In all, 54 heads of households (supporting 270 people) received ICRC cash grants and training to help them set up income-earning activities, such as small businesses.

Returnees in rural areas have broader access to water

People affected by conflict and other violence benefited from ICRC activities aimed at improving their access to reliable sources of clean water. In rural areas, the ICRC repaired and built wells and water pumps serving returnee households, and latrines in IDP camps, to the benefit of around 139,900 people; local technicians strengthened their capacity to maintain these facilities with ICRC training and equipment. In Bangui and other urban areas, water treated by the authorities with ICRC-provided chemicals, or supplied through infrastructure upgraded by them with ICRC support, was available to some 160,400 people. All these people learnt how to protect themselves against disease through the National Society's hygiene-promotion activities.

Minors formerly associated with armed groups are reunited with their relatives

Members of families separated by conflict or other violence, or detention, reconnected through family-links services provided by the Central African Red Cross, National Societies in neighbouring countries, and the ICRC. A total of 18 unaccompanied minors – some formerly associated with armed groups – were reunited with their families; 161 tracing cases were resolved.

After the signing of the peace agreement in 2019, the authorities established transit camps for people who were returning to their homes. The National Society and the ICRC set up facilities at these transit sites from which people could phone their relatives. When phone lines were cut during outbreaks of violence in Ndélé, IDPs contacted their relatives from phone kiosks set up by the ICRC.

Members of missing people's families shared their concerns and specific needs at ICRC workshops. The ICRC continued to discuss a number of issues with the justice ministry and other authorities, such as: ascertaining the fate of missing people; strengthening national mechanisms for managing and identifying human remains; and ensuring that the human remains of COVID-19 victims are handled properly and with due dignity.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to visit – in accordance with its standard procedures – 11 places of detention managed by the authorities and by MINUSCA; these places held 1,312 people in all. Close attention was given to particularly vulnerable detainees, such as women and children, and people held in connection with conflict. Findings and recommendations for improving detainees' living conditions and treatment, including respect for judicial guarantees, were communicated confidentially to the authorities. Systemic issues affecting places of detention, such as overcrowding, were also discussed with the authorities.

Malnourished detainees are treated under an ICRC nutritional programme

Penitentiary authorities and prison health staff endeavoured to improve detainees' access to good-quality health care, and reduce risks to their health, with the ICRC's help.

In response to the pandemic, the authorities set up quarantine areas for suspected cases; they did so with the ICRC's advice. The ICRC also gave the authorities disinfectant, cleaning materials and PPE, and stepped up its distributions of hygiene items in prisons (see below) – in support of their efforts to check the spread of COVID-19.

Detainees were included in national programmes that entitled them to free treatment for medical conditions and diseases such as HIV/AIDS and TB; the ICRC had previously given the authorities advice and encouragement in this regard. The ICRC continued to urge the authorities to refer to external facilities those detainees who needed specialized treatment. Prison health staff expanded their capacities with training and medical supplies from the ICRC.

At the central prison in Bangui and at a prison in Bouar, the ICRC maintained its nutritional programme and backed the authorities' efforts to treat and prevent malnourishment. Around 1,200 detainees received supplementary meals, prepared with material and technical assistance from the ICRC and/or distributed with the ICRC's local partners. Prison staff in charge of detainees' food strengthened their capacities through ICRC training in meal preparation and food stock management.

The authorities take steps to improve sanitation in prisons

The ICRC ramped up its support for the authorities to ensure adequate hygiene and sanitation in places of detention, with a view also to assisting efforts to curb the spread of COVID-19 in prisons. It donated soap and other hygiene items, cleaning materials, and handwashing stations; helped the authorities to set up isolation areas; and gave penitentiary authorities and staff advice for implementing measures against COVID-19.

Waste-disposal facilities and water systems at the central prison in Bangui, and at a prison in Bouar, were repaired or upgraded by the ICRC, benefiting around 1,200 detainees. Some 2,600 detainees received bedding and other items from the ICRC to enhance their living conditions.

Meetings of the hygiene committee in the central prison were suspended in March owing to the pandemic. A project under which detainees at the prison learnt how to make liquid soap was discontinued, in favor of distributions of bars of soap, which benefited more detainees overall.

WOUNDED AND SICK

Patients and caregivers at ICRC-supported health facilities learnt more about COVID-19 from information sessions held by the National Society and the ICRC.

Wounded people are given first aid before being referred for further care

Members of violence-affected communities and of armed groups, and first responders and potential first responders, learnt how to provide effective assistance in emergencies. At training sessions conducted by the National Society and the ICRC, including sessions in preparation for the possibility of election-related violence, they learnt first aid and best practices in checking the spread of COVID-19. Some of them also received supplies and equipment, such as first-aid kits and hygiene items, and materials for setting up handwashing stations.

The National Society and the ICRC stabilized the condition of people who were critically wounded or ill and transferred them to hospitals.

Critically ill and wounded people obtain treatment at hospitals supported by the ICRC

A hospital in Kaga Bandoro continued to strengthen its services, particularly those of its maternity and paediatric departments. To help ensure that good-quality health services were available, free of charge, to violence-affected people, the ICRC provided this hospital with regular support: donations of medical supplies, on-site support from ICRC health staff, and infrastructural improvements (100 beds) – such as stabilizing the hospital's power supply. The ICRC's support also helped the hospital to operate its laboratory and conduct blood transfusions. A therapeutic feeding unit run by the ICRC continued to treat severely malnourished children.

Hospitals and other health facilities, with the ICRC's support, became more capable of coping with influxes of patients and responding to the pandemic and other emergencies. The Kaga Bandoro hospital established infection-control measures with ICRC technical support, and reinforced its services with PPE, disinfectant and other supplies and equipment provided by the ICRC. The ICRC set up an isolation tent and handwashing stations at the hospital; it also installed handwashing stations at a physical rehabilitation centre supported by it (see below). In Bangui, five hospitals bolstered their preparedness for emergencies, including electoral violence, with wound-dressing kits and other supplies from the ICRC.

Persons with disabilities obtain physiotherapy and assistive devices

Persons with physical disabilities obtained rehabilitative care and assistive devices at an ICRC-supported centre in Bangui. Some of them also benefited from this centre's collaboration with an association for persons with disabilities: the association provided room and board for patients who had no relatives with whom they could stay during their treatment. The centre delivered physical rehabilitation services for 158 people[1]; it provided 78 prostheses, and 42 orthoses. Some patients were referred for livelihood and other support (see *Civilians*).

The centre developed its capacity to produce assistive devices. It did so with the ICRC's help: materials and components, training for staff and technical advice. Prospective technicians and physiotherapists pursued studies abroad with the ICRC's help. The ICRC provided some help to the association mentioned earlier, such as infrastructural improvements (136 beds): for instance, it installed access ramps to latrines for the convenience of persons with disabilities.

The centre strove to advance the social inclusion of persons with disabilities, particularly through sports such as wheelchair basketball. Notably, a women's wheelchair-basketball team was established during the year.

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

The ICRC and the authorities continued to work towards the construction of a new physical rehabilitation centre.

ACTORS OF INFLUENCE

The ICRC engaged the authorities, weapon bearers, local leaders and community members in dialogue on a wide range of issues. Among these issues were: the humanitarian consequences of armed conflict and other violence; the plight of victims/survivors of sexual violence; the specific concerns of IDPs; and the necessity of safeguarding civilians, and medical personnel and facilities. The ICRC continued to support the efforts of the authorities and weapon bearers to integrate IHL and other applicable norms and standards into their doctrine, training and operations (see *Civilians*).

The pertinent authorities and the ICRC continued to discuss the implementation of IHL and IHL-related treaties; the ICRC made its expertise available to authorities.

Communities learn more about IHL and the Movement

The Central African Red Cross Society and the ICRC endeavoured to broaden awareness and understanding of IHL and the Movement among the general public, and to inform as many people as possible of COVID-19 and means to check its spread. Communities learnt more about these topics through radio spots in local languages, flyers distributed in public spaces and public communication via both traditional and digital media.

Journalists drew on ICRC press briefings to enrich their reporting on humanitarian issues in the CAR.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society strengthened its operational and managerial capacities with comprehensive ICRC support. National Society staff members and volunteers developed their preparedness for emergencies and their capacity to restore family links, implement economic-security projects (see *Civilians*), and disseminate information about IHL, humanitarian issues, and COVID-19 (see also *Actors of influence*).

The National Society responded to the pandemic and assisted people in need following incidents of violence during the election period. The ICRC provided the support necessary, such as supplies of PPE and other items, and technical assistance. Aided by the ICRC, the National Society set up a fund to assist staff and volunteers who had contracted COVID-19. During the run-up to the elections in December, the National Society refined its contingency plan with the ICRC's help.

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

MAIN FIGURES AND INDICATORS: PROTECTION

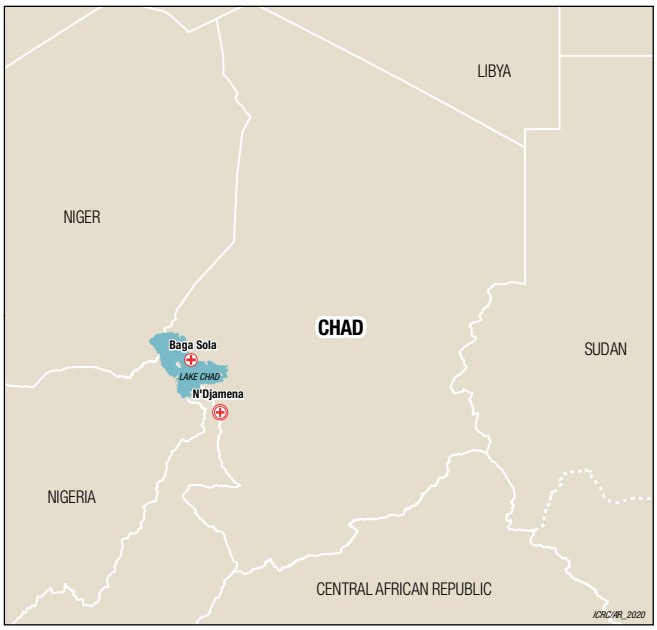
CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	75	10		
RCMs distributed	102	11		
Phone calls facilitated between family members	468			
Reunifications, transfers and repatriations				
People reunited with their families	21			
including people registered by another delegation	15			
Human remains transferred or repatriated	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	115	16	31	16
including people for whom tracing requests were registered by another delegation	60			
Tracing cases closed positively (subject located or fate established)	161			
including people for whom tracing requests were registered by another delegation	66			
Tracing cases still being handled at the end of the reporting period (people)	370	46	101	59
including people for whom tracing requests were registered by another delegation	119			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	14	8		
UAMs/SC reunited with their families by the ICRC/National Society	18	7		
including UAMs/SC registered by another delegation	13			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	24	10		2
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	1,312	49	39	
Visits carried out	58			
		Women	Girls	Boys
Detainees visited and monitored individually	186	1		17
of whom newly registered	86	1		5
RCMs and other means of family contact				
RCMs collected	89			
RCMs distributed	19			
Phone calls made to families to inform them of the whereabouts of a detained relative	202			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	76,557	35,714	13,372
of whom IDPs		2,942	887	1,464
Food production	Beneficiaries	106,411	35,690	15,525
of whom IDPs		1,444	289	289
Income support	Beneficiaries	270	195	
of whom IDPs		55	55	
Living conditions	Beneficiaries	55,770	22,633	7,643
of whom IDPs		55	55	
Capacity-building	Beneficiaries	58		
Water and habitat				
Water and habitat activities	Beneficiaries	300,278	120,111	60,056
Primary health care				
Health centres supported	Structures	3		
of which health centres supported regularly		3		
Average catchment population		72,875		
Services at health centres supported regularly				
Consultations		44,215		
of which curative		39,094	8,845	25,728
of which antenatal		5,121		
Vaccines provided	Doses	26,965		
of which polio vaccines for children aged 5 or under		3,029		
Referrals to a second level of care	Patients	515		
of whom gynaecological/obstetric cases		34		
Mental health and psychosocial support				
People who received mental-health support	Cases	1,254		
People who attended information sessions on mental health		21,613		
People trained in mental-health care and psychosocial support		20		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	1,227		
Living conditions	Beneficiaries	2,555	49	90
Capacity-building	Beneficiaries	213		
Water and habitat				
Water and habitat activities	Beneficiaries	1,187	83	59
Health care in detention				
Places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
including hospitals reinforced with or monitored by ICRC staff		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Gynaecological/obstetric admissions		2,389	2,323	66
Consultations		45,272		
First aid				
First-aid training				
Sessions		33		
Participants (aggregated monthly data)		642		
Water and habitat				
Water and habitat activities	Beds (capacity)	236		
Physical rehabilitation				
Projects supported		1		
of which physical rehabilitation projects supported regularly		1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	158	35	38
of whom victims of mines or explosive remnants of war		54		
Prostheses delivered	Units	78		
Orthoses delivered	Units	42		
Physiotherapy sessions		85		
Walking aids delivered	Units	40		

CHAD

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



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

KEY RESULTS/CONSTRAINTS IN 2020

- In relation to the conflict in the Lake Chad region, authorities and weapon bearers were reminded to uphold IHL and other pertinent norms. Allegations of violations documented by the ICRC were bilaterally shared with them.
- The Chadian National Army took steps to strengthen the integration of IHL principles into its doctrine, training and operations; in this regard, the general staff formalized a three-year memorandum of understanding with the ICRC.
- Family members separated by violence, migration or detention, including deported Chadian migrants and refugees from the Central African Republic (hereafter CAR) and Sudan, reconnected via the Movement's family-links services.
- Violence-affected people covered their needs with the help of household essentials, livelihood assistance and improvements to water facilities. Because of security and access constraints, the ICRC reached fewer people than planned.
- After surveys revealed increased malnutrition among inmates in four prisons, the pertinent officials and staff discussed measures to improve food-supply management and nutrition monitoring, with the ICRC.

EXPENDITURE IN KCHF	
Protection	2,823
Assistance	5,852
Prevention	1,351
Cooperation with National Societies	1,049
General	126
Total	**11,201**
Of which: Overheads	*684*
IMPLEMENTATION RATE	
Expenditure/yearly budget	77%
PERSONNEL	
Mobile staff	21
Resident staff (daily workers not included)	113

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	235
RCMs distributed	214
Phone calls facilitated between family members	43,618
Tracing cases closed positively (subject located or fate established)	50
People reunited with their families	8
of whom unaccompanied minors/separated children	6
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	4,179
of whom visited and monitored individually	481
Visits carried out	28
Restoring family links	
RCMs collected	589
RCMs distributed	128
Phone calls made to families to inform them of the whereabouts of a detained relative	175

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	218,100	145,806
Income support	Beneficiaries	9,360	900
Living conditions	Beneficiaries	42,000	26,850
Capacity-building	Beneficiaries	15,150	112
Water and habitat			
Water and habitat activities	Beneficiaries	40,000	65,984
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	6,520	1,590
Water and habitat			
Water and habitat activities	Beneficiaries	4,100	4,100

CONTEXT

Chad – together with other members of the Multinational Joint Task Force (MNJTF) – continued fighting the armed groups known as "the Islamic State's West Africa Province" and Jama'atu Ahlis Sunna Lidda'awati wal-Jihad, which were active in the wider Lake Chad region (see also *Niger*, *Nigeria* and *Yaoundé*). Operations against these groups escalated after an attack on a military camp in March. Arrests in connection with the conflict continued.

Chadian forces clashed with armed groups in the Tibesti region, near Libya. Communal tensions persisted in eastern and southern Chad.

Because of the violence, especially in the border areas of the Lac region where fighting remained intense, people fled or could not return to their homes. Abuses were reported. Access to basic services – including in detention facilities, which were dilapidated and overcrowded – and livelihood sources was hampered, as was the delivery of aid. The effects of climate change in the Sahel, such as heavy floods, and the COVID-19 pandemic, which necessitated movement restrictions, exacerbated people's difficulties.

Chadian migrants were deported from Libya in April. Refugees remained in Chad: from the CAR, in the south, and from Sudan, in the east. Their numbers increased during the year, owing to violence in the two countries (see *Central African Republic* and *Sudan*).

Chad remained part of the G5 Sahel Joint Force, a multinational effort against armed groups, and hosted the headquarters of Operation Barkhane, a French initiative against armed groups in the Sahel.

ICRC ACTION AND RESULTS

The ICRC maintained its efforts to protect and assist people affected by the conflict in the Lake Chad region and other situations of violence in the countries neighbouring Chad. In view of the sharp deterioration of the security situation in the country and the wider Sahel region, it sought to help more people, supported by a budget extension appeal[1]. However, the ICRC reached fewer people than planned, owing to security issues, pandemic-related restrictions and other constraints in Chad that forced it to adapt or postpone several activities. After the onset of the pandemic, it incorporated COVID-19 safety protocols in all its work.

The ICRC engaged in dialogue with the authorities, weapon bearers and other influential actors to foster respect for IHL and help facilitate the Movement's activities to aid violence-affected people. It documented allegations of violations of IHL and other pertinent norms, and shared them bilaterally with the parties concerned, with a view to ending or preventing such violations. The Chadian National Army took steps to strengthen the integration of IHL principles into its doctrine, training and operations; in this regard, the general staff formalized a three-year memorandum of understanding with the ICRC.

With the Red Cross of Chad, the ICRC assisted IDPs, and residents of the communities hosting them, in covering their urgent or longer-term needs. Thousands of people, many newly displaced, received household essentials, and cash or vouchers for animal fodder. Farming households obtained seed and tools to grow staple crops and vegetables, and cash to tide them over the lean season. Pastoral households benefited from a livestock-vaccination campaign. Despite the use of a different vaccine, several thousand herders declined to have their animals inoculated, given the adverse post-immunization reactions observed in 2019.

The ICRC's construction or renovation of boreholes, wells and similar facilities enabled IDPs and residents to improve their access to potable water. However, constraints linked to insecurity and floods, alongside logistical issues, hindered the ICRC from beginning or completing several infrastructure projects. To foster cleaner living conditions and reduce the risk of COVID-19 and other diseases among these IDPs and residents and in their surrounding communities, the ICRC stepped up its distributions of soap and other essentials, coupling them with hygiene-promotion sessions.

Family members separated by violence, migration, detention or other circumstances – including deported Chadian migrants and refugees from the CAR and Sudan – reconnected with one another via family-links services provided by the Movement in refugee camps and other places where people had moved.

The ICRC visited detainees, monitoring their treatment and living conditions and paying close attention to particularly vulnerable people. The relevant authorities were reminded to ensure that detainees' diet and access to health care met internationally recognized standards. At four prisons, the detaining authorities strove to look after the well-being of detainees, drawing on the ICRC's support; the ICRC endeavoured to promote their implementation of long-term measures, wherever possible. After surveys revealed increased malnutrition among inmates, the pertinent officials and staff discussed measures to improve food-supply management and nutrition monitoring, with the ICRC. In light of the pandemic, the ICRC suspended its on-site activities, except those addressing urgent matters, in certain prisons in April, resuming them in September.

The Red Cross of Chad, backed by Movement partners, bolstered its capacities to help vulnerable people meet their needs. Movement components maintained regular contact to exchange information and coordinate their activities.

CIVILIANS

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

The ICRC monitored the situation – particularly in border areas – of IDPs, refugees, returnees and members of host communities affected by the armed conflict in the Lake Chad region and other violence in Chad. It documented allegations

1. For more information, please see the budget extension appeal on the ICRC Extranet for Donors.

of violations of IHL and other applicable norms, especially in connection with the conduct of hostilities, the use of force in law enforcement operations, and sexual violence. Whenever possible, the allegations were bilaterally shared with the authorities and weapon bearers concerned, with a view to ending or preventing such violations. The ICRC also reminded these parties of the necessity of ensuring people's access to basic services and sources of livelihood.

People build their resilience to the effects of conflict and other crises

With the Red Cross of Chad, the ICRC assisted IDPs, and residents of the communities hosting them, in covering their urgent or longer-term needs, including by passing on messages about COVID-19 risk mitigation (see also *Actors of influence*). Because of constraints linked to security, access and COVID-19 (see *Context*), it adapted or postponed some activities, reaching fewer people than planned.

Nearly 26,900 people (4,500 households) – many of whom were newly displaced – received soap, mosquito nets and other household essentials to alleviate their immediate situation. Some of them also obtained cash or vouchers for animal fodder.

Around 6,400 farming households (38,100 people) were given seed and tools for growing staple crops and vegetables; many, in addition, received cash to tide them over the lean season. Seed producers whose harvests were destroyed by floods likewise received cash, to help protect their seed stocks from being consumed as food. Over 17,900 pastoral households (107,700 people) had more disease-resistant livestock, following a vaccination campaign undertaken by the ICRC in cooperation with local partners; as necessary, the animals were also dewormed. The vaccine used was of shorter-lasting efficacy but less likely to cause adverse post-immunization reactions, compared with the one used in 2019. Nevertheless, several thousand herders declined to have their livestock inoculated.

A total of 150 breadwinners (supporting 900 people in all) used ICRC cash grants to start small businesses or sustain their current income-generating activities.

With the help of ICRC-provided technical training and supplies, some 80 community animal-health workers underwent refresher courses and received tools and equipment from the ICRC.

Violence-affected people mitigate their risk of disease

The ICRC's construction or renovation of boreholes, wells and similar facilities in violence-affected areas enabled 25,500 IDPs and residents to improve their access to potable water. However, constraints linked to insecurity and floods (see *Context*), alongside logistical issues, hindered the ICRC from beginning or completing several infrastructure projects; training for local water technicians was postponed. To foster cleaner living conditions and check the spread of COVID-19 and other diseases among these IDPs and residents and in their surrounding communities, the ICRC stepped up its distributions of soap and other essentials. Such distributions, coupled with hygiene-promotion sessions, reached almost 66,000 people in all.

Members of dispersed families resume contact

Family members separated by violence, migration, detention and other circumstances reconnected with one another via short oral messages relayed by ICRC delegates, RCMs, phone calls and other Movement family-links services. These services were provided in refugee camps and other places where people – including deported Chadian migrants and refugees from the CAR and Sudan – had moved. The families of 50 people reported missing learnt of their relatives' fate or whereabouts and, where possible, were put in touch with them. Six unaccompanied/separated minors were reunited with their families; two others contacted their families abroad through video calls while the situation in Chad impeded their safe travel towards reunification.

PEOPLE DEPRIVED OF THEIR FREEDOM

In light of the COVID-19 pandemic, the ICRC suspended its on-site activities, except those addressing urgent matters, in certain prisons in April; these resumed in September. Round tables and workshops meant to help the penitentiary authorities better uphold the welfare of detainees – including those on judicial guarantees and detainees' health care and nutrition – were postponed, but dialogue with them was maintained.

Detainees receive ICRC visits

The ICRC visited, in accordance with its standard procedures, people confined in 11 prisons and places of temporary detention. It monitored detainees' treatment and living conditions and paid close attention to especially vulnerable people: those arrested in connection with the conflict in the Lake Chad region; those held in remand; women, minors, and foreigners; and those in poor health.

Findings from the ICRC's visits were shared confidentially with the relevant authorities, who were reminded, in particular, to respect judicial guarantees and ensure that detainees' diet and access to health care met internationally recognized standards. They were also urged to release detainees at high risk of COVID-19. The ICRC continued to seek access to all detainees within its purview.

Detainees and their relatives contacted one another through short oral messages relayed by ICRC delegates, RCMs and other family-links services. At the request of foreign inmates, the ICRC notified their consulates/embassies, or the UNHCR of their detention. The ICRC followed up on allegations of arrest, supported the authorities at some detention facilities in maintaining registries, and prompted the penitentiary and judicial authorities to notify the families concerned, and other pertinent parties, whenever people were arrested, transferred to other detention centres or released, or died.

Authorities work to address increased malnutrition among detainees

At four detention facilities, the authorities – grappling with a lack of budgetary, human and other resources and systemic issues in prison administration – strove to look after the well-being of detainees, drawing on the ICRC's financial, material and technical support. The ICRC endeavoured to promote their implementation of long-term measures, wherever possible.

The ICRC monitored the health of detainees, offered medical consultations, and donated basic medicines. It facilitated referrals for further care for 451 detainees, some of whom had HIV/AIDS or TB. Detainees learnt more about the prevention and management of these chronic diseases at information sessions led by prison health workers, who performed their duties in line with COVID-19 safety protocols, thanks to ICRC-provided training, personal protective equipment and hygiene items. Some detainees obtained testing and treatment under national programmes for malaria, HIV/AIDS and TB – partly because of the ICRC's advocacy for their inclusion in these programmes. The health and justice ministries were encouraged to formalize an agreement, drafted with ICRC input, on coordinating their provision of health care in prisons.

Around 1,600 malnourished inmates received therapeutic or supplementary food from the ICRC; at Amsinéné prison, the supplementary food was locally sourced. Thousands of detainees were given vitamin supplements. After surveys undertaken in September and October revealed an increase in malnutrition rates among detainees, the ICRC discussed ways to improve food-supply management with the officials concerned and held refresher courses on nutrition monitoring for 30 prison staff members.

Detainees have cleaner living conditions

The ICRC sent soap, bleach and other cleaning supplies and equipment to five prisons, enabling 4,100 detainees to have more sanitary surroundings. Several of these detainees also benefited from: the repair or installation of water and energy facilities, in two prisons; and the construction of triage and isolation areas for COVID-19 cases, in one prison and one hospital where detainees were regularly referred.

ACTORS OF INFLUENCE

Dialogue with authorities, military and security forces in Chad – including members of multinational forces – and representatives of civil society remained a priority for the ICRC, particularly because of Chad's position in the region and the number of international actors in the country. Such dialogue was aimed at fostering respect for IHL and other applicable norms, and helping facilitate the Movement's activities to aid violence-affected people (see *Civilians* and *People deprived of their freedom*). Pandemic-related constraints and personnel changes, however, forced the ICRC to adapt or postpone several activities. These included meetings and events meant to encourage the relevant authorities to incorporate key provisions of IHL in domestic law (see also *People deprived of their freedom*).

Chadian National Army seeks to enhance respect for IHL principles

The ICRC discussed issues related to IHL and international human rights law with commanders from the Chadian military, the MNJTF, the G5 Sahel Joint Force, and other forces. It organized dissemination sessions for their troops and for members of the *gendarmerie* and the National and Nomadic Guard of Chad.

The Chadian National Army took steps to strengthen the integration of IHL principles into its doctrine, training and operations; in this regard, the general staff formalized a three-year memorandum of understanding with the ICRC.

Community leaders increase their knowledge of the Movement

Information sessions held for nearly 10,400 members of civil society – including local officials, traditional and religious leaders, and people assisted by the ICRC (see *Civilians*) – in Lac region and other violence-affected areas of Chad cultivated greater acceptance for humanitarian principles and the ICRC's mandate and work.

The sessions were supplemented by public-communication initiatives by the National Society and the ICRC, in the form of radio spots, social-media posts, billboards and flyers. These helped broaden awareness of neutral, impartial and independent humanitarian action and the Movement, and reinforce key messages on COVID-19 and good hygiene practices.

Religious scholars explore the common ground between Islamic law and IHL

The ICRC sought to stimulate discourse on IHL among parties capable of influencing decision makers, or who were themselves prospective decision makers. To that end, it held an online colloquium on humanitarian issues for IHL experts from Chad and other countries in the Sahel region, and conducted information sessions for law students. It also organized a workshop where religious scholars discussed the points of correspondence between Islamic law and IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross of Chad continued to be an important partner in helping vulnerable people meet their needs (see *Civilians*). Financial, material and technical support from the ICRC – including renovations of National Society facilities – and other Movement partners enabled it to bolster its operational capacities. Its staff and volunteers were trained in: the Safer Access Framework; emergency-needs assessment and response; first aid; family-links services; hygiene promotion; and public communication (see also *Actors of influence*). Other planned activities were modified or postponed because of the COVID-19 pandemic.

To boost their joint operations, the Red Cross of Chad and the ICRC signed a partnership framework agreement, effective from 2021 to 2023.

The National Society, the ICRC and other Movement components maintained regular contact to exchange information and coordinate their activities, particularly their COVID-19 response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	235	5		
RCMs distributed	214	2		
Phone calls facilitated between family members	43,618			
Reunifications, transfers and repatriations				
People reunited with their families	8			
including people registered by another delegation	1			
People transferred or repatriated	7			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	141	10	11	34
including people for whom tracing requests were registered by another delegation	32			
Tracing cases closed positively (subject located or fate established)	50			
including people for whom tracing requests were registered by another delegation	9			
Tracing cases still being handled at the end of the reporting period (people)	689	108	134	153
including people for whom tracing requests were registered by another delegation	286			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	7	2		
UAMs/SC reunited with their families by the ICRC/National Society	6			
including UAMs/SC registered by another delegation	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	80	27		1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	4,179	60	194	
Visits carried out	28			
		Women	Girls	Boys
Detainees visited and monitored individually	481	14	3	66
of whom newly registered	246	7	3	57
RCMs and other means of family contact				
RCMs collected	589			
RCMs distributed	128			
Phone calls made to families to inform them of the whereabouts of a detained relative	175			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	145,806	45,425	26,462
of whom IDPs		48,312	20,609	5,920
Income support	Beneficiaries	900	288	342
of whom IDPs		180	72	54
Living conditions	Beneficiaries	26,850	14,825	2,941
of whom IDPs		21,717	12,219	2,887
Capacity-building	Beneficiaries	112	1	
of whom IDPs		12		
Water and habitat				
Water and habitat activities	Beneficiaries	65,984	13,195	46,196
of whom IDPs		46,196	9,239	32,338
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	1,590	9	2
Water and habitat				
Water and habitat activities	Beneficiaries	4,100	123	205
Health care in detention				
Health facilities supported in places of detention	Structures	4		

CONGO, DEMOCRATIC REPUBLIC OF THE

COVERING: *Congo-Brazzaville and the Democratic Republic of the Congo*

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

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2020

- Despite various obstacles, the ICRC strove to foster respect for IHL and other norms among weapon bearers and communities in the Democratic Republic of the Congo (hereafter DRC), in order to gain access to people in need.
- In areas where security conditions were volatile, the National Society and the ICRC gave returnees, residents, IDPs and their host families emergency aid – food, household essentials and/or cash – to cover their basic needs.
- In comparatively stable areas, farmers resumed their livelihoods with ICRC support; more people than planned benefited. ICRC initiatives, though subject to delays linked to the COVID-19 pandemic, broadened access to clean water.
- Violence-affected people obtained health care, including psychological support, at ICRC-backed facilities that had measures in place to prevent the spread of disease. Victims/survivors of sexual violence had access to specialized care.
- The ICRC visited detainees, but adapted its visits to national and its own health guidelines; detaining authorities managed COVID-19 outbreaks and other emergencies, and the incidence of malnutrition, with the ICRC's help.
- IDPs, refugees, and deportees from Angola used the Movement's family-links services to contact relatives. Where appropriate, children, including those formerly associated with weapon bearers, were reunited with their families.

EXPENDITURE IN KCHF

Protection	18,538
Assistance	51,950
Prevention	4,588
Cooperation with National Societies	3,152
General	512
Total	**78,741**
Of which: Overheads	*4,805*

IMPLEMENTATION RATE

Expenditure/yearly budget	95%

PERSONNEL

Mobile staff	114
Resident staff (daily workers not included)	844

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	27,484
RCMs distributed	24,956
Phone calls facilitated between family members	8,935
Tracing cases closed positively (subject located or fate established)	1,540
People reunited with their families	564
of whom unaccompanied minors/separated children	562
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	40
Detainees in places of detention visited	27,704
of whom visited and monitored individually	1,085
Visits carried out	217
Restoring family links	
RCMs collected	2,286
RCMs distributed	1,043
Phone calls made to families to inform them of the whereabouts of a detained relative	432

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	75,000	73,020
Food production	Beneficiaries	135,000	242,262
Income support	Beneficiaries	61,800	45,415
Living conditions	Beneficiaries	90,450	103,285
Water and habitat			
Water and habitat activities	Beneficiaries	580,000	484,555
Health			
Health centres supported	Structures	28	36
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	13,200	34,987
Living conditions	Beneficiaries	20,000	41,402
Water and habitat			
Water and habitat activities	Beneficiaries	20,000	22,300
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	23	67
Physical rehabilitation			
Projects supported	Projects	10	9
Water and habitat			
Water and habitat activities	Beds (capacity)	700	1,028

CONTEXT

The armed forces of the DRC, backed by the UN Stabilization Mission in the DRC (MONUSCO), continued to fight various armed groups, mainly in the eastern provinces of Ituri, North Kivu, South Kivu and Tanganyika. Communal tensions and disputes over resources, and – despite sustained demobilization efforts – fragmentation of armed groups and fighting among them, continued to make matters worse.

A surge in violence in the first half of 2020 reportedly displaced over a million people, adding to the 5 million already displaced within the DRC. Many of them suffered abuse and the destruction of their homes and livelihoods, and were without food, water and access to basic services. The COVID-19 pandemic – an additional threat – further strained the already weak health system; the Ebola outbreaks in North Kivu and in Equateur subsided. Sections of South Kivu experienced massive flooding.

Violence-related arrests continued to be made in the DRC. Detention facilities remained overcrowded despite amnesties for some prisoners.

Violence in nearby countries drove people to the DRC or prevented refugees from returning home. Many Congolese were deported to the DRC from Angola. In Congo-Brazzaville, the Pool region was relatively calm; people who had fled past violence continued to return home, but many remained displaced.

ICRC ACTION AND RESULTS

Together with the Red Cross Society of the Democratic Republic of the Congo, the ICRC helped people affected by armed conflict and other situations of violence in the DRC. Activities were carried out in line with national and international guidelines for controlling disease outbreaks. Some activities were hindered by security constraints and the pandemic, but the ICRC was still able to realize most of its plans, thanks in part to its efforts to cultivate respect for humanitarian principles and broaden acceptance for the Movement among authorities, weapon bearers and communities.

The ICRC monitored the protection-related concerns of violence-affected people throughout the DRC. In areas where security conditions were particularly volatile, it focused on meeting urgent needs; as part of its broader humanitarian response, it worked closely with other Movement components to respond to Ebola and COVID-19 outbreaks. In places that were comparatively stable, the ICRC focused on helping people strengthen their resilience to the effects of violence, by giving them livelihood support and improving their access to services.

Discussions with all pertinent authorities and weapon bearers – about documented violations of IHL and other norms – continued; these discussions were supplemented by briefings for weapon bearers. The ICRC expanded its contact with communities, through radio spots, hotlines and help desks. It also conducted workshops for them, where threats to their safety were identified and mitigation strategies developed.

The National Society and the ICRC provided emergency aid for violence-affected people. Victims/survivors of sexual violence, persons with disabilities, demobilized children and other particularly vulnerable people were given cash to cover their needs or to help them start earning an income; a secondary aim was to advance their social inclusion.

Farming households cultivated the land and fished – where they could – with supplies and equipment from the ICRC. The ICRC upgraded water infrastructure, which helped to broaden access to clean water and protect people against disease. Some ICRC projects were designed specifically to mitigate the risks to people's safety.

Good-quality health services were available at primary-health-care centres and hospitals receiving various forms of ICRC support. These facilities were able to continue functioning during disease outbreaks, because of measures to prevent or control infections that were put in place or maintained with the ICRC's help. An ICRC surgical team working at hospitals in Goma and Beni, in North Kivu, treated wounded people – as did an ICRC-supported team of local surgeons at a hospital in Bukavu, in South Kivu. First-aid courses were reoriented towards training in broadening awareness of COVID-19. Persons with disabilities received treatment at ICRC-supported centres. Construction of the first reference centre for physiotherapy and orthopaedic services in the DRC was completed, and the facility handed over to the authorities. ICRC-trained personnel provided psychosocial support for victims of conflict-related trauma, including sexual violence.

The ICRC visited places of detention, in accordance with its standard procedures, to monitor detainees' treatment and living conditions; security detainees, women, foreigners and minors received particular attention. Findings and recommendations were communicated confidentially to detaining authorities. It adapted the frequency or scope of its visits to the pandemic. Meeting detainees' needs – already a challenge because of a dearth of resources and delays in disbursing funds – was made even more difficult by the pandemic. The ICRC helped the authorities by supplying food for detainees (including therapeutic food for malnourished detainees), supporting prison clinics, distributing hygiene items and renovating infrastructure. It also assisted them in managing emergencies.

IDPs, refugees, deportees from Angola, and detainees reconnected through the Movement's family-links services. Where appropriate, unaccompanied and/or demobilized children, were reunited with their families in the DRC or elsewhere.

CIVILIANS

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

The ICRC documented reports of unlawful conduct – sexual violence, child recruitment and attacks against medical facilities – and made representations to the authorities and weapon bearers concerned. It reminded the authorities and weapon bearers of their obligations under IHL, international human rights law and other applicable norms, particularly the necessity of protecting civilians and ensuring access to basic services. Security forces were reminded to abide by international standards for the use of force to maintain or restore order during disease outbreaks and other emergencies. The

ICRC drew the attention of all these parties to the increased risk of violence against medical services during the pandemic. There were some positive developments, for example: some weapon bearers facilitated safe passage for wounded people following dialogue with the ICRC; and one community reported fewer violations from an armed group that had developed a code of conduct with the ICRC's help. On the whole, however, progress remained uneven.

Bilateral dialogue with weapon bearers was supplemented by workshops on IHL and other norms, and by other activities (see *Actors of influence*) to build acceptance for humanitarian action.

Communities learn more about or identify ways to reduce their exposure to harm

In coordination with the Red Cross Society of the Democratic Republic of the Congo (see also *Actors of influence*), the ICRC strengthened its initiatives to engage with communities and help them mitigate their exposure to risks. Radio spots were broadcast in local languages to relay key messages on COVID-19 preventive measures; sexual violence, including how movement restrictions due to COVID-19 – though necessary – could indirectly increase people's exposure to such harm; mental-health support; and reintegration of demobilized children into their communities. Children at risk of recruitment by weapon bearers participated in over 600 recreational activities. At transitional centres, information sessions sought to help demobilized children prepare for their return to their communities. The ICRC conducted workshops in communities – on sexual violence and child recruitment, for example – to learn about people's concerns about their safety and to work with them to identify and develop mitigation strategies (e.g. threat alert systems, training of community intermediaries). Information gathered from these workshops was taken into account when the ICRC designed livelihood-support programmes and water projects; for instance, it led to safer locations being chosen. Some victims of violence were also referred for economic assistance (see below).

People meet their immediate needs and pursue livelihoods

Returnees, residents, IDPs and their host families in violence-affected areas met their immediate needs with the help of the DRC National Society and the ICRC: 73,020 people (12,170 households) received food and 101,622 people (16,937 households), including flood victims, were given household essentials or cash to purchase these.

The ICRC sought to help advance the socio-economic integration of particularly vulnerable people. Over 1,600 people were given support for improving their living conditions, which included: financial and material assistance for host families and five transitional centres housing unaccompanied and/or demobilized children; and clothes, hygiene kits and other essentials for minors being reunited with their families. Cash, training and/or mobile phones equipped with mobile money accounts from the ICRC enabled 994 people – wounded or disabled patients and victims/survivors of sexual and other violence, both referred from ICRC-supported facilities, and former detainees – to start income-earning projects (supporting 5,965 people in all). Families of demobilized children, destitute wounded people, deportees from Angola (see below) and other violence-affected people (over 39,400 people/6,570 households) covered their immediate needs with unconditional cash grants; fewer people were assisted than planned.

At a town near the DRC's border with Angola, deported Congolese migrants benefited from a monthlong emergency response carried out by the National Society and the ICRC; this included economic support primarily for women and sick or injured people, family-links services and referrals for care at ICRC-backed facilities (see *Wounded and sick*).

In areas where agriculture was possible, the ICRC gave people – directly or through agricultural associations – seed, plant cuttings, fish fingerlings, tools, cash to purchase these or to prepare fields for farming, and/or training in agricultural techniques; 40,377 households (242,262 people) were able to restart or pursue livelihoods as a result. More people than it planned to assist, benefited.

Where possible, the people mentioned above were given cash or vouchers to let them decide how best to meet their needs; overall, however, the ICRC provided more aid in kind because of security risks for communities and their own preference, the lack of suitable financial service providers and functioning markets, and logistical constraints due to the pandemic.

Communities vulnerable to violence and disease have access to health care and clean water

People in violence-affected areas of North and South Kivu, Ituri, and Tanganyika obtained services at 27 primary-health-care centres, including counselling centres and two transitional centres providing paediatric care. The ICRC provided these centres with financial, material, and technical assistance regularly, including support for implementing measures to control and prevent infections such as donations of personal protective equipment (PPE), training for staff and health promotion sessions. The ICRC also renovated the infrastructure of seven centres.

Roughly 260,000 consultations (including some 38,000 antenatal consultations) and vaccinations took place at ICRC-supported primary-health-care centres; thousands of patients were referred for further care at ICRC-backed hospitals (see *Wounded and sick*). 802 victims/survivors of sexual violence received treatment, 684 of whom within 72 hours of the incident. Another nine primary-health-care centres were given ad hoc material support to cope with mass influxes of patients, supply shortages, and other emergencies.

Several thousand people – including victims/survivors of sexual violence and unaccompanied and/or demobilized children – obtained psychosocial care at ICRC-supported counselling centres and other facilities or from ICRC-trained community volunteers and staff. The ICRC informed communities of the services available to victims/survivors of sexual or other violence and the importance of seeking assistance, such as post-exposure prophylactic treatment and psychosocial support, promptly.

The ICRC broadened access to clean water for violence-affected people, which also helped to protect them against disease; some projects it completed were carried over from 2019. It worked with local water boards to upgrade pumping stations and other urban infrastructure for around 400,000 people, and constructed or repaired water points, wells for herders and other facilities in rural areas for some 80,000 others. In response to COVID-19, it gave local water boards chlorine and fuel to ensure water facilities could function properly, and installed water points and/or donated handwashing kits at police stations, centres housing unaccompanied or demobilized children and in communities. In western Goma, construction of a pumping station – part of a multi-year project involving the authorities, development organizations and the private sector – was delayed. Because of the pandemic, a number of ICRC water projects were delayed, postponed or cancelled.

The ICRC supported the Movement's response to Ebola and COVID-19 (see *Red Cross and Red Crescent Movement*); it also backed measures in health facilities and prisons (see *People deprived of their freedom*) – put in place originally to prevent transmission of Ebola – to help check the spread of COVID-19.

Members of separated families reconnect

Members of families dispersed by violence, detention or other circumstances restored or maintained contact through the Movement's family-links services. The ICRC's family-links programme in the DRC remained one of its largest; in Congo-Brazzaville, the need for these services was minimal. In all, the ICRC collected 27,484 RCMs and distributed 24,956; this service was affected by the pandemic, but its provision remained essential in the DRC where many people lived in remote areas without phone network coverage. In addition, 562 children were reunited with their families in the DRC or elsewhere; some of these children were formerly associated with weapon bearers.

Together with the DRC Red Cross, the ICRC sought to raise awareness of these services, through radio spots and posters, and adapted them as needed: it set up phone kiosks in response to internal displacement and the arrival of deportees from Angola; launched a photo tracing campaign to locate relatives of unaccompanied minors, and a hotline for receiving tracing requests; and sent a few hundred RCMs electronically. DRC National Society volunteers attended ICRC training sessions on the provision of family-links services and incorporating infection-prevention measures in them; these training sessions also included a module on the psychological consequences of sexual and other violence to encourage volunteers to encourage people in need to seek help.

In Congo-Brazzaville, the Congolese Red Cross – in line with a partnership agreement with the ICRC (see *Red Cross and Red Crescent Movement*) – began training its volunteers to carry out family-links services in the 2021 national elections.

Owing to the pandemic, training for government officials and stakeholders, in managing human remains, was cancelled. Technical and material support from the ICRC enabled the DRC Red Cross to improve its management of the remains of COVID-19 victims, and ensured that their families' rights were respected.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC adapted to the COVID-19 pandemic in line with national and its own infection prevention measures: it suspended its individual visits to detainees from March to June, and narrowed their scope (e.g. it limited its monitoring activities) from July onwards. It shifted its focus to helping the authorities implement measures to prevent infections.

By the end of the year, the ICRC visited, in accordance with its standard procedures, detainees at 40 facilities in the DRC (collectively holding around 27,700 people, some of whom were in places of temporary detention or in facilities run by MONUSCO). It monitored their treatment and living conditions, paying particular attention to people with specific concerns: security detainees, foreigners, women and minors. Findings and recommendations were communicated confidentially to the authorities concerned.

The ICRC urged detaining and judicial authorities to respect judicial guarantees and the principle of *non-refoulement*, and gave them expert advice on such matters as pre-trial detention and expediting the release of eligible detainees, particularly those more vulnerable to COVID-19 (i.e. ill, older or pregnant people) to reduce overcrowding. Recommendations on addressing systemic issues and access to health care in prisons were provided during roundtables with the authorities; at the end of one workshop in Goma, participants adopted an action plan for improving the management of detainees' files. The ICRC also discussed with central authorities the delays in disbursing funds.

The ICRC helped detainees to contact their families and foreign detainees to notify their consular representatives and/or UNHCR of their detention.

Detainees meet health-related and other needs

In the DRC, meeting detainees' needs – already a challenge because of a dearth of resources and delays in disbursing funds – was made even difficult by the pandemic. The ICRC gave the authorities various forms of assistance to help fill gaps and manage Ebola, COVID-19, nutritional crises and other emergencies. It discussed with the authorities its plans to conclude health and nutritional programmes at some prisons and gave them material, technical and training support for taking over these.

The ICRC provided therapeutic food for 34,987 severely or moderately malnourished detainees – more people than it had planned to assist, and cooking supplies for the detention facilities where they were held; emergency distributions of food took place at five prisons experiencing severe food shortages. It also gave 41,402 detainees personal hygiene items, clothes and other essentials.

Inmates in nine prisons obtained services at clinics and dispensaries receiving regular supplies of drugs and other medical consumables from the ICRC. Prison health staff were given financial incentives and/or training. In response to COVID-19, the ICRC supported the implementation of infection prevention and control measures at these prisons and, on an ad hoc basis, at three others: it gave the authorities advice for

setting up and maintaining monitoring committees; PPE and sanitation supplies; and/or support for setting up or upgrading treatment and isolation facilities, latrines, and water points for handwashing (see below). Staff at some of these prisons also received medical equipment and training for treating COVID-19 patients. When necessary, the ICRC referred detainees to hospitals or other health facilities; financial support from the ICRC enabled over 200 detainees to obtain emergency care.

Around 22,000 detainees benefited from the ICRC's water-and-habitat initiatives, which also aimed to protect them from disease. The ICRC upgraded water, sanitation, health and cooking facilities at six prisons; maintenance teams were given training and material support.

WOUNDED AND SICK

Wounded people receive suitable medical treatment

Around 300 people – community members, ambulance drivers, weapon bearers, and volunteers at the Red Cross Society of the Democratic Republic of the Congo – learnt to provide first aid, or instruct others in it, at events organized by the National Society and/or the ICRC. Resources for conducting first-aid courses were shifted to conducting information sessions on COVID-19. In Bukuvu, aided by the ICRC, local health staff followed up contact tracing of COVID-19 cases and referred them to hospitals. Owing to the pandemic, the ICRC postponed its support for the National Society's emergency response teams to 2021.

People in violence-affected areas obtained medical treatment at 19 hospitals receiving comprehensive support from the ICRC, including assistance in implementing measures to control and prevent infections. These hospitals performed 16,290 operations. 387 victims/survivors of sexual violence also received post-rape kits – 317 of whom, within 72 hours of the incident; many of them were given mental-health care. Notably, the ICRC supported a team of local surgeons at a hospital in Bukavu, and maintained its own surgical team to assist two hospitals in Goma and Beni; through a telemedicine system, surgeons consulted with experts in war surgery via video calls. The ICRC helped set up a COVID-19 screening-and-treatment facility at the hospital in Bukavu. At all three hospitals, wounded patients had access to psychological support.

The ICRC gave 49 hospitals – including one that received support regularly and health facilities that provided emergency care for deportees from Angola – drugs and other medical supplies for coping with sudden influxes of people wounded during surges in violence. The ICRC – either directly or by providing financial support and transportation – evacuated wounded people and referred them to hospitals.

In total, 17,940 patients, including IDPs, unaccompanied and demobilized children, and wounded people had their treatment costs covered by the ICRC.

The ICRC upgraded infrastructure and/or implemented infection-prevention measures at several hospitals and physical rehabilitation centres (1,028 beds in all); for example, it donated tents to help set up a COVID-19 screening-and-treatment facility at the hospital in Bukavu.

Persons with disabilities receive good-quality physical rehabilitation services

Around 1,500 people[1] obtained good-quality services (fitting of prostheses and orthoses, physiotherapy, etc.), free of charge, at five ICRC-supported physical rehabilitation centres in Bukavu, Goma, Kinshasa and Uvira. The ICRC gave these centres financial and material support and counselled them on such matters as quality control and staff training. The pandemic caused these centres to suspend or curtail the provision of services in line with infection-prevention measures. It also delayed the ICRC's partnership with a sixth centre and postponed studies for physical rehabilitation professionals.

Persons with disabilities benefited from some efforts to advance their social inclusion: 195 athletes participated in wheelchair-basketball events organized by the national Paralympic committee with ICRC material support, which included donations of disinfection kits; financial aid from the ICRC enabled 28 children to enroll in schools. Patients at two ICRC-supported centres had access to psychosocial care from staff trained by the ICRC.

The ICRC gave the health ministry's community-based rehabilitation programme support for convening meetings of stakeholders, with a view ultimately to ensuring the sustainability of the DRC's physical rehabilitation sector. Two professional associations – of physiotherapists and orthotists/prosthetists – also received support for their activities aimed at improving employment prospects for physical rehabilitation professionals in the DRC.

Despite delays caused by the pandemic, construction of the country's first reference centre for physiotherapy and orthopaedic services – on the grounds of the general hospital in Kinshasa – was completed and the facility was handed over to the authorities, but actual operations were postponed to 2021. One of the centres that the ICRC supported was transferred to the new facility as planned. To support this transition, the ICRC held workshops on operating new equipment for staff that were to be assigned at the facility and helped the centre's management form partnerships with other institutions for staff training. This project was part of the Programme for Humanitarian Impact Investment, an ICRC initiative carried out with the private sector.

ACTORS OF INFLUENCE

In all its interaction with the authorities, weapon bearers and members of civil society, the ICRC sought to foster respect for humanitarian principles, and acceptance for itself and for the Movement, partly in order to maintain and/or broaden its access to people in need. The pandemic and security constraints impeded some of these efforts.

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

Civil society learns more about the Movement and its work

Regular contact, supplemented by radio spots, information sessions and other events, and digital communication initiatives, helped the ICRC – and the Red Cross Society of the Democratic Republic of the Congo, with ICRC support – to reach millions of people in the DRC and explain the Movement and its work to them: local authorities, traditional and religious leaders, and members of youth groups and civil society. Community members gave their view on the ICRC's activities through focus-group discussions, community help desks set up at assistance distribution sites and social media.

Journalists working in the DRC were briefed by the ICRC, to help them report more accurately on humanitarian issues.

Weapon bearers strengthen their grasp of pertinent norms

In the DRC, thousands of weapon bearers attended information sessions on humanitarian principles and on IHL, human rights law, and other applicable norms – and learnt how they bore on such matters as sexual violence, recruitment of minors, and the protection due to people seeking or providing health care. In North Kivu, the ICRC launched a radio campaign targeting up to 15,000 weapon bearers to promote protection of civilians and acceptance for humanitarian work. It strove to make contact with senior military and police officers, and a military academy, and urge them to integrate IHL and/or other applicable norms into their doctrine, training and operations. It also helped an armed group organize information sessions, for its members, on its code of conduct.

The authorities are urged to ratify IHL and IHL-related treaties

In the DRC and Congo-Brazzaville, the ICRC held workshops for the authorities, and offered them its legal expertise, with a view to advancing the domestic implementation of IHL treaties and other key legal instruments – such as the African Union Convention on IDPs – and domestic laws on the emblems protected under IHL.

Events such as online discussions for academics in the DRC and Congo-Brazzaville helped to stimulate interest in IHL, as did an essay-writing competition on IHL (see *Abidjan*).

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of the Democratic Republic of the Congo remained a key partner in helping violence-affected people and promoting IHL and the Movement's work. The ICRC, in coordination with the International Federation, gave it substantial support (e.g. cash, handwashing kits, tents) for responding to disease outbreaks in the DRC. DRC Red Cross volunteers involved in ICRC activities such as family-links services and public communication received training and other support.

The ICRC and other Movement components gave the DRC Red Cross support for expanding its organizational and operational capacities. The ICRC also helped it to incorporate the Safer Access Framework more fully in its activities, and set up a committee to ensure the safety of volunteers. Insurance and/or psychosocial support was provided for certain volunteers working in high-risk areas. The ICRC covered running costs for selected DRC Red Cross branches.

In Congo-Brazzaville, the partnership with the Congolese Red Cross was revived; the ICRC covered running costs at its headquarters and supported its COVID-19 response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	27,484	1,990		
RCMs distributed	24,956	1,214		
Phone calls facilitated between family members	8,935			
Names published in the media	27			
Reunifications, transfers and repatriations				
People reunited with their families	564			
including people registered by another delegation	4			
People transferred or repatriated	385			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,633	399	519	101
including people for whom tracing requests were registered by another delegation	324			
Tracing cases closed positively (subject located or fate established)	1,540			
including people for whom tracing requests were registered by another delegation	261			
Tracing cases still being handled at the end of the reporting period (people)	2,541	678	876	374
including people for whom tracing requests were registered by another delegation	736			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1,047	458		63
UAMs/SC reunited with their families by the ICRC/National Society	562	279		42
including UAMs/SC registered by another delegation	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1,870	800		69
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	40			
Detainees in places of detention visited	27,704	711	756	
Visits carried out	217			
		Women	Girls	Boys
Detainees visited and monitored individually	1,085	20	5	73
of whom newly registered	652	11	2	70
RCMs and other means of family contact				
RCMs collected	2,286			
RCMs distributed	1,043			
Phone calls made to families to inform them of the whereabouts of a detained relative	432			
Detainees released and transferred/repatriated by/via the ICRC	2			
People to whom a detention attestation was issued	10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	73,020	24,729	29,533
of whom IDPs		15,610	5,452	6,245
Food production	Beneficiaries	242,262	85,910	90,924
of whom IDPs		16,918	5,910	6,766
Income support	Beneficiaries	45,415	18,347	14,691
of whom IDPs		18,013	6,304	7,205
Living conditions	Beneficiaries	103,285	33,493	44,881
of whom IDPs		15,610	5,452	6,245
Water and habitat				
Water and habitat activities	Beneficiaries	484,555	126,012	232,638
of whom IDPs		19,387	5,040	9,306
Primary health care				
Health centres supported	Structures	36		
of which health centres supported regularly		27		
Average catchment population		329,391		

CIVILIANS		Total	Women	Children
Services at health centres supported regularly				
Consultations		262,776		
of which curative		224,469	1,072	1,420
of which antenatal		38,307		
Vaccines provided	Doses	88,584		
of which polio vaccines for children aged 5 or under		37,619		
Referrals to a second level of care	Patients	13,126		
of whom gynaecological/obstetric cases		2,880		
Mental health and psychosocial support				
People who received mental-health support	Cases	5,806		
People who attended information sessions on mental health		62,769		
People trained in mental-health care and psychosocial support		344		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	34,987	1,073	2,151
Living conditions	Beneficiaries	41,402	1,328	869
Water and habitat				
Water and habitat activities	Beneficiaries	22,300	446	669
Health care in detention				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	67		
including hospitals reinforced with or monitored by ICRC staff		19		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		1,722	157	94
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		5,616		
Operations performed		16,290		
Medical (non-surgical) admissions		8,607		
Gynaecological/obstetric admissions		8,808	2,168	
Consultations		70,614		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		256		
Weapon-wound admissions (surgical and non-surgical admissions)		510	11	2
Weapon-wound surgeries performed		407		
Patients whose hospital treatment was paid for by the ICRC		17,940		
First aid				
First-aid training				
Sessions		19		
Participants (aggregated monthly data)		324		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,028		
Physical rehabilitation				
Projects supported		9		
of which physical rehabilitation projects supported regularly		5		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	1,532	303	224
of whom victims of mines or explosive remnants of war		*		
Prostheses delivered	Units	284		
Orthoses delivered	Units	314		
Physiotherapy sessions		7,086		
Walking aids delivered	Units	1,425		
Wheelchairs or postural support devices delivered	Units	118		
Referrals to social integration projects		567		
Mental health and psychosocial support				
People who received mental-health support	Cases	818		
People who attended information sessions on mental health		3,017		

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

DAKAR (regional)

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

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- National Societies in the region received ICRC support for their family-links services. However, because of the pandemic, these services were scaled down for most of the year.
- The ICRC and ICRC-trained personnel from the Senegalese Red Cross Society provided psychosocial and financial assistance for the families of missing migrants in eastern and southern Senegal.
- Women who were part of livelihood-support groups in Casamance, Senegal, received seed and tools from the ICRC for cultivating their market gardens.
- Prison visits were suspended for six months in Senegal because of the pandemic; towards the end of the year, the ICRC was able to visit some prisons in line with its standard procedures.
- Persons with disabilities received treatment at the ICRC-supported rehabilitation centre in Guinea-Bissau. Some of them were given sports wheelchairs that the ICRC had donated to a local organization.

EXPENDITURE IN KCHF	
Protection	2,872
Assistance	2,552
Prevention	2,041
Cooperation with National Societies	779
General	425
Total	**8,670**
Of which: Overheads	*529*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	29
Resident staff (daily workers not included)	143

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	14
RCMs distributed	26
Phone calls facilitated between family members	1,897
Tracing cases closed positively (subject located or fate established)	17
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	1,820
of whom visited and monitored individually	64
Visits carried out	18
Restoring family links	
RCMs collected	5
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	13

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	270	17
Income support	Beneficiaries	4,500	9,202
Living conditions	Beneficiaries	270	3,590
Capacity-building	Beneficiaries	80	78
Water and habitat			
Water and habitat activities	Beneficiaries	5,210	21,133
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	1	3

CONTEXT

Peace talks between the Senegalese government and factions of the Mouvement des forces démocratiques de Casamance (MFDC) continued. The situation in Casamance remained relatively calm; however, people continued to report unlawful movement restrictions and other misconduct by weapon bearers. Security concerns, including mines in areas bordering Guinea-Bissau, hindered access to essential services and facilities. The COVID-19 pandemic compounded people's struggles.

The Economic Community of West African States (ECOWAS) and the UN completed their peacekeeping and peace-building missions, respectively, in Guinea-Bissau in 2020. ECOWAS extended the mandate of its peace-building mission in Gambia to 2021. The Truth, Reconciliation and Reparations Commission in Gambia – part of the transitional-justice process in the country – suspended public hearings because of the pandemic.

Political protests occurred episodically in Gambia and Guinea-Bissau.

Migrants bound for Europe or elsewhere, including asylum seekers and refugees, lost contact with their families on their way through or from the countries covered. Some countries closed their borders for several months, to check the spread of COVID-19.

ICRC ACTION AND RESULTS

The regional delegation in Dakar focused on addressing the needs of people affected by the conflict in Casamance; it carried out all its activities in line with measures to check the spread of COVID-19.

The ICRC met with the parties to the conflict in Casamance, and sought to remind them of their obligation under IHL and other norms to protect civilians and facilitate access to sources of livelihood. It documented allegations of unlawful conduct and, where possible, relayed them to the pertinent parties to prevent or end such misconduct.

The ICRC, sometimes together with the Senegalese Red Cross Society, implemented activities to help conflict-affected people in Casamance, including those whom few other organizations could reach. Some of these activities sought to protect women and young people by minimizing their need to leave their villages. Radio programmes informed conflict-affected people about measures against COVID-19 and the humanitarian services available to them; people in weapon-contaminated areas were told about safe practices around mines and explosive remnants of war (ERW).

The ICRC assisted livelihood-support groups, including women's groups, in Casamance in various ways: for example, it helped them obtain mills and other equipment for processing their crops, and seed and tools for cultivating market gardens. Community leaders strengthened their skills in managing livelihood-support groups, and farmers who were part of these groups were trained in productive agricultural practices. The ICRC also provided some communities with financial support for setting up or maintaining an emergency fund.

The ICRC built or repaired wells and dykes in Casamance to help ensure the availability of sufficient quantities of water for personal consumption and agriculture. It also installed latrines in some villages, and donated construction materials to some households. It expanded its activities to include donations of handwashing kits and hygiene items, and information sessions on COVID-19; as a result, more people than planned were reached.

Missing migrants' families in eastern and southern Senegal received psychosocial and financial support through initiatives carried out by the ICRC and ICRC-trained personnel from the Senegalese Red Cross. Psychosocial support included such activities as counselling people by phone on stress management and related matters.

The ICRC gave National Societies in the region technical support for restoring family links, for instance, during large gatherings occasioned by festivals. However, because of the pandemic, family-links services were scaled down for most of the year. In Senegal, the ICRC gave the pertinent authorities expert advice to develop standards for the management of human remains, including in connection with the pandemic.

Because of the pandemic, Senegalese authorities suspended prison visits for six months; towards the end of the year, the ICRC was able to visit some prisons in accordance with its standard procedures. Findings were discussed confidentially with the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. The ICRC donated personal protective equipment (PPE) to detaining authorities in Senegal, and in Gambia and Guinea-Bissau as well.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM). They included Senegalese victims of mines/ERW, referred to the CRM as per an agreement between the Senegalese mine-action authorities and the ICRC. The ICRC promoted the social inclusion of persons with disabilities; it donated sports wheelchairs to a local organization.

Senegalese military personnel learnt more about IHL and other norms at ICRC briefings. Authorities and international organizations in the region familiarized themselves with the ICRC and its work at events attended or organized by the ICRC; some of these events were held online. Many IHL-related events were cancelled because of the pandemic.

The ICRC broadened awareness of the Movement by means of interviews, social-media posts and press releases.

CIVILIANS

The ICRC documented allegations of violation of IHL in Casamance; whenever possible, it relayed them to the parties concerned, with a view to ending or preventing such unlawful conduct. It re-established contact with certain factions of the MFDC, and maintained dialogue with the authorities and other MFDC factions. It sought to remind all parties of their obligation

to protect civilians and facilitate access to farmland and other sources of livelihood. Military personnel in Casamance were reminded of these obligations during information sessions on IHL and other norms. Members of MFDC factions were briefed on basic provisions of IHL and the ICRC's activities.

Because of pandemic-related restrictions, some activities – such as training community volunteers in providing psychosocial care – were cancelled. The ICRC also temporarily stopped visiting conflict-affected communities in Casamance. During this period, ICRC-trained Senegalese Red Cross Society volunteers who were based in these areas relayed the concerns of community members to the ICRC. Once restrictions were lifted, the ICRC resumed its activities, focusing on mitigating safety risks in these communities (see below).

Communities in Casamance learnt about the humanitarian services available to them, and made their concerns known, through call-in programmes broadcast by local radio stations in cooperation with the Senegalese Red Cross and the ICRC. Radio spots addressed such matters as anxiety and stress management, measures to check the spread of COVID-19, and safe practices around mines/ERW. Two victims of mines/ERW obtained timely medical care at a hospital, with the ICRC's financial assistance.

Conflict-affected people in Casamance strengthen their livelihoods

The ICRC helped conflict-affected people in Casamance – including people in areas accessible to few other organizations – to work towards self-sufficiency and diversify their sources of income. Discussions with community members enabled the ICRC to tailor its livelihood support to match people's needs. A number of the ICRC's activities helped mitigate violence-related risks for women and young adults, by making it less necessary for them to work in unsafe areas.

Livelihood support from the ICRC benefited some 1,000 households (9,202 people), including those with physically disabled breadwinners and missing relatives. Some 200 of these households (1,800 people) were from communities that received financial and technical support from the ICRC to start or maintain a fund that provided emergency loans. Livelihood-support groups from various communities, including women's groups, received financial, material and/or technical support from the ICRC to sustain their activities. For example, 125 women planted market gardens in their communities with seed and agricultural tools, and infrastructural support (see below). Because of climate change and its consequences for agriculture, the ICRC donated short-cycle varieties of seed to the livelihood-support groups. With the ICRC's help, these groups were also able to obtain mills, and other agricultural equipment, for processing their crops and vehicles for transporting their produce to market.

Members of these groups, especially farmers, benefited from training organized by the ICRC in coordination with agricultural agencies of local government. These sessions broadened their knowledge of good practices in such areas as pest control and crop storage. Community leaders learnt about managing livelihood-support groups at ICRC workshops. In all, 78 people expanded their capacities through events organized by the ICRC.

The ICRC gave 17 IDPs food parcels and household essentials as emergency aid. Because stocks were left over from the previous year and the pandemic had increased people's needs, the ICRC provided essential items and agricultural tools to an additional 3,573 people (397 households).

Communities in Casamance have better access to water

The ICRC scaled up its water projects in Casamance as part of its COVID-19 response; as a result, more people than planned were reached. Some 21,100 conflict-affected people benefited from ICRC donations of handwashing equipment, hygiene kits and spare parts for repairing hand pumps. They also learnt about measures against COVID-19 from ICRC-trained Senegalese Red Cross volunteers.

The people mentioned above also benefited from other ICRC projects. Drinking water became more readily available to 1,500 of them after the ICRC constructed wells in several villages. Community members worked with the ICRC to construct dykes, enabling 1,500 people to recover land that had become uncultivable; wells for agricultural use were built or repaired, and equipped with solar-powered water pumps, to help 350 female market gardeners. The ICRC installed latrines in several villages, and trained Senegalese Red Cross volunteers to carry out hygiene-promotion sessions, which benefited 1,500 people. Construction materials from the ICRC enabled 500 people to build more durable roofs for their houses.

Families of missing Senegalese migrants receive psychosocial and financial support

The ICRC raised awareness of the needs of missing people's families, and the importance of assisting these families, among the authorities in Senegal. It was not able to discuss these matters with the Gambian authorities because of pandemic-related constraints.

In eastern and southern Senegal, the ICRC worked with more than 20 ICRC-trained National Society personnel to provide missing migrants' families with psychosocial and financial support, as part of an accompaniment programme. They used various means to help these families cope with their distress: peer support and advice on stress management for roughly 1,300 people; psychological care for 392 people; and organization of commemorative events. Some of these means, such as advice or psychological care, were sometimes offered to these people by phone. Cash from the ICRC helped around 100 families to cope with their situation (see above); 78 families also received food aid from the government, after the ICRC raised awareness of their needs. More than 110 community leaders attended ICRC workshops where they learnt about the legal implications of a relative's disappearance.

The ICRC organized an online workshop for experts and key officials in the region to gather best practices in responding to the issue of missing migrants and addressing their families' needs; this was part of an ICRC project to establish professional standards in that field (see *Operations*).

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

Members of families dispersed by armed conflict, detention, migration, the pandemic or other circumstances reconnected through the Movement's family-links services. The ICRC gave the National Societies in Gambia, Guinea-Bissau and Senegal technical support to provide these services and/or inform people – for example, through radio spots in local languages – of ways to prevent loss of family contact; in Guinea-Bissau, some 360 children who had become separated from their families, during a festival in early 2020, were reunited with them by the National Society.

Because of the pandemic, family-links services were scaled down for most of the year, and training for National Societies in the countries covered was cancelled. Pandemic-related restrictions also prevented the ICRC from arranging family visits for people who had been resettled in Cabo Verde after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba.

Senegalese authorities develop standards for managing human remains safely

The ICRC reinforced local capacities of the pertinent authorities in Guinea-Bissau and Senegal in managing human remains properly, during the pandemic and at other times. It provided the National Societies in Gambia and Guinea-Bissau with body bags, in support of their COVID-19 response.

Senegalese authorities in charge of their country's pandemic response benefited from ICRC expertise for drafting standards for managing human remains safely. Information sessions on these standards were conducted for the benefit of 15 morgue personnel. The ICRC also donated body bags and PPE to the authorities. In addition, it organized a workshop for drafting a contingency plan for mass-casualty situations, which was attended by government officials, religious leaders, academics and Senegalese Red Cross staff.

The ICRC continued working with the Senegalese authorities on a project – carried out in coordination with other ICRC delegations in Europe and across Africa – to identify the remains of people who had died in an accident in the Mediterranean Sea in 2015. Because of the pandemic, the ICRC was unable to collect ante-mortem data on missing Senegalese migrants, or DNA samples from their relatives, for this project.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Senegal, authorities suspended prison visits for six months because of the pandemic. As a result, the ICRC was able to visit only five prisons in accordance with its standard procedures. It monitored 64 security detainees individually – including people held on charges of "terrorism", or in connection with the conflict in Casamance. Findings and recommendations from these visits were discussed confidentially with the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards.

For most of the year, the ICRC's discussions with Senegalese detaining authorities focused on the effects of the pandemic on detainees. The ICRC attended meetings held by the authorities' technical working group in charge of pandemic response, and helped draft COVID-19 safety protocols for prison visits. It also donated PPE to the authorities. Towards the end of the year, discussions with the detaining authorities also covered the issue of reducing overcrowding in prisons: for example, alternatives to detention were explored. Some events – such as briefings for prison staff and regional workshops for prison officials – were cancelled because of the pandemic.

Detainees in Casamance and Dakar used the ICRC's family-links services to contact their relatives. During the suspension of prison visits, the authorities offered detainees free telephone calls.

No visits were made to prisons in the other countries covered. However, as part of its COVID-19 response, the ICRC donated PPE and informational posters on measures against COVID-19 to detaining authorities in Gambia and Guinea-Bissau.

WOUNDED AND SICK

Roughly 2,600 persons[1] with disabilities – including children with clubfoot – obtained rehabilitative services at the CRM, Guinea-Bissau's only physical rehabilitation centre, which received raw materials and components for assistive devices, and equipment, from the ICRC. The ICRC covered treatment costs for 596 people. It also met the expenses for accommodation and transport of 12 Senegalese victims of mines/ERW, who were referred to the centre to be fitted with prostheses or for repairs to their assistive devices, as per an agreement between the Senegalese mine-action authorities and the ICRC. Because of the pandemic, fewer people than envisaged made use of the CRM's services.

The ICRC continued its efforts to help the CRM meet with potential donors, and discussed with the authorities possible fundraising efforts for the centre. To help ensure the quality of the CRM's services, the ICRC held refresher courses for prosthetic/orthotic technicians and physiotherapy assistants. It covered the salaries of four new employees, and donated PPE, soap and disinfectants, enabling the CRM to continue functioning during the pandemic. At the National School of Public Health, 25 student nurses attended an ICRC workshop on identifying children with clubfoot and referring them for treatment.

People living in remote areas were referred to the CRM through outreach activities by CRM and ICRC staff. The general public learnt about the CRM and its services through media events organized by the CRM and the ICRC.

The ICRC sought to advance the social inclusion of persons with disabilities: it donated sports wheelchairs and other equipment to a local organization and sponsored 45 people to compete in wheelchair-basketball tournaments. Because of the pandemic, the ICRC was unable to organize vocational training for persons with disabilities, but it rearranged its plans and provided 50 of them with emergency cash to cope with their altered circumstances (see *Civilians*).

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

The ICRC worked with a regional education council to incorporate modules on war surgery in university programmes for surgical trainees.

ACTORS OF INFLUENCE

Because of the pandemic, numerous ICRC events were cancelled or postponed: these included moot court competitions and workshops on IHL or international policing standards. The ICRC was able to hold only a few discussions with authorities in the region on implementing IHL and IHL-related treaties.

Journalists broaden awareness of ICRC activities

In addition to its dialogue with weapon bearers and conflict-affected people in Casamance (see *Civilians*), the ICRC also engaged with members of the media to promote the ICRC's activities in Casamance and the Movement's COVID-19 response, and to draw their attention to various issues of humanitarian concern. Journalists used ICRC interviews, social-media posts and press releases to broaden awareness of the ICRC's activities. The ICRC helped National Societies in the region to publicize their activities through radio programmes and other means.

At events it attended or organized – some of them online – the ICRC often made brief presentations on IHL, and on its activities in Casamance and elsewhere in West Africa, to the authorities and to representatives of international organizations in the region.

In early 2020, the ICRC sponsored two religious scholars from Senegal to attend an IHL-related event abroad (see *Tunis*).

Weapon bearers in Senegal learn about IHL

Military personnel and *gendarmes* in Senegal, including those bound for peacekeeping missions abroad, learnt about the basic provisions of IHL and other norms, and their application, at ICRC briefings; discussions with them also covered measures to check the spread of COVID-19. In Guinea-Bissau, the ICRC discussed with military officers the possibility of organizing IHL information sessions for troops and developing a framework for bilateral dialogue on incorporating humanitarian considerations in military planning and decision-making.

In Senegal, the ICRC conducted information sessions on its activities, and on the basic provisions of IHL, for factions of the MFDC.

RED CROSS AND RED CRESCENT MOVEMENT

For most of the year, the National Societies in the four countries covered concentrated their attention on responding to the pandemic; where possible, the ICRC gave them technical and/or logistical support. Some activities – such as training in restoring family links or applying the Safer Access Framework – were cancelled. Movement components in the region met online regularly to discuss the pandemic, migration and other issues of concern, and to coordinate their work.

The four National Societies built their operational capacities – in public communication, for instance – with ICRC support (see above). The Senegalese Red Cross received financial, material and technical support from the ICRC to develop contingency plans for emergencies such as natural disasters or protest-related violence; procure PPE and handwashing kits for its COVID-19 response; and organize training for some 1,250 volunteers.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	14			
RCMs distributed	26			
Phone calls facilitated between family members	1,897			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	53	3		2
including people for whom tracing requests were registered by another delegation	1			
Tracing cases closed positively (subject located or fate established)	17			
Tracing cases still being handled at the end of the reporting period (people)	901	32	10	85
including people for whom tracing requests were registered by another delegation	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	5			
Detainees in places of detention visited	1,820	17	9	
Visits carried out	18			
		Women	Girls	Boys
Detainees visited and monitored individually	64	1		
of whom newly registered	7			
RCMs and other means of family contact				
RCMs collected	5			
RCMs distributed	7			
Phone calls made to families to inform them of the whereabouts of a detained relative	13			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	17	3	
of whom IDPs		17	3	
Income support	Beneficiaries	9,202	3,610	2,866
of whom IDPs		20	4	8
Living conditions	Beneficiaries	3,590	1,305	1,285
of whom IDPs		23	4	3
Capacity-building	Beneficiaries	78	31	23
Water and habitat				
Water and habitat activities	Beneficiaries	21,133	10,567	6,340
Mental health and psychosocial support				
People who received mental-health support		392		
People who attended information sessions on mental health		12,710		
People trained in mental-health care and psychosocial support		26		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		3		
of which physical rehabilitation projects supported regularly		1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	2,577	776	890
of whom victims of mines or explosive remnants of war		77		
Prostheses delivered	Units	41		
Orthoses delivered	Units	170		
Physiotherapy sessions		19,806		
Walking aids delivered	Units	151		
Wheelchairs or postural support devices delivered	Units	82		
Referrals to social integration projects		116		

ERITREA

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- As government restrictions continued to make it difficult for humanitarian actors to operate in Eritrea, the ICRC scaled down its activities while also pursuing dialogue with the authorities to secure acceptance for its work.
- ICRC training and technical support helped strengthen capacities among maintenance and administrative personnel in the Water Resources Department. The ICRC ended its assistance for the water authorities by the end of the year.
- Members of families separated by past conflict, migration or other circumstances reconnected through RCMs, tracing, and other family-links services provided by the ICRC.
- Some planned ICRC activities that involved travelling to remote areas (e.g. delivering documents to people across state borders) were hampered by movement restrictions necessitated by the COVID-19 pandemic.

EXPENDITURE IN KCHF	
Protection	628
Assistance	431
Prevention	-
Cooperation with National Societies	-
General	65
Total	**1,123**
Of which: Overheads	*69*
IMPLEMENTATION RATE	
Expenditure/yearly budget	107%
PERSONNEL	
Mobile staff	1
Resident staff (daily workers not included)	15

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	32
RCMs distributed	21
Phone calls facilitated between family members	7
Tracing cases closed positively (subject located or fate established)	182

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Water and habitat			
Water and habitat activities	Beneficiaries		39

CONTEXT

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

The effects of past conflict continued to be felt in Eritrea. Clean water was not readily available in rural areas, owing to damaged or poorly maintained infrastructure and erratic rainfall patterns. The water authorities lacked the technical expertise necessary to make repairs. All this put people at risk of water-borne diseases.

Some people were unable to get in touch with their families who were separated from them because of past conflict, migration or other circumstances. Those with relatives living in Tigray, Ethiopia, faced difficulties in contacting them after violence broke out in that region (see *Ethiopia*). In some areas, poor telecommunication services further hampered people's efforts to contact their relatives. People who had been repatriated or resettled were unable to retrieve important documents across state borders – such as certificates of education – which harmed their access to further education or employment. Many people remained without news of relatives who had gone missing during past conflict.

The pandemic exacerbated people's difficulties. A lockdown – in place since April to prevent the spread of COVID-19 – made it difficult for the ICRC to implement certain activities in remote areas.

Space for humanitarian work remained limited, owing to government restrictions. As in previous years, ICRC mobile staff could not move freely within the country, and parts of southern Eritrea were inaccessible to the ICRC.

The "Red Cross Society of Eritrea" remained inactive, pending an internal audit by the government.

ICRC ACTION AND RESULTS

The ICRC focused on implementing a few, longstanding activities: helping to build capacities among local water authorities and to restore family links among people separated by past conflict, migration or other circumstances. Given the restrictions on humanitarian work in Eritrea, it scaled down its activities, as planned, by the end of the year: assistance for the water authorities came to an end, but the ICRC retained the capacities or resources necessary to provide certain family-links services and to maintain its dialogue with the Eritrean authorities on broadening the scope of its activities in the country.

Where it could, the ICRC explained its neutral, impartial and independent humanitarian action to government officials and influential parties who were in contact with them, with a view to broadening acceptance for its activities and securing humanitarian access throughout the country. It also offered to assist the authorities in responding to the needs arising from the COVID-19 pandemic, but this offer was not taken up.

Owing to the lockdown imposed by the government to prevent the spread of COVID-19, some ICRC activities that necessitated travelling to remote areas – to check on water projects or collect and distribute RCMs, for example – could not be fully implemented. In particular, the ICRC could not deliver important documents across state borders.

Before winding down its remaining assistance activities, the ICRC strove to ensure that its work would have a sustainable impact. It focused on helping the Water Resources Department (WRD) build its capacities so it could independently ensure a reliable supply of clean water for people in rural areas. The ICRC also created a database of the water systems it had installed with the WRD since 2004; this enabled it to determine which facilities needed maintenance. By the end of the year, the ICRC had handed over the database to the WRD and concluded its support for the department, as planned.

Whenever possible, the ICRC enabled people separated by past conflict, migration and other circumstances to restore or maintain contact with their families through its family-links services, which mainly meant collecting and distributing RCMs and tracing people sought by their relatives.

CIVILIANS

Because of the longstanding restrictions on humanitarian work in Eritrea, the ICRC scaled down its activities, as planned. By the end of the year, it had ended its assistance for the local water authorities; but it retained the staff and resources necessary to continue delivering essential family-links services and to pursue dialogue with the national authorities on broadening the scope of its activities in the country.

The ICRC maintains contact with Eritrean authorities

The ICRC stayed in touch with government officials and with influential stakeholders who were in contact with them, such as diplomats. It described its activities in Eritrea – and those of the Movement throughout the world – to them, and emphasized its neutral, impartial and independent approach to humanitarian work. The ICRC's aim was to broaden acceptance among them for its activities – particularly those aimed at helping the authorities address residual humanitarian issues from past conflict, such as ascertaining the fate of missing people – and securing humanitarian access throughout the country.

At the onset of the pandemic, the ICRC offered to assist the authorities' response – for example, by donating ambulances or providing family-links services for those in isolation or quarantine. The offer was not taken up.

The water authorities develop their ability to ensure a reliable supply of clean water

Before ending its assistance for the WRD, the ICRC sought to ensure that the department could carry out its activities independently, and that people could continue to benefit from the water systems the ICRC and the WRD had installed.

To this end, the ICRC helped WRD personnel strengthen their capacities: ICRC training enabled 39 staff members to become more capable of installing and maintaining solar-powered water systems, managing relevant data, and accomplishing administrative tasks.

The ICRC also created a database of the water systems it had installed with the WRD since 2004; this enabled it to monitor their condition and determine which facilities needed maintenance. Together with the WRD, local authorities and community members, the ICRC checked the condition of more than 180 facilities – either by visiting them or, after the lockdown took effect, through phone calls to communities. It was not possible to check every facility – because of the lockdown or poor telephone service – but a substantial amount of them were; the data showed that most water systems were in working condition. The database and a report containing the findings and recommendations were handed over to the WRD.

By the end of the year, the ICRC ended its longstanding support for the department, as planned.

Members of dispersed families reconnect

As the ICRC could not travel to remote areas, it was forced to suspend its deliveries of documents across state borders; it was also unable to fully implement certain family-links services – such as collecting and distributing RCMs. However, the ICRC continued, when it could, to help restore or maintain contact among members of families dispersed by past conflict, migration and other circumstances, such as the violence in Tigray. Thirty-two RCMs were collected, and 21 distributed; particular attention was paid to areas with poor telephone service. The ICRC ascertained the fate or whereabouts of 182 people and informed their relatives.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	32			
RCMs distributed	21			
Phone calls facilitated between family members	7			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	37	8	9	6
including people for whom tracing requests were registered by another delegation	17			
Tracing cases closed positively (subject located or fate established)	182			
including people for whom tracing requests were registered by another delegation	180			
Tracing cases still being handled at the end of the reporting period (people)	2,015	346	422	331
including people for whom tracing requests were registered by another delegation	1,871			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	Beneficiaries	39	9	

ETHIOPIA

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- The Ethiopian Red Cross Society and the ICRC gave timely assistance to people affected by the violence in Tigray, helping them access hospital care, emergency relief, clean water, sanitation facilities, and family-links services.
- Intensified violence in Oromia and the north-west, and the destruction of crops by pests, caused the National Society and the ICRC to expand their support, to help people meet their immediate needs and improve their living conditions.
- Returnees, residents and IDPs grew food, raised livestock, pursued livelihoods, and obtained water, primary health care and physical rehabilitation with ICRC support. Administrative obstacles impeded certain urban water projects.
- As the ICRC could not carry out certain activities because of restrictions necessitated by the COVID-19 pandemic, it shifted resources towards helping the authorities and health facilities prevent infections and respond to needs.
- The ICRC stepped up its material, technical and infrastructural support for detaining authorities' COVID-19 response and for their efforts to meet urgent needs created by the pandemic.
- Guided by the ICRC, Ethiopia acceded to the African Union Convention on IDPs, and Addis Ababa University set up the first IHL clinic in the country to foster debate and research related to IHL.

EXPENDITURE IN KCHF	
Protection	4,682
Assistance	16,310
Prevention	2,893
Cooperation with National Societies	1,102
General	81
Total	**25,069**
Of which: Overheads	*1,529*
IMPLEMENTATION RATE	
Expenditure/yearly budget	91%
PERSONNEL	
Mobile staff	43
Resident staff (daily workers not included)	198

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	472
RCMs distributed	331
Phone calls facilitated between family members	92,405
Tracing cases closed positively (subject located or fate established)	379
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	61
Detainees in places of detention visited	71,961
of whom visited and monitored individually	119
Visits carried out	181
Restoring family links	
RCMs collected	31
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	30

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	270,000	273,534
Living conditions	Beneficiaries	96,000	132,760
Capacity-building	Beneficiaries	100	19,820
Water and habitat			
Water and habitat activities	Beneficiaries	280,000	83,797
Health			
Health centres supported	Structures	12	16
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		62,186
Water and habitat			
Water and habitat activities	Beneficiaries	12,400	52,116
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	8	31
Physical rehabilitation			
Projects supported	Projects	15	14

CONTEXT

Clashes between government forces and the Oromo Liberation Army intensified in western and southern Oromia. Rising ethnic and communal tensions led to violence, notably: in the north-west, between Benishangul-Gumuz and Amhara; and in the east, between Oromia and the Somali Regional State (SRS). In November, armed violence between federal and regional forces broke out in Tigray, northern Ethiopia. People were detained in connection with these situations and with social unrest that boiled over in June, in Addis Ababa and Oromia.

People were injured or killed during these incidents. Tens of thousands of people were displaced; although some returned home, more than a million were still unable to do so. Looting and attacks on health facilities were sources of particular concern. IDPs, returnees and violence-affected residents were largely unable to meet their basic needs. Their livelihoods were often destroyed by violence or invasions of pests such as desert locusts. Water and health facilities struggled to meet people's needs.

Refugees from South Sudan and other neighbouring countries, Ethiopian migrants returning home, and families separated by the 1998–2000 armed conflict between Eritrea and Ethiopia struggled to locate and contact their relatives. Many people lost contact with their relatives in Tigray, after the imposition of a communications blackout in the region during the violence.

The authorities endeavoured to check the spread of COVID-19 in Ethiopia: they instituted movement restrictions, set limits on gatherings of people, and quarantined returning migrants. But, lacking the resources necessary, communities, health facilities, and places of detention struggled to implement protective measures against COVID-19.

ICRC ACTION AND RESULTS

The ICRC worked with the Ethiopian Red Cross Society to assist people affected by violence and the pandemic, while protecting its beneficiaries and staff against COVID-19. Through dialogue with authorities, weapon bearers and communities on its neutral, impartial and independent humanitarian work, it secured access and delivered aid to areas where few other humanitarian actors were present. In April, the ICRC opened a sub-delegation in Nekempte, to assist violence-affected people in western Oromia more effectively.

Because of the pandemic, certain ICRC projects could not be fully implemented or had to be cancelled. The ICRC therefore shifted resources and attention towards implementing a multi-disciplinary response to the pandemic in communities and places of detention. Material support from the ICRC – such as personal protective equipment (PPE), soap and handwashing stations – helped the authorities to set up quarantine or isolation centres, and health facilities to institute measures against COVID-19. Health workers were trained to prevent infections and handle the bodies of COVID-19 victims safely. The ICRC also helped quarantined returning migrants, and detainees, to meet urgent needs created by the pandemic.

The ICRC continued to raise people's protection-related concerns with the pertinent parties and remind weapon bearers of their obligations under applicable law, particularly their duty to protect health services.

The ICRC stepped up its response to the urgent needs arising from violence and setbacks to food production. In Tigray, where it had been working to address needs from the past conflict with Eritrea, the ICRC expanded its activities to assist people affected by the outbreak of violence there. IDPs, returnees and violence-affected residents received cash and material support from the ICRC to meet their immediate needs, and ICRC projects made clean water and sanitation facilities available to them. Wounded people received life-saving care at the main referral hospitals thanks to ICRC-donated medicines and other supplies.

Returnees, residents and IDPs worked to regain their self-sufficiency: they grew food, raised livestock and pursued livelihoods with ICRC support. People in rural areas fetched water from wells and hand pumps repaired or upgraded by the ICRC; some water projects in urban areas ran into administrative obstacles. ICRC-supported health facilities provided suitable care for pregnant women, mothers and children, and persons with disabilities. Authorities and local actors drew on ICRC expertise as they sought to ensure the sustainability of physical rehabilitation services.

People separated from their families by violence, past conflict or migration – including refugees and returning migrants – contacted relatives through the Movement's family-links services. These services were particularly valuable for people trying to get in touch with relatives in Tigray after the violence there.

The ICRC visited people detained in connection with violence and monitored their well-being. Besides supporting their COVID-19 response, the ICRC also continued to assist the authorities in aligning detainees' treatment and living conditions with internationally recognized standards.

Guided by the ICRC, Ethiopia acceded to the African Union Convention on IDPs and worked to implement it domestically. Addis Ababa University (AAU), with technical support from the ICRC, established the first IHL clinic in Ethiopia, in order to foster debate and research related to IHL.

The National Society, aided by the ICRC, developed its ability to assist people affected by violence or the pandemic. Movement components working in Ethiopia met to coordinate their activities.

CIVILIANS

The ICRC explained its neutral, impartial and independent humanitarian action to authorities and weapon bearers, which enabled it to secure access to people in need and, together with the Ethiopian Red Cross Society, deliver aid in areas where few other humanitarian actors were present. In Tigray, where it had been working to address needs from the past conflict with

Eritrea, the ICRC quickly expanded its activities to provide emergency aid after violence broke out there.

Because of pandemic-related restrictions, some ICRC projects could not be fully implemented or had to be cancelled: livelihood- or income-support activities; training for health workers in specialized care for victims/survivors of sexual violence; and events for missing people's families. Funds from these activities were shifted to COVID-19 response.

Vulnerable people's concerns are raised with the pertinent parties

The ICRC documented people's protection-related concerns and raised them with the pertinent parties. It reminded them of their obligations under applicable law to: protect those not taking part in hostilities; safeguard health workers and facilities; and ensure that people could meet their basic needs, particularly IDPs, returnees and other vulnerable people. The necessity of preventing sexual violence and protecting health services was reiterated during ICRC training in international human rights law and IHL for police officers and military personnel, respectively.

Aside from bringing people's concerns to the attention of the relevant parties, the ICRC also helped the most vulnerable among them to meet their immediate needs. Victims/survivors of sexual violence obtained health care and other services through ICRC referrals or with the ICRC's financial support. ICRC community-based projects helped make people safer: for example, by repairing water points, the ICRC reduced the need for IDPs to undertake risky journeys to fetch water. Returning migrants were given food, water and shoes; around 180 quarantined migrants were given essential items (e.g. food, blankets, hygiene kits) or cash to travel home.

IDPs, returnees and residents cope with emergencies and regain some measure of self-sufficiency

The National Society and the ICRC responded to mass displacement and setbacks to food production by expanding aid to the people affected, reaching around 20,400 households (122,600 people). IDPs, returnees and people whose crops had been destroyed by pests were given cash to cover food, rent and other necessities; some displaced or returnee households were given assistance in kind (e.g. blankets, sleeping mats). COVID-19 quarantine or isolation centres were given mattresses, bedclothes, handwashing stations and other supplies for accommodating some 10,000 people.

Around 12,800 households (76,700 people) grew vegetables or staple crops with the ICRC's help. This support was given either directly (seed, and cash for tools, fertilizer or hiring farm workers) or as assistance – supplies and equipment (e.g. seed, irrigation pumps), and training provided in partnership with local institutions – for cooperatives to implement seed-multiplication projects. Livestock belonging to around 32,800 households (196,800 people) living near the Oromia–SRS border were vaccinated against common diseases by the ICRC, in cooperation with the local authorities.

Some 19,800 people benefited from capacity-building support given by the ICRC to local actors: basic or refresher training, and veterinary kits, for around 40 community-based animal-health workers; technical and other assistance to the local authorities for setting up veterinary pharmacies (see also below); and financial support for farmers' training centres to instruct people in best practices in farming and protecting their crops against locusts and other pests, which enabled the ICRC to reach more people than planned.

ICRC support for essential services also provides protection against COVID-19

Water systems repaired or upgraded by the ICRC provided clean water to some 58,400 IDPs and residents in rural areas. Work began on the ICRC's urban water project in Yaso, Benishangul-Gumuz, while the project in Moyale near the Oromia–SRS border ran into administrative obstacles. The ICRC maintained its longstanding support for the Tigray water authorities, which enabled them to update their database of water points and plan construction or maintenance projects. In response to the violence in Tigray, the National Society and the ICRC trucked in water for IDPs and residents in Mekelle, reaching around 3,500 people; water tanks and sanitation facilities built or installed by the ICRC, at a town in Amhara hosting IDPs from Tigray, benefited around 400 people. The ICRC constructed a veterinary pharmacy in one community (some 5,000 people) and made repairs at several primary-health-care facilities. ICRC-donated PPE and hygiene materials helped several primary-health-care and physical rehabilitation centres institute measures against COVID-19; this benefited around 16,400 people.

Women and children obtained ante/post-natal and/or curative care at four primary-health-care centres that regularly received ICRC support: medical supplies, equipment, technical assistance, and post-natal essentials (e.g. diapers, soap, blankets). Traditional birth attendants and other community members were encouraged, during ICRC workshops, to refer women needing advanced ante/post-natal care to health centres. Thirteen primary-health-care facilities, including one of the centres mentioned above, were given medical supplies for coping with outbreaks of violence or influxes of IDPs or returnees.

Members of dispersed families reconnect

Members of families separated by violence, past conflict or migration made contact via the Movement's family-links services: 92,400 phone calls were arranged, and RCMs were delivered to and from areas without phone coverage. Solar panels were installed at several camps, enabling South Sudanese refugees to charge their phones. Somali refugees had the names of their missing relatives broadcast through an ICRC-sponsored radio programme (see *Somalia*). People in Ethiopia and elsewhere who were unable to contact their relatives in Tigray, after the outbreak of violence there, enquired about their welfare through hotlines set up by the National Society and the ICRC. Phone credit was provided for people in COVID-19 quarantine and isolation centres.

Dissemination sessions and informational materials helped broaden awareness of these services among refugees and organizations working in refugee camps, who referred children and other vulnerable people for these services. To prevent

the spread of COVID-19, the ICRC gave the National Society financial support for supplying volunteers with PPE and installing handwashing stations at sites where family-links services were provided.

The ICRC strove to help clarify the fate of people missing in relation with the Eritrea–Ethiopia conflict or migration; it urged the foreign ministry to take steps to this end, and collected information from people whose relatives went missing in accidents the Mediterranean Sea. The ICRC enabled a representative of missing people's families to participate in an ICRC webinar on creating an association of missing people's families.

Health workers learn how to handle the bodies of COVID-19 victims safely and with dignity

The ICRC's forensics-related activities shifted towards the strengthening of local capacities in handling the bodies of COVID-19 victims in a safe and dignified manner. It gave the health ministry and the Ethiopian Public Health Institute expert advice for developing standard procedures in this regard, and logistical and other support for training health workers.

Following the outbreak of violence in Tigray, the ICRC donated body bags to help staff at the main referral hospital in Mekelle manage people's remains properly, with a view to facilitating their identification and return to their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC expanded its COVID-19 response at places of detention and maintained this support even when the authorities suspended its prison visits as a precaution against COVID-19. During visits to provide pandemic-related assistance, it continued – where possible, because contact with detainees was reduced to prevent the spread of COVID-19 – to monitor detainees' treatment and living conditions.

Through dialogue with the authorities, the ICRC gained access to facilities holding people detained in connection with the violence in Oromia and Tigray. In all, it visited 61 places of detention in accordance with its standard procedures; 119 detainees – minors, pregnant women, and sick detainees – were monitored individually. Findings were communicated confidentially to the authorities to help them improve detainees' treatment and living conditions.

The authorities expand their capacities in prison management

The Federal Prison Commission, regional detaining authorities and police officials learnt more about best practices in prison management and design, and international standards for detention, at ICRC workshops and training sessions. To assist the COVID-19 response in detention facilities, the ICRC gave detaining, health and judicial authorities guidance – for example, on alternatives to detention and coordinating detainee transfers – and facilitated their participation in a webinar that it organized with the Africa Centres for Disease Control and Prevention. Plans to establish a system for managing detainees' information were postponed, as COVID-19 response took precedence.

Detainees have better living conditions and protection against COVID-19

Some 52,100 detainees benefited from the ICRC's infrastructural projects or from the communal hygiene and cleaning items (e.g. handwashing stations, chlorine, soap) provided by it. More specifically, the ICRC upgraded water facilities for around 7,800 detainees; improved a sewage system and showers for some 2,800 detainees; and donated energy-efficient stoves to more prisons than planned (collectively holding about 7,000 detainees), so that meals could be prepared in-house when the pandemic disrupted the usual practice of having them delivered from outside.

Around 62,200 detainees improved their living conditions with ICRC support: clothes, hygiene items and recreational materials; mobile phones and phone credit for contacting their relatives when family visits were suspended; and sleeping mats, blankets and other items for COVID-19 quarantine or isolation areas.

A prison clinic in Oromia, which handled referrals from other prisons, provided preventive and curative care to detainees with medicines and technical support from the ICRC. Several other prisons were given technical support, and medical and hygiene supplies, for treating detainees who were pregnant or mentally ill, and detainees with disabilities. Material aid from the ICRC (e.g. PPE, posters listing measures against COVID-19) and ICRC training in preventing infections enabled health staff to strengthen their COVID-19 response. Other planned activities were postponed, as COVID-19 response was prioritized.

WOUNDED AND SICK

Hospitals cope with COVID-19 and influxes of wounded people

In response to mass-casualty events and to the COVID-19 pandemic, the ICRC extended material support to 31 hospitals and COVID-19 treatment centres. Medicines, wound-dressing kits and other supplies from the ICRC enabled hospitals to cope with influxes of wounded people. COVID-19 treatment centres were given PPE, medical consumables, hospital beds and other supplies. At ICRC training sessions, around 130 health professionals learnt about COVID-19 preventive measures and, under the Health Care in Danger initiative, measures for self-protection.

To assist the Ethiopian Red Cross Society's ambulance services, the ICRC provided National Society branches in violence-affected areas with first-aid supplies and PPE.

The pandemic prevented the ICRC from helping selected hospitals to build their emergency response capacities. Funds for this were redirected to the ICRC's COVID-19 response.

Persons with disabilities have access to good-quality rehabilitative care

Around 6,400 people[1] obtained physical rehabilitation services at ten centres that regularly received raw materials for making assistive devices, and staff training from the ICRC; one of these centres – in Jijiga – opened in January, after its renovation last year by the ICRC and the local authorities. Around 40 people from remote areas travelled to the centres with the ICRC's financial support, and some 90 detainees were given mobility devices during the ICRC's detention visits. The ICRC helped tackle shortages of PPE by giving three physical rehabilitation centres materials and training to produce face shields, which the health ministry then distributed to COVID-19 treatment centres.

Local institutions, guided by the ICRC, strove to ensure the sustainability of good-quality rehabilitative services: the health ministry developed national guidelines for these services and began establishing a supply chain for raw materials; educational institutions took steps to expand their curriculum on prosthetics/orthotics and physiotherapy; and the pertinent government ministries and ICRC-supported centres coordinated their activities. Two professional associations were given guidance or financial support for building capacities among local service providers; in particular, 16 physiotherapists were trained in early rehabilitative care, so that they could treat casualties of the violence in Tigray. The ICRC and the Federation of Ethiopian National Associations of Persons with Disabilities took steps to establish social-inclusion programmes at some ICRC-supported centres and planned to pilot them in 2021.

Owing to pandemic-related restrictions, fewer people than envisaged were able to obtain services. In addition, the ICRC's outreach programme – aimed at encouraging referrals through information sessions for health workers – and its support for sports activities for persons with disabilities could not be implemented.

ACTORS OF INFLUENCE

The Ethiopian Red Cross Society and the ICRC strove to broaden acceptance for the Movement's work among community leaders and the general public, and to inform them of measures against COVID-19, the proper use of the emblems protected under IHL, and the necessity of safeguarding health services, particularly ambulances. Because of the pandemic, this was done mainly through educational or informative posters, social media, radio or television.

Owing to pandemic-related restrictions, some training sessions for peacekeeping forces and other weapon bearers, and events for academics and journalists did not take place. Where possible, the ICRC engaged with them remotely.

Weapon bearers work to integrate pertinent norms into their doctrine, operations and training

The ICRC gave the Federal Police Commission expert advice for implementing the state of emergency declared by the authorities in response to the pandemic, highlighting the importance of adhering to international standards for the use of force, safeguarding health personnel and facilities, and ensuring humanitarian access. Directors of police training institutions reviewed their curricula at an ICRC round table, with a view to integrating applicable norms and standards more fully into police training. Weapon bearers were given guidance remotely: an ICRC article on IHL was published in a military magazine and information on international standards for the use of force was disseminated through television programmes.

National authorities take steps to implement IHL and IHL-related treaties domestically

Legal officials from the Federal Attorney-General's Office discussed the domestic implementation of IHL during an ICRC seminar. A translated ICRC handbook on IHL for parliamentarians was not published, owing to administrative impediments.

Ethiopia acceded to the African Union Convention on IDPs, with support from the ICRC. An ICRC report highlighting the convention's relevance, and containing recommendations for its implementation, was shared with members of parliament and the pertinent ministries. ICRC-trained academics counselled the foreign ministry during the process. The ICRC also provided expert assistance for the drafting of a law to implement the convention domestically: it emphasized the importance of ensuring sustainable solutions for IDPs and their unimpeded access to humanitarian assistance.

The ICRC helped academics to add to their knowledge of IHL, by giving them reference materials or by enabling them to attend training abroad. The ICRC gave AAU technical support for establishing the first IHL clinic in Ethiopia, which began publishing articles with contributions from ICRC experts.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society assisted people affected by violence or the pandemic, with support from the ICRC. It strengthened its operational capacities through ICRC training in restoring family links, first aid, public communication, and applying the Safer Access Framework, and with material aid from the ICRC: stocks of essential items for people affected by violence or natural disasters; first-aid kits; equipment for providing family-links services (e.g. laptops, telephones); and office supplies and furniture. Financial support from the ICRC helped cover staff salaries and running costs for offices and ambulance services.

The ICRC adapted its support for the National Society after the onset of the pandemic. National Society volunteers and staff were given PPE and trained in measures against COVID-19. The ICRC also gave the National Society financial support for raising awareness of COVID-19 and infection prevention measures through communication campaigns.

Movement components working in Ethiopia continued to meet to coordinate their activities for violence-affected people and their response to the pandemic.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	472	4		
RCMs distributed	331			
Phone calls facilitated between family members	92,405			
Names published in the media	396			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	409	77	64	68
including people for whom tracing requests were registered by another delegation	60			
Tracing cases closed positively (subject located or fate established)	379			
including people for whom tracing requests were registered by another delegation	24			
Tracing cases still being handled at the end of the reporting period (people)	2,852	615	665	576
including people for whom tracing requests were registered by another delegation	259			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	4	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	468	64		
Documents				
People to whom travel documents were issued	17			
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	61			
Detainees in places of detention visited	71,961	387	1,216	
Visits carried out	181			
		Women	Girls	Boys
Detainees visited and monitored individually	119	7	2	12
of whom newly registered	105	7	2	12
RCMs and other means of family contact				
RCMs collected	31			
RCMs distributed	6			
Phone calls made to families to inform them of the whereabouts of a detained relative	30			
People to whom a detention attestation was issued	16			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	273,534	83,021	131,007
Living conditions	Beneficiaries	132,760	78,469	28,496
of whom IDPs		34,374	20,511	6,721
Capacity-building	Beneficiaries	19,820	3,961	1,980
Water and habitat				
Water and habitat activities	Beneficiaries	83,797	25,192	8,395
of whom IDPs		21,007	6,302	2,101
Primary health care				
Health centres supported	Structures	16		
of which health centres supported regularly		4		
Average catchment population		694,261		
Services at health centres supported regularly				
Consultations		24,590		
of which curative		20,359	1,311	3,342
of which antenatal		4,231		
Vaccines provided	Doses	2,376		
of which polio vaccines for children aged 5 or under		862		
Referrals to a second level of care	Patients	86		
of whom gynaecological/obstetric cases		50		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	62,186	1,440	487
Water and habitat				
Water and habitat activities	Beneficiaries	52,116	1,563	521
Health care in detention				
Places of detention visited by health staff	Structures	26		
Health facilities supported in places of detention	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	31		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		3,453		
Weapon-wound admissions (surgical and non-surgical admissions)		4,954	13	10
Weapon-wound surgeries performed		590		
Physical rehabilitation				
Projects supported		14		
of which physical rehabilitation projects supported regularly		10		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	6,438	1,285	1,511
of whom victims of mines or explosive remnants of war		92		
Prostheses delivered	Units	1,202		
Orthoses delivered	Units	1,823		
Physiotherapy sessions		1,507		
Walking aids delivered	Units	4,631		
Wheelchairs or postural support devices delivered	Units	317		
Referrals to social integration projects		46		

LIBYA

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- Given the increased humanitarian needs posed by the intensified hostilities and the COVID-19 pandemic, the ICRC stepped up its emergency response but postponed other activities because of security and pandemic-related constraints.
- The Libyan Red Crescent and the ICRC distributed food and household essentials to hundreds of thousands of IDPs, returnees, residents and others affected by the increased violence in Libya, benefiting more people than planned.
- Violence-affected people, including those injured during clashes, were treated at primary-health-care centres and hospitals that received comprehensive support from the ICRC, which backed more health facilities than planned.
- First responders and forensic professionals bolstered their capacity to manage human remains safely and properly, including the remains of COVID-19 casualties.
- Because of pandemic-related and other constraints, the ICRC was able to visit detainees only from September onwards. However, it gave penitentiary officials material aid and technical expertise for their COVID-19 response in places of detention.
- Government officials and academics learnt more about IHL at ICRC workshops and other events in Libya and elsewhere.

EXPENDITURE IN KCHF	
Protection	5,537
Assistance	39,186
Prevention	4,295
Cooperation with National Societies	2,806
General	138
Total	**51,961**
Of which: Overheads	*3,165*
IMPLEMENTATION RATE	
Expenditure/yearly budget	76%
PERSONNEL	
Mobile staff	66
Resident staff (daily workers not included)	304

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	11
RCMs distributed	30
Phone calls facilitated between family members	101
Tracing cases closed positively (subject located or fate established)	50
People reunited with their families	3
of whom unaccompanied minors/separated children	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	3,285
of whom visited and monitored individually	44
Visits carried out	4

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	150,000	207,300
Food production	Beneficiaries	6,000	
Income support	Beneficiaries	37,800	53,568
Living conditions	Beneficiaries	90,000	143,796
Capacity-building	Beneficiaries	6,100	828
Water and habitat			
Water and habitat activities	Beneficiaries	599,084	911,872
Health			
Health centres supported	Structures	29	57
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	6,000	7,150
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	14	42
Physical rehabilitation			
Projects supported	Projects	4	4
Water and habitat			
Water and habitat activities	Beds (capacity)	800	155

CONTEXT

Intense clashes between various armed groups continued to take place throughout the country; these often took place in densely populated areas and involved the use of heavy weapons. Fighting escalated in western Libya during the first half of the year; in June, an armed group affiliated with one of the governments was driven out of Tripoli to Abu Grain by rival groups. Subsequently, violence intensified in Sirte and other places in central Libya. Communal violence persisted in the south, and criminality was widespread.

Negotiations, to effect a reconciliation of governments, continued. The political impasse complicated the authorities' efforts to address people's needs.

During the hostilities, attacks against civilians and public infrastructure led to a rise in casualties. Large numbers of people were abruptly displaced, adding to the hundreds of thousands already displaced. Access to basic commodities and essential services remained limited. The COVID-19 pandemic compounded people's difficulties: movement restrictions and other necessary preventive measures affected the functioning of local markets and weakened livelihoods.

Migrants, including refugees and asylum seekers, continued to pass through Libya to Europe. They were vulnerable to abuse, and at risk of being arrested and losing contact with relatives.

ICRC ACTION AND RESULTS

The ICRC was able to move back some of its mobile staff to Libya, though it maintained its support unit in Tunisia. Owing to pandemic-related movement restrictions, it was unable to expand its presence in the country.

Given the sharp rise in people displaced or wounded by the hostilities in western and central Libya, and the humanitarian needs arising from the pandemic, the ICRC adapted its activities. It stepped up its emergency response and postponed some of its other activities. It coordinated its efforts with other Movement components, especially the Libyan Red Crescent, which it provided with comprehensive support. From March onwards, the ICRC carried out its activities in line with COVID-19 preventive measures.

Helping violence-affected people to cover their immediate needs was prioritized; as a result, the ICRC reached more people than planned. The National Society and the ICRC distributed food and essential household items to hundreds of thousands of IDPs, returnees, residents and others. Cash assistance helped enable displaced households to buy goods at local markets. Breadwinners took part in ICRC cash-for-work projects, while heads of particularly vulnerable households were given cash grants and training to start small businesses. The ICRC repaired or renovated key infrastructure and gave local service providers supplies to maintain and repair these facilities. People obtained appropriate care at primary-health-care centres that received medical supplies, training, funds and infrastructural support from the ICRC, which – in response to various emergencies – backed more health centres than planned.

People wounded during clashes were treated at hospitals that the ICRC had provided with drugs, surgical equipment and medical supplies; overall, the ICRC reached more people than planned. Persons with disabilities benefited from rehabilitative services at ICRC-supported centres.

The ICRC visited people held at places of detention, to check on their treatment and living conditions. However, it was able to visit detainees only from September onwards, owing to pandemic-related restrictions and other constraints. It provided the detaining authorities with guidance and material assistance, to support their efforts to check the spread of COVID-19 in places of detention. Together with the National Society, it continued to provide family-links services for migrants at a retention centre in Benghazi. The Movement's family-links services also enabled others to restore or maintain contact with relatives separated from them, or to be reunited with them where appropriate.

Particularly because it was seeking to operate in a challenging working environment – the result of a complex political situation and volatile security conditions – the ICRC maintained its efforts to broaden acceptance for IHL and for its neutral, impartial and independent humanitarian approach among representatives of various government bodies and weapon bearers, and thereby facilitate its activities in Libya. Sponsored by the ICRC, government officials and academics attended IHL workshops in Libya and elsewhere, including online; military commanders participated in ICRC-organized IHL training sessions held outside the country. The ICRC launched public-communication campaigns to explain its activities and draw attention to various issues of humanitarian concern, namely threats to people's safety from COVID-19 and from mines and explosive remnants of war (ERW).

Owing to the pandemic and the measures it necessitated, as well as various administrative, human-resource and security constraints, the ICRC was unable to implement some of its activities, such as: improving food production, providing capacity-building support for local services, and conducting training courses for health-care providers.

CIVILIANS

Together with other Movement components, the ICRC adapted its activities to the sharp rise in people displaced or wounded by the intensified hostilities in western and central Libya (see *Context*), and the humanitarian needs arising from the COVID-19 pandemic. It scaled up its emergency response and postponed some of its other activities.

The ICRC reminded parties to the hostilities – through bilateral meetings and written representations – of their obligations under IHL and other applicable law to protect civilians and public infrastructure, including medical personnel and facilities. It also made representations to the parties about local issues, such as freedom of movement for the local authorities to repair infrastructure, and the presence of explosive ordnance in essential facilities.

The ICRC continued to monitor the situation of migrants in Libya, including people held in retention centres (see *People deprived of their freedom*). It engaged in discussions with influential actors at the national and international level – such as the Libyan authorities and European Union member states and institutions – on several issues of specific concern to migrants, such as the legal frameworks applicable to the protection of migrants, and the situation of migrants held in retention centres.

Newly displaced people meet their basic needs

Together with the Libyan Red Crescent, the ICRC distributed relief assistance to various groups: the large numbers of people displaced by the hostilities in Abu Grain, Sirte and Tripoli; returnees; residents; and, in the south, people affected by quarantine measures. Some 34,550 households (207,300 people) received food parcels: the newly displaced were thus able to meet their immediate needs shortly after their displacement, and vulnerable residents, to supplement their diet. Nearly 24,000 IDP households (143,796 people) were given hygiene items, cooking utensils and shelter materials, to help ease their living conditions; people living in areas most affected by electricity shortages were provided with solar-powered lamps.

ICRC cash assistance helped 53,568 people (8,928 households) who were displaced by the fighting or otherwise vulnerable to cover their basic expenses and earn an income. Displaced households were given cash – some for up to three months – to buy goods at local markets. Breadwinners earned money through ICRC cash-for-work projects that also benefited their communities. Female or physically disabled heads of households received cash grants to start small businesses; 138 of them (supporting 828 people) also received training in vocational or business skills. The ICRC gave additional cash to some of these people, including some of its beneficiaries from 2019, to help mitigate the effects of the pandemic on their businesses.

To help reduce their risk of exposure to COVID-19, the ICRC gave all its beneficiaries personal protective equipment (PPE) and hand sanitizers whenever it carried out activities. Together with a local online shopping company, it designed an online portal, through which some of the people mentioned above requested food, hygiene items, and disinfectants and other cleaning materials; these were then delivered to them with minimal physical contact.

Owing to pandemic-related restrictions and security and other constraints, some ICRC activities had to be postponed, such as improving food production and implementing a project to expand capacity in a local greenhouse.

Violence-affected people have better access to essential services

Around 911,800 people had broader access to clean water and more sanitary surroundings, and better protection against disease, after the ICRC repaired or refurbished key infrastructure. Local service providers were given spare parts, equipment, infrastructural support and training to maintain and repair water, waste-management and electrical systems; they also received PPE and were briefed on COVID-19. IDPs staying at collective shelters benefited from ICRC-backed renovations to water and sanitation facilities, and were given PPE and informational materials on COVID-19. Efforts were under way to renovate irrigation infrastructure at a local greenhouse.

People in violence-affected areas throughout Libya obtained curative and preventive care at ICRC-supported health facilities. The ICRC regularly provided 24 primary-health-care centres – including three diabetes treatment centres – with medicine and other supplies, staff training and funds; most of the centres were also given financial assistance to buy PPE for staff. It made ad hoc donations of drugs, consumables and PPE to 27 health centres. Two other health centres received both regular and ad hoc support. The ICRC renovated essential facilities at 11 primary-health-care centres, and – in coordination with health service providers and emergency responders – trained health personnel in COVID-19 infection prevention and control measures. Owing to human-resource and pandemic-related constraints, the ICRC was unable to brief health-care providers on key points of the Health Care in Danger initiative.

Four mobile health units, operated by the National Society with material and financial support from the ICRC, were deployed in Awbari, Benghazi, Derna and Tripoli.

Members of separated families reconnect

Members of families dispersed by violence, migration, detention or other circumstances – including migrants held in retention centres (see *People deprived of their freedom*) – kept in touch through the Movement's family-links services. These people, including some whose relatives were detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba, made 101 phone calls to their relatives. Fifty tracing cases were resolved, and the families concerned were able to obtain news of their missing relatives; some of these cases were shared and resolved in coordination with the UNHCR and other actors.

At the UNHCR's request, the ICRC issued travel documents for 57 people who were going to be resettled elsewhere. It delivered official documents to a migrant in Sabha, to enable him to rejoin his family in Tripoli. The ICRC also reunited three unaccompanied minors with their families. Two unaccompanied minors staying at a Libyan Red Crescent shelter were transferred to a foster family by the National Society, with the ICRC's help; the ICRC also covered their expenses and continued to help them maintain contact with their relatives through video calls.

The ICRC sought to serve as a neutral intermediary in efforts to clarify the fate and whereabouts of people missing in relation to past and recent hostilities. It began discussions on possibilities for doing so with the parties concerned.

Forensic actors strengthen their ability to manage human remains

During meetings with the pertinent authorities and other stakeholders, the ICRC strove to brief them on measures for ensuring the safe and dignified management of human remains, and to foster coordination among them by helping to clarify roles and responsibilities, with a view to strengthening the medico-legal system in Libya. Owing to pandemic-related restrictions, some ICRC events, such as round tables and workshops, were postponed to 2021.

With ICRC technical advice and material support, health authorities, forensic specialists, National Society volunteers and others developed their ability to manage human remains – linked to either migration, the hostilities or the pandemic – safely and properly. The ICRC gave the relevant local institutions guidelines for safely managing the remains of people who died of COVID-19. It briefed first responders and forensic professionals on COVID-19 and trained them in managing the remains of people who had died of the disease and in infection prevention and control measures. The ICRC also responded to the sharp rise in casualties of violence and COVID-19 by increasing its material support for the management of human remains: PPE, and over 2,900 body bags and other supplies, were given to hospitals, isolation centres, morgues, and the National Society.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its engagement with the detaining authorities, including remotely. It visited people held at four places of detention in Benghazi, Misrata and Tripoli, to check on their treatment and living conditions – especially in view of the COVID-19 pandemic. However, it was able to visit detainees – in accordance with its standard procedures – only from September onwards, owing to pandemic-related restrictions and administrative and security constraints. The ICRC sought to gain access to all detainees within its purview, including foreigners.

Findings and recommendations from the visits were communicated confidentially to the authorities concerned, with a view to helping them bring detainees' living conditions in line with internationally recognized standards. Detainees were given hygiene kits, clothes, blankets and mattresses, to help alleviate their living conditions.

The ICRC supported the authorities' efforts to protect detainees against COVID-19. It gave the authorities guidelines for preventing the spread of COVID-19 in places of detention; trained prison staff in the correct use of PPE, and in infection prevention and control measures and disinfection practices; and distributed informational materials on good hygiene practices to detainees. ICRC donations of PPE, soap, hygiene kits and disinfectants benefited 7,150 detainees.

Following their participation in a regional conference on health care in detention – organized by the ICRC in Kuwait in 2019 – judicial and health authorities took steps to improve detainees' access to health care; the ICRC provided them with the material support necessary to do so. Prison health staff were given PPE, hygiene items and medical supplies; technical support was provided remotely.

Detained migrants restore or maintain contact with their relatives

The ICRC continued to keep track of the situation of migrants detained in Libya, through contact with other organizations assisting them and by monitoring the media and other sources of information. It made representations to the pertinent authorities calling for the release of detained migrants, in view of the COVID-19 pandemic. During bilateral meetings with them, it took every opportunity to explain its mandate and work, and its position on the issues of migration and immigration detention. The ICRC also drew the attention of relevant stakeholders, such as European Union member states and institutions, to internationally recognized standards applicable to detained migrants.

Migrants at a retention centre in Benghazi were able to restore or maintain contact with their families through phone calls facilitated by the Libyan Red Crescent, together with the ICRC. The ICRC reminded penitentiary authorities of the need to ensure detainees' access to family contact.

WOUNDED AND SICK

Wounded people obtain suitable medical care

The ICRC maintained its material support for hospitals as violence intensified throughout Libya, and as the pandemic strained health services even more. It donated surgical equipment to 12 hospitals regularly; this support was phased out at 11 of the hospitals by the end of June, and only the emergency room at one hospital in Benghazi continued to receive regular assistance. The ICRC's focus shifted to providing ad hoc support for 30 hospitals that received large influxes of patients: it gave them PPE, drugs, and supplies for treating weapon-wounded people.

Owing to human-resource and pandemic-related constraints, the ICRC was unable to realize some of its plans, such as: briefing health personnel on key points of the Health Care in Danger initiative; and conducting training in first aid for Libyan Red Crescent staff and volunteers, and other emergency response personnel, in weapon-wound surgery for surgeons and/or anaesthesiologists, and in mental-health and psychosocial support for staff at ICRC-supported health facilities.

The ICRC renovated infrastructure at three hospitals in central and southern Libya and at two physical rehabilitation centres in Misrata and Tripoli (see below), and provided material support for the renovation of a hospital in western Libya (155 beds in all). Construction work undertaken by the ICRC helped to expand the storage capacity of a hospital morgue. In Benghazi, preparations were under way for the construction of a dormitory for persons with disabilities at a physical rehabilitation centre.

Persons with disabilities receive good-quality rehabilitative services

Around 2,770 persons with disabilities[1] obtained suitable care at three physical rehabilitation centres in Benghazi, Misrata and Tripoli; the ICRC provided all three centres with material,

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

technical and financial support. Because of the pandemic, the centres were closed in April; those in Misrata and Tripoli reopened in June, while the Benghazi centre reopened in July. When they reopened, the centres took the necessary precautions against the spread of COVID-19, such as the implementation of infection prevention and control measures. The ICRC strove to promote the social inclusion of the centres' patients and of other persons with disabilities: together with the Libyan Paralympic Committee, it organized various sporting events to mark the International Day of Persons with Disabilities.

Six students completed their studies abroad in physical rehabilitation; by year's end, five of them were already back in Libya and working at the centres. By sponsoring the education of these physical rehabilitation professionals, the ICRC aimed to expand the pool of qualified personnel and ensure the sustainability of services at the centres.

ACTORS OF INFLUENCE

Particularly because it was seeking to operate in a challenging working environment – the result of a complex political situation and volatile security conditions – the ICRC maintained its efforts to broaden acceptance for IHL and for its neutral, impartial and independent humanitarian approach, and thereby facilitate its activities in Libya. It maintained contact with representatives of various government bodies and with weapon bearers. It also endeavoured to expand its network of contacts among members of civil society. Owing to pandemic-related constraints, interaction with these people often took place online instead of in person.

Government representatives, including senior officials at the local and national levels, added to their knowledge of IHL at workshops and other events organized by the ICRC in Libya and elsewhere in the region (see *Morocco* and *Tunis*) or online. During visits in February and in August, the ICRC's president discussed the organization's mandate and its activities with high-ranking government officials and other influential parties.

Military commanders – both at the senior and field levels – strengthened their grasp of IHL at ICRC training sessions, some of which were held in neighbouring countries. Some of them also took part in online dissemination sessions on IHL and on the ICRC's mission.

Key members of civil society broaden their knowledge of specific humanitarian issues

The ICRC launched public-communication initiatives to broaden awareness of the humanitarian needs in Libya and of the efforts made by the Libyan Red Crescent and the ICRC to address them. Through radio spots and social-media posts, the ICRC conveyed crucial information to the public: on threats to their safety from COVID-19 and from mines and ERW, and on measures to mitigate them; and about its own activities. With the ICRC's help, the National Society produced its own public-communication materials to help raise awareness of COVID-19. The ICRC's social-media platforms enabled people to communicate their concerns directly to the ICRC and to learn more about the services available to them. Community members also learnt more about the ICRC's activities during dissemination sessions that were sometimes included in its economic-security activities (see *Civilians*).

Sponsored by the ICRC, four academics participated in regional IHL courses (see above), including one on teaching IHL. The ICRC held dissemination sessions and other events online, on IHL and on its activities; these were attended by academics, NGO representatives, and members of the local humanitarian community.

RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent remained the ICRC's main partner in the country: the two organizations continued to work closely together and adapted their activities to the increased humanitarian needs created by the fighting in western and central Libya and by the pandemic.

With training and financial, material and technical support from the ICRC, the National Society strengthened its ability to distribute relief aid, provide family-links services and respond to needs arising from the pandemic; boosted its emergency preparedness and response; and carried out public-communication initiatives (see *Civilians* and *Actors of influence*). Two National Society staff members, sponsored by the ICRC, participated in a regional IHL training course. The ICRC renovated National Society infrastructure, a warehouse in Sabha, for instance.

Together with the International Federation, the ICRC backed the National Society's mental-health and psychosocial support activities within the context of its COVID-19 response. It helped the National Society disseminate messages aimed at raising awareness of: the importance of mental health, and mental-health needs during the pandemic; and the necessity of preventing the stigmatization of infected people. National Society staff and volunteers were given informational resources, and assisted to attend a webinar, on mental-health and psychosocial support.

The ICRC trained the National Society in the Safer Access Framework, to help them carry out their activities more safely, including in weapon-contaminated areas; it also ensured that precautionary measures against COVID-19 were incorporated in these training sessions.

Working within the framework of the 2017 Movement Coordination Agreement with the National Society and the International Federation, the ICRC strove to improve coordination among Movement components in Libya. Meetings and discussions took place regularly, in order to ensure closer cooperation among Movement components, especially in connection with their COVID-19 response.

MAIN FIGURES AND INDICATORS: PROTECTION

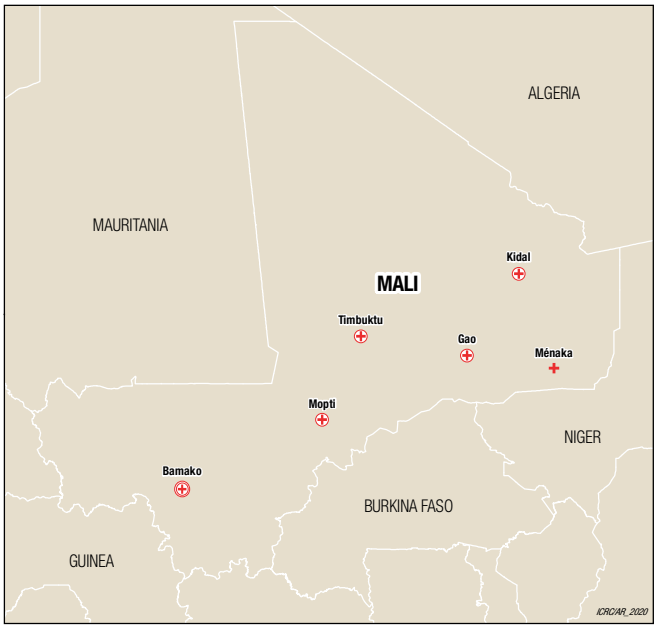
CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	11			
RCMs distributed	30	4		
Phone calls facilitated between family members	101			
Reunifications, transfers and repatriations				
People reunited with their families	3			
People transferred or repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	169	32	7	19
including people for whom tracing requests were registered by another delegation	57			
Tracing cases closed positively (subject located or fate established)	50			
including people for whom tracing requests were registered by another delegation	12			
Tracing cases still being handled at the end of the reporting period (people)	2,064	192	121	135
including people for whom tracing requests were registered by another delegation	365			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3			
UAMs/SC reunited with their families by the ICRC/National Society	3	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	8	1		
Documents				
People to whom travel documents were issued	57			
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	4			
Detainees in places of detention visited	3,285	301	2	
Visits carried out	4			
		Women	Girls	Boys
Detainees visited and monitored individually	44	44		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	207,300	62,184	82,908
of whom IDPs		207,234	62,166	82,884
Income support	Beneficiaries	53,568	16,188	21,093
of whom IDPs		49,587	14,959	19,629
Living conditions	Beneficiaries	143,796	43,133	57,506
of whom IDPs		138,858	41,653	55,534
Capacity-building	Beneficiaries	828	338	48
of whom IDPs		240	84	48
Water and habitat				
Water and habitat activities	Beneficiaries	911,872	273,878	273,878
Primary health care				
Health centres supported	Structures	57		
of which health centres supported regularly		30		
Average catchment population		2,766,670		
Services at health centres supported regularly				
Consultations		870,317		
of which curative		805,659	183,836	163,581
of which antenatal		64,658		
Vaccines provided	Doses	61,832		
of which polio vaccines for children aged 5 or under		20,056		
Referrals to a second level of care	Patients	13,284		
of whom gynaecological/obstetric cases		2,277		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	7,150		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	42		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		33,175		
Weapon-wound admissions (surgical and non-surgical admissions)		4,140	7	11
Weapon-wound surgeries performed		401		
Water and habitat				
Water and habitat activities	Beds (capacity)	155		
Physical rehabilitation				
Projects supported		4		
of which physical rehabilitation projects supported regularly		3		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	2,777	327	1,581
of whom victims of mines or explosive remnants of war		58		
Prostheses delivered	Units	538		
Orthoses delivered	Units	2,053		
Physiotherapy sessions		875		
Walking aids delivered	Units	55		

MALI

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups, and of other situations of violence. It seeks to protect and assist violence-affected people, who also often struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among military and security forces and armed groups and encourages the authorities to ensure its implementation. It works closely with the Mali Red Cross and helps it develop its operational capacities.



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

KEY RESULTS/CONSTRAINTS IN 2020

- Vulnerable people addressed their urgent and longer-term needs with various forms of assistance from the Mali Red Cross and the ICRC, such as food rations, household essentials, cash, animal-health services, seed, tools and training.
- Displaced people, and residents of the communities hosting them, had better access to clean water after the ICRC renovated or built such facilities as water points, boreholes and wells, including in IDP camps.
- Ill, injured and/or disabled people received good-quality services at primary-health-care centres, hospitals and physical rehabilitation centres that maintained their operations with comprehensive support from the ICRC.
- Detainees, including those held in relation to armed conflict, received standard ICRC visits. They had more sanitary living conditions via ICRC-led facility repairs and distributions of hygiene items, mitigating their risk of COVID-19.
- Members of families dispersed by violence, migration or detention used the Movement's family-links services to restore contact. Children, including some formerly associated with weapon bearers, were reunited with their families.
- Authorities and weapon bearers were urged to respect IHL and other pertinent norms. Security incidents and other safety threats led the ICRC to adapt or postpone some activities, in some cases reaching fewer people than planned.

EXPENDITURE IN KCHF	
Protection	7,247
Assistance	35,186
Prevention	3,641
Cooperation with National Societies	1,783
General	362
Total	**48,219**
Of which: Overheads	*2,943*
IMPLEMENTATION RATE	
Expenditure/yearly budget	92%
PERSONNEL	
Mobile staff	82
Resident staff (daily workers not included)	450

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	415
RCMs distributed	268
Phone calls facilitated between family members	4,880
Tracing cases closed positively (subject located or fate established)	101
People reunited with their families	18
of whom unaccompanied minors/separated children	14
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	26
Detainees in places of detention visited	5,373
of whom visited and monitored individually	862
Visits carried out	178
Restoring family links	
RCMs collected	102
RCMs distributed	18
Phone calls made to families to inform them of the whereabouts of a detained relative	606

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	81,000	60,654
Food production	Beneficiaries	921,840	849,355
Income support	Beneficiaries	21,060	23,310
Living conditions	Beneficiaries	39,000	36,117
Capacity-building	Beneficiaries	1,030	755
Water and habitat			
Water and habitat activities	Beneficiaries	145,008	144,245
Health			
Health centres supported	Structures	23	23
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	2,990	860
Living conditions	Beneficiaries	2,990	6,040
Water and habitat			
Water and habitat activities	Beneficiaries	2,990	5,177
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	7	10
Physical rehabilitation			
Projects supported	Projects	11	9
Water and habitat			
Water and habitat activities	Beds (capacity)	310	440

CONTEXT

Confrontations intensified between various armed groups and Malian and international forces, including French forces and the UN Multidimensional Integrated Stabilization Mission in Mali. The G5 Sahel Force – composed of troops from Burkina Faso, Chad, Mali, Mauritania and Niger – also fought armed groups in the region. A 2015 peace accord between the government and certain armed groups remained with little effect. Northern and central Mali were the main sites of fighting. Civilians were wounded or killed in attacks or by improvised explosive devices (IEDs); health-care services were targeted. Malian and international forces arrested people in connection with armed conflict; some detainees were transferred to *gendarmerie* custody.

Communal violence – exacerbated by rising criminality, climate shocks and competition over limited resources – displaced tens of thousands of people.

These circumstances disrupted livelihoods and basic services – including in detention facilities, which were overcrowded – and impeded the delivery of aid. The COVID-19 pandemic, which necessitated restrictions on movements, further compounded matters.

Within or outside of Mali, thousands of people fled their homes for safety; others moved for better prospects. Some Malian refugees in neighbouring countries (see *Burkina Faso* and *Mauritania*) were still unable to return home. Migrants passing through Mali on their way to Europe were at risk of physical assault or other unlawful conduct.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs engendered by protracted armed conflict, communal violence and other emergencies in the country, particularly in the northern and central regions. Given the deterioration of the security situation, the ICRC bolstered its efforts to protect and assist people in need, supported by a budget extension appeal[1] for its operations in Mali and other countries in the Sahel region.

With the help of the Mali Red Cross, local authorities and community leaders, it reached communities accessible to few or no other humanitarian organizations. Security incidents, the threat of IEDs and COVID-19, however, compelled the ICRC to adapt or postpone some activities; after the onset of the pandemic, it adjusted all its work with due regard for infection-risk mitigation.

During discussions with local authorities and weapon bearers, the ICRC sought safe access to vulnerable people. It emphasized to influential parties the necessity of respecting IHL and humanitarian principles and ensuring unimpeded access to health care and other basic services.

People affected by conflict and/or other violence addressed their urgent and longer-term needs with the ICRC's assistance. Displaced people, and residents of the communities hosting them, received food, household essentials or cash to purchase these. Pastoral households benefited from livestock vaccination and treatment, and farming households, from seed, tools and training. Breadwinners started micro-enterprises, participated in cash-for-work projects or underwent vocational training. In some cases, however, the ICRC reached fewer people than planned because of security and access constraints.

After the ICRC renovated or built community facilities, such as boreholes and wells, resident and displaced people gained better access to water for personal, household and agricultural use. Thousands of people, mostly IDPs hosted in camps, had access to potable water and means to curb their COVID-19 risk after the ICRC repaired water points, installed handwashing stations and provided hygiene items.

The ICRC maintained its support to various health facilities, enabling people to avail themselves of appropriate care. People in northern and central Mali had access to primary-health-care services, including curative and antenatal consultations, vaccinations and referrals for further care. ICRC-trained counsellors provided psychosocial support to violence-affected people, including victims/survivors of sexual violence. Ill and/or injured people requiring higher-level treatment, such as wound surgery, obtained good-quality services at hospitals in Gao, Kidal and Mopti. Disabled people received suitable care at physical rehabilitation centres.

The ICRC visited detainees in accordance with its standard procedures. It checked on their treatment and living conditions, paying close attention to particularly vulnerable people, such as those held in connection with armed conflict. It helped the relevant authorities meet detainees' needs. Notably, it reallocated funds – initially meant for livelihood support to herders and farmers – to help mitigate detainees' risk of COVID-19 by cultivating more sanitary living conditions for them. It set up handwashing stations, organized hygiene-promotion sessions and distributed soap and other essentials in several prisons. Detainees had access to health care at ICRC-backed prison clinics. The health and justice ministries signed an agreement, drafted with ICRC input, to coordinate on health-care provision in prisons.

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

The National Society, with ICRC support, bolstered its ability to help vulnerable people. Movement components in Mali met regularly to coordinate their activities and reinforce their security measures.

1. For more information, please see the budget extension appeal on the ICRC Extranet for Donors.

CIVILIANS

Parties to armed conflict and other violence are urged to respect IHL and other relevant norms

Whenever possible, the ICRC reminded parties to armed conflict or other situations of violence to uphold IHL and other pertinent norms. It urged them to: protect civilians, including IDPs and migrants; safeguard access to health care, education and other basic services; facilitate safe passage for health and humanitarian workers; and prevent unlawful conduct, including recruitment of minors and sexual violence. The ICRC confidentially shared documented allegations of violations with the parties concerned, towards ending or preventing such violations.

To contribute to the protection of violence-affected people and the delivery of humanitarian aid to them, the ICRC sought to foster acceptance for IHL and the Movement among authorities, weapon bearers, and other influential actors in all its interactions with them.

The ICRC monitored the situation of migrants and IDPs and reminded local authorities and weapon bearers to ensure their safety. Particularly vulnerable migrants and IDPs were given assistance (see below) or referred to other humanitarian actors.

Family members reconnect with one another

Members of families dispersed by violence, migration, detention or other circumstances resumed contact through short oral messages relayed by ICRC delegates, phone calls, RCMs and other family-links services provided by the Movement in Mali and in countries hosting Malian refugees (see *Burkina Faso* and *Mauritania*). The families of 101 missing people learnt of their relatives' fate or whereabouts and, where possible, were put in touch with them. Fourteen minors, including thirteen formerly associated with weapon bearers, were reunited with their families.

To increase the likelihood of dead people being identified, and their families, notified, first responders – health personnel, *gendarmes*, and Mali Red Cross volunteers – attended ICRC-organized workshops, including refresher sessions, on managing human remains. They, alongside health and civil-protection authorities, were given personal protective equipment (PPE) and body bags. The ICRC discussed forensic training for medical students with academics.

The ICRC continued to urge the authorities to clarify the fate of Malian migrants who went missing in the Mediterranean Sea, off the Libyan coast, in 2015.

Vulnerable people meet their needs and build their resilience

People affected by armed conflict and/or communal violence addressed their needs with the assistance of the ICRC, provided directly and/or in partnership with the National Society. Security and access constraints (see *Context*) compelled the ICRC to adapt or postpone its activities, in some cases reaching fewer people than planned.

Almost 60,700 people (10,100 households) – IDPs, alongside residents of the communities hosting them – received one month's supply of food or cash to buy it; some 11,600 of them (1,900 households) obtained a second round of cash. About 36,100 people (6,000 households) – including IDPs, residents, migrants, and children formerly associated with weapon bearers – were given hygiene and household essentials, or money to purchase these. Such relief distributions helped ease these people's immediate situation.

Around 129,800 pastoral households (778,800 people) had their livestock vaccinated or treated. Roughly 11,800 farming households (70,600 people), including market gardeners, received seed and tools, or cash to purchase these; in addition, some learnt how to increase their productivity at training sessions organized by the agriculture ministry and the ICRC. Many of the above-mentioned households also benefited from renovations to infrastructure (see below). Funds to buy animal feed for herders, and millet seed for farmers, were reallocated as part of operational adjustments in response to COVID-19 (see *People deprived of their freedom*).

Nearly 3,900 breadwinners (supporting some 23,300 people) covered their basic needs with the help of money they earned from small businesses started with ICRC cash grants, or from joining ICRC cash-for-work projects to repair fences, irrigation systems and other facilities.

About 760 people enhanced their ability to earn income by completing in-person or e-learning training courses, organized or backed by the ICRC, on food preservation, micro-enterprise management or animal-health service provision.

Violence-affected communities have improved water and other infrastructure

In Gao, Kidal, Ménaka, Mopti and Timbuktu, roughly 76,300 resident and displaced people had better access to clean water after the ICRC renovated or built boreholes, micro-dams and water pumps. The construction of livestock-vaccination pens and wells benefited around 55,400 herders and market gardeners.

The ICRC also repaired water points, installed handwashing stations, and distributed soap and other hygiene items; 12,600 people thus had improved access to potable water and means to curb their COVID-19 risk. Most of them were IDPs in ten camps in Mopti, where National Society volunteers led hygiene-promotion sessions; the others included flood victims in Gao, Mopti and Ségou.

Owing to security and access constraints (see *Context*), training for local water technicians was postponed and some ICRC infrastructure projects were not completed; the sites of these projects were also affected by heavy rainfall.

People obtain primary health care

People in northern and central Mali had access to 23 primary-health-care centres receiving comprehensive ICRC support, including in response to COVID-19: funds, equipment, supplies, staff training and supervision, and facility repairs. At the 17 regularly backed centres, almost 119,100 curative and antenatal consultations, and some 71,400 vaccinations, were undertaken. About 560 people, including pregnant women, were referred for higher-level care; the ICRC covered their transportation costs.

Some 750 violence-affected people received psychosocial support from ICRC-trained counsellors at the above-mentioned centres, at National Society-run facilities, or by telephone. They included victims/survivors of sexual violence, some of whom had received post-exposure prophylactic treatment within 72 hours of the incident.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees are visited by the ICRC

In accordance with its standard procedures, the ICRC visited people confined in 26 detention centres under the authority of security forces and the justice ministry. It checked on detainees' treatment and living conditions, including respect for judicial guarantees and the principle of *non-refoulement*; 862 detainees were individually monitored. Close attention was paid to: security detainees, especially those held in connection with armed conflict; minors; women; and people serving sentences pronounced by the UN Mechanism for International Criminal Tribunals and/or its predecessors. Findings were shared confidentially with the relevant authorities. They were encouraged to follow up on the cases of people detained past state-prescribed limits and address structural challenges within the judicial and penitentiary systems, notably to alleviate overcrowding. The prospect of ICRC access to detainees yet unvisited was discussed with key officials.

Amid security and access constraints (see *Context*), detainees and their relatives contacted one another through short oral messages relayed by ICRC delegates, RCMs and other family-links services; at two prisons, family visits were suspended. Foreigners notified their consular representatives of their detention. Cases of detained minors were brought to the attention of UNICEF. The ICRC reminded the authorities to notify the families concerned whenever people were arrested or transferred to other detention facilities.

Detainees see their risk of COVID-19 mitigated

The ICRC, in coordination with the authorities, cultivated more sanitary living conditions for detainees.

Handwashing stations were installed, and hygiene-promotion sessions organized, at 20 detention facilities. Water and ventilation systems were renovated at one detention facility; after the onset of the COVID-19 pandemic, only smaller-scale upgrades were conducted elsewhere, to minimize infection risk.

Over 6,000 detainees received soap, laundry detergent and other cleaning essentials. Detainees at one prison made reusable face masks, with ICRC-provided fabric and equipment, that were given to visitors for free.

Some 260 malnourished detainees obtained ready-to-eat therapeutic food, and nearly 600 vitamin-deficient prisoners, nutritional supplements. The ICRC remained ready to help penitentiary authorities address food shortages. Workshops for these authorities, on prison food supply management, were postponed.

Ailing detainees obtain adequate care

The ICRC regularly monitored the health of detainees in 11 detention facilities, at many of which a system of medical screening upon entry facilitated individual follow-up and referrals for further care. Twenty inmates received life-saving treatment; the ICRC bore the costs. Five prison clinics sustained their services with ICRC material and technical support. Prison health staff and social workers were trained to manage common diseases and malnutrition. At year's end, the health and justice ministries signed an agreement, drafted with ICRC input, to coordinate on health-care provision in prisons.

In three detention facilities, prison and health authorities drew on prior training – and, at times, material and technical support – from the ICRC, to handle outbreaks of common diseases. Quarterly donations of PPE and related supplies enabled prison staff to curb COVID-19 transmission.

WOUNDED AND SICK

Ill, injured, and/or physically disabled people had recourse to suitable health services that the ICRC supported or provided, with due regard for COVID-19 risk mitigation.

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

Almost 730 weapon bearers, community members and Mali Red Cross volunteers trained in first aid during sessions conducted by the National Society and the ICRC.

Wounded and/or sick people in violence-affected areas obtained good-quality treatment at three hospitals in Gao, Kidal and Mopti that drew on comprehensive ICRC backing: funds, equipment, supplies, training and on-site supervision. Hospital staff honed their capacities in patient care, infection control, wound surgery and hospital management. The three hospitals – and seven others where the ICRC sent personnel, wound-dressing kits and other support on an ad hoc basis – set up triage areas in line with their contingency plans for mass patient influxes. Simulations of these influxes were run with civil-protection officers and National Society volunteers. The ICRC reinforced the Gao hospital's COVID-19 unit staff and deployed a surgical team to Timbuktu to treat wounded people who could not reach its supported hospitals.

Several hospitals (total capacity: 440 beds) had improved care settings after the ICRC constructed or repaired isolation wards, waste-management areas, and other facilities, and donated supplies, such as water and fuel.

To help enhance services for disabled people and promote their social inclusion, the ICRC maintained its efforts to bolster the physical rehabilitation sector.

Nearly 10,100 disabled people[2] received suitable care at four physical rehabilitation centres regularly backed by the ICRC with equipment, supplies, training and on-site supervision; the ICRC covered food and/or travel expenses for some vulnerable patients, who had journeyed hundreds of kilometres

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

for treatment. In coordination with the solidarity ministry and in partnership with the private sector (under the Programme for Humanitarian Impact Investment), the ICRC completed the construction of the first physical rehabilitation centre in Mopti at the end of May.

Members of two local associations of persons with disabilities made reusable face masks, face shields and aprons, with materials from the ICRC; these items were distributed to hospitals. Three local associations, with ICRC funding and participation, organized events to promote the rights and the social inclusion of persons with disabilities.

Of the four ICRC-sponsored students who underwent three-year orthopaedic training in Lomé, Togo, two completed the programme and returned to Mali; the others' fulfillment of the programme requirements was pending.

ACTORS OF INFLUENCE

To the extent permitted by security and access constraints, the ICRC pursued dialogue with a broad range of actors critical to facilitating safe and timely delivery of humanitarian aid, safeguarding health and humanitarian workers, and preventing unlawful conduct. It continued to seek security guarantees from the authorities and weapon bearers (see also *Civilians*).

Parties to conflict are urged to uphold IHL and other pertinent norms

Armed and security forces personnel were reminded to fulfill their obligations under IHL and/or other applicable norms, at briefings for recruits and other events held by, or with support from, the ICRC – for instance, a workshop for company commanders and a train-the-trainer course for military instructors. A military legal adviser joined an online round table on Article 1 common to the Geneva Conventions. The Malian military, with ICRC technical advice, initiated a review of its service regulations, given its international commitments.

During bilateral discussions and information sessions, members of armed groups were urged to respect IHL and humanitarian principles, notably the need to ensure access to health care and other basic services for violence-affected people, and safe passage for health and humanitarian personnel.

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

Authorities involved in revising the national penal codes maintained dialogue with the ICRC. Magistrates and other judicial actors advanced their IHL knowledge at a workshop organized by the justice ministry and the ICRC. At a virtual meeting, representatives from Mali, other member states of the Economic Community of West African States, and the ICRC shared best practices in implementing IHL-related treaties domestically.

Members of civil society stay abreast of humanitarian issues

Regular contact with civil society representatives, both lay and religious, fostered greater acceptance for the ICRC in various communities. Local leaders learnt more about humanitarian principles and the ICRC during meetings, some of which also covered the common ground between sharia law and IHL. Health workers and youth association members familiarized themselves with neutral, impartial and independent humanitarian action and the Movement at information sessions.

Public-communication initiatives, including radio spots and social-media posts, raised awareness among journalists, bloggers and the general population of the work of the Mali Red Cross and the ICRC in the country. Through these means, violence-affected people also learnt about the services available to them, and public messages on COVID-19 and good hygiene practices were reinforced.

Religious and academic circles foment public discourse on IHL

In November, the religious affairs ministry held a national workshop on Islamic law and IHL; one presenter, a religious leader, attended an IHL course abroad in February (see *Tunis*), with ICRC support. Workshop participants discussed best practices in managing human remains with an ICRC forensic doctor (see also *Civilians*).

One higher-education institution, drawing on ICRC input, incorporated a 20-hour IHL course in its curriculum. IHL experts from Mali and elsewhere in the Sahel exchanged views at an ICRC-organized online colloquium.

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross enabled people affected by armed conflict, other situations of violence, and other emergencies to address their needs (see *Civilians* and *Wounded and sick*). With financial, material, and technical ICRC support – including facility upgrades – it continued to bolster its capacities to help vulnerable people. Its staff and volunteers were trained to provide first aid, family-links services and livelihood support, and observe safe practices in weapon-contaminated areas. Other planned activities were modified or postponed because of the COVID-19 pandemic.

To strengthen their joint operations, the National Society and the ICRC signed a partnership framework agreement, effective from 2020 to 2024.

The National Society, the ICRC and other Movement components in Mali met regularly to coordinate their work and reinforce their security measures, and, as part of their joint COVID-19 response, consolidated their fundraising activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS (RESIDENTS, IDPS, RETURNEES, ETC.)	Total			
Red Cross messages (RCMs)		UAMs/SC		
RCMs collected	415	10		
RCMs distributed	268	10		
Phone calls facilitated between family members	4,880			
Reunifications, transfers and repatriations				
People reunited with their families	18			
People transferred/repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	220	6	15	4
including people for whom tracing requests were registered by another delegation	21			
Tracing cases closed positively (subject located or fate established)	101			
including people for whom tracing requests were registered by another delegation	2			
Tracing cases still being handled at the end of the reporting period (people)	583	22	24	40
including people for whom tracing requests were registered by another delegation	74			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	24	1		17
UAMs/SC reunited with their families by the ICRC/National Society	14			13
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	20	1		15
Documents				
People to whom official documents were delivered across borders/front lines	3			
PEOPLE DEPRIVED OF THEIR FREEDOM (ALL CATEGORIES/ALL STATUSES)				
ICRC visits		Women	Minors	
Places of detention visited	26			
Detainees in places of detention visited	5,373	15	76	
Visits carried out	178			
		Women	Girls	Boys
Detainees visited and monitored individually	862	2		72
of whom newly registered	538	2		63
RCMs and other means of family contact				
RCMs collected	102			
RCMs distributed	18			
Phone calls made to families to inform them of the whereabouts of a detained relative	606			

MAIN FIGURES AND INDICATORS: ASSISTANCE

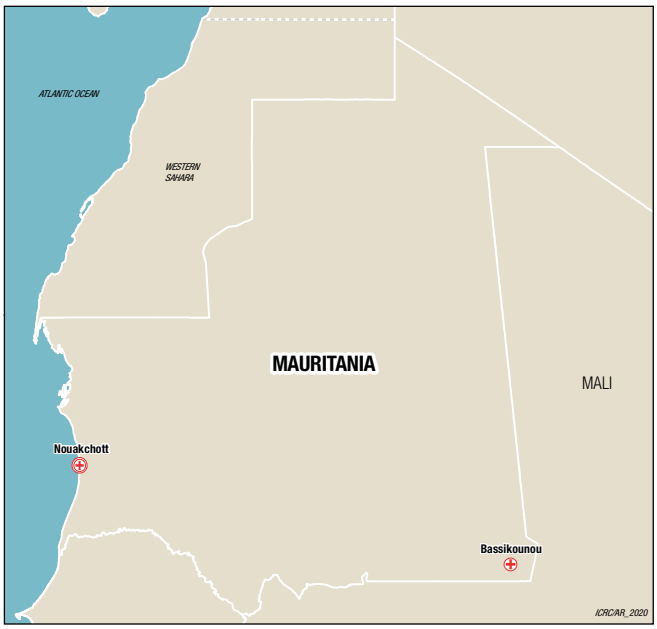
CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	60,654	26,190	16,710
of whom IDPs		47,108	20,523	12,992
Food production	Beneficiaries	849,355	246,328	202,639
of whom IDPs		32,880	8,220	8,220
Income support	Beneficiaries	23,310	5,638	872
of whom IDPs		319	162	25
Living conditions	Beneficiaries	36,117	14,873	10,922
of whom IDPs		27,235	10,806	8,759
Capacity-building	Beneficiaries	755	281	33
of whom IDPs		6	4	
Water and habitat				
Water and habitat activities	Beneficiaries	144,245	43,424	57,898
Primary health care				
Health centres supported	Structures	23		
of which health centres supported regularly		17		
Average catchment population		308,374		
Services at health care centres supported regularly				
Consultations		119,053		
of which curative		101,504	32,078	44,935
of which antenatal		17,549		
Vaccines provided	Doses	71,384		
of which polio vaccines for children aged 5 or under		33,736		
Referrals to a second level of care	Patients	556		
of whom gynaecological/obstetric cases		183		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		753		
People who attended information sessions on mental health		62,570		
People trained in mental-health care and psychosocial support		108		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	860		
Living conditions	Beneficiaries	6,040	2	3
Water and habitat				
Water and habitat activities		5,177	104	
Health care in detention				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
including hospitals reinforced with or monitored by ICRC staff		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		455	23	30
(including those related to mines or explosive remnants of war)		27	*	*
Non-weapon-wound admissions		2,253		
Operations performed		3,882		
Medical (non-surgical) admissions		919	334	
Gynaecological/obstetric admissions		1,407	1,396	11
Consultations		36,577		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		4		
Patients whose treatment was paid for by the ICRC (total)		46		
First aid				
First-aid training				
Sessions		35		
Participants (sum of monthly data)		729		
Water and habitat				
Water and habitat activities	Beds (capacity)	440		
Physical rehabilitation				
Projects supported		9		
of which physical rehabilitation projects supported regularly		4		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	10,077	2,166	5,404
of whom victims of mines or explosive remnants of war		38		
Prostheses delivered	Units	321		
Orthoses delivered	Units	385		
Physiotherapy sessions		42,342		
Walking aids delivered	Units	459		
Wheelchairs or postural support devices delivered	Units	*		
Referrals to social integration projects		23		
Mental health and pyschosocial support				
People who received mental-health support		486		
People who attended information sessions on mental health		7,446		

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

MAURITANIA

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



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

KEY RESULTS/CONSTRAINTS IN 2020

- Because of expanded support from the ICRC, Malian refugees and their host communities had access to more water and preserved the health of their livestock, despite the lean season and the COVID-19 pandemic.
- Detainees had clean water, sufficient food and better health care, and protected themselves against COVID-19, thanks to technical, material and infrastructural support given by the ICRC to the detaining authorities.
- Refugees unable to get in touch with their families, and migrants in transit or remaining in Mauritania, contacted relatives through RCMs, phone calls and other services provided by the Mauritanian Red Crescent and the ICRC.
- The ICRC engaged the assistance of Islamic scholars to promote protection for humanitarian workers, and the safe management of the bodies of COVID-19 victims, among Mauritanian communities.

EXPENDITURE IN KCHF	
Protection	895
Assistance	2,824
Prevention	681
Cooperation with National Societies	304
General	80
Total	**4,784**
Of which: Overheads	*292*
IMPLEMENTATION RATE	
Expenditure/yearly budget	88%
PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	46

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	31
RCMs distributed	37
Phone calls facilitated between family members	99
Tracing cases closed positively (subject located or fate established)	19
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	2,296
of whom visited and monitored individually	32
Visits carried out	30
Restoring family links	
RCMs collected	8
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	90

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	90,000	66,762
Income support	Beneficiaries	15,000	15,000
Capacity-building	Beneficiaries	20	19
Water and habitat			
Water and habitat activities	Beneficiaries	18,500	32,443
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,805	2,243
Water and habitat			
Water and habitat activities	Beneficiaries	1,600	1,959

CONTEXT

People fleeing the intensified fighting in Mali (see *Mali*) continued to arrive in Bassikounou. They joined the tens of thousands of refugees living there – either at the UNHCR camp in M'bera or among host communities. The situation in Mali, and violence in the wider Sahel region, continued to prevent them from returning home. Mauritania remained a member of the G5 Sahel Joint Force and hosted the G5 Sahel defence college in Nouakchott. Mauritania also contributed troops to UN peacekeeping operations.

UN agencies continued to aid refugees in the M'bera camp. Elsewhere, resources in areas hosting Malian refugees were overstretched. Water was scarce, particularly in border areas where water networks were inadequate for covering the needs of residents, refugees and their livestock. The lean season in 2020 coincided with the COVID-19 outbreak, exacerbating people's difficulties. Food and fodder became scarcer and costlier. Market closures and pandemic-related movement restrictions made it difficult for people to earn an income or to find pastures for their livestock, their main source of food and income.

Detainees were at great risk of contracting COVID-19, given their prolonged proximity to each other. This caused additional difficulties for the prison authorities, who were already grappling with overcrowding and resource constraints.

Mauritania continued to be a point of transit for many migrants seeking to reach Europe; they often passed through Nouadhibou in western Mauritania. Many lost contact with their families and were stranded in Mauritania because of the COVID-19 pandemic; others lost their lives in maritime accidents off the Mauritanian coast. The demand for family-links services among refugees remained low, but some people in the M'bera camp, particularly new arrivals, needed help to contact their families in Mali.

ICRC ACTION AND RESULTS

The needs brought about by armed conflict and other situations of violence, climate change and the COVID-19 pandemic in the Sahel region prompted the ICRC to launch a budget extension appeal[1] in July. In Mauritania, the ICRC, working with the Mauritanian Red Crescent, intensified its efforts to enable Malian refugees newly arrived in the country, and refugee and resident communities hit hardest by the pandemic, to meet their need for water and other essentials, and to strengthen their livelihoods. The ICRC also began to help the authorities to develop local capacities in forensics, in order to ensure that the bodies of COVID-19 victims, and of migrants who died in Mauritania, were handled in a safe and dignified manner. When activities could not be carried out because of the pandemic, the ICRC redirected resources towards COVID-19 response.

The ICRC continued to monitor the situation of refugees, members of host communities, migrants and others, in order to respond to their needs and raise their concerns with the pertinent authorities. Boreholes drilled by the ICRC made more water available to Malian refugees and their host communities. People in Bassikounou learnt – from the ICRC or from ICRC-trained community leaders and National Society volunteers – how to protect themselves and others against COVID-19. ICRC-donated hygiene kits and handwashing stations helped them practice these measures. ICRC-backed vaccination campaigns or donations of fodder enabled refugee and resident herders to preserve the health of their livestock. Cash support from the ICRC helped households hit hardest by the lean season and the pandemic to meet their immediate needs.

The ICRC visited detainees, in accordance with its standard procedures, and communicated its findings confidentially to the authorities, to help them improve detainees' treatment and living conditions. The ICRC expanded its support for the detaining authorities, to strengthen their COVID-19 response. At the ICRC's recommendation, some 400 detainees were released from one prison, to ease overcrowding. ICRC training and material aid – such as personal protective equipment (PPE) for health staff and hygiene items for detainees – helped prison administrators and staff put COVID-19 safety protocols in place.

Detainees who had specific needs, or were in overcrowded prisons, had clean water, sufficient food, and better health care, through technical, material and infrastructural support given by the ICRC to the detaining authorities. At one prison, an ICRC-supported therapeutic feeding programme helped malnourished detainees to regain some weight.

Movement family-links services enabled Malian refugees in the M'bera camp, and migrants passing through or staying in Mauritania, to restore or maintain contact with their relatives.

The ICRC strengthened its engagement with Islamic scholars, particularly on the issue of protecting humanitarian workers. It also engaged in dialogue with religious leaders on the proper management of the bodies of COVID-19 victims, to promote safe practices in communities.

The National Society and the ICRC continued to cultivate acceptance for the Movement's work among authorities and communities, so that people in need could be reached safely and without impediment. The National Society strove to expand its operational capacities, particularly in pandemic response, with the support of the ICRC and other Movement components in Mauritania.

CIVILIANS

In response to the pandemic and influxes of Malian refugees, the ICRC, working with the Mauritanian Red Crescent, intensified its efforts to help residents and refugees obtain clean water, meet other basic needs and strengthen their livelihoods.

The ICRC continued to monitor the situation of Malian refugees – particularly those living outside the M'bera camp – members of host communities, migrants and others, in order

1. For more information, please see the budget extension appeal on the ICRC Extranet for Donors.

to develop relevant responses to their needs and bring their concerns to the attention of the pertinent authorities.

Access to water in urban and rural areas is broadened

Around 32,400 residents and refugees had more water for their livestock and for household use – which enabled them to adopt the hygiene practices necessary to prevent the spread of diseases such as COVID-19 – through projects implemented by the ICRC in cooperation with the local water authorities. For two weeks in February, the ICRC trucked in water for newly arrived Malian refugees. Boreholes renovated or repaired by the ICRC – or by the authorities with spare parts from the ICRC – increased the supply of water in urban Bassikounou. Clean water was more readily available to people in Abaga after the ICRC drilled a new borehole for the town's distribution network; water projects in other rural areas were delayed by administrative constraints.

Communities learnt about good hygiene and other measures to prevent COVID-19 from ICRC-trained National Society volunteers and community leaders, or through ICRC communication campaigns. They were also given hygiene kits and handwashing stations to enable them to put these measures into practice.

Livestock pens built or repaired by the ICRC were used during livestock-vaccination and -treatment campaigns carried out by the ICRC and the local authorities (see below).

Herders preserve the health of their livestock and meet their immediate needs

The ICRC trained 19 community-based animal-health workers and equipped them with veterinary kits. They were then employed in campaigns by the ICRC and the local authorities to vaccinate, deworm and treat the livestock of resident and refugee herders in Bassikounou. Roughly 670,000 animals belonging to 11,000 households (66,800 people) were reached, and blood tests confirmed the effectiveness of the vaccination campaigns. Some of these households were also given hygiene items, under the ICRC's programme to raise awareness of COVID-19 (see above).

Resident and refugee households maintained the health of their livestock and met their own immediate needs during the lean season, with support from the ICRC. They were given fodder for their animals and cash grants for buying food and meeting other necessary expenses. Surveys after the first round of distributions showed that 32% of the households had sold the fodder to buy other necessities. In addition, needs assessments revealed that market closures and pandemic-related movement restrictions had made it difficult for many other households to earn an income. The ICRC therefore adapted its activities to these circumstances: it included more households in subsequent distributions and increased the amount of cash given, benefiting around 2,500 herding households (15,000 people).

Refugees and other migrants contact their families

The National Society and the ICRC continued to provide family-links services where needed. Refugees in the M'bera camp maintained or restored contact with their families in Mali through RCMs and phone calls. Some refugees lodged requests to trace relatives with whom, because of the conflict in Mali, they had lost contact. Phone calls were arranged for migrants in Nouadhibou and Nouakchott.

The ICRC located the families of the two migrants who had died at sea and whose remains it had identified in 2019; it contacted the family of one of the migrants to relay the news. Because of the pandemic, the ICRC could not carry out other activities in connection with missing people and their families; funds for this were allocated to its COVID-19 response.

The authorities endeavour to strengthen forensic capacities in Mauritania

The ICRC sought to support the authorities' COVID-19 response and their management of the bodies of migrants who had died in Mauritania. Therefore, it began to help them build local capacities in forensics. It assessed the medico-legal system in Mauritania and shared its findings and recommendations with the health, interior and foreign ministries, to create a basis for dialogue and further assistance in 2021. Two Mauritanian doctors studying forensic pathology abroad were sponsored to attend an ICRC course in the management of the dead (see *Tunis*). Coast guard personnel in Nouadhibou were given body bags to help them properly manage the bodies of migrants who died at sea.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities tackle the pandemic

The ICRC visited – in accordance with its standard procedures – detainees in eight prisons, paying particular attention to the needs of women, minors, foreigners and others who were most vulnerable. Findings and recommendations from these visits were communicated confidentially to the penitentiary authorities, the ministries concerned, and the National Guard – whose personnel also serve as prison guards – to help them improve detainees' treatment and living conditions.

These prison visits were curtailed for several months because of the pandemic but ICRC support was expanded and redirected towards the authorities' efforts to protect detainees against COVID-19. The ICRC's recommendations to this end – for example, ensuring the availability of soap and water – were implemented by the authorities; this also helped to improve sanitation and hygiene in prisons and broaden detainees' access to health care. In line with ICRC recommendations to the justice ministry, the authorities sought to reduce overcrowding at one prison by releasing around 400 detainees. An ICRC round table enabled the Direction des Affaires Pénales et de l'Administration Pénitentiaire (DAPAP) and the health ministry to better coordinate their activities to improve health care in prisons and implement measures against COVID-19.

Foreign detainees and other vulnerable people contacted their families through RCMs or brief oral messages relayed by the ICRC. In coordination with the delegation in Tunis, Tunisia, a family visit was arranged for one person formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and resettled in Mauritania.

Detainees have broader access to health care and better living conditions

The ICRC continued to assist key prisons in Mauritania – a detention centre for minors, a women's prison and prisons holding large numbers of detainees – to improve detainees' living conditions and meet their specific needs.

Health staff at seven places of detention – supported by medicine and other supplies, and expert guidance, from the ICRC – provided preventive and curative care for detainees. The ICRC trained them in such areas as good hygiene practices and the proper use of antibiotics. At the ICRC's recommendation, four prisons systematically screened new arrivals for diseases. At the largest prison, an ICRC-supported therapeutic feeding programme helped detainees who were malnourished, or who had TB or HIV/AIDS, regain some weight. In response to the pandemic, the ICRC trained staff in measures against COVID-19 and supplied them with PPE; it also helped the authorities set up quarantine areas at several prisons. Guided by the ICRC, DAPAP drafted a plan for pandemic response.

ICRC infrastructure and sanitation projects helped improve living conditions for some 2,000 detainees and protected them against disease. Disinfection and fumigation campaigns were carried out at four prisons in Nouakchott. Eight prisons were supplied with hygiene kits and handwashing stations as protection against COVID-19. The ICRC also made repairs to kitchens and electrical systems at one prison, replaced sewage pumps at another, and upgraded water-storage facilities at a third. Because of pandemic-related restrictions, training for prison staff in repairing and maintaining facilities, and other similar activities, could not be carried out.

The ICRC continued to help the authorities ensure a balanced diet for detainees. It gave DAPAP technical and financial assistance to develop a manual and tools for managing the food-supply chain, which were distributed to prisons; staff at these prisons were then trained in their use. DAPAP staff members learnt how to create menus that met detainees' nutritional needs at ICRC training sessions. Some 2,000 detainees benefited from ICRC donations of eating utensils. Prison cooks were given aprons and other items to ensure good hygiene in kitchens. Under an ICRC-supported therapeutic feeding programme, the nutritional status of detainees at one prison was monitored; supplementary food was given to the 181 detainees who were found to be malnourished. To ensure the sustainability of this programme, the ICRC piloted the use of locally sourced food as an alternative to supplementary food, which has to be imported and stored in cool conditions; the local alternatives were found to be as effective as the imported supplementary food in treating malnutrition, and were used in the feeding programme.

ACTORS OF INFLUENCE

The Mauritanian Red Crescent and the ICRC continued to broaden awareness of the Movement's neutral, impartial and independent humanitarian work among community leaders, local authorities and national officials – in order to promote acceptance for their activities and facilitate access to people in need. The ICRC used radio spots, dissemination sessions and other means to inform communities about its livelihood-support activities and about good hygiene practices and other measures against COVID-19. The general public learnt about the Movement's activities and the humanitarian situation in Mauritania through the ICRC's social-media posts and news releases, and through interviews with ICRC representatives.

Owing to pandemic-related restrictions, some planned activities – training sessions in IHL for military personnel at the G5 Sahel defence college, events for academics, and meetings with national authorities on the domestic implementation of IHL – could not be carried out.

Military and security forces personnel and academics add to their knowledge of IHL

The ICRC maintained its longstanding support for the provision of pertinent legal instruction at Mauritanian training institutions for military and security forces personnel. Some 200 *gendarmes* bound for a peacekeeping mission in the Central African Republic were briefed on IHL, international human rights law and the Movement. The ICRC continued to have discussions with the G5 Sahel defence college on integrating IHL more fully into its training curriculum. Plans to help strengthen instruction on IHL and other applicable norms at two other military schools and at three schools for security forces personnel – national guardsmen, *gendarmes*, and highway patrolmen – were being finalized at year's end.

An academic was sponsored to attend an ICRC regional conference on IHL (see *Tunis*), to help them expand their knowledge and improve their teaching of IHL.

Islamic scholars support humanitarian action and the safe handling of the bodies of COVID-19 victims

The ICRC strengthened its dialogue with members of Islamic circles on humanitarian action and on the points of correspondence between Islamic law and IHL. In March, 23 clerics from the region met in Nouakchott to further promote and strengthen the implementation of a *fatwa* – a ruling on a point of Islamic law – protecting humanitarian workers, which they had endorsed in 2019. The ICRC also discussed with religious leaders the issue of managing the bodies of COVID-19 victims, in order to promote safe practices among community members. The ICRC held two virtual discussions on the subject; 27 clerics from the Sahel, northern Africa and the Middle East took part in them. As a result of these discussions, a *fatwa* on the safe and dignified management of the bodies of COVID-19 victims was adopted. Posters on the subject were also given to religious leaders in Nouakchott and to the Islamic affairs ministry.

RED CROSS AND RED CRESCENT MOVEMENT

The Mauritanian Red Crescent developed its ability to assist Malian refugees and those hosting them, and to respond to needs created by the pandemic, with comprehensive support from the ICRC. Some resources were redirected towards supporting the National Society's COVID-19 response: in particular, the ICRC's financial support enabled the National Society to hold information sessions on COVID-19, and conduct disinfection campaigns, in schools, mosques, markets and other public spaces. Because of this shift, some activities

– such as training in first aid or in managing human and financial resources, and support for setting up youth clubs – could not be implemented.

National Society volunteers were trained to restore family links in accordance with the Movement's data-protection standards. Volunteers in Nouadhibou were given such training and a kiosk was set up there, so that the National Society could provide these services for migrants.

Aided by the ICRC, the National Society carried out public-communication initiatives on various topics. It produced television spots and distributed posters describing measures against COVID-19, and arranged events to mark World Red Cross and Red Crescent Day (8 May) to broaden awareness of the Movement's activities.

Movement components working in Mauritania met to coordinate their activities, particularly those related to pandemic response and to support for the National Society.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	31			
RCMs distributed	37			
Phone calls facilitated between family members	99			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	26		1	1
including people for whom tracing requests were registered by another delegation	1			
Tracing cases closed positively (subject located or fate established)	19			
Tracing cases still being handled at the end of the reporting period (people)	120	6	3	14
including people for whom tracing requests were registered by another delegation	34			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	8			
Detainees in places of detention visited	2,296	33	87	
Visits carried out	30			
		Women	Girls	Boys
Detainees visited and monitored individually	32			
of whom newly registered	26			
RCMs and other means of family contact				
RCMs collected	8			
RCMs distributed	5			
Phone calls made to families to inform them of the whereabouts of a detained relative	90			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	66,762	19,652	28,207
Income support	Beneficiaries	15,000	4,378	6,489
Capacity-building	Beneficiaries	19		
Water and habitat				
Water and habitat activities	Beneficiaries	32,443	16,547	12,329
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	2,243	59	
Water and habitat				
Water and habitat activities	Beneficiaries	1,959	39	157
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention	Structures	7		

MOROCCO

The ICRC's work in Morocco dates back to 1975, during the Western Sahara conflict. Opened in 2015, the delegation in Morocco promotes IHL and the ICRC's work among the authorities and civil society. It also seeks to support the Moroccan Red Crescent in building its operational capacities, particularly in family-links services and mine-risk education.

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

KEY RESULTS/CONSTRAINTS IN 2020

- Authorities and other relevant actors in Morocco and the wider region learnt about IHL and the ICRC's work at IHL courses, webinars and other events. Some events could not take place because of the COVID-19 pandemic.
- The ICRC helped to finalize guidelines on handling hunger strikes in detention. It donated hygiene kits and cleaning materials for 60,000 detainees to support the authorities in their COVID-19 response.
- Communities in areas strewn with mines and explosive remnants of war (ERW) learnt how to protect themselves through information sessions and other events organized by the Moroccan Red Crescent and the ICRC.
- The families of detainees held abroad and migrants were able to contact their relatives via the Moroccan Red Crescent and the ICRC. Actors involved in managing human remains were supported and trained by the ICRC.

EXPENDITURE IN KCHF	
Protection	1,026
Assistance	221
Prevention	356
Cooperation with National Societies	71
General	35
Total	**1,708**
Of which: Overheads	*104*
IMPLEMENTATION RATE	
Expenditure/yearly budget	79%
PERSONNEL	
Mobile staff	4
Resident staff (daily workers not included)	15

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	57
RCMs distributed	81
Phone calls facilitated between family members	1
Tracing cases closed positively (subject located or fate established)	1

ASSISTANCE		2020 Targets (up to)	Achieved
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		60,000

CONTEXT

The situation in Morocco was generally calm, but protests occasionally took place, mainly in connection with economic and social issues. The security forces continued their operations against individuals or groups being pursued under anti-terrorism legislation. These operations, and others conducted by the police, led to arrests.

Thousands of migrants bound for Europe, including asylum seekers, continued to arrive in Morocco. Some irregular migrants had little or no access to basic services and were at risk of arrest and/or deportation. The families of migrants who had died along migration routes, particularly maritime routes, did not always know what had become of their loved ones. People alleged to have been involved in fighting abroad, and their families, often struggled with mental illness after their return to Morocco, and local providers of mental-health and psychosocial support required more specialized training to help them.

The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended once again, to October 2021. Following a military operation by the Moroccan armed forces to reopen the blocked road leading to Mauritania, the Polisario Front announced the end of the ceasefire agreement it made with Morocco in 1991. Families living in certain areas of Western Sahara continued to be at risk of injury or death from mines and ERW dating from the 1975–1991 Western Sahara conflict; many of these families were also still waiting for news of relatives who went missing during or after the conflict.

ICRC ACTION AND RESULTS

The ICRC's delegation in Morocco continued to focus on consolidating relations with actors capable of influencing humanitarian action in Morocco and advancing understanding of IHL among them – with a view to securing their support for its activities.

The ICRC briefed authorities, academics and pertinent organizations on IHL and on its work. It stated its position – at various events – on humanitarian concerns connected to detention, migration and other regional issues. Because of pandemic-related constraints, the national IHL committee and the ICRC had to postpone IHL training for police and security forces personnel, and moot court competitions for students and teachers. Government officials and university lecturers attended IHL-related training and events held online or in other countries, with the ICRC's assistance.

The ICRC maintained its efforts to strengthen dialogue with prison authorities on detention and humanitarian issues related to it, and pursued collaboration with other organizations working in this area. As part of the national human rights council's task force on hunger strikes, it finalized guidelines for handling hunger strikes and developed training to implement them. It made ad hoc donations to prison authorities – of hygiene kits and cleaning materials – to help them contain the spread COVID-19 and other diseases in detention facilities.

The ICRC continued to help the Moroccan Red Crescent improve its activities for vulnerable people. It assisted the National Society in providing family-links training for volunteers. It continued to monitor humanitarian needs among migrants, for instance, through meetings with migrants' associations and other organizations assisting them. Arrangements were made with these organizations for referring migrants to the National Society or the ICRC – if they needed family-links services, for instance – and to other pertinent organizations when necessary. People in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt how to protect themselves against mines/ERW, through information sessions conducted by the National Society with the ICRC's support.

The ICRC strove to expand local capacities in forensics, to increase the likelihood of dead migrants being identified and their families informed; it also helped develop capacities in handling the bodies of COVID-19 victims. At an ICRC round table, stakeholders involved in managing human remains discussed how to work together more closely. The ICRC continued to follow developments in missing-persons cases related to the 1975–1991 Western Sahara conflict and remained ready to provide support.

CIVILIANS

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

The families of detainees held abroad – for instance in Iraq or the Syrian Arab Republic, or at the US detention facility at the Guantanamo Bay Naval Station in Cuba – restored or maintained contact with their relatives through video calls, RCMs or brief oral messages relayed by ICRC delegates. In March, because of pandemic-related restrictions, it became difficult to provide these services in certain regions, but the situation resolved itself quickly after the restrictions were lifted. An assessment of the psychological needs of people who had returned to Morocco was carried out by the ICRC in cooperation with a local foundation.

The Moroccan Red Crescent strove to reinforce its family-links services with the help of the ICRC; it hired a new focal point and, in response to the pandemic, set up a hotline line for people seeking psychosocial support. Family-links services were promoted through information sessions and other means. However, due to COVID-19, the National Society stopped providing phone services as a preventive measure.

The ICRC continued to follow developments in missing-persons cases related to the 1975–1991 Western Sahara conflict and remained ready to provide support.

Forensic agencies discuss how to improve the management of human remains

The ICRC continued to help strengthen local forensic capacities, in order to increase the likelihood of dead migrants being identified and their families informed. It provided the health ministry with material aid (e.g. personal protective equipment (PPE), and body bags) and technical guidance to bolster its ability to manage the bodies of COVID-19 victims. ICRC experts

contributed to two virtual conferences (one for Arabic-speaking countries and another for international audiences) on best practices in human-remains management; the conferences were organized by a local society of forensic experts.

To help foster coordination among the security forces, the health ministry, and the national human rights council, the ICRC organized a round table, at which they discussed such subjects as the centralization of data on missing persons and the standardization of procedures and forms for recording ante- and post-mortem data. The ICRC worked with some medical universities in Marrakesh to develop training modules on human-remains management for health professionals and first responders.

NGOs and the ICRC establish a reference mechanism for addressing migrants' needs

The ICRC continued to monitor the needs of migrants – especially unaccompanied minors, women and victims of human trafficking – through contacts among various stakeholders, such as migrants' associations and humanitarian actors assisting migrants, and by following news reports. It also took part in various events, organized by public institutions and NGOs in Morocco, on protection for migrants and on the consequences of the pandemic for these people. The ICRC referred migrants with certain needs to the appropriate government agencies and NGOs, and these parties referred other migrants needing family-links services to the National Society and the ICRC. The ICRC also met with the leaders of migrant communities to reach a fuller understanding of the effect of the pandemic on their situation.

Children at risk from mines/ERW learn safer practices

About 20,000 children and adults in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt safer practices around mines/ERW through risk-education campaigns carried out by the National Society with training and other support from the ICRC. Risk-education sessions in these campaigns incorporated information on COVID-19 safety protocols and distribution of leaflets and/or other printed materials on measures against the disease. The National Society and the ICRC strove to gain a fuller understanding of the situation of mine victims – including the potential impact of pandemic-related movement restrictions on their exposure to mines/ERW – and the assistance available to them. The National Society and the ICRC also sought to cultivate dialogue with relevant authorities – to urge them to create a mine-action coordination body and ensure the availability of medical care and/or compensation for mine victims – but no meetings could be arranged because of the pandemic.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC strove to advance understanding of its detention-related work among the authorities; to this end, it continued to discuss detention-related issues, and subjects of humanitarian concern with them; it also sought closer collaboration with other relevant authorities in matters of common interest.

With a view to ensuring detainees' well-being, the ICRC offered its expertise to others working on detention-related matters of common concern. As part of the national human rights council's task force, it finalized guidelines for handling hunger strikes and developed training in implementing them, which it shared with the human rights council, prison authorities, and officials from the health and justice ministries. An ICRC workshop on infrastructure in prisons was postponed, because of pandemic-related constraints.

At the request of the authorities, the ICRC donated hygiene kits and cleaning materials sufficient for up to 60,000 detainees. It also gave the pertinent authorities guidelines for preventing and controlling the spread of infectious diseases in prisons; the ICRC urged the authorities to take all measures necessary to protect detainees against COVID-19, (e.g. the release of certain categories of detainees to help ease overcrowding).

ACTORS OF INFLUENCE

The ICRC continued to endeavour – through meetings and other means – to make its mandate and work known and understood more fully among actors capable of influencing humanitarian action in Morocco; it also strove to cultivate its relationships with them, in order to gain their support for its activities. During discussions with them, the ICRC explained its views on migration and other regional issues of humanitarian concern.

With the ICRC's help, government officials and academics attended an ICRC course abroad (see *Tunis*), where they added to their knowledge of IHL, international human rights law and other norms. In January, around 40 representatives mostly from the Middle East and North Africa – government officials and members of national IHL committees, Islamic organizations, academic institutions, and civil society – attended an advanced course in IHL, organized by the League of Arab States (LAS) and the ICRC delegations in Cairo, Egypt and Rabat, Morocco. The national IHL committee and the ICRC organized a webinar, in cooperation with the LAS, to mark the launch of the Arabic translation of the *Updated Commentary on the Third Geneva Convention*. Some students and researchers obtained reference materials on IHL published by the ICRC.

Because of the pandemic, the national IHL committee and the ICRC postponed some planned events, such as training for police and security forces personnel and moot court competitions for students and teachers.

The ICRC provided the Moroccan Red Crescent with training and technical support to improve its public communication. They, with the International Federation, set up a communication unit to improve Movement cooperation in this regard.

RED CROSS AND RED CRESCENT MOVEMENT

The Moroccan Red Crescent continued to receive support for strengthening its operational capacities (see also *Civilians*). The International Federation and the ICRC donated or helped purchase PPE for National Society volunteers assisting in pandemic response. The ICRC also organized training for

volunteers providing family-links services; helped recruit a new coordinator for these services; conducted workshops on financial and security management; and assisted in arranging sessions on mine-risk education that incorporated information on COVID-19. Health-care professionals studying at a National Society-run training centre learnt about IHL during training sessions organized by the ICRC.

The National Society and the ICRC met regularly with other Movement components to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	57			
RCMs distributed	81			
Phone calls facilitated between family members	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1			
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	162	15	10	13
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support	Cases	12		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	60,000	1,800	5,400

NAIROBI (regional)

COVERING: *Djibouti, Kenya, United Republic of Tanzania*

The ICRC's regional delegation in Nairobi was set up in 1974. It has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflicts or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in central and eastern Africa, and further afield.

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

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2020

- Migrants in the countries covered, including refugees and asylum seekers, reconnected with their relatives through family-links services provided, in line with COVID-19 safety protocols, by the National Societies and the ICRC.
- The Kenya Red Cross Society and the ICRC provided people affected by violence, climate shocks and the COVID-19 pandemic with various forms of support for meeting their basic needs or increasing their income.
- Material assistance and expert advice from the ICRC helped detaining authorities in the countries covered to check the spread of COVID-19 in places of detention.
- In the United Republic of Tanzania, people with disabilities received physical rehabilitation services or other assistance from local projects supported by the ICRC.
- Comprehensive support from the ICRC and other Movement components enabled the National Societies in the countries covered to assist the authorities in their COVID-19 response and address other humanitarian needs.

EXPENDITURE IN KCHF	
Protection	4,180
Assistance	3,678
Prevention	2,828
Cooperation with National Societies	1,222
General	498
Total	**12,406**
Of which: Overheads	*757*
IMPLEMENTATION RATE	
Expenditure/yearly budget	90%
PERSONNEL	
Mobile staff	63
Resident staff (daily workers not included)	431

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	6,421
RCMs distributed	10,554
Phone calls facilitated between family members	113,102
Tracing cases closed positively (subject located or fate established)	265
People reunited with their families	149
of whom unaccompanied minors/separated children	109
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	43
Detainees in places of detention visited	13,895
of whom visited and monitored individually	5
Visits carried out	44
Restoring family links	
RCMs collected	124
RCMs distributed	111
Phone calls made to families to inform them of the whereabouts of a detained relative	118

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	9,000	7,200
Food production	Beneficiaries	4,500	5,322
Income support	Beneficiaries	9,300	6,366
Capacity-building	Beneficiaries	38,190	7,860
Water and habitat			
Water and habitat activities	Beneficiaries	30,028	3,710
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries		48,000
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	
Physical rehabilitation			
Projects supported	Projects	10	10

CONTEXT

In Kenya, military and security forces continued to conduct operations along the coast and in north-eastern areas bordering Somalia, in response to attacks by groups reportedly affiliated with the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). Military and security forces also dealt with communal violence in various parts of the country. Numerous arrests were made during these operations.

Communities suffered casualties, displacement, disrupted livelihoods, and other consequences of the prevailing situation; climate shocks, and measures necessitated by the COVID-19 pandemic, such as movement restrictions, made matters worse.

Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania) hosted refugees, asylum seekers and other migrants, including people who had fled Ethiopia, Somalia (see *Somalia*) or South Sudan for Kenya; Burundi or the Democratic Republic of the Congo for Tanzania; and Eritrea, Ethiopia or Yemen for Djibouti. Some refugees were in camps; others were living in urban areas.

Members of families dispersed by migration, detention or other circumstances had difficulty staying in touch. Many migrants could not afford mobile-phone services. A number of migrants, including people in refugee camps, reported protection-related concerns, such as abuse in their countries of origin or during their journeys.

Presidential elections took place in Tanzania in October.

ICRC ACTION AND RESULTS

The regional delegation in Nairobi continued to serve as a hub for the ICRC's response to the consequences of armed conflict and other situations of violence in central and eastern Africa, particularly in countries neighbouring Djibouti, Kenya and Tanzania. As in past years, neighbouring delegations received supplies through the regional logistics centre in Nairobi, and staff at the Djibouti mission provided administrative and logistic support for the ICRC's operations in Yemen.

Because of the pandemic, the ICRC had to adapt, postpone or cancel many of its activities; in a number of cases, funds budgeted for cancelled activities were used to address needs arising from the pandemic.

The ICRC discussed migrants' protection-related concerns with the pertinent authorities. Migrants, and other people separated from their relatives, made use of family-links services offered by the National Societies and the ICRC. Provision of these services was adapted to COVID-19 safety protocols.

Forensic authorities in the countries covered were given material aid and/or technical advice to manage the remains of people who had died of COVID-19; in Djibouti, Islamic scholars were trained to manage these remains in line with Islamic law.

In Kenya, pandemic-related restrictions forced the Kenya Red Cross Society and the ICRC to delay their provision of support to people affected by violence, climate shocks and the pandemic. By the end of the year, fewer people than planned had been assisted; nevertheless, several thousand people were able to cover their basic expenses, grow food, increase their income, or access clean water more readily. Plans to help violence-affected communities devise methods of self-protection, and to discuss their protection-related concerns with the authorities, went unrealized because of the pandemic.

In Tanzania, taking over from the ICRC MoveAbility Foundation, the ICRC supported projects for people with disabilities, including a physical rehabilitation centre that served several thousand people, a local institute that trained prosthetists/orthotists, and local organizations of athletes with disabilities. The ICRC worked with the health ministry and the WHO to draw up a strategy for ensuring the sustainability of the national physical rehabilitation sector.

The ICRC visited a number of prisons in Kenya and Djibouti. Because of the pandemic, it was unable to visit detainees in Zanzibar. In Kenya, Djibouti and Zanzibar, the ICRC provided the detaining authorities with support for checking the spread of COVID-19. It donated construction materials that enabled the Kenyan authorities to carry out infrastructural improvements to prevent or control the spread of disease more effectively.

The ICRC continued to encourage the authorities in the countries covered to incorporate key IHL provisions in domestic legislation, and strove to persuade weapon bearers to integrate IHL and other applicable norms in their decision-making. It informed the general public about COVID-19 through traditional and social media, and helped the National Societies conduct their own public-awareness campaigns. It sustained its interaction with religious scholars during the pandemic, and continued to organize events for academics and students to help develop local interest and expertise in IHL.

Various forms of support from the ICRC and other Movement components enabled the National Societies in the countries covered to assist in the authorities' response to the pandemic.

CIVILIANS

Migrants reconnect with their families through services provided in line with COVID-19 protocols

The ICRC discussed the protection-related concerns of migrants, including refugees and asylum seekers, with national and local authorities. It reminded them of the fundamental rights of refugees and other migrants, and the importance of respecting the principle of *non-refoulement*.

The National Societies in the countries covered, backed by the ICRC, helped migrants and other people separated from their families to contact or locate relatives, or reunite with them. The National Societies adapted their family-links services to COVID-19 safety protocols. For example, facilities offering these services implemented procedures for physical distancing; beginning in April, all services that required the transfer of papers, such as RCMs, were suspended. The ICRC provided hygiene items and disinfectants for National Society

facilities, and personal protective equipment (PPE) for the volunteers running them. Because of the pandemic and the measures it necessitated, fewer people than in previous years made use of family-links services.

A total of 149 Burundian refugees in Tanzania were reunited with their families in Burundi or in refugee camps in Tanzania. They included 109 unaccompanied minors, who were helped to rejoin their families, in line with Movement guidelines, by the Burundi Red Cross, the Tanzania Red Cross Society and the ICRC. The National Societies and the ICRC adapted their procedures for family reunification to COVID-19 safety protocols, including those laid down by the Burundian authorities for people crossing the Burundi–Tanzania border.

In Djibouti, the Red Crescent Society of Djibouti and the ICRC finalized a booklet of safety tips for migrants. Distribution of the booklet had not yet begun, as the pandemic had reduced the number of migrants passing through the country.

The National Societies and the ICRC coordinated their activities with those of other organizations assisting migrants, such as the IOM and the UNHCR, and took part in regional meetings on migration-related issues.

Plans to help the National Societies strengthen their family-links services fell through because of pandemic-related restrictions.

CIVILIANS	Djibouti	Kenya	Tanzania
RCMs and other means of family contact			
RCMs collected	3	1,014	5,404
including from unaccompanied minors (UAMs)/separated children (SC)			272
RCMs distributed	3	4,788	5,763
including from UAMs/SC			97
Phone calls facilitated between family members	31,076	54,210	27,816
Names published in the media		3	
Reunifications, transfers and repatriations			
People reunited with their families			149
People transferred or repatriated			6
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		190	217
of whom women		41	111
of whom minors at the time of disappearance - girls		45	76
of whom minors at the time of disappearance - boys		43	27
including people for whom tracing requests were registered by another delegation		98	
Tracing cases closed positively (subject located or fate established)		74	191
including people for whom tracing requests were registered by another delegation		47	
Tracing cases still being handled at the end of the reporting period (people)	30	1,323	349
of whom women	4	258	133
of whom minors at the time of disappearance – girls	3	364	124
of whom minors at the time of disappearance – boys	3	176	67
including people for whom tracing requests were registered by another delegation		476	
UAMs/SC, including demobilized child soldiers			
UAMs/SC newly registered by the ICRC/National Society			197
of whom girls			76
UAMs/SC reunited with their families by the ICRC/National Society			109
of whom girls			51
UAM/SC cases still being handled at the end of the reporting period		41	432
of whom girls		14	166
Documents			
People to whom official documents were delivered across borders/front lines			2

Communities cope with the effects of violence, climate shocks and COVID-19

Communities in coastal and north-eastern Kenya, particularly the counties of Garissa and Lamu, continued to endure the consequences of armed attacks and the security operations conducted in response. In 2020, measures to check the spread of COVID-19 damaged many people's ability to earn money; in some parts of Garissa, heavy floods and massive swarms of desert locusts added to people's difficulties.

In February, the ICRC held a workshop for Kenyan Red Cross personnel, on helping violence-affected communities devise methods of self-protection. Because of the pandemic, plans to meet with community members, and then discuss their protection-related concerns with the authorities, were not realized.

Pandemic-related restrictions also delayed the ICRC's provision of economic support for violence-affected people. Most economic-support activities were carried out in the fourth quarter of the year, in cooperation with the Kenyan Red Cross, and, in most cases, reached fewer people than planned.

Cash grants for buying food were given to 1,200 households (7,200 people) in Garissa. Donations of seed, pesticides and equipment, and assistance for covering ploughing costs, enabled 887 households (5,322 people) in Lamu to grow corn, cassava and cowpeas.

Some 1,000 households (6,366 people) in Garissa and Lamu received various forms of income support. Fishing households were given solar-powered freezers to keep their catch fresh; other households received beekeeping equipment. Plans to help households start new businesses were cancelled, as the pandemic had caused widespread economic uncertainty; instead, households were given cash grants to supplement their income.

Various capacity-building initiatives benefited a total of 7,860 people. Farmers in Garissa and Lamu received training, and fishermen in Lamu learnt entrepreneurial skills. Savings and loan associations were provided with expert advice. Members of vulnerable households attended information sessions on nutrition and hygiene, and were given booklets on nutrition. After plans to help households start new businesses were cancelled (see above), plans to train them in business skills were also cancelled.

The ICRC held online training courses for National Society personnel working on economic-assistance projects, and one in-person course in the fourth quarter of the year.

Pandemic-related restrictions and other constraints delayed the National Society and the ICRC's plans to build water infrastructure in Garissa and Lamu. A number of water projects were completed by the end of the year, making clean water more readily available to 3,710 people.

National Society personnel working on water projects received some ICRC training online, but most of the training activities planned for them were cancelled because of the pandemic.

National authorities receive support for managing the dead during the pandemic

ICRC guidelines for managing the dead bodies of COVID-19 victims were given to the pertinent authorities in Djibouti and Kenya; the ICRC also provided them with PPE. It helped the Kenyan health ministry to revise its guidelines and gave the Tanzanian health ministry body bags and other supplies.

In Djibouti, the national taskforce on COVID-19 trained ten Islamic scholars in managing the bodies of people who had died of COVID-19; the ICRC supplied PPE, and provided guidelines for managing the dead in line with Islamic law. One scholar appeared regularly on television to explain proper burial procedures during the pandemic.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees benefit from efforts to check the spread of COVID-19

The ICRC visited 42 prisons in Kenya and the central prison in Djibouti, and helped the authorities check the spread of COVID-19 in places of detention.

In Kenya, the authorities used construction materials donated by the ICRC to carry out infrastructural improvements to prevent or control the spread of disease more effectively at all 129 prisons under the interior ministry; Kenyan Red Cross volunteers held information sessions on COVID-19 at the 129 prisons, and the ICRC donated hygiene items, PPE, infrared thermometers, and materials for making face masks. In its discussions with them, the ICRC advised the authorities on addressing overcrowding, communicating with detainees, and responding to the needs of particularly vulnerable inmates. The Kenyan Red Cross and the ICRC set up quarantine and isolation areas at 50 prisons; the ICRC donated wind-powered roof ventilation systems for 47 prisons.

In Djibouti, the ICRC trained health personnel and other staff at the central prison in quarantine and isolation protocols; it also donated hygiene items, PPE and informational materials. An increase in the incidence of COVID-19 at the prison forced the ICRC to cancel its plans to provide assistance for setting up screening facilities.

In Zanzibar, detaining authorities were given guidelines for setting up medical-screening areas, and for quarantine, isolation and handling of food. The ICRC provided infrared thermometers, face masks, and cleaning and disinfecting supplies for nine prisons, but it could not visit detainees because of the pandemic. It continued to have no access to detainees in mainland Tanzania.

To enable detainees to stay in touch with their families during the pandemic, the ICRC provided phone services at the central prison in Djibouti, and donated mobile phones and phone credit for detainees in Kenya. Family-links services were provided to detainees in Tanzania in the first quarter of the year only.

PEOPLE DEPRIVED OF THEIR FREEDOM	Djibouti	Kenya	Tanzania
ICRC visits			
Places of detention visited	1	42	
Detainees in places of detention visited	637	13,258	
of whom women	31	500	
of whom minors	22		
Visits carried out	2	42	
Detainees visited and monitored individually	5		
RCMs and other means of family contact			
RCMs collected	3		121
RCMs distributed	1		110
Phone calls made to families to inform them of the whereabouts of a detained relative	89		29
Detainees visited by their relatives with ICRC/National Society support			33

WOUNDED AND SICK

Pandemic-related restrictions forced the ICRC to cancel its plans to train surgeons and doctors in Kenya and Tanzania; to support two hospitals in Kenya; and to help a hospital in Tanzania to prepare for the possibility of electoral violence ahead of the presidential elections.

People with disabilities have access to physical rehabilitation and other services

In Tanzania, the ICRC – taking over from the ICRC MoveAbility Foundation – sought to advance the sustainability of physical rehabilitation services and the social inclusion of persons with disabilities.

Some 3,500 people[1] obtained rehabilitative care at a centre that benefited from ICRC support, which included online mentoring for staff, guidance on data management, and funds for obtaining PPE; the ICRC also assisted 40 patients financially.

The ICRC supported nine other projects. For instance, a local institute for prosthetics/orthotics was given funds to enable 30 students to continue their clinical training. Some of the students also received financial help for obtaining PPE. Ten persons with disabilities attended a train-the-trainer workshop on acquiring job skills and starting small businesses. The ICRC made equipment and/or training available for 50 amputee-football and 30 wheelchair-basketball players, and facilitated repairs to 12 athletes' wheelchairs. The amputee-football players took part in a series of matches that the ICRC organized.

The ICRC held discussions with the health ministry and the WHO, both online and in person, to draw up a strategy for ensuring the sustainability of the national physical rehabilitation sector. A first draft of the strategy was shared with pertinent parties; work on a second draft was in progress at year's end.

ACTORS OF INFLUENCE

In order to draw attention to issues of humanitarian concern and promote support for IHL and the Movement's activities, the ICRC pursued discussions, both online and in person, with national authorities, regional bodies, weapon bearers, members of the international community, and others. The ICRC's president visited Kenya in January; he met with senior government officials and representatives of Movement partners.

The ICRC used both traditional and social media to give the public information about COVID-19. It provided the National Societies with funding, training and other support for conducting their own communication campaigns. In Kenya, the Kenyan Red Cross's radio spots about COVID-19 also addressed the stigmatization of people in connection with the pandemic.

Because of pandemic-related restrictions, a number of the ICRC's planned activities went unrealized.

Weapon bearers learn more about IHL and other applicable norms

The ICRC strove to persuade weapon bearers to integrate IHL and other applicable norms into their decision-making. Notably, it trained 850 Kenyan peace-support troops in IHL, before their deployment to the African Union Mission in Somalia; held dissemination sessions for 183 Kenyan military officers; and briefed 88 Kenyan military-police officers on the applicability of IHL and international human rights law to security operations. Military officers from Djibouti and Kenya took part in online events that the African Union organized, with support from or together with the ICRC (see *African Union*). The ICRC produced a podcast for Kenyan police officers, discussing the challenges they faced in implementing the government's COVID-19 response, and held a dissemination session for Djiboutian police officers. Plans to train Tanzanian military and police officers, and sponsor their participation in events abroad, were cancelled because of pandemic-related restrictions.

The ICRC continued to encourage the authorities in the countries covered to incorporate key IHL provisions in domestic legislation. It sponsored an official from the Tanzanian Ministry of Constitutional and Legal Affairs to attend an IHL course in South Africa (see *Pretoria*). The ICRC created a social-media page of IHL reference materials for government officials in the region; the subjects featured included key international legal instruments, such as the African Union Convention on IDPs and the Arms Trade Treaty.

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

Online discussions and in-person meetings enabled the ICRC to maintain contact with religious scholars in the countries covered. In Djibouti, it helped train Islamic leaders in managing the dead during the pandemic (see *Civilians*), and shared a video, on the points of correspondence between Islamic law and IHL, with members of the High Islamic Council. It gave Islamic scholars in Kenya and Tanzania copies of the Kiswahili translation of an ICRC publication on Islam and IHL.

With a view to developing local interest and expertise in IHL, the ICRC announced, for the second year, a prize for academic work on IHL published by an African author, and held its eighteenth annual essay-writing competition for university students in east Africa. It also gave a lecture online for university students, and donated reference materials to academic institutions in Kenya.

RED CROSS AND RED CRESCENT MOVEMENT

Technical, material and financial support from the ICRC and other Movement components enabled the National Societies in the countries covered to assist the authorities in their COVID-19 response and address other humanitarian needs (see *Civilians*).

The ICRC helped the National Societies cover the salaries of key personnel. In addition, it donated PPE and two vehicles to the Djiboutian Red Crescent and funded its production of informational materials on COVID-19. It provided 350 Kenyan Red Cross Society volunteers with identification cards and jackets bearing the red cross emblem, and covered their daily allowances. It gave the Tanzanian Red Cross financial assistance to obtain PPE and produce informational materials on COVID-19; covered transport expenses and daily allowances for 60 volunteers for three months; and provided office supplies for two branches and covered their vehicle maintenance costs.

The National Societies cancelled a number of their planned activities in order to focus on their COVID-19 response.

Through regular meetings, both online and in person, the National Societies coordinated their activities with those of the ICRC and other Movement components working in the region. With support from Movement partners, the Djiboutian Red Crescent drafted plans for use in the event of an influx of refugees from Ethiopia, and the Tanzanian Red Cross prepared for the possibility of electoral violence.

MAIN FIGURES AND INDICATORS: PROTECTION

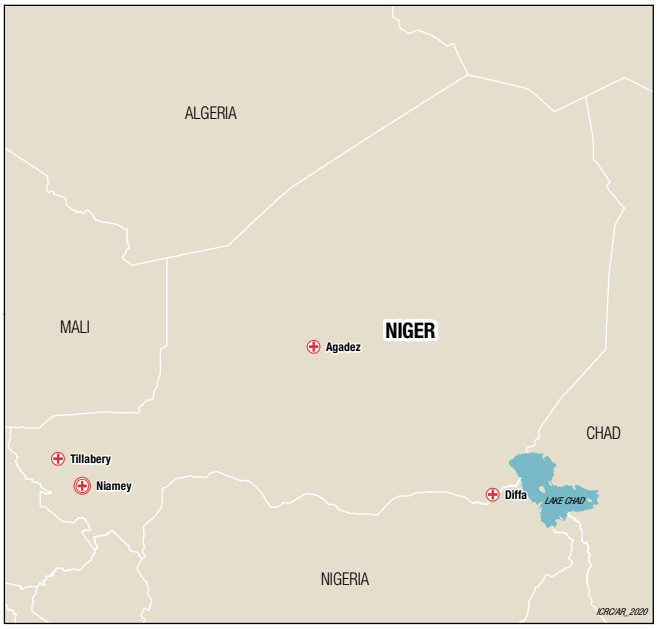
CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	6,421	272		
RCMs distributed	10,554	97		
Phone calls facilitated between family members	113,102			
Names published in the media	3			
Reunifications, transfers and repatriations				
People reunited with their families	149			
People transferred or repatriated	6			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	407	152	121	70
including people for whom tracing requests were registered by another delegation	98			
Tracing cases closed positively (subject located or fate established)	265			
including people for whom tracing requests were registered by another delegation	47			
Tracing cases still being handled at the end of the reporting period (people)	1,702	395	491	246
including people for whom tracing requests were registered by another delegation	476			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	197	76		
UAMs/SC reunited with their families by the ICRC/National Society	109	51		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	473	180		
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	43			
Detainees in places of detention visited	13,895	531	22	
Visits carried out	44			
		Women	Girls	Boys
Detainees visited and monitored individually	5			
RCMs and other means of family contact				
RCMs collected	124			
RCMs distributed	111			
Phone calls made to families to inform them of the whereabouts of a detained relative	118			
Detainees visited by their relatives with ICRC/National Society support	33			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	7,200	3,600	
Food production	Beneficiaries	5,322	2,481	204
Income support	Beneficiaries	6,366	2,599	8
Capacity-building	Beneficiaries	7,860	4,021	52
Water and habitat				
Water and habitat activities	Beneficiaries	3,710		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	48,000		2,400
Health care in detention				
Places of detention visited by health staff	Structures	2		
Health facilities supported in places of detention	Structures	2		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		10		
of which physical rehabilitation projects supported regularly		1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	3,527	198	3,119
Prostheses delivered	Units	70		
Orthoses delivered	Units	1,016		
Physiotherapy sessions		7,825		
Walking aids delivered	Units	90		
Wheelchairs or postural support devices delivered	Units	180		

NIGER

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, those affected by communal violence, and vulnerable migrants. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. The ICRC works closely with the Red Cross Society of Niger and helps it develop its operational capacities.



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

KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC and the Red Cross Society of Niger ramped up their distribution of food and/or e-vouchers, water and household essentials and hygiene items to people in violence-affected areas such as Diffa and Tillabery.
- ICRC livelihood support helped build resilience among farming and herding households, and households comprised of IDPs, to the cumulative effects of violence, natural disasters, the COVID-19 pandemic and other emergencies.
- In Diffa and Tillabery, people wounded in armed violence, persons with disabilities, COVID-19 patients and others obtained surgical services and medical treatment at ICRC-supported hospitals and health-care centres.
- Detainees had improved access to good-quality health care services, including treatment for malnutrition, through the authorities' efforts backed by ICRC-provided medical supplies, therapeutic food and technical advice.
- Members of families separated by conflict or other circumstances reconnected through Movement's family-links services. The ICRC helped the authorities and first responders develop their ability to manage human remains properly.
- Weapon bearers learnt IHL and other pertinent norms at ICRC briefings. The ICRC and the National Society broadened awareness of the Movement, which helped facilitate its activities, particularly in violence-prone areas.

EXPENDITURE IN KCHF	
Protection	4,508
Assistance	28,040
Prevention	2,639
Cooperation with National Societies	1,281
General	187
Total	**36,655**
Of which: Overheads	*2,237*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	41
Resident staff (daily workers not included)	219

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	82
RCMs distributed	76
Phone calls facilitated between family members	7,187
Tracing cases closed positively (subject located or fate established)	49
People reunited with their families	2
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	3,311
of whom visited and monitored individually	402
Visits carried out	30
Restoring family links	
RCMs collected	74
RCMs distributed	21
Phone calls made to families to inform them of the whereabouts of a detained relative	77

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	225,400	184,323
Food production	Beneficiaries	450,800	466,425
Income support	Beneficiaries	7,000	3,776
Living conditions	Beneficiaries	21,000	54,393
Capacity-building	Beneficiaries	1,138	244
Water and habitat			
Water and habitat activities	Beneficiaries	258,679	279,213
Health			
Health centres supported	Structures	16	13
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,500	4,4808
Living conditions	Beneficiaries	2,850	560
Water and habitat			
Water and habitat activities	Beneficiaries	3,544	4,003
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	7	5
Physical rehabilitation			
Projects supported	Projects	7	7
Water and habitat			
Water and habitat activities	Beds (capacity)	354	106

CONTEXT

Niger continued to feel the effects of the armed conflict between state forces in the Lake Chad region (see also *Chad*, *Nigeria* and *Yaoundé*) and the armed groups calling themselves "Islamic State's West Africa Province" and "Jama'atu Ahlis Sunna Lidda'awati wal-Jihad", and between these forces and armed groups in the Sahel region (see *Mali* and *Burkina Faso*). Niger conducted military and security operations against these groups by itself or in coalition with other countries. Sometimes these operations led to arrests.

Armed violence by armed groups had the greatest impact on people in Diffa, Tillabery and Tahoua: it was partly responsible for the volatility of security conditions, which deteriorated throughout the year. Kidnapping and other criminal acts, and attacks against humanitarian workers and health personnel and facilities, were reported. The prevailing situation endangered lives, damaged livelihoods and property, and drove many people from their homes; all this was made worse by the cumulative effects of natural disasters, such as floods, and the economic impact of the COVID-19 pandemic. Tens of thousands of displaced people remained in informal camps and host communities in Diffa and Tillabery.

Migrants journeying to northern Africa and Europe, or deported from Algeria, passed through the Agadez region.

ICRC ACTION AND RESULTS

The ICRC cultivated support for IHL and other international norms among authorities, weapon bearers and members of civil society, through dialogue with them and other means. It strove to ensure safe access for itself, and for the Red Cross Society of Niger, to people in violence-prone areas, particularly where humanitarian and medical activities had been limited by security and other constraints. It endeavoured to broaden awareness and foster acceptance of the Movement and its activities. The ICRC, with Movement partners, responded to the pandemic by reorienting and/or stepping up some of its activities, such as hygiene item distributions and support for health services; it endeavored to check the spread of COVID-19 and address its effects.

The cumulative effects of conflict, climate change and the pandemic prompted the ICRC to launch a budget extension appeal[1] for the Sahel region.

The ICRC documented allegations of abuse, such as attacks against health workers, and submitted them to the parties concerned, with a view to helping prevent or end such abuse. It provided expert assistance to the military and security forces for strengthening respect among their personnel, for IHL and other pertinent norms, and to the authorities for implementing IHL-related legislation.

The ICRC, together with the National Society, helped people in Diffa, north Tahoua, Tillabery and elsewhere to recover from and build their resilience to the effects of natural disasters, the pandemic, and conflict and other situations of violence. People were given emergency aid: food and/or e-vouchers, water and household essentials. Distributions of hygiene items and information sessions on good hygiene helped people protect themselves against disease. ICRC-backed upgrades to water systems made clean water available to tens of thousands of people, including in semi-urban areas where IDPs gathered. People affected by violence, and by other circumstances, resumed or preserved their livelihoods with the ICRC's help: farmers and herders were given supplies and free livestock services, and benefited from infrastructural upgrades. The ICRC gave female heads of households, persons with disabilities and others, money and training to set up small businesses or start or resume other income-earning activities.

IDPs and others in Agadez, Diffa and Tillabery obtained health care at ICRC-supported facilities; this support included donations of medical supplies, face masks and other protective equipment, and improvements to services and facilities at selected hospitals. Patients at ICRC-supported hospitals included casualties of the violence along Niger's borders with Mali and Nigeria, and COVID-19 patients referred by health authorities. Persons with disabilities obtained free physical rehabilitation services and/or assistive devices at ICRC-supported centres. The ICRC maintained training initiatives which sought to enlarge Niger's small pool of qualified professionals. It strove to advance the social inclusion of persons with disabilities – through workshops, vocational training, sports events and other means.

Members of families separated by conflict or other violence, detention or migration contacted one another through the Movement's family-links services. Material and technical support was given to people involved in managing human remains or assisting missing people's families.

The ICRC visited detainees in accordance with its standard procedures. It paid especially close attention to security detainees; people held by the military forces and counter-terrorism services; and particularly vulnerable detainees such as minors and people held far from their families, including foreigners. Afterwards, it communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment. The authorities took steps to improve penitentiary services, particularly health care and sanitation, and enable detainees to maintain good hygiene. They did so with the ICRC's support: medical supplies; hygiene items; supplementary rations and therapeutic food; and expert advice and support for conducting disinfection activities.

The National Society was given support to carry out its activties; expand its capacities; ensure the safety of volunteers; and coordinate its activities with those of other Movement components.

CIVILIANS

The ICRC documented allegations of unlawful conduct – such as obstructing reception or delivery of health care – reported by violence-affected people, migrants and others who were

1. For more information, please see the budget extension appeal on the ICRC Extranet for Donors.

vulnerable; it communicated these allegations confidentially to the parties concerned, with a view to preventing or ending them. The ICRC discussed the conduct of military and security operations, particularly, in Diffa, north Tahoua and Tillabery, with the pertinent Nigerien officials (see *Actors of influence*).

Violence-affected people obtain primary health care

In Agadez, Diffa and Tillabery, people who were newly displaced, or living in violence-affected and/or remote areas, obtained preventive and curative treatment at 11 primary-health-care centres provided with support on a regular basis by the ICRC, and two which received support on an ad hoc basis. Children were vaccinated against contagious diseases and pregnant women given ante/post-natal care. The ICRC provided these centres with medical supplies and helped to upgrade their waste-management systems and other infrastructure. Casualties of armed violence in Tillabery and elsewhere were treated at these centres and/or evacuated to hospitals by the ICRC. Patients and their caregivers learnt more about COVID-19 from ICRC public-communication efforts; people showing symptoms of COVID-19 were referred by the health ministry to the ICRC-supported hospital in Tillabery (see *Wounded and sick*).

Migrants in Agadez and elsewhere obtained health-care services and psychosocial support at two facilities run by Movement partners; these facilities received some support from the ICRC.

People in Diffa and Tillabery have more access to clean water

In Tillabery, where the security situation was particularly volatile, and where tens of thousands of people had been displaced by violence and natural disasters, the ICRC redirected its activities to areas where IDPs gathered and ramped up its distribution of emergency aid. Water and hygiene items were given to some 45,500 people, including IDPs, people affected by floods, and refugees living in Bankilaré; among them were some 25,000 people who benefited from ICRC-supported repairs to a solar-powered water station in Toumour, a village badly affected by armed violence in December.

In Diffa and elsewhere, the ICRC built or renovated hand pumps and other water infrastructure serving some 33,300 people in violence-affected communities, and around 26,000 people in violence-affected urban areas, to help ensure the availability of safe water. It also trained local water committees in the maintenance of water systems, with a view to helping ensure a sustainable supply of water in their communities.

Some 165,000 herders in Diffa and Tillabery had more reliable access to water for their livestock from wells renovated by the ICRC. Some of them benefited from veterinary and other services (see below) that had been improved by infrastructure built by the ICRC, for instance, mobile livestock-vaccination sites that allowed vaccination campaigns to adapt to the volatile security situation.

Students and teachers at 10 Koranic schools, around 15,500 people in all, in Maradi and Zinder received hygiene kits; like those who benefited from the activities mentioned above, they learnt about good hygiene at information sessions conducted by the ICRC, and familiarized themselves with measures to protect themselves against COVID-19 and water-borne and other diseases.

Violence-affected farmers and herders receive livelihood support

Roughly 165,200 people (some 23,600 households) received food aid throughout the year, from the National Society and the ICRC. Most of these people had been affected or were newly displaced by violence, for instance in Diffa and Toumour; some others were victims of floods. IDPs and others received such aid up to nine times during the year; the ICRC distributed more rounds of aid than the previous year, because of the effects of the dry season compounded by the negative economic effects of the pandemic. The ICRC distributed food or, where possible, e-vouchers, which enabled people to make their own purchasing decisions and also support local markets. Some economic-security activities did not take place, because of the logistical constraints brought about by the volatile security situation and by government measures necessitated by the pandemic.

In Diffa, north Tahoua and Tillabery, the National Society and the ICRC helped farmers and herders to recover from and strengthen their resilience to the effects of conflict and other violence, and to the pandemic. It gave farming households, including households headed by women who cultivated vegetable gardens, seed and tools to grow more food and diversify their crops. A total of 9,986 households (69,902 people) benefited from such assistance, which was more than twice the number originally planned for the year; this was largely because of the increased number of IDPs and refugees in Toumour, Garin Wanzam and Bosso in the Diffa region. The ICRC helped train and equip animal-health workers, who vaccinated and/or dewormed, free of charge, around 3 million heads of livestock for about 53,400 herding households (around 374,000 people). Seed and fodder banks, with support from the ICRC in the form of supplies and infrastructural upgrades, sold food/seed and fodder at more affordable prices to 2,734 farming households (19,138 people) and 3,204 herding households (22,526 people) respectively.

The ICRC helped around 540 people (some 3,800 people) – including female heads of households, women belonging to displaced households, and persons with disabilities – to supplement their income and cover their household expenses; this help consisted of funding and training to set up small sewing and other businesses, and cash-for-work projects in support of herding activities. In addition to those mentioned above, people became more capable of starting income-generating activities, and community animal health workers strengthened their capacities, at ICRC training sessions; these sessions benefited 244 people in all.

Around 54,300 people (some 7,800 households) displaced by conflict and other violence, or by floods and other emergencies, received cash and household items to help them cover their basic needs and set up temporary shelters. They were also given soap and handwashing kits to help them maintain good hygiene practices.

Members of dispersed families reconnect

Members of families separated by conflict or other violence, detention or migration – including unaccompanied minors – reconnected through family-links services provided by the Red Cross Society of Niger and the ICRC. The ICRC continued to discuss the plight of missing people and their families with the authorities and to impress upon them the necessity of preventing disappearances along migration routes.

A national committee discussed how to improve the management of human remains, including within the context of the pandemic, at meetings organized with the ICRC's help and with its expert contributions to the discussion. Members of the military, *gendarmes*, and other first responders became more capable of managing human remains properly, aided by ICRC training, and ICRC-supplied body bags and other supplies and equipment.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at nine places of detention. It paid especially close attention to security detainees; people held by the military forces and counter-terrorism services; and particularly vulnerable detainees (minors and people held far from their families, including foreigners). The authorities renewed the ICRC's access to detainees on a quarterly basis; discussions between the authorities and the ICRC, on further formalizing this access, continued.

After these visits, the ICRC communicated its findings and recommendations confidentially to the detaining authorities, with a view to helping them improve detainees' living conditions and treatment. It discussed various subjects with the authorities, such as: reinforcing respect for judicial guarantees; improving detainees' access to health care; and ensuring that minors are not detained with adults and that detainees can contact their families.

The ICRC arranged for some detainees in Diffa to be visited by their families; other detainees sent RCMs, made phone calls, and/or contacted their consular representatives or the UNHCR. Around 300 detainees returning home after their release were given cash to cover their transport costs, and clothes and shoes.

Detainees have broader access to health care

The authorities continued to take steps to improve penitentiary services, with the ICRC's encouragement and technical support; however, owing to the logistical constraints created by the pandemic, the completion of infrastructural and certain other projects had to be postponed.

The ICRC reoriented its support for the authorities, with a view to assisting them in preventing the spread of communicable diseases in prisons. To that end, it intensified its efforts to improve detainees' living conditions: soap and similar items helped some 4,000 detainees to maintain good hygiene and mitigate their risk of contracting disease; the ICRC also carried out, with the authorities, infection-control measures at four prisons. Penitentiary authorities instituted measures against COVID-19, with technical support from the ICRC.

Prison health staff expanded their capacities through ICRC training and with supplies donated by the ICRC. At four places of detention, health staff continued to develop their ability to screen and treat detainees for malnourishment. Hundreds of detainees found to be malnourished were registered in an ICRC therapeutic feeding programme; around 4,800 detainees found to be malnourished or at risk of malnutrition benefited from supplementary rations provided by the ICRC. Prison staff prepared food for detainees in kitchens renovated and equipped with the ICRC's help, benefiting 560 detainees; ICRC training enabled them to develop their capacity to manage stocks of food and plan standardized meals.

WOUNDED AND SICK

As part of its COVID-19 response, the ICRC stepped up its support for health facilities in Niger. It provided face masks and other protective equipment, and disinfectants and other supplies; it also installed handwashing stations and set up waiting areas adapted to measures for social distancing. Staff at ICRC-supported facilities were thus more capable of checking the spread of COVID-19 and safely treating patients.

Patients at the facilities and their relatives/caregivers, and the public, learnt more about COVID-19 through publicly distributed leaflets and information disseminated by the ICRC through social and traditional media; the ICRC also used sign language and braille to ensure crucial information was as accessible as possible.

Wounded and ill people are given free surgical and specialized care

People needing emergency or specialized care obtained free treatment at five ICRC-supported hospitals; they included casualties of the violence along Niger's borders with Mali and Nigeria, and COVID-19 patients referred to the hospitals by the authorities. In the five hospitals supported by the ICRC in Diffa and Tillabery, 816 operations were performed. These facilities enhanced their services with medical supplies, and expert advice from the ICRC. Upgrades to the waste-management facilities at one hospital were underway (98 beds); owing to logistical constraints, other planned upgrades to hospitals were postponed.

Thousands of hospital patients, and their caregivers covered their transport, accommodation and other costs incurred while they underwent treatment, with financial support from the ICRC.

Persons with disabilities regain some mobility

Around 490 physically disabled people[2] obtained free rehabilitation services and/or assistive devices at the National Hospital in Niamey and the Zinder hospital. The ICRC supplied these facilities with materials for producing devices, carried out infrastructure improvements (8 beds), and provided other kinds of assistance as well. It also gave staff at these facilities

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

laptops and trained them in using certain online tools, so that they could take part in training and other activities remotely.

Four physical rehabilitation professionals continued their ICRC-sponsored training abroad; staff at ICRC-supported-centres attended specialized training conducted by the ICRC. Technicians learnt how to make tricycles – alternatives to conventional wheelchairs, and better adapted to the sandy terrain of Niamey – which were then given to organizations working for persons with disabilities. All this helped to reinforce Niger's limited capacities in physical rehabilitation.

Around 300 people, some of them with physical disabilities, learnt how to make cloth face masks to protect against COVID-19 during ICRC workshops, and workshops led by disabled women trained by the ICRC; over 55,000 masks were produced. Some of these masks were then purchased by the ICRC.

Financial and other support from the ICRC helped the Paralympic committee to: train persons with disabilities, which enabled them to take part in tournaments in Niger and elsewhere; and organize events that promoted their social inclusion. Organizations for persons with disabilities pursued fundraising and other initiatives; the ICRC gave them material support and expert guidance.

ACTORS OF INFLUENCE

Members of civil society learn more about the Movement

Safe access for itself, and for the Red Cross Society of Niger, to people in violence-prone areas – including places where the security situation restricted humanitarian and medical activities and where the ICRC had no dialogue with armed groups – remained a matter of priority for the ICRC.

The National Society and the ICRC cultivated support for humanitarian action among traditional leaders, beneficiary communities and others of influence. They used various means, such as bilateral dialogue and spots on community radio. They also strove to broaden awareness of COVID-19, and measures against it, via both social and traditional media (see also *Wounded and sick*).

The ICRC engaged with representatives of vulnerable communities – for instance, herders in violence-affected areas – in Diffa, Tillabery and elsewhere; it assessed their needs and learnt what they thought of the ICRC's activities for them.

The National Society developed its own communication initiatives; the ICRC provided technical and financial support to this end, for instance, by covering the salaries of National Society communication staff.

Weapon bearers familiarize themselves with IHL

Cadets and military personnel, including those bound for operations abroad, advanced their understanding of IHL and other pertinent norms at ICRC briefings and training sessions; *gendarmes* familiarized themselves with international standards pertinent to their duties.

The ICRC gave the military and security forces expert advice for integrating IHL and international human rights law into their training, doctrine and operations. Among them were officers commanding these forces and officials from pertinent ministries; the ICRC held or enabled them to attend round tables and other events. A few senior military officers were sponsored to participate in international workshops. Military instructors in IHL benefited from ICRC train-the-trainer sessions.

Niger works towards implementing a law protecting IDPs

The authorities – with guidance from the ICRC and the national IHL committee – took steps to advance the implementation of IHL-related laws. A number of officials participated in regional events on IHL implementation, with the ICRC's help.

The interior ministry and other pertinent authorities revised the penal code and discussed draft laws implementing the Arms Trade Treaty. The government – with technical input from the ICRC – worked towards implementing various IHL-related legal instruments, notably including the African Union Convention on IDPs, for which decrees were adopted by the government towards ensuring the implementation of a law on the protection of IDPs in Niger.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers learn how to work safely in violence-prone areas

The Red Cross Society of Niger and the ICRC worked together to assist people affected by armed conflict or other violence, natural disasters and other emergencies (see *Civilians*). ICRC training strengthened the capacities of National Society volunteers in a number of areas, for instance their capacity to conduct hygiene promotion activities.

The safety volunteers remained a priority for the National Society, and for the ICRC; they learnt – through ICRC-supported training – how to apply the Safer Access Framework and protect themselves more effectively. Volunteers were also trained in basic first aid by the National Society and the ICRC. Trained volunteers were assigned to election-related and other public events. The ICRC kept the National Society and other Movement components up to date on the security situation.

The National Society developed its managerial capacities with the help of Movement components. The ICRC gave it funding and technical support for managing its personnel and for covering the salaries of key staff.

The National Society, the ICRC and other Movement components in the region organized meetings to coordinate their activities, particularly in connection with migrants and people in conflict-affected areas.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	82	2		
RCMs distributed	76	4		
Phone calls facilitated between family members	7,187			
Reunifications, transfers and repatriations				
People reunited with their families	2			
including people registered by another delegation	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	183	5	20	4
including people for whom tracing requests were registered by another delegation	45			
Tracing cases closed positively (subject located or fate established)	49			
including people for whom tracing requests were registered by another delegation	25			
Tracing cases still being handled at the end of the reporting period (people)	505	31	83	60
including people for whom tracing requests were registered by another delegation	112			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	4			
UAMs/SC reunited with their families by the ICRC/National Society	1			1
including UAMs/SC registered by another delegation	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	49	13		8
Documents				
People to whom travel documents were issued	25			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	3,311	260	161	
Visits carried out	30			
		Women	Girls	Boys
Detainees visited and monitored individually	402	8		14
of whom newly registered	265	5		13
RCMs and other means of family contact				
RCMs collected	74			
RCMs distributed	21			
Phone calls made to families to inform them of the whereabouts of a detained relative	77			
Detainees visited by their relatives with ICRC/National Society support	12			

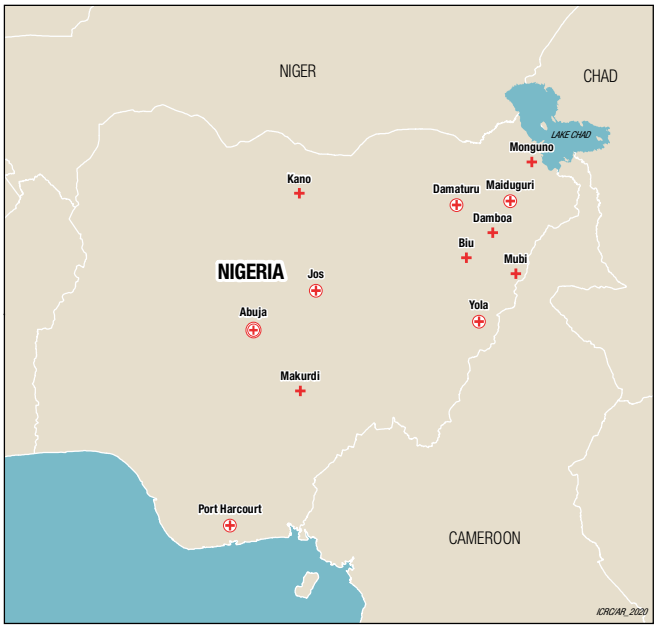
MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	184,323	46,093	92,135
of whom IDPs		144,055	36,018	72,019
Food production	Beneficiaries	466,425	116,607	233,177
of whom IDPs		49,123	12,283	24,557
Income support	Beneficiaries	3,776	1,552	606
of whom IDPs		1,125	689	
Living conditions	Beneficiaries	54,393	13,602	27,186
of whom IDPs		17,772	4,444	8,881
Capacity-building	Beneficiaries	244	65	
of whom IDPs		19	10	
Water and habitat				
Water and habitat activities	Beneficiaries	279,213	83,797	111,818
of whom IDPs		69,886	20,966	27,954
Primary health care				
Health centres supported	Structures	13		
of which health centres supported regularly		11		
Average catchment population		289 271		
Services at health centres supported regularly				
Consultations		143,628		
of which curative		115,646	23,130	76,467
of which antenatal		27,982		
Vaccines provided	Doses	68,088		
of which polio vaccines for children aged 5 or under		27,396		
Referrals to a second level of care	Patients	1,054		
of whom gynaecological/obstetric cases		366		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	4,808	38	224
Living conditions	Beneficiaries	560	5	29
Capacity-building	Beneficiaries	43	2	
Water and habitat				
Water and habitat activities	Beneficiaries	4,003	120	40
Health care in detention				
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
including hospitals reinforced with or monitored by ICRC staff		5		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		215	21	22
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		795		
Operations performed		816		
Medical (non-surgical) admissions		925	265	442
Gynaecological/obstetric admissions		662	662	
Consultations		7,229		
Water and habitat				
Water and habitat activities	Beds (capacity)	106		
Physical rehabilitation				
Projects supported		7		
of which physical rehabilitation projects supported regularly		4		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	487	104	147
Prostheses delivered	Units	102		
Orthoses delivered	Units	239		
Physiotherapy sessions		1,632		
Walking aids delivered	Units	84		
Wheelchairs or postural support devices delivered	Units	90		
Referrals to social integration projects		244		

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

NIGERIA

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to respond to the needs of people affected by armed conflict and other violence throughout the country, particularly the conflict in the north-east. It visits detainees. It works closely with the Nigerian Red Cross Society and supports its capacity-building efforts in restoring family links and delivering other assistance. Working with the authorities, the armed forces and police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.



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

KEY RESULTS/CONSTRAINTS IN 2020

- Increased aid from the Nigerian Red Cross Society and the ICRC enabled people affected by intensified fighting and the economic effects of the COVID-19 pandemic to meet their urgent need for food, water, shelter or health care.
- Some ICRC projects to help vulnerable people pursue livelihoods, or to repair or upgrade water and hospital facilities, were put on hold as the ICRC focused on emergency response, or because of pandemic-related or security constraints.
- ICRC support (e.g. donations of soap and personal protective equipment, training in preventive measures) enabled communities and health facilities to take steps to curb the spread of COVID-19.
- Persons with disabilities in the north-east no longer had to travel long distances for rehabilitative care, after the ICRC and its local partners built a physical rehabilitation centre in Maiduguri that opened in November.
- Detaining authorities worked to improve detainees' treatment and living conditions, and to prevent the spread of COVID-19 in places of detention, with material, technical and infrastructural support from the ICRC.
- The ICRC's advocacy was instrumental in Nigeria's ratification of the Treaty on the Prohibition of Nuclear Weapons.

EXPENDITURE IN KCHF	
Protection	11,635
Assistance	57,643
Prevention	9,079
Cooperation with National Societies	3,059
General	497
Total	**81,914**
Of which: Overheads	*4,999*
IMPLEMENTATION RATE	
Expenditure/yearly budget	78%
PERSONNEL	
Mobile staff	139
Resident staff (daily workers not included)	656

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	283
RCMs distributed	243
Phone calls facilitated between family members	554
Tracing cases closed positively (subject located or fate established)	452
People reunited with their families	12
of whom unaccompanied minors/separated children	9
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	21,277
of whom visited and monitored individually	4,338
Visits carried out	52
Restoring family links	
RCMs collected	411
RCMs distributed	234
Phone calls made to families to inform them of the whereabouts of a detained relative	297

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	235,500	357,954
Food production	Beneficiaries	442,800	389,742
Income support[1]	Beneficiaries	34,080	12,035
Living conditions	Beneficiaries	180,000	618,930
Capacity-building	Beneficiaries	1,224	89
Water and habitat			
Water and habitat activities	Beneficiaries	1,200,400	767,396
Health			
Health centres supported	Structures	16	23
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	6,800	12,008
Living conditions	Beneficiaries	31,500	13,074
Water and habitat			
Water and habitat activities	Beneficiaries	12,000	11,700
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	13
Physical rehabilitation			
Projects supported	Projects	2	2
Water and habitat			
Water and habitat activities	Beds (capacity)	917	596

1. The target figure for this indicator was based on the estimated number of household members who stood to benefit from the income support given to individuals. The number of actual beneficiaries does not include household members in cases where support was given to young entrepreneurs.

CONTEXT

The conflict between government forces and the armed groups known as "the Islamic State's West Africa Province", and Jama'atu Ahlis Sunna Lidda'awati wal-Jihad, in the north-eastern states of Adamawa, Borno and Yobe remained intense; clashes also continued in the wider Lake Chad region (see *Chad*, *Niger* and *Yaoundé*). Attacks attributed to these armed groups took place frequently in rural areas.

Communal tensions caused outbreaks of violence in the Middle Belt, while crime, communal tensions and disputes over crude oil led to violent incidents in the south. Cameroonian refugees continued to arrive in south-eastern Nigeria. Protest movements in October – against the unlawful use of force by law enforcement agencies – turned violent.

During attacks and clashes, civilians were injured or killed and subjected to sexual violence and other unlawful conduct; health personnel and humanitarian workers were not spared. Health facilities were often looted or destroyed. Attacks and bouts of intensified fighting resulted in mass displacement; although some people returned home, millions reportedly remained displaced. IDPs, refugees, returnees and conflict-affected residents had few resources to sustain themselves. Water, sanitation and health-care facilities were inadequate. Some people lost contact with their families while fleeing their homes. Ongoing hostilities prevented humanitarian actors from reaching certain areas, particularly in the north-east.

The pandemic exacerbated people's difficulties: food prices rose and employment opportunities grew more scarce, making it harder for people to meet their basic needs and pushing up rates of malnutrition. Health facilities and communities lacked the resources to implement measures against COVID-19. In areas where the incidence of COVID-19 was rising, the government imposed lockdowns or similar movement restrictions, limited gatherings of people, and implemented other measures to check the spread of the disease.

ICRC ACTION AND RESULTS

The ICRC worked with the Nigerian Red Cross Society to help people affected by armed conflict or other situations of violence, or by the pandemic. It continued to strengthen its engagement with authorities, weapon bearers and communities, with a view to fostering acceptance for its work and broadening its access to people in need; this enabled the ICRC to secure exemptions from pandemic-related movement restrictions and continue delivering emergency aid, focusing on meeting urgent needs created by mass displacement, intensified fighting or the pandemic. Because of this – and pandemic-related, security or administrative constraints – some of its longer-term activities could not be fully implemented or were put on hold.

The ICRC drew the pertinent parties' attention to protection-related issues and reminded them of their obligations under IHL and other applicable norms. After mass displacement or other emergencies, it stepped up its activities to enable IDPs, refugees, host communities and residents to meet their immediate needs: food, water, shelter, sanitation, and basic health care. Where possible, it helped people build their resilience to the effects of conflict and the pandemic by implementing projects to support livelihoods, rebuild houses or upgrade urban water infrastructure.

Wounded people received life-saving care from an ICRC surgical team at the State Specialist Hospital in Maiduguri (SSH-M). Two other hospitals were given support for coping with malnutrition cases, which were rising. Persons with disabilities obtained rehabilitative services at the ICRC-supported National Orthopaedic Hospital (NOH) in Kano. A newly opened physical rehabilitation centre, built in Maiduguri by the ICRC together with the authorities and the University of Maiduguri Teaching Hospital (UMTH), increased the availability of rehabilitative services in north-eastern Nigeria.

Victims/survivors of sexual violence, wounded people and health workers under stress coped with their situation through counselling provided by the ICRC or ICRC-trained volunteers.

Members of families separated by conflict, migration or other circumstances reconnected through the Movement's family-links services. The ICRC's accompaniment programme enabled missing people's families to obtain psychosocial, financial and other support.

After the onset of the pandemic in Nigeria, the ICRC stepped up its support in certain areas. It provided food to two isolation centres and to people unable to afford the price of food, and distributed soap in overcrowded communities. ICRC-supported health facilities, and hospitals treating COVID-19 patients, were given personal protective equipment (PPE), hygiene items, staff training in preventing infections, and/or help in setting up isolation areas. ICRC training and material support helped forensic professionals to handle, safely and respectfully, the bodies of people who had died of COVID-19.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their well-being. It provided the authorities with material, technical and infrastructural support for improving detainees' living conditions, with a view, particularly, to helping them prevent the spread of COVID-19.

The ICRC continued to urge authorities in Nigeria and the wider region to ratify IHL and IHL-related treaties and/or implement them domestically. The ICRC's advocacy was instrumental in Nigeria's ratification of the Treaty on the Prohibition of Nuclear Weapons.

In coordination with other Movement components in Nigeria, the ICRC provided the National Society with support for developing its operational capacities, particularly with regard to its COVID-19 response.

CIVILIANS

Dialogue with the authorities (see *Actors of influence*) enabled the ICRC to secure exemptions from pandemic-related movement restrictions and continue providing emergency assistance. It concentrated on meeting urgent needs arising from mass displacement, intensified fighting or the pandemic, stepping up its activities to ensure that people had access

to food, water, shelter, primary health care and sanitation. Because of this shift in focus, as well as security constraints or pandemic-related obstacles for its implementing partners and beneficiaries, some of its longer-term activities could not be fully implemented or were put on hold; this mainly affected its urban water projects, assistance for farmers, cash-for-work and other income-support projects, and capacity-building activities among local providers of livelihood support.

People's concerns are raised with the pertinent authorities

The ICRC documented people's protection-related concerns and raised them with the pertinent parties, whom it urged to stop or prevent unlawful conduct. It reminded the authorities of the rights of IDPs and other vulnerable people, and weapon bearers of their obligations under applicable law, particularly in connection with the conduct of hostilities; the use of force in public-order operations and in enforcing pandemic-related lockdowns; the prevention of sexual violence; and the protection due to medical personnel and facilities. These matters were also covered during training for weapon bearers and in guidance documents given to them (see also *Actors of influence*).

In line with its multidisciplinary approach, the ICRC also helped vulnerable people to meet their distinct needs, mitigate the risks to their safety, and reduce their dependence on harmful coping mechanisms. Children, female breadwinners and families looking after unaccompanied minors were given essentials (e.g. hygiene items, clothing) or livelihood support. Victims/survivors of sexual violence had better access to health care, including mental-health and psychosocial support, and other assistance through referral mechanisms established by the ICRC.

Through individual or group discussions, the ICRC deepened its understanding of people's needs. It raised awareness of its services and measures against COVID-19, and disseminated information aimed at preventing the stigmatization of people with COVID-19 and those treating them, through community or religious leaders, posters, social media, radio or television. Its community contact centre served as a hotline where people could ask about or comment on its activities.

IDPs, refugees, returnees and residents cover their urgent needs

The Nigerian Red Cross Society and the ICRC provided around 357,400 people (59,300 households) with food or cash to cover food, rent, health services and other expenses. This helped people in areas not covered by other humanitarian actors and communities suffering the consequences of sharply risen food prices. Around 500 patients and staff at two COVID-19 isolation centres benefited from meals and fortified cereal provided by the ICRC.

Some 103,200 households (618,900 people) were given blankets, mosquito nets and other items essential for improving their living conditions. More people than planned benefited: their numbers were increased by the ICRC's distributions of soap to help prevent the spread of COVID-19 in several IDP camps and other overcrowded communities.

Livelihood support builds resilience to the effects of conflict and the pandemic

Returnees, residents, IDPs and refugees grew their own food with support from the National Society and the ICRC. Around 47,700 households (286,000 people) were given seed and farming tools – or cash for buying them – to grow vegetables or staple crops; some were also given food to last them until the harvest. ICRC support for local service providers enabled them to help about 17,300 households (103,800 people) maintain the health, and thus the productivity and market value, of their livestock. The ICRC provided animal-health workers with the necessary supplies and conducted a deworming campaign with the local authorities. It also donated drugs and equipment to a veterinary hospital and made repairs to it, which led to more people benefiting than planned.

Around 2,000 vulnerable breadwinners (supporting 11,900 people) – including victims/survivors of sexual violence, persons with disabilities and households with missing breadwinners – started or sustained income-generating activities, such as making handicrafts or raising livestock, with ICRC cash grants. Under a programme implemented in partnership with a Lagos-based organization, the ICRC supported 173 young entrepreneurs with cash grants for setting up businesses (pharmacies, fish farms, etc.) potentially of benefit to their communities.

Training conducted by the ICRC, or by other organizations with its support, enabled 33 animal-health workers and veterinary technicians to refresh their skills in providing animal-health services, and 56 mothers and pregnant women to learn about good practices in feeding infants and young children. Owing to administrative constraints, the ICRC could not provide support for local cooperatives.

Health facilities provide good-quality services while protecting staff and patients against COVID-19

The ICRC supported more facilities than planned in areas receiving influxes of IDPs and refugees, to ensure that health care was available to displaced people and their hosts. Vaccinations, ante/post-natal care, paediatric care, treatment for malnutrition, and referrals for higher-level care were available at 23 primary-health-care facilities that regularly received ICRC support: supplies, equipment, staff training and incentives, and infrastructural upgrades. The ICRC also donated PPE, and trained staff in its use and in measures to control and prevent the spread of COVID-19. Victims/survivors of sexual violence were referred to other organizations or local service providers for appropriate care through systems established by the ICRC at the facilities it supported.

Together with local health authorities and a Swiss institute, the ICRC continued to train health personnel in Adamawa to use the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses), an application that helped them provide curative care to children. The ICRC helped the local authorities to develop their administrative and technical capacities, in preparation for managing the ALMANACH application after it is handed over to them, as planned, in 2021.

ICRC training and guidance helped local groups to expand their capacities in various health-related areas: community-based

committees, in ensuring the smooth functioning of primary-health-care facilities in their areas and broadening awareness of measures against COVID-19; National Society volunteers, in conducting disease-prevention campaigns during outbreaks of yellow fever; neighbourhood groups, in instructing parents in preventing malnutrition among children; and traditional birth attendants, in providing the necessary care for pregnant women.

Around 1,300 conflict-affected people – including victims/survivors of sexual violence and members of missing people's families – and health workers received mental-health and psychosocial support from the ICRC or ICRC-trained volunteers; counselling was conducted by phone in areas where pandemic-related lockdowns were in place. Through ICRC information sessions, around 7,500 community members learnt about the psychological consequences of conflict, and about the services available to help them address these consequences, so they could seek help or refer others.

The ICRC conducted information sessions on the Health Care in Danger initiative for health staff and community members; with their help, it documented attacks against health services, which it then brought up with the pertinent parties.

IDPs, refugees and host communities have better access to water, shelter and sanitation

Some 767,400 people, in total, benefited from ICRC infrastructure or sanitation projects.

Some 501,700 people benefited from water or sanitation projects implemented by the ICRC in areas hosting IDPs or refugees. The ICRC repaired or built water points – some of them solar-powered – installed latrines, and set up waste-disposal sites. Together with the National Society, it conducted hygiene-promotion sessions that included information on measures against COVID-19 and installed handwashing stations, to help people protect themselves against disease.

Around 240,900 residents and IDPs living in urban areas had better access to clean water after the ICRC upgraded electrical, pumping, and storage/distribution systems at water-treatment plants in Adamawa and Borno. The Borno State Ministry of Water Resources strengthened their institutional and technical capacities with ICRC support.

The ICRC built temporary shelters for IDPs and helped returnees rebuild their homes with stabilized-soil bricks or gave them the materials to do so; about 40,000 people benefited. It installed solar-powered street lights at IDP camps in the north-east and in violence-affected communities in the south as a risk-reduction measure, which benefited some 15,900 people in all. It also made repairs to a family-links facility at an IDP camp.

Water systems and other facilities at certain ICRC-supported primary-health-care centres were repaired or upgraded. The ICRC also donated handwashing stations and soap to several centres, to support them in preventing COVID-19.

People reconnect with their families

IDPs, refugees and others separated from their families by conflict or other violence, or because of pandemic-related quarantine or isolation measures, restored or maintained contact with their relatives through family-links services provided by the National Society with ICRC support; when necessary, these services were provided in coordination with other ICRC delegations in the Lake Chad region. Twelve people were reunited with their families; some of them were given food and other items to ease their reintegration in their communities. The ICRC used various means – information sessions and materials, social media or its community contact centre – to tell people about family-links services and what they could do to prevent loss of family contact.

The ICRC strove to help authorities address the large number of missing-persons cases in Nigeria. It gave them expert advice for creating a national database of missing people. It also passed on findings and recommendations from its 2018 assessment of the needs of missing people's families, to help them develop suitable responses to these needs. Under the ICRC's accompaniment programme, ICRC-trained volunteers from the families – called "accompaniers" – provided psychosocial support to other members of missing people's families, and ICRC information sessions gave the families the guidance necessary to navigate legal and administrative processes. Efforts to establish pathways for referral to more specialized services, or to services not available from the ICRC, were ongoing at year's end.

Forensic professionals handle the bodies of COVID-19 victims safely

The ICRC's activities in the area of forensics shifted in response to the pandemic. They concentrated largely on helping forensic authorities and professionals to manage, safely and with dignity, the bodies of people who had died of COVID-19. The ICRC gave the health ministry, the Nigeria Centre for Disease Control (Nigeria CDC) and the National Emergency Management Agency expert advice for developing pertinent guidelines and informational materials. It also donated PPE, body bags and other supplies to forensic professionals and health personnel. The ICRC, and the health ministry with ICRC support, organized webinars and training sessions on the safe management of the bodies of COVID-19 victims for health and detention authorities, and National Society volunteers.

Where possible, the ICRC carried out its activities to prevent disappearances in connection with the conflict: it reminded military personnel of their obligation under IHL to ensure the dignified management of the dead and trained them in this area; it also held a workshop for a working group that was revising a law related to forensic work.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people held by the military, the police and the Nigerian Correctional Service (NCS); 4,338 vulnerable detainees – people detained in connection with conflict, women and minors – were monitored individually. The ICRC communicated its findings confidentially to the authorities and gave them support for ensuring that detainees' treatment and

living conditions met internationally recognized standards. It continued to seek access to all detainees within its purview.

In response to the pandemic, the ICRC provided the authorities with material and technical support for their COVID-19 response. It maintained this support throughout the six-month suspension of its standard detention visits, an action taken by the authorities to prevent the spread of the disease.

Detaining authorities work to tackle systemic issues

Through ICRC guidance documents or training sessions, and webinars they attended with ICRC support, prison administrators and staff learnt about: best practices in prison management and design; managing information on detainees; and measures to prevent the spread of COVID-19. The necessity of respecting judicial guarantees, particularly of ensuring detainees' access to legal counsel, was emphasized during ICRC workshops for magistrates, lawyers and police personnel. Some vulnerable detainees were given material aid to meet their specific needs: for example, the ICRC provided hygiene kits to female detainees at several detention facilities. The ICRC urged the authorities to ensure that all detainees could contact their families; where needed, it enabled detainees to do so through RCMs or short oral messages.

Detainees have better access to essential services and protect themselves against COVID-19

Health facilities in six places of detention provided essential services – such as medical screening upon arrival, treatment for malnutrition and support for mentally ill detainees – with ICRC support: supplies, training, technical support and staff incentives. The ICRC also assisted the authorities and staff in tackling COVID-19: it gave them pertinent guidelines; provided training in controlling and preventing infections, together with the Nigeria CDC; donated PPE and hygiene items; and set up screening and isolation areas in five places of detention. The NCS drew on the ICRC's expertise to draft contingency plans for emergencies such as cholera outbreaks and heat waves. The ICRC also helped the NCS and the health ministry coordinate their efforts to improve health services in prisons.

The ICRC upgraded, or provided support for upgrading, water or ventilation systems, and donated hygiene supplies and handwashing stations, benefiting 11,700 detainees. Trained and supplied with raw materials by the ICRC, detainees and staff at one prison made soap and disinfectant, which were distributed to other detention centres to help them implement preventive measures against COVID-19. Other projects could not be carried out because of the suspension of the ICRC's visits and because responding to the pandemic took precedence for both the ICRC and the authorities.

Some 12,000 detainees benefited from food, including fortified cereal for malnourished detainees, regularly provided by the ICRC; the number of beneficiaries was greater than planned because the ICRC stepped up its support to provide food items made scarce by pandemic-related market closures. On-the-job training from the ICRC enabled prison staff to apply good practices in managing the food supply chain and preparing nutritious meals. Donations of clothes, bedding and personal hygiene items helped ease living conditions for 13,000 detainees; distributions in other detention facilities could not take place, owing to pandemic-related movement restrictions.

WOUNDED AND SICK

Wounded people receive life-saving care

The ICRC provided comprehensive support to the SSH-M for treating people critically wounded by the conflict; some of these people were evacuated to the hospital by ICRC helicopter. The support included the services of an ICRC surgical team, supplies, on-the-job training and incentives for staff, referrals for advanced care, maintenance of infrastructure, and installation of a generator and water-disinfection equipment. The ICRC responded to the sharp rise in malnutrition by regularly giving two other hospitals support for treating severe cases. It continued to document attacks against health workers or facilities and to raise these with the pertinent parties; information sessions on the Health Care in Danger initiative were put on hold to avoid large gatherings of people. Plans to build emergency response capacities at several hospitals were also cancelled, owing to human-resource constraints and a shift in focus towards COVID-19 response.

Some 300 wounded people at the SSH-M and those accompanying them received psychological support from ICRC-trained counsellors. The ICRC conducted information sessions on the psychological consequences of conflict for around 380 hospital staff, patients and caregivers, with a view to encouraging them to seek help, if they needed it, or refer others.

The ICRC gave additional support for hospitals to institute measures against COVID-19. Staff at the SSH-M were trained to prevent infections and supplied with PPE; ten hospitals or isolation centres treating COVID-19 patients were also given PPE. The ICRC set up water, electrical and other essential facilities for the isolation centre at the Maiduguri General Hospital and installed triage tents for COVID-19 screening at the SSH-M; aside from the infrastructural support given to these hospitals (some 600 beds), other projects could not be carried out as the ICRC shifted these resources towards its COVID-19 response.

The Nigerian Red Cross Society and the ICRC provided training in first aid, and in measures against COVID-19, for around 780 community volunteers, weapon bearers and members of faith-based or other civil-society organizations, which enabled them to provide timely care during emergencies.

Physical rehabilitation is made more accessible to conflict-affected people

The NOH in Kano, one of the few facilities offering physical rehabilitation services in north-eastern Nigeria, continued to receive ICRC support (e.g. supplies, training and on-the-job coaching for staff), which enabled it to treat around 310 persons with disabilities.[2] The ICRC covered transportation, food and accommodation costs for some 260 patients and their caregivers who lived in other areas of the north-east.

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

NOH staff were given PPE; some of them were also given training and materials to produce face shields, which helped cover shortages at several hospitals and isolation centres.

In November, a new physical rehabilitation centre – built under the ICRC's Programme for Humanitarian Impact Investment by the ICRC together with the local authorities and the UMTH – opened in Maiduguri: this meant that people in north-eastern Nigeria no longer had to travel long distances for rehabilitative services. The centre began providing services with the ICRC's support (e.g. equipment and staff training or mentoring) and reached around 30 people,[3] fewer than planned because construction of the centre was delayed by pandemic-related lockdowns.

Staff from the NOH and the new centre in Maiduguri continued to study prosthetics/orthotics on ICRC scholarships. When their classes were interrupted by the pandemic, the ICRC arranged internships for them at the NOH; once their courses were moved online, it provided some of them with internet credit so they could attend.

Breadwinners with disabilities started income-generating activities with cash grants and technical support from the ICRC (see *Civilians*).

ACTORS OF INFLUENCE

The ICRC continued to strengthen its engagement with the authorities, weapon bearers and community and religious leaders. It did so to gain acceptance and support for its neutral, impartial and independent humanitarian work, and to broaden its access to people in need. It sought and secured exemptions from pandemic-related movement restrictions, in order to continue providing emergency assistance.

Information on the ICRC's activities and the humanitarian situation in Nigeria were disseminated through the ICRC's social media accounts, and by local and international media organizations using material from the ICRC. People in Nigeria also learnt more about the protection due to health services and the emblems protected under IHL through radio campaigns, information sessions, round tables and other events held by the National Society and the ICRC.

Where the ICRC could not conduct meetings, training sessions or other events in person – owing to movement restrictions and other measures necessitated by the pandemic – it did so virtually. But when that was not possible, it postponed or cancelled events.

Weapon bearers add to their knowledge of applicable norms

ICRC seminars, in the field or at training institutions, enabled military officers and members of civilian self-defence groups to expand their knowledge of IHL; the ICRC emphasized the protection due to medical personnel and facilities under IHL, given the critical importance of health services during the pandemic. Police personnel and recruits – including members of the Special Weapons and Tactics Team, which was formed after the protests in October – learnt about international standards for law enforcement, and international human rights law, at ICRC training sessions.

Nigerian authorities ratify IHL-related treaties and take steps to implement them

The ICRC maintained its efforts to persuade authorities in Nigeria and the wider region – through the Economic Community of West African States (ECOWAS) – to advance the ratification and/or implementation of IHL and IHL-related treaties. Its advocacy was instrumental in Nigeria ratifying the Treaty on the Prohibition of Nuclear Weapons. Nigerian legislators and ECOWAS representatives learnt more about IHL at ICRC workshops. With the ICRC's support, the national IHL committee and the National Commission for Refugees, Migrants and IDPs followed up draft bills for implementing the 1949 Geneva Conventions and their 1977 Additional Protocols, and the African Union Convention on IDPs, respectively. During a virtual meeting organized by ECOWAS and the ICRC, officials from ECOWAS member states exchanged best practices in implementing IHL domestically.

Although the ICRC could not organize events for academics, it continued to provide them with informational materials to add to their knowledge of IHL. Where possible, the ICRC organized high-level meetings and round tables with members of religious circles on the common ground between Islamic law and IHL. It also provided them with informational materials, or facilitated their participation in a webinar, on COVID-19 and the issue of managing the dead bodies of COVID-19 victims in line with both safety protocols and religious customs.

RED CROSS AND RED CRESCENT MOVEMENT

Aided by the ICRC, the Nigerian Red Cross Society worked to address the needs of people affected by conflict or other violence, and the pandemic. The ICRC provided training for National Society staff and volunteers in such areas as restoring family links, implementing economic-security projects, conducting public-communication campaigns, and applying the Safer Access Framework. National Society branches in areas affected by conflict or other violence were given financial support for covering running costs and salaries for staff. Plans to repair or build National Society offices could not be carried out, owing to administrative constraints and a shift in focus towards the urgent needs created by the pandemic.

In coordination with other Movement components in Nigeria, the ICRC provided support for the National Society's COVID-19 response. It trained staff and volunteers in measures against COVID-19, and provided PPE, disinfectants, handwashing stations and other supplies, to ensure that they could safely continue to provide family-links and other services. The ICRC also gave several National Society branches financial support for contact tracing, hygiene promotion, dissemination of information on COVID-19, and provision of psychological and psychosocial support.

Movement components in Nigeria continued to meet to coordinate their activities, particularly with regard to COVID-19 response and support for the National Society.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	283	9		
RCMs distributed	243	4		
Phone calls facilitated between family members	554			
Names published in the media	44			
Reunifications, transfers and repatriations				
People reunited with their families	12			
including people registered by another delegation	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,160	150	318	3
including people for whom tracing requests were registered by another delegation	345			
Tracing cases closed positively (subject located or fate established)	452			
including people for whom tracing requests were registered by another delegation	31			
Tracing cases still being handled at the end of the reporting period (people)	24,011	3,318	6,469	6,964
including people for whom tracing requests were registered by another delegation	610			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	45	19		2
UAMs/SC reunited with their families by the ICRC/National Society	9	4		
including UAMs/SC registered by another delegation	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	599	266		6
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	21,277	207	88	
Visits carried out	52			
		Women	Girls	Boys
Detainees visited and monitored individually	4,338	40	11	67
of whom newly registered	458	13	7	40
RCMs and other means of family contact				
RCMs collected	411			
RCMs distributed	234			
Phone calls made to families to inform them of the whereabouts of a detained relative	297			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	357,954	108,244	139,759
of whom IDPs		228,720	68,947	97,687
Food production	Beneficiaries	389,742	140,582	78,839
of whom IDPs		75,619	23,766	15,166
Income support[4]	Beneficiaries	12,035	3,650	5,588
of whom IDPs		10,965	3,280	5,348
Living conditions	Beneficiaries	618,930	185,768	271,359
of whom IDPs		479,964	144,077	224,853
Capacity-building	Beneficiaries	89	56	
of whom IDPs		27	27	
Water and habitat				
Water and habitat activities	Beneficiaries	767,396	169,063	438,027
of whom IDPs		414,973	91,294	236,534
Primary health care				
Health centres supported	Structures	23		
of which health centres supported regularly		23		
Average catchment population		621,738		

4. The target figure for this indicator was based on the estimated number of household members who stood to benefit from the income support given to individuals. The number of actual beneficiaries does not include household members in cases where support was given to young entrepreneurs.

CIVILIANS		Total	Women	Children
Services at health centres supported regularly				
Consultations		709,238		
of which curative		599,176	150,382	350,688
of which antenatal		110,062		
Vaccines provided	Doses	443,882		
of which polio vaccines for children aged 5 or under		231,188		
Referrals to a second level of care	Patients	2,029		
of whom gynaecological/obstetric cases		527		
Mental health and psychosocial support				
People who received mental-health support	Cases	1,276		
People who attended information sessions on mental health		7,500		
People trained in mental-health care and psychosocial support		106		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	12,008	149	256
Living conditions	Beneficiaries	13,074	242	244
Water and habitat				
Water and habitat activities	Beneficiaries	11,700	117	
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	13		
including hospitals reinforced with or monitored by ICRC staff		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		467	60	80
(including those related to mines or explosive remnants of war)		22	*	*
Non-weapon-wound admissions		112		
Operations performed		2,407		
Gynaecological/obstetric admissions		1,855	1,855	
Consultations		2,325		
Patients whose hospital treatment was paid for by the ICRC		1,423		
First aid				
First-aid training				
Sessions		34		
Participants (aggregated monthly data)		785		
Water and habitat				
Water and habitat activities	Beds (capacity)	596		
Physical rehabilitation				
Projects supported		2		
of which physical rehabilitation projects supported regularly		2		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	341	64	78
Prostheses delivered	Units	163		
Orthoses delivered	Units	30		
Physiotherapy sessions		409		
Walking aids delivered	Units	131		
Referrals to social integration projects		170		
Mental health and psychosocial support				
People who received mental-health support	Cases	299		
People who attended information sessions on mental health		379		

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

PRETORIA (regional)

COVERING: *Angola, Botswana, eSwatini (formerly Swaziland), Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe*

The ICRC opened a regional delegation in Pretoria in 1978, but has been present in parts of the region since the Second World War. It seeks to assist people in violence-prone areas, particularly in Mozambique. It visits migrants at immigration holding facilities in South Africa, and other detainees within its purview in the countries covered. It helps vulnerable migrants restore contact with relatives, and facilitates efforts to clarify the fate of missing migrants. It promotes IHL and supports the incorporation of the law in military training and university curricula. It supports the region's National Societies in building their capacities.

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

KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC adjusted its operations to the various constraints it faced, such as the measures taken to contain the spread of COVID-19; it postponed or cancelled some activities and focused on responding to the most pressing needs.
- In central and northern Mozambique, IDPs and others met their essential needs and strengthened their resilience to the effects of violence, with the help of relief aid and livelihood support from the ICRC.
- People obtained adequate care at ICRC-supported health facilities in Mozambique. In the north, the ICRC gave comprehensive support to two facilities that served as COVID-19 treatment centres.
- Members of dispersed families in IDP and refugee camps and various other places, such as COVID-19 quarantine or isolation centres, restored or maintained contact through the Movement's family-links services.
- Penitentiary officials drew on the ICRC's technical guidance, and material and other assistance, to ensure detainees' well-being and to check and prevent the spread of COVID-19 in places of detention.
- Authorities in the region discussed the implementation of IHL and IHL-related treaties at online ICRC events. With the ICRC's technical advice, Lesotho and Namibia ratified the Treaty on the Prohibition of Nuclear Weapons; Namibia ratified the Arms Trade Treaty as well.

EXPENDITURE IN KCHF	
Protection	4,001
Assistance	4,304
Prevention	2,538
Cooperation with National Societies	2,260
General	120
Total	**13,223**
Of which: Overheads	*807*
IMPLEMENTATION RATE	
Expenditure/yearly budget	83%
PERSONNEL	
Mobile staff	32
Resident staff (daily workers not included)	108

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	140
RCMs distributed	95
Phone calls facilitated between family members	56,312
Tracing cases closed positively (subject located or fate established)	95
People reunited with their families	3
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	7
Detainees in places of detention visited	2,800
of whom visited and monitored individually	70
Visits carried out	11
Restoring family links	
RCMs collected	1
Phone calls made to families to inform them of the whereabouts of a detained relative	175

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	11,500	44,490
Income support	Beneficiaries	44,000	4,360
Living conditions	Beneficiaries	5,000	8,140
Capacity-building	Beneficiaries	556	14
Water and habitat			
Water and habitat activities	Beneficiaries	14,550	656
Health			
Health centres supported	Structures	3	15
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	512	
Water and habitat			
Water and habitat activities	Beneficiaries	680	1,031
WOUNDED AND SICK			
Water and habitat			
Water and habitat activities	Beds (capacity)		248

CONTEXT

The government of Mozambique and the Mozambican National Resistance signed a peace agreement in August 2019; however, security conditions remained poor in the central provinces. In the province of Cabo Delgado in the north, fighting between security forces and an armed group that began in late 2017, escalated over the course of the year. Civilians bore the brunt of the armed violence: many were traumatized, injured or killed, and hundreds of thousands of people were displaced. Some areas in Cabo Delgado were inaccessible to humanitarian organizations because of the clashes.

People affected by armed conflict or other situations of violence in other countries, such as Burundi and the Democratic Republic of the Congo, fled to or remained in the countries covered by the regional delegation. They often lost contact with their families.

The COVID-19 pandemic worsened the economic situation in the region and added to the difficulties of IDPs and migrants.

South Africa regularly participated in diplomatic initiatives and contributed troops to peace-support operations abroad. It continued to host the Pan-African Parliament and other regional organizations, as well as an extensive diplomatic community, UN regional offices, humanitarian agencies, think-tanks and major media organizations.

ICRC ACTION AND RESULTS

From March onwards, the ICRC carried out all its activities in the region in line with preventive measures against COVID-19, working in tandem with other Movement components to this end. Owing to the pandemic and the measures it necessitated, the ICRC postponed or cancelled some planned activities and events, and focused on responding to the most pressing needs.

Security concerns and various challenges notwithstanding, the ICRC continued to assist violence-affected people in Mozambique. As the situation in the central provinces had stabilized somewhat since 2019, the ICRC closed its sub-delegation in Beira in May; before doing so, it completed certain activities that had been delayed by security and administrative constraints. When the hostilities in Cabo Delgado intensified, the ICRC focused on responding to the humanitarian needs of IDPs in the north. However, some of its activities were delayed until the latter part of the year – owing to logistical, operational and security constraints – and it postponed others, because of these constraints and for reasons related to the pandemic.

In Mozambique, relief aid distributed by the ICRC, sometimes together with the Mozambique Red Cross Society and the International Federation, helped ease living conditions for IDPs in the north. The provision of seed and farming tools, and fishing supplies and equipment, helped expand people's capacities in food production. Livestock and equipment for milling crops, provided by the ICRC and channelled through farmers' associations, helped people in the central provinces to augment their income. Under an ICRC pilot project in the north, vulnerable IDPs obtained cash – through electronic transfers – to cover their basic expenses. Community members had broader access to clean water after the ICRC renovated communal facilities and provided members of local water committees with technical support for maintaining infrastructure.

People, including those from neighbouring countries, obtained preventive and curative care at health centres in Mozambique that received comprehensive ICRC support. In Cabo Delgado in the north, the ICRC renovated or upgraded essential infrastructure at two facilities that served as COVID-19 treatment centres; it also provided material support and staff training for these centres.

Members of families dispersed by violence, migration and detention – particularly people in IDP and refugee camps, and COVID-19 isolation or quarantine centres – reconnected through the Movement's family-links services. Relatives of missing migrants made use of Trace the Face, an online tracing service with a centralized database. Forensic professionals throughout southern Africa drew on ICRC expertise to develop their ability to manage human remains, including the remains of people confirmed or suspected to have died of COVID-19, safely and properly.

The ICRC visited an immigration holding facility in South Africa, and places of detention in Lesotho and Mozambique; however, it was able to visit detainees only in the first quarter of the year, owing to pandemic-related restrictions. Findings were discussed confidentially with the pertinent authorities. The ICRC provided penitentiary authorities throughout the region with technical support, and gave the detaining authorities in Mozambique, South Africa and Zimbabwe material assistance for checking and preventing the spread of COVID-19 in places of detention.

The ICRC made its expertise available to governments and national IHL committees: Lesotho and Namibia ratified the Treaty on the Prohibition of Nuclear Weapons, while Mozambique and Zimbabwe signed the treaty; Namibia ratified the Arms Trade Treaty as well. National Societies and the ICRC worked to broaden support for humanitarian principles and the Movement throughout the region and to disseminate information on COVID-19 preventive measures. ICRC courses enabled military and security forces personnel to learn more about IHL and other pertinent norms.

The ICRC gave National Societies in the region comprehensive support to strengthen their organizational development and develop their capacities in emergency response.

CIVILIANS

In tandem with other Movement components, the ICRC adapted its work in the region to factor in the COVID-19 pandemic and the necessary measures taken to contain its spread. It postponed or cancelled some planned activities and focused on responding to the most pressing needs.

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

The ICRC monitored the situation in the countries covered by the regional delegation. It paid particular attention to developments in northern Mozambique: although certain areas of the

Cabo Delgado province became inaccessible to the ICRC at the beginning of the year, owing to the intensified fighting (see *Context*), it was able to engage people who had fled the violence there – through an ICRC hotline for beneficiaries, and other means – in discussions on their protection-related concerns.

The ICRC strove to strengthen its dialogue with authorities, military and police personnel and, where appropriate, members of certain armed groups throughout southern Africa. It reminded them of their responsibility under applicable norms to protect civilians from abuses, including sexual violence, and to ensure their safe access to essential services, such as health care. It brought up with the Zimbabwean security forces the conduct of their operations (see *Actors of influence*). It expressed to the pertinent authorities in Angola its humanitarian concern for the safety of migrants, including from sexual violence, and reminded them of the necessity of respecting the principle of *non-refoulement*.

Violence-affected people in Mozambique learnt more about the ICRC's work, and the services available to them, at information sessions that took place during ICRC aid distributions and through radio spots produced by the ICRC. In South Africa, community leaders made use of information provided by the ICRC to raise migrants' awareness of COVID-19 and of preventive measures against the virus.

Violence-affected people in Mozambique cover their essential needs

Before closing its sub-delegation in Beira (see *ICRC action and results*), the ICRC completed certain activities in central Mozambique that had been delayed by various constraints; this carry-over of projects from the previous year meant that the ICRC sometimes helped more people than planned, in such areas as increasing food production. It gave 5,400 farming households (27,000 people) seed and tools, to help them produce more food. Farmers' associations were given livestock and equipment for milling crops, which enabled around 710 of their members (supporting 3,595 people) to supplement their income. With material assistance and training from the ICRC, 14 government officials familiarized themselves with new technologies for monitoring farms. The ICRC renovated community infrastructure, namely facilities at schools, for the benefit of 200 people; constructed or refurbished facilities at two shelters for pregnant women (16 beds); and gave 456 members of local water committees technical support for maintaining water infrastructure.

When the violence in Cabo Delgado escalated, the ICRC concentrated on responding to the evolving humanitarian needs of IDPs in the north; however, because of various constraints, some of its activities did not get under way until later in the year, while others were postponed to 2021. Relief aid – household essentials, hygiene items and shelter materials – was distributed by the ICRC, sometimes together with the Mozambique Red Cross Society and the International Federation, and helped ease living conditions for 8,140 people (1,628 households). Some 1,990 households (supporting 9,990 people) were given material support (e.g. seed and farming tools, and fishing supplies and equipment), and 1,500 households (7,500 people) benefited from farming equipment donated to the agricultural district; this all helped to increase people's food production. Under an ICRC pilot project implemented towards the end of the year, 750 particularly vulnerable IDPs (150 households) received cash, through electronic transfers, for covering their basic expenses.

People – including those from neighbouring countries, such as Malawi and Zimbabwe – obtained preventive and curative care at five ICRC-supported health centres in Mozambique. The ICRC gave these centres medical supplies and equipment, upgraded infrastructure, trained staff, and provided the support of ICRC health personnel. It also gave some of them motorcycles, to help them undertake outreach activities. Through ICRC-conducted information sessions, people living near the centres learnt more about how to protect themselves against communicable diseases such as COVID-19, cholera and malaria. Before closing its sub-delegation in Beira, the ICRC provided material aid to ten health facilities in the central provinces; it had planned to support these facilities in 2019, but had been delayed by administrative constraints.

In Cabo Delgado, the ICRC renovated or upgraded infrastructure at two facilities that served as COVID-19 treatment centres (232 beds in all); donated medical equipment, cleaning items, beds and other furniture, triage tents and a generator; and trained staff in preventive measures against COVID-19. In September, it handed over the responsibility of running one of the centres to the authorities. COVID-19 patients – at the ICRC-supported health centres mentioned above – were referred to one of these treatment centres: the ICRC facilitated this process by informing patients of the services available at the treatment centres and by donating fuel for their transport. The ICRC helped community members protect themselves against COVID-19 by giving them personal protective equipment (PPE) and disinfectants and other cleaning materials.

Having taken it over from the ICRC MoveAbility Foundation, the ICRC continued to implement the physical rehabilitation programme in Zambia until the end of the year; this was managed by its delegation in Rwanda (see *Rwanda*).

Members of dispersed families reconnect

In the countries covered, members of families dispersed by conflict or other violence, migration, detention or natural disasters reconnected through the Movement's family links-services, such as phone calls and internet access. National Societies in the region offered these services regularly in IDP and refugee camps, COVID-19 quarantine or isolation centres, and other places commonly frequented by migrants. The ICRC provided logistical and technical support remotely. In Angola and South Africa, the ICRC partnered with local organizations and trained their staff to provide these services to migrants. A migrant victim of human trafficking, in South Africa, was reunited with his family in Zimbabwe. Together with the UNHCR and the Zambia Red Cross Society, two children in Zambia were reunited with their families. The ICRC issued travel documents for 51 particularly vulnerable people who were being resettled in Canada and the United States of America.

National Societies in the region received comprehensive ICRC support for restoring family links during the pandemic and other emergencies. The ICRC supplied them with PPE, trained them in good hygiene practices, and provided them with guidance and material assistance for adapting their family-links services to pandemic-related measures.

The ICRC followed up tracing requests with people who had lodged them, as more information was needed to continue the search for their missing relatives. Throughout southern Africa, people learnt more about Trace the Face, an online tracing service that enabled people looking for their relatives to post photos of themselves on its website; people in Angola, Malawi South Africa, Zambia and Zimbabwe availed themselves of this service. Regional experts took part in online ICRC workshops on the process of searching for missing migrants and the plight of missing people's families.

In South Africa and Zimbabwe, preparations were under way to launch a mobile app enabling vulnerable migrants to store important documents safely and access information on services available to them, and to promote the app at kiosks offering family-links services.

The ICRC briefed the South African and Zimbabwean authorities on the needs of missing migrants' families, and on the need to establish a formal mechanism to coordinate their efforts to ascertain the fate of Zimbabwean migrants who went missing in South Africa; this was part of a project implemented by the ICRC in cooperation with the South African and Zimbabwean authorities.

With ICRC technical guidance and material support, the authorities, forensic specialists and other relevant personnel developed their ability to manage human remains safely and properly, including the remains of those confirmed or suspected to have died of COVID-19. Forensic authorities throughout southern Africa drew on ICRC expertise to revise their operating procedures and contingency plans for managing human remains. The ICRC produced audiovisual materials for emergency responders that were based on its forensic guidelines within the context of the pandemic. It donated forensic equipment to the South African government's Forensic Pathology Services and the Zimbabwean medico-legal services.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its dialogue with detaining authorities in the countries covered. It visited – in accordance with its standard procedures – people held at an immigration holding facility in South Africa, and at six places of detention in Lesotho and Mozambique. However, owing to pandemic-related restrictions, it was able to visit detainees only in the first quarter of the year. Detainees with specific vulnerabilities – sick or malnourished people, women, detainees held far from their homes, and people detained in relation to armed violence in northern Mozambique – were monitored individually. The ICRC sought to gain access to all detainees within its purview.

Findings and recommendations from these visits were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. In the discussions that followed, the ICRC emphasized the necessity of facilitating family visits and respecting detainees' judicial guarantees. The ICRC gave detaining authorities technical advice on providing family-links services, implementing COVID-19 preventive measures, and managing human remains properly.

Detainees contacted their relatives through the Movement's family-links services. With the ICRC's help, foreigners notified their embassies of their detention. The ICRC gave around 60 newly-released detainees material and financial assistance for returning home.

Detainees are supported in protecting themselves against COVID-19

In northern Mozambique, as it had to put its plans to renovate prison facilities on hold because of pandemic-related restrictions, the ICRC focused on donating hygiene kits to places of detention, benefiting 1,031 detainees. In addition, it promoted good hygiene practices among detainees, and instructed them in COVID-19 preventive measures. In Zimbabwe, the ICRC gave the pertinent authorities PPE, thermometers and hygiene items, to help them check and prevent the spread of the virus in places of detention; it also gave them informational materials on COVID-19, to help raise awareness of the disease among prison staff and inmates.

The ICRC followed up with the prison health authorities in Cabo Delgado, to monitor detainees' well-being remotely, including their nutritional needs. Detainees diagnosed with acute malnutrition were given therapeutic food. The ICRC also gave prison health authorities wound-dressing kits, hygiene items and other supplies for use in emergencies.

ACTORS OF INFLUENCE

The ICRC had to delay or suspend some of its meetings and other events because of the movement restrictions necessitated by the pandemic; whenever possible, these events were held virtually or in person.

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

The ICRC continued to expand its contact with military and security forces in the region, with a view to furthering their understanding of IHL, international human rights law and other norms applicable to their duties. Mozambican security forces strengthened their grasp of international policing standards through ICRC training, and junior military officers in Zimbabwe learnt more about IHL at an ICRC-organized course. The ICRC explained the application of IHL, and other pertinent norms, during peace-support operations to participants in a course at the South African Army College.

Through written representations, the ICRC reminded the Zimbabwean home affairs ministry and police forces of the necessity of complying with international human rights law, especially with provisions governing the use of force during law enforcement operations.

During virtual meetings with the ICRC, the South African Development Community learnt more about the issue of missing migrants and about the ICRC's efforts to ascertain their fate. The ICRC also met with a taskforce from the National Prosecuting Authority of South Africa to discuss the legal framework applicable to missing people.

The ICRC engaged the South African government's Department of International Relations and Cooperation in dialogue on the importance of unimpeded humanitarian access to people in need, in view of pandemic-related movement restrictions.

Lesotho and Namibia ratify IHL and IHL-related treaties

The ICRC and authorities throughout the region continued to discuss issues of common concern, such as displacement caused by regional conflict and other violence. The ICRC gave authorities and national IHL committees expert advice on incorporating IHL in domestic law and ratifying relevant treaties. With the ICRC's technical support, Lesotho and Namibia ratified the Treaty on the Prohibition of Nuclear Weapons, while Mozambique and Zimbabwe signed the treaty; and Namibia ratified the Arms Trade Treaty as well.

Government officials attended various ICRC events online at which they learnt more about the necessity of ratifying and implementing key IHL and IHL-related treaties, and about their role in the process. At an ICRC event, representatives from southern African countries were briefed on issues surrounding the domestic implementation of IHL; described their plans for advancing IHL implementation in their countries; and exchanged best practices, with a view to strengthening IHL implementation in the region.

In Mozambique, the ICRC briefed officials from the foreign affairs and interior ministries, and other relevant authorities, on IHL and on its mandate and activities.

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

ICRC events online helped members of civil society and other influential actors in the region to broaden their awareness of humanitarian principles and the Movement. One such event was the Africa Together virtual concert, organized by the ICRC and other Movement components, at which people learnt more about measures against COVID-19 and the Movement's response to the pandemic.

The ICRC carried out public-communication initiatives – such as distributing posters and producing radio spots and videos – to publicize COVID-19 preventive measures, draw attention to IHL-related issues and to its own activities, and inform people of the humanitarian services available to them (see *Civilians*).

National Societies in Malawi, Mozambique, South Africa, Zambia and Zimbabwe used materials produced with the ICRC's help to disseminate information on COVID-19 and explain how people could protect themselves against it. The ICRC produced audiovisual materials promoting the activities of the National Societies in Malawi, South Africa and Zimbabwe, particularly their efforts to restore family links. Malawi Red Cross Society staff attended ICRC training sessions to develop their capacities in public communication.

The ICRC continued to help stimulate academic interest in IHL – by organizing IHL-related events online, and through other means. For example, together with the University of Pretoria, it hosted the 17th All Africa Course on IHL, where academics debated weapons-related issues and other matters of humanitarian concern.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region strove to expand their organizational and operational capacities, with comprehensive support from the ICRC. They responded to people's needs, reconnected families and broadened awareness of the Movement (see *Civilians* and *Actors of influence*). National Societies in most of the countries covered received ICRC material, technical and financial support for their COVID-19 response.

The ICRC briefed the National Societies in Malawi, Mozambique, Zambia and Zimbabwe on the Safer Access Framework, and gave them technical support and first-aid training, to help them prepare for the possibility of election-related violence or other uncertain security situations.

National Societies worked to reinforce their legal bases and organizational structure; the ICRC provided technical support.

Movement components and other humanitarian actors continued to coordinate their activities – especially during emergencies, such as the pandemic – and discuss issues of common concern.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	140	6		
RCMs distributed	95	2		
Phone calls facilitated between family members	56,312			
Names published on the ICRC family-links website	22			
Reunifications, transfers and repatriations				
People reunited with their families	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,585	449	533	332
including people for whom tracing requests were registered by another delegation	12			
Tracing cases closed positively (subject located or fate established)	95			
including people for whom tracing requests were registered by another delegation	7			
Tracing cases still being handled at the end of the reporting period (people)	2,186	577	658	457
including people for whom tracing requests were registered by another delegation	56			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1	1		
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	176	65		
Documents				
People to whom travel documents were issued	51			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	7			
Detainees in places of detention visited	2,800	54	1	
Visits carried out	11			
		Women	Girls	Boys
Detainees visited and monitored individually	70	6		
of whom newly registered	13			
RCMs and other means of family contact				
RCMs collected	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	175			
Detainees visited by their relatives with ICRC/National Society support	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	44,490	22,719	8,271
of whom IDPs		17,290	7,242	5,412
Income support	Beneficiaries	4,360	2,005	1,518
of whom IDPs		750	263	374
Living conditions	Beneficiaries	8,140	2,950	3,628
of whom IDPs		81,40	2,950	3,628
Capacity-building	Beneficiaries	14	14	
Water and habitat				
Water and habitat activities	Beneficiaries	656	341	312
of whom IDPs		231	120	92
Primary health care				
Health centres supported	Structures	15		
Average catchment population		1,337,912		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	1,031	21	
Health care in detention				
Places of detention visited by health staff	Structures	2		
Health facilities supported in places of detention	Structures	2		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Beds (capacity)	248		

RWANDA

Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention, while supporting the authorities in improving detainees' living conditions. It helps reunite children and other people with relatives separated from them as a result of the genocide and its aftermath, or of violence in neighbouring countries, such as Burundi or the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

ICRC delegation

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

KEY RESULTS/CONSTRAINTS IN 2020

- The detaining authorities did not renew their permission for the ICRC to visit people deprived of their freedom; consequently, in September, the ICRC formally ended its activities in places of detention in Rwanda.
- Members of families separated by events in Burundi and the Democratic Republic of the Congo contacted one another through the Movement's family-links services. Minors rejoined their families in Rwanda and elsewhere.
- The Rwandan Red Cross and the ICRC helped thousands of people severely affected by the COVID-19 pandemic to have food, maintain good hygiene and protect themselves against infection.
- Health facilities, forensic agencies managing human remains, and military and security forces personnel implemented preventive and mitigatory measures against COVID-19.
- The ICRC maintained the physical rehabilitation activities conducted by the MoveAbility Foundation, until 2019, in Madagascar, Rwanda and Zambia: hundreds of persons with disabilities benefited.

EXPENDITURE IN KCHF	
Protection	2,184
Assistance	1,621
Prevention	638
Cooperation with National Societies	1,739
General	87
Total	**6,268**
Of which: Overheads	*383*
IMPLEMENTATION RATE	
Expenditure/yearly budget	73%
PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	69

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,394
RCMs distributed	1,267
Phone calls facilitated between family members	1,364
Tracing cases closed positively (subject located or fate established)	474
People reunited with their families	172
of whom unaccompanied minors/separated children	170
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	6
Detainees in places of detention visited	50,098
of whom visited and monitored individually	13
Visits carried out	6
Restoring family links	
RCMs collected	534
RCMs distributed	651
Phone calls made to families to inform them of the whereabouts of a detained relative	148

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries		130,000
Living conditions	Beneficiaries		43
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	35,000	75,000
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	14	10

CONTEXT

Rwanda continued to host people who had fled neighbouring countries. Many of them were in transit centres and refugee camps; some were living in urban areas. At least 70,000 people reportedly fled Burundi for Rwanda after electoral violence in their country in 2015. About 76,000 refugees from the Democratic Republic of the Congo (hereafter DRC) were also said to be in Rwanda. Rwanda agreed to take in some refugees who were blocked from entering Libya; hundreds of them were already in the country, but others expected to come in 2020 were held up by the global travel restrictions necessitated by the pandemic.

Former weapon bearers of Rwandan origin, including children, continued to be repatriated from the DRC as part of a demobilization process. Some Rwandans were still searching for relatives who went missing during the period of armed conflict and genocide.

Inadequate infrastructure and health care at detention facilities remained issues of pressing concern.

Rwanda contributed troops to UN peacekeeping missions.

The pandemic was reportedly under control in Rwanda, but it continued to strain the health system and exacerbate the socio-economic difficulties in the country.

ICRC ACTION AND RESULTS

As in many other places, measures to contain the pandemic – especially movement restrictions – hampered the ICRC's efforts to reach people in need and address the humanitarian consequences of armed conflict and other situations of violence, now exacerbated by the socio-economic repercussions of the pandemic. As a result, fewer people than before benefited from these activities. The ICRC shelved many planned activities and reallocated resources to its COVID-19 response.

Together with the Rwandan Red Cross, the ICRC helped to reconnect members of families separated by events in Burundi and the DRC, by migration or detention, or for other reasons. Minors and others were reunited with their families in Rwanda and elsewhere, and people in refugee camps and transit centres were enabled to phone and/or send messages to their relatives.

The detaining authorities did not renew their permission for the ICRC to visit people deprived of their freedom. Consequently, in September, the ICRC formally ended its activities in detention facilities in Rwanda. It was, however, able to visit detainees at one facility – in accordance with its standard procedures – before concluding its activities, and – after it was granted permission by the justice ministry – people convicted by the Special Court for Sierra Leone. The ICRC communicated its findings from these visits, and recommendations for improving detainees' treatment and living conditions, confidentially to the authorities. It continued to endeavour to advance the authorities' understanding of its detention-related activities and gather support for them. It kept up initiatives with the wider penitentiary sector to improve general conditions of detention in the country: it contributed to developing policies to address overcrowding in prisons.

The ICRC maintained the physical rehabilitation activities conducted by the ICRC MoveAbility Foundation, until the end of 2019, in Madagascar, Rwanda and Zambia. Hundreds of persons with disabilities obtained treatment and assistive devices at ICRC-supported physical rehabilitation centres in Madagascar and Rwanda. Physical rehabilitation professionals and students in these three countries benefited from courses, scholarships and expert guidance provided by the ICRC.

The ICRC endeavoured to maintain dialogue with decision makers and parties capable of influencing the humanitarian agenda, with a view to advancing not only their understanding of humanitarian principles and IHL, but also their role in implementing them. The ICRC also sought to secure their support for its activities. Armed forces and security forces personnel learnt more about IHL and/or other pertinent norms at ICRC lectures and workshops. The ICRC helped the authorities organize discussions of Rwanda's accession to the Arms Trade Treaty. Legal scholars were given digital tools to assist their teaching.

With the ICRC's support, including assistance in fundraising, the National Society addressed some of the needs created by the pandemic. Food was distributed to people who were severely affected. Handwashing stations were installed in markets and schools. The National Society's information campaigns helped large numbers of people to familiarize themselves with disease-prevention protocols. The ICRC covered one year's health-insurance costs for thousands of people made financially vulnerable by the pandemic.

The ICRC provided technical and material assistance for health and detention facilities, and for other organizations, to implement measures against COVID-19. It donated isolation tents, handwashing stations, thermometers and/or other essential items, including personal protective equipment (PPE), to several organizations. It helped draw up guidelines to ensure that pandemic-related deaths and burials were managed respectfully and safely. It produced and distributed informational materials– in local languages – on preventing infections. It provided funding for the health ministry's contact tracing activities.

Having curtailed its activities, the ICRC retained only its main office in Rwanda and closed others.

CIVILIANS

People affected by conflict or other violence reconnect with their families

Measures to contain the pandemic – including periodic government bans on visits to refugee camps and transit centres and movement restrictions – hampered the efforts of the Rwandan Red Cross and the ICRC to provide family-links services, particularly at the camps and centres. Thus, fewer people than before were able to use the Movement's phone services and RCMs to reach their relatives. They included unaccompanied minors, families of detainees (see also *People deprived of their freedom*), and people separated from their families by events in Burundi and the DRC or by migration. Because of the pandemic, some RCMs had to be transmitted

electronically. Some 470 tracing cases were resolved: thus, some families had news of missing relatives.

Rwandan returnees at transit centres, people fleeing violence and others separated from their families learnt about the Movement's family-links services from printed materials or at ICRC-facilitated information sessions (held when they arrived at the centres or before they left for their next destination).

Over 170 people, most of them unaccompanied minors, were reunited with their families in Rwanda, Burundi or elsewhere; some 40 of them were provided with cash and/or a kit of essential items to help them resettle in their families and communities. The ICRC monitored the situation of these minors, particularly the demobilized children among them; where appropriate, it brought protection-related and other concerns to the attention of the authorities or organizations able to deal with them. In some cases, because of improvements in the referral mechanisms between the ICRC and other humanitarian organizations in the region, it was possible to expedite family reunification.

The National Society was given support – financial and technical – to improve its family-links services. It reviewed its workflow to accelerate tracing, adopted guidelines for data protection, and continued drafting contingency plans. Eight National Society volunteers attended an ICRC seminar on children's protection-related needs. The ICRC provided National Society staff and volunteers with PPE to enable them to provide family-links services safely during the pandemic.

Discussions with various stakeholders, on ensuring the provision of family-links services during emergencies, had been planned but, owing to the pandemic, did not take place.

Forensic agencies receive technical support for managing pandemic-related deaths

The ICRC gave the national forensic laboratory and the health ministry technical support for developing guidelines and procedures to ensure that pandemic-related deaths and burials were managed respectfully and safely. Because of the pandemic, activities to expand national forensic capacities – particularly in dealing with mass-casualty incidents – were postponed to 2021. The ICRC did, however, continue to provide expert advice – on such matters as data protection and the right of deceased person's families to participate in forensic processes – for national agencies drafting standard procedures and guidelines for managing and identifying human remains. The ICRC worked with selected universities to develop a course on laboratory management.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC stops visiting places of detention

In early 2020, the ICRC visited people held at one prison under the authority of the Rwandan Correctional Service (RCS); it also visited other detention facilities to deliver family-links services (see below). After those visits, the ICRC concluded negotiations with detaining authorities because it was unable to reach an agreement with them about the renewal of its permit to visit people deprived of their freedom, and to do so in accordance with its standard procedures. In September, it formally ended its activities in Rwandan places of detention. It was, however, able to visit people convicted by the Special Court for Sierra Leone – and serving their sentences in Rwanda – after the justice ministry granted it permission to do so. Findings from these visits, and recommendations for improving detainees' treatment and living conditions, were communicated confidentially to the authorities.

The ICRC continued to endeavour to advance the authorities' understanding of its detention-related activities and gather support for them. It contributed to initiatives by the criminal-justice sector to develop policies to address overcrowding in prisons and improve detention conditions. For example, it made suggestions and comments, and participated in high-level meetings with the authorities, to develop a new criminal justice policy (which sought a sector-wide approach to address overcrowding) and a dispute resolution policy (which proposed alternatives to detention in order to decongest prisons).

The authorities are given support for implementing measures to control infections in prisons

The ICRC could not directly assess the impact of COVID-19 on detention conditions because it had no access to prisons, but it provided emergency assistance for the COVID-19 response undertaken by detaining authorities, particularly the RCS, and the health ministry. It made recommendations, for reducing the influx of new detainees and increasing releases, for instance; produced audiovisual materials in local languages on preventing infections, which the RCS screened in three central prisons; and donated isolation tents, disinfection equipment and supplies, handwashing stations, thermometers and other essential items, including a steady supply of PPE for police personnel and RCS health staff. All this helped to protect 75,000 detainees and staff against COVID-19.

The RCS and the ICRC organized a workshop for RCS staff on maintaining prison infrastructure. The biogas systems at two facilities were repaired by detainees, with guidance and materials from the ICRC.

Other ICRC activities to improve infrastructure or health services at places of detention – such as supporting an inter-ministerial working group and drafting a strategic plan for the provision of health services in prisons – were cancelled after the ICRC stopped visiting prisons and reallocated resources to its COVID-19 response.

Elderly detainees share their views on family-links services

At two focus group discussions – organized with a view to involving beneficiaries in the design of future ICRC activities – 15 elderly detainees described their specific needs and commented on the Movement's family-links services. Before the ICRC terminated its prison visits, detainees at certain places of detention were able to contact their families through these services. When pandemic-related movement restrictions made it difficult to convey RCMs, ICRC staff used email or the phone to send these messages. After the ICRC ended its prison visits, the RCS assumed full responsibility for ensuring family contact for detainees.

The ICRC reviewed all allegations of arrest or detention and the cases of detainees it was following individually, in order to determine what follow-up action was required after its activities came to an end.

WOUNDED AND SICK

The ICRC maintained the physical rehabilitation programmes in Madagascar, Rwanda and Zambia conducted, until the end of 2019, by the ICRC MoveAbility Foundation.

ICRC-supported physical rehabilitation centres provided 1,722 people[1] in Rwanda with assistive devices and physiotherapy and other services. Some 30 prostheses and 360 orthoses were produced and delivered. The ICRC provided the centre with support – such as technical guidance and materials and equipment for making assistive devices – to ensure the quality and sustainability of their services (see also below). Although much delayed by various factors, components and raw materials bought in 2019 – for making devices – were finally delivered to three centres in Madagascar; these benefited hundreds of people.

The ICRC signed a three-year agreement with the national Paralympic committee of Rwanda to develop disability sports in the country and foster the social inclusion of persons with disabilities. Forty-four wheelchair basketball players attended camps – organized in line with COVID-19 protocols – where their skills and their need for assistive devices were assessed. The national wheelchair basketball association received sports wheelchairs and other equipment from the ICRC on the occasion of the International Day of Persons with Disabilities.

Rwandan health facilities implement measures against COVID-19

In Rwanda, patients wore face masks while staff wore PPE – all provided by the ICRC – during sessions of physical rehabilitation. Posters conceived specifically for them, and displayed in common areas of rehabilitation centres and other health facilities, reminded persons with disabilities of measures to prevent infections. Wheelchairs, walkers and crutches were donated to the national biomedical centre, for distribution to isolation facilities and hospitals managing or treating COVID-19 patients. Plans for an association of prosthetists and orthotists to mass-produce face shields were abandoned after a local manufacturer was able to meet demand. The ICRC maintained direct communication with others in the physical rehabilitation sector on pandemic-related and other developments.

The ICRC provided funding for the Rwandan health ministry's infection surveillance and contact tracing in the general population.

The physical rehabilitation sectors in three countries receive help to improve and sustain services

Aided by the ICRC, staff at the physical rehabilitation centre in Rwanda redesigned protocols and learnt to use a medical database to improve service provision and follow-up. The ICRC gave them guidance in managing complex cases.

With a view to helping strengthen the Rwandan physical rehabilitation sector, the ICRC provided guidance to a multi-sectoral technical working group as it collected data and evaluated rehabilitation services in the country, in preparation for drafting a national strategy for physical rehabilitation.

The ICRC organized two courses in managing amputations: 20 professionals from various Rwandan institutions took part. With the ICRC's support, a Rwandan university installed a wheelchair-access ramp and inaugurated a state-of-the-art prosthetic/orthotic laboratory: the laboratory served to facilitate practical learning for students. The ICRC sponsored students in Madagascar, Rwanda and Zambia to study physiotherapy and prosthetics/orthotics; two Malagasy students received diplomas. When their institutions shifted to online instruction during the pandemic, the ICRC gave the students laptops and/or an allowance for internet services.

The ICRC continued to sponsor the remaining students while wrapping up its physical rehabilitation programmes in Madagascar and Zambia. It made recommendations – to the health ministries of both countries – for sustaining physical rehabilitation services, and particularly for ensuring, in Madagascar, that the supply of materials continued without disruption and for drafting a national strategic plan in Zambia.

ACTORS OF INFLUENCE

Pandemic-related constraints notwithstanding, the ICRC strove to maintain dialogue with various parties – the authorities, military and security forces, academics and other decision makers and parties capable of influencing the humanitarian agenda – with a view to advancing not only their understanding of humanitarian principles, IHL, international human rights law and other applicable norms, but also their role in implementing them. The ICRC also sought to secure their support for its activities.

At ICRC lectures and workshops, senior military officers, military personnel involved in law enforcement operations, and staff from the Investigation Bureau learnt more about IHL and/or other norms applicable to their work. The police and the Investigation Bureau were among several institutions that signed agreements to work with the ICRC to strengthen their personnel's grasp of IHL and other norms; however, because of the pandemic, most of the activities to this end were cancelled or postponed. The national police were given PPE to help them do their work in safety.

Meetings and discussions organized jointly by the ICRC, the justice ministry and the internal-security ministry – before it was dissolved in the process of restructuring the government – touched on the progress, challenges and next steps in Rwanda's accession to the Arms Trade Treaty. A report on the Rwanda Law Reform Commission's project – to harmonize domestic legislation and IHL-related treaties already ratified by Rwanda – awaited publication and distribution. An analysis of the African Union Convention on IDPs and Rwanda's legal system found that Rwanda was bound by the Convention.

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

Students learnt more about IHL and the Movement's work through a virtual lecture and an essay competition. Legal scholars were given digital tools to assist their teaching.

Beneficiary communities learnt more about the Movement's work and services available to them – such as restoration of family links and physical rehabilitation – through printed and audiovisual materials, in local languages, produced and distributed by the ICRC, including through broadcast or social media. Although limited in scope because of the pandemic, mechanisms were available for beneficiary communities to let the ICRC know how best to address their needs (see *People deprived of their freedom*). Aided by the ICRC, the Rwandan Red Cross conducted information campaigns on the pandemic, and preventive measures, throughout the country (see below).

RED CROSS AND RED CRESCENT MOVEMENT

Thousands of people are given help to endure the effects of the pandemic

With the ICRC's support, the Rwandan Red Cross, the main humanitarian actor in the country, addressed some of the needs created by the pandemic. The National Society and the ICRC's COVID-19 response reached 16 of the country's 30 districts. Food was distributed to some 26,000 households who were severely affected. Handwashing stations were installed in 25 markets and schools. Large numbers of people learnt about COVID-19 protocols from informational materials distributed by the National Society and/or health education sessions it conducted in the 16 districts, and through broadcasts from nine community radio stations. The ICRC provided the National Society with 25 motorcycles and 5 tricycles, and PPE, in support of its information campaigns and other activities; it also replenished the National Society's emergency stock of hygiene items.

The ICRC covered one year's health insurance – under the national social-security system – for some 137,000 people living in crowded urban areas, who were at greater risk of COVID-19 and who had been made financially vulnerable by the pandemic.

The National Society was also given support to mobilize resources for its COVID-19 response. For instance, the ICRC's advocacy efforts helped the National Society connect with prospective partners and secure funds from several embassies. From the onset of the pandemic, the National Society – with the ICRC's encouragement – organized coordination meetings with Movement partners regularly, to share information and streamline the Movement's response.

The National Society submitted to the health ministry its revisions to a law protecting the emblem and granting the National Society formal recognition; the ministry organized meetings with other agencies concerned, to discuss the revisions and set in motion the process for the law's adoption. Because most attention and resources were focused on the COVID-19 response, no other capacity-building activities for the National Society took place.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,394	284		
RCMs distributed	1,267	169		
Phone calls facilitated between family members	1,364			
Reunifications, transfers and repatriations				
People reunited with their families	172			
including people registered by another delegation	148			
People transferred or repatriated	21			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	372	71	107	37
including people for whom tracing requests were registered by another delegation	175			
Tracing cases closed positively (subject located or fate established)	474			
including people for whom tracing requests were registered by another delegation	288			
Tracing cases still being handled at the end of the reporting period (people)	683	164	154	75
including people for whom tracing requests were registered by another delegation	184			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	71	27		
UAMs/SC reunited with their families by the ICRC/National Society	170	95		
including UAMs/SC registered by another delegation	147			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	643	169		17
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	6			
Detainees in places of detention visited	50,098	2,790	31	
Visits carried out	6			
		Women	Girls	Boys
Detainees visited and monitored individually	13			
of whom newly registered	3			
RCMs and other means of family contact				
RCMs collected	534			
RCMs distributed	651			
Phone calls made to families to inform them of the whereabouts of a detained relative	148			
People to whom a detention attestation was issued	32			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	130,000	26,000	78,000
Living conditions	Beneficiaries	43		43
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	75,000	8,250	
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		10		
of which physical rehabilitation projects supported regularly		1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	1,722	652	430
Prostheses delivered	Units	29		
Orthoses delivered	Units	358		
Physiotherapy sessions		18,901		
Referrals to social integration projects		*		

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

SOMALIA

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it provides emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

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

KEY RESULTS/CONSTRAINTS IN 2020

- Security risks, and restrictions necessitated by the COVID-19 pandemic, limited ICRC staff's movements; even so, the ICRC was able to assist people in certain areas accessible to only a few humanitarian organizations.
- The ICRC facilitated access to water and guided the National Society's distributions of food, cash and other essentials, which helped vulnerable people to cope with the immediate effects of conflict, natural disasters and the pandemic.
- Communities affected by violence or natural disasters strove to gain some degree of self-sufficiency; the ICRC provided support for such productive activities as farming, fishing, beekeeping and starting small businesses.
- The National Society and the ICRC ran hygiene-promotion sessions and distributed hygiene items in communities, prisons, National Society-run hospitals and clinics to help curb the spread of diseases, including COVID-19.
- The penitentiary authorities endeavoured, with the ICRC's support, to improve sanitation, and living conditions in general, in prisons and renovate prison facilities. Some detainees were able to contact their families.
- Authorities and weapon bearers learnt more about IHL and the Movement's work. They were reminded of their duty – under IHL and other applicable law – to protect civilians and facilitate their access to humanitarian aid.

EXPENDITURE IN KCHF	
Protection	6,278
Assistance	50,161
Prevention	4,734
Cooperation with National Societies	3,417
General	273
Total	**64,862**
Of which: Overheads	*3,940*
IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	40
Resident staff (daily workers not included)	244

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	65,799
RCMs distributed	54,395
Phone calls facilitated between family members	94,594
Tracing cases closed positively (subject located or fate established)	171
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	1,339
of whom visited and monitored individually	33
Visits carried out	13
Restoring family links	
RCMs collected	10
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	20

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	150,000	260,750
Food production	Beneficiaries	22,500	114,318
Income support	Beneficiaries	17,640	16,464
Living conditions	Beneficiaries		59,574
Capacity-building	Beneficiaries	9,200	13,056
Water and habitat			
Water and habitat activities	Beneficiaries	350,000	923,465
Health			
Health centres supported	Structures	32	31
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	600	600
Living conditions	Beneficiaries	1,500	700
Water and habitat			
Water and habitat activities	Beneficiaries	1,205	5,914
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	4
Physical rehabilitation			
Projects supported	Projects	5	5
Water and habitat			
Water and habitat activities	Beds (capacity)	510	585

CONTEXT

Somali forces – supported by the African Union Mission in Somalia and foreign forces – continued to clash with armed groups, particularly the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). Clan rivalries in southern and central Somalia persisted and often led to deadly armed violence. The armed conflict between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland continued; fewer military confrontations took place, but tensions in the disputed areas remained high.

Somalia declared a national emergency in response to an invasion of locusts, which destroyed acres of crops, and intensified food insecurity. Torrential rains caused flash floods that damaged water infrastructure and displaced hundreds of thousands of people. Shortages of clean water disrupted livelihoods and led to outbreaks of disease. Access to basic services, especially health care, remained precarious. The COVID-19 pandemic exacerbated the difficulties of vulnerable people, especially those in detention facilities and the millions in refugee camps.

Over 2 million people are estimated to have been displaced in Somalia by armed conflict and other situations of violence, and climatic shocks; a few thousand Somali refugees continued to return from Kenya and Yemen. People fleeing the violence in Ethiopia continued to pass through Somalia.

Widespread insecurity and the blurring of front lines continued to complicate the delivery of humanitarian aid, particularly in areas controlled by armed groups.

ICRC ACTION AND RESULTS

The ICRC pursued discussions with authorities and weapon bearers, with a view to helping them understand more fully – and securing their acceptance for – the ICRC's mission and work. These discussions enabled the ICRC, together with the Somali Red Crescent Society, to assist communities accessible to virtually no other organization.

The ICRC continued to work with the National Society to respond to emergencies; address health needs; restore family links; and build people's resilience to the effects of armed conflict and other violence (which were compounded by climatic emergencies and the pandemic).

The ICRC provided – mainly through the National Society – food, cash, and essential household items to hundreds of thousands of people, enabling them to meet their immediate needs. Repairs and/or construction of water-supply facilities made clean water available to hundreds of thousands of people.

Communities were assisted by the ICRC to work towards self-sufficiency. Vulnerable households benefited from initiatives to boost food production; strengthen fishing and agricultural services; and fund small businesses, particularly those run by female heads of households.

Primary-health-care clinics run by the National Society, and facilities offering specialized treatment for malnutrition, continued to receive ICRC support (for instance, four clinics were renovated). At these clinics, pregnant women obtained ante/post-natal care; children were immunized against polio and other diseases; and victims/survivors of sexual violence received suitable care from ICRC-trained health staff. Malnourished people recovered their health through therapeutic nutrition programmes. The ICRC set up triage areas in these clinics, where patients could be screened for COVID-19; in addition, it installed handwashing stations and donated supplies for disinfection.

The ICRC continued to provide regular support to four hospitals for upgrading infrastructure, developing staff capacities, and responding to emergencies. It trained health staff to communicate information on preventing the spread of COVID-19 and gave them personal protective equipment (PPE). It set up triage and isolation areas for COVID-19 patients at two hospitals.

In communities served by these clinics and hospitals, and in areas without clean water, the National Society and the ICRC held information sessions on checking the spread of COVID-19 and other diseases.

The ICRC gave technical, logistical and material support to three physical rehabilitation centres run by the National Society. It provided and/or sponsored training for staff of these centres and for physical rehabilitation professionals.

People held at several detention facilities in Somaliland were visited by the ICRC in accordance with its standard procedures. Afterwards, the ICRC communicated its findings – and where necessary, its recommendations for improving detention conditions – confidentially to the authorities. To help check the spread of COVID-19 in prisons, the ICRC conducted information sessions, distributed soap, and installed handwashing stations. It also donated mattresses and blankets for detainees.

Families separated by violence, detention or natural disasters benefited from the Movement's family-links services. The National Society developed the capacities necessary to enlighten the public about the Movement's work in Somalia. The ICRC's community contact centre helped trace suspected cases of COVID-19 and enabled callers to receive information on COVID-19 and the humanitarian services available to them. The ICRC used information sessions and briefings, and Web-based and other media, to explain its activities and the basic provisions of IHL to a broad range of people.

The National Society received comprehensive support for developing its ability to assist vulnerable communities, provide health care and first aid, and deliver family-links services. The ICRC continued to facilitate the coordination of Movement activities in Somalia.

CIVILIANS

Together with the Somali Red Crescent Society, the ICRC helped people build their resilience to the effects of conflict and other violence, which were compounded by natural disasters and the pandemic. Where possible, and in line with national measures for preventing and controlling infections, it scaled up its pandemic-related activities, which it adapted to the needs of those affected.

Relevant parties reach a fuller understanding of IHL and the necessity of protecting civilians

The ICRC continued to remind government authorities and weapon bearers of their obligation to respect and protect civilians, medical personnel and facilities, and ensure safe delivery of health care and humanitarian aid. It made oral and/or written representations that were based on documented allegations of IHL violations. Victims of such violations were given cash, which benefited 15 households, to help them cope with their situation.

The ICRC sought closer engagement with several communities. It documented the protection-related concerns of people in areas controlled by armed groups or under their influence; pandemic-related restrictions, however, prevented the proper documentation of these concerns. Several of these people received cash grants from the ICRC.

The ICRC launched initiatives at two ICRC-supported hospitals to draw the general public's attention to the necessity of safeguarding the provision of health care. A communication campaign, via radio spots, was conducted in Kismayo; the ICRC also completed a wall-painting project at the Keysaney hospital (see *Wounded and sick*).

People affected by violence or disasters meet their immediate needs and work towards self-sufficiency

A total of 260,750 people received supplementary food rations, or vouchers to buy food, and multipurpose cash grants provided in response to the pandemic. Among them were displaced people, households affected by the pandemic and other emergencies, and the families of malnourished children, and of pregnant and/or lactating women, who were registered in therapeutic feeding programmes.

Around 16,400 people in impoverished communities were better placed to recover their livelihoods and supplement their income after receiving ICRC support: fishing households were given fishing kits, boats and boat engines; and beekeeping households received training and equipment. Cash grants and skills training enabled destitute urban households, including those headed by women, to start small businesses.

Farming and herding households (114,318 people) boosted their food-production capacities with cash grants or through cash-for-work projects from the ICRC; those in riverine areas protected their crops or herds against floods with sandbags from the ICRC.

The ICRC gave agricultural cooperatives farming equipment (fertilizer tanks, tractors, etc.) and supplies (seed, fertilizer, etc.) to grow good-quality corn and sorghum to sell in local markets: some 13,000 people benefited.

Vulnerable households in Baidoa, Belet Weyne, Bilidhihin, Kismayo, Mogadishu and Timirshe (59,574 people) were given essential household items.

Communities have better access to water and sanitation

Water for household consumption, or for crops and livestock, was more readily available to civilians after the ICRC completed a number of water projects. The ICRC repaired boreholes and rainwater catchments; it also constructed elevated tanks and generator houses, and donated equipment for water infrastructure, in areas controlled by armed groups. In Puntland, the ICRC provided tools, equipment and training for borehole operators and technicians to maintain and/or repair water sources. In areas where the risk of cholera and diarrhoea was high, people received soap and chlorine tablets from the ICRC; at dissemination sessions conducted by the National Society, they learnt about good hygiene and measures to prevent the spread of COVID-19 and other diseases. The ICRC installed handwashing facilities and latrines and donated filtered water bottles at two schools in Mogadishu. It cleaned and disinfected hand-dug wells in flood-affected areas in Belet Weyne and repaired a storm-damaged water pipeline in a town in Puntland. Over 923,400 people benefited from the above-mentioned activities.

Vulnerable people receive life-saving care

Preventive and curative health care was available at 31 National Society-run clinics that received support – supplies, equipment and financial assistance – regularly from the ICRC. People seeking health care at these clinics were screened at triage areas set up by the ICRC; National Society staff and volunteers were trained to support contact tracing. The National Society and the ICRC conducted information sessions on COVID-19 at these clinics; chlorine and soap were donated and handwashing stations were installed by the ICRC. In addition, the ICRC provided emergency donations of medical supplies to 22 of these clinics to help them tend to the wounded.

Communities served by these clinics, including IDPs and people living in rural areas became more aware of COVID-19 and/or other diseases through dissemination sessions and/or house visits conducted by ICRC-trained volunteers and National Society staff; hygiene kits were distributed by the ICRC to vulnerable households.

Pregnant women availed themselves of ante/post-natal care at these clinics; many of them gave birth with the help of ICRC-trained health staff. Some 60,600 children were vaccinated against polio, and many others against measles and other common infectious diseases. Victims/survivors of sexual violence obtained medical services, including post-exposure prophylaxis within 72 hours of the incident. The ICRC referred patients needing emergency or specialized care to ICRC-supported hospitals and covered their transport costs.

In some areas, the ICRC upgraded health infrastructure; it renovated three of the clinics mentioned above – in Afgoye, Balcad, and Galinsour – and started reconstructing the National Society's coordination office for its health-care activities in Mogadishu.

The ICRC continued to support the malnutrition treatment centres in Baidoa and Kismayo, as malnutrition remained a concern. Therapeutic nutrition programmes enabled 2,240 malnourished children to recover their health.

Members of dispersed families reconnect

The Movement's family-links services enabled members of families separated by conflict or other violence, detention or natural disasters – including minors driven from their homes by fear of recruitment by armed groups – to reestablish contact with their relatives in Somalia and elsewhere.

A website managed by the ICRC (tracetheface.org) collected tracing requests from all over the country. IDPs in settlement camps, migrants and returnees at ports, and people in Somaliland continued to benefit from RCMs and free phone services; the ICRC facilitated 94,594 phone calls. Some of the migrants using the family-links services available along the eastern migration route were given water bottles, supplementary food and rehydration salts.

Families had the names of their missing relatives (4,562 names) broadcast through an ICRC-sponsored radio programme on the BBC's Somali service. The ICRC ascertained the whereabouts of 171 people and informed their families.

The ICRC provided the National Society with training, volunteer support and equipment (laptops, printers and cameras) to expand its family-links capacities.

With the ICRC's help, the National Society distributed leaflets and posters to the settlements – in order to broaden awareness of the Movement's family-links services among IDPs and others.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and contact their families

The ICRC visited detainees at four places of detention in Somaliland, in accordance with its standard procedures. Findings and recommendations were communicated confidentially to the authorities, to help them align detainees' treatment and living conditions with internationally recognized standards. Pandemic-related restrictions forced the suspension of these visits in March; they resumed at the end of September.

Detainees at several places of detention used mobile phones and SIM cards from the ICRC, and RCMs and brief oral messages relayed by ICRC delegates, to contact their families; a detainee held abroad stayed in touch with his family via video call. With the ICRC's help, five foreign detainees notified their embassies of their imprisonment.

Detainees' living conditions improve

Aided by the National Society, the ICRC conducted information sessions on COVID-19, distributed soap and hygiene kits, and installed handwashing stations at 24 places of detention, benefiting 5,858 detainees; several staff were given medical supplies and PPE. The ICRC carried out a disinfection programme at a prison in Mogadishu: this entailed spraying the living quarters and courtyards with disinfecting solution and teaching detainees good hygiene. At two other prisons, 700 detainees were given mattresses, mosquito nets and blankets.

At a prison in Mandera, the ICRC monitored cases of malnutrition among detainees; it began to set up a greenhouse and install water tanks for growing vegetables and trained detainees in vegetable gardening and greenhouse maintenance, benefiting 600 detainees. At a prison in Hargeisa, the ICRC made repairs to the plumbing and drainage systems and renovated the courtyard: 56 detainees benefited.

Following a shooting at a prison in Mogadishu in August, the ICRC provided emergency assistance (wound-dressing kits, body bags, antibiotics) and accompanied by a doctor, visited detainees to evaluate the condition of those affected.

WOUNDED AND SICK

Wounded people and others receive first aid and medical care

Thousands of people obtained medical and surgical treatment at four hospitals regularly supported and monitored by the ICRC – two in Baidoa and Kismayo (including the malnutrition treatment centres there), and two in Mogadishu (Keysaney and Medina). Together with the Norwegian Red Cross, the ICRC continued to provide logistical and administrative support, and monitoring, for a fistula treatment programme at the Keysaney hospital. As before, the ICRC covered running costs and provided medical equipment and supplies, and training for staff, at the four hospitals; it also gave management expert advice for handling human resources and controlling infections.

The Somali Red Crescent and the ICRC worked to prevent the spread of COVID-19 within the areas served by these hospitals: they conducted information sessions; and trained health staff – to communicate vital pandemic-related messages – and provided them with PPE. At the Baidoa, Keysaney and Kismayo hospitals, the ICRC set up tents to accommodate patients with moderate to severe cases of COVID-19. It helped improve screening for COVID-19 at the Keysaney and Kismayo hospitals (a total of 25 beds), by setting up triage and isolation areas. It donated materials for the maintenance team at the Kismayo hospital (450 beds) to make basic repairs to equipment. The ICRC completed the renovation of two surgical wards at the Keysaney hospital (110 beds). Key health-related messages were written or drawn on the walls of the Keysaney hospital, to reach more people and help mitigate risks to public health.

The National Society received technical and material support for boosting its first-aid capacities and became more capable of dealing with mass casualties or emergencies such as COVID-19 outbreaks. Community members, National Society volunteers, checkpoint operators, and emergency responders were trained in first aid. The National Society set up an emergency toll-free number for people seeking first aid and ambulance services. The new hotline service is part of an ICRC-supported pilot project to make it easier for people to seek and get emergency assistance. The ICRC trained and equipped ambulance responders to respond to pandemic-related needs or emergencies.

People with disabilities receive physical rehabilitation services

Around 7,300 people[1] with disabilities obtained physiotherapy, and prostheses and other assistive devices, at three physical rehabilitation centres in Galkayo, Hargeisa and Mogadishu: the National Society operated these centres with technical, logistical and material support from the ICRC.

The ICRC provided and/or sponsored training to develop the necessary capacities at these centres. Thus, managers improved their ability to oversee the handling of data for the national physical rehabilitation database; and staff members attended online courses on gait training and measures to prevent the spread of COVID-19, and a course in managing cases of clubfoot. The ICRC helped two associations organize training in career planning for people with disabilities to foster their social inclusion.

Physiotherapists, prosthetists, orthotists and other professionals attended training programmes sponsored by the ICRC; because of the pandemic, most of these courses were conducted online.

ACTORS OF INFLUENCE

Various groups of people familiarize themselves with IHL and the Movement

The ICRC continued to pursue dialogue with authorities, armed groups, and members of civil society, with a view to securing acceptance for its mission and work in Somalia throughout all levels of society. At briefings and dissemination sessions, these people – including 40 members of the Somali national army and other weapon bearers – learnt more about IHL, the Somali Red Crescent, and the ICRC's work. Whenever possible, the ICRC raised awareness among certain parties to the conflict of the lawful conduct of hostilities, counter-terrorism measures, and international standards for law enforcement, especially in connection with detention. Pandemic-related movement restrictions often made direct contact with relevant actors impracticable; several IHL-related seminars and workshops had to be postponed or cancelled.

The ICRC and the National Society used various means to relay humanitarian messages to the general public and advance their understanding of the Movement's work in Somalia. A broad range of people, including weapon bearers and Somalis living abroad, had access to ICRC-produced materials via traditional or Web-based channels (radio spots, social media posts, television interviews), and could therefore learn about IHL, the humanitarian situation in Somalia, the National Society and the ICRC's activities, especially those related to the pandemic. Students and religious scholars learnt about these matters at information sessions conducted by the ICRC.

The ICRC's community contact centre in Mogadishu provided callers with information about COVID-19 and the humanitarian services available to them; callers used the centre to communicate their views on the assistance they had received and make suggestions. The ICRC also provided support for contact tracing through the centre. The National Society and the ICRC, together with teams of volunteers, conducted information sessions in communities, and made house visits, to dispense vital information on COVID-19 and distribute hygiene items: hundreds of thousands of people benefited.

Somalia ratifies key treaty

The ICRC and the Somali authorities continued to discuss issues of common concern, such as the displacement caused by conflict and other violence. In March, Somalia ratified the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa, also known as the Kampala Convention; the ICRC provided technical support.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent remained the ICRC's main partner in addressing the immediate and chronic needs of vulnerable people in the country. It continued to receive ICRC support for strengthening its capacity to deliver emergency assistance, provide health care and restore family links – in line with the Safer Access Framework – and promote the Movement's work.

The ICRC organized training for National Society staff and volunteers, particularly in the areas of health care, first aid, and economic assistance; it provided the National Society with technical support for developing its capacities in communication. The ICRC began construction of a National Society branch office and completed renovations at others in Belet Weyne and Jowhar.

The National Society and the ICRC coordinated their activities with those of other Movement components, to ensure a coherent response to emergencies and develop operational partnerships. Responding to natural disasters was a major subject of discussion at Movement meetings.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	65,799			
RCMs distributed	54,395			
Phone calls facilitated between family members	94,594			
Names published in the media	4,562			
Names published on the ICRC family-links website	147			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	2,114	195	155	104
including people for whom tracing requests were registered by another delegation	34			
Tracing cases closed positively (subject located or fate established)	171			
including people for whom tracing requests were registered by another delegation	26			
Tracing cases still being handled at the end of the reporting period (people)	4,321	657	819	589
including people for whom tracing requests were registered by another delegation	368			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	4			
Detainees in places of detention visited	1,339		175	
Visits carried out	13			
		Women	Girls	Boys
Detainees visited and monitored individually	33			2
of whom newly registered	25			1
RCMs and other means of family contact				
RCMs collected	10			
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	20			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	260,750	51,912	173,319
of whom IDPs		124,725	21,702	82,640
Food production	Beneficiaries	114,318	19,436	75,446
Income support	Beneficiaries	16,464	4,122	9,810
of whom IDPs		1,116	190	736
Living conditions	Beneficiaries	59,574	10,127	39,320
of whom IDPs		39,798	6,765	26,268
Capacity-building	Beneficiaries	13,056	2,224	8,608
Water and habitat				
Water and habitat activities	Beneficiaries	923,465	249,336	424,795
of whom IDPs		184,693	49,867	84,959
Primary health care				
Health centres supported	Structures	31		
of which health centres supported regularly		31		
Average catchment population		507,293		
Services at health centres supported regularly				
Consultations		614,700		
of which curative		528,118		
of which antenatal		86,582		
Vaccines provided	Doses	214,103		
of which polio vaccines for children aged 5 or under		60,640		
Referrals to a second level of care	Patients	1,054		
of whom gynaecological/obstetric cases		573		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	600	102	396
Living conditions	Beneficiaries	700	119	119
Water and habitat				
Water and habitat activities	Beneficiaries	5,914	118	59
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
including hospitals reinforced with or monitored by ICRC staff		4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		1,892	272	246
(including those related to mines or explosive remnants of war)		141		
Non-weapon-wound admissions		3,146		
Operations performed		10,969		
Consultations		24,581		
Patients whose hospital treatment was paid for by the ICRC		4		
First aid				
First-aid training				
Sessions		224		
Participants (aggregated monthly data)		4,787		
Water and habitat				
Water and habitat activities	Beds (capacity)	585		
Physical rehabilitation				
Projects supported		5		
of which physical rehabilitation projects supported regularly		3		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	7,293	1,527	2,631
of whom victims of mines or explosive remnants of war		267		
Prostheses delivered	Units	559		
Orthoses delivered	Units	1,422		
Physiotherapy sessions		17,585		
Walking aids delivered	Units	1,685		
Wheelchairs or postural support devices delivered	Units	181		

SOUTH SUDAN

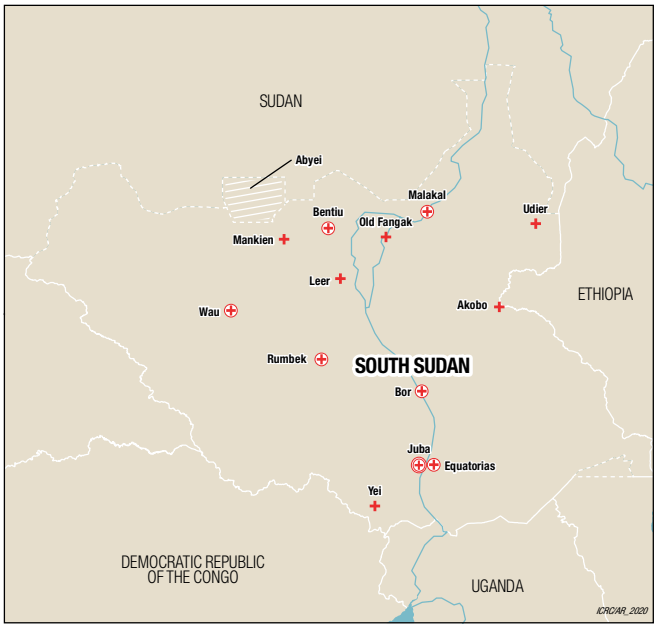
Present in Juba since 1980, the ICRC opened a delegation in South Sudan in mid-2011. It works to ensure that people affected by armed conflicts and other situations of violence are protected in accordance with IHL and other applicable norms, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities and weapon bearers. It works with and supports the South Sudan Red Cross.

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

KEY RESULTS/CONSTRAINTS IN 2020

- The pandemic, heavy floods and volatile security conditions notwithstanding, the ICRC, in partnership with the South Sudan Red Cross, provided humanitarian assistance to violence-affected communities.
- Communities affected by violence and widespread floods received emergency aid. With the ICRC's help, farming, fishing and herding households worked to regain their self-sufficiency.
- Violence-affected people received curative and preventive care at ICRC-supported health centres. ICRC water and sanitation projects gave them access to clean water and helped to protect them against disease, including COVID-19.
- First responders trained by the South Sudan Red Cross and the ICRC tended to wounded people. Gunshot victims were airlifted to ICRC-supported hospitals, where they were treated by ICRC surgical teams.
- Weapon bearers learnt more about IHL, international human rights law and other norms. They were reminded of the unlawfulness of attacking health facilities, committing sexual violence or recruiting children.
- A campaign conducted by the National Society with ICRC support – to broaden awareness of good health and hygiene practices, and measures against COVID-19 – reached millions of people.

EXPENDITURE IN KCHF	
Protection	16,578
Assistance	85,028
Prevention	6,735
Cooperation with National Societies	4,403
General	554
Total	**113,298**
Of which: Overheads	*6,904*
IMPLEMENTATION RATE	
Expenditure/yearly budget	88%
PERSONNEL	
Mobile staff	166
Resident staff (daily workers not included)	885



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	936
RCMs distributed	720
Phone calls facilitated between family members	184,978
Tracing cases closed positively (subject located or fate established)	716
People reunited with their families	55
of whom unaccompanied minors/separated children	39
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	41
Detainees in places of detention visited	5,901
of whom visited and monitored individually	262
Visits carried out	145
Restoring family links	
RCMs collected	22
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	6

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	300,000	363,261
Food production	Beneficiaries	786,000	745,315
Income support	Beneficiaries	7,000	1,147
Living conditions	Beneficiaries	240,000	272,986
Capacity-building	Beneficiaries	298	66
Water and habitat			
Water and habitat activities	Beneficiaries	285,200	440,395
Health			
Health centres supported	Structures	23	23
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	2,200	4,503
Living conditions	Beneficiaries	5,000	9,698
Water and habitat			
Water and habitat activities	Beneficiaries	2,300	7,182
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	3
Physical rehabilitation			
Projects supported	Projects	5	5
Water and habitat			
Water and habitat activities	Beds (capacity)	654[1]	633

1. This target figure was modified in August 2020 to reflect a correction in the counting of beds per structure.

CONTEXT

In February, the government and the opposition established a transitional unity government in line with their 2018 peace agreement. Formation of a unified national army – which entailed enlisting fighters and training them at cantonment sites established by the government – continued, albeit at a very slow pace. Their combined forces and an armed group that did not sign the peace agreement fought each other episodically in the Equatorias region.

Communal violence – arising from ethnic tensions and competition over scarce resources – flared up in many parts of the country, particularly in the states of Jonglei, Lakes, Unity and Warrap, and in the Pibor Administrative Area. It caused injuries and deaths, destroyed property, and displaced people. Disarmament processes in some states, launched by the government to collect weapons from armed youths, also led to injuries and deaths.

Millions of people remained displaced by protracted armed conflict and other situations of violence. The UN estimated that there were around 2.2 million South Sudanese refugees in neighbouring countries and around 1.6 million IDPs in South Sudan. The UN Mission in South Sudan (UNMISS) started the process of handing over responsibility for "protection-of-civilians" sites hosting IDPs to South Sudanese authorities and security forces.

Torrential rains that began in July, and continued, caused the White Nile and other rivers to burst their banks, flooding half of the country and displacing many communities. Most roads became impassable, crops were damaged, and water sources, contaminated. According to OCHA, roughly 1 million people were affected.

The COVID-19 pandemic compounded the difficulties of communities already dealing with the effects of protracted violence and climatic shocks. Many communities remained food-insecure and without access to basic services.

Indiscriminate attacks, destruction of health facilities, child recruitment, occupation of schools, sexual violence and other unlawful conduct by weapon bearers continued to take place.

Many members of dispersed families had lost contact with their relatives owing to conflict, detention and other circumstances.

ICRC ACTION AND RESULTS

Despite the volatile security conditions, and the logistical constraints created by the pandemic and the widespread floods, the ICRC maintained its access to areas affected by violence. It documented protection-related concerns in the communities affected and brought them up with the pertinent parties. Authorities and weapon bearers on all sides were urged, through confidential dialogue, to fulfil their obligations under IHL and other applicable norms. This dialogue, and its interaction with communities, helped broaden acceptance and support for the ICRC, enabling it to assist people in violence-affected and/or remote areas.

Together with the South Sudan Red Cross, the ICRC provided emergency aid to communities affected by violence and/or floods, particularly in areas not covered by other organizations. It also provided resident communities, particularly farming, fishing and herding households, with material, technical and other support to boost food production and protect their livelihoods.

The ICRC strove to make essential services more readily available. In cooperation with local authorities and the National Society, it repaired or constructed latrines and water systems: people thus had clean water and more protection against disease, including COVID-19. It backed the authorities' COVID-19 response by setting up handwashing stations in health facilities and places of detention, and donating soap, face masks, and other supplies. With the ICRC's support, the National Society conducted a countrywide information campaign on good hygiene practices and measures against COVID-19. First responders trained by the National Society and the ICRC tended to wounded people, some of whom were airlifted by the ICRC to hospitals that it backed. ICRC-supported primary-health-care centres, hospitals (where ICRC surgical teams worked alongside South Sudanese staff), and physical rehabilitation centres provided suitable care for ailing and wounded people, and persons with physical disabilities. At these facilities, the ICRC repaired water, electrical and waste-management systems, and created safer and more sanitary surroundings for patients and health workers. Victims of violence, including sexual violence, were given mental-health and psychosocial support by ICRC-trained counsellors. Various forms of support were provided for communities in which children's schooling had been disrupted by violence.

The ICRC visited places of detention to which it had been granted access, although these visits were limited in number and frequency because of pandemic-related restrictions. It provided the detaining authorities with recommendations for ensuring that detainees' treatment and living conditions complied with IHL and met internationally recognized standards. It donated food and other essentials to some prisons and renovated their water and sanitation facilities. Sick and malnourished detainees were treated at ICRC-supported prison clinics.

Members of families separated by violence, detention, pandemic-related lockdowns and movement restrictions, or other circumstances reconnected through the Movement's family-links services. The ICRC strove to ensure that the authorities fully understood their obligation to clarify the fate of missing people and to prevent disappearances. People and institutions involved in managing human remains were given guidance and supplies for managing the dead bodies of COVID-19 victims.

The National Society and the ICRC used radio, social media, posters, information sessions and other means to expand the scope of their public communication on humanitarian principles and the Movement's work. Weapon bearers learnt about IHL and human rights law at ICRC briefings and training sessions.

The National Society, the ICRC's main partner, received comprehensive support for strengthening its operational capacities.

CIVILIANS

The ICRC raises protection-related concerns with authorities and weapon bearers

Through field visits and conversations with violence-affected people, community leaders and local authorities, the ICRC monitored the humanitarian situation in the country and documented the concerns of those affected. It urged authorities and weapon bearers on all sides – through dialogue and written representations – to meet their obligations under IHL, human rights law and other applicable norms, particularly their duty to: facilitate access to humanitarian aid and essential services, such as medical care and education; protect people who are not or who are no longer participating in the fighting, including those seeking and providing health care; and prevent sexual violence, recruitment of children into fighting forces, and other abuses. ICRC training helped weapon bearers learn about IHL and other pertinent norms (see *Actors of influence*).

In line with its community-based approach to protection, the ICRC worked to help people and communities mitigate risks to their safety and find community-based means to strengthen their resilience to the effects of violence. It also provided demobilized children and other victims of violence, including sexual violence, with suitable assistance and, when necessary, referred them to government agencies, NGOs or aid organizations for further support.

Violence-affected communities are given emergency relief and livelihood support

Despite logistical challenges – which were exacerbated by the pandemic – the ICRC, together with the South Sudan Red Cross, was able to assist people affected by violence and climatic shocks. From March onwards, all activities incorporated measures against COVID-19.

The National Society and the ICRC helped violence-affected people to meet their emergency needs and build their resilience to the effects of violence. Emergency distributions of food and household essentials were carried out for communities displaced by violence and/or affected by the heavy floods, particularly those living in areas not covered by other organizations. Food supplies were also given to farming households (see below) during the lean season, so that they would not have to consume seed meant for planting or barter farm implements for food. In total, 60,543 households (363,261 people) received food, and 46,639 households (272,986 people) were given hygiene kits, jerrycans, mosquito nets, sleeping mats and other essentials.

The ICRC helped 125,383 households (745,315 people) to produce more food and/or protect their livelihoods. Around 18,000 households (106,470 people) received fishing kits that were easily portable in emergencies. Around 69,000 households (416,524 people) cultivated crops and grew vegetables with seed (e.g. okra, pumpkin, maize and sorghum) and tools from the ICRC; some of these households were also given fishing kits to enable them to diversify their food sources. Approximately 37,000 farming and herding households (222,321 people) benefited from campaigns to vaccinate livestock and/or treat them for disease; the campaigns, organized by the livestock and fisheries ministry and the ICRC, covered about 690,000 head of livestock.

Trained and equipped by the ICRC, 66 community-based animal-health workers participated in the livestock-vaccination campaigns mentioned above. Security and logistical constraints prevented the ICRC from training as many animal-health workers as it had planned.

A total of 1,147 people – including breadwinners with disabilities, people suffering from Hansen's disease, and victims/survivors of sexual violence – benefited from the ICRC's income-support projects, such as: cash grants for small businesses; cash-for-work schemes to repair/construct communal facilities; and communal vegetable gardening. Because of the pandemic, fewer projects than planned were implemented.

The ICRC revisited the communities it had assisted to collect their views and suggestions. In general, the communities expressed satisfaction in the timeliness and quality of the assistance they were given; many farming households reported poor yields, the result of pest damage and the heavy floods during the second half of the year.

The ICRC undertook projects to aid children's education in places affected by past violence. It completed the construction of learning spaces (classrooms, staffrooms, latrines, handwashing facilities) in two remote communities and handed them over to local authorities; this benefited around 1,400 students and teachers. Both communities were mobilized to form parent–teacher associations. Under an ICRC cash-for-work project, community members constructed a school. A total of 1,540 students and 22 teachers received writing materials; 4,980 students received COVID-19-themed colouring books and recreational supplies. Some 50 teachers developed their ability to teach children in crisis-affected contexts through training organized by the ICRC; some were also trained in first aid or given financial incentives.

Displaced and underserved communities have clean water and are safer from disease

Approximately 440,000 people benefited from the ICRC's water and sanitation projects, which included repairs to critical infrastructure. Because of the pandemic and the heavy floods, some water projects were postponed to 2021; nevertheless, more people were assisted than planned because the ICRC also implemented emergency projects to prevent the spread of COVID-19, and these targeted large numbers of people.

Clean water was more readily available to nearly 80,000 people in rural areas, and around 14,000 in urban areas, after the ICRC drilled boreholes, dug wells, repaired or installed hand pumps, constructed water yards (most of them solar-powered) and renovated a water-treatment plant. The ICRC trained water-management committees and technicians to operate, maintain and monitor the facilities, with a view to ensuring their long-term functioning.

As part of its COVID-19 response, the ICRC donated laboratory equipment, and three months' supply of fuel and water-treatment chemicals, to a water provider in Juba; this ensured an uninterrupted supply of clean water to roughly 200,000 people after the onset of the pandemic. Trained and equipped by the ICRC, National Society volunteers repaired 150 hand pumps supplying water to around 75,000 people in nine locations. With ICRC support, they also carried out a countrywide health-promotion campaign (see *Red Cross and Red Crescent Movement*).

The ICRC constructed some communal facilities for returnees and residents, such as public latrines at a harbour (benefiting around 500 merchants and other community members daily) and an animal shelter, to aid the work of animal-health workers. The ICRC repaired facilities or built new ones (e.g. latrines and classrooms) at learning spaces that it had constructed in 2019: this benefited around 1,400 students and teachers in two communities.

The National Society distributed water-purification tablets, water filters, fuel for constructing/reinforcing dykes, and other materials donated by the ICRC, in flood-affected communities (some 900 households).

Consultations at 11 ICRC-supported health centres (see below) took place in safer and more sanitary surroundings following structural renovations, which included repairs to latrines, water systems, and incinerators and other waste-management facilities. At two health centres, consultation rooms built by the ICRC provided private spaces for counselling sessions for victims/survivors of sexual violence.

Residents, IDPs and returnees have access to health services

The ICRC, in cooperation with health authorities and the South Sudanese and Canadian National Societies, worked to make primary health care available for violence-affected communities. With the ICRC's support, 23 health centres conducted some 46,000 antenatal check-ups and approximately 367,000 curative consultations for malaria, diarrhoea, TB, malnutrition, and sexually transmitted infections. Vaccinations (173,638 doses for polio, measles, tetanus, etc.) helped reduce illnesses and deaths among infants, children and pregnant women.

The health centres mentioned above received medical supplies and equipment – and their staff, financial incentives and comprehensive training – from the ICRC. All ICRC-supported health centres were given assistance to contain the spread of COVID-19 (e.g. staff training and donations of face masks, soap and water tanks for hand washing); and all facilities were supplied with post-exposure prophylactic kits (both adult and paediatric doses) for rape victims/survivors; nearly 100 people received post-exposure prophylactic treatment from ICRC-trained staff.

The ICRC trained local counsellors, including South Sudanese Red Cross volunteers, to provide mental-health and psychosocial support for victims of violence, including sexual violence. Information sessions conducted at ICRC-supported health centres and during community outreach reached approximately 56,000 people with important messages about mental health and about sexual violence and the services available to victims.

People reconnect through the Movement's family-links services

The South Sudan Red Cross and the ICRC analysed population movements and interviewed IDPs, returnees and people in remote areas to understand their needs more fully. With training and material support from the ICRC and other Movement components, the National Society expanded its capacity to provide family-links services for people newly displaced by violence and other emergencies.

People restored contact with relatives through the Movement's family-links services. A total of 936 RCMs were collected and 720 delivered. The National Society and the ICRC provided phone credit to vulnerable households at 12 sites hosting IDPs, and lent mobile phones with call credit to two COVID-19 quarantine facilities and to seven places of detention: approximately 185,000 phone calls were facilitated between members of families separated by armed conflict, communal violence, detention, migration, pandemic-related movement restrictions and other circumstances. Tracing services clarified the fate of 716 people. Under the ICRC's auspices, 55 people (including 39 children) were reunited with their families; some parents reunited with their children were given material and financial support for their children's schooling, or cash for buying household essentials. The ICRC followed up the reintegration of more than 30 people, including demobilized children reunited with relatives.

The ICRC's intercession resulted in the education ministry issuing 48 certificates (see *Uganda*) recognizing the credentials of South Sudanese refugee students in Uganda; these certificates enabled the students to continue their education there.

The ICRC strove to ensure that authorities fully understood their obligation, under international law, to clarify the fate of missing people and prevent disappearances. It organized a webinar with authorities and missing people's families, held information sessions for communities and issued news releases to broaden awareness of the plight of missing people's families. Following two ICRC workshops with senior government officials, in March, the authorities set up a technical working group for addressing the issue of missing people and the needs of the families concerned.

Authorities and others take steps to manage human remains properly

Primarily in response to the pandemic and recurrent communal violence in Jonglei, the authorities established an inter-ministerial steering committee to oversee the management of dead bodies during mass-casualty incidents. Aided by the ICRC, the committee drafted a contingency plan and submitted it to the health ministry for review; in March, the committee also led an operation to recover the bodies of people killed in communal violence in Pibor. Two police officers trained by the ICRC conducted a similar operation in another location.

The ICRC held information sessions, and distributed informational materials – for authorities, weapon bearers and

community members – on the importance of managing human remains in a manner conducive to their identification; it explained the basic principles of human-remains management during training sessions for military and police personnel (see *Actors of influence*). As part of its pandemic-related activities, the ICRC monitored mortuaries and shared with their staff its expertise in managing dead bodies; it also gave them body bags, face masks and gloves. It completed a renovation project that expanded the capacity of the country's largest morgue (see *Wounded and sick*).

The National Society was given training in managing human remains, and technical support for drafting standard procedures for managing the dead bodies of COVID-19 victims and for clarifying its role vis-à-vis the health authorities. With ICRC material and technical support, the National Society responded to an air crash in Juba and handed the human remains recovered from the site to the families concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC discussed its mandate and working procedures with authorities and weapon bearers, and requested information about people alleged to have been detained or captured, with a view to gaining access to everyone detained in connection with armed conflict or for security reasons. It visited detainees in civilian and military prisons and people held by armed groups and UNMISS, and monitored 262 people individually. Findings and recommendations were communicated confidentially to the pertinent authorities, to help them ensure that detainees' treatment and living conditions complied with IHL and/or met internationally recognized standards.

At the request of the parties concerned, the ICRC served as a neutral intermediary in the release and return home of 20 people formerly held by armed groups; it also provided them with medical examinations and other assistance.

From mid-March to September, the ICRC suspended its standard prison visits at the authorities' request. During this period, it focused on critical activities related to basic health care, nutrition and COVID-19 prevention (see below).

Detainees maintained contact with relatives through the ICRC's family-links services. As the pandemic also forced the suspension of family visits, the ICRC lent mobile phones with call credit to seven places of detention, which enabled detainees to call their relatives regularly.

The National Prisons Service (NPS) and the ICRC discussed how best to address systemic issues in prisons during the NPS's annual planning meeting and on other occasions. The ICRC gave detaining and judicial authorities expert advice on using the legal procedures in existence to effect early or conditional release of selected detainees, in order to ease overcrowding at NPS-run prisons. The ICRC trained staff at two NPS prisons in detainee registration and sentence management. Round tables with civilian and military judges, on judicial guarantees, were rescheduled for 2021.

The ICRC helped the NPS address the needs of detainees with specific vulnerabilities. At the ICRC's recommendation, the NPS facilitated weekly psychiatric consultations for mentally ill detainees at the Juba Central Prison (JCP), the country's largest detention facility. The NPS and the ICRC mobilized the education ministry to support education for juveniles at the JCP: the education ministry assigned teachers to the JCP, who were set to hold classes at the prison in 2021. The ICRC constructed two classrooms (for 150 people) and a teacher's room at the prison; it also donated chairs, desks, writing supplies and recreational materials, as well as radios, which enabled young people to listen to learning programmes broadcast by the education ministry.

Detainees have health care and better living conditions

The ICRC continued to help the NPS provide health care and nutrition for detainees and to promote closer coordination between the NPS and the interior and health ministries. In October, the health ministry included the JCP clinic among the health facilities to be given a regular supply of medicine. Dialogue between the health and interior ministries and the ICRC, on the systematic inclusion of prison health care in the national health system, continued.

Detainees at the JCP, and at six other prisons with high rates of malnutrition, attended curative/preventive consultations – including for monitoring and treating malnutrition – at seven prison clinics supported by the ICRC. More than 16,000 medical consultations took place. Detainees requiring second-level care were referred by the prison clinics to local health authorities, who facilitated their treatment at hospitals. Approximately 4,500 malnourished detainees received therapeutic food.

Health staff at the seven prisons mentioned above took part in training sessions (in person or remotely) organized by the ICRC; they were also given the tools necessary to manage detainees' medical records and stocks of drugs. Nutrition officers and prison storekeepers were trained to diagnose and treat malnutrition and manage food supplies, respectively.

The ICRC supported the authorities' COVID-19 response by setting up handwashing stations at eight prisons and donating soap and handwashing facilities to 17 police detention centres. Face masks and contactless thermometers were donated to the seven largest prisons; the ICRC also conducted information sessions on measures against COVID-19. Detaining authorities were given guidance and supplies (e.g. body bags, gloves, face masks) for handling the dead bodies of COVID-19 victims.

The ICRC's COVID-19 response in prisons, and repairs to essential facilities (e.g. clinics, kitchens, latrines, sewage lines, water yards), benefited approximately 7,200 detainees. A total of 9,698 detainees at 12 places of detention received mosquito nets, sleeping mats, blankets, soap and other essentials from the ICRC.

WOUNDED AND SICK

Information sessions, radio spots, street theatre, and other activities carried out by the South Sudan Red Cross and the ICRC helped communities learn about the goals of the Health Care in Danger initiative, their role in eliminating gender bias and preventing sexual violence, the services available to victims of violence, and measures against COVID-19.

All ICRC-supported hospitals and physical rehabilitation centres implemented measures to contain the spread of COVID-19. The ICRC provided guidance and training for staff, set up handwashing stations, and donated personal protective equipment, cleaning materials and other supplies.

Wounded and sick people have access to suitable care

First responders trained by the National Society and the ICRC treated wounded civilians and fighters. Because of the pandemic, organizing training sessions was beset with difficulties; nevertheless, around 2,400 National Society staff, health workers, weapon bearers and community-based volunteers were trained in first aid.

Three ICRC-supported hospitals – the Akobo County Hospital, the Ganyiel Field Hospital and the Juba Military Hospital – provided sick and wounded people with advanced medical attention: gynaecological/obstetric, paediatric, outpatient, and trauma care; general surgery; and treatment for victims/survivors of sexual violence, and for HIV/AIDS and TB in line with national programmes. ICRC surgical teams, working alongside South Sudanese doctors and nurses, performed 2,896 surgical operations, including surgery for 438 gunshot victims – of whom 326 had been airlifted by the ICRC from sites of communal violence. When necessary, patients in recovery were given physiotherapy or referred to ICRC-supported physical rehabilitation centres (see below) for more comprehensive care. ICRC-trained counsellors provided mental-health and psychosocial support for wounded people and victims/survivors of sexual violence.

The ICRC monitored the impact of lockdowns and other restrictive measures on the incidence of sexual violence. It updated referral pathways for victims/survivors and raised awareness of the services that were available to victims/survivors of sexual violence even during the pandemic.

The ICRC gave the hospitals mentioned above comprehensive support, including medical supplies and equipment, and training for doctors, nurses, clinicians and pharmacists. All hospital staff were trained to manage medical waste and to control and prevent infections, including in connection with COVID-19; hospital administrators were trained to manage human and financial resources.

The ICRC made repairs to the wards and to electrical, water and sanitation systems at the three hospitals mentioned above (total capacity: 550 beds) and at a physical rehabilitation centre in Juba (capacity: 50 beds; see below). To help forensic authorities ensure that human remains were properly managed, the ICRC renovated the mortuary at the Juba Teaching Hospital, the largest in the country, and provided the tools and equipment necessary, including mortuary refrigerators and a new freezer with a total storage capacity of 33 cadavers. It also set up backup sources or supplies of electrical power and water, and trained staff in charge of operating and maintaining the facilities.

From April, capacity at the ICRC-supported hospitals in Akobo and Juba decreased because the physical distance between beds had to be increased, in line with WHO recommendations for COVID-19 precautions in hospitals. ICRC medical evacuations were suspended from mid-April to mid-July, too, because inpatient admissions to the hospitals were at full capacity.

On 1 May, the ICRC handed over to the authorities, as planned, full responsibility for the hospital in Ganyiel.

Persons with disabilities receive rehabilitative care and support for social integration

The ICRC supported three physical rehabilitation centres, in Juba, Rumbek and Wau. The movement restrictions and lockdowns necessitated by the pandemic – strictest during the second and third quarters of the year – hampered access to rehabilitative care for many persons with disabilities. Owing to the detection of COVID-19 on their premises, the physical rehabilitation centre in Wau was closed from mid-April to mid-September, and the centre in Juba, for six weeks between April and June.

Nevertheless, by the end of the year, around 3,600 persons with disabilities[2] had received services at the three ICRC-supported centres. The ICRC covered transportation, food and/or accommodation costs for 699 destitute people and their caretakers. Teams from the centres made 18 trips to remote communities to provide consultations and publicize the centres' services.

The three centres sustained their operations and improved their services with technical, financial and material support from the ICRC. The ICRC provided on-the-job training for 12 prosthetists/orthotists, 7 physiotherapists and 10 assistants. Two prosthetists/orthotists and a physiotherapist whose studies had been sponsored by the ICRC joined the team at the centre in Juba; the centre continued to provide training for physiotherapy students from St. Mary's University in Juba.

The ICRC gave the Ministry of Gender and Social Welfare advice on developing the physical rehabilitation sector and ensuring its sustainability, for which the creation of a national oversight board was an important step; dialogue on this matter continued.

The ICRC promoted the social integration of persons with disabilities through sports, education and livelihood activities. It distributed leaflets and conducted information sessions to raise awareness of its activities for persons with disabilities. It also took part in communication campaigns to mark the International Day of Persons with Disabilities to correct misconceptions about physical disability.

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

During the first quarter of the year, 73 persons with disabilities received training in wheelchair basketball, with material and financial support from the ICRC; all other sports-related activities were cancelled because of the pandemic. A total of 35 persons with disabilities, most of them wheelchair-basketball players, were given training and cash to start small businesses. Nine children with disabilities – patients at the ICRC-supported physical rehabilitation centres – were given books and school uniforms by the ICRC, which also paid their tuition fees.

ACTORS OF INFLUENCE

The ICRC's dialogue with national and local authorities and weapon bearers from all sides, and its interaction with community leaders, enabled it, together with the South Sudan Red Cross, to assist vulnerable people, including those accessible to only a few other organizations. ICRC delegates answered questions from community members during information sessions; beneficiaries' views on the assistance given to them were collected and passed on to the ICRC teams concerned. Public communication – radio spots, social-media posts, online information campaigns, street theatre and news releases – enabled the ICRC to reach people with useful information about COVID-19 and the services provided by the National Society and the ICRC. It also enabled the ICRC to impart certain key messages: respect humanitarian principles and refrain from attacking health facilities, committing sexual violence or recruiting minors into fighting forces. Members of the media drew on ICRC news releases to broaden awareness of the humanitarian consequences of the violence in Jonglei and Central Equatoria, the issue of missing people, the importance of mental-health and psychosocial support, and the ICRC's role as a neutral intermediary during prisoner releases.

The ICRC gave the National Society material, technical and financial support for its public communication and for its dialogue with authorities on South Sudan's regulations concerning the use of the emblems protected under IHL, and other matters.

Weapon bearers learn more about IHL and other norms

The ICRC continued to promote respect for IHL and human rights law among weapon bearers. It conducted briefings, workshops and training sessions – fewer than planned because of the pandemic – for military and police personnel, including at cantonment sites; it also counselled senior officers overseeing disarmament operations. Nearly 1,300 military and police personnel attended training sessions on international norms applicable to their duties, and on certain key issues such as the unlawfulness of sexual violence, the protection owed to people not participating in hostilities, the importance of managing human remains properly, and the necessity of facilitating safe access to basic services, including health care and education.

At a national consultative meeting convened by the Bureau for Community Security and Small Arms Control, the ICRC made recommendations for incorporating provisions of the Arms Trade Treaty in domestic legislation. It also met with officials from government ministries and parliamentary committees to discuss the domestic implementation of the African Union Convention on IDPs and the provisions of key weapons-related treaties.

Because of the pandemic, activities such as promoting IHL among academics were cancelled or rescheduled for 2021.

RED CROSS AND RED CRESCENT MOVEMENT

The South Sudan Red Cross met periodically with other National Societies working in the country, the International Federation and the ICRC to coordinate activities and to fine-tune contingency plans for emergencies; the ICRC provided Movement components working in the country with advice on security management. The National Society received various forms of support from the ICRC and other Movement components to develop its organizational capacities.

Financial, technical and material support from the ICRC enabled the National Society to strengthen its capacities in restoring family links; managing human remains; implementing water, sanitation and economic-security projects; training first responders in first aid; disseminating IHL; and assisting victims/survivors of sexual violence. The heads of 17 National Society branches were trained in the Safer Access Framework and in security management. The ICRC gave the National Society advice and other assistance for carrying out its activities safely during the pandemic. With material and logistic support from the ICRC and other Movement components, the National Society conducted emergency aid distributions to flood-affected communities, and an information campaign that reached some 2.8 million people in 52 locations with messages about good health and hygiene practices, and about measures against COVID-19.

The National Society, the International Federation and the ICRC established a "solidarity fund" that will be used to assist National Society volunteers who contract COVID-19.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	936	12		
RCMs distributed	720	30		
Phone calls facilitated between family members	184,978			
Reunifications, transfers and repatriations				
People reunited with their families	55			
including people registered by another delegation	15			
People transferred or repatriated	3			
Human remains transferred or repatriated	23			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	880	202	186	42
including people for whom tracing requests were registered by another delegation	269			
Tracing cases closed positively (subject located or fate established)	716			
including people for whom tracing requests were registered by another delegation	325			
Tracing cases still being handled at the end of the reporting period (people)	5,381	2,257	390	438
including people for whom tracing requests were registered by another delegation	2,760			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	96	34		12
UAMs/SC reunited with their families by the ICRC/National Society	39	13		
including UAMs/SC registered by another delegation	15			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	177	75		20
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	41			
Detainees in places of detention visited	5,901	251	388	
Visits carried out	145			
		Women	Girls	Boys
Detainees visited and monitored individually	262	2		3
of whom newly registered	49	1		
RCMs and other means of family contact				
RCMs collected	22			
RCMs distributed	3			
Phone calls made to families to inform them of the whereabouts of a detained relative	6			
Detainees released and transferred/repatriated by/via the ICRC	20			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	363,261	132,283	131,823
of whom IDPs		305,735	111,621	115,873
Food production	Beneficiaries	745,315	209,480	276,200
of whom IDPs		614,366	169,609	229,289
Income support	Beneficiaries	1,147	368	204
of whom IDPs		496	91	130
Living conditions	Beneficiaries	272,986	80,913	92,682
of whom IDPs		235,203	69,657	80,195
Capacity-building	Beneficiaries	66	5	
of whom IDPs		55	5	
Water and habitat				
Water and habitat activities	Beneficiaries	440,395	133,091	177,454
of whom IDPs		66,545	19,964	26,617
Primary health care				
Health centres supported	Structures	23		
of which health centres supported regularly		23		
Average catchment population		489,057		
Services at health centres supported regularly				
Consultations		412,443		
of which curative		366,882	120,721	161,317
of which antenatal		45,561		

CIVILIANS		Total	Women	Children
Vaccines provided	Doses	173,638		
of which polio vaccines for children aged 5 or under		106,923		
Referrals to a second level of care	Patients	7,454		
of whom gynaecological/obstetric cases		772		
Mental health and psychosocial support				
People who received mental-health support	Cases	1,837		
People who attended information sessions on mental health		55,858		
People trained in mental-health care and psychosocial support		193		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	4,503	581	550
Living conditions	Beneficiaries	9,698	649	2,006
Capacity-building	Beneficiaries	21	3	
Water and habitat				
Water and habitat activities	Beneficiaries	7,182	426	284
Health care in detention				
Places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
including hospitals reinforced with or monitored by ICRC staff		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		588	34	32
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		911		
Operations performed		2,896		
Medical (non-surgical) admissions		605	354	59
Gynaecological/obstetric admissions		1,026	1,022	4
Consultations		42,056		
Patients whose hospital treatment was paid for by the ICRC		176		
First aid				
First-aid training				
Sessions		137		
Participants (aggregated monthly data)		2,369		
Water and habitat				
Water and habitat activities	Beds (capacity)	633		
Physical rehabilitation				
Projects supported		5		
of which physical rehabilitation projects supported regularly		3		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	3,598	951	398
of whom victims of mines or explosive remnants of war		*		
Prostheses delivered	Units	380		
Orthoses delivered	Units	265		
Physiotherapy sessions		4,196		
Walking aids delivered	Units	2,221		
Wheelchairs or postural support devices delivered	Units	226		
Referrals to social integration projects		117		
Mental health and psychosocial support				
People who received mental-health support	Cases	59		
People who attended information sessions on mental health		414		

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

SUDAN

The ICRC has been present in Sudan since 1978 to address the consequences of non-international and international armed conflicts. While pursuing dialogue with the authorities on increasing its direct access to conflict-affected people, it focuses on activities aiming to: promote respect for IHL; help people with physical disabilities obtain rehabilitative services; re-establish links between separated family members; and seek information on the fate of persons allegedly detained in relation to the conflicts. The ICRC works with and supports the Sudanese Red Crescent.

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

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

KEY RESULTS/CONSTRAINTS IN 2020

- The authorities granted the ICRC access to prisons under the interior ministry, to conduct activities linked specifically to the pandemic. The ICRC donated handwashing stations and soap for thousands of detainees.
- Health facilities – including those treating Ethiopian refugees, and one in an area controlled by armed groups – received medical supplies for treating wounded people and/or responding to COVID-19, malaria and other diseases.
- The ICRC aided vulnerable people in Darfur, Blue Nile and South Kordofan, by repairing or constructing water systems and providing various essentials and seed, tools and technical support to grow food and raise livestock.
- People who had fled the violence in Tigray, in Ethiopia, for Sudan, and others separated from their families by armed conflict and other situations of violence, used the Movement's services to contact relatives.
- Because of pandemic-related constraints – including the temporary, precautionary closure of some ICRC-supported physical rehabilitation centres – half as many people received rehabilitation services as in 2019.
- Reforms within the Sudanese Red Crescent, and the pandemic, caused delays, but the National Society carried out activities with the ICRC to aid violence-affected people and expanded its capacities in emergency response.

EXPENDITURE IN KCHF	
Protection	1,597
Assistance	13,253
Prevention	1,549
Cooperation with National Societies	1,697
General	105
Total	**18,201**
Of which: Overheads	*1,111*
IMPLEMENTATION RATE	
Expenditure/yearly budget	88%
PERSONNEL	
Mobile staff	18
Resident staff (daily workers not included)	256

PROTECTION		Total
CIVILIANS		
Restoring family links		
RCMs collected		427
RCMs distributed		222
Phone calls facilitated between family members		17,031
Tracing cases closed positively (subject located or fate established)		113

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	100	
Food production	Beneficiaries	231,000	227,778
Income support	Beneficiaries	9,900	1,600
Living conditions	Beneficiaries	18,000	27,726
Capacity-building	Beneficiaries	300	100
Water and habitat			
Water and habitat activities	Beneficiaries	349,302	298,713
Health			
Health centres supported	Structures	1	15
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries		6,801
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	11	10

CONTEXT

Armed confrontations – between government forces and armed groups in the Darfur region, and among armed groups in the states of Blue Nile and South Kordofan – were largely episodic. In October, the transitional government signed a peace agreement with the Sudanese Revolutionary Front, a coalition of the main opposition forces in Darfur, Blue Nile and South Kordofan.

According to UN estimates, there were about 2 million IDPs in Sudan. Many began to return to their homes, but ran into difficulties when trying to reclaim resources and/or earn an income in communities that had changed dramatically since their departure. Ethnic tensions and competition over water sources and grazing land caused frequent – and sometimes intense – communal violence, particularly in Darfur and in eastern Sudan.

Climatic shocks persisted: agriculture and herding were often disrupted by drought and, during the rainy season, by floods. In September, heavy floods in 17 out of the 18 states in Sudan killed scores of people, destroyed crops, homes and public facilities, and contaminated water sources.

Sudan's economy continued to deteriorate. Millions of people had to endure the consequences of inflation – as high as 300% – and severe shortages of cooking gas, bread and petrol. The COVID-19 pandemic and the measures it necessitated made a bad situation worse.

The border dispute between Sudan and South Sudan over the "Abyei box" remained unresolved, although relations between the two countries had eased in recent years. About a million refugees, many from South Sudan, were reported to be in Sudan. In November, fighting broke out in the Tigray region of Ethiopia, causing tens of thousands of people to flee to Sudan.

In February, the transitional government withdrew restrictions against humanitarian organizations entering Sudan and working on its territory. The Sudanese Red Crescent was required to reform its governance and new leaders were named. The government also repealed the 2010 Sudanese Red Crescent Law and formed a steering committee to oversee the drafting of a new law.

ICRC ACTION AND RESULTS

The pandemic notwithstanding, the ICRC endeavoured to develop its dialogue with the authorities and others with influence over the humanitarian agenda, in order to advance their understanding of IHL and build acceptance for its neutral, impartial and independent humanitarian action. It continued to seek access to people deprived of their freedom. In April, the authorities allowed the ICRC to visit certain prisons, to carry out activities related to the pandemic.

The ICRC worked with the Sudanese Red Crescent to deliver much-needed aid to vulnerable people. From March onwards, measures against COVID-19 were incorporated in all their activities.

Members of families dispersed by armed conflict and other situations of violence restored or maintained contact with their relatives through the Movement's family-links services. The National Society and the ICRC made these services available to Ethiopian refugees who had fled Tigray.

In Darfur and Blue Nile, ICRC support – seed and tools, and food rations to see them through the planting season – enabled people to cultivate crops. ICRC-supported vaccination campaigns helped thousands of herding households to protect the health of their livestock. The ICRC provided vulnerable households – including returnees – with cash to meet their basic needs or start small businesses. Clean water was more readily available to hundreds of thousands of residents in Darfur, Blue Nile and South Kordofan after the ICRC repaired or installed hand pumps and rainwater-harvesting facilities. Some water-and-habitat projects were delayed or cancelled because of the pandemic, or because implementation of projects had become prohibitively expensive and materials scarce as a result of the economic crisis.

The ICRC provided health facilities with medical supplies for treating people wounded in communal violence and/or for tackling COVID-19, malaria, and other diseases. The ICRC provided personal protective equipment (PPE), handwashing stations, hygiene items, and/or staff training and guidance for implementing measures against COVID-19 to various institutions: the health ministry – to support COVID-19 screening at the country's ports of entry; isolation centres; hospitals; prisons; physical rehabilitation centres; National Society branches providing family-links services; and government agencies and others involved in managing human remains, including those of COVID-19 victims. The ICRC, often with the National Society, disseminated information on good hygiene and other disease-prevention measures through broadcast media and during aid distributions and other activities.

Persons with disabilities obtained rehabilitative care at ICRC-supported physical rehabilitation centres run by the National Authority for Prosthetics and Orthotics (NAPO). Because of the pandemic, these centres served fewer people than in 2019.

The ICRC discussed – with government ministries, the armed forces and the police – possibilities for cooperation in broadening understanding of IHL. The justice ministry and the armed forces were given training and/or reference materials to strengthen IHL instruction for their personnel.

Movement components in the country met regularly to coordinate their activities and their support for the National Society, particularly its response to the floods and the pandemic.

CIVILIANS

The pandemic made it difficult for the ICRC to develop its dialogue with the authorities and other figures of influence; when practicable, it discussed IHL, humanitarian issues and the nature of its work with them, in order to broaden awareness of its mission and increase acceptance for its neutral, impartial and independent humanitarian activities (see also *Actors of influence*).

The ICRC monitored the situation of people affected by armed conflict or other violence, particularly the plight of Ethiopian refugees and that of migrants at risk of *refoulement* at the country's borders. It sought to address these issues and/or brought them to the attention of those concerned. Plans to help communities develop self-protection mechanisms and resilience to the effects of conflict and other violence were cancelled.

From March onwards, the Sudanese Red Crescent and the ICRC incorporated measures against COVID-19 in all their activities to aid people in need.

Violence-affected people protect their livelihoods

A total of 4,424 IDP households (23,544 people) in Darfur, including returnees, were given household essentials. Some 400 displaced families (2,382 people) returning to their homes in Blue Nile, and the families of 200 persons with disabilities (1,200 people) who lost their livelihoods because of the pandemic, received cash to cover basic needs.

ICRC support enabled vulnerable households to plant staple crops and protect their livelihoods: 26,500 households (159,000 people) in Darfur received seed and tools; 18,500 households among them also received food rations to see them through the planting season. About 573,000 heads of livestock belonging to 11,463 herding households (68,778 people) in South Darfur and West Kordofan were vaccinated; some were dewormed and/or treated for disease. To boost local agricultural capacities, the ICRC gave veterinary specialists and agriculture ministry staff in Darfur the training necessary, and provided three animal-health facilities with solar-powered equipment to store vaccines.

Some 150 households (882 people) started small businesses (e.g. water delivery, clothes shops, eating-places) with cash grants from the ICRC; they were given additional cash when the economic crisis worsened. Some 100 households acquired donkey carts with the ICRC's help. Representatives of 28 families completed training in beekeeping and were given starter kits.

To bolster seed production in Sudan, the ICRC entered into a partnership with the agriculture ministry and an agricultural research centre in Nyala for implementing a seed multiplication programme. Eight agricultural workers were trained to provide farmers with support for producing seed.

IDPs and others have better access to basic services

Some 270,000 residents, returnees and IDPs in Darfur, Blue Nile and South Kordofan had better access to clean water after the National Society, the water authorities and the ICRC repaired or installed water systems in urban areas and wells, boreholes, hand pumps and rainwater-harvesting facilities in rural areas. The ICRC helped develop local capacities in operating and maintaining water and sanitation facilities: it trained ten National Society volunteers to repair hand pumps and covered the salaries of five National Society engineers; it also trained five technicians from the water authorities to manage chlorination systems. Other water-and-habitat projects were postponed or cancelled to give way to the ICRC's COVID-19 response, or because implementation of projects had become prohibitively expensive and materials scarce as a result of the economic crisis.

The ICRC gave 15 health facilities – including a primary-health-care centre in an area controlled by armed groups, and hospitals taking in Ethiopian refugees – medical supplies to treat people wounded in communal violence and/or to tackle COVID-19 (see below), malaria and other diseases that were prevalent. Campaigns to vaccinate children, follow-up treatment for wounded people – which the ICRC had intended to support – and information sessions on protecting medical services did not take place, because of the pandemic and other constraints. Two primary-health-care centres were given assistance to renovate infrastructure.

After the catastrophic floods, the ICRC launched projects to protect five rainwater-harvesting facilities in Blue Nile – serving 80,000 people – from animal contamination.

The authorities receive help for their COVID-19 response

Around 26,900 people in Blue Nile learnt more about essential hygiene practices and measures against COVID-19 at information sessions and through posters, radio announcements and TV spots produced by the ICRC. This information was also disseminated during National Society/ICRC aid distributions and livestock-vaccination campaigns, and via loudspeaker announcements in communities.

The ICRC provided the health ministry with PPE and disinfectants to support COVID-19 screening at the country's ports of entry. It also donated PPE – or funds to buy them – to isolation centres, hospitals, the national laboratory, and 11 National Society branches providing family-links services (see below). A dozen prisons were given handwashing stations and soap (see *People deprived of their freedom*).

The health ministry's forensics department, National Society volunteers, community workers and other institutions and people involved in managing human remains, including those of COVID-19 victims, received body bags, training, and technical advice on preventing infections.

Ethiopian refugees and others reconnect with their families

People dispersed by conflict and other violence restored or maintained contact with their relatives through the Movement's family-links services, such as RCMs and phone calls. After the outbreak of violence in Tigray, the National Society and the ICRC quickly set up family-links services at camps and reception centres in three areas of Sudan receiving Ethiopian refugees. Between November and December, some 9,100 Ethiopian refugees established contact with their families through the Movement's services.

The fate or whereabouts of 113 people was ascertained and communicated to their relatives. Because of pandemic-related travel restrictions it was not possible to reunite unaccompanied minors with their families in other countries.

Support for forensic organizations was limited to providing expert advice for government agencies involved in decongesting morgues.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC assists the COVID-19 response at prisons

The Sudanese authorities and the ICRC continued to discuss the ICRC's offer to visit detainees and its standard procedures for doing so. In April, the authorities granted the ICRC access to prisons under the interior ministry, in order to conduct activities linked specifically to the pandemic (see below). A few detainees were able to send "safe and well" messages during the ICRC's visits, but the ICRC's proposal to offer family-links services on a regular basis remained under discussion with the authorities. The ICRC was given permission to visit detainees with disabilities in two prisons (see *Wounded and sick*). It submitted requests to the authorities for information about people said to be in their custody.

In cooperation with the Prison and Reform Directorate, the ICRC installed some 120 handwashing stands and donated roughly 205,000 bars of soap and 430 COVID-19 posters to various prisons; this enabled 6,800 detainees and 2,200 prison staff to maintain good hygiene. Health staff at these prisons received PPE and contactless thermometers. Seventeen health officers from eight prisons attended a train-the-trainer course – conducted by Médecins Sans Frontières–Holland with ICRC support – in preventing and controlling infections.

In addition, at selected places of detention (around 8,250 detainees and 2,710 staff), the ICRC distributed mosquito nets and fumigation equipment to prevent malaria and other diseases; cooking and dining utensils; bed linen for prison clinics; and, at a women's prison, feminine hygiene products and pumps to improve the water supply.

The ICRC helped 32 released detainees to contact relatives, and gave them financial assistance and essential items for their journey home. It was able to medically screen detainees whose release took place before the onset of the pandemic.

WOUNDED AND SICK

Fewer people benefit from physical rehabilitation services

Movement restrictions and other measures against COVID-19 made physical rehabilitation services less accessible. Several ICRC-supported physical rehabilitation centres closed temporarily as a precautionary measure. Half as many people received services as in 2019.

A total of 4,735 persons with disabilities[1] obtained rehabilitative care (e.g. provision of assistive devices and physiotherapy) – at discounted rates or with all costs covered by the ICRC – from eight physical rehabilitation centres run by NAPO. The centres received device components, materials, equipment and technical support from the ICRC. The ICRC was not able to formalize a partnership with the Khartoum Cheshire Home because of persistent management issues there, but the facility continued to receive ICRC support, channelled through NAPO.

About 100 destitute patients from Darfur obtained services at the rehabilitation centre in Nyala; the ICRC covered their food, accommodation and/or transportation costs. A number of other people benefited from the ICRC's support for NAPO's mobile workshop, which provided device-fitting services, and for NGOs in Darfur and South Kordofan that assisted landmine victims. ICRC staff examined detainees with disabilities at two prisons, but follow-up visits and physical rehabilitation were postponed to 2021.

All ICRC-supported physical rehabilitation centres were given PPE and hygiene items to protect staff against COVID-19. With the ICRC's support, staff at selected centres produced 2,000 face shields, which were distributed to medical workers.

The ICRC referred 200 persons with disabilities for livelihood assistance (see *Civilians*). Other activities for advancing social inclusion – including the Disability Challengers Organization's wheelchair-basketball events – were postponed or cancelled.

Physical rehabilitation professionals develop their ability to provide good-quality services

Sponsored by the ICRC, two NAPO staff members attended a prosthetics/orthotics course in Thailand and one staff member of the NAPO-run centre in Dongola finished their studies in physiotherapy. ICRC training helped midwives and doctors from the police hospital in Damazin, and NAPO staff, learn more about clubfoot and physiotherapy, respectively. An ICRC-supported course in prosthetics/orthotics at a local university resumed late in the year, after being suspended for months because of the pandemic.

ACTORS OF INFLUENCE

The pandemic limited the ICRC's interaction with authorities, weapon bearers and influential members of civil society. In the few meetings that it had with actors with influence over the humanitarian agenda, the ICRC strove to build acceptance for its neutral, impartial and independent humanitarian action, particularly its activities for people deprived of their freedom.

The ICRC discussed – with government ministries, the armed forces and the police – possibilities for cooperating in broadening understanding of IHL. It organized orientation sessions and training in IHL for newly appointed officials from the justice ministry's IHL department, and for members of a committee that was preparing an IHL training manual for the judiciary. It also sponsored selected judicial officials to attend training abroad early in the year (see *Morocco*). In January, the armed forces renewed an agreement under which the ICRC would support them in training their units in IHL; but no training sessions took place because of the pandemic. The ICRC gave the armed forces reference materials to help them review their IHL training manuals and draft new ones for the navy and air force. It donated IHL-related publications to the armed forces' library.

The government reconstituted the national IHL committee, but no new members had been appointed by year's end; thus, no progress was made in implementing IHL domestically.

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

The ICRC continued to broaden public awareness of IHL and its own work, through the media and by producing and distributing informational materials. Some 40 Sudanese Red Crescent staff attended ICRC communication workshops, at which they reviewed their organization's communication strategy.

RED CROSS AND RED CRESCENT MOVEMENT

The pandemic and internal reforms (see *Context*) in the Sudanese Red Crescent delayed the signing of cooperation agreements with the ICRC, and consequently, the implementation of projects under those agreements. When the agreements were eventually concluded, the National Society and the ICRC carried out joint activities in various areas: economic assistance, and water and sanitation, for violence-affected people; restoration of family links; emergency preparedness; and capacity-building and organizational development in the National Society, particularly in connection with financial management. The ICRC gave the National Society technical, financial and logistical assistance. National Society staff received ICRC training and/or on-site mentoring in public communication (see *Actors of influence*) and in delivering emergency aid and family-links services. The ICRC provided the National Society with funding, and first-aid kits and other supplies, to strengthen its emergency response; and briefed National Society staff and volunteers on the Safer Access Framework. The National Society's COVID-19 response (see *Civilians*) was carried out in line with that of the health ministry, and was supported by the ICRC and other Movement components. Discussions between the National Society and the ICRC on the renewal of their three-year partnership framework agreement – which expired in 2020 – and on its scope and terms, were ongoing at year's end.

Movement components in the country met regularly to coordinate their activities and their support for the National Society, particularly its response to the floods and the pandemic. They guided the National Society's efforts to prepare a contingency plan for floods, disease outbreaks and civil unrest. All parties involved continued to discuss the drafting of a Movement coordination agreement.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	427			
RCMs distributed	222			
Phone calls facilitated between family members	17,031			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	332	74	46	31
including people for whom tracing requests were registered by another delegation	118			
Tracing cases closed positively (subject located or fate established)	113			
including people for whom tracing requests were registered by another delegation	54			
Tracing cases still being handled at the end of the reporting period (people)	1,096	213	164	121
including people for whom tracing requests were registered by another delegation	297			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	11	5		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	92	53		
Documents				
People to whom official documents were delivered across borders/front lines	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	227,778	48,406	136,669
of whom IDPs		42,454	9,100	25,475
Income support	Beneficiaries	1,600	337	959
Living conditions	Beneficiaries	27,726	5,822	16,637
of whom IDPs		11,184	2,349	6,711
Capacity-building	Beneficiaries	100	22	36
Water and habitat				
Water and habitat activities	Beneficiaries	298,713	152,414	91,524
of whom IDPs		91,734	45,867	27,520
Primary health care				
Health centres supported	Structures	15		
of which health centres supported regularly		1		
Average catchment population		5,423,377		
Services at health centres supported regularly				
Consultations		2,079		
of which curative		2,006	430	1,160
of which antenatal		73		
Referrals to a second level of care	Patients	18		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	6,801	348	128
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		10		
of which physical rehabilitation projects supported regularly		9		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	4,735	1,000	761
of whom victims of mines or explosive remnants of war		97		
Prostheses delivered	Units	1,259		
Orthoses delivered	Units	630		
Physiotherapy sessions		1,792		
Walking aids delivered	Units	872		
Referrals to social integration projects		241		

TUNIS (regional)

The ICRC's regional delegation based in Tunis has been operating since 1987. It visits people deprived of their freedom in Tunisia, monitoring their treatment and living conditions, and promotes awareness of IHL among the authorities, armed forces and armed groups, as well as implementation of that law. The ICRC supports the Tunisian Red Crescent in building its capacities, particularly in restoring family links, and works with the Polisario Front and Sahrawi organizations to address issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It helps Sahrawi refugees with disabilities obtain physical rehabilitation services.

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

KEY RESULTS/CONSTRAINTS IN 2020

- Penitentiary authorities took steps to mitigate the spread of COVID-19 in places of detention; the ICRC provided technical advice and medical supplies, and protective equipment for prison staff.
- Detainees in overcrowded prisons had improved living conditions after the ICRC helped renovate waste-management systems and other infrastructure, installed handwashing stations, and provided hygiene items.
- The authorities, with the ICRC's support, took steps to identify the remains of several migrants who were victims of several shipwrecks off the coast of Tunisia.
- Tunisian families sent and received RCMs to/from relatives in conflict-affected countries, and migrants phoned their families; some of these families also received assistance to cope with the economic consequences of the pandemic.
- The ICRC's efforts to strengthen the Tunisian Red Crescent's operational and organizational capacities were put on hold, owing to administrative obstacles.

EXPENDITURE IN KCHF	
Protection	2,368
Assistance	2,262
Prevention	593
Cooperation with National Societies	111
General	112
Total	**5,446**
Of which: Overheads	*332*
IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	24
Resident staff (daily workers not included)	40

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	111
RCMs distributed	150
Phone calls facilitated between family members	4,207
Tracing cases closed positively (subject located or fate established)	41
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	27
Detainees in places of detention visited	22,287
of whom visited and monitored individually	233
Visits carried out	65
Restoring family links	
RCMs collected	140
RCMs distributed	67
Phone calls made to families to inform them of the whereabouts of a detained relative	156

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries		15
Water and habitat			
Water and habitat activities	Beneficiaries		224
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	3,000	2,640
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	3	4

CONTEXT

Armed groups reportedly remained active in Tunisia, particularly along its land borders (see *Algeria* and *Libya*). Government forces continued their campaign against these groups and made arrests under anti-terrorism legislation. The state of emergency in the country continued.

Migrants entered Tunisia to travel onwards to Europe via perilous sea routes or to settle in the country; some were in flight from armed conflict and/or regional instability. New arrivals, and returnees, were in quarantine/transit centres because of measures necessitated by the COVID-19 pandemic.

A number of Tunisians, including women and children, were detained in conflict-affected countries or returned to Tunisia from these countries (see *Libya* or *Syrian Arab Republic*). Some returnees alleged to have been involved in fighting were arrested on arrival.

Demonstrations linked to political tensions and the state of the economy sometimes led to clashes between participants and security forces personnel.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended. Tens of thousands of Sahrawis were living in refugee camps in Tindouf province, Algeria, for instance in Rabouni camp.

ICRC ACTION AND RESULTS

The ICRC visited detainees in Tunisia in accordance with its standard procedures. Some received particular attention: security detainees; people in solitary confinement and/or temporary detention; people who had returned to Tunisia from other countries; women; and children. Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment. The authorities were given expert advice on such matters as implementing measures to mitigate the spread of COVID-19 in places of detention; penitentiary authorities drew on the ICRC's expertise to improve sanitation and prison health services. The ICRC also gave them material support to these ends: it helped install handwashing stations, renovated waste-management systems and other infrastructure, and donated cleaning materials, personal protective equipment (PPE) and medical and other supplies. Detainees' living conditions improved after the ICRC distributed mattresses, hygiene items, and educational and recreational materials.

Members of families separated by armed conflict, detention, migration or other circumstances used the Movement's family-links services to reconnect. Tunisians sent and/or received RCMs to/from relatives in conflict-affected countries, and migrants phoned their families. Some among the most vulnerable of them received cash from the ICRC to help them cope with the economic consequences of the pandemic, or were referred to NGOs and other organizations for legal and other assistance. The authorities drew on the ICRC's expertise to ensure that the remains of dead migrants – including victims of several shipwrecks off the coast of Tunisia – were managed properly, and to enhance local capacities in forensics. The ICRC provided equipment, training and infrastructural support for medico-legal services and first responders in coastal areas and southern cities frequented by migrants; it also gave forensic professionals support to ensure that the human remains of COVID-19 victims were managed safely and properly.

Sahrawi refugees, including mine victims, regained mobility through physical rehabilitation and/or assistive devices obtained free of charge at an ICRC-supported centre in Rabouni hospital near Tindouf. Prospective physical rehabilitation professionals pursued their studies with the ICRC's help, which helped to ensure the sustainability of rehabilitative services.

The ICRC maintained its dialogue with Tunisian military and security forces on integrating IHL and other pertinent norms more fully into their decision-making, doctrine and training. The ICRC briefed military cadets on IHL. Guided by the ICRC, the Tunisian authorities continued to take steps to incorporate elements of IHL in their revised penal code. Tunisian academics learnt more about IHL at events organized by the ICRC. The ICRC continued to broaden awareness of its work, and of humanitarian issues, through dialogue and events with and for influential parties in Tunisia and elsewhere, and through public communication.

Several of the ICRC's activities – for instance, capacity building for Sahrawi mine action stakeholders, round tables and other events with or for the authorities, and events to foster awareness and understanding of IHL – did not take place as planned because of pandemic-related restrictions.

CIVILIANS

Pandemic-related movement restrictions (see *Context*) imposed in Tunisia and in Tindouf limited or prevented the implementation of some of the ICRC's planned activities, such as: round tables for Tunisian authorities and others on managing and identifying migrants' remains, and support for the activities of the Sahrawi Mine Action Coordination Office.

Members of families separated by armed conflict or migration reconnect through Movement services

The ICRC continued to monitor the situation of vulnerable people in Tunisia and elsewhere. ICRC delegates spoke directly with migrants and with Tunisians returning from conflict-affected countries. It responded to their protection-related needs and/or informed the authorities of their situation.

Members of families separated by armed conflict, migration or other circumstances reconnected through the Movement's family-links services, which were also available at the phone sites set up by the ICRC in coastal cities in previous years. These beneficiaries included migrants in transit centres, and others who had arrived in Tunisia recently and were in pandemic-related quarantine; the ICRC also distributed phone credit at quarantine centres, when family-links services could not be provided directly. Families sent and/or received RCMs to/from relatives in conflict-affected countries such as Libya and the

Syrian Arab Republic. It enabled a Tunisian family to visit a relative who had been resettled in a third country after his release from the US detention facility at the Guantanamo Bay Naval Station in Cuba (see *Paris*). Tunisian Red Crescent volunteers were given training in restoring family-links, and responding to emergencies such as the pandemic.

The pandemic had severely affected the finances of certain families using the ICRC's family-links services; the ICRC gave them cash to help them cope with their situation and/or referred them to NGOs and other organizations for legal and other assistance.

The ICRC continued to help families ascertain the fate of missing relatives. In Tunisia, the ICRC discussed a number of issues with embassy officials and others concerned: Tunisians missing at sea; Tunisians abroad who had gone missing; and foreigners in Tunisia who had gone missing. Families of missing people were permitted by the authorities, with the ICRC's facilitation, to view post-mortem photos to assist in the identification of migrants' remains. Tunisian authorities, with the support of Movement components, took steps to identify the remains of migrants who were victims of a shipwreck off the coast of Tunisia in June. Ivorian authorities and the ICRC worked to facilitate DNA testing of the remains of Ivorian migrants. The remains of three migrants were repatriated to Cameroon. The ICRC discussed possibilities for collaboration with local associations working in behalf of families of missing migrants.

The general public learnt more about the plight of missing people's families through a video posted online by the ICRC, to mark the International Day of the Disappeared.

The ICRC continued to monitor developments in missing-persons cases related to the 1975–1991 Western Sahara conflict.

Forensic experts bolster their capacity to manage human remains

Aided by the ICRC, the authorities endeavoured to enhance national capacities in managing and identifying human remains; this remained a subject of discussion between the two parties throughout the year.

Eighteen forensic experts from throughout the region exchanged views on the management and identification of human remains during an event organized by the ICRC in Tunisia in February. Tunisian experts and other African forensic professionals learnt more about managing human remains, particularly within the context of the pandemic, during conferences held online with the ICRC's help.

In coastal cities in Tunisia, over 80 people involved in the management and identification of migrants' remains – including members of the national guard, forensic services, and local authorities – boosted their skills during ICRC-led training sessions, during which they also learnt about specific procedures for safely managing the remains of COVID-19 victims.

In the coastal city of Gabès, local authorities, at the ICRC's urging, had allocated a section of the municipal cemetery for unidentified human remains in 2019; the authorities and the ICRC continued to work towards completing this section. ICRC-backed efforts to upgrade the premises of the medico-legal institution in Gabès were under way. These activities benefited 224 people in all.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees held by the interior and justice ministries at 27 places of detention. Some received particular attention: security detainees; people in solitary confinement and/or in temporary detention; people who had returned to Tunisia from other countries; women; and children. Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. The ICRC raised a number of issues with authorities: availability of legal counsel; family visits for detainees; health care; overcrowding; and additional challenges created by the pandemic for prison systems.

Detainees, notably foreigners and returnees, phoned or sent RCMs to their families. The ICRC collected short oral messages and relayed them between detainees and their relatives.

Authorities and the ICRC ensure more sanitary living conditions in places of detention

The ICRC focused on assisting the authorities' efforts to respond to the COVID-19 pandemic and mitigate the spread of the disease in places of detention. Some infrastructural projects did not push through owing pandemic-related constraints.

Health authorities and the ICRC discussed various issues affecting detainees' health, particularly the protection of detainees against COVID-19. The ICRC also donated PPE, thermometers and other medical supplies to help the authorities strengthen health services.

The ICRC worked with the pertinent authorities to improve hygiene and sanitation at places of detention; these efforts benefited some 2,600 detainees in all. It donated soap, hygiene items and disinfectant; it also helped the authorities set up handwashing stations and made recommendation on preventive measures. The ICRC produced posters that showed detainees and prison staff how to wash their hands for maximum protection against COVID-19. Detainees benefited or stood to benefit from various infrastructural improvements backed by the ICRC, including upgrades to prison waste-management facilities; the ICRC gave them mattresses, educational and recreational materials, and other items.

WOUNDED AND SICK

Owing to various pandemic-related constraints, activities to expand capacities among first responders in Tunisia were on hold for the year.

Sahrawi mine victims and other persons with disabilities regain some mobility

Around 330 Sahrawi refugees,[1] including mine victims, obtained free physical rehabilitation services and/or assistive devices at an ICRC-supported centre in the Rabouni hospital, near Tindouf. Patients who were particularly economically vulnerable had their travel costs covered by the ICRC; some families with children receiving treatment at the centre were given cash. The ICRC also provided basic care to a lesser extent, to refugees in camps.

Sixteen students worked towards becoming physical rehabilitation professionals by attending the necessary training, with the ICRC's financial and other support. Sahrawi health officials and the ICRC continued to discuss how to ensure the sustainability of physical rehabilitation services in the area and to work towards that end.

The services of the centre mentioned above, and the implementation of other activities to support the physical rehabilitation sector for Sahrawi refugees, were suspended from March to October because of pandemic-related constraints. Planned activities with local partners to foster social inclusion of persons with disabilities did not take place during the year for the same reasons.

ACTORS OF INFLUENCE

Because of pandemic-related restrictions, in-person events for military personnel and members of civil society, and certain other ICRC activities, did not take place.

Cadets at the Tunisian military college learn more about IHL

The ICRC continued to engage Tunisian military and security forces in dialogue, and to support their efforts to integrate IHL and other pertinent norms more fully into their decision-making, doctrine and training. Cadets at the Military Staff College familiarized themselves with IHL at an ICRC briefing.

Tunisian authorities continue to revise their penal code

Despite the pandemic, the ICRC remained in touch with the Tunisian authorities, and continued to give them expert advice for implementing IHL. The commission in charge of revising the penal code continued its work and was given technical support, specifically with regard to sanctions for war crimes.

Some 70 judicial officials, academics and other influential figures from the region discussed IHL and related matters at a conference in Tunisia, organized by the ICRC and the League of Arab States.

Tunisian academics learn more about IHL

The ICRC strove to explain its neutral, impartial and independent humanitarian action, and to broaden support for this approach. It also sought to raise awareness of various issues of humanitarian concern, such as the plight of missing people's families. The ICRC president's visit helped to draw attention to the work being done by the ICRC in the country. Journalists were kept up to date on the ICRC's activities in Tunisia and elsewhere, for instance, on its work for migrants and detainees; this helped them report on humanitarian issues more accurately. The ICRC also sought to support the regional response to the pandemic, by conducting communication campaigns to broaden awareness of COVID-19.

Students and teachers in Tunisia learnt more about IHL, and humanitarian issues, at seminars, information sessions and other ICRC events. A law teacher attended an advanced course on IHL instruction, with the ICRC's help.

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent remained active in the country, and continued to respond to emergencies such as natural disasters and maritime accidents. The ICRC trained National Society volunteers to assess family-links needs – for instance, among migrants who had fled violence, and missing people's families – and evaluate family-links services, including during emergencies such as the pandemic (see *Civilians*). Progress in strengthening the National Society's operational and institutional capacities was very limited, partly because of administrative constraints.

Certain planned coordination meetings – involving the National Society, the International Federation, the ICRC, and other Movement components – could not take place.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	111	1		
RCMs distributed	150			
Phone calls facilitated between family members	4,207			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	178	47	23	13
including people for whom tracing requests were registered by another delegation	38			
Tracing cases closed positively (subject located or fate established)	41			
including people for whom tracing requests were registered by another delegation	3			
Tracing cases still being handled at the end of the reporting period (people)	491	80	52	44
including people for whom tracing requests were registered by another delegation	125			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	27			
Detainees in places of detention visited	22,287	734	228	
Visits carried out	65			
		Women	Girls	Boys
Detainees visited and monitored individually	233	19	1	3
of whom newly registered	81	3	1	3
RCMs and other means of family contact				
RCMs collected	140			
RCMs distributed	67			
Phone calls made to families to inform them of the whereabouts of a detained relative	156			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	15		10
Water and habitat				
Water and habitat activities	Beneficiaries	224	90	22
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	2,640	53	26
Health care in detention				
Places of detention visited by health staff	Structures	16		
Health facilities supported in places of detention	Structures	3		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		4		
of which physical rehabilitation projects supported regularly		1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	328	104	63
of whom victims of mines or explosive remnants of war		*		
Prostheses delivered	Units	*		
Orthoses delivered	Units	55		
Physiotherapy sessions		151		
Walking aids delivered	Units	221		
Wheelchairs or postural support devices delivered	Units	55		
Referrals to social integration projects		24		

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

UGANDA

The ICRC has been present in Uganda since 1979. It helps reunite children and their families who were separated in relation to the non-international armed conflict in northern Uganda (1986–2006), or to violence in neighbouring countries, such as South Sudan or the Democratic Republic of the Congo. The ICRC monitors the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among government forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

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

KEY RESULTS/CONSTRAINTS IN 2020

- Refugees, including unaccompanied minors, restored contact with their relatives through the Movement's family-links services. Aided by the Uganda Red Cross Society and the ICRC, some of them rejoined their families.
- Government officials, and military and security forces personnel, including peacekeeping troops bound for Somalia, learnt about IHL, international human rights law and the ICRC's humanitarian work at ICRC training sessions.
- The ICRC gave prison authorities material and technical support for their COVID-19 response. Detainees had access to family-links services and family visits; however, these visits were suspended after the onset of the pandemic.
- Aided by the ICRC, the National Society strengthened its ability to deliver family-links services and emergency response, and disseminate information on COVID-19, in accordance with the Safer Access Framework.

EXPENDITURE IN KCHF	
Protection	3,720
Assistance	-
Prevention	461
Cooperation with National Societies	630
General	73
Total	**4,883**
Of which: Overheads	*298*
IMPLEMENTATION RATE	
Expenditure/yearly budget	92%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	52

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,980
RCMs distributed	877
Phone calls facilitated between family members	94,146
Tracing cases closed positively (subject located or fate established)	585
People reunited with their families	46
of whom unaccompanied minors/separated children	35
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	16,139
of whom visited and monitored individually	117
Visits carried out	30
Restoring family links	
RCMs collected	40
RCMs distributed	95
Phone calls made to families to inform them of the whereabouts of a detained relative	22

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries		2
Living conditions	Beneficiaries		1
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		32,207

CONTEXT

Uganda continued to host people fleeing armed conflict or other situations of violence in South Sudan and other neighbouring countries. As in the past, people from South Sudan continued to enter north-western Uganda, specifically, the West Nile region. The border, closed to check the spread of COVID-19, was opened temporarily – as an exceptional measure – to admit the thousands of people fleeing renewed violence in the Democratic Republic of the Congo.

Land disputes in western and northern Uganda remained unresolved, and natural disasters continued to blight people's lives. Violence – arising, allegedly, from communal tensions over limited resources – continued to occur. All this caused casualties and displacement, and damaged public property. The influx of people contributed to worsening conditions in refugee settlements. Measures to curb the pandemic further restricted access to livelihood opportunities for refugees and host communities. Security was not the only issue of concern. Riots and protests increased with the approach of the general elections, and often led to violence and casualties. People faced several other challenges, such as: inadequate protection-related services, which caused loss of family contact; increasing risks of child labour and early marriages, resulting from a combination of the economic difficulties caused by the pandemic and the pandemic-related closure of schools; since the lockdowns, sexual and other violence reportedly increased.

Uganda took various measures to check the spread of COVID-19: it suspended public transport and air travel, and implemented a nationwide lockdown and curfew. These restrictions, most of which were subsequently lifted, slowed down economic activity and limited access to essential services.

Expanded security operations – in response to political violence and to enforce measures against COVID-19 – reportedly led to thousands of people being arrested and/or detained. Detainees were held in overcrowded places of detention: the congestion was exacerbated by delays in judicial processes and arbitrary arrests. Many people were unable to notify their families of their incarceration or whereabouts.

The Uganda People's Defence Force (UPDF) contributed troops to the African Union Mission in Somalia.

ICRC ACTION AND RESULTS

The ICRC monitored the situation of vulnerable people in Uganda – particularly refugees and detainees – and responded to some of their needs. It was unable to document their protection-related concerns because of restrictions necessitated by the pandemic.

In coordination with other Movement components, the ICRC provided comprehensive support for the Uganda Red Cross' COVID-19 response. The joint response was adapted to needs brought by the pandemic and focused on the provision of family-links services and vital information on COVID-19 to vulnerable people. The ICRC also supported training on the management of human remains for National Society personnel.

As people fleeing violence continued to enter Uganda, the ICRC – together with the National Society – strengthened family-links services in the country. It put up tents within refugee settlements, which the National Society used to provide these services, and helped them to recruit, train and equip additional personnel. These joint efforts enabled thousands of refugees to restore or maintain contact with their families through phone calls and RCMs. The ICRC paid particular attention to unaccompanied minors, including those previously associated with armed groups or who had fled violence in Uganda or elsewhere; a number of them were reunited with their families. The ICRC also helped refugee children to obtain the documents necessary to enroll in school or register for exams. A pilot project to help refugee adolescents obtain vocational training could not be carried out because of the pandemic.

The ICRC visited detainees, in accordance with its standard procedures, to assess their treatment and living conditions. Afterwards, it communicated its findings – and, where necessary, its recommendations – confidentially to the authorities. Some detainees used the ICRC's family-links services to stay in touch with their relatives; two of them received family visits arranged by the ICRC. These visits were, however, suspended because of the pandemic. The ICRC provided prison authorities with material and technical support for their COVID-19 response in prisons. ICRC training and dissemination sessions helped broaden awareness of COVID-19 among detainees and prison staff.

The ICRC maintained its efforts to advance understanding of IHL, and reinforce support for the Movement, among government officials and military and security forces personnel. It also briefed them on IHL and human rights law.

The ICRC helped the National Society strengthen its ability to provide family-links services, disseminate information and deliver emergency response, in line with the Safer Access Framework.

CIVILIANS

The ICRC reminded authorities and weapon bearers – through meetings with UPDF and Uganda Police Force (UPF) officials – of their obligations under IHL, human rights law and other applicable norms to protect civilians and ensure access to essential services such as health care. It made written representations to the authorities to prevent arbitrary arrests and illegal imprisonment; to reiterate to them the importance of abiding by law enforcement standards; and to ensure that law enforcement personnel receive adequate training in restoring peace and order, and particularly to adapt their standard procedures to the exigencies of the pandemic.

The National Society and the ICRC work together to curb COVID-19

The ICRC, together with the Uganda Red Cross, worked to address the humanitarian concerns arising from the pandemic and adapted its response to the needs of those affected. It provided National Society personnel with personal protective equipment (PPE) and hand sanitizers to help them follow the government's COVID-19 safety protocols – a matter of more than usual importance, as they disseminated information

on COVID-19, and conducted screening and community-engagement activities in various communities, settlements and border entry points.

To mitigate the risk of further infection from those who died due to COVID-19, the ICRC financed human-remains management training and provided PPE for a National Society team tasked to handle dead bodies.

Members of separated families reconnect

The National Society and the ICRC worked together to provide family-links services to people in refugee settlements. These services were suspended after the onset of the pandemic but resumed in August. Refugees, the authorities and others were informed of the resumption of activities through radio broadcasts.

Financial, material and technical support from the ICRC enabled the National Society to carry out family-links activities more effectively and tackle staffing issues. It was given motorcycles, bicycles, cameras, printers, and other equipment; additional staff were hired to deliver family-links services. The ICRC also trained National Society staff and volunteers to restore family links and manage tracing cases, including at quarantine centres and designated hospitals. The subjects covered during this training included child protection, measures against COVID-19, and data protection. The ICRC put up six tents within refugee settlements to house National Society family-links services and provided the office equipment necessary.

The Movement's family-links services – phone calls (94,146), RCMs (1,980 collected; 877 distributed), and tracing – enabled people who had fled armed conflict and other violence in South Sudan (see *South Sudan*) and other countries to get back in touch with their relatives. National Society volunteers, supported by the ICRC, reunited 46 people with their families. Dissemination of leaflets at settlements helped publicize the family-links services available to refugees. As part of their pandemic response, the National Society and the ICRC worked with the health ministry to make free phone calls available for people in select quarantine centres or hospitals who may have lost contact with their relatives.

The ICRC assessed conditions in refugee settlements, paying close attention to unaccompanied minors, some of whom had been associated with armed groups or had fled violence in Uganda or elsewhere. It evaluated their access to education; coordination with the UNHCR and other child-protection actors regarding the protection needs of children was also carried out. Some 35 minors rejoined their families with the help of the National Society and the ICRC. The ICRC helped refugee children to obtain the documents necessary to register for national examinations; it also assisted several refugee children – through its delegation in South Sudan – to acquire their school certificates (48 in total) necessary for enrolment from the South Sudanese education ministry.

An ICRC pilot project to provide vocational training for refugee adolescents was not carried out because of the pandemic. Recruitment and training of National Society staff for this project did, however, take place.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in 20 places of detention, in accordance with its standard procedures. These facilities held 16,139 people, including some minors and women. Findings from these visits, concerning detainees' treatment and living conditions, were submitted confidentially to the authorities. After the onset of the pandemic, visits to detention facilities were suspended, but the ICRC monitored the situation in these prisons through regular online meetings and phone calls with detaining authorities. When visits resumed in September, they incorporated COVID-19 safety protocols.

Discussions with the authorities, including the Chieftaincy of Military Intelligence (CMI), the UPF, the UPDF and the Uganda Prisons Service (UPS) continued. These discussions covered such subjects as the availability of health care and sanitation for detainees and checking the spread of COVID-19 in prisons. The ICRC made oral and/or written representations to these authorities on such matters as alleviating overcrowding in prisons, and the necessity of ensuring that minors are separated from adults in prison. It also continued to seek access to all detainees within its purview.

The ICRC helped the authorities control the spread of COVID-19 in prisons. It provided 63 places of detention with hygiene items, PPE, cleaning materials and posters bearing vital information on COVID-19; 32,207 detainees benefited. It also gave the authorities technical support to finalize an emergency-preparedness-and-response plan. About 500 prison staff learnt more about COVID-19 through training, which was financially supported by the ICRC. The ICRC also arranged information sessions on the same subject for detainees.

Detainees restore or maintain contact with their relatives

Some detainees drew on the ICRC's family-links services, such as RCMs or brief oral messages relayed by ICRC delegates. The ICRC arranged for two detainees to be visited by their families, and covered transportation costs for two family members. Family visits were suspended after the onset of the pandemic. The ICRC responded by providing detaining authorities with mobile phones, SIM cards and phone credit, enabling them to help detainees stay in touch with their relatives.

With the ICRC's help, foreign detainees notified their embassies of their situation.

ACTORS OF INFLUENCE

Military and security personnel, and others, learn more about IHL

At ICRC dissemination sessions, and during an online training session, senior officials from the foreign affairs ministry, and 105 station commanders from a Ugandan police training school, strengthened their grasp of IHL and human rights law, and learnt about the ICRC's activities for vulnerable people, especially those affected by violence and the pandemic. Troops and UPDF officers bound for the African Union Mission in Somalia learnt about these matters from ICRC presentations during their predeployment training.

The ICRC financially supported training in measures against COVID-19 for UPDF, UPS and UPF personnel.

Several university students participated in the national IHL inter-university moot court competition hosted by the ICRC.

The National Society improves its public communication

Nearly 200 members of the National Society's Red Cross Action teams – which received emergency response kits and other items, and technical support, from the ICRC – strengthened their communication skills through ICRC training, especially in dealing with the media, as they are often the first responders to crises or emergencies. These teams helped transport wounded and sick people to hospital, provide first aid and make referrals to hospitals.

The National Society – with technical and financial support from the ICRC – produced videos of families being reunited at refugee settlements in south-western Uganda. These videos, posted online, helped publicize the work done by the National Society and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Uganda Red Cross Society and the ICRC worked together to address the needs of people affected by violence, or by natural disasters and other emergencies. The ICRC provided technical, material, and financial support for the National Society's COVID-19 response, in coordination with other Movement components. After making several representations to the foreign affairs ministry and the UPF, the National Society and the ICRC were recognized as essential services by the government, and their vehicles permitted to move freely throughout the country.

The ICRC strengthened the National Society's ability to deliver family-links services, disseminate information, and respond to emergencies, especially during the pandemic. National Society staff and volunteers were trained – at workshops organized or supported by the ICRC – to apply the Safer Access Framework. Structural and financial reforms at the National Society continued, with expert guidance from the ICRC.

The ICRC continued to coordinate its activities with Movement components and others.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,980	113		
RCMs distributed	877	28		
Phone calls facilitated between family members	94,146			
Reunifications, transfers and repatriations				
People reunited with their families	46			
including people registered by another delegation	4			
People transferred or repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	599	113	183	37
including people for whom tracing requests were registered by another delegation	66			
Tracing cases closed positively (subject located or fate established)	585			
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)	1,452	361	347	122
including people for whom tracing requests were registered by another delegation	252			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	206	86		
UAMs/SC reunited with their families by the ICRC/National Society	35	18		
including UAMs/SC registered by another delegation	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	484	185		
Documents				
People to whom official documents were delivered across borders/front lines	71			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	16,139	1,187	38	
Visits carried out	30			
		Women	Girls	Boys
Detainees visited and monitored individually	117	3		2
of whom newly registered	97	3		2
RCMs and other means of family contact				
RCMs collected	40			
RCMs distributed	95			
Phone calls made to families to inform them of the whereabouts of a detained relative	22			
Detainees visited by their relatives with ICRC/National Society support	2			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	2		
Living conditions	Beneficiaries	1	1	
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	32,207	2,974	

YAOUNDÉ (regional)

COVERING: *Cameroon, Equatorial Guinea, Gabon, São Tomé and Príncipe*

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between separated family members, including migrants, and responds to the emergency needs of refugees, IDPs and other violence-affected people in Cameroon. It pursues longstanding programmes to spread knowledge of IHL among the region's authorities, armed forces and civil society, and supports the development of the National Societies.

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

KEY RESULTS/CONSTRAINTS IN 2020

- In Cameroon, farmers received seed and tools, and herders benefited from livestock vaccination campaigns. ICRC cash grants and cash-for-work projects enabled breadwinners to start small businesses or earn money.
- IDPs and returnees in Cameroon's Far North region – including people whose homes were destroyed by floods or violence – received household essentials and/or cash to buy food or rebuild their homes.
- In Cameroon, 14 health facilities were given handwashing kits and other supplies to check the spread of COVID-19, and/or medicines and wound-dressing kits for handling influxes of victims of violence.
- Prison visits were suspended for most of the year due to the pandemic, however, the ICRC supported detaining authorities' COVID-19 response. Detainees in 22 prisons received hygiene kits and other items.
- Members of families separated by armed conflict or other situations of violence, or detention, reconnected through the Movement's family-links services; some separated children were reunited with their families.
- With the ICRC's help, the National Societies in Cameroon, Gabon and São Tomé and Príncipe broadcast radio spots to inform people about the Movement, draw attention to humanitarian issues, and/or raise awareness of COVID-19.

EXPENDITURE IN KCHF	
Protection	3,860
Assistance	14,760
Prevention	2,343
Cooperation with National Societies	1,364
General	296
Total	**22,622**
Of which: Overheads	*1,381*
IMPLEMENTATION RATE	
Expenditure/yearly budget	83%
PERSONNEL	
Mobile staff	38
Resident staff (daily workers not included)	184

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	108
RCMs distributed	42
Phone calls facilitated between family members	11
Tracing cases closed positively (subject located or fate established)	169
People reunited with their families	13
of whom unaccompanied minors/separated children	11
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	6
Detainees in places of detention visited	3,390
of whom visited and monitored individually	145
Visits carried out	7
Restoring family links	
RCMs collected	40
RCMs distributed	21
Phone calls made to families to inform them of the whereabouts of a detained relative	14

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	121,800	111,558
Food production	Beneficiaries	366,000	495,104
Income support	Beneficiaries	186,000	80,434
Living conditions	Beneficiaries	42,000	44,992
Water and habitat			
Water and habitat activities	Beneficiaries	113,980	41,243
Health			
Health centres supported	Structures	9	14
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,060	4,455
Water and habitat			
Water and habitat activities	Beneficiaries	10,000	19,890
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		1
Water and habitat			
Water and habitat activities	Beds (capacity)		375

CONTEXT

In the Far North region of Cameroon, fighting continued between government forces and factions of the armed groups known as "the Islamic State's West Africa Province" and Jama'atu Ahlis Sunna Lidda'awati wal-Jihad. Cameroon – along with Chad, Niger and Nigeria – contributed troops to the Multinational Joint Task Force.

In Cameroon's North-West and South-West regions, instances of abuse by weapon bearers continued to be reported. The security situation reportedly deteriorated during the election in February, and worsened after it.

Arrests were made in connection with the violence described above; overcrowding and limited access to health care remained a concern in places of detention. The violence had an outsized impact on those not involved in the fighting: many were displaced or remained so; and all struggled to meet their needs. The COVID-19 pandemic and the government measures it necessitated only added to their difficulties. Few health facilities were functioning.

Security, logistical and financial constraints continued to prevent humanitarian actors from reaching communities in the North-West and South-West regions, near the border with Nigeria, along the shores of Lake Chad, and elsewhere.

Large numbers of Cameroonians sought refuge in Nigeria. The pandemic and the situation in their country prevented refugees from the Central African Republic (hereafter CAR) from returning home.

Socio-economic and political tensions persisted in the countries covered by the regional delegation and throughout the wider region.

ICRC ACTION AND RESULTS

Security concerns and logistical challenges notwithstanding, the ICRC and the Cameroon Red Cross Society continued to assist people affected by conflict and other violence. IDPs, members of host communities and others received food and/or household essentials. In Cameroon's Far North region, distributions of seed and farming tools, and livestock vaccination campaigns, expanded people's capacities in food production. People met their household expenses with the help of money earned from ICRC cash-for-work projects or through productive activities made possible by ICRC cash grants. Victims of floods and attacks by weapon bearers received relief aid, such as household essentials and/or cash to buy food or repair their houses. Logistical constraints delayed some of the ICRC's water projects; as a result, potable water was made available to fewer people than planned. Nevertheless, hand pumps and water-supply systems were repaired, installed or constructed, and local technicians trained to ensure their long-term functioning: this made clean water more readily available to some people. Because of the pandemic and other emergencies, the ICRC provided support for more health facilities than planned: for instance, it donated protective equipment and other supplies for checking the spread of COVID-19. Six of these facilities, in the Far North region, were given regular support to ensure the availability of good-quality health services. Because of insecurity and other constraints, plans for assistance activities in the North-West and South-West regions could not be realized.

Members of families separated by armed conflict or other violence, or detention, restored and maintained contact through the Movement's family-links services. People put in requests to trace missing relatives. Some minors were reunited with their relatives in Cameroon and elsewhere. The ICRC gave detainees financial assistance to return home after their release.

The ICRC sought access to all detainees within its purview. Where it had access, and when possible, the ICRC monitored the treatment and living conditions of detainees in Cameroon. Findings and recommendations were communicated confidentially to the authorities concerned. At one prison, the ICRC enabled malnourished detainees to meet their nutritional requirements and ensured detainees' access to suitable health-care services. Prison visits were suspended for most of the year due to the pandemic, so the ICRC focused on providing material and technical support for detaining authorities' COVID-19 response. It also sought to strengthen its dialogue with authorities, weapon bearers and other influential actors, to help them reach a fuller understanding of its detention-related activities.

In all its interaction with the authorities, weapon bearers and members of civil society, the ICRC strove to expand understanding and acceptance of the ICRC and the Movement as a whole; neutral, impartial and independent humanitarian action; and IHL and other relevant norms. One of the ICRC's main aims in doing so was to ensure the delivery of aid to vulnerable people, particularly IDPs, and to contribute to their protection. Military and security forces personnel and cadets attended various ICRC events aimed at strengthening their grasp of the norms applicable to their duties; they were urged to take measures against unlawful conduct, including sexual violence.

The ICRC gave the National Societies in the region, particularly the Cameroonian Red Cross, various forms of support to expand their operational and administrative capacities and strengthen their COVID-19 response. The political and/or economic situation and pandemic-related restrictions in their countries, however, sometimes hampered discussions and limited activities with the National Societies. Movement components, especially those working in the Lake Chad region, met regularly to coordinate their activities.

CIVILIANS

From March onwards, the ICRC carried out all its activities in line with preventive measures against COVID-19. Owing to the pandemic and the measures it necessitated, some ICRC activities and events were cancelled or postponed (see *People deprived of their freedom*, for example).

IDPs and refugees in Cameroon reconnect with their relatives

The ICRC maintained its dialogue with the authorities and various weapon bearers in Cameroon – especially in relation to

conflict in the Far North and other violence in the North-West and South-West – on the protection due to civilians under IHL, international human rights law and/or other norms applicable to their operations (see *Actors of influence*). It reminded them to protect people against unlawful conduct, including sexual violence, and to ensure access to basic services such as health care (in line with the Health Care in Danger initiative). Military and security forces, and military medical personnel, were given masks, gloves and/or body bags to help ensure their protection while responding to the pandemic.

The ICRC gave the National Societies in the region, particularly the Cameroon Red Cross Society, training and other support for improving their family-links services. Guided by the ICRC, the Gabonese Red Cross Society worked to incorporate these services in their emergency response. In Cameroon, people separated from their families by conflict or other violence, or detention, reconnected with them through RCMs and other family-links services (see also *People deprived of their freedom*). People sought the ICRC's help to ascertain the fate and whereabouts of missing relatives. They lodged tracing requests with the ICRC: 169 tracing cases were resolved. The Cameroon Red Cross and the ICRC helped reunite 13 people, mainly minors, with their families – five of them in Cameroon, and the rest in the CAR and Nigeria.

The ICRC and the Cameroonian Red Cross met with IDPs in the North-West and South-West to learn more about their needs and vulnerabilities. Having established that some of them were without official documents, and that this put them at risk, the ICRC and the National Society set up a pilot project to help them obtain birth certificates and national identity cards in Douala. Throughout the year, the ICRC raised awareness among these IDPs, and among conflict-affected people in the north, of the services available to them. Where necessary, it referred people to appropriate services (see below). It worked with other stakeholders to ensure that victims/survivors of sexual violence received medical and other assistance.

Violence-affected people are helped to meet their needs and protect themselves against disease

Various constraints prevented the ICRC from expanding the scope of its activities in the North-West and South-West regions of Cameroon, but it continued to aid people in need in the Far North. To help check the spread of COVID-19, the ICRC provided soap and other hygiene items in all its aid distributions and informed people of measures to protect themselves against the disease. Around 17,700 IDP and other vulnerable households (111,558 people) were given food; some 440 of these households (2,700 people) had malnourished children under the age of five and were given supplemental beans, rice, and fortified flour. Households with pregnant or nursing women were briefed on good hygiene and cooking practices. Some 7,470 displaced and returnee households (44,992 people) – including those whose homes were destroyed or damaged by floods and violence in the Far North region – were given household essentials, such as cooking utensils, blankets and solar lamps.

The ICRC continued to help people in the Far North region of Cameroon to produce food. It worked with the livestock ministry to vaccinate and deworm hundreds of thousands of animals, and gave personnel from the ministry supplies and equipment to provide these services independently. These activities were carried out during the dry season, during which roads were more accessible; as a result, more households than planned went to the vaccination sites and availed of these services. It also built a number of livestock-vaccination pens and pastoral wells (see below). In all, 70,504 herding households (423,062 people) benefited. The Cameroonian Red Cross and the ICRC provided 12,007 farming households (72,042 people) with seed, fertilizer and tools; some of these households were also given cash so that they would not have to sell seed meant for planting or to tide them over until the harvest.

The ICRC helped breadwinners in the Far North region of Cameroon earn money to cover their household expenses. Roughly 1,000 heads of households (supporting 6,126 people) were paid to construct communal infrastructure, such as irrigation canals and dykes; handwashing stations were installed while people worked to construct these facilities, to help prevent the spread of COVID-19. Another 548 breadwinners (supporting 3,288 people) were given cash to set up small businesses. Some 11,800 households (71,020 people) – including victims of floods or violence – were also given cash, to buy food or repair their houses.

Access to potable water is broadened

Logistical constraints, resulting partly from floods, delayed implementation of some of the ICRC's water projects in the Far North region. Potable water became more readily available to some 29,200 people – fewer than expected – after the ICRC repaired, installed or constructed hand pumps and water-supply systems. The construction of livestock-vaccination pens and pastoral wells benefited both farming and herding households, about 4,500 people in all. The ICRC provided local technicians, and some Cameroon Red Cross volunteers, with material support and training to ensure the long-term functioning of water-supply systems, including those it had repaired or constructed.

Latrines were built for some 7,600 people at an IDP camp; the ICRC also trained members of hygiene and sanitation committees to help clean the latrines and manage the disposal of household waste.

Improvements were made to the infrastructure at four ICRC-supported health facilities (375 beds; see below). Solar-powered refrigerators for vaccine storage were donated to two primary-health-care centres and solar panels installed – to ensure a reliable supply of electrical power – at a hospital in Maroua. Facilities for COVID-19 cases were upgraded at a hospital in Kousseri.

Construction of a new office for the Cameroon Red Cross was under way at the end of 2020.

Suitable health care is made available to communities in Cameroon's Far North region

Because of poor security conditions, only a few health facilities were functioning in the Far North region. The precarious security situation and a government-imposed curfew limited

access to health services. Suitable services were, however, available at six primary-health-care centres that received regular ICRC support: supplies, training, technical advice, funds and/or infrastructural repairs. Malnourished people, pregnant women and others obtained good-quality curative, preventive and ante/post-natal services; 23,946 doses of polio vaccine were administered to children and 1,453 patients referred to hospitals for further care.

The hospital in Mada – the only facility in the Logone-et-Chari department where surgical operations were performed – continued to receive support from the ICRC: drugs, surgical instruments, wound-dressing kits, technical advice, and training. The ICRC covered the costs of surgery for 276 patients.

The ICRC provided ad hoc material support for 14 health facilities, including those mentioned above: it donated personal protective equipment, handwashing kits and other supplies to help ensure adherence to measures against COVID-19, and/or medicines and wound-dressing kits for handling influxes of casualties of violence. Because of the pandemic and other emergencies, more facilities were reached than planned. Community health workers and Cameroon Red Cross volunteers were trained to raise awareness of measures against COVID-19.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive visits from the ICRC

The ICRC pursued dialogue with detaining authorities (see also *Actors of influence*), in order to secure and/or broaden its access to all detainees within its purview. Where it had access, and when possible, the ICRC visited prisons in Cameroon in accordance with its standard procedures. It paid particular attention to people with specific needs: security detainees, women, minors and foreigners; 145 detainees were monitored individually. Findings and recommendations were communicated confidentially to the relevant authorities, with a view to ensuring that detainees' treatment and living conditions met internationally recognized standards.

Some detainees in Cameroon contacted their relatives through the Movement's family-links services. The ICRC made 14 phone calls to inform families of the whereabouts of detained relatives. The ICRC enabled two detainees to receive visits from their relatives and 35 foreigners to notify their consular representatives or UNHCR of their detention. Four detainees were given financial assistance to return home after their release.

When it had to suspend prison visits from March to September because of the pandemic, the ICRC focused on providing material and technical support for the detaining authorities' response to COVID-19. Other activities were scaled down or cancelled; they included training for prison health staff in managing common/communicable diseases and dialogue with the authorities on such matters as the respect for judicial guarantees.

Detaining authorities work to address COVID-19 and meet detainees' needs with ICRC support

In Cameroon, the ICRC supported the detaining authorities' response to COVID-19 by donating hygiene kits, face masks and cleaning items to 22 facilities collectively holding 19,890 detainees. It also held information sessions for detainees, and training sessions for health staff, on the disease.

The ICRC continued to provide comprehensive medical, nutritional and other assistance to one priority prison in Maroua. Authorities at this prison were given technical support for managing the food-supply chain, and some 4,500 detainees were provided with monthly rations of supplementary food. Prison health staff were urged to medically screen new arrivals, and given material assistance in therapeutic feeding for malnourished inmates. Detainees had access to health services at the prison clinic, which received drugs, medical supplies, staff training and technical support from the ICRC. Those in need of specialized treatment were referred for further care and their treatment costs covered; the ICRC signed a memorandum of understanding with the authorities to provide the same services, when necessary, for detainees at a prison in Douala.

The ICRC provided a prison in Garoua with material and technical support to tackle outbreaks of measles and acute malnutrition; therapeutic food was donated for severely malnourished detainees. Ad hoc donations of food were made to another prison, in Kousseri.

Water towers were constructed at two places of detention: some 4,500 detainees, among those mentioned above, benefited. Staff at one of these prisons were helped to develop their capacities in hygiene promotion.

ACTORS OF INFLUENCE

Military and security forces strengthen their grasp of IHL and other norms

In Cameroon, military personnel attended various events organized by the ICRC – such as dissemination sessions and workshops – where they furthered their understanding of IHL, human rights law, and other norms applicable to their duties. Police and other security forces were given training in international policing standards, for example, in connection with detention or with the use of force during law enforcement operations. The Cameroonian armed forces – whose troops often joined police forces in maintaining public order – were also trained in these standards, to ensure their ability to determine the legal framework applicable to a given situation.

The ICRC organized dissemination sessions, on IHL and human rights law, for military and *gendarmerie* cadets. Senior military officers were urged to integrate IHL and other applicable norms into their operations. An officer of the Cameroonian military participated in an online conference – on IHL and human rights law – organized by the ICRC and the African Union.

The ICRC sought to contact certain armed opposition groups in the North-West and South-West regions of Cameroon, with a view to raising awareness among them of human rights law, IHL and other applicable norms.

The ICRC conducted IHL training sessions at a military school in Libreville, Gabon; 120 cadets took part.

Members of civil society and the authorities learn more about the ICRC and the Movement

Aided by the ICRC, the National Societies in Cameroon, Gabon, and São Tomé and Príncipe produced radio spots to draw attention to humanitarian issues, make humanitarian principles and the Movement more widely known, and/or raise awareness of COVID-19. These radio spots and other public-communication initiatives – such as dissemination sessions and distribution of informational materials – made people in Cameroon aware of the services available to them. In the North-West and South-West regions of Cameroon, some 600 children learnt how to protect themselves against COVID-19 – from informational materials that were distributed along with school kits and hygiene items. About 1,100 religious leaders, and scholars and other members of civil society from Cameroon's Far North, North-West and South-West regions learnt about the ICRC at dissemination sessions.

Briefings, press releases and reference materials from the ICRC gave members of the local and the international media a fuller picture of humanitarian work during armed conflict and other violence, and enabled them to cover the ICRC and other Movement components' activities more accurately. With the ICRC's support, a Cameroonian university organized a conference on IHL; academics, military and the security forces personnel, regional officials, and members of civil society from Cameroon attended the event.

In Cameroon, the ICRC strove – through such means as dissemination sessions and training – to help weapon bearers, detaining and judicial authorities, and members of civil society to reach a fuller understanding of its detention-related activities and the needs of IDPs.

Whenever the opportunity arose, the ICRC urged legislators to ratify IHL and IHL-related treaties and adopt related legislative measures. In Cameroon, the ICRC organized a round table for government officials on implementing the African Union Convention on IDPs.

RED CROSS AND RED CRESCENT MOVEMENT

The political and/or economic situations, and pandemic-related restrictions, in their countries sometimes hampered discussions and limited activities with some of the National Societies in the region. The ICRC and other Movement components gave them various forms of support to strengthen their operational and administrative capacities, and their response to COVID-19.

The Cameroon Red Cross Society, in particular, responded to people's needs – including in relation to the pandemic and other emergencies – and broadened awareness of humanitarian principles and the Movement (see *Civilians and Actors of influence*). The ICRC trained its volunteers in first aid, and provided insurance coverage for some 2,000 of them who were working in high-risk areas.

Volunteers from the São Tomé and Príncipe Red Cross were given supplies and training for health-related activities – preventing the spread of COVID-19, for example – at the community level; the ICRC helped cover the cost of internet services for the National Society.

Regional Movement meetings were held online. Movement components, especially those working in the Lake Chad region, coordinated their activities to maximize impact and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	108	27		
RCMs distributed	42	4		
Phone calls facilitated between family members	11			
Reunifications, transfers and repatriations				
People reunited with their families	13			
including people registered by another delegation	6			
People transferred or repatriated	5			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	793	108	124	148
including people for whom tracing requests were registered by another delegation	185			
Tracing cases closed positively (subject located or fate established)	169			
including people for whom tracing requests were registered by another delegation	35			
Tracing cases still being handled at the end of the reporting period (people)	1,986	167	204	354
including people for whom tracing requests were registered by another delegation	322			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	22	10		4
UAMs/SC reunited with their families by the ICRC/National Society	11	6		
including UAMs/SC registered by another delegation	6			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	103	31		8
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	6			
Detainees in places of detention visited	3,390	100	140	
Visits carried out	7			
		Women	Girls	Boys
Detainees visited and monitored individually	145	16	2	4
of whom newly registered	64	3	1	3
RCMs and other means of family contact				
RCMs collected	40			
RCMs distributed	21			
Phone calls made to families to inform them of the whereabouts of a detained relative	14			
Detainees visited by their relatives with ICRC/National Society support	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	111,558	36,126	52,692
of whom IDPs		50,839	14,826	25,988
Food production	Beneficiaries	495,104	112,854	139,901
of whom IDPs		132,513	28,302	36,513
Income support	Beneficiaries	80,434	24,059	38,999
of whom IDPs		36,998	10,866	18,133
Living conditions	Beneficiaries	44,992	14,057	21,029
of whom IDPs		25,565	8,015	11,999
Water and habitat				
Water and habitat activities	Beneficiaries	41,243	12,340	8,210
Primary health care				
Health centres supported	Structures	14		
of which health centres supported regularly		6		
Average catchment population		189,947		
Services at health centres supported regularly				
Consultations		106,412		
of which curative		94,059	20,638	58,886
of which antenatal		12,353		
Vaccines provided	Doses	82,928		
of which polio vaccines for children aged 5 or under		23,946		
Referrals to a second level of care	Patients	1,453		
of whom gynaecological/obstetric cases		120		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	4,455	101	139
Water and habitat				
Water and habitat activities	Beneficiaries	19,890	597	398
Health care in detention				
Places of detention visited by health staff	Structures	17		
Health facilities supported in places of detention visited	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		885		
Weapon-wound admissions (surgical and non-surgical admissions)		10		
Weapon-wound surgeries performed		10		
Patients whose hospital treatment was paid for by the ICRC		276		
Water and habitat				
Water and habitat activities	Beds (capacity)	375		