

# EUROPE AND CENTRAL ASIA

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	397
RCMs distributed	282
Phone calls facilitated between family members	17,169
Tracing cases closed positively (subject located or fate established)	415
People reunited with their families	67
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	123
Detainees in places of detention visited	50,581
<i>of whom visited and monitored individually</i>	498
Visits carried out	252
<b>Restoring family links</b>	
RCMs collected	296
RCMs distributed	273
Phone calls made to families to inform them of the whereabouts of a detained relative	44

<b>EXPENDITURE IN KCHF</b>	
Protection	40,026
Assistance	64,687
Prevention	17,791
Cooperation with National Societies	8,996
General	1,042
<b>Total</b>	<b>132,543</b>
<i>Of which: Overheads</i>	<i>7,877</i>

<b>IMPLEMENTATION RATE</b>	
Expenditure/yearly budget	85%

<b>PERSONNEL</b>	
Mobile staff	199
Resident staff (daily workers not included)	1,157

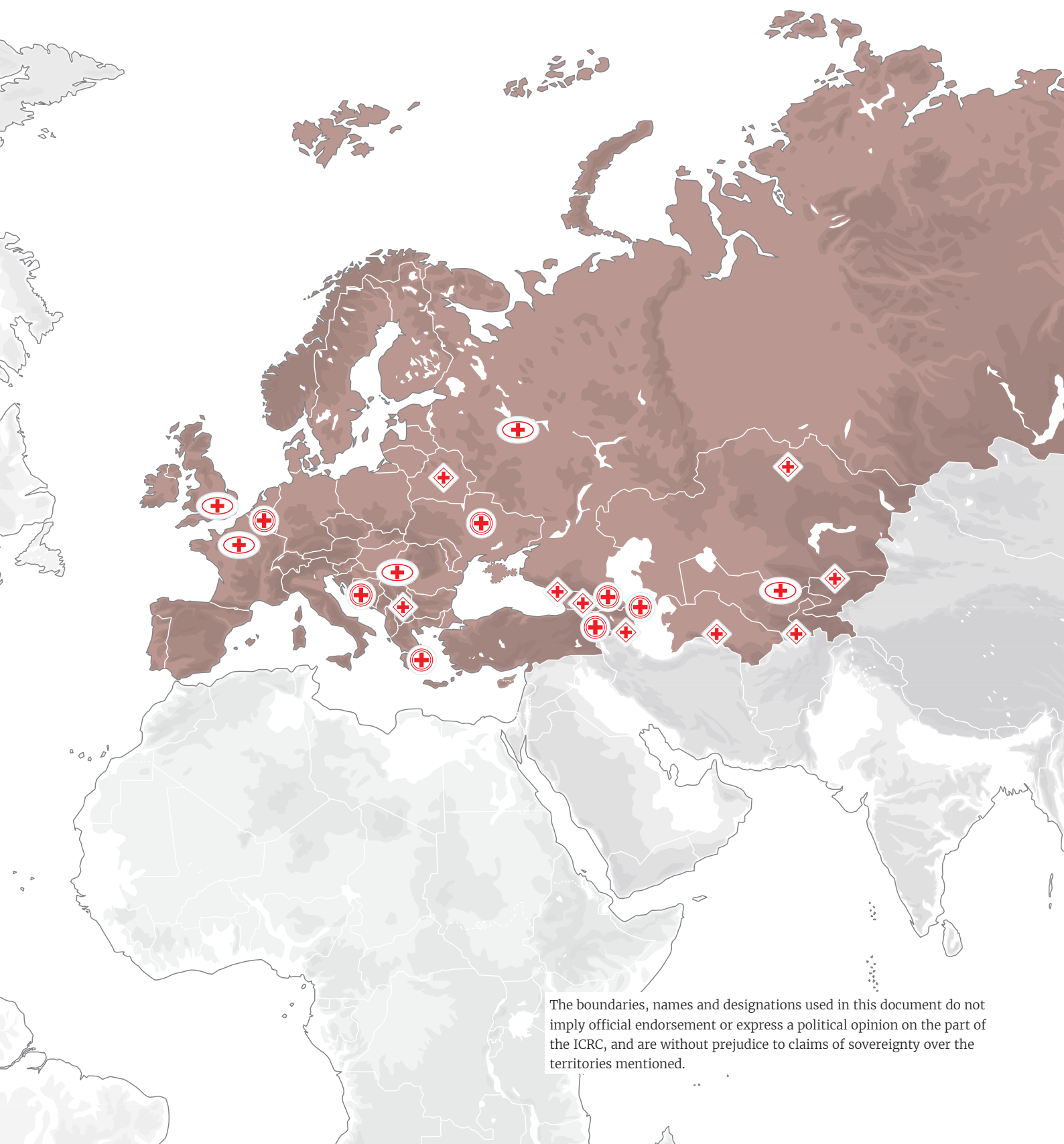
<b>ASSISTANCE</b>		2020 Targets (up to)	Achieved
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	Beneficiaries	167,895	152,444
Food production	Beneficiaries	18,983	21,779
Income support	Beneficiaries	53,650	85,835
Living conditions	Beneficiaries	231,578	251,353
Capacity-building	Beneficiaries	6	15
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	1,616,564	1,040,141
<b>Health</b>			
Health centres supported	Structures	76	65
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Living conditions	Beneficiaries	19,500	79,750
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	11,924	88,375
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	65	74
<b>Physical rehabilitation</b>			
Projects supported	Projects	16	14
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	3,275	7,172

## DELEGATIONS

Armenia  
Azerbaijan  
Balkans (regional)  
Brussels  
Georgia  
Greece

London (regional)  
Moscow (regional)  
Paris (regional)  
Tashkent (regional)  
Ukraine

 ICRC delegation  
 ICRC regional delegation  
 ICRC mission



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# ARMENIA

The ICRC has been working in Armenia since 1992, in relation to the Nagorno-Karabakh armed conflict. It focuses on addressing the issue of missing persons and visiting detainees held for conflict-related or security reasons, and works to protect and assist communities living near the international border with Azerbaijan. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC works in partnership with the Armenian Red Cross Society and aims to help strengthen its capacities.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2020

- When the conflict intensified, the ICRC called on the sides to do everything possible to ensure that civilians and civilian infrastructure were protected in accordance with IHL.
- Thousands of temporarily displaced people were given blankets, heaters, hygiene kits and/or foldable beds to help ease the living conditions. The ICRC helped to restore or improve water, electrical and other infrastructure at shelters.
- Hospitals were given personal protective equipment (PPE), medicines, wound-dressing kits and other supplies to respond safely and effectively to both the COVID-19 pandemic and the intensified fighting.
- The ICRC urged the sides to issue identification cards to soldiers and take other measures to prevent disappearances during the fighting. It also helped to identify the remains of people killed in the fighting.
- The ICRC continued to mobilize authorities, and local/international NGOs and other organizations, to devise longer-term solutions to the needs of mine victims, missing people's families and others affected by the conflict.
- The ICRC visited detainees in accordance with its standard procedures; it followed up on the situation of people held in connection with the conflict and other vulnerable detainees. Detainees maintained contact with their relatives through RCMs and phone calls arranged by the ICRC.

## EXPENDITURE IN KCHF

Protection	1,896
Assistance	2,950
Prevention	865
Cooperation with National Societies	478
General	87
<b>Total</b>	<b>6,276</b>
<i>Of which: Overheads</i>	<i>383</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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## PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	49



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PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	70
RCMs distributed	22
Phone calls facilitated between family members	89
Tracing cases closed positively (subject located or fate established)	34
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	12
Detainees in places of detention visited	1,448
<i>of whom visited and monitored individually</i>	19
Visits carried out	20
<b>Restoring family links</b>	
RCMs collected	23
RCMs distributed	12
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			
Income support	Beneficiaries	1,540	502
Living conditions	Beneficiaries	32,560	21,758
Water and habitat			
Water and habitat activities	Beneficiaries	1,000	537
Health			
Health centres supported	Structures	10	3
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		2,515
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	10	13
Water and habitat			
Water and habitat activities	Beds (capacity)	30	25

## CONTEXT

The Nagorno-Karabakh conflict escalated sharply on 27 September 2020. Thousands of military and hundreds of civilian casualties were reported. The sides agreed to a ceasefire brokered by the Russian Federation that took effect on 10 November and led to changes in territorial control and the deployment of Russian peacekeeping forces. The intensified fighting displaced tens of thousands of civilians on both sides of the former line of contact; many people fled to Armenia and were hosted by communities that supported them within the limits of their means.

In July 2020, a brief escalation of the conflict also took place in a relatively smaller area along the international border between Armenia and Azerbaijan; the situation at the international border remained tense afterwards. Civilians living near it remained at risk from military activities and from landmines – which also restricted their movement, limited their access to basic services and hindered pursuit of their livelihoods.

The Minsk Group of the Organization for Security and Co-operation in Europe (OSCE), co-chaired by France, the Russian Federation and the United States of America, continued to lead the OSCE's efforts to find a peaceful solution to the Nagorno-Karabakh conflict.

Roughly 4,500 people who had gone missing in the 1990s, in connection with the conflict, remained unaccounted for. The need to prevent and address disappearances was made urgent during the recently intensified fighting.

## ICRC ACTION AND RESULTS

The ICRC, together with the Armenian Red Cross Society, the International Federation and other Movement components, adapted its activities to both the pandemic and the escalations of the conflict. It took a much more emergency-oriented approach than envisaged, while also facing new constraints; as a result, some planned activities did not take place, others were altered, and new activities were initiated.

The ICRC monitored the situation of civilians living near the international border between Armenia and Azerbaijan, and that of people who had fled into Armenia. It took a regional approach (see also *Azerbaijan*), intensifying its dialogue with the sides to the conflict on IHL provisions governing the conduct of hostilities. When fighting intensified, the ICRC called on the sides to do everything possible to ensure that civilians and civilian infrastructure were protected in accordance with IHL. At their request, it acted as a neutral intermediary when the sides returned civilians or combatants to their families, exchanged and verified information on missing-persons cases, and handed over human remains.

Temporarily displaced people who had fled the violence in Nagorno-Karabakh were given relief assistance by the ICRC, which also sought out people experiencing psychological distress caused or exacerbated by the conflict and gave them psychosocial or psychological care.

Hospitals responding to both the pandemic and the escalations of the conflict were given personal protective equipment (PPE), medicine, wound-dressing kits and other supplies for doing their work safely and well.

In addition to its emergency assistance, the ICRC also continued to mobilize authorities, and local and international NGOs and other organizations, to devise long-term solutions to the needs of mine victims, missing people's families, civilians in border regions and other people affected by the conflict. It also kept up its own activities in this regard: for example, it helped these people to open small businesses and raise livestock, and took steps to ensure safer access to education for children living near the international border.

The ICRC urged the sides to issue identification cards to soldiers and take other measures to prevent disappearances during the fighting. Acting as a neutral intermediary, and together with the Russian peacekeeping forces, it helped the sides to retrieve and identify the remains of people killed in the recent fighting. Members of separated families stayed in touch through the Movement's family-links services.

The ICRC visited detainees in accordance with its standard procedures; it followed up on the situations of people held in connection with the conflict and other vulnerable detainees. Detainees maintained contact with their relatives through RCMs and phone calls arranged by the ICRC. It suspended these visits for a few months because of the pandemic, but resumed them in September and carried them out in accordance with COVID-19 safety protocols. The ICRC gave detaining authorities soap, disinfectants, bed-sheets, thermometers, swabs and other items to help them prevent and control the spread of COVID-19, and protect detainees against it.

The ICRC maintained close contact with various government officials and members of civil society, to preserve acceptance for its mandate and its role of neutral intermediary between the sides to the conflict.

## CIVILIANS

The ICRC monitored the situation of civilians living near the international border between Armenia and Azerbaijan, and that of people who had fled into Armenia. Employing a regional approach (see also *Azerbaijan*), it intensified its dialogue with the sides to the conflict on IHL provisions governing the conduct of hostilities. When fighting intensified, the ICRC called on the sides to do everything possible to ensure that civilians and civilian infrastructure were protected in accordance with IHL. It submitted formal memoranda to the sides, summarizing the main IHL provisions applicable and – despite facing constraints in taking field trips because of the volatile security conditions – monitored the situation closely through its network of contacts. It paid particular attention to the conduct of hostilities, and documented allegations of IHL violations.

The ICRC also continued to monitor – through field trips and discussions with community leaders and local authorities – the humanitarian situation of vulnerable communities near the international border. It communicated its findings to the

sides (see also *Azerbaijan*) through bilateral dialogue, phone calls and written representations. The ICRC's intercessions enabled communities to safely farm, hold cultural events and repair public facilities near front-line areas before the September escalation.

### **People displaced by the fighting receive emergency support**

Temporarily displaced people who had fled the violence in Nagorno-Karabakh were given emergency relief by the ICRC – in close cooperation and complementarity with the Armenian Red Cross Society and other Movement components – to help them cover their basic needs. Blankets, heaters, hygiene kits and/or foldable beds helped to ease living conditions for over 21,600 people. Donations of materials and equipment helped to restore or improve water, electrical and other infrastructure at schools and other buildings where 537 people were sheltering.

Those experiencing psychological distress caused or exacerbated by the conflict were sought out and given psychosocial or psychological care by volunteers – trained by the ICRC and recruited from amongst those displaced by the fighting – and ICRC psychologists.

### **Members of separated families locate and contact relatives**

The ICRC helped members of families separated by armed conflict, detention or other circumstances to locate or contact relatives through tracing, phone calls, and other family-links services. At the request of the sides, it acted as a neutral intermediary in returning civilians or combatants to their families.

### **Authorities take steps to address and prevent disappearances**

The ICRC urged the sides to prevent conflict-related disappearances by taking such measures as issuing identification cards to soldiers, ensuring the retrieval and return of fallen combatants, documenting the whereabouts of people wounded or captured, and managing human remains in a manner conducive to future identification. It also reminded them of their obligation to clarify the fate of people missing in connection with the conflict, including those who had gone missing in the 1990s. At the request of the sides, it acted as a neutral intermediary when they exchanged and verified information on missing-persons cases and handed over human remains.

Acting as a neutral intermediary, and together with the Russian peacekeeping forces, it helped the sides to retrieve, manage and identify the remains of people killed in the recent fighting. It also continued to collect, preserve and analyse information on older missing-persons cases. It provided the health ministry's Scientific-Practical Centre of Forensic Medicine – Armenia's main medico-legal institution – with DNA kits, body bags and other material support; it also helped to upgrade cold-storage facilities at two mortuaries. Sponsored by the ICRC, one forensic official attended an international conference on clarifying the fate of missing people.

A community-based support network, made up of local partners or service providers and the families themselves, provided missing people's families with psychosocial support. ICRC-trained counsellors started running this network independently in 2019.

### **Vulnerable communities strengthen their resilience to the long-term effects of the conflict**

The ICRC continued to help communities to cope with the conflict's long-term effects on their lives, particularly on their safety, mental health, and socio-economic situation. It maintained its efforts to persuade the authorities to take longer-term measures to improve the circumstances of two groups in particular: civilian victims of mines and explosive remnants of war (ERW), and people living near the border with Azerbaijan. It mobilized authorities, and local and international NGOs and other organizations, to support its own response to these matters.

With cash and training in basic business skills from the ICRC and the National Society, mine victims and their households (420 people in all) opened small businesses (e.g. tailoring shop, bakery) or raised livestock; the income from these businesses made them less vulnerable financially. The ICRC gave 20 impoverished families (82 people) financial support to cover their most pressing needs. The families of 18 mine victims (89 people) were able to improve their living conditions by repairing their houses with the help of a local NGO and interest-free loans from the ICRC. The selection of beneficiaries for these activities were mostly carried out by ICRC-trained National Society volunteers.

The ICRC took a multidisciplinary approach to ensuring safe access to educational opportunities for children living near the international border and for those who had fled Nagorno-Karabakh. The education ministry drew on the ICRC's expertise to draft safety guidelines for reopening schools that had been closed because of the pandemic. The ICRC discussed the issue of education during emergencies with regional and national educational authorities, and local and international NGOs. It joined other local and international organizations in the education ministry's Local Education Group, which advises the ministry on the major educational reforms in progress. Teachers and others from Goris and surrounding communities – places to which many displaced people had fled – learnt how to give children basic psychosocial and psychological support, and also ways to manage their own stress.

At the request of the health ministry, the ICRC upgraded the oxygen supply system at one hospital (25 beds) treating COVID-19 patients.

Posters and leaflets distributed by the ICRC, and ICRC information sessions, told people from border communities and people who had fled into Armenia how to protect themselves during shelling and other military action, and against mines and ERW. The ICRC gave the parties concerned expert advice to ensure that safe rooms (e.g. school basements) were maintained properly and evacuation drills, conducted regularly. The ICRC gave the Armenian Centre for Humanitarian Demining and Expertise and the National Society advice for revising their joint mine-action strategy and amending a draft law on mine action; both the strategy and the law sought to address the humanitarian consequences of weapon contamination comprehensively.



Other activities with long-term outlooks – such as workshops for technicians on maintaining water facilities – did not take place because of pandemic-related restrictions and because responding to the pandemic and the intensified fighting took precedence.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in accordance with its standard procedures. It suspended these visits for a few months because of the pandemic, but resumed in September and were carried out in accordance with COVID-19 safety protocols. The ICRC followed up the situations of people held in connection with the conflict, detainees serving life sentences, foreigners, hunger strikers and other vulnerable detainees. Findings from these visits, and recommendations whenever necessary, were communicated confidentially to the detaining authorities, to help ensure that detainees' treatment complied with IHL and/or met internationally recognized standards.

### Detainees maintain contact with their relatives

Detainees maintained contact with their relatives through RCMs and phone calls arranged by the ICRC. The ICRC also helped families in Armenia to stay in touch with relatives detained in Azerbaijan. In prisons under the authority of the justice ministry, foreigners and other detainees not receiving family visits made online video calls to their relatives. The ICRC convened and participated in a working group that sought to establish a new process for carrying out family visits safely during pandemics; the group included officials from the justice ministry, the Criminal Executive Services and others.

### Authorities protect detainees against COVID-19

The ICRC gave detaining authorities soap, disinfectants, bedsheets, thermometers, swabs and other items to help them prevent and control the spread of disease. This helped keep some 2,500 detainees better protected from COVID-19. Only two detainees contracted the disease; both were treated at the ICRC-supported COVID-19 unit of the Central Penitentiary Hospital.

Throughout the year, particularly vulnerable detainees were given hygiene kits or phone cards based on need. An Azerbaijani ex-detainee – recently released and at the time living in Armenia – was given books, clothes and other useful items before being repatriated in December.

A Council of Europe project to improve health care in Armenian prisons was found to overlap with activities that the ICRC had planned for improving mental-health care for detainees. Having already postponed these activities because of the pandemic, the ICRC decided to cancel them altogether and instead pursue the same goals by supporting the Council of Europe's project.

## WOUNDED AND SICK

The ICRC provided several hospitals and three primary health-care centres with PPE, disinfectants, thermometers and other supplies and equipment to tackle COVID-19 and other diseases, and do their work in safety; rescue teams based in three of these hospitals also benefited from the ICRC's assistance. Civilian rescue teams from the Ministry of

Emergency Situations, stationed near the international border with Azerbaijan and in three towns in the province of Tavush, were also given PPE and disinfectants.

The ICRC – together with the health ministry and the Armenian Red Cross Society – stepped up emergency support in response to the escalations of the conflict: people wounded in the fighting were given life-saving treatment at health facilities or by emergency responders supported by the ICRC. It monitored the needs at hospitals tending to wounded people and provided these with medicine, wound-dressing kits and other supplies for providing safe and effective treatment to wounded people and COVID-19 patients; 13 hospitals in total, including those assisted prior to the escalations of the conflict, received ICRC support. Equipment donated by the ICRC helped to bolster the operations of the regional blood transfusion station in Goris.

Together with the National Society, the ICRC organized basic, advanced, refresher and train-the-trainer sessions on first aid for community volunteers, including teachers; rescue personnel from civil-defence teams in Tavush; medical staff from 26 health centres; and National Society volunteers. National Society volunteers were also given first-aid kits and PPE.

Plans to conduct train-the-trainer courses in basic emergency care for staff at four hospitals, and to provide equipment for improving the emergency ward at one of those hospitals, were not realized because the ICRC chose to prioritize its response to the pandemic and the escalations of the conflict.

## ACTORS OF INFLUENCE

The ICRC worked to preserve acceptance for its mandate and for its role of neutral intermediary among the sides to the conflict, as humanitarian concerns and its response to these developed throughout the year (see also *Azerbaijan*). It strove to gain support for its activities to benefit displaced people, border communities, mine victims, detainees and missing people's families. To that end, it met with officials from the defence, justice and foreign ministries; heads of parliamentary committees; officials from the OSCE Minsk Group and other diplomats; and representatives from local and international NGOs.

Lawmakers and others involved in legislative reforms were given expert advice for incorporating IHL provisions in draft laws and policies, such as the civil defence framework and the criminal code which is under reform. Around 60 students from 27 countries enriched their understanding of IHL at an online summer course organized by the American University of Armenia and the ICRC.

### Members of the public stay abreast of the Movement's activities

Members of the local and international media drew from the ICRC's news releases and social-media posts to inform the public of the humanitarian needs linked to the conflict and of the ICRC's activities. When the conflict intensified, media organizations were in daily contact with the ICRC to learn about its response. Aided by the ICRC, the Armenian Red Cross Society strengthened its capacities in public communication, particularly where it concerned the Movement's response to the pandemic and the escalations of the conflict.

The ICRC was unable to carry out IHL training sessions and similar events for military personnel because of constraints created by the pandemic and the intensified fighting. For the same reasons, the national moot court competition and other events that the ICRC had planned to organize or support were cancelled or postponed to 2021.

### RED CROSS AND RED CRESCENT MOVEMENT

The Armenian Red Cross Society, the International Federation, the ICRC and other Movement components present in Armenia worked together to assist conflict-affected communities; they met regularly to coordinate their activities. The ICRC gave the National Society PPE and hand sanitizers, and financial and other assistance for its economic-security, first-aid, family-links and psychosocial-support programmes for displaced people from Nagorno-Karabakh (see *Civilians and Wounded and sick*).

National Society personnel were helped to carry out their activities in line with the Safer Access Framework. Staff and volunteers were briefed on the National Society's security protocols, and items such as badges with the National Society's logo were produced with the ICRC's support.

The ICRC, together with other Movement components working in Armenia, helped the National Society strengthen organizational capacities at its branches near the international border. With expert advice from the ICRC, the National Society developed a new tool for managing its beneficiary and human resources data.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	70			
RCMs distributed	22			
Phone calls facilitated between family members	89			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	145	1		
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases closed positively (subject located or fate established)	34			
Tracing cases still being handled at the end of the reporting period (people)	518	26		6
<i>including people for whom tracing requests were registered by another delegation</i>	5			
<b>Documents</b>				
People to whom travel documents were issued	1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	12			
Detainees in places of detention visited	1,448	72	8	
Visits carried out	20			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	19	3		
<i>of whom newly registered</i>	13			
<b>RCMs and other means of family contact</b>				
RCMs collected	23			
RCMs distributed	12			
Phone calls made to families to inform them of the whereabouts of a detained relative	6			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Income support	Beneficiaries	502	184	151
	<i>of whom IDPs</i>	2	1	
Living conditions	Beneficiaries	21,758	8,700	10,854
	<i>of whom IDPs</i>	21,668	8,668	10,824
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	537	134	215
	<i>of whom IDPs</i>	516	129	207
<b>Primary health care</b>				
Health centres supported	Structures	3		
Average catchment population		19,47		
<b>Mental health and psychosocial support</b>				
People who received mental-health support	Cases	136		
People who attended information sessions on mental health		70		
People trained in mental-health care and psychosocial support		19		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	2,515	54	25
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	13		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Weapon-wound admissions (surgical and non-surgical admissions)		1,630		
Weapon-wound surgeries performed		600		
<b>First aid</b>				
First-aid training				
	Sessions	66		
	Participants (aggregated monthly data)	705		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	25		



# AZERBAIJAN

The ICRC has been working in Azerbaijan since 1992, in relation to the Nagorno-Karabakh armed conflict. It focuses on addressing the issue of missing persons and visiting detainees held for conflict-related or security reasons, and works to protect and assist communities living near the line of contact and the international border with Armenia. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with the Red Crescent Society of Azerbaijan and aims to help strengthen its capacities.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2020

- When the conflict intensified, the ICRC called on the sides to do everything possible to ensure that civilians and civilian infrastructure were protected in accordance with IHL.
- The ICRC gave people temporarily displaced by the fighting emergency relief to help them cover their basic needs. It restored damaged civilian infrastructure and improved facilities at shelters for people who had fled the fighting.
- The ICRC provided medicine, wound-dressing kits, stretchers, blankets and other supplies to hospitals and emergency responders tending to wounded people.
- The ICRC urged the sides to issue identification cards to soldiers and take other measures to prevent disappearances during the fighting. It also helped to identify the remains of people killed in the fighting.
- The ICRC continued to mobilize authorities, and local and international NGOs and other organizations, to devise longer-term solutions to the needs of mine victims, missing people's families and others affected by the conflict.
- The ICRC visited detainees in accordance with its standard procedures; it followed up on the situations of people held in connection with the conflict and other vulnerable detainees. Detainees maintained contact with their relatives through RCMs and phone calls arranged by the ICRC.

## EXPENDITURE IN KCHF

Protection	5,175
Assistance	7,919
Prevention	1,042
Cooperation with National Societies	959
General	63
<b>Total</b>	<b>15,158</b>
<i>Of which: Overheads</i>	<i>925</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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## PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	129



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PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	224
RCMs distributed	174
Phone calls facilitated between family members	277
Tracing cases closed positively (subject located or fate established)	98
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	37
Detainees in places of detention visited	16,589
<i>of whom visited and monitored individually</i>	228
Visits carried out	107
<b>Restoring family links</b>	
RCMs collected	242
RCMs distributed	241
Phone calls made to families to inform them of the whereabouts of a detained relative	24

ASSISTANCE	2020 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries 30,000	15,735
Food production	Beneficiaries 4,275	1,272
Income support	Beneficiaries 39,605	70,029
Living conditions	Beneficiaries 15,100	103
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 32,200	31,696
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	Beneficiaries	9,986
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 20	9
<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity)	249

## CONTEXT

The Nagorno-Karabakh conflict escalated sharply on 27 September 2020. Thousands of military and hundreds of civilian casualties were reported. The sides agreed to a ceasefire brokered by the Russian Federation that took effect on 10 November and led to changes in territorial control and the deployment of Russian peacekeeping forces. The intensified fighting displaced tens of thousands of civilians on both sides of the former line of contact. Civilian infrastructure, such as homes and schools, were damaged or destroyed by shelling and airstrikes.

In July 2020, a brief escalation of the conflict also took place in a relatively smaller area along the international border between Azerbaijan and Armenia; the situation at the international border remained tense afterwards. Civilians living near it, the former line of contact and other military positions remained at risk from military activities and from landmines – which also restricted their movement, limited their access to basic services and hindered pursuit of their livelihoods.

The Minsk Group of the Organization for Security and Co-operation in Europe (OSCE), co-chaired by France, the Russian Federation and the United States of America, continued to lead the OSCE's efforts to find a peaceful solution to the Nagorno-Karabakh conflict.

Roughly 4,500 people who had gone missing in the 1990s in connection with the conflict remained unaccounted for. The need to prevent and address further disappearances was made urgent during the recently intensified fighting.

Some families were still waiting for news of relatives in areas of Iraq and the Syrian Arab Republic (hereafter Syria) formerly controlled by the Islamic State group; those nationals (including women and children) who were repatriated to Azerbaijan were reunited with their relatives and began the process of reintegration.

## ICRC ACTION AND RESULTS

The ICRC, together with the Red Crescent Society of Azerbaijan, the International Federation and other Movement components, adapted its activities to both the pandemic and the escalations of the conflict. It took a much more emergency-oriented approach than envisaged, while also facing new constraints; as a result, some planned activities did not take place, others were altered, and new activities were initiated.

The ICRC took a regional approach (see also *Armenia*), intensifying its dialogue with the sides to the conflict on IHL provisions governing the conduct of hostilities. When fighting intensified, the ICRC called on the sides to do everything possible to ensure that civilians and civilian infrastructure were protected in accordance with IHL. It also continued to track the humanitarian situation of vulnerable communities near the international border, the former line of contact and other military positions and communicated its findings to the sides. At their request, it acted as a neutral intermediary when the sides returned civilians or combatants to their families, exchanged and verified information on missing-persons cases, and handed over human remains.

People caught in the crossfire and/or temporarily displaced by the fighting were given relief assistance by the ICRC to help them cover their basic needs; those experiencing psychological distress caused or exacerbated by the conflict were sought out and given psychosocial or psychological care. The ICRC restored or supported the restoration of damaged houses and public infrastructure, and upgraded or provided materials for upgrading facilities in buildings sheltering people who had fled the fighting. Hospitals and emergency responders tending to wounded people were given medicine, wound-dressing kits, stretchers, blankets and other supplies.

In addition to its emergency assistance, the ICRC also continued to mobilize authorities, and local and international NGOs and other organizations, to devise long-term solutions to the needs of mine victims, missing people's families, and other people affected by the conflict. It also kept up its own activities in this regard: for example it helped these people to open small businesses and raise livestock, and took steps to ensure safe access to education for children living in vulnerable communities.

The ICRC urged the sides to issue identification cards to soldiers and take other measures to prevent disappearances during the fighting. Acting as a neutral intermediary, and together with the Russian peacekeeping forces, it helped the authorities to retrieve and identify the remains of people killed in the recent fighting. Members of separated families stayed in touch through the Movement's family-links services.

The ICRC helped to provide psychosocial support and other services to facilitate the social integration of Azerbaijani children repatriated from Iraq and Syria.

The ICRC visited detainees in accordance with its standard procedures; despite pandemic-related restrictions that began in March, it followed-up on the situations of POWs and others detained in connection with the conflict, as well as other particularly vulnerable detainees. It supplied detention facilities with personal protective equipment (PPE), disinfectants and other items to protect detainees against COVID-19.

The ICRC maintained close contact with various government officials and members of civil society, to preserve acceptance for its mandate and its role of neutral intermediary between the sides to the conflict.

## CIVILIANS

Employing a regional approach (see also *Armenia*), the ICRC intensified its dialogue with the sides to the conflict on IHL provisions governing the conduct of hostilities. When fighting intensified, the ICRC called on the sides to do everything possible to ensure that civilians and civilian infrastructure were protected in accordance with IHL. It submitted formal memoranda to the sides, summarizing the main IHL provisions applicable and – despite facing constraints in taking field trips because of the volatile security conditions – monitored the situation closely, through its network of contacts. It paid particular attention to the conduct of hostilities, and documented allegations of IHL violations.

The ICRC also continued to monitor – through field trips and discussions with community leaders and local authorities – the situation of vulnerable communities near the international border and other military positions. It communicated its findings to the sides (see also *Armenia*) through bilateral dialogue, phone calls and written representations. The ICRC's intercessions enabled communities to safely hold cultural events, repair public facilities and farm near front-line areas before the September escalation.

### **People affected by the fighting receive emergency support**

People temporarily displaced by the fighting and others directly impacted by it were given emergency relief by the ICRC, in close cooperation with the Red Crescent Society of Azerbaijan and other movement partners. About 14,400 households (some 66,600 people) were given cash or blankets, hygiene kits and other household items to help them cover their basic needs; some 3,000 such households (15,700 people) were given food parcels. ICRC repairs and material donations restored damaged houses and public infrastructure (e.g. water networks and power grids) and improved water, electrical, cooking and other facilities at schools and other buildings sheltering people who had fled the fighting; this benefited roughly 30,000 people in all.

Those experiencing psychological distress caused or exacerbated by the conflict were sought out and given psychosocial or psychological care by the ICRC.

### **People learn about safe practices during violent incidents and around mines and ERW**

The ICRC used a mobile messaging application, and conducted information sessions in communities and shelters, to tell people how to protect themselves during shelling and other military action, and against mines and explosive remnants of war (ERW). Personnel from the Red Crescent Society of Azerbaijan were trained to assess these risks in vulnerable communities.

Humanitarian deminers attended ICRC training in the disposal of explosive ordinance. A shelter in one vulnerable community, meant for use during shooting and shelling incidents, was stocked with emergency supplies such as lamps by the ICRC.

### **Members of separated families locate and contact relatives**

The ICRC helped members of families separated by armed conflict, detention or other circumstances to locate or contact relatives through tracing, phone calls, and other family-links services. At the request of the sides, it acted as a neutral intermediary in returning civilians or combatants to their families.

### **Authorities take steps to address and prevent disappearances**

The ICRC urged the sides to prevent disappearances during the fighting by taking such measures as issuing identification cards to soldiers, ensuring the retrieval and return of fallen combatants, documenting the whereabouts of people wounded or captured, and managing human remains in a manner conducive to future identification. It also reminded them of their obligation to clarify the fate of people missing in connection with the conflict, including those who had gone missing in the 1990s. At the request of the sides, it acted as a

neutral intermediary when they exchanged and verified information on missing-persons cases and handed over human remains.

Acting as a neutral intermediary, and together with the Russian peacekeeping forces, the ICRC helped the authorities to retrieve and manage the remains of people killed in the recent fighting. It also helped to identify these remains, and to collect preserve and analyse information on older missing-persons cases from the 1990s: for example, it collected, through buccal swabs, biological reference samples from missing people's relatives. The ICRC trained defence ministry personnel in recovering and managing human remains properly. It provided body bags, PPE and other forensic supplies for the health ministry's forensics institute and for one morgue.

A support programme run by ICRC-trained peer counsellors and psychologists helped missing people's families to cope with the psychological, social and economic consequences of not knowing the fate of their relatives. The ICRC arranged – remotely, because of the pandemic – counselling sessions for these families, and referrals for legal, administrative or medical assistance; some families (see below) were given cash to help them cope with the restrictions necessitated by the pandemic. At information sessions, the ICRC kept missing people's families abreast of developments in its search for their relatives.

ICRC-trained psychologists provided psychological support over the phone for missing people's families who were subject to strict pandemic-related movement restrictions.

### **Vulnerable communities strengthen their resilience to the long-term effects of the conflict**

The ICRC continued to help communities to cope with the conflict's long-term effects on their lives – particularly on their safety, mental health, and socio-economic situation – and, after the escalations, to recover from the effects of the intensified fighting. It maintained its efforts to persuade the authorities to take longer-term measures to improve the circumstances of two groups in particular: civilian victims of mines and ERW, and people living in areas exposed to risk. It mobilized authorities, and local and international NGOs and other organizations, to support its own response for these people.

The ICRC placed greater focus on its resilience-building efforts prior to the escalations, after which it had to reorient resources to its emergency response; numerous activities related to this were cancelled or postponed as a result, and because of constraints related to both the pandemic and the escalation of the conflict.

Despite the constraints, some 270 households (1,272 people) from exposed communities grew cash crops such as saffron and honey, raised livestock and/or earned money working on community projects related to food production with ICRC assistance. The ICRC gave them high-yield seed, tools, and fertilizer, vaccinated their livestock and employed them in cash-for-work projects. A total of 3,400 vulnerable people – the elderly, people with relatives who were killed in the

recent fighting, and others – were given cash to cope with adverse consequences of the conflict, the pandemic and their other difficulties. Aided by the ICRC, 98 mine victims improved their living conditions by repairing their homes; 5 people with ethnic minority identities received financial, legal and other assistance to maintain access to essential goods and services.

The ICRC took a multidisciplinary approach to ensuring safe access to educational opportunities for children living in vulnerable communities. To help protect students and staff against COVID-19, the ICRC gave 25 schools in vulnerable communities soap, paper towels and disinfectants, and installed handwashing stations; it instructed students and staff in measures to prevent infections and repaired water systems at ten of these schools. Teachers, National Society volunteers and other community members learnt how to give children and others basic psychosocial and psychological support, and also how to manage their own stress. Schoolchildren who had fled from the fighting were given school supplies.

### Repatriated children receive support for their social integration

The ICRC made home visits and phone calls to follow up on Azerbaijani children reunited with their relatives after repatriation from Iraq and Syria. It supported the efforts of the pertinent government agencies to address the complex needs of the children. The children and their relatives were given mental-health and psychosocial support by the ICRC and by ICRC-trained social workers, mainly over the phone; some families (see above) were given cash grants to help them cope with the impact of the pandemic and related restrictions. Guided by the ICRC, the education ministry launched a programme to integrate these children into the educational system.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in accordance with its standard procedures until March, after which it was constrained by pandemic-related restrictions. Nonetheless, it sought and obtained access that enabled it to visit and assess the situations

of people detained in connection with the conflict and other particularly vulnerable detainees, such as those serving life sentences, foreigners and people in prolonged pre-trial detention. Findings from these visits, and recommendations whenever necessary, were communicated confidentially to the pertinent authorities, to help ensure that detainees' treatment complied with IHL and/or met internationally recognized standards.

The ICRC supplied places of detention with PPE, disinfectants and other items to help protect detainees against COVID-19. Foreigners and other vulnerable detainees were given hygiene kits and other items to ease their living conditions. In all, nearly 10,000 people benefited. The ICRC also made minor repairs to lavatories and showers at one prison to help detainees maintain good hygiene.

Detainees maintained contact with their relatives through RCMs, phone calls and video messages facilitated by the ICRC, or by using phone cards given to them by the ICRC. Some families sent pictures and miscellaneous items to their detained relatives through the ICRC. Detainees in Nagorno-Karabakh were visited by their families, whose transportation expenses were covered by the ICRC.

### Detainees receive suitable health care

The ICRC continued to support the authorities' efforts to bring health care for detainees, including mental-health care, up to internationally recognized standards. Over 1,000 newly arrived detainees were screened for mental-health issues by psychiatrists trained and supervised by the ICRC. Clinics and health staff at detention facilities were given expert advice by the ICRC for treating ailing and wounded detainees. Material support given to health officials in the justice ministry helped them to diagnose and treat COVID-19 patients.

No workshops or seminars on prison management, health care in detention, or related subjects were organized for prison staff, owing to pandemic-related constraints.

PEOPLE DEPRIVED OF THEIR FREEDOM	Related to the Nagorno-Karabakh conflict	Not related to the Nagorno-Karabakh conflict
<b>ICRC visits</b>		
Places of detention visited	11	26
Detainees in places of detention visited	56	16,533
<i>of whom women</i>	5	515
<i>of whom minors</i>		42
Visits carried out	52	55
Detainees visited and monitored individually	56	172
<i>of whom women</i>	3	5
Detainees newly registered	50	77
<i>of whom women</i>	3	2
<b>RCMs and other means of family contact</b>		
RCMs collected	176	66
RCMs distributed	159	82
Phone calls made to families to inform them of the whereabouts of a detained relative	22	2
Detainees visited by their relatives with ICRC/National Society support		11



## WOUNDED AND SICK

The ICRC stepped up its emergency-support activities in response to the escalations of the conflict by monitoring and responding to the needs at hospitals and among emergency responders tending to wounded people. Ambulance services and nine hospitals on both sides of the former line of contact, emergency volunteer teams from the Red Crescent Society of Azerbaijan and the health authorities were given medicine, wound-dressing kits, stretchers, blankets and other supplies for treating injuries and caring for patients. Three hospitals that were damaged in the fighting (249 beds) were able to maintain their services with ICRC support for carrying out repairs and heating rooms; a generator provided by the ICRC enabled one to keep its emergency room running through power outages. Ambulance-service personnel were given informational resources on the proper use of PPE. A few people displaced by the fighting were given first-aid kits or wheelchairs.

The National Society's emergency volunteer teams and other emergency responders strengthened their first-aid capacities with ICRC support. They attended basic and train-the-trainer sessions organized by the ICRC; the National Society teams were also given mannequins for use in their own training sessions, and PPE to help them safely continue their activities during the pandemic. Many training sessions were held virtually, as a safety measure against COVID-19, but pandemic-related restrictions forced the cancellation of first-aid training for students and teachers, and courses in war surgery and emergency trauma care for doctors at front-line hospitals.

Medical students, and National Society personnel who attended the first-aid training sessions described above, were briefed on the protection due to those seeking or providing health care.

An epidemiological agency and one of the hospitals mentioned above were given PPE and disinfectants, to support their diagnosis and treatment of COVID-19 patients. A local emergency services agency was given tents to set up temporary clinics for quarantined communities.

Azerbaijani children repatriated from Iraq and Syria were given primary health-care consultations over the phone by the ICRC; the ability to conduct face-to-face assessments and give them further care was constrained by the pandemic and related restrictions.

## ACTORS OF INFLUENCE

The ICRC worked to preserve acceptance for its mandate and its role of neutral intermediary among the sides to the conflict, as humanitarian concerns and its response to these developed throughout the year. It strove to raise awareness of the humanitarian consequences of the conflict, and to cultivate support for its activities (see *Civilians*, *Wounded and*

*sick* and *People deprived of their freedom*; see also *Armenia*), among the authorities, the international community and civil society – while also emphasizing its purely humanitarian approach. The ICRC made conflict-affected people aware of the assistance available to them during field visits and solicited their views on its activities through hotlines set up for that purpose.

When the conflict began to intensify, the ICRC was the only international humanitarian organization with a presence in areas directly impacted by the fighting; it kept the media, diplomats and international organizations abreast of the humanitarian situation in these places. The Red Crescent Society of Azerbaijan and the ICRC held weekly meetings to coordinate public communication about their activities.

### University students and prospective lawyers and judges strengthen their grasp of IHL

Military and justice ministry personnel attended an ICRC event on the implementation of a UN Security Council resolution on missing persons in armed conflict (Resolution 2474 (2019)).

University students attended lectures on IHL organized by the ICRC. Because of the pandemic, many of these lectures took place online. They also took part in an essay-writing contest – on IHL and the issue of missing people – organized by the ICRC. About 130 lawyers and judges in training attended an ICRC presentation on judicial guarantees under IHL.

Because of constraints related to the pandemic and the escalated fighting, none of the events on IHL and international human rights law planned for military and security forces personnel – workshops, briefings, etc. – took place.

## RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of Azerbaijan, the International Federation, the ICRC and other Movement components present in Azerbaijan worked together to assist conflict-affected communities (see *Civilians* and *Wounded and sick*); they met regularly to coordinate their activities. The ICRC gave the National Society material, technical and other support for strengthening its operational capacities – in line with the Safer Access Framework – in such areas as first aid, psychosocial care, public communication and water-and-habitat activities. During the escalations of hostilities, National Society staff in areas near the fighting were given psychosocial support and guidance in applying the Safer Access Framework, over the phone. The National Society's emergency volunteer teams were given PPE to protect themselves against COVID-19.



## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	224			
RCMs distributed	174			
Phone calls facilitated between family members	277			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	429	20	6	13
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	98			
Tracing cases still being handled at the end of the reporting period (people)	4,738	388	75	160
<i>including people for whom tracing requests were registered by another delegation</i>	3			
<b>Documents</b>				
People to whom travel documents were issued	2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	37			
Detainees in places of detention visited	16,589	520	42	
Visits carried out	107			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	228	8		
<i>of whom newly registered</i>	127	5		
<b>RCMs and other means of family contact</b>				
RCMs collected	242			
RCMs distributed	241			
Phone calls made to families to inform them of the whereabouts of a detained relative	24			
Detainees visited by their relatives with ICRC/National Society support	11			
People to whom a detention attestation was issued	6			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	15,735	6,257	6,124
	<i>of whom IDPs</i>	14,885	5,832	5,954
Food production	Beneficiaries	1,272	504	209
	<i>of whom IDPs</i>	68	27	14
Income support	Beneficiaries	70,029	28,331	16,799
	<i>of whom IDPs</i>	66,564	26,521	16,28
Living conditions	Beneficiaries	103	41	25
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	31,696	8,429	12,678
	<i>of whom IDPs</i>	1,212	364	484
<b>Mental health and psychosocial support</b>				
People who received mental-health support	Cases	999		
People who attended information sessions on mental health		2,031		
People trained in mental-health care and psychosocial support		79		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	9,986	2,379	51
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	2		
<b>Mental health and psychosocial support</b>				
People who received mental-health support	Cases	1,212		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	9		
<b>First aid</b>				
First-aid training				
	Sessions	12		
	Participants (aggregated monthly data)	328		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	249		

## BALKANS (regional)

**COVERING:** Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Montenegro, Republic of North Macedonia, Romania, Serbia, Slovenia, Kosovo\*

\*UN Security Council Resolution 1244

The ICRC has been working in the Balkans since the early 1990s. The organization strives to respond to the needs remaining from past armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. The ICRC visits detainees and works with the authorities and civil society to promote IHL and other humanitarian norms. It supports the development of the National Societies, particularly in strengthening their capacities to respond to emergencies, address the specific humanitarian needs of migrants, and help dispersed families restore contact.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

### KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC continued to implement activities, in line with its roadmap for 2018–2022, to speed up the search for people missing in connection with past armed conflicts in the Balkans and to address the needs of the families concerned.
- Because of the COVID-19 pandemic, the ICRC had to postpone several activities on the roadmap; field investigations and exhumations by the pertinent authorities were suspended for several months during the first half of the year.
- In Kosovo, 243 relatives of missing people received psychosocial support – including for coping with the pandemic – under an ICRC programme, through phone calls or other means; similar activities in Serbia were postponed.
- The ICRC visited detainees in Bosnia and Herzegovina and Hungary. Detaining authorities in the region drew on the ICRC's assistance for dealing with the pandemic.
- The ICRC monitored the situation of migrants in the Balkans and raised their protection-related concerns with the pertinent authorities, who were reminded to ensure respect for the fundamental rights of all migrants.
- National Societies and Red Cross structures in the region carried out a broad range of activities in response to the pandemic; the ICRC provided financial, material and/or other support.

### EXPENDITURE IN KCHF<sup>1</sup>

Protection	4,855
Assistance	329
Prevention	742
Cooperation with National Societies	1,117
General	118
<b>Total</b>	<b>7,161</b>
<i>Of which: Overheads</i>	<i>437</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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### PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	64



ICRC regional delegation ICRC delegation ICRC mission \*UN Security Council Resolution 1244

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
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	13
RCMs distributed	16
Phone calls facilitated between family members	3,245
Tracing cases closed positively (subject located or fate established) <sup>1</sup>	41
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	8
Detainees in places of detention visited	1,308
<i>of whom visited and monitored individually</i>	25
Visits carried out	12
<b>Restoring family links</b>	
RCMs collected	6
RCMs distributed	1

1. Not including cases of persons missing in relation to the Croatia conflict 1991–1995 dealt with by the Croatian Red Cross and the Red Cross of Serbia

## CONTEXT

Countries in the Balkans continued to grapple with issues related to past armed conflicts, particularly that of missing people; the pandemic made it more difficult to resolve missing-persons cases. On two separate occasions – in Brussels and in Washington D.C. – Kosovo and Serbia agreed to make progress on the search for missing persons.

People alleged to have been involved in fighting abroad – particularly in Iraq and in the Syrian Arab Republic – and/or their families, returned to their countries of origin in the Balkans.

Socio-political issues led to mass protests in the region – particularly in Bulgaria, Kosovo, Montenegro and Serbia. Political tensions over the formation of governments persisted in Bosnia and Herzegovina (hereafter Bosnia-Herzegovina). The Republic of North Macedonia (hereafter North Macedonia) joined NATO in March 2020.

Migrants, including refugees and asylum seekers, continued to pass through the region. The total number of new migrant arrivals in Europe reportedly decreased partly because of the pandemic; however, it was estimated that there were around 29,000 migrants in the Balkans at any given time.

## ICRC ACTION AND RESULTS

The ICRC continued to implement activities, in line with its roadmap for 2018–2022, to speed up the resolution of missing-persons cases – roughly 10,000 people were still missing in connection with past armed conflicts in the Balkans – and to address the needs of the families concerned. However, pandemic-related constraints forced the ICRC to postpone or cancel several of its planned activities; field investigations by the pertinent authorities were suspended for several months during the first half of the year. These investigations resumed – in line with COVID-19 safety protocols – after pandemic-related restrictions were eased.

The ICRC strove to secure access, for humanitarian purposes, to more archives and other sources of information on gravesites. It continued, in its capacity as a neutral intermediary, to chair the working group on people missing in connection with past conflict in Kosovo. It also attended, as an observer, a meeting of the Croatia–Serbia working group on people missing in connection with the Croatian conflict. It gave forensic institutions and specialists expert advice and other assistance, such as personal protective equipment (PPE). A total of 46<sup>2</sup> missing-persons cases linked to past conflicts were resolved (32 in Bosnia-Herzegovina, 10 in Croatia, and 4 in Kosovo).

Relatives of missing people in Bosnia-Herzegovina, Kosovo, and Serbia obtained psychosocial and other support; this was provided by associations of missing people's families, and National Societies and Red Cross structures, all of which received financial, technical or other assistance from the ICRC.

In Kosovo, relatives of missing people received psychosocial support – including for coping with the pandemic – under an ICRC programme, through phone calls or other means. Ad hoc assistance to alleviate the consequences of the pandemic was given to missing people's families in the region.

The ICRC tracked the situation of migrants in the countries covered and addressed their protection-related needs; it also supported its Movement partners' efforts to assist them. Aided by National Societies and Red Cross structures in the region, migrants and others used the Movement's family-links services to reconnect with their families. The ICRC monitored the humanitarian needs of people alleged to have been involved in fighting abroad; it discussed the matter with the pertinent authorities. It aided repatriated people, and sought to advance their social reintegration.

The ICRC visited detainees in Bosnia-Herzegovina and Hungary, in accordance with its standard procedures; such visits could not be conducted in other countries because of the pandemic. It communicated its findings – and, where necessary, its recommendations – confidentially to the pertinent authorities, to help them improve detainees' treatment and living conditions. The ICRC made recommendations – to detaining and other authorities in the region – for responding to COVID-19 in detention facilities and other confined settings. It also provided material aid to several detention facilities for dealing with the pandemic. The ICRC continued to provide the Bulgarian, Croatian, Hungarian and North Macedonian National Societies with financial and technical support for visiting and assisting detained migrants. The ICRC strove to maintain its engagement with authorities, representatives of the international community, members of civil society and other actors of influence; its aim was to build support for its work and that of its Movement partners, and to broaden understanding of IHL and other applicable norms.

The National Societies and Red Cross structures in the region continued to receive help from the ICRC to become more capable of responding effectively to humanitarian needs, in line with the Safer Access Framework. They carried out a range of activities in response to the pandemic, with financial, material and other support from the ICRC.

## CIVILIANS

The ICRC continued to implement activities, in line with its roadmap to speed up the resolution of missing-persons cases – roughly 10,000 people were still missing in connection with past armed conflicts in the Balkans – and to address the needs of the families concerned. However, pandemic-related constraints forced the ICRC to postpone or cancel several of its planned activities. Field investigations by the pertinent authorities were also suspended for several months during the first half of the year. These investigations resumed – in line with COVID-19 safety protocols – after pandemic-related restrictions were eased in Bosnia-Herzegovina, Croatia, Serbia and Kosovo, where several site assessments and/or exhumations took place. The ICRC gave forensic institutions and forensic specialists expert advice, and provided them with PPE and posters/guidelines on managing dead bodies during the pandemic.

2. Apart from those reported by the Croatian Red Cross, all figures on missing people mentioned in this report are from the ICRC's records, which are based on tracing requests submitted by the families of missing people. The authorities in the region deal with lists which are more comprehensive and contain higher figures.

### **Efforts to resolve missing-persons cases continue**

Since launching its roadmap, the ICRC had, at the time of reporting, contacted 42 states, seven international/inter-governmental organizations – e.g. the European Union (EU), NATO, the UN – and others, and requested information from their archives that might be of use in searching for gravesites for humanitarian purposes; tens of thousands of documents had been collected. The ICRC urged pertinent parties to make more sources of information available to it.

#### ***Bosnia-Herzegovina conflict 1992–1995***

In 2020, 32 missing-persons cases linked to past conflict in Bosnia-Herzegovina were resolved. At year's end, 6,385 cases were still open.

The ICRC analysed documents from various sources, such as the Mechanism for International Criminal Tribunals and the United States State Department, for useful information, and shared what it found with the Missing Persons Institute (MPI) of Bosnia-Herzegovina. It participated in the meetings of a coordination group working on the issue of missing people; the group included representatives from the MPI and the Prosecutor's Office. The ICRC trained MPI investigators in the use of analytical methods to manage large numbers of documents.

During discussions with forensic professionals and others in Bosnia-Herzegovina, the ICRC emphasized the importance of standardizing procedures for exhuming and identifying human remains; adopting medico-legal frameworks to ensure that human remains were accorded due respect and dignity; and establishing an institute of forensic medicine. The ICRC also helped reinforce forensic capacities through the renovation of the autopsy room at the Forensic Institute in Sarajevo and of two mortuaries which stored unidentified human remains. In 2019, with the ICRC's support, the Association of Forensic Medicine published a document setting out professional standards for exhuming and examining unidentified human remains. In 2020, copies of the document were widely distributed among forensic professionals; it was also tackled during a workshop organized by the ICRC and the Association of Forensic Medicine for staff from the Prosecutor's Office.

#### ***Kosovo conflict 1998–1999***

In 2020, four missing-persons cases linked to past conflict in Kosovo were resolved. At year's end, 1,642 cases were still open.

In its capacity as a neutral intermediary, the ICRC chaired the working group on people missing in relation to past conflict in Kosovo. The working group met twice, in February and September; its analysis team also met twice, in August and September. This mechanism was further strengthened through the adoption of the sub-working group's modified terms of reference, which outlined the scope and purpose of the analysis team and strengthened the working group's operational capacities. In July, the ICRC was invited to Brussels, Belgium – within the framework of the EU dialogue between Belgrade and Pristina – to make a presentation about the working group. On this occasion, the EU emphasized the importance of the working group and reaffirmed its support for the ICRC's role in chairing it. In Kosovo, the ICRC held meetings with

government officials, including the prime minister, during which it informed them of its activities concerning the issue of missing people, the progress made in resolving missing-persons cases, and other related matters.

Based on its analyses of documents from national and international archives, the ICRC prepared analytical reports and submitted them to the pertinent authorities, including the working group.

The ICRC participated in a working group under the justice ministry to draft a by-law governing the organization and structure of the Institute of Forensic Medicine in Kosovo; the by-law was adopted in July.

#### ***Croatia conflict 1991–1995***

The Croatian Red Cross reported that 10 missing-persons cases linked to past conflict in Croatia were resolved in 2020. At year's end, 1,979 cases were still open.

In October, the ICRC attended, as an observer, a meeting of the Croatia-Serbia working group on people missing in connection with the Croatian conflict, held in Belgrade.

An earthquake in March damaged a DNA laboratory in Zagreb, Croatia. The laboratory was vital for processing information on missing people; the ICRC provided financial support for its renovation.

### **Missing people's families receive psychosocial and other support**

More than 3,200 relatives of missing people in Bosnia-Herzegovina, Kosovo and Serbia obtained psychosocial, legal and other support; this was provided by associations of missing people's families and other organizations, and National Societies and Red Cross structures, all of which received material, financial and technical assistance, and/or training, from the ICRC. Pandemic-related constraints forced family associations and the Regional Coordination of Families of the Missing from the Former Yugoslavia to cancel or postpone several activities.

In Kosovo, 243 relatives of missing people received psychosocial support – including for coping with the pandemic – under an ICRC programme, through phone calls or other means similar activities in Serbia were postponed to 2021. In Bosnia-Herzegovina, the ICRC organized workshops on psychosocial support for representatives of family associations and MPI staff.

The ICRC provided ad hoc assistance – to alleviate the consequences of the pandemic – for missing people's families. Financial and technical support from the ICRC enabled the Red Cross Society of Bosnia-Herzegovina to provide food and hygiene items to 800 relatives of missing people. The ICRC gave 293 relatives of missing people in Kosovo financial assistance to cover their additional needs during the start of the pandemic.

Documents attesting to the disappearance of their relatives – issued by the ICRC and distributed by the pertinent Red Cross structure – enabled families in Kosovo to claim social benefits or deal with legal or administrative issues. Having assessed the

needs of missing people's families in Kosovo, the ICRC finalized a report and distributed it among various stakeholders – such as family associations and diplomatic embassies – with a view to broadening awareness of these needs.

### The Movement responds to migrants' protection-related needs

In coordination with the pertinent National Societies and Red Cross structures, and the IOM and the UNHCR, the ICRC monitored the situation of migrants in the Balkans. It brought up their protection-related concerns with the pertinent authorities and reminded them that they must ensure respect for the fundamental rights of all migrants. ICRC training helped police officers in Bosnia-Herzegovina to familiarize themselves with methods of effective community-oriented policing that took into account the concerns of the local population and the needs and rights of migrants. In Bosnia-Herzegovina, the ICRC provided psychosocial support for 30 National Society staff and volunteers providing humanitarian services for migrants. The pandemic prevented the ICRC from carrying out some of its activities for migrants: for instance, migrant centres were inaccessible, as a measure against COVID-19. The ICRC made recommendations to the pertinent authorities for protecting migrants during the pandemic. It provided the Commissariat of Refugees and Migration in Serbia, and the border police in North Macedonia, with PPE, hygiene items, thermometers and other items to help them do their work safely during the pandemic.

The ICRC monitored the humanitarian needs of people alleged to have been involved in fighting abroad; it discussed the matter with the pertinent authorities. It guided repatriated people towards the assistance they needed and strove to advance their socio-economic reintegration by offering or providing, whenever possible, family-links services and material and other support.

Migrants and others reconnected with their families through the Movement's family-links services. The ICRC continued to help National Societies and Red Cross structures in the region to broaden awareness of family-links services and develop their family-links capacities. However, most training sessions and other family-links events were postponed or cancelled because of the pandemic. In Bosnia-Herzegovina and Kosovo, the ICRC, together with the National Society and the Red Cross structures, issued certificates to ex-detainees attesting to their detention. The ICRC issued emergency travel documents to two people in Serbia.

The ICRC checked on the situation of people resettled in the Balkans after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba. When necessary, it helped them to maintain contact with their relatives.

CIVILIANS	Bosnia and Herzegovina	Croatia	Kosovo	Republic of North Macedonia	Serbia
<b>RCMs and other means of family contact</b>					
RCMs collected	3		9		1
RCMs distributed	1		10	2	3
Phone calls facilitated between family members	3,245				
Names published on the ICRC family-links website	6,516		1,646		
<b>Tracing requests, including cases of missing persons<sup>3</sup></b>					
People for whom a tracing request was newly registered	7		5		
<i>of whom women</i>	1				
<i>of whom minors at the time of disappearance – boys</i>	3				
Tracing cases closed positively (subject located or fate established)	33		8		
Tracing cases still being handled at the end of the reporting period (people)	6,419	20	1,682		
<i>of whom women</i>	946	6	250		
<i>of whom minors at the time of disappearance – girls</i>	95		24		
<i>of whom minors at the time of disappearance – boys</i>	252		92		
<b>Documents</b>					
People to whom travel documents were issued					2

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees in Bosnia-Herzegovina and detained migrants in Hungary. Visits could not be conducted in other countries because of the pandemic. Twenty-five detainees in Bosnia-Herzegovina – most of whom were detained in relation to conflict outside the region or on security-related charges – were monitored individually. The ICRC communicated its findings and, where necessary, its recommendations, confidentially to the pertinent

authorities, to help them improve detainees' treatment and living conditions. It attended meetings of the working group in charge of drafting a law regulating the Kosovo Correctional Service, and submitted to the authorities its suggestions for modifying the current draft law. Prison managers in Serbia learnt about international standards applicable to sanctions and discipline during an ICRC workshop.

In Bosnia-Herzegovina, the ICRC helped to arrange family visits for two detainees. It donated telephone cards to a prison and to an immigration detention centre, to help detainees maintain contact with their relatives. In Serbia, the authorities – acting on recommendations made by the ICRC

3. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia



in 2019 – amended the rules on family contact for detainees at a high-security prison; notably, they permitted detainees to be on the phone longer than before.

The ICRC made recommendations – to detaining and other authorities in the region, particularly in Bosnia–Herzegovina, Kosovo, North Macedonia, and Serbia – for responding to COVID-19 in detention facilities and other confined settings. It also provided PPE, disinfectants, hygiene items and other supplies to several detention facilities in the region.

The ICRC continued to provide the Bulgarian, Croatian, Hungarian and North Macedonian National Societies with financial and technical support to visit and assist detained

migrants. However, the pandemic prevented the National Societies from fully implementing their activities for detained migrants. Workshops and training for National Societies in detention-related areas were either postponed or held online because of the pandemic. The ICRC gave the National Societies guidelines and other materials on preventing the spread of COVID-19 in confined settings. The Croatian Red Cross and the ICRC organized a workshop for immigration detention authorities in Croatia, to explain or discuss such matters as alternatives to detention, and the work done by the National Society and the ICRC for migrants.

In Kosovo, the ICRC gave the Kosovo Correctional Service books, recreational items and clothes for detainees.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bosnia and Herzegovina	Croatia	Hungary	Kosovo	Republic of North Macedonia
<b>ICRC visits</b>					
Places of detention visited	5		3		
Detainees in places of detention visited	1,064		244		
<i>of whom women</i>	4				
<i>of whom minors</i>	2				
Visits carried out	9		3		
Detainees visited and monitored individually	25				
<i>of whom boys</i>	1				
Detainees newly registered	16				
<i>of whom boys</i>	1				
<b>RCMs and other means of family contact</b>					
RCMs collected	6				
RCMs distributed					1
Detainees visited by their relatives with ICRC/National Society support	2				
People to whom a detention attestation was issued	19	327		23	

## ACTORS OF INFLUENCE

The ICRC strove to maintain contact with authorities, representatives of the international community, members of civil society and other actors of influence; its aim was to build support for its work and that of its Movement partners, and advance understanding of IHL and other applicable norms. Because of the pandemic, it had to postpone or cancel some of the activities that it had planned for actors of influence; it moved several others online.

When he visited Bosnia–Herzegovina in February, the ICRC's regional director for Europe and Central Asia updated the authorities on the progress made in the roadmap for 2018–2022 and reminded them of their obligations. He described to various ICRC contacts the activities carried out by the ICRC in connection with migration and in behalf of repatriated people alleged to have been involved in fighting abroad and/or their families; he offered these contacts the ICRC's support for addressing protection-related issues and for building up capacities in mental-health and psychosocial support.

### The ICRC continues to promote IHL and other applicable norms

The ICRC pursued various efforts to advance the incorporation of IHL in domestic legislation, and the ratification of IHL-related treaties, in the countries covered. It offered its

support to national IHL committees and urged the governments concerned to assist the committees or – where they did not exist – to establish such committees. However, the pandemic slowed most of these efforts. The ICRC supported the Bulgarian IHL committee in carrying out a study on the compatibility between IHL and national legislation.

In Serbia, the ICRC made presentations during military exercises on the applicability of IHL to the treatment, registration and release of detainees.

The ICRC discussed how to engage the Balkans' immigration detention authorities in dialogue, during a European workshop on immigration detention organized by the ICRC's regional delegation in Paris and the Swedish Red Cross; the workshop was held online and attended by European National Societies.

The ICRC involved students and academics in IHL-related activities. Students from Kosovo and North Macedonia participated in a moot court competition on IHL and refugee law; the event was held online and organized by the University of Ljubljana in Slovenia with the ICRC and others. In Bosnia–Herzegovina, 40 students, professors and academic assistants participated in a one-week online module on IHL. The ICRC promoted a book on the points of correspondence between IHL and Islamic law, the result of a project undertaken

jointly by the ICRC and the University of Sarajevo. In Bosnia-Herzegovina, the ICRC provided financial support and expertise for five academic research projects tackling the psychological and social consequences of disappearances – for the families concerned and the wider community.

### People are kept informed of issues of humanitarian concern

The public-communication efforts of the ICRC and its Movement partners broadened awareness of humanitarian issues in the region, including the pandemic. National Societies and Red Cross structures were helped to strengthen their capacities in public communication.

In Bosnia-Herzegovina, relatives of missing people, volunteers from the Red Cross Society of Bosnia-Herzegovina, and others marked the International Day of the Disappeared with ICRC support.

### RED CROSS AND RED CRESCENT MOVEMENT

The ICRC continued to help the National Societies and Red Cross structures in the region to develop their ability to respond to humanitarian needs, in line with the Safer Access Framework. However, several planned activities had to be put on hold or altered because of the pandemic. The National Societies and Red Cross structures in the region carried out a broad range of activities in response to the pandemic – such as distributing food and hygiene items to vulnerable people and conducting communication campaigns on COVID-19 – with financial, material and other support from the ICRC.

National Societies and Red Cross structures sought to maintain or expand cooperation with the ICRC and other Movement components, including in protection-related activities for migrants.

Leaflets distributed by the National Society and/or online educational materials developed by them – with the ICRC's support – enabled children, migrants and others in Bosnia-Herzegovina to learn how to protect themselves from mines and explosive remnants of war.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	13			
RCMs distributed	16			
Phone calls facilitated between family members	3,245			
Names published on the ICRC family-links website	8,162			
<b>Tracing requests, including cases of missing persons<sup>4</sup></b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	12	1		3
Tracing cases closed positively (subject located or fate established)	41			
Tracing cases still being handled at the end of the reporting period (people)	8,121	1,202	119	344
<b>Documents</b>				
People to whom travel documents were issued	2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	8			
Detainees in places of detention visited	1,308	4	2	
Visits carried out	12			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	25			1
<i>of whom newly registered</i>	16			1
<b>RCMs and other means of family contact</b>				
RCMs collected	6			
RCMs distributed	1			
Detainees visited by their relatives with ICRC/National Society support	2			
People to whom a detention attestation was issued	369			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Mental health and psychosocial support</b>				
People who received mental-health support	Cases	273		
People who attended information sessions on mental health		97		

4. Not including cases of persons missing in relation to the Croatia conflict 1991–1995 dealt with by the Croatian Red Cross and the Red Cross of Serbia

## BRUSSELS

**COVERING:** *Institutions of the European Union, NATO, Belgium*

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, NATO and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision makers in western Europe view the ICRC as the main reference point for neutral and independent humanitarian action, as well as for IHL.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

### EXPENDITURE IN KCHF

Protection	708
Assistance	156
Prevention	2,612
Cooperation with National Societies	306
General	37
<b>Total</b>	<b>3,819</b>
<i>Of which: Overheads</i>	233

### IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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### PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	27

## CONTEXT

The European Union (EU) remained involved in crisis management and conflict resolution throughout the world. At year's end, 17 civilian or military missions – launched within the framework of the EU's Common Security and Defence Policy – were in progress in the Central African Republic, Libya, the Sahel region of Africa and elsewhere.

The EU handled humanitarian affairs primarily through the European Commission's (EC) Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). The Council of the EU's Working Parties on Humanitarian Aid and Food Aid, and on Public International Law, tackled humanitarian issues and IHL-related matters, respectively.

NATO remained engaged in defence- and security-related endeavours. It carried out missions to train, advise and assist local forces in Afghanistan, and build local military capacities in Iraq.

Belgium remained committed to supporting principled humanitarian action and developing and promoting IHL. Its capital, Brussels, continued to be a hub for diplomats, academics, NGOs and media organizations. Belgium held a seat on the UN Security Council from 2019 to 2020. A new Belgian government took office in October.

The COVID-19 pandemic had serious consequences throughout the world. As governments implemented lockdowns and other measures necessary to contain the spread of the disease, many in-person events involving the ICRC had to be postponed or cancelled.

## ICRC ACTION AND RESULTS

Because of the pandemic, the ICRC was unable to carry out certain planned activities. Whenever possible, however, it continued to engage – by virtual means, when it could not do so in person – with EU, NATO and Belgian authorities and other influential parties in Brussels. This enabled it to maintain its efforts to ensure that humanitarian concerns and IHL were given proper consideration in their work and to strengthen support among them for its mandate and activities. The ICRC strove to build its dialogue with the newly established Belgian government and strengthen its working relationship with members of the EC who had taken office in December 2019.

### Humanitarian considerations are given due regard during high-level discussions

In its dialogue with the EC, the Council of the EU and its Working Parties, EU member states, and the Belgian authorities, the ICRC drew attention to the needs in conflict-affected places such as Nagorno-Karabakh, the Sahel and the Syrian Arab Republic, and to humanitarian issues requiring their attention, such as: the treatment of people alleged to have been involved in fighting abroad and that of their families; migration, particularly the plight of migrants during the pandemic; missing people; climate change; data protection; and the necessity of safeguarding humanitarian access when implementing movement restrictions and other measures to

curb the spread of COVID-19. The commander of the NATO mission in Iraq and NATO troops bound for Afghanistan were briefed on the humanitarian concerns in those contexts. The contemporary challenges posed by warfare on civilians were highlighted during the ICRC president's address to the North Atlantic Council, and a full-day workshop held with high-level NATO staff. The ICRC released statements, or organized events, with the Red Cross EU Office and the Belgian Red Cross, in order to present a strong Movement position on some of the matters mentioned above to EU and Belgian authorities. It worked to expand its working relationship with ECHO and other EU actors, with a view to strengthening support among them for its activities.

The ICRC strove to protect impartial humanitarian action from being adversely affected by sanctions and other counter-terrorism measures. Its efforts contributed to the inclusion of passages to this end in EU guidance and policy-related documents such as the *Council of the EU's Council Conclusions on EU External Action on Preventing and Countering Terrorism and Violent Extremism*.

### Military and legal actors draw on the ICRC's expertise in IHL

The ICRC provided expert assistance for NATO and EU military entities to integrate IHL provisions into their doctrine, training and operations, and for their legal offices to deepen their knowledge of IHL-related issues. It reinforced its engagement with senior military personnel on its Support Relationships in Armed Conflict initiative – which aims to persuade and help those supporting parties to armed conflict to strengthen IHL compliance among the parties they support. Notably, the ICRC introduced important aspects of this initiative during NATO's training exercises and while helping to prepare a NATO military manual.

NATO, aided by the ICRC, strove to strengthen implementation of its protection-of-civilians policy. An ICRC workshop helped commanders become more adept in incorporating the policy in operational planning, and ICRC contributions helped deepen discussions on this subject during NATO training exercises. The ICRC also gave NATO expert counsel for developing or revising its policies concerning military operations on land and in urban settings.

The ICRC supported Belgium in drawing attention to various humanitarian and IHL-related concerns, particularly protection for children, during its membership on the UN Security Council, with a view to mobilizing other member states to act on this and other pressing issues.

Together with the College of Europe, the Network on Humanitarian Assistance and the Belgian Red Cross, the ICRC held virtual training sessions, lectures and other events on IHL for academics and legal and military experts. Notably, because the Bruges Colloquium on IHL was held virtually in 2020, it had a larger audience than in previous years: it drew participants from the Americas and Asia, in addition to attendees from Europe, to discuss new technologies in warfare.

**Detaining authorities are given support for tackling COVID-19**

In line with a memorandum of understanding signed with the justice minister in 2018, the ICRC visited detainees in Belgium, in accordance with its standard procedures, paying close attention to those held in connection with “terrorism”. Findings and recommendations from these visits were discussed confidentially with prison and national authorities. The ICRC focused on making health care more accessible to detainees. It also helped the authorities prevent and manage cases of COVID-19; it maintained its contact with them to give them technical support to this end while ICRC prison visits were temporarily suspended because of the pandemic.

**The needs of conflict-affected people become more widely known**

During meetings and other events with members of civil society and humanitarian actors – including the International Federation, and the Movement’s European Legal Support Group – the ICRC drew on its experience in conflict-affected areas to discuss issues such as: the consequences of the COVID-19 pandemic; the treatment of the children of people alleged to have been involved in fighting abroad; and the humanitarian-development-peace nexus.

The ICRC relayed humanitarian messages and broadened awareness of its activities, including its response to the COVID-19 pandemic, through its social-media accounts or through media organizations with whom it was in touch. It continued to conduct joint communication initiatives – such as a television spot on the protection due to health services – with ECHO in EU member states.



# GEORGIA

The ICRC has been present in Abkhazia, Georgia proper and South Ossetia since 1992. It helps the authorities resolve cases of missing persons and respond to the concerns of their families. It acts as a neutral intermediary to help mitigate the impact of the demarcation of administrative boundaries. It visits detainees and provides assistance to families of people alleged to have been involved in conflicts abroad. It promotes the national implementation of IHL and its integration into armed and security forces' operations and into academic curricula. The ICRC helps the Georgia Red Cross Society strengthen its capacities.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2020

- Efforts to resolve missing-persons cases from past armed conflicts continued. Participants in one of the coordination mechanisms dealing with cases held one meeting online. The remains of 14 people were handed over to their families.
- In Abkhazia, Georgia proper and South Ossetia, missing people's families were given psychosocial support over the phone by the ICRC's local partners or at commemorative events, held outdoors, that the ICRC organized.
- Aided by the ICRC, vulnerable people who were severely affected by the COVID-19 pandemic met their immediate needs, and people who needed medical treatment crossed an administrative boundary to reach health facilities.
- Forensic facilities in Abkhazia, Georgia proper and South Ossetia, and health facilities in Abkhazia and South Ossetia, were provided with personal protective equipment and other supplies for dealing with the pandemic.
- The ICRC visited detainees in Georgia proper and South Ossetia to monitor their treatment and living conditions. It gave the pertinent authorities expert advice and material aid for preventing the spread of COVID-19 among detainees.
- Comprehensive support from the ICRC and other Movement components enabled the Georgia Red Cross Society to respond to the pandemic, expand its operational capacities, and find sustainable sources of funding.

## EXPENDITURE IN KCHF

Protection	4,422
Assistance	1,669
Prevention	647
Cooperation with National Societies	270
General	101
<b>Total</b>	<b>7,110</b>
<i>Of which: Overheads</i>	<i>434</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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## PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	103



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
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	26
RCMs distributed	27
Phone calls facilitated between family members	36
Tracing cases closed positively (subject located or fate established)	28
People reunited with their families	67
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	8
Detainees in places of detention visited	5,532
<i>of whom visited and monitored individually</i>	23
Visits carried out	13
<b>Restoring family links</b>	
RCMs collected	6
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2020 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries 315	956
Living conditions	Beneficiaries 348	3,066
Capacity-building	Beneficiaries 6	15
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	Beneficiaries	124

## CONTEXT

Demarcation of the administrative boundaries between Abkhazia and Georgia proper, and between Georgia proper and South Ossetia, continued. Restrictions on movement across the boundaries, imposed in 2019, were tightened in 2020 in response to the COVID-19 pandemic; this made it difficult for people to stay in touch with relatives or obtain their pensions, and narrowed their access to medical care and other services. Vulnerable people in Abkhazia and South Ossetia – including people with disabilities, and people who were elderly or bedridden – were among those most severely affected.

Some 2,300 people were still missing in connection with the 1992–1993 conflict in Abkhazia and the conflicts of the 1990s and 2008 in South Ossetia. More than 300 sets of human remains, recovered during the search for missing people, were still unidentified.

Physical isolation and other consequences of the pandemic compounded the anxieties of missing people's families.

People were detained in Abkhazia, Georgia proper and South Ossetia on charges of unauthorized movement across the administrative boundaries, or for security reasons. Many of them needed assistance to contact their families.

A number of Georgian nationals were alleged to have been involved in conflict in other countries. The families of some of them, including a number of children, were back in Georgia proper; others were still unable to return.

## ICRC ACTION AND RESULTS

In 2020, the ICRC responded to the needs of people in Abkhazia, Georgia proper and South Ossetia who were enduring the effects of past conflicts and the pandemic. The ICRC was the only Movement component present in Abkhazia and South Ossetia, and the only international organization doing humanitarian work in South Ossetia.

Two ICRC-chaired coordination mechanisms continued their work on missing-persons cases linked to past conflicts. Thirteen families in Georgia proper and one family in Abkhazia received their relatives' remains.

Forensic specialists in Abkhazia, Georgia proper and South Ossetia, sponsored by the ICRC, took certification courses online. As the pandemic prevented the ICRC from making international forensic experts available for conducting exhumations in Abkhazia, local specialists, guided by ICRC personnel, carried out exhumations at a number of sites.

Early in the year, the ICRC held an international conference in Tbilisi, on maximizing efforts to identify missing people's remains and address their families' needs. After the onset of the pandemic, it continued to make psychosocial support available to missing people's families.

The ICRC strove to draw the pertinent authorities' attention to the needs of people affected by the demarcation of administrative boundaries and the tightening of movement restrictions. Acting as a neutral intermediary, the ICRC

helped people in South Ossetia who needed medical treatment – including COVID-19 patients – cross the administrative boundary to reach health facilities. It donated food and hygiene items to vulnerable people in Abkhazia, Georgia proper and South Ossetia, including people with no other sources of support. Health facilities in Abkhazia and South Ossetia were given personal protective equipment (PPE) and other supplies for their COVID-19 response.

The Georgia Red Cross Society helped the ICRC distribute aid to vulnerable people in Georgia proper. With the ICRC's help, the National Society set up a hotline after the onset of the pandemic.

The ICRC visited detainees in Georgia proper and South Ossetia to monitor their treatment and living conditions. Findings and recommendations were communicated confidentially to the pertinent authorities. The Georgian authorities and the *de facto* authorities in Abkhazia and South Ossetia were given expert advice and material aid for preventing the spread of COVID-19 in places of detention. The ICRC, in coordination with the pertinent authorities, helped detainees stay in touch with their families after the onset of the pandemic.

In all its interaction with the Georgian authorities, the *de facto* authorities in Abkhazia and South Ossetia, members of the international community and civil society, and other key parties, the ICRC sought to gather support for IHL and its own humanitarian activities, and to draw attention to issues of humanitarian concern. It used traditional and social media to provide information about COVID-19 and publicize its response to the pandemic.

The ICRC continued to help the Georgian military review its field manuals for compliance with IHL. Before the onset of the pandemic, it conducted or assisted in several IHL training activities for Georgian military officers. Because of pandemic-related restrictions, it was unable to offer training in IHL and humanitarian principles to weapon bearers in Abkhazia and South Ossetia.

The National Society received various forms of support from the ICRC and other Movement components for responding to the pandemic, strengthening its operational capacities, and pursuing sustainable funding for its operations.

## CIVILIANS

### Fourteen families receive their relatives' remains

The two ICRC-chaired coordination mechanisms – one with Abkhaz and Georgian participants, dealing with the issue of people missing in connection with the 1992–1993 armed conflict, and the other with Georgian, Russian and South Ossetian participants, dealing with people missing in connection with the armed conflicts in the 1990s and 2008 – continued their work to resolve missing-persons cases; the latter mechanism held one meeting online.

Acting as a neutral intermediary, the ICRC facilitated the transfer of 12 sets of human remains, recovered in Abkhazia, across the administrative boundary line to Georgia proper. These remains, along with another set recovered in Georgia

proper, were handed over to the families concerned in Georgia proper. A fourteenth set of remains was handed over to the family concerned in Abkhazia. The ICRC, or its local partners, gave the families psychosocial support (see below).

The ICRC continued to collect biological reference samples from missing people's relatives for future identification of human remains, but the pandemic limited its ability to meet with people who might have useful information on missing-persons cases, such as the location of possible gravesites.

### **Missing people's families receive psychosocial support**

The ICRC continued to draw attention to the needs of missing people's families. In February, it held an international conference in Tbilisi, on maximizing efforts to identify missing people's remains and address their families' needs. Participants included forensic specialists from around the world, families in Georgia proper, Georgian government officials, and representatives of the international community and the Movement. ICRC staff members relayed the views and concerns of families in Abkhazia and South Ossetia. Plans for holding an international conference, as part of an ICRC project to establish professional standards for addressing the issue of missing people and responding to their families' needs (see *Operations*), were cancelled because of the pandemic.

After the onset of the pandemic, the ICRC enabled its local partners in Georgia proper to continue providing families with psychosocial support, especially during difficult moments such as the exhumation, handover or reburial of their relatives' remains. The ICRC's partners included NGOs, branches of the National Society, and individual psychologists. After receiving ICRC training online, local partners in Abkhazia and representatives from associations of missing people's families in Georgia proper made phone calls to families and gave them information about COVID-19, as well as psychosocial support. Particularly vulnerable people were referred for other assistance.

In South Ossetia, the ICRC organized several outdoor events to enable families to commemorate missing relatives. Two families learnt of developments in the search for their relatives; this information was given to them at their homes by a representative of the pertinent coordination mechanism, who was accompanied by an ICRC psychosocial-support specialist.

The ICRC continued to provide a working group of academics with support for conducting research on the "ambiguous loss" experienced by missing people's families in Georgia proper. A total of 320 people learnt more about the families' need for mental-health and psychosocial support, including 210 students from four Georgian universities who attended lectures on "ambiguous loss".

### **Vulnerable people meet their immediate needs after the onset of the pandemic**

In its discussions with the pertinent authorities, the ICRC emphasized the humanitarian needs of people affected by the demarcation of administrative boundaries and by the tighter movement restrictions. Acting as a neutral intermediary, it

enabled people in South Ossetia who needed medical treatment – including COVID-19 patients – to cross an administrative boundary to reach health facilities, and return afterwards. In instances when the patients died, the ICRC helped return their bodies to South Ossetia.

The ICRC provided family-links services to people affected by the demarcation of administrative boundaries. More people than in past years asked for help to reunite with their families across an administrative boundary; many of them had been cut off from pensions or other resources, and from family support, by the tightened movement restrictions.

PPE and other supplies were given to health facilities in South Ossetia; the ICRC coordinated with the WHO and other actors to give similar assistance to health facilities in Abkhazia. People with disabilities in South Ossetia were provided with prostheses, walking aids or wheelchairs.

Vulnerable people in Abkhazia, Georgia proper and South Ossetia, many of whom had no other sources of support – including people with disabilities, and elderly or bedridden people – were assisted to meet their immediate needs; 3,066 people were given food, hygiene items, reusable face masks, and/or informational materials on COVID-19. Some particularly vulnerable people in South Ossetia were also assisted with household tasks, administrative procedures, or visits to health facilities; a hot meal was cooked for them once a week. Five social workers in South Ossetia received desks and ICT equipment.

The Georgia Red Cross Society and the ICRC distributed aid to vulnerable people in Georgia proper. The National Society set up a hotline after the onset of the pandemic; many of the calls were from older people living alone, who simply wanted to talk with someone. The ICRC helped the National Society run the hotline; six ICRC staff members handled a total of 1,200 calls.

The ICRC made visits periodically, in accordance with COVID-19 safety protocols, to the families of Georgian nationals alleged to have been involved in conflict abroad. It discussed their concerns with the Georgian authorities. The families lodged requests to trace their relatives who were still in other countries; the ICRC kept them informed of developments in the search for their relatives. The ICRC covered their accommodation costs, and medical expenses for a number of their children coming to Tbilisi for medical assistance. The National Society gave the families four months' worth of food parcels and hygiene kits.

Several people formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba were in Georgia proper; the ICRC monitored their situation and discussed their status with the Georgian authorities.

The National Society and the ICRC determined that people in Georgia proper were generally able to maintain family contact during the pandemic. The National Society continued to strengthen its family-links services, with the ICRC's help.

### Local forensic specialists expand their capacities

The ICRC sponsored forensic specialists in Abkhazia and Georgia proper to take certification courses in forensic anthropology and archaeology, offered online by a British university. The Abkhaz specialists were also sponsored to study English, as knowing the language would give them access to a broader range of resources. Discussions with them, on setting up an NGO to fund and coordinate their work, continued.

Because of pandemic-related travel restrictions, the ICRC was unable to make international forensic experts available for conducting exhumations in Abkhazia, where the majority of known gravesites from the 1992–1993 conflict that were yet to be excavated were located; Abkhaz specialists, guided by ICRC personnel, carried out exhumations at a number of sites.

After the onset of the pandemic, forensic institutions in Abkhazia, Georgia proper and South Ossetia were provided with pertinent guidelines and given PPE, body bags and/or disinfectants. A donation of equipment for performing autopsies helped ten personnel at the morgue in Tskhinvali/Tskhinval, South Ossetia, to expand their capacities. An ICRC forensic specialist provided advice regularly to the newly appointed director of the morgue, who was also sponsored to take a certification course online.

The ICRC met with the leaders of the Muslim communities in Abkhazia and Georgia proper (see *Actors of influence*). They discussed managing the remains of COVID-19 victims in accordance with Islamic law, and the impact of pandemic-related restrictions on funeral rites.

### PEOPLE DEPRIVED OF THEIR FREEDOM

#### Detainees maintain family contact after the onset of the pandemic

The ICRC visited detainees at six facilities in Georgia proper and two facilities in South Ossetia, to monitor their treatment and living conditions; findings and recommendations were communicated confidentially to the pertinent authorities. Some visits were delayed by pandemic-related restrictions.

To help them prevent the spread of COVID-19 in places of detention, the ICRC provided the penitentiary authorities in Georgia proper and the *de facto* authorities in Abkhazia and South Ossetia with pertinent guidelines, and donated hygiene items, PPE and infrared thermometers to them. Health personnel at detention facilities in Abkhazia were given informational materials on mental-health care.

At the onset of the pandemic, the Georgian authorities suspended family visits and the delivery of family parcels for detainees. The ICRC funded phone credit for some 9,100 detainees, including 156 foreigners in high-security detention facilities, to help them maintain family contact. After discussions with the ICRC, the authorities lifted the suspension of parcel delivery.

On two occasions, ICRC delegates passed RCMs between a Georgian detainee, held by the *de facto* interior ministry in Abkhazia, and his family. Several detainees in Georgia proper and South Ossetia also maintained family contact

through RCMs. The ICRC delivered a parcel to one detainee in South Ossetia from his family in Georgia proper.

The ICRC notified the UNHCR of the detention of two foreigners in Georgia proper, at the request of the detainees concerned. It provided several Muslim detainees with Islamic prayer calendars.

Essential items were donated to 124 detainees in South Ossetia.

The ICRC consulted detainees, social workers, and administrators of detention facilities on the risks associated with restrictive detention procedures; the Georgian justice ministry agreed to implement a number of recommendations that the ICRC made on the basis of these consultations.

The ICRC had planned to sponsor Georgian penitentiary officials to attend regional forums on prison management, but these events were cancelled because of the pandemic.

### ACTORS OF INFLUENCE

#### Key parties discuss issues of humanitarian concern

In all its interaction with the Georgian authorities, the *de facto* authorities in Abkhazia and South Ossetia, members of the international community and civil society, and other key parties, the ICRC sought to promote IHL, cultivate support for its activities, and draw attention to issues of humanitarian concern. ICRC representatives met with the *de facto* president of Abkhazia, who had been elected in March, and with the *de facto* president of South Ossetia.

Together with its local partners, the ICRC helped missing people's families mark the International Day of the Disappeared, in line with pandemic-related restrictions on gatherings. A virtual exhibit was launched in Georgia proper, and outdoor events were held in Abkhazia and South Ossetia.

In Georgia proper, a government commission to deal with the issue of missing people, established in 2019, held its first meeting in February. Because of the pandemic, no other meetings were held during the year. The ICRC continued to encourage the *de facto* authorities in Abkhazia and South Ossetia to set up or reinforce institutions to address the issue of missing people at the local level.

The pandemic prevented the ICRC from realizing its plans to discuss with the Georgian authorities its 2019 study on the legal framework governing the issue of missing people in Georgia proper; to conduct a similar study in Abkhazia; and to examine the impact of current counter-terrorism legislation on the situation of Georgian nationals alleged to have been involved in conflict abroad, and their families.

#### The Georgian armed forces continue to integrate IHL into their operations

Before the onset of the pandemic, the ICRC conducted or assisted in four IHL training events for a total of 80 Georgian military personnel; beginning in March, the military prohibited all indoor training activities. The ICRC continued to help the military review its field manuals for compliance with IHL. The military began to translate the ICRC's study on customary IHL

(see *International law and policy*) into Georgian, and sought the ICRC's advice regularly.

Because of pandemic-related restrictions, the ICRC was unable to offer training in IHL and humanitarian principles to weapon bearers in Abkhazia and South Ossetia.

#### **Members of the public learn more about COVID-19**

The ICRC used traditional and social media to provide information about COVID-19 and broaden public awareness of its response to the pandemic. It aired television spots in Abkhazia on preventing the spread of COVID-19. A television programme in Abkhazia and radio programmes in South Ossetia featured interviews with ICRC representatives.

The ICRC met with leaders of the Muslim communities in Abkhazia and Georgia proper, to discuss the management of the dead during the pandemic (see *Civilians*) and the impact of the pandemic on the communities' daily lives, including the precautions taken by community members to prevent the spread of COVID-19.

#### **University students add to their knowledge of IHL**

Together with the training centre of the Georgian justice ministry, the ICRC held a moot court competition for university students in Georgia proper. Preparatory lectures arranged by the training centre, and the competition itself, took place online.

The ICRC held a webinar on IHL for law students at a university in Georgia proper. It conducted an in-person IHL course, in line with COVID-19 safety protocols, for law and history students at a university in Abkhazia.

The pandemic prevented the ICRC from sponsoring government officials, military officers, academics or university students to attend IHL-related events abroad.

#### **RED CROSS AND RED CRESCENT MOVEMENT**

The Georgian Red Cross worked with national and local authorities, and drew on comprehensive support from the ICRC and other Movement components, to respond to the pandemic and expand its operational capacities. It conducted information sessions on COVID-19 and assisted people affected by the pandemic, including older people living near administrative boundaries, in line with the Safer Access Framework (see *Civilians*). Its activities after the onset of the pandemic raised its public profile and helped it establish new partnerships with members of the international community and the private sector, which extended technical, material and/or financial support for its COVID-19 response. It also carried out various humanitarian projects funded by municipal budgets.

The ICRC provided the National Society with financial and material assistance for its activities, and technical advice on public communication, logistics, mental-health and psychosocial support, and other areas.

Aided by the International Federation and the ICRC, the National Society applied for and received funding from the National Society Investment Alliance, a Movement mechanism that provided National Societies with multi-year financing to develop their capacities.



## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	26			
RCMs distributed	27			
Phone calls facilitated between family members	36			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	67			
People transferred or repatriated	238			
Human remains transferred or repatriated	34			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	36	7		3
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	28			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	2,377	387	30	29
<i>including people for whom tracing requests were registered by another delegation</i>	2			
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	16			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	8			
Detainees in places of detention visited	5,532		19	
Visits carried out	13			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	23			
<i>of whom newly registered</i>	4			
<b>RCMs and other means of family contact</b>				
RCMs collected	6			
RCMs distributed	6			
Phone calls made to families to inform them of the whereabouts of a detained relative	2			
Detainees released and transferred/repatriated by/via the ICRC	1			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	956	446	63
	<i>of whom IDPs</i>	1		
Living conditions	Beneficiaries	3,066	1,795	68
	<i>of whom IDPs</i>	1		
Capacity-building	Beneficiaries	15	5	
<b>Mental health and psychosocial support</b>				
People who received mental-health support		1,461		
People who attended information sessions on mental health		320		
People trained in mental-health care and psychosocial support		38		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	124		

# GREECE

The ICRC worked in Greece for the first time in 1912 and established a mission in Athens in 2016. It helps migrants, including those detained, restore contact with their families and engages the authorities in dialogue on their access to health care and other services. It urges the pertinent authorities to reinforce their mechanisms to clarify the fate of missing persons and helps strengthen local capacities in managing and identifying human remains. The ICRC promotes support for IHL and its integration into military operations. It supports the Hellenic Red Cross in its organizational development and its provision of family-links services.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC sought to engage the national authorities and the European Union in discussions about the humanitarian issues affecting migrants and to urge them to ensure that all migrants were treated in conformity with applicable law.
- The Hellenic Red Cross resumed its family-links services for migrants, with the ICRC's technical and financial support. Migrants affected by the fire at the Moria camp were able to use the internet and charge their devices.
- Forensic professionals, coast guard personnel, police officers and other first responders were trained and given support to manage unidentified human remains, with a view to increasing the likelihood of their identification.
- Migrants at two places of detention were visited by the ICRC and given phone cards. The ICRC supported the authorities' efforts to improve health services, and check the spread of COVID-19, in detention facilities.
- The ICRC produced reports on detention conditions and unaccompanied minors; it made use of this in its dialogue with government officials, who drafted measures to address the issue.
- Military training institutions worked to incorporate IHL in their curricula, with ICRC support. Greek military personnel and university students strengthened their grasp of IHL at ICRC training sessions or presentations.

## EXPENDITURE IN KCHF

Protection	2,261
Assistance	1,115
Prevention	218
Cooperation with National Societies	185
General	17
<b>Total</b>	<b>3,795</b>
<i>Of which: Overheads</i>	<i>232</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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## PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	22



ICRC delegation

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	4
RCMs distributed	1
Phone calls facilitated between family members	11,118
Tracing cases closed positively (subject located or fate established)	92
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	2
Detainees in places of detention visited	868
<i>of whom visited and monitored individually</i>	6
Visits carried out	4

ASSISTANCE		2020 Targets (up to)	Achieved
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries	3,500	14,952

## CONTEXT

Migrants, including asylum seekers and refugees, reached Greece mainly by crossing the Aegean Sea or the Evros River. Many of them were forced to take hazardous routes: there had been numerous accidents at sea, and maritime deaths. From the second half of 2019 to early 2020, the number of new arrivals rose sharply; it declined when COVID-19 began to spread across Europe. Many families were still searching for missing relatives. Identifying human remains remained a challenge, partly because of insufficient data and lack of coordination mechanisms.

Many migrants were stranded on Greek islands: stricter border policies, and tightened restrictions on travel, were contributory factors. Greece strengthened border controls in response to Turkey reopening its borders with Europe. The Greek government implemented stricter border regulations and management of camps for migrants, in response to the pandemic.

Fires broke out at the Moria camp on Lesbos in September. Shelters for 13,000 people, including unaccompanied children, were destroyed. Those affected were relocated to the temporary camp in Kara Tepe.

While waiting for their cases to be processed, most migrants – including unaccompanied minors – lived in camps largely inadequate to their needs or were held in administrative detention. Many lost contact with their families and lacked access to health and other essential services. In addition, both their physical and mental health were endangered.

## ICRC ACTION AND RESULTS

The pandemic made matters worse for migrants in camps and detention centres. The ICRC strove to improve their living conditions, including their access to health care, while always following domestic and international guidelines for checking the spread of COVID-19. However, the necessary pandemic-related measures taken by the Greek authorities also limited the ICRC's ability to implement a number of its planned activities.

The ICRC continued to monitor the situation of migrants. It sought to raise their concerns with the pertinent parties and urge them to ensure that all migrants, regardless of status, were treated in conformity with applicable law. However, it could not carry out community-based protection activities, such as those intended to make migrants safer, because of pandemic-related restrictions at the Moria camp on Lesbos and later on the destruction of the camp itself. It closed its office in Mytilini, on Lesbos, as a resizing measure necessitated by operational and financial limitations.

The Hellenic Red Cross resumed its family-links services for migrants, with the help of training, and technical and material support, from the ICRC. The National Society and the ICRC enabled migrants affected by the fire at the Moria camp to use the internet and charge their devices. The ICRC continued to provide forensic professionals, coast guard personnel and others with support to ensure that human remains are handled properly, in a manner conducive to their identification and in accordance with pertinent data-protection standards.

The ICRC visited detained migrants at two places of detention to monitor their treatment and living conditions. It was able to conduct several visits and maintain regular dialogue with the relevant authorities throughout the year, except during periods of lockdown. However, it could not implement all its detention-related activities because of pandemic-related restrictions. For instance, the ICRC could not organize workshops for police officers and guards on improving conditions for migrants in administrative detention. The ICRC produced a report on detention conditions and unaccompanied minors in protective custody; it made use of this in its dialogue with officials from the government agencies concerned. The Special Secretary for the Protection of Unaccompanied Minors, under the Ministry of Migration and Asylum, took steps to remove minors from places of detention and ensure their immediate transfer to suitable facilities.

The ICRC supported the authorities' COVID-19 response in places of detention. It donated medical supplies and personal protective equipment (PPE) to the official agency providing health services for migrants at immigration detention centres. It also distributed hygiene kits, cleaning materials and recreational items to detained migrants.

The ICRC strove to advance understanding of its work in Greece, gather support for it, and draw attention to humanitarian issues, such as those pertaining to missing people and their families, and to the availability of health care for detained migrants. Military training institutions worked to incorporate IHL in their curricula, with ICRC support. Greek military personnel and university students strengthened their grasp of IHL at ICRC training sessions or presentations.

The ICRC undertook communication campaigns and other activities to broaden understanding of IHL, humanitarian issues, COVID-19 and its own work among the general public. It organized a 3-D virtual photo exhibition on the Movement's history in Greece.

## CIVILIANS

### The ICRC monitors migrants' situation

The ICRC continued to monitor the situation of migrants and document their protection-related concerns, including in relation to the principle of *non-refoulement*. It also tracked the humanitarian consequences of migration policies, overcrowding in camps and movement restrictions. It sought to raise these issues with the authorities, police forces and others concerned; and to remind them that they must do everything necessary to ensure that all migrants, regardless of status, are treated in conformity with applicable law. However, the ICRC's dialogue at local level remained limited mainly because of access constraints.

The deterioration of the situation at the Moria camp on Lesbos, and the pandemic's effects throughout Greece, made it very difficult for the ICRC to implement the community-based protection activities it had planned, such as helping migrants to identify and mitigate risks to their safety and develop positive coping mechanisms. It worked with another humanitarian organization to produce posters showing the services available to people at the camp. However, delays in

printing, combined with the fast-developing situation at the camp, made the posters obsolete. Operational and financial constraints led to the closure of the ICRC's office in Mytilini, on Lesbos, at the end of the year.

The ICRC supported existing procedures for selecting people to represent their communities at a reception and identification centre that the authorities set up on Lesbos after the fire at the Moria camp. Because of the pandemic, it had to suspend this activity intermittently throughout the year.

With the ICRC's support, the Hellenic Red Cross took over the psychosocial-support programme for migrants at the Moria camp, previously run by the Danish Red Cross. ICRC staff in Mytilini moved into the offices of the Hellenic Red Cross branch on Lesbos, with a view to cooperating more closely in protection-related activities.

### **The Hellenic Red Cross resumes its family-links services**

After its suspension from the International Federation was lifted in late 2019, the Hellenic Red Cross – aided by the ICRC – strove to resume leadership in providing family-links services to migrants. The ICRC signed an agreement with the National Society to transfer staff and responsibilities to it. The ICRC had been offering family-links services at the beginning of the year – mainly collecting requests to locate people's missing relatives and arranging phone calls – before the National Society took over.

Hellenic Red Cross staff members providing family-links services were trained by the ICRC in such areas as data protection, case management and emergency response. The Hellenic Red Cross regularly exchanged good practices with other National Societies in providing family-links services during emergencies like the pandemic. They received technical guidance and material support (e.g. PPE, supplies and equipment for setting up kiosks) from the ICRC to conduct assessments and provide services at several camps, including Moria, and at COVID-19 isolation facilities. Migrants affected by the fire at the Moria camp were able to use the internet and charge their devices. The National Society endeavoured to restore its capacities and rebuild its network, but its family-links services remained limited in scope; the pandemic further hobbled these services.

The fate and whereabouts of over 90 people were ascertained and relayed to their families. The ICRC distributed, at places holding migrants, posters publicizing the Trace the Face campaign – an online photo tracing service with a centralized database that focused on migrants who went missing en route to Europe.

### **Forensic services expand their capacities**

The ICRC continued to provide forensic professionals, coast guard personnel and others with technical support to help ensure that human remains – including those recovered from the Aegean Sea and along other migration routes to Greece – are handled properly, in a manner conducive to their identification and in accordance with pertinent data-protection standards. It donated PPE and body bags to these actors, as a contingency measure against COVID-19. The ICRC

prepared a report describing the gaps in the Greek medico-legal system and in domestic legal frameworks covering the issue of missing people; the findings of this report formed the basis of its discussions with officials from the justice ministry, members of parliament and others. The ICRC urged them to develop the medico-legal system and coordinate their activities, and to help them strengthen mechanisms for standardizing, centralizing and sharing forensic data.

Together with the University of Athens's medical school, the ICRC organized online training in managing human remains for 78 first responders from the coast guard, police and fire brigade. At the start of the year, the ICRC organized round tables for public prosecutors, police personnel and first responders on various aspects of human-remains management: best practices; data protection; and pertinent legal frameworks. However, pandemic-related restrictions prevented the ICRC from organizing more events of this kind, or other activities, to improve coordination among forensic actors in the region. The ICRC prepared a Greek translation of a video on handling the dead bodies of COVID-19 victims, and distributed it among national and local authorities, health institutions and funeral homes.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detained migrants receive visits and other kinds of support**

The ICRC visited two priority places of detention to monitor the treatment and living conditions of some 800 migrants held there. It was able to conduct several visits and maintain regular dialogue with the authorities throughout the year, except during periods of lockdown. However, it could not implement all its detention-related activities as planned because of pandemic-related restrictions. During their visits, ICRC delegates paid particular attention to people with specific needs, such as unaccompanied minors and people with serious medical conditions. In its dialogue with them, the ICRC reminded the authorities that they must respect procedural safeguards and the principle of *non-refoulement*; ensure migrants' access to basic services; prevent abuses against migrants; and seek alternatives to detention, especially for minors.

The ICRC referred particularly vulnerable migrants in need of legal assistance to the Greek Council for Refugees. Owing to pandemic-related restrictions, the ICRC could not organize workshops for police officers and guards on improving conditions for migrants in administrative detention, based on reports it shared with the authorities.

The ICRC produced a report on unaccompanied minors in protective custody; this formed the basis of the ICRC's dialogue with representatives from pertinent government agencies, such as the Special Secretariat for the Protection of Unaccompanied Minors, police forces and entities in charge of immigration detention centres. The Special Secretary took steps to remove minors from places of detention – including the reception and identification centre in Fylakio visited by the ICRC – and ensure their immediate transfer to suitable facilities. The ICRC also brought up the subject in its dialogue with various stakeholders in other European countries – through

its delegation in Brussels, Belgium, and its headquarters in Geneva, Switzerland.

The ICRC enabled detained migrants to contact their families through its family-links services; it donated roughly 1,000 phone cards to detained migrants and people in charge of places of detention. It urged the authorities to ensure that viable means of communication were available to migrants.

### Hygiene and health services in detention facilities improve

The ICRC supported the authorities' efforts to contain COVID-19 in places of detention. It donated medical items to the official agency providing health services for migrants at immigration detention centres (AEMY). It also distributed hygiene kits and cleaning materials (e.g. soap, chlorine) and recreational items on an ad hoc basis to almost 15,000 migrants. These donations were supplemented with printed information for police authorities on measures against COVID-19. The ICRC helped set up a medical consultation room, with the necessary supplies and equipment, at a detention facility in Thessaloniki.

Health professionals and staff at immigration detention centres were trained online by the ICRC in a broad range of pandemic-related areas: proper use of PPE; triage protocols; managing COVID-19 cases; handling the dead bodies of COVID-19 victims; and following domestic and international COVID-19 protocols. The ICRC donated face masks and other PPE, chlorine, and medical items, to several immigration detention centres or quarantine sites for migrants. It also provided the same support for the Hellenic Red Cross's mobile teams.

The ICRC helped the authorities assess both the situation at detention centres and their response. It maintained regular contact with public-health actors, medical associations, and others; and made recommendations for the COVID-19 response in places of detention and for ensuring health services for detained migrants that kept pace with the evolution of the pandemic.

### ACTORS OF INFLUENCE

The ICRC strove to further understanding of and support for its work in Greece, and to draw attention to humanitarian issues – such as those pertaining to missing people and their families – and to the availability of health care for detained migrants. To this end, it engaged a broad range of authorities regularly in dialogue: it organized high-level meetings with members of the Greek parliament, senior government officials, and representatives of humanitarian organizations working in Greece.

### Military training institutions incorporate IHL in their curricula

The ICRC made some progress in its efforts to have IHL integrated into military training: it began working with the Hellenic Supreme Joint War College to incorporate IHL training in their standard curriculum by 2021; and completed the formal incorporation of IHL courses in the Naval War College's curriculum. The ICRC made a presentation on pertinent aspects of its work in Greece at an IHL course organized by the Greek

armed forces; 30 participants from eight countries attended. Pandemic-related restrictions forced the cancellation of its annual workshops for members of the Greek armed forces.

### Students develop their knowledge of IHL

The ICRC continued to expand its activities for academics and university students, with a view to stimulating interest in IHL and IHL-related issues. At the beginning of the year, it made in-person presentations at several universities. After the onset of the pandemic, it maintained contact with academics online, to plan IHL competitions, support presentations by international law professors for students and share information on IHL (for instance, the publication of the *Updated Commentary on the Third Geneva Convention of 1949*). The ICRC called for entries for the first competition in Greece on IHL and refugee law but had to cancel the event because of the pandemic.

The ICRC carried out communication campaigns and other activities to broaden understanding of IHL, humanitarian issues, and its own work among the general public. It did this mainly through podcasts and by posting audiovisual content on social-media platforms. It also publicized measures against COVID-19, through digital posters and videos; these were picked up by Greek media organizations. The ICRC organized a 3-D virtual photo exhibition on the Movement's century-long presence in Greece. The Hellenic Red Cross, the International Federation and the ICRC produced the first joint newsletter on the Movement's COVID-19 response in Greece.

### RED CROSS AND RED CRESCENT MOVEMENT

After its suspension from the International Federation was lifted in 2019, the National Society began taking steps to strengthen its governance and compliance structure and address integrity-related issues, with support from the International Federation and the ICRC. It worked on developing mechanisms and procedures reflective of better accountability and transparency, and of respect for humanitarian principles and its statutory obligations. However, because of internal constraints and pandemic-related restrictions, significant progress in these areas had yet to be made.

The National Society and the ICRC signed a partnership agreement, mainly confined to provision of family-links services and psychosocial support for migrants (see *Civilians*). The ICRC gave the National Society technical guidance to strengthen its organizational capacities, particularly in connection with procedures and reporting in these areas: administration, logistics and human resources. It also gave the National Society financial and material support to implement activities for migrants safely during the pandemic. With the ICRC's financial support, the National Society scaled up its health-related activities at the Malakasa camp. The ICRC also donated PPE and seconded staff (e.g. interpreters) to the National Society.

The ICRC coordinated its activities with those of Movement partners, to ensure a coherent response to the humanitarian needs of migrants and to the pandemic.



## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	4	1		
RCMs distributed	1			
Phone calls facilitated between family members	11,118			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	95	26	12	20
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases closed positively (subject located or fate established)	92			
Tracing cases still being handled at the end of the reporting period (people)	528	97	95	126
<i>including people for whom tracing requests were registered by another delegation</i>	63			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	2			
Detainees in places of detention visited	868	65	70	
Visits carried out	4			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	6	3		
<i>of whom newly registered</i>	6	3		

## MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
<b>Economic security</b>				
Living conditions	Beneficiaries	14,952	2,185	2,173
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention	Structures	1		

## LONDON (regional)

**COVERING:** Ireland, United Kingdom of Great Britain and Northern Ireland

Set up in 2003, the London regional delegation focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British government, armed forces and members of civil society and other relevant institutions, the ICRC seeks to foster support for IHL and the Movement. It has similar contact with the Irish authorities and armed forces. It visits detainees in selected prisons and supports community-based efforts to mitigate consequences of violence. The ICRC works in partnership with the British Red Cross in various areas, while its cooperation with the Irish Red Cross focuses on promoting the Movement.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

### EXPENDITURE IN KCHF

Protection	1,699
Assistance	45
Prevention	1,969
Cooperation with National Societies	542
General	44
<b>Total</b>	<b>4,299</b>
<i>Of which: Overheads</i>	<i>262</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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### PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	27

### PROTECTION

Total

#### CIVILIANS

##### Restoring family links

RCMs collected	5
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#### PEOPLE DEPRIVED OF THEIR FREEDOM

##### ICRC visits

Places of detention visited	2
Detainees in places of detention visited	1,530
<i>of whom visited and monitored individually</i>	<i>3</i>
Visits carried out	2

## CONTEXT

The authorities in Ireland and in the United Kingdom of Great Britain and Northern Ireland (hereafter UK) participated in bilateral dialogue, multilateral organizations and forums to engage on humanitarian concerns among other issues. They helped to finance humanitarian activities in conflict-affected countries. As a permanent member of the UN Security Council and NATO, the UK remained influential in international affairs. Ireland was elected to the UN Security Council, and will hold its seat until the end of 2022. London continued to be a major hub for think-tanks, media organizations and NGOs, all of which helped to shape discussions on humanitarian issues and policies.

The British military participated in coalition operations in Iraq and the Syrian Arab Republic (hereafter Syria), supported its partners in other conflicts and held training programmes with the armed forces of other countries. It maintained a military presence in Afghanistan.

The UK withdrew from the European Union (EU) in January and signed a trade agreement with the EU in December.

The British government regarded the threat of international “terrorism” in the UK as “substantial”. Paramilitary violence persisted in some communities in Northern Ireland; victims of the past conflict or of ongoing violence struggled to obtain essential support services.

The governments of Ireland and the UK imposed lockdowns and other measures necessary to contain the spread of COVID-19.

## ICRC ACTION AND RESULTS

### **Influential parties are urged to respect IHL and support humanitarian action**

The ICRC kept up its dialogue – on issues of humanitarian concern – with decision makers in Ireland and the UK, to help ensure that operational, legal, and policy decisions took humanitarian considerations into account, and reflected respect for IHL and support for the ICRC’s activities. From March onwards, nearly all of the ICRC’s meetings with authorities and others were held online, and many of its discussions with them were about the global impact of the COVID-19 pandemic.

During briefings and high-level meetings, the ICRC gave the authorities an overview of the pandemic’s consequences for people it assisted in conflict-affected areas, particularly in Africa and the Middle East. It also brought up matters such as the application of IHL – for example, in connection with new technologies, or among parties with whom the British or Irish government was influential.

The ICRC discussed with the British armed forces – at strategic, operational and policy levels – the integration of IHL into their training programmes. These discussions also covered the effects of the pandemic and other issues of humanitarian concern related to their operations overseas and the way in which they partner with other armed forces. The ICRC made expert recommendations to armed forces participating in a

NATO military exercise. Some 650 officer cadets at a military academy learnt more about the ICRC’s activities and the challenges faced by aid workers in the field; military personnel, including defence attachés bound for missions overseas, were briefed on this subject during courses organized by the armed forces.

Online articles, videos and other informational materials on issues of humanitarian concern – produced by the ICRC or by media organizations with whom it was in touch – informed many different audiences of the ICRC’s work, including its COVID-19 response in conflict-affected areas. The ICRC maintained its dialogue with policymakers, academics and representatives of NGOs, think-tanks and community organizations in the UK, during which it reiterated the importance and enduring relevance of IHL and other humanitarian norms.

### **The ICRC discusses health care in prisons with detaining authorities in Ireland and the UK**

The ICRC visited detainees held under restrictive regimes, including those detained under counter-terrorism legislation, at two prisons in the UK in accordance with its standard procedures. Findings and recommendations were communicated confidentially to the detaining authorities, in support of their efforts to ensure that detainees’ treatment and living conditions complied with domestic law and met internationally recognized standards. Because of the pandemic, prison visits were temporarily suspended. Fewer prisons were visited than in 2019, and in Ireland, no prisons were visited. The ICRC maintained its dialogue with detaining authorities in both countries. Where necessary, it provided them with input concerning medical ethics in the provision of health care to detainees. It also discussed with them measures to address detainees’ mental-health needs, and to contain or prevent the spread of COVID-19. The ICRC shared with authorities in the UK a questionnaire for the psychological screening of detainees.

Families of people detained under counter-terrorism legislation, or alleged to have been involved in fighting abroad, and the organizations representing them were interviewed by the ICRC. Their concerns were discussed with the pertinent authorities.

### **Community-based organizations are given support to help violence-affected people in Northern Ireland**

Financial and technical support from the ICRC helped four community-based organizations in Northern Ireland to maintain their capacities in preventing violence or mitigating its consequences – for example, by mediating to defuse threats made by paramilitary groups against individuals. Owing to the pandemic, some of them received face masks and other personal protective equipment from the ICRC. All four organizations redirected their resources towards COVID-19 response in their communities: they helped deliver household essentials, offered advice or psychosocial support when needed, and provided information on other available services. When the ICRC was temporarily unable to visit these organizations or the communities in which they worked, it maintained contact with them online: for example, it held online training sessions for them in self-protection.

The ICRC discussed with the authorities, police and paramilitary groups in Northern Ireland the situation of violence-affected communities, and the humanitarian activities of the Movement and community-based organizations. Because of the pandemic, these meetings took place less frequently than in 2019; and workshops for paramilitary groups on the ICRC's *Roots of Restraint in War* study had to be cancelled.

### National Societies and the ICRC work together to restore family links

The ICRC gave the National Societies in Ireland and the UK technical support for their family-links services. It also held webinars for their staff on such subjects as humanitarian forensics and support for refugees. The British Red Cross and

the ICRC coordinated their activities to restore family links, particularly for families in the UK with relatives in camps and places of detention in Syria (see *Syrian Arab Republic*).

The National Societies in Ireland and the UK worked with the ICRC to spread knowledge of IHL and the Movement, and to raise funds. The ICRC and the British Red Cross carried out activities in response to humanitarian needs, including in connection with the pandemic, in Northern Ireland and wherever else both organizations had a presence. To help ensure that activities in Northern Ireland were carried out in line with the Safer Access Framework, the ICRC held information sessions on safe practices for British Red Cross staff.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	5			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Tracing cases still being handled at the end of the reporting period (people)	1	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	2			
Detainees in places of detention visited	1,530			
Visits carried out	2			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	3			

# MOSCOW (regional)

**COVERING:** Belarus, Republic of Moldova, Russian Federation

The Moscow regional delegation was opened in 1992. In the countries covered, it promotes the implementation of IHL and other relevant norms and their integration into domestic frameworks; fosters understanding of the ICRC's mandate and work; and helps National Societies build their capacities, particularly in the fields of emergency preparedness and restoring family links.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

EXPENDITURE IN KCHF	
Protection	1,649
Assistance	665
Prevention	2,857
Cooperation with National Societies	1,172
General	71
<b>Total</b>	<b>6,414</b>
<i>Of which: Overheads</i>	<i>391</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	74%

PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	61

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	18
RCMs distributed	6
Tracing cases closed positively (subject located or fate established)	55
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>Restoring family links</b>	
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2020 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Living conditions	Beneficiaries	546
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	Beneficiaries	616



## CONTEXT

The Russian Federation continued to play a prominent role in international affairs – in particular, as a permanent member of the UN Security Council. It continued to exert influence in the region, especially through its role in the Commonwealth of Independent States (CIS) and the Collective Security Treaty Organization (CSTO). Following the escalation of the Nagorno-Karabakh conflict in September 2020 (see *Armenia and Azerbaijan*), the Russian Federation brokered a ceasefire between the sides. Together with the Islamic Republic of Iran and Turkey, it facilitated the Astana talks to end the armed conflict in the Syrian Arab Republic (hereafter Syria; see *Syrian Arab Republic*). It continued to provide support, including through military operations, to the Syrian government. It took part in the work of the Trilateral Contact Group on Ukraine (see *Ukraine*) to discuss diplomatic solutions to the armed conflict in eastern Ukraine.

A number of people in the Russian Federation had relatives who were missing in connection with past conflicts in the country or armed conflicts in the wider region.

Belarus held presidential elections in August. The incumbent president was declared to have won. Widespread mass gatherings ensued; security forces reportedly used excessive force in response. During the first few days of the mass gatherings, thousands of people were arrested and hundreds injured.

In the Republic of Moldova (hereafter Moldova), people living or working near ammunition storage facilities were at risk from unplanned explosions.

## ICRC ACTION AND RESULTS

### Civilian and military authorities discuss issues of humanitarian concern

The COVID-19 pandemic notwithstanding, the ICRC pursued dialogue with authorities in the countries covered, and with regional bodies, to secure support for its humanitarian work throughout the world. The ICRC's president visited Moscow in November and met with senior officials, including the health and foreign ministers, the deputy minister of defence, and the presidential commissioner for children's rights.

In its discussions with the Russian authorities and other influential parties, the ICRC focused on the necessity of protecting and assisting people affected by armed conflict or other situations of violence in Nagorno-Karabakh, Syria, Ukraine and other contexts of interest to the Russian Federation.

The ICRC followed the situation in Belarus after the elections and offered its humanitarian services to the authorities – for instance, in connection with internationally recognized standards for policing and the use of force. In coordination with the health ministry, the Red Cross Society of Belarus provided first aid for people injured during mass gatherings and took them to hospitals.

In Moldova, the ICRC continued to engage the civilian and military authorities in discussions on the threat of unplanned

explosions at ammunition storage sites. Together with an NGO supporting humanitarian mine clearance in various countries, the Organization of Security and Cooperation in Europe, and other members of the international community, the ICRC helped the Moldovan military build barricades to reduce the impact of explosions. Plans for related activities were cancelled because of pandemic-related restrictions and other constraints.

Personnel from two NGOs in the northern Caucasus that assisted people coming from conflict-affected areas outside the region attended an ICRC workshop on psychosocial support.

### Regional efforts to address the issue of missing people continue

As part of an organization-wide project to establish professional standards for addressing the issue of missing people and responding to their families' needs (see *Operations*), the ICRC organized a number of experts' meetings and webinars, and enabled forensic experts, National Society personnel, and relatives of missing people from the wider region to attend; simultaneous translation into Russian was offered at some events. Plans for a study tour for government officials, forensic experts and NGO representatives were cancelled because of the pandemic. The ICRC made a presentation on humanitarian forensics at a scientific conference on COVID-19 that was held online by the Russian health and forensic authorities.

Aided by the ICRC, a Russian NGO following up missing-persons cases collected DNA samples from relatives of missing people.

### National Societies deliver humanitarian services during the pandemic

The Red Cross Society of Belarus, with guidance and funding from the ICRC, visited migrants detained at 21 facilities; migrants were enabled to make phone calls to their families free of charge, and 616 people received essential items. All 21 facilities were given personal protective equipment (PPE), infrared thermometers and disinfectants, benefiting 546 personnel. At an online information session, the Belarusian Red Cross and the ICRC explained the proper use of PPE, and COVID-19 safety protocols, to border officials.

The Belarusian Red Cross provided health and social workers with PPE, hand sanitizers, drinking water and food. It set up a hotline to provide psychosocial support for members of the public. Volunteers performed various services for vulnerable people during the pandemic, such as delivering their prescriptions and medicine and paying their household bills.

Financial support from the ICRC enabled the St Petersburg branch of the Russian Red Cross Society to provide free legal consultations and other aid to vulnerable migrants, and two branches of the Red Cross Society of Moldova to conduct communication campaigns on COVID-19, in coordination with local authorities.

The ICRC helped the Russian Red Cross's tracing-services centre to cover some of its running costs.

## National and regional authorities advance IHL implementation

In all its interaction with key parties, including government officials, weapon bearers, religious leaders, think-tanks and the media, the ICRC sought to promote humanitarian principles and IHL implementation.

The Russian parliament created a committee of experts to deal with IHL-related matters. The ICRC continued to provide advice for the drafting of a Russian law on the red cross emblem.

The CIS Interparliamentary Assembly continued to draft, with the ICRC's help, recommendations for CIS member states on

incorporating key IHL provisions in domestic law. It invited the ICRC to contribute to the drafting of recommendations to ensure that counter-terrorism laws were in accordance with IHL.

ICRC representatives participated in CSTO training exercises, and briefed senior officials from the defence and interior ministries, and the security services, of Moldova.

The ICRC held IHL-related events online for Belarusian and Russian universities, and gave them materials for teaching IHL online. It discussed IHL instruction with a Moldovan university.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	18			
RCMs distributed	6			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	44	8	11	7
Tracing cases closed positively (subject located or fate established)	55			
Tracing cases still being handled at the end of the reporting period (people)	3,227	252	207	276
<i>including people for whom tracing requests were registered by another delegation</i>	28			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>RCMs and other means of family contact</b>				
Phone calls made to families to inform them of the whereabouts of a detained relative	1			
People to whom a detention attestation was issued	1			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Living conditions	Beneficiaries	546	44	
<b>Mental health and psychosocial support</b>				
People who received mental-health support		7		
People who attended information sessions on mental health		6		
People trained in mental-health care and psychosocial support		6		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	616	80	13

## PARIS (regional)

**COVERING:** Andorra, Cyprus, France, the Holy See, Italy, Malta, Monaco, Portugal, San Marino and Spain (with specialized services for other countries)

With a formalized presence since 2000, the Paris regional delegation engages in dialogue on IHL and humanitarian concerns with the authorities, military and academic circles and third-country representatives, raising awareness of the ICRC's mandate and mobilizing political and financial support for its activities. It visits people held by international tribunals and follows up on former internees of the US detention facility at Guantanamo Bay Naval Station, Cuba. With National Societies, it helps migrants and people separated by conflicts abroad restore family links, and offers guidance on human remains management. It partners with National Societies in their international activities and IHL promotion.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF	
Protection	3,789
Assistance	-
Prevention	1,912
Cooperation with National Societies	241
General	29
<b>Total</b>	<b>5,971</b>
<i>Of which: Overheads</i>	<i>364</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	82%
PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	28

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs distributed	4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	11
Detainees in places of detention visited	26
<i>of whom visited and monitored individually</i>	26
Visits carried out	13
<b>Restoring family links</b>	
RCMs collected	3
RCMs distributed	6

## CONTEXT

European countries, individually or through multilateral bodies, continued to drive diplomatic initiatives and influence policy debates and decision-making concerning humanitarian action. France and other European countries participated in military operations in Africa, the Middle East and elsewhere.

Security remained high on the agenda of European countries, following episodes of extremist violence.

Some Europeans alleged to have been involved in fighting abroad, or their relatives, returned to their homes.

People formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba were accepted for resettlement in a number of European countries.

Migrants, including asylum seekers and refugees, continued to cross the Mediterranean Sea to reach Europe. Some of them were held at special detention facilities and their movements restricted. They were vulnerable to abuse in both transit and destination countries, and often lost contact with their families. Identifying the remains of migrants who had died at sea remained a challenging task, as authorities and forensic services were hampered by dearth of data and lack of coordination. Many families were still waiting for news of missing relatives.

The COVID-19 pandemic caused public-health and socio-economic crises across Europe.

## ICRC ACTION AND RESULTS

The ICRC took precautions against COVID-19 in all its activities, some of which were cancelled or postponed to 2021. From March onwards, it conducted many of its activities by virtual means, as did most of its contacts in the region.

### The ICRC broadens support for IHL and humanitarian action

The ICRC engaged in humanitarian diplomacy to promote IHL and gather financial and political support for its work among national authorities, armed forces, multilateral organizations and other influential parties. It urged states to ensure that their policies and decision-making took humanitarian considerations into account, and discussed various issues with them, such as: joint military operations; protection for humanitarian action against the effects of sanctions and counter-terrorism measures; the humanitarian consequences of certain migration policies; urban violence; cyber warfare; new weapon technologies; and climate change in the context of armed conflict.

At the Paris Peace Forum, the ICRC's president drew attention to the pandemic-related activities undertaken by the organization for conflict-affected people; he also stressed the need for humanitarian and development actors to work together in innovative ways to tackle insecurity and build sustainable humanitarian impact in fragile contexts. The ICRC strove to broaden awareness of IHL and gather support for its operations through various means: such events as a photo exhibit on urban warfare, and an online IHL competition and summer

course organized with the Turkish Red Crescent Society and the Istanbul Center of International Law; news releases; and social media, blogs and other public communication.

The ICRC discussed IHL with European militaries and provided expert advice on integrating IHL provisions into military operations. It briefed the French armed forces on its activities in the Sahel region and the Middle East and impressed upon them the necessity of ensuring respect for IHL in joint military operations. French and Italian troops added to their knowledge of IHL through predeployment briefings, guest lectures at staff colleges, and training conducted by the ICRC.

Together, European National Societies and the ICRC promoted IHL and urged states to implement the provisions of treaties on nuclear weapons and the arms trade. Movement components met periodically to coordinate activities related to migrants and the pandemic.

### Efforts to address the plight of migrants continue

The humanitarian consequences of their migration and asylum policies remained subjects of the ICRC's dialogue with the pertinent authorities. The ICRC reminded these authorities of their responsibilities under international law towards refugees, asylum seekers and other migrants.

National Societies assisting migrants were given technical support to advocate protection for migrants. The ICRC joined various National Societies in helping migrants contact their relatives. It also helped them to implement Trace the Face – an online service that used photos to trace missing migrants – and supported their other efforts to reunite dispersed families.

The pandemic hampered dialogue with European states on clarifying the fate of missing people. The ICRC introduced two mobile apps to help National Societies manage data on unidentified human remains. Training sessions for National Societies – though limited in number owing to the pandemic – took place and covered various subjects: family-links services during the pandemic and other crises; analysis of complex, transregional migration patterns; collection of ante-mortem data; and forensic radiology (for human remains recovered after maritime accidents). The ICRC worked with 25 forensic experts from around the world to finalize guiding principles for managing human remains during emergencies. In Germany, the needs of families with relatives missing in the Middle East were being assessed at year's end. Members of associations of missing people's families based in France, Germany and Spain were trained in mental-health and psychosocial support.

### Vulnerable detainees and ex-detainees are followed up

The ICRC visited people detained by international tribunals based in The Hague, Netherlands; it held video calls with detainees when the detaining authorities and the ICRC decided to temporarily suspend in-person visits because of the pandemic. The ICRC and the authorities discussed such matters as geriatric and palliative care, medical ethics, and prevention/containment of COVID-19. At the ICRC's recommendation, the authorities arranged video calls between detainees and their relatives.

In France, the ICRC checked on the treatment and living conditions of a number of people who had been detained in connection with “terrorism” or conflict abroad. It discussed with the French and Italian authorities the possibility of securing access to all detainees in these categories. Partly because of the pandemic, the ICRC was unable to visit any of these detainees in Italy.

The ICRC followed up the situation of ex-Guantanamo detainees and the relatives of people alleged to have been involved in fighting abroad. It urged the pertinent authorities to advance the social integration of the former and to respond – in accordance with existing legal frameworks – to the protection-related concerns of the latter. The ICRC’s

family-links services enabled a few children repatriated from the Middle East to communicate with their relatives there. Owing to the pandemic, no family visits were arranged for ex-Guantanamo detainees.

The ICRC discussed the situation of migrants, including detained migrants, with European governments; it shared its views on immigration detention at a webinar attended by European authorities. National Societies assisting detained migrants were given guidance for incorporating the basic principles of protection work in their activities and for developing dialogue with authorities on such matters as alternatives to detention.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs distributed	4	4		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	11			
Detainees in places of detention visited	26	6		
Visits carried out	13			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	26	6		
<i>of whom newly registered</i>	10	6		
<b>RCMs and other means of family contact</b>				
RCMs collected	3			
RCMs distributed	6			



# TASHKENT (regional)

**COVERING:** Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

The ICRC has been present in Central Asia since 1992. It supports the implementation of IHL and other relevant norms, and fosters understanding of the ICRC's work. In Kyrgyzstan, it visits detainees and helps the authorities improve their treatment and living conditions. In Tajikistan, it works with the National Society to assist families of persons missing in connection with past conflict and other violence in the country or with fighting abroad, and to conduct risk education sessions in mine-affected communities. It also seeks to assist people with physical disabilities in Tajikistan. It assists National Societies in building their capacities.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2020

- Missing people's families, and relatives of people alleged to have been involved in fighting abroad, obtained psychosocial care and referrals for assistance through an ICRC-supported accompaniment programme in Tajikistan.
- In Tajikistan, the ICRC continued to support the reintegration of children of people alleged to have been involved in fighting abroad; two centres housing these children were given material aid.
- In Kyrgyzstan, the ICRC formally handed over the TB and primary-health-care programmes for detainees to the penitentiary authorities. Prison officials drew on the ICRC's assistance to prevent the spread of COVID-19.
- In Tajikistan, the wounded, the sick, and persons with disabilities obtained adequate care at ICRC-supported health facilities, some of which also received material aid for tackling COVID-19.
- Military and security forces personnel – including mission-bound peacekeepers – in the five countries covered learnt more about IHL and other applicable norms at ICRC events, some of which were held online.
- Because of the COVID-19 pandemic, several planned activities in the region – for instance, in the fields of forensics and physical rehabilitation – were postponed or cancelled; some activities were also carried out to address new needs.

## EXPENDITURE IN KCHF

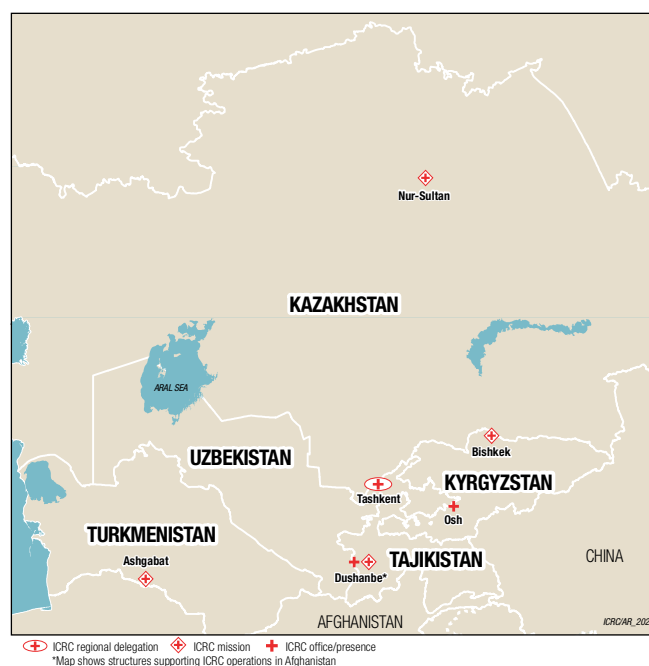
Protection	3,065
Assistance	2,641
Prevention	2,087
Cooperation with National Societies	922
General	75
<b>Total</b>	<b>8,790</b>
<i>Of which: Overheads</i>	<i>536</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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## PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	159



## PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	36
RCMs distributed	29
Phone calls facilitated between family members	1,682
Tracing cases closed positively (subject located or fate established)	33

## PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	15
Detainees in places of detention visited	4,625
<i>of whom visited and monitored individually</i>	55
Visits carried out	39

Restoring family links	
RCMs collected	10
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	6

## ASSISTANCE CIVILIANS

Economic security	2020 Targets (up to)	Achieved
Income support	Beneficiaries	362

## WOUNDED AND SICK

Medical care		
Hospitals supported	Structures	4
<b>Physical rehabilitation</b>		
Projects supported	Projects	4

## CONTEXT

The governments of Kazakhstan, Tajikistan and Uzbekistan repatriated citizens alleged to have been involved in fighting abroad – particularly in Iraq and the Syrian Arab Republic – and/or their families. These states also declared that more repatriations would take place. Kyrgyzstan prepared to do the same.

In Kyrgyzstan, issues surrounding the legitimacy of the parliamentary elections in October led to mass protests and, eventually, the resignation of the president. New parliamentary and presidential elections, and a constitutional referendum, were scheduled for 2021.

Demarcation of borders and competition for natural resources remained sources of tension and violence in the region. The fighting in Afghanistan sometimes reached areas near the border with Tajikistan. Issues of regional concern and interest included the COVID-19 pandemic and migration and other economic and socio-political matters.

The five Central Asian countries remained involved, to varying degrees, with multilateral bodies such as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States, the Eurasian Economic Union, the European Union, NATO and the Shanghai Cooperation Organization (SCO).

The consequences of past armed conflict and other situations of violence were still felt in Kyrgyzstan and Tajikistan.

Communities in areas along Tajikistan's borders with Afghanistan and Uzbekistan remained at risk from mines and explosive remnants of war (ERW).

## ICRC ACTION AND RESULTS

The ICRC addressed the needs of various groups of people: detainees in Kyrgyzstan; missing people's families; and relatives of people alleged to have been involved in fighting abroad. However, the pandemic prevented several planned activities from being carried out. The ICRC strengthened its engagement with authorities, military and security forces and other influential actors in the region; the aim was to broaden support for its work, and for IHL and other applicable norms, and international policing standards.

In Kyrgyzstan, the ICRC visited detention facilities under the authority of the internal affairs ministry and the State Service for the Execution of Punishments (GSIN), to monitor detainees' treatment and living conditions. Findings and/or recommendations from the visits were discussed confidentially with the authorities. In Uzbekistan, no progress was made in discussions with the authorities about visiting detainees.

Kyrgyz authorities drew on the ICRC's expertise and assistance to improve detainees' treatment and living conditions and prevent the spread of COVID-19 in places of detention. The ICRC helped them draft standard procedures for pre-entry screening, quarantine, and contact tracing; it also donated personal protective equipment (PPE) and sanitation items

to detention facilities. In Kyrgyzstan, the ICRC formally handed over the TB and primary-health-care programmes for detainees to the penitentiary authorities. Wrap-up reports for these two programmes – in essence, guides for ensuring their sustainability – were given to the authorities.

Members of families separated by migration, detention or other circumstances restored or maintained contact through the Movement's family-links services. The ICRC discussed with Central Asian governments the treatment or fate of people allegedly involved in fighting abroad and their families; it offered these governments its humanitarian assistance. In Tajikistan, the ICRC continued to support the social integration of children of people alleged to have been involved in fighting abroad. It gave two centres housing these children material aid and covered transportation and/or other expenses for family members visiting the children. The ICRC assisted the reintegration of families of returnees involved in fighting abroad.

An accompaniment programme in Tajikistan, undertaken by the ICRC with local partners, made psychosocial support, and referrals to service providers, available to missing people's families and relatives of people alleged to have been involved in fighting abroad. Missing people's families received support for earning or protecting their income. With a view to supporting their social reintegration, the ICRC visited some of the repatriated children in Tajikistan to better understand their mental-health and psychosocial needs. It supported the caregivers tending to these children's mental-health needs. In Kyrgyzstan, the ICRC provided caregivers of children awaiting repatriation with support, such as training, so that they are able to cope with the arrival of these children and address their mental-health and psychosocial needs.

The ICRC organized counselling sessions for staff and volunteers of the Red Crescent Society of Kyrgyzstan to help them cope during the pandemic. It also trained the staff of one NGO in Tajikistan to provide psychosocial support during emergencies.

The ICRC provided hospitals in Tajikistan with medical and other supplies to treat wounded people – casualties of the fighting in Afghanistan or of clashes along Tajikistan's border with Kyrgyzstan – and/or deal with the pandemic. Medical personnel in Tajikistan and Turkmenistan developed their capacities in trauma care through training from ICRC-supported local instructors. Persons with disabilities obtained rehabilitative care at ICRC-supported orthopaedic centres.

Forensic professionals and forensic institutions in Kyrgyzstan and Tajikistan, aided by the ICRC, developed their ability to manage human remains.

With the ICRC's assistance, National Societies in the region expanded their emergency response capacities and consolidated their legal bases. The Red Crescent Society of Tajikistan conducted risk-education sessions for mine-affected communities.

## CIVILIANS

### The ICRC supports the reintegration of repatriated children

The ICRC discussed with Central Asian governments the treatment or fate of people alleged to have been involved in fighting abroad and that of their families; it offered these governments its humanitarian assistance. In Tajikistan, the ICRC continued to support the reintegration of children of people alleged to have been involved in fighting abroad. It provided two centres housing these children with material support, particularly for improving living conditions and/or for vocational training for the children. The ICRC also gave the centres PPE and disinfectants, as protection against COVID-19. The ICRC covered transportation and/or other expenses for family members visiting the repatriated children.

In Tajikistan, 42 families (50 people) of returnees involved in fighting abroad received cash from the ICRC with a view to advancing their social reintegration, in particular to cover their administrative and/or legal expenses.

Members of families separated by migration, detention or other circumstances – such as alleged involvement in fighting abroad – restored or maintained contact through RCMs, tracing and other Movement family-links services. Training and other support from the ICRC helped staff and/or volunteers of Central Asian National Societies to strengthen their family-links capacities.

The Kazakh Red Crescent Society, with the ICRC's assistance, enabled migrants in immigration detention centres to phone their families; these migrants were also given hygiene items.

### Missing people's families and other vulnerable people are given psychosocial support

The ICRC reminded the authorities in Kyrgyzstan and Tajikistan of the support needed by families of missing people. It continued to offer the Kyrgyz authorities technical support for implementing laws concerning the rights of missing people and their families.

In Tajikistan, an accompaniment programme undertaken by the Red Crescent Society of Tajikistan, the ICRC and local NGOs enabled some 1,350 people whose relatives were missing in connection with past conflict/other violence or migration – or alleged to have been involved in fighting abroad – to obtain psychosocial care through phone calls, support groups, home visits or other means. The programme also referred 558 people to service providers for medical, legal and/or other assistance. The ICRC provided 'accompaniers' under this programme with training and guidance; it also gave them suggestions for explaining to beneficiaries how they could protect themselves

and others against COVID-19. It helped missing people's families organize activities to memorialize their missing relatives. A total of 52 families of missing people (312 people) obtained equipment or other assistance from the ICRC to help them earn or protect their income; for instance, 26 of these families received sewing machines. The ICRC also supported the organization of vocational training for these families.

With a view to supporting their reintegration, the ICRC visited repatriated children in Tajikistan to better understand their mental-health and psychosocial needs; about 60 children received psychological support. It supported caregivers at the centre in tending to these children's mental-health needs. In Kyrgyzstan, the ICRC provided 12 caregivers of children awaiting repatriation with support, such as training, so that they are able to cope with the arrival of these children and address their mental-health and psychosocial needs.

The ICRC organized individual or group counselling for 150 staff and volunteers of the Red Crescent Society of Kyrgyzstan to help them cope during the pandemic; some of them were trained in the provision of psychosocial support.

In Tajikistan, the ICRC trained 35 staff members of one NGO to provide psychosocial support during emergencies; they were also taught stress management and self-care and 19 of them were provided with psychological support. Similar training for personnel from the Ministry of Emergencies and Civil Defence in Tajikistan could not be organized owing to administrative constraints. The ICRC provided the ministry with PPE and disinfectants to help them do their work safely.

Forensic professionals and forensic institutions in Kyrgyzstan and Tajikistan developed their ability to manage human remains with various kinds of ICRC support, such as: donations of PPE and disinfectants; recommendations for dealing with pandemic-related issues; and training. Because of the pandemic, several planned forensic activities in Kyrgyzstan and Tajikistan were postponed or cancelled.

### People in mine-affected communities learn safe practices

Around 27,000 people in mine-affected communities in Tajikistan learnt safe practices through information sessions and other activities organized by the Tajikistan Red Crescent with ICRC support. Information on COVID-19 was incorporated in these sessions. ICRC training enabled National Society staff and volunteers to become more aware of the dangers of weapon contamination, safe practices around mines, and measures against COVID-19. The National Society and the ICRC participated in coordination meetings and other mine-action events organized by the authorities and/or others.

CIVILIANS	Kazakhstan	Kyrgyzstan	Tajikistan
<b>RCMs and other means of family contact</b>			
RCMs collected		4	32
RCMs distributed		5	24
Phone calls facilitated between family members	1,668	1	13
<b>Tracing requests, including cases of missing persons</b>			
People for whom a tracing request was newly registered		5	498
<i>of whom women</i>		1	22
<i>of whom minors at the time of disappearance - girls</i>			21
<i>of whom minors at the time of disappearance - boys</i>		3	40
Tracing cases closed positively (subject located or fate established)		5	28
Tracing cases still being handled at the end of the reporting period (people)	42	307	2,536
<i>of whom women</i>	14	68	87
<i>of whom minors at the time of disappearance - girls</i>	10	83	63
<i>of whom minors at the time of disappearance - boys</i>	10	83	170
<i>including people for whom tracing requests were registered by another delegation</i>			6

## PEOPLE DEPRIVED OF THEIR FREEDOM

In Kyrgyzstan, the ICRC visited – in accordance with its standard procedures – places of detention under the authority of the internal affairs ministry and the GSIN, to monitor detainees' treatment and living conditions. Findings and/or recommendations from the visits were discussed confidentially with the authorities. A total of 55 inmates with specific vulnerabilities were monitored individually. The ICRC continued to seek access to all detainees within its purview, particularly those in facilities under the authority of the State Committee for National Security.

In Uzbekistan, no progress was made in discussions with the authorities about visiting detainees.

Detainees in Kyrgyzstan, Tajikistan and Uzbekistan were visited by relatives, in line with COVID-19 safety protocols; the ICRC covered transportation and other expenses.

### Detaining authorities draw on ICRC assistance to prevent the spread of COVID-19

Kyrgyz authorities drew on the ICRC's expertise and assistance to improve detainees' treatment and living conditions and prevent the spread of COVID-19. The ICRC helped them draft standard procedures for pre-entry screening, quarantine, and contact tracing. It donated PPE and hygiene and sanitation items to 34 places of detention under the internal affairs ministry and the GSIN, and to 16 places of temporary detention. Four tents, for isolating detainees suspected or confirmed to have COVID-19, were provided to detention facilities. The ICRC provided medical equipment for the clinical management of COVID-19 to prison health facilities. Health staff and other penitentiary personnel were trained in measures against COVID-19; videos made by the ICRC were used to this end. Staff were also trained in stress management and self-care. Posters distributed by the ICRC helped detainees learn more about COVID-19 and safe practices.

Rooms for online court sessions at detention facilities were renovated; the ICRC donated construction materials and audio equipment.

### The ICRC hands over the TB and primary-health-care programmes to the authorities

In July, the ICRC finished handing over the management of TB services for detainees to the GSIN. Mass screening of detainees continued, with material support from the ICRC. The TB case-detection rate declined in 2020; there were only 59 new cases. This is attributable to the longstanding investment made by the ICRC and the pertinent authorities in early detection and treatment of cases. Those who tested positive were registered for treatment and received psychological support. The ICRC provided food and hygiene items for TB patients, as incentives to complete their treatment. It also gave ex-detainees material and other support to continue TB treatment after their release. In September, the ICRC submitted a wrap-up report for the TB programme – in essence, a guide for ensuring its sustainability – to the authorities. Prison staff completed three research papers on the TB programme; a fourth was being finalized at year's end. Findings from these papers will be shared with an international readership.

The ICRC mobilized the internal affairs and health ministries, and the GSIN, to take over pilot projects for improving primary-health-care services for detainees at ten police stations and two places of permanent detention, and to replicate them at other sites; the formal handover took place in April. Tools developed by the ICRC to record and report health-related data were used at the pilot sites. In June, the ICRC gave the authorities the wrap-up report for the project, to help them replicate the project at other sites and ensure their sustainability.

A manual on providing mental-health care and psychological support for detainees, which was prepared with the ICRC's guidance, was approved by the penitentiary authorities for use by all social workers and psychologists in the penitentiary system.

### WOUNDED AND SICK

Doctors and other medical personnel in Tajikistan and Turkmenistan strengthened their capacities in trauma care through training courses conducted by local instructors with ICRC support. Because of the pandemic, more activities of this kind could not be carried out. In Kazakhstan and Uzbekistan, the ICRC gave two medical centres training materials in emergency-room trauma care.



In line with the goals of the Health Care in Danger initiative, participants in the training courses mentioned above were also told about the protection due to people seeking or providing health care, and about the necessity of delivering medical assistance promptly and impartially.

In Tajikistan, PPE, disinfectants and medical and other supplies from the ICRC enabled eight hospitals to provide adequate and timely care for the sick and the wounded – such as casualties of clashes along Tajikistan's border with Kyrgyzstan or of the fighting in Afghanistan – and/or to deal with the pandemic.

The regional delegation continued the activities in Tajikistan carried out by the ICRC MoveAbility Foundation until the end of 2019. A total of 1,656 persons with disabilities<sup>1</sup> obtained rehabilitative care at ICRC-supported state-run orthopaedic centres in Dushanbe, Khujand and Kulob. The ICRC provided the National Union of Persons with Disabilities of Tajikistan with assistance for conducting information sessions for members of civil society on disability issues. Training materials used by the ICRC's Career Development Programme for persons with disabilities were translated into Tajik; challenges and opportunities for the programme were also discussed with them. Several activities under the ICRC's Physical Rehabilitation Programme had to be postponed or cancelled because of the pandemic.

## ACTORS OF INFLUENCE

The ICRC strengthened its engagement with authorities, military and security forces personnel and other influential actors in the region; the aim was to broaden acceptance for its work and secure support for IHL/international human rights law/other applicable norms and international policing standards. Because of the pandemic, the ICRC had to postpone or cancel some of the events or activities that it had planned for actors of influence; it also moved several activities online.

### Military and security forces strengthen their grasp of IHL and other applicable norms

The authorities and military and security forces personnel in the five countries covered – including peacekeepers bound for missions in other countries – learnt more about the ICRC, IHL and other applicable norms, and international policing standards through seminars, customized courses and meetings organized by the ICRC, some of which were held online. Some of these courses also tackled public-health emergencies, such as the pandemic, and their impact on applicable laws during military operations. Military and police officers, border troops and other weapon bearers in Kazakhstan, Tajikistan and Uzbekistan bolstered their first-aid capacities through training – including train-the-trainer sessions – organized by the ICRC and/or the pertinent National Society; first-aid kits were often handed out during these sessions. Weapon bearers in the region also received PPE from the ICRC.

In Kazakhstan, the defence ministry and the ICRC held a high-level meeting to discuss possibilities for working together on strategic and operational issues of common interest – such

as peacekeeping missions in conflict-affected countries. In Uzbekistan, the ICRC and senior experts from the Regional Counter-Terrorism Structure of the SCO discussed possibilities for cooperation in various areas, notably: IHL and the organization of sessions on issues of common concern, such as the humanitarian consequences of counter-terrorism operations and the social reintegration of repatriated people alleged to have been involved in fighting abroad and their families.

The ICRC supported the steps taken by Central Asian states, and their national IHL committees, to accede to IHL-related treaties and incorporate their provisions in domestic legislation; it discussed these matters with them and offered them its expertise. For instance, in Kyrgyzstan, aided by the ICRC, the State Defence Committee completed the inter-ministerial approval process towards ratifying the Convention on Certain Conventional Weapons and the Hague Convention on Cultural Property. The ICRC involved academics and students in promoting IHL and in other IHL-related activities. Notably, academics from throughout the region discussed IHL pedagogy at an online workshop organized by the ICRC and a law institute in Turkmenistan. The ICRC sponsored a team of students from Turkmenistan to participate in the Jean-Pictet Competition. In Kyrgyzstan, the ICRC provided publications on IHL to the newly established Bishkek Centre of International and Comparative Law.

### Religious leaders learn about their role during the pandemic

Religious and community leaders, and members of civil society, learnt about the Movement's work at dissemination sessions and other events organized by the ICRC and/or the pertinent National Societies. Sometimes, these sessions included first-aid training and/or information on COVID-19. At an ICRC workshop in Tajikistan, religious leaders learnt more about their role during the pandemic – for instance, in helping ensure that the dead bodies of COVID-19 victims are managed in line with Islamic law, and in looking after the psychosocial health of families whose members have been diagnosed with COVID-19.

## RED CROSS AND RED CRESCENT MOVEMENT

Various forms of ICRC support enabled Central Asian National Societies to become more capable of responding to emergencies, in line with the Safer Access Framework. The National Societies in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan carried out a range of activities in response to the pandemic – such as distributing food and hygiene items to vulnerable people and conducting communication campaigns on COVID-19 – with financial, material and other support from the ICRC. Aided by the ICRC, National Societies in the region conducted first-aid training for religious leaders, community members, National Society staff and volunteers, weapon bearers and others.

National Societies in the countries covered, particularly in Kazakhstan and Kyrgyzstan, continued – with guidance from the ICRC – to work towards consolidating their legal bases.

As in the past, National Societies, supported by the ICRC, promoted the Movement's work and/or IHL via dissemination sessions, public communication and other means (see *Actors of influence*).

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



## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	36			
RCMs distributed	29			
Phone calls facilitated between family members	1,682			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	503	23	21	43
Tracing cases closed positively (subject located or fate established)	33			
Tracing cases still being handled at the end of the reporting period (people)	2,885	169	156	263
<i>including people for whom tracing requests were registered by another delegation</i>	6			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	15			
Detainees in places of detention visited	4,625	514	15	
Visits carried out	39			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	55	11		1
<i>of whom newly registered</i>	15	7		1
<b>RCMs and other means of family contact</b>				
RCMs collected	10			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	6			
Detainees visited by their relatives with ICRC/National Society support	482			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Income support	Beneficiaries	362	99	193
<b>Mental health and psychosocial support</b>				
People who received mental-health support	Cases	1,596		
People who attended information sessions on mental health		241		
People trained in mental-health care and psychosocial support		63		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	8		
<b>Physical rehabilitation</b>				
Projects supported		4		
<i>of which physical rehabilitation projects supported regularly</i>		3		
<b>Services at physical rehabilitation projects supported regularly</b>				
People receiving physical rehabilitation services	Aggregated monthly data	1,656	319	664
<i>of whom victims of mines or explosive remnants of war</i>		*		
Prostheses delivered	Units	486		
Orthoses delivered	Units	3,603		
Physiotherapy sessions		2,166		
Walking aids delivered	Units	3,100		
Wheelchairs or postural support devices delivered	Units	601		

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

# UKRAINE

In 2014, the ICRC expanded its presence in Ukraine to help protect and assist conflict-affected people in the eastern part of the country. Its multidisciplinary response addresses emergency and longer-term needs, providing relief, supporting livelihoods and improving living conditions. It improves access to water, medical care and other essential services. It visits detainees and restores family links. It supports families of missing persons and in dialogue with parties to the conflict, it supports efforts to clarify the fate of missing persons. It encourages compliance with IHL. The ICRC cooperates with the Ukrainian Red Cross Society and helps build its capacities.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC adapted to access-related and other constraints, such as the measures taken to contain the spread of COVID-19; it postponed or cancelled some planned activities and focused on responding to the most pressing needs.
- People on either side of the line of contact, including those affected by quarantine measures and missing people's families, met their urgent and long-term needs with aid from the ICRC and/or the Ukrainian Red Cross Society.
- The wounded, the sick, and persons with disabilities obtained adequate care at ICRC-supported health facilities, some of which also received technical and material assistance for dealing with the COVID-19 pandemic.
- The ICRC aided efforts on either side of the line of contact to ascertain the fate of missing people. It discussed with and provided support to the Ukrainian government on the establishment of a commission on missing people.
- Penitentiary officials in government-controlled areas drew on ICRC assistance to prevent the spread of COVID-19. The ICRC participated as a neutral intermediary in a simultaneous release and transfer of detainees between the sides.
- The ICRC reminded all the sides in the conflict of their IHL obligation to protect civilians and civilian infrastructure and to ensure access to basic services.

## EXPENDITURE IN KCHF

Protection	10,508
Assistance	47,198
Prevention	2,839
Cooperation with National Societies	2,804
General	401
<b>Total</b>	<b>63,750</b>
<i>Of which: Overheads</i>	<i>3,679</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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## PERSONNEL

Mobile staff	89
Resident staff (daily workers not included)	488



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
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	1
RCMs distributed	3
Phone calls facilitated between family members	722
Tracing cases closed positively (subject located or fate established)	36
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	19
Detainees in places of detention visited	14,535
<i>of whom visited and monitored individually</i>	72
Visits carried out	30
<b>Restoring family links</b>	
RCMs collected	2
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	137,580	135,753
Food production	Beneficiaries	14,708	20,507
Income support	Beneficiaries	12,505	14,942
Living conditions	Beneficiaries	183,570	225,880
Water and habitat			
Water and habitat activities	Beneficiaries	1,583,364	1,007,908
Health			
Health centres supported	Structures	66	62
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries	16,000	51,557
Water and habitat			
Water and habitat activities	Beneficiaries	11,924	88,375
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	31	44
Physical rehabilitation			
Projects supported	Projects	12	10
Water and habitat			
Water and habitat activities	Beds (capacity)	3,275	6,898

## CONTEXT

Armed conflict persisted in the Donetsk and Luhansk/Lugansk regions of eastern Ukraine. All the sides in the conflict continued to discuss diplomatic solutions to the crisis, within the framework of the Trilateral Contact Group on Ukraine chaired by the Organization for Security and Cooperation in Europe. In July, the sides took measures to strengthen the ceasefire, which led to a decrease in the number of violations reported during the second half of the year.

People living on either side of the line of contact – which separated areas controlled by the Ukrainian government from those that were not – remained at risk of injury or death from the hostilities and from mines and explosive remnants of war (ERW). Though additional measures to respect the agreed ceasefire limited hostilities between late July and mid-December, the fighting damaged basic infrastructure and hampered economic activity. The COVID-19 pandemic exacerbated the situation; quarantine and other necessary measures to contain the spread of the virus made it difficult for people to go to markets and/or obtain essential services.

Before the pandemic, passage across the line of contact was restricted to five crossing points. In March 2020, pandemic-related measures forced the closure of most of these points; they were only partially reopened subsequently. There was reportedly a drop of more than 90% in the number of crossings.

Reportedly, hundreds of people were still missing in relation to the conflict.

People have been detained on either side of the line of contact in connection with the hostilities. In April, a number of detainees were simultaneously released and transferred.

## ICRC ACTION AND RESULTS

The ICRC continued to address the needs of conflict-affected people on either side of the line of contact. It adapted its work to access-related and other constraints, such as the necessary measures taken to contain the spread of COVID-19; it postponed or cancelled some planned activities and focused on responding to the most pressing needs, including new needs brought about by the pandemic. In all its contact with the sides concerned and other actors of influence, the ICRC promoted respect for IHL and other applicable norms, and gathered support for its activities.

Together with the National Society, the ICRC addressed both the urgent and the long-term needs of communities affected by the hostilities and the pandemic, on either side of the line of contact. In coordination with other Movement components, the ICRC provided the National Society with training and other support to bolster its capacity to assist conflict-affected people. There were more distributions of household items for conflict-affected people than planned, particularly those affected by quarantine measures in government-controlled areas. ICRC aid enabled vulnerable households – including those with detainees or missing people – to maintain or boost their food production or income; however, pandemic-related and other constraints delayed the delivery of this aid. The

ICRC provided water utility companies, public facilities and crossing points with the support necessary for delivering basic services to conflict-affected people. The ICRC helped improve conditions at educational facilities near the line of contact, and provided access to online learning for a number of students.

Conflict-affected people obtained appropriate care from ICRC-supported hospitals and other health facilities, some of which also received technical and material support, such as personal protective equipment (PPE), cleaning materials and/or other supplies for dealing with the COVID-19 pandemic. The ICRC supported projects – to provide rehabilitative care and advance the social inclusion of persons with disabilities – in areas not controlled by the government. Psychologists and other ICRC staff, National Society volunteers and ICRC-supported professionals and other community actors provided psycho-social support for missing people's relatives, ex-detainees and other conflict-affected people.

The ICRC helped, through various means, to protect people from mines/ERW: conducting sessions – online and in person – on risk awareness and safer practices; and supporting local actors who surveyed, marked and cleared weapon-contaminated areas.

Members of families separated by conflict, detention or other circumstances stayed in touch through the Movement's family-links services. The ICRC continued to aid efforts – on either side of the line of contact – to ascertain the fate of missing people. The ICRC provided expert advice and other assistance for forensic institutions and specialists to develop their ability to manage human remains, including those of COVID-19 victims.

The ICRC visited – in accordance with its standard procedures – detainees in facilities under government supervision and discussed its findings confidentially with the officials concerned. It continued to seek access to people held in areas not under government control; in August, it was able to visit detention facilities in one such area, in Donetsk. Penitentiary officials in government-controlled areas drew on the ICRC for technical and other assistance to improve detainees' treatment and living conditions and prevent the spread of COVID-19. In April, the ICRC served as a neutral actor in the simultaneous release and transfer of detainees, with a view to ensuring that the detainees were willing to be transferred and that the process met the pertinent international humanitarian standards.

## CIVILIANS

The ICRC continued to address the needs of conflict-affected people on either side of the line of contact. It adapted its work to access-related and other constraints, such as the necessary measures taken to contain the spread of COVID-19; it postponed or cancelled some planned activities and focused on responding to the most pressing needs, including new needs brought about by the pandemic.

The ICRC emphasized to the sides concerned, in all its contact with them, their obligation under IHL to: protect people who

were not or were no longer taking part in the fighting; ensure these people's access to basic services; and do no harm to key public infrastructure during hostilities. It urged the sides to facilitate humanitarian access and humanitarian action – for example, by adapting procedures for humanitarian workers and transport movements – and to mitigate the consequences of pandemic-related measures for vulnerable populations (see *Actors of influence*). The ICRC also engaged communities and military and civilian authorities regularly in dialogue, to help solve local issues, such as freedom of movement and marking and clearing mine-contaminated areas.

### **Conflict-affected people meet both urgent and long-term needs during the pandemic**

Together with the National Society, the ICRC addressed both the urgent and the long-term needs of communities affected by the hostilities and the pandemic, on either side of the line of contact. The ICRC provided the National Society with training and other support to bolster its capacity to assist conflict-affected people. There were more distributions of household items for conflict-affected people than planned, particularly those affected by quarantine measures in government-controlled areas. Older people and others – 53,388 people in all – received food parcels or cash for buying food; 81,400 people queuing at crossing points were given drinking water, tea and/or sugar at least once. A total of 965 people in two community centres and eight hospitals were given food and water. Hygiene kits, coal, cleaning and other items – and/or cash for purchasing them – helped improved living conditions for 225,880 people, particularly in winter; 132,014 of these beneficiaries received the items from ICRC-supported institutions such as community centres and hospitals.

Provision of livelihood support was often delayed by pandemic-related and other constraints. Cash and/or material support – seed and greenhouses, for instance – from the ICRC enabled 7,971 households (20,507 people) to grow more food. Cash, material support and/or vocational training helped 833 households (14,942 people, including ex-detainees and relatives of missing people) to begin or resume income-earning activities or cover their expenses. People affected by forest fires in Luhansk/Lugansk region in October also received cash and/or material aid from the ICRC.

Infrastructural or material support from the ICRC improved basic facilities, such as shelters, for over a million people. A total of 863,454 people among them obtained water through water utility companies that were refurbished and/or provided with essential supplies and/or equipment by the ICRC. Water technicians were also given PPE and disinfectants. The finances and operations of the main water and wastewater company in the Donetsk region were being audited and that was being finalized at year's end. Upgrades to sanitation and other basic facilities at crossing points and/or public buildings benefited 131,494 people; pandemic-related constraints hindered the ICRC from conducting more of such activities. The ICRC rehabilitated the homes for 3,488 households (9,997 people), or gave them the materials for doing the work themselves. A total of 2,963 students benefited from repairs/upgrades to

their schools or donations of anti-blast film to protect the buildings against shelling.

Material support from the ICRC – educational and recreational items, cooking utensils, classroom furniture and equipment, sanitation supplies, etc. – helped improve conditions at 104 educational facilities. The National Society, with the ICRC's support, conducted training sessions in first aid at various educational institutions, which also received first-aid kits. ICRC aid enabled schools along the line of contact to print out educational materials for children without access to online learning. Some children were given laptops/tablet devices and internet subscriptions for online learning. The National Society and the ICRC implemented a pilot project for instructing older people in life skills.

Through information sessions on mine risks and safer practices conducted or sponsored by the ICRC, some 11,930 people – including children – learnt about the threat of mines/ERW; a number of these people were reached through online tools. Information on COVID-19 was incorporated in these sessions. Similar activities, conducted by the National Society with ICRC support benefited 5,946 people. The ICRC also helped install children's playgrounds in communities along the line of contact to help prevent their exposure to mines/ERW. Personnel from the State Emergency Service of Ukraine (SESU) attended ICRC training sessions on surveying and clearing weapon-contaminated areas. The ICRC provided material support for marking weapon-contaminated areas. It also equipped SESU personnel and other emergency responders with protective gear and with disinfectant sprayers and other supplies/equipment to prevent the spread of COVID-19.

### **Conflict-affected people obtain treatment for chronic illnesses and other medical conditions**

Conflict-affected people with chronic illnesses and other medical conditions obtained appropriate care at ICRC-supported service providers, most of which also received technical and material assistance for preventing and containing the spread of COVID-19. The ICRC provided PPE, drugs for non-communicable diseases, cleaning materials and other supplies for 62 primary-health-care centres – on either side of the line of contact – and their satellite facilities. Ten of these health-care centres were also given basic laboratory equipment that would enable them to provide blood glucose tests free of charge for diabetics. The ICRC supplied tents for COVID-19 screening to three health-care centres.

Acting as a neutral intermediary, and in coordination with its partners and the pertinent stakeholders, the ICRC transported drugs and other supplies for treating TB, HIV/AIDS and Hepatitis C to health facilities in areas not controlled by the government.

Psychologists and other ICRC staff, National Society volunteers and ICRC-supported professionals and other community actors provided psychosocial support for around 500 relatives of missing people, ex-detainees and other conflict-affected people, mostly by phone; medical staff and other helpers also received psychosocial support for coping with their work

and/or the pandemic. Pandemic-related constraints prevented the ICRC from training more people to provide such support.

### **Efforts to clarify the fate of missing people continue**

Members of separated families reconnected through the Movement's family-links services – arranged phone calls in particular. Pandemic-related restrictions made it harder for them to maintain contact. The ICRC succeeded in persuading the sides to permit, in exceptional circumstances, family reunification across the line of contact. It facilitated the transfer of official documents for eight people.

During bilateral discussions with the sides, the ICRC emphasized the necessity of establishing a coordination mechanism to address the issue of missing people. It continued to discuss with and provide support to the Ukrainian government on the creation and operationalization of a commission on missing people, in line with Ukraine's law on missing people. By engaging the sides in dialogue and coordinating with them, the ICRC helped to ascertain the fate of 24 people in government-controlled areas and 12 people in areas not controlled by the government; their families were duly informed. The ICRC also provided financial and other assistance for associations of missing people's families to become more capable of supporting one another and drawing public attention to their plight. The ICRC's accompaniment programme continued to help missing people's families to meet their psychosocial, financial and other needs (see above).

The ICRC provided forensic institutions and specialists with expert advice and other assistance, such as: webinars on humanitarian forensics; PPE; and posters/guidelines on managing the dead bodies of COVID-19 victims. Missing people's families learnt how human remains were identified, and/or how missing-persons cases were followed up, at meetings organized by the pertinent authorities and the ICRC.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited – in accordance with its standard procedures – detainees in state-run facilities and discussed its findings confidentially with the officials concerned. It continued to seek access to people held in areas not under government control; in August, it was able to visit detention facilities in one such area, in Donetsk.

In areas controlled by the government, the ICRC helped facilitate a family visit for one detainee by covering their family's transport costs and gave detainees financial assistance to return home after their release. On either side of the line of contact, some ex-detainees received food and/or blankets and clothes from the ICRC. It also delivered parcels and letters to detainees from their families across the line of contact.

In April, the ICRC served as a neutral actor in the simultaneous release and transfer of 38 detainees, with a view to ensuring that the detainees were willing to be transferred and that the process met the pertinent international humanitarian standards.

The families of people held in connection with armed conflict, or of those newly released, received financial and

other assistance to cover their daily expenses or start small businesses (see *Civilians*).

### **Penitentiary officials draw on ICRC support to prevent the spread of COVID-19**

Penitentiary officials in government-controlled areas drew on the ICRC's expertise and assistance to improve detainees' treatment and living conditions and prevent the spread of COVID-19. Aided by the ICRC, the justice ministry launched an online learning platform for penitentiary staff. Penitentiary officials and staff were trained to prevent and control infections. At a webinar conducted by the ICRC and a medical university, 40 penitentiary health personnel learnt more about primary and emergency care. With the Ukrainian Red Cross Society's help, the ICRC provided 121 prisons with 13,378 bars of soap and posters bearing information on preventing the spread of COVID-19, and it also distributed 7,692 hygiene kits and other items; all of these benefited 51,557 detainees, helping them maintain good hygiene and ease their living conditions. Prisons were given disinfection kits and materials to refurbish heating and other facilities; the ICRC also renovated some facilities: in all, 88,375 detainees benefited. The ICRC donated PPE, medical equipment and/or consumables to several detention facilities, including in non-government-controlled areas.

### **WOUNDED AND SICK**

#### **Construction of the Bakhmut hospital's emergency department gets under way**

Hundreds of community members and Ukrainian Red Cross Society volunteers expanded their first-aid capacities through training sessions organized by the National Society with ICRC support; some of them were also given basic supplies and equipment. Pandemic-related constraints prevented the organization of more first-aid training sessions.

Conflict-affected people obtained appropriate care at ICRC-supported service providers, some of which also received technical and material assistance for preventing and containing the spread of COVID-19. A total of 44 hospitals – including reference hospitals for COVID-19 – sustained their services with surgical supplies, PPE and/or other material assistance from the ICRC; 112 oxygen concentrators were distributed among hospitals, which are vital for treating respiratory illnesses like pneumonia and COVID-19. With the ICRC's financial assistance, and at the request of the local authorities, the National Society transported COVID-19 test samples from hospitals in the Donetsk region to laboratories in Kyiv. The National Society also bought PPE, sanitizers and other supplies for its staff and volunteers, including nurses doing home visits. Wounded people received financial assistance to cover some of their hospital expenses. Health facilities in areas not controlled by the government received insulin for diabetics and supplies for blood banks.

Health facilities, including 53 reference hospitals for COVID-19, on either side of the line of contact were given infrastructural support (6,898 beds), such as the installation of handwashing stations and tents for medical screening, improvement of water and sanitation facilities and donations of back-up generators and/or disinfectants. Construction of



the emergency department at the Bakhmut hospital got under way; the renovation of the hospital's morgue was completed.

The ICRC assisted ten projects or facilities serving persons with disabilities in areas not controlled by the government. Three physical rehabilitation centres, in Donetsk and Luhansk/Lugansk, received ad hoc support, particularly in the form of supplies for producing assistive devices. The ICRC donated wheelchairs and mobility aids or sports equipment for occupational therapy to seven projects serving persons with disabilities, including local services and organizations for persons with disabilities. The ICRC supported activities to promote the social inclusion of persons with disabilities; 72 people benefited. Pandemic-related restrictions forced the cancellation of a number of activities of this kind. A total of 378 persons with disabilities benefited from services provided by a physical rehabilitation mobile unit in Donetsk; the ICRC also covered their transportation costs for seeking rehabilitative care and/or social-inclusion services.

## ACTORS OF INFLUENCE

### **The ICRC's president has high-level discussions with figures from the sides concerned**

The ICRC pursued various efforts, including through social media, to broaden awareness of IHL and support for it – and for the ICRC's own neutral, impartial and independent humanitarian work in Ukraine – among political and religious leaders, the military, the security forces, members of civil society, other influential actors and the general public. Ukrainian officials, civil-society organizations, think-tanks, and others periodically invited the ICRC to participate in discussions related to humanitarian action. Owing to pandemic-related constraints, the ICRC had to postpone or cancel some of the events that it had planned for actors of influence.

During his visit to Ukraine in November, the ICRC's president discussed – with the president of Ukraine, government and parliamentary officials, and representatives of areas not controlled by the government – the cumulative consequences of the conflict and the pandemic for communities and for the ICRC's work.

The ICRC used various means to inform conflict-affected people of the humanitarian services available to them; in turn, they made their needs known to the ICRC, and/or asked for more information, through hotlines and social media; this enabled the ICRC to design or adapt its activities to match their needs.

The ICRC and the National Society coordinated their public-communication efforts. Training and advice from the ICRC helped the National Society to develop its ability to conduct communication campaigns and promote IHL.

### **Military and police forces move online to learn about IHL and other applicable norms**

Ukrainian armed forces and police personnel learnt more about IHL and/or the proper use of force at ICRC courses or through discussions with the ICRC. Owing to the pandemic, some of these courses and discussions took place online. The ICRC provided PPE for law enforcement agencies, to help them carry out their duties safely.

ICRC training in IHL helped prosecutors to expand their knowledge of IHL; such training was also provided for the Legislation Institute of the Verkhovna Rada of Ukraine and the Diplomatic Academy of Ukraine at the Ministry of Foreign Affairs. Personnel from international organizations working in Ukraine learnt about IHL through online training conducted by the ICRC. The ICRC continued to offer government officials expert advice for acceding to or ratifying IHL instruments and/or implementing relevant laws, such as those on mine action.

Sponsored by the ICRC, three students from Ukraine participated in the Jean-Pictet Competition in Indonesia in February.

## RED CROSS AND RED CRESCENT MOVEMENT

The Ukrainian Red Cross Society remained the ICRC's main partner in providing humanitarian assistance for conflict-affected people in eastern Ukraine. The National Society and the ICRC worked together to tackle the needs and challenges created by the pandemic (see *Civilians*). Training and financial, material and/or technical support from the ICRC helped the National Society to strengthen its ability to provide – in line with the Safer Access Framework – effective humanitarian assistance for people affected by conflict, the pandemic and other emergencies. The National Society and the ICRC signed a new partnership framework agreement for the years 2021 to 2023.

The ICRC and its Movement partners in Ukraine strove to complement one another, in order to ensure the efficiency, relevance and effectiveness of their work. A framework to ensure the security of all Movement components in the country was signed by Movement components present in Ukraine.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	1			
RCMs distributed	3			
Phone calls facilitated between family members	722			
<b>Reunifications, transfers and repatriations</b>				
People transferred or repatriated	51			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	88	15	1	2
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	36			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	801	48	1	9
<i>including people for whom tracing requests were registered by another delegation</i>	50			
<b>Documents</b>				
People to whom travel documents were issued	16			
People to whom official documents were delivered across borders/front lines	8			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	19			
Detainees in places of detention visited	14,535	839	78	
Visits carried out	30			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	72	5		
<i>of whom newly registered</i>	26	5		
<b>RCMs and other means of family contact</b>				
RCMs collected	2			
RCMs distributed	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	5			
Detainees visited by their relatives with ICRC/National Society support	1			
People to whom a detention attestation was issued	2			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	135,753	61,349	21,207
	<i>of whom IDPs</i>	3,039	1,318	625
Food production	Beneficiaries	20,507	8,541	3,943
	<i>of whom IDPs</i>	197	90	49
Income support	Beneficiaries	14,942	4,039	7,892
	<i>of whom IDPs</i>	74	32	14
Living conditions	Beneficiaries	225,880	104,105	30,657
	<i>of whom IDPs</i>	4,260	1,926	806
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	1,007,908	333,128	202,492
<b>Primary health care</b>				
Health centres supported	Structures	62		
	<i>of which health centres supported regularly</i>	60		
Average catchment population		407,412		
<b>Services at health centres supported regularly</b>				
Consultations		1,123,846		
	<i>of which curative</i>	1,123,846	495,275	225,699
Referrals to a second level of care	Patients	32,838		
	<i>of whom gynaecological/obstetric cases</i>	2,052		
<b>Mental health and psychosocial support</b>				
People who received mental-health support		514		
People who attended information sessions on mental health		490		
People trained in mental-health care and psychosocial support		22		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	51,557	7,997	1
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	88,375	8,838	
<b>Health care in detention</b>				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention	Structures	4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	44		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		14,345		
Weapon-wound admissions (surgical and non-surgical admissions)		9		
Weapon-wound surgeries performed		9		
Patients whose hospital treatment was paid for by the ICRC		3		
<b>First aid</b>				
First-aid training				
	Sessions	61		
	Participants (aggregated monthly data)	667		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	6,898		
<b>Physical rehabilitation</b>				
Projects supported		10		
<b>Services at physical rehabilitation projects supported regularly</b>				
People receiving physical rehabilitation services	Aggregated monthly data	378	*	*

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