

NEAR AND MIDDLE EAST

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	8,108
RCMs distributed	7,454
Phone calls facilitated between family members	18,291
Tracing cases closed positively (subject located or fate established)	1,811
People reunited with their families	94
<i>of whom unaccompanied minors/separated children</i>	91
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	220
Detainees in places of detention visited	133,145
<i>of whom visited and monitored individually</i>	8,878
Visits carried out	715
Restoring family links	
RCMs collected	2,706
RCMs distributed	2,301
Phone calls made to families to inform them of the whereabouts of a detained relative	17,689

EXPENDITURE IN KCHF	
Protection	79,091
Assistance	368,597
Prevention	30,441
Cooperation with National Societies	26,905
General	5,787
Total	510,822
<i>Of which: Overheads</i>	<i>31,017</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	591
Resident staff (daily workers not included)	3,282

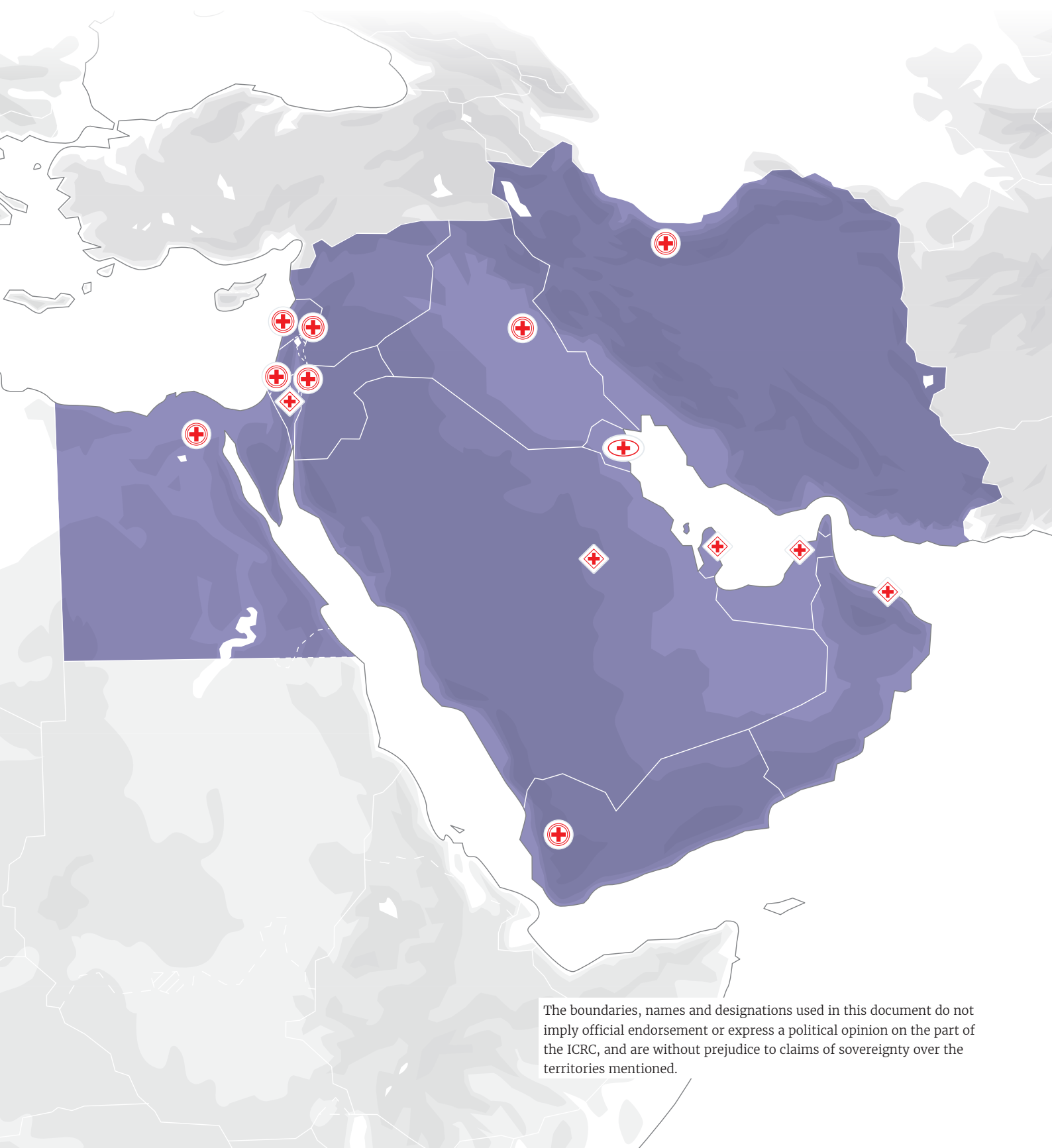
ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	1,122,500	1,714,094
Food production	Beneficiaries	1,174,880	752,570
Income support	Beneficiaries	326,450	479,966
Living conditions	Beneficiaries	1,513,900	3,701,535
Capacity-building	Beneficiaries	50,474	59,487
Water and habitat			
Water and habitat activities	Beneficiaries	17,614,599	26,867,508
Health			
Health centres supported	Structures	142	143
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,500	5,861
Living conditions		87,910	238,112
Water and habitat			
Water and habitat activities	Beneficiaries	25,175	94,473
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	91	200
Physical rehabilitation			
Projects supported	Projects	60	52
Water and habitat			
Water and habitat activities	Beds (capacity)	5,162	13,392

DELEGATIONS

Egypt
 Iran, Islamic Republic of
 Iraq
 Israel and the Occupied Territories
 Jordan

Kuwait (regional)
 Lebanon
 Syrian Arab Republic
 Yemen

-  ICRC delegation
-  ICRC regional delegation
-  ICRC mission



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

EGYPT

COVERING: Egypt, League of Arab States

The ICRC has been in Egypt, with some interruptions, since the beginning of the First World War. It works with the Egyptian Red Crescent Society and other health-care providers or institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides aid to people fleeing violence abroad. The ICRC's regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL in domestic legislation, military training and academic curricula throughout the Arab world.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



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KEY RESULTS/CONSTRAINTS IN 2020

- People affected by violence and the COVID-19 pandemic covered their basic needs with ICRC relief aid; in North Sinai, this aid was distributed by the Egyptian Red Crescent Society, as the area was inaccessible to the ICRC.
- The ICRC donated medicine and other supplies to hospitals in North Sinai and elsewhere, and to health authorities, paramedics and other first responders, to help them respond to the pandemic.
- Assistance from an ICRC-supported NGO enabled unaccompanied migrant children to meet their basic needs, and cope with the pandemic. Members of dispersed families reconnected through the Movement's family-links services.
- Armed forces personnel strengthened their grasp of IHL provisions pertinent to their duties at ICRC-led training sessions. Military officers attended an advanced IHL course outside Egypt.
- The ICRC continued to discuss with the authorities the possibilities for helping them address the needs of detainees; despite these efforts, it remained without access to this group.

EXPENDITURE IN KCHF

Protection	1,009
Assistance	3,030
Prevention	1,055
Cooperation with National Societies	574
General	55
Total	5,722
<i>Of which: Overheads</i>	<i>349</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	74

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	38
RCMs distributed	27
Phone calls facilitated between family members	2,830
Tracing cases closed positively (subject located or fate established)	175
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	31,100	49,003
Income support	Beneficiaries	2,550	55
Living conditions	Beneficiaries	26,200	50,009
Capacity-building	Beneficiaries	9	28
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	4	4

CONTEXT

Government forces and armed groups continued to clash in North Sinai; a large-scale military operation launched in February 2018 was still in progress. The fighting limited people's access to basic goods and services. Owing to security constraints and other obstacles, North Sinai remained inaccessible to most humanitarian groups and international organizations. Security forces responded to attacks and bombings by armed groups, which occasionally occurred elsewhere in the country.

Egypt continued to feel the effects of armed conflict and other situations of violence in neighbouring countries. Thousands of migrants, including asylum seekers and refugees, passed through Egypt on their way to Europe or chose to stay in the country after their arrival; deaths along the migration routes were not uncommon. Unaccompanied minors – especially migrant girls – were at risk of exploitation or abuse, including sexual violence.

Egypt remained very influential in the Middle East and Africa. Cairo, the capital, hosted the headquarters of the Arab Inter-Parliamentary Union and the League of Arab States (LAS). The Egyptian media had a long reach.

The Egyptian government implemented movement and other restrictions to help check the spread of COVID-19 within the region; these measures unfortunately also limited people's access to essential services and sources of livelihood.

ICRC ACTION AND RESULTS

The ICRC maintained its commitment to addressing humanitarian needs in Egypt, despite various constraints that limited its access to certain areas. It continued to support the Egyptian Red Crescent Society's efforts to aid violence-affected people, especially in North Sinai, which was inaccessible to the ICRC. Some ICRC activities were significantly limited by pandemic-related constraints (see *Context*) or did not push through. Where necessary, the ICRC adjusted its activities to bring them in line with the measures necessitated by the pandemic.

The ICRC expanded and/or adapted some of its emergency assistance and other activities to meet needs heightened by the pandemic. People affected by the situation in North Sinai, and also households made more vulnerable by the pandemic, were helped to cope with their circumstance with ICRC emergency aid, which was distributed by the National Society. The ICRC, in partnership with St. Andrew's Refugee Services (StARS), enabled unaccompanied minors and young people – particularly migrant girls and others who were especially vulnerable – to cover their essential needs, protect themselves against COVID-19, and obtain psychosocial support.

Members of families separated by violence, detention, or migration reconnected through the Movement's family-links services. People continued to file requests to locate their missing relatives. Missing people's families were given cash or other assistance by the ICRC, or referred by the ICRC to local organizations for mental-health and psychosocial support. Aided by the ICRC, local forensic institutions developed their capacity to manage human remains, including the remains of COVID-19 victims.

The ICRC endeavoured to strengthen health services throughout the continuum of care, in North Sinai and the surrounding areas; it focused on helping health-care providers to become more capable of dealing with COVID-19. At ICRC-led workshops and other events, military personnel, paramedics and other first responders learnt more about handling COVID-19 cases and delivering emergency care. The ICRC donated personal protective equipment (PPE), medicine and other supplies to hospitals, and to the authorities and other health-care providers, to assist their COVID-19 response. The Egyptian Ambulance Organization (EAO) expanded its operational capacities with the ICRC's help.

Military personnel added to their knowledge of IHL and other pertinent norms at ICRC training sessions; military officers attended an advanced IHL course outside Egypt, where they strengthened their grasp of IHL provisions pertinent to their duties. Together with the LAS, the ICRC promoted IHL and its implementation in Arab States; it strove to advance understanding of IHL among academics and others of influence. The ICRC also used these occasions to explain its role in situations of violence; broaden awareness of the assistance it could provide for addressing the needs of migrants and detainees; and draw attention to issues of humanitarian concern.

The regional communication centre in Cairo continued to support the ICRC's efforts to promote IHL throughout the Arabic-speaking world, by producing printed and audiovisual materials and updating the ICRC's Arabic-language online platforms.

CIVILIANS

In its dialogue with Egyptian authorities and weapon bearers, the ICRC discussed matters including its role in situations of violence; how it could help them address the needs of violence-affected people, particularly in North Sinai; and the necessity of respecting IHL and other relevant norms (see *Actors of influence*).

Because of pandemic-related movement restrictions, some of the ICRC's activities were hampered or could not be implemented at all, such as income-support activities in North Sinai and some training sessions for Egyptian Red Crescent Society staff.

People in North Sinai cover their basic needs with emergency aid

People affected by the situation in North Sinai, and other vulnerable Egyptian residents elsewhere, were helped to cover their basic needs with emergency aid from the ICRC, which was distributed by the National Society. Those who benefited from this assistance included displaced families, and people made more vulnerable by the pandemic – such as those who were in quarantine or people whose livelihoods were damaged by pandemic-related measures, and/or those who lost family members to COVID-19. In North Sinai, 35,000 displaced people (7,000 households) received food parcels, and hygiene kits and other essential household items, through aid distributions postponed from the previous year; another round of these distributions was scheduled for the end of the year but had to be postponed because of various logistical constraints. Some

11,600 people (around 2,300 households) were given food parcels and hygiene kits through distributions coordinated with the authorities in ten different governorates of Egypt. As another organization had already provided such aid, the ICRC decided to cancel its planned distribution of school supplies to households in North Sinai. The ICRC and the National Society continued to explore possibilities for carrying out other activities jointly.

With the ICRC's support (see below), StARS assisted unaccompanied minors and young people in the greater Cairo area – including migrant girls and other vulnerable minors – to meet their essential needs and cope with the pandemic. Around 2,300 people were given food parcels, and some 2,900 people hygiene kits, blankets and other household items. After the onset of the pandemic, the ICRC ramped up its support: more parcels were provided each month; cleaning supplies were added to each parcel – to help minors maintain sanitary living conditions; and face masks were added to parcels and distributed to staff, to help them protect themselves and others against COVID-19. Some particularly vulnerable unaccompanied minors and young people were given additional support: for instance, cash grants for medical expenses, and diapers and other baby products for young mothers. StARS continued to provide unaccompanied children and young people with mental-health and psychosocial support.

The ICRC and StARS maintained an initiative, launched in 2018, through which unaccompanied young people above the age of 18 were given financial and other support to become self-sufficient. However, in the first half of the year, they focused much of their efforts towards helping past beneficiaries cope with the financial hardships caused by the pandemic. Unaccompanied young people over the age of 18 underwent vocational training – online, because of movement restrictions; they also received cash grants to start small businesses. Owners of small businesses were given help to pay their rent and buy cleaning items, and unaccompanied young people who had lost their jobs received cash and other assistance. In all, 36 people received the assistance mentioned above. StARS referred some unaccompanied minors to other NGOs for support; a number of them were accepted to other organizations' livelihood programmes.

StARS was given various forms of support to carry out their activities: for instance, financial support for paying staff salaries; in all, 28 people benefited.

Missing people's families (480 people), most of them refugees, were given household items and/or cash to help them meet their essential needs. Three Egyptian nationals formerly detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and their families (14 people in all), were given vouchers to buy necessities.

Members of separated families reconnect

The Movement's family-links services enabled Egyptians and migrants – including refugees and asylum seekers – to restore or maintain contact with relatives separated from them by violence, migration, or detention. The ICRC adapted

to pandemic-related restrictions, and used various online tools to continue providing its services – albeit to a more limited extent – after the onset of the pandemic. Migrants made phone calls to their relatives in other countries; some of these phone calls were facilitated by StARS and made on behalf of unaccompanied and separated minors. People continued to file requests to locate their missing relatives; in all, 175 tracing cases were resolved. Some people using the Movement's family-links services were supported with cash or other assistance by the ICRC, on an ad hoc basis.

Together with StARS, the ICRC briefed several community-based organizations on the Movement's family-links services, such as the Trace the Face tool – an online photo tracing service with a centralized database – and provided them with internet access, communications equipment and other material support, and urged them to inform their communities about the services available to them.

The ICRC helped missing people's families (see above) and/or referred them to other local organizations for legal or administrative assistance, or for mental-health and psychosocial support. Migrants and other potential beneficiaries, and officials from the defence ministry and other influential actors, broadened their awareness of the Movement's family-links services through information sessions, training and workshops.

Authorities continue to develop their ability to manage human remains

The ICRC endeavoured to discuss the identification of human remains with the authorities. It gave the EAO and local forensic institutions guidelines to help them strengthen mechanisms for safely and properly managing human remains, particularly within the context of the pandemic. Three representatives from the Egyptian Forensic Medicine Authority attended an online course on the subject, with the ICRC's help.

PEOPLE DEPRIVED OF THEIR FREEDOM

In its dialogue with the authorities, the ICRC endeavoured to build acceptance for its detention-related work, with a view eventually to carrying out humanitarian activities for detainees and helping the authorities ensure that detention conditions met internationally recognized standards.

The ICRC shared information with the pertinent authorities on measures against COVID-19 in places of detention.

Dialogue was maintained with the National Council for Human Rights, and other stakeholders, on the humanitarian situation in prisons and other related issues of concern.

WOUNDED AND SICK

The ICRC maintained its efforts to reinforce health services throughout the continuum of care in North Sinai and the surrounding governorates. However, activities such as information sessions on the Health Care in Danger initiative and training for nurses and military doctors in wound surgery and emergency trauma care, did not take place because of the pandemic.

The Egyptian Red Crescent Society – one of the only humanitarian organizations with access to people in need in North Sinai – continued to provide emergency medical services, with the ICRC's support (see *Red Cross and Red Crescent Movement*).

Health-care providers respond to the pandemic

For much of the year, the ICRC focused its efforts on assisting health-care providers to reinforce their response to the pandemic.

At ICRC-led training sessions, workshops and other events, first responders – including personnel from the military and the Armed Forces Medical Services (AFMS) – learnt more about first aid, measures against COVID-19, and safe handling of confirmed or suspected cases of COVID-19.

The ICRC provided four hospitals in North Sinai and the surrounding governorates with PPE, face masks, thermometers and other medical and hygiene supplies to enable them to work safely and assist in checking the spread of COVID-19. AFMS personnel learnt about the proper use of PPE at ICRC training sessions. The AFMS and the health ministry received PPE and other supplies for bolstering their COVID-19 response.

Emergency medical services strengthen their long-term sustainability

The EAO developed their operational and managerial capacities, and worked to ensure the long-term sustainability of their services, with the ICRC's support. The ICRC made its expertise in managing emergency operations, and contingency planning, available to the EAO; it donated microphones and other equipment to help staff participate in online training. It also helped the EAO expand its knowledge base, for example by briefing staff on weapon contamination. At workshops, EAO staff and AFMS personnel learnt how to cope with stressful and potentially traumatizing situations – encountered while responding to the pandemic, for instance – and how to support their colleagues, under an ICRC peer-support initiative.

ACTORS OF INFLUENCE

Government officials, state weapon bearers and others familiarized themselves with the Movement's neutral, impartial, and independent action at briefings, online seminars, and other ICRC events. During its interaction with them, the ICRC clarified its role in situations of violence; described the added value of its work, including family-links and tracing services; discussed its COVID-19 response and its other activities in the region; and worked with stakeholders to identify areas of common interest.

The ICRC and the authorities continued to discuss the ways in which the ICRC could help address the needs of violence-affected people, detainees, and migrants. Together with the Egyptian Red Crescent Society, the ICRC also discussed with the authorities the possibilities for a consolidated principled humanitarian response by the ICRC and the National Society to the situation in Sinai (see *Red Cross and Red Crescent Movement*).

The pandemic limited the implementation of certain ICRC activities, and caused some – such as training sessions for security forces – to be cancelled or postponed; where possible

and necessary, in-person activities and events were held online.

Egyptian military personnel learn more about norms and standards applicable to their duties

Military officers developed their understanding of IHL and other relevant norms, particularly those applicable to the conduct of hostilities and the use of force, at training sessions led by the ICRC and held with the help of military instructors. The armed forces took steps towards integrating IHL more fully into their doctrine and operations; two officers from the EAF and a senior military official advanced their understanding of IHL at a regional course in Tunisia (see below).

The ICRC and the interior ministry continued to discuss the integration of international policing standards in security forces' doctrine, training and operations.

Authorities and legal experts discuss IHL implementation

The ICRC continued to work with the LAS to promote IHL and its implementation in Arab states. In January, academics and other influential stakeholders learnt more about promoting IHL at an advanced course (see *Morocco*); this course was organized by the LAS and the ICRC, as was a regional IHL course in Tunisia in February (see *Tunis*). The ICRC and the LAS discussed, with the pertinent authorities, the progress made in ratifying or acceding to IHL-related treaties. Bahrain adopted a law on the emblems protected under IHL in June, with support from the LAS and the ICRC.

The national IHL committee, and the ICRC, continued to make their expertise in implementing IHL available to the Egyptian authorities.

Key members of civil society strengthen their grasp of IHL

The ICRC endeavoured, with the support of its regional communication centre in Cairo, to spread knowledge of IHL and foster respect for it in the Arabic-speaking world. It produced various written and audiovisual materials, such as a video raising awareness of its peer-support initiative for first responders (see *Wounded and sick*). It also disseminated information in Arabic on COVID-19 and measures against it, including through social media. It organized various events, such as a celebration online of World Red Cross and Red Crescent Day (8 May).

The ICRC maintained its dialogue with Islamic scholars, including academics from Al-Azhar University, on the points of correspondence between IHL and Islamic law. One Islamic scholar was sponsored to attend a regional IHL course in Tunisia. The authorities, academics and members of civil society expanded their knowledge of IHL and the ICRC's mandate during a global ICRC seminar held online. The ICRC also helped organize a regional IHL course for diplomats (see *Kuwait*).

RED CROSS AND RED CRESCENT MOVEMENT

The Egyptian Red Crescent Society and the ICRC worked closely together to respond to the immediate needs of violence-affected people, and to mitigate the humanitarian impact of the pandemic. The National Society assisted people affected

by the situation in Sinai and by the economic consequences of the pandemic (see *Civilians*). It kept up its dialogue with the pertinent authorities and enhanced its COVID-19 response with the ICRC's help: PPE and other material aid, training for staff, and technical assistance for drafting its COVID-19 plans of action.

The ICRC helped the National Society to apply the Safer Access Framework more fully and effectively; partly to that end, it donated two vehicles for transporting National Society

volunteers safely when conducting activities in North Sinai. National Society staff strengthened their operational capacities through training; before the onset of the pandemic, the ICRC sponsored some of them to attend such training outside Egypt.

Whenever possible, the ICRC worked with other Movement components and coordinated their activities with those of other organizations. Movement components maintained regular contact, to discuss their response to the pandemic.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	38			
RCMs distributed	27			
Phone calls facilitated between family members	2,830			
Names published on the ICRC family-links website	135			
Reunifications, transfers and repatriations				
People reunited with their families	3			
<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	388	89	63	69
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)	175			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	1,834	410	312	356
<i>including people for whom tracing requests were registered by another delegation</i>	155			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	2	1		
<i>including UAMs/SC registered by another delegation</i>	2			
Documents				
People to whom travel documents were issued	125			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	49,003	14,877	16,121
<i>of whom IDPs</i>		24,500	7,350	7,350
Income support	Beneficiaries	55	17	19
Living conditions	Beneficiaries	50,009	15,566	16,420
<i>of whom IDPs</i>		24,500	7,350	7,350
Capacity-building	Beneficiaries	28	8	
Mental health and psychosocial support				
People who received mental-health support	Cases	72		
People who attended information sessions on mental health		26		
People trained in mental-health care and psychosocial support		37		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
First aid				
First-aid training				
	Sessions	14		
	Participants (aggregated monthly data)	221		

IRAN, ISLAMIC REPUBLIC OF

The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the Iran–Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. The ICRC supports mine-risk education and access to health care for Afghan migrants.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



ICRC delegation

KEY RESULTS/CONSTRAINTS IN 2020

- IHL-related activities were postponed, cancelled or moved online because of the COVID-19 pandemic. Despite this, the ICRC maintained its dialogue with the authorities on IHL and humanitarian issues related to regional conflicts.
- Joint efforts by the Iranian and Iraqi governments led to the recovery of almost 200 sets of human remains linked to past conflict. These were then handed over, under the auspices of the ICRC, to the authorities concerned.
- Afghan migrants and vulnerable Iranians learnt safe practices around mines/explosive remnants of war (ERW), and measures against COVID-19, through the ICRC-backed initiatives of the National Society and other actors.
- Vulnerable migrants and residents in Mashhad obtained primary health care, physical rehabilitation and psychosocial support through a project run by a local NGO, and the National Society, with support from the ICRC.
- Family members dispersed by migration or detention reconnected through the Movement's family-links services. Some households in the cities of Sistan and Baluchistan province received hygiene kits, face masks and other items.

EXPENDITURE IN KCHF

Protection	1,870
Assistance	1,864
Prevention	1,165
Cooperation with National Societies	1,368
General	35
Total	6,302
<i>Of which: Overheads</i>	<i>385</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	118%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	42

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	111
RCMs distributed	153
Phone calls facilitated between family members	11
Tracing cases closed positively (subject located or fate established)	113

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Health			
Health centres supported	Structures	1	1
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	6	1

CONTEXT

The Islamic Republic of Iran maintained its influence as a key political and diplomatic actor in the region, including in countries experiencing armed conflict. The pandemic hit the country hard in the first wave, and the year was dominated by its impact.

Thousands of families still had no information on relatives missing in connection with the 1980–1988 Iran–Iraq war. People living in provinces bordering Iraq continued to be endangered by mines and ERW dating back to the 1980s.

Many families were unable to contact relatives separated from them by conflicts in the wider region, migration, detention or other circumstances.

The UNHCR estimates that there are around 3 million Afghan migrants in the country, most of whom are without a regular status and have settled in the north-eastern city of Mashhad. Because of their administrative status, many migrants – including the Afghan community in Mashhad – had little or no access to basic services, including health care. Afghans crossing the border back into their country risked injury or death from the mines and ERW along their route. The COVID-19 pandemic made their journey even more hazardous.

The government imposed nationwide restrictions – partial lockdowns, bans on intracity travel, and curfews – to check the spread of the coronavirus.

In the south, swarms of locusts destroyed crops and disrupted livelihoods. Heavy floods caused casualties, damaged infrastructure and displaced thousands of people.

ICRC ACTION AND RESULTS

The ICRC worked closely with the Red Crescent Society of the Islamic Republic of Iran, particularly to: restore family links; make primary health care and physical rehabilitation more widely available; raise awareness of mine risks; and promote IHL and humanitarian principles. It incorporated measures to control and prevent infections in its activities, which were adapted to meet needs created by the pandemic; many activities were scaled down or postponed because of pandemic-related restrictions on movement.

The ICRC maintained its dialogue with the authorities on IHL, with a view to cultivating their support for the ICRC's neutral, impartial and independent humanitarian action. IHL-related events and workshops, however, were postponed or canceled because of pandemic-related restrictions. Public-communication initiatives – conducted through both traditional and social media – promoted IHL, humanitarian issues and the ICRC's work, especially its COVID-19 response, among the general public.

The Iranian and Iraqi authorities sustained their joint efforts, within the framework of a tripartite committee established with the ICRC, to resolve missing-persons cases linked to the 1980–1988 Iran–Iraq war. The ICRC continued to serve as chair of both the committee and its joint working group;

pandemic-related restrictions, however, prevented it from conducting meetings with the authorities. The working group's efforts resulted in the recovery of almost two hundred sets of remains of Iranian combatants; the ICRC served as a neutral intermediary in handing them over to the Iranian authorities. Material and technical support from the ICRC helped develop local capacities in forensics, particularly in managing human remains.

The National Society and the Iranian Mine Action Centre (IRMAC) carried out their mine/ERW-related activities with material and technical support from the ICRC. Vulnerable people living in or passing through weapon-contaminated areas – such as residents of provinces bordering Iraq and Afghan migrants returning home – learnt safe practices around mines/ERW through educational sessions on mine risks conducted by the National Society; these people also received protective items, and hygiene kits containing information on COVID-19, from the ICRC. IRMAC, which coordinated mine clearance and all other related activities in the country, developed its capacities with substantial support from the ICRC. Because of the pandemic, the educational sessions on mine risks were eventually moved online.

Afghan migrants restored or maintained contact with their families through the Movement's family-links services; Iranians also used these services, to get in touch with relatives detained abroad. Thousands of migrants and vulnerable residents in Mashhad obtained health-care services – including physical rehabilitation and mental-health and psychosocial support – and learnt good hygiene and health practices at a clinic and a women's shelter, which were run jointly by the National Society and the Society for Recovery Support (SRS) with the ICRC's assistance. The ICRC provided informational materials on COVID-19 and personal protective equipment (PPE) for staff and patients at these facilities. Vulnerable people in various cities of Sistan and Baluchistan province received hygiene kits and PPE from the ICRC.

CIVILIANS

Iranian and Iraqi authorities work to recover and hand over missing people's remains

The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee established with the ICRC, to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. The ICRC continued to serve as chair of both the tripartite committee and its joint working group; however, it was not able to meet with the authorities because of pandemic-related restrictions. The ICRC served as a neutral intermediary in the handover, to the Iranian authorities, of 192 sets of remains of Iranian combatants (see *Iraq*).

The ICRC continued to make its expertise available to the Legal Medicine Organization (LMO), a local forensic institution, to help it manage human remains properly within the context of conflict, natural disasters, migration and other emergencies. It provided the LMO with DNA extraction kits and other material support for identifying human remains.

The ICRC provided the foreign ministry and the Red Crescent Society of the Islamic Republic of Iran with expert guidance on managing the bodies of people who had died from COVID-19 and ensuring dignified burials; it translated the related general guidelines into Farsi.

People learn to protect themselves against mines/ERW and COVID-19

The ICRC was the only humanitarian organization providing support for humanitarian mine action in the Islamic Republic of Iran. As before, it gave the National Society and IRMAC technical, material and financial assistance for an educational project on mine risks in five provinces near the Iran–Iraq and Iran–Afghanistan borders. Around 217,000 people – 212,000 of whom were Afghan – learnt how to protect themselves against mines/ERW and COVID-19. Owing to pandemic-related restrictions, the mine-risk sessions were put on hold in February. Subsequently, they were made available online, and on the radio and provincial television channels. ICRC-produced materials, including a series of animation films made jointly with IRMAC, also helped disseminate information on mine risks and measures against COVID-19 to nearly 2 million people online.

The National Society and the ICRC distributed basic protective items, and hygiene kits containing informational materials on mines and COVID-19, to Afghan returnees and vulnerable residents of weapon-contaminated areas.

At an online ICRC training session, National Society staff and volunteers learnt about weapon contamination and the development of risk-reduction materials and approaches. The ICRC sponsored officials from IRMAC and the foreign ministry to attend a conference in Switzerland, where mine-action stakeholders discussed emerging issues and exchanged best practices and lessons learnt.

Migrants reconnect with their families

Afghan migrants, and Iranians with family members detained abroad, restored or maintained contact with their relatives through RCMs and phone calls offered by the National Society and the ICRC. Tracing services ascertained the fate or whereabouts of 113 people being sought by their relatives. The ICRC maintained its efforts to follow up – with the embassies concerned – cases of people separated from their families; because of pandemic-related restrictions, however, no families were reunited. After securing the authorities' consent, National Society and ICRC staff visited communities in Sistan and Baluchistan to assess the feasibility of extending family-links services to people there. The ICRC provided the National Society with technical guidance on providing family-links services – including during emergencies – in line with internationally accepted data-protection standards. National Society volunteers attended an ICRC workshop, where they exchanged experiences and best practices in restoring family links.

The ICRC issued attestations of detention for 665 Iraqi ex-POWs, which helped them with such administrative procedures in Iraq as applying for state benefits. It made 31 notifications to the Iranian authorities about Iranian nationals detained abroad.

During its meetings with the foreign affairs ministry, and the National Society and other organizations, the ICRC drew attention to migrants' humanitarian concerns and how it could help address them. It continued to participate in meetings of the working group on protection-related matters organized and chaired by the UNHCR.

Migrants and vulnerable residents in Mashhad obtain health care

Afghan migrants and indigent Iranian families living in Mashhad obtained preventive and curative health services at a clinic and a women's shelter run by the National Society and the SRS. The ICRC provided medicine, medical supplies and financial support for running these facilities; it also donated PPE, disinfectants and informative materials on COVID-19 for staff and patients.

In total, 13,394 curative consultations, mainly for non-communicable diseases, took place at the clinic, and 2,570 immunizations were administered. Nearly 6,000 referrals for specialized treatment were made, among them were 1,582 referrals for diagnostic tests; medicine was also provided free of charge for patients. The ICRC referred 86 people for rehabilitative care at the National Society-run physical rehabilitation centre in Mashhad (see *Wounded and sick*). The centre began to offer occupational therapy in August.

The clinic continued to make mental-health and psychosocial support available to victims/survivors of sexual violence and others. Thousands of people benefited from individual or group counselling, either at the clinic or through its community outreach. Because of the pandemic, group sessions eventually took place online.

Roughly 46,600 women and children attended online information sessions held by the SRS, on such subjects as good health and hygiene practices; nutrition; reproductive health; prevention of HIV and hepatitis; and parenting. Some women attended similar sessions at the SRS-run shelter, where they learnt how to protect themselves from disease and were given help to mitigate the consequences of drug use.

WOUNDED AND SICK

People with disabilities obtain physical rehabilitation

Some 100 people with disabilities¹ obtained rehabilitative care at a National Society-run centre in Mashhad; the ICRC covered the costs of their treatment and/or assistive devices; it also provided expert advice and staff training for the centre. An SRS staff member conducted information sessions for relatives of persons with disabilities, to help them understand issues related to physical rehabilitation.

The ICRC trained National Society staff, and personnel from the SRS and other community-based organizations, in wheel-chair services; it provided 31 wheelchairs for the Mashhad centre.

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

The ICRC distributed hygiene kits and PPE to vulnerable people residing in various cities of Sistan and Baluchistan province.

Pandemic-related restrictions forced the postponement of training courses and events on such topics as military medicine, wound surgery, and protection for medical services.

ACTORS OF INFLUENCE

Pandemic-related restrictions impact IHL-related activities

Restrictions imposed to curb the pandemic forced the suspension of many IHL-related events and workshops, which were to be held either jointly with the National Society or with its support. Some events were moved online, such as a round table on current IHL issues – which foreign ministry officials were able to attend with the ICRC's support – and a policy-related discussion with a think-tank on the subject of COVID-19. Whenever possible, the ICRC sought – through dialogue – to broaden awareness among government officials of IHL, pertinent humanitarian issues and its own mandate and activities, especially in connection with ongoing conflicts in the region (see, for example, *Syrian Arab Republic*).

Amidst the suspension of many key events aimed to foster acceptance and support for the ICRC, the ICRC expanded its contact with local media organizations to encourage accurate coverage of humanitarian issues and its activities with the National Society, especially the pandemic's impact on violence-affected communities and the ICRC's expertise in crisis response. News releases, television interviews, digital campaigns, and videos – produced and disseminated by the ICRC – helped to broaden awareness of such matters and

promote acceptance for the ICRC among authorities and the public. The ICRC translated its informational materials into Farsi and shared these with local NGOs and media organizations. Training workshops to strengthen the National Society's capacities in public communication were canceled.

Prior to the pandemic, the ICRC met with the national IHL committee – chaired by the National Society – on several occasions and gave it technical support, with a view to advancing the incorporation of IHL in domestic legislation. It also provided the committee with substantial amounts of reference materials in English and Farsi.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of the Islamic Republic of Iran and the ICRC continued to work together to provide a more effective humanitarian response within the country, particularly for vulnerable migrants and residents. The ICRC carried out activities with the National Society in various areas: mine-risk education; restoring family links; primary health care and physical rehabilitation; and emergency response. Because the pandemic restricted many of these activities, the ICRC and the National Society shifted their attention to pandemic-related needs and explored other areas of collaboration.

The ICRC gave the National Society financial support for its COVID-19 response, notably for assisting 50,000 vulnerable people with chronic illnesses and underlying medical conditions; it also offered technical support, donated PPE and hygiene items, and provided stipends for volunteers.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	111			
RCMs distributed	153			
Phone calls facilitated between family members	11			
Names published on the ICRC family-links website	10			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	234	44	50	66
<i>including people for whom tracing requests were registered by another delegation</i>	12			
Tracing cases closed positively (subject located or fate established)	113			
<i>including people for whom tracing requests were registered by another delegation</i>	31			
Tracing cases still being handled at the end of the reporting period (people)	863	185	202	209
<i>including people for whom tracing requests were registered by another delegation</i>	120			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	3		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	665			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Primary health care				
Health centres supported	Structures	1		
<i>of which health centres supported regularly</i>		1		
Average catchment population		3,000		
Services at health centres supported regularly				
Consultations		13,394		
<i>of which curative</i>		13,394	9,083	1,053
Vaccines provided	Doses	2,570		
Referrals to a second level of care	Patients	5,964		
<i>of whom gynaecological/obstetric cases</i>		125		
Mental health and psychosocial support				
People who received mental-health support	Cases	613		
People who attended information sessions on mental health		1,329		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		1		
<i>of which physical rehabilitation projects supported regularly</i>		1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	104		
Orthoses delivered	Units	37		
Physiotherapy sessions		23		

IRAQ

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. It engages the relevant parties in dialogue on the protection due to civilians, monitors detainees' treatment and living conditions, offers family-links services and works to ascertain the fate of missing persons. It provides violence-affected IDPs, returnees and residents with emergency aid, and/or support to help them restore their livelihoods; supports physical rehabilitation, primary-health-care and hospital services; and repairs water, health and prison infrastructure. It seeks to promote compliance with IHL among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC reminded authorities and weapon bearers of their obligation under IHL and other applicable norms to protect civilians and safeguard their access to basic services. Contact with certain armed groups remained limited.
- Aided by the ICRC, health-care providers and the authorities strove to deal with the COVID-19 pandemic. ICRC-backed health facilities treated people with COVID-19 and others who were ill or wounded.
- Returnees, IDPs and other particularly vulnerable households protected or increased their income – and coped with the pandemic's effects – with food, cash grants, vocational training, and other support from the ICRC.
- People living in violence-prone areas had clean water and better sanitation, and students continued their education, as a result of renovations to water-supply systems, sanitation facilities, and schools by the authorities and the ICRC.
- Family members separated by conflict or other circumstances used the Movement's family-links services to reconnect. The authorities and the ICRC worked to clarify the fate of people missing in connection with past armed conflicts.
- Detaining authorities, supported by the ICRC, endeavoured to improve living conditions and health care at places of detention. Pandemic-related restrictions limited individual and family visits for detainees.

EXPENDITURE IN KCHF

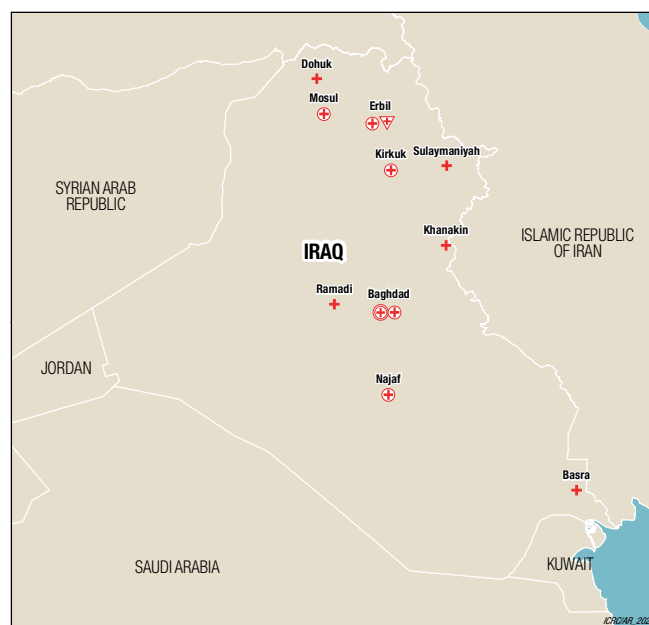
Protection	22,843
Assistance	66,838
Prevention	7,219
Cooperation with National Societies	2,135
General	560
Total	99,596
<i>Of which: Overheads</i>	<i>6,079</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	156
Resident staff (daily workers not included)	1,055



ICRC delegation ICRC sub-delegation ICRC office/presence ICRC-run physical rehabilitation project

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	2,171
RCMs distributed	1,473
Phone calls facilitated between family members	201
Tracing cases closed positively (subject located or fate established)	970
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	64
Detainees in places of detention visited	54,919
<i>of whom visited and monitored individually</i>	2,640
Visits carried out	182
Restoring family links	
RCMs collected	1,657
RCMs distributed	1,886
Phone calls made to families to inform them of the whereabouts of a detained relative	15,804

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries	166,620	181,385
Living conditions	Beneficiaries		71
Capacity-building	Beneficiaries	920	
Water and habitat			
Water and habitat activities	Beneficiaries	100,000	204,043
Health			
Health centres supported	Structures	29	29
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries	1,500	1,061
Living conditions	Beneficiaries	50,000	136,025
Water and habitat			
Water and habitat activities	Beneficiaries	5,000	51,074
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	10	53
Physical rehabilitation			
Projects supported	Projects	26	24
Water and habitat			
Water and habitat activities	Beds (capacity)	100	3,766

CONTEXT

The country continued to struggle with the consequences of prolonged conflict.

Large-scale operations against the Islamic State group (ISg) ended in 2017. However, forces of the central government, including “popular mobilization units”, and of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition – continued to mount smaller-scale operations against remnants of the ISg. Civilians were wounded, killed or went missing. People were arrested in connection with the fighting.

The humanitarian consequences of the conflict were compounded by the effects of past violence, and longstanding ethnic and sectarian tensions. Security conditions improved in certain areas, but essential services and sources of livelihood were often inaccessible. According to the UNHCR, some 4.8 million IDPs had returned home since 2017; however, roughly 1.3 million remained unable to do so, partly for the reasons mentioned above. Over 240,000 refugees from the Syrian Arab Republic were still in the IKR.

The COVID-19 pandemic had severe consequences for the entire country. Movement restrictions and other measures, necessitated by the pandemic, were enforced by the central and IKR authorities.

Sporadic – sometimes violent – protests over political and economic issues persisted in Iraq. Tensions along the border with Turkey spiked in June, and caused displacement.

ICRC ACTION AND RESULTS

The ICRC continued to respond to needs of people affected by emergencies, and by the long-term effects of armed conflict in the region. In coordination with other Movement components, it supported the Iraqi Red Crescent Society and, when possible, worked jointly with it. It adapted its activities to the constraints and needs which arose from the pandemic, and followed infection prevention protocols; administrative constraints (see *Context*) limited the implementation of some of its activities. The ICRC coordinated its activities with central and IKR authorities; however, contact with certain armed groups remained limited.

The ICRC reminded the authorities, and weapon bearers with whom it had contact, of their obligation under IHL and other applicable norms to protect people affected by armed conflict and other situations of violence. It made confidential representations to them about the protection-related concerns of IDPs and returnees. The authorities strengthened their grasp of IHL through ICRC training, with a view to better integrating its provisions into the military’s policies and operations, and advancing its incorporation in domestic legislation. Through the ICRC’s various public-communication initiatives, vulnerable communities learnt more about the humanitarian services available to them, and COVID-19; they were able to phone in via the ICRC’s community contact centre to ask for information about ICRC services or news about missing relatives.

The Movement’s family-links services enabled members of dispersed families – including unaccompanied minors and children – to reconnect with one another. The ICRC continued to support the authorities’ efforts to clarify the fate of missing people linked to past international armed conflict. It also shared expertise and guidance for the authorities and other local actors to develop their capacities in managing human remains.

Residents, returnees, recently displaced people and other particularly vulnerable households and households coping with the economic consequences of the pandemic, were given cash and other kinds of aid. This assistance, which included food and household essentials, helped them to cover their immediate needs and protect or supplement their income; because of the increase in needs, the ICRC provided more of this aid than planned. Households started or maintained small businesses, or farming, herding and other income-earning activities, with ICRC cash grants, livelihood support and training; breadwinners completed ICRC-subsidized apprenticeships which helped them find jobs. The ICRC renovated or supported renovations to water systems and schools, making safe water readily available to people in violence-prone areas, and helping enable students to continue their education. People learnt more about the dangers of mines and explosive remnants of war (ERW) and safe practices around them at ICRC information sessions.

ICRC-supported hospitals and clinics provided emergency and higher-level care to conflict-affected people. The ICRC ramped up its support to these facilities, which notably included hospitals treating COVID-19 cases and people injured during protests, to help ensure the provision and continuity of medical services; it gave these facilities personal protective equipment (PPE) and kits for treating wounded patients, among other support. Two hospitals in violence-prone areas were given support regularly. People who needed advanced care were referred to the appropriate facilities. First-aid instructors honed their teaching ability during ICRC training sessions. Physically disabled people received treatment at an ICRC-managed centre in Erbil, and ICRC-supported state or NGO-run centres; construction of a new centre, in Erbil, was under way.

The ICRC visited, in accordance with its standard procedures, detainees including those held in relation with the conflict. It sought to improve their living conditions, including their access to health care, and to protect them against COVID-19; to that end, it provided authorities with various forms of technical and material support, including medical supplies and therapeutic food stock.

CIVILIANS

The ICRC reminded the authorities, and the weapon bearers with whom it had contact, of their obligation under IHL and other applicable norms to protect civilians and safeguard their access to humanitarian aid and basic services, including health care. It made confidential representations to them based on documented allegations of, for example: abuses against IDPs – stigmatization against them, forced return, and restricted movement; and violence against health-care workers.

Through information campaigns and other ICRC public-communication efforts, communities learnt more about humanitarian services available to them, the Health Care in Danger initiative, the plight of families of missing persons, and COVID-19. People could also call the ICRC's community contact centre to learn more about these matters, and to ask for news about their missing relatives.

Logistical and administrative constraints, some of them linked to the pandemic (see *Context*), limited or prevented the implementation of certain ICRC activities; the ICRC adapted its activities where necessary.

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

The Movement's family-links services enabled conflict-affected people to reconnect with their families. These included IDPs, foreigners, and people whose relatives had gone missing in connection with the conflict, or had been arrested and detained (see *People deprived of their freedom*). The ICRC continued to collect tracing requests and allegations of arrest, and followed-up via phone whenever possible; it resolved 970 tracing cases during the year. Some people availing of family-links services were given household items, to help them improve their living conditions. Phone credits, distributed by the ICRC, enabled some people in quarantine owing to the pandemic to maintain contact with their families.

Authorities take steps towards resolving missing-persons cases

The ICRC strove to assist missing people's families, and provided them with various forms of support to help them cope with their situation; for instance, ICRC-trained NGO personnel gave them psychosocial care and referred them to other NGOs or other organizations for legal and other support. The authorities and the ICRC continued to discuss the need to establish mechanisms to ascertain the fate of missing people.

As a neutral intermediary, the ICRC continued to back the process of resolving missing-persons cases linked to the 1980–1988 Iran–Iraq war, and the 1990–1991 Gulf War. It offered the authorities technical support for such activities as mapping potential gravesites. The ICRC did this within the framework of a tripartite committee consisting of Iraq, the Islamic Republic of Iran and the ICRC (see *Iran, Islamic Republic of*), and through the ICRC-chaired Tripartite Commission and its Technical Sub-Committee (see *Kuwait*). With the authorities, it undertook excavations in southern Iraq and the IKR; under the ICRC's auspices, the remains of 192 and 20 people were handed over to the Iranian and Kuwaiti authorities, respectively.

Health workers and medico-legal professionals, first responders and others continued to develop their capacities in managing human remains, aided by the ICRC's expertise and donations of body bags and PPE.

Returnees protect their incomes

The ICRC, partly with the Iraqi Red Crescent Society, helped conflict-affected IDPs, returnees and residents – over 31,250 households (181,385 people) in all – to preserve or supplement their household income, and to prevent it from

being entirely expended on paying for basic necessities. In response to the needs caused by the pandemic, the ICRC assisted more households than planned; they included past beneficiaries of ICRC assistance who, the ICRC learnt via phone surveys, needed additional aid.

Over 29,100 households (some 168,600 people), including missing peoples' families and people affected by quarantine measures, received food, hygiene kits and other household essentials from the ICRC, or cash to buy them. The ICRC also donated blankets and other items to improve accommodations in quarantine centres. Following the closure of IDP camps by the authorities, roughly 1,100 IDP households (some 6,600 people) were given cash, or food and other essentials, to help them cover their needs.

In all, around 800 households (some 4,700 people) – including recent returnees, and households headed by women – started or maintained small businesses, or farming, herding and other income-earning activities, with cash grants and other assistance from the ICRC. They were helped to buy seed, and fodder and livestock; they learnt more about raising livestock at training sessions conducted by the agriculture ministry and the ICRC. An agricultural centre received equipment from the ICRC for producing high-quality seed. Breadwinners completed ICRC-subsidized apprenticeships which helped them find jobs; others received materials for sewing face masks, which the ICRC then purchased.

The ICRC sustained its pilot programme to support the safe return of IDPs to their places of origin. Under this programme, 245 returnee households (roughly 1,400 people) in rural communities received cash grants and other support to begin small businesses, raise livestock, or set up greenhouses.

People in violence-prone areas have better access to clean water

About 200,000 people in violence-prone or underserved areas had broader access to safe and clean water following ICRC-supported improvements to infrastructure. The authorities and the ICRC repaired and upgraded seven water systems; renovations to the water system in the city of Mosul were ongoing. During the pandemic, the ICRC distributed jerrycans, masks and/or hygiene kits to communities; it gave water-system operators food parcels, so they could remain indoors in line with movement restrictions.

Returnees – around 1,000 people – rebuilt their homes with the help of conditional cash grants from the ICRC. The ICRC renovated three schools, helping enable 577 students to continue their studies.

Vulnerable people obtain good-quality health care

IDPs, returnees and residents obtained good-quality health care at 29 primary-health-care centres in all; the ICRC gave these centres material and infrastructural support, and training. The ICRC also installed handwashing stations at around 20 of these centres, and donated cleaning materials, to help these facilities become more capable of preventing and treating COVID-19 cases.

ICRC-trained health workers provided mental-health and psychosocial support for families of missing people, victims/survivors of sexual violence and others suffering emotional distress. At ICRC-awareness-raising sessions, community members learnt more about the topic of mental health – including the psychosocial impact of the pandemic, and the importance of reducing the stigma surrounding mental-health issues; they were also briefed on the psychosocial services available to them.

People learn how to protect themselves against mines/ERW

Some 700 people learnt how to protect themselves against mines/ERW at ICRC mine-risk education sessions. The ICRC surveyed 14 villages for mines/ERW, in preparation for implementing activities there.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – detainees at 64 places of detention; they included people held in relation to the conflict, women, minors and foreigners. It monitored their treatment and living conditions. After visits, it communicated its findings and recommendations confidentially to the pertinent authorities. The ICRC drew their attention to such matters as respect for judicial guarantees, and medical ethics in health-care provision. Discussions with the central authorities continued towards the signing of an agreement on prison visits.

Owing to pandemic-related measures, detention visits and the individual monitoring of detainees was limited. Workshops for judicial authorities, and infrastructural work and other activities at places of detention, were postponed or adapted in coordination with the authorities.

Detainees maintain contact with their families despite the pandemic

The ICRC offered RCMs and other family-links services to detainees, including foreign detainees and minors, enabling them to contact their families. Detained foreigners were able to notify their embassies or the UNHCR of their situation. At the ICRC's encouragement, detaining authorities made phone calls available to detainees while family visits were suspended owing to the pandemic; families learnt about the option of dropping off parcels for their detained relatives through the ICRC's community contact centre (see *Civilians*).

Penitentiary authorities respond to the pandemic with the ICRC's support

The ICRC continued to support the authorities' efforts to broaden detainees' access to good-quality health care and improve their living conditions.

Detaining and health authorities took steps to mitigate the spread of COVID-19 in places of detention, and to treat cases, with the ICRC's technical and other assistance. For example, they set up designated quarantine areas in places of detention. Prison managers and health staff bolstered their capacity to prepare for and respond to the pandemic during ICRC workshops. The health ministry and the ICRC conducted information sessions and briefings on COVID-19 at places of detention. In addition to all this, the ICRC provided protective

equipment and other supplies, and helped the authorities undertake infrastructure improvements (see below).

The ICRC continued to implement pilot health projects – to strengthen health-care services and promote medical ethics – at four places of detention. Notably, in one place of detention, the ICRC donated an x-ray machine, and trained staff in its use, helping enhance diagnostic capacities in the facility. At three other places of detention, ICRC-trained health staff monitored detainees' weight as part of an ICRC nutrition programme. Some 1,000 malnourished detainees received nutritional supplements.

To improve the sanitation in places of detention, and check the spread of communicable diseases, the authorities installed handwashing stations which were built with ICRC-provided supplies; in further support of their efforts, the ICRC also gave them disinfectants and cleaning materials, PPE, and thermometers and other items. Detainees – including women and minors held in places of temporary detention – benefited from ICRC donations of hygiene kits, clothes, blankets, and educational and recreational items; this was particularly important in light of restrictions on family visits, which made it difficult for families to give their detained relatives such items. The ICRC donated mobile phones to some places of detention, to help enable the authorities to arrange for detainees to contact their relatives while pandemic-related distancing measures were in place. All of the above activities benefited over 136,00 detainees in all.

WOUNDED AND SICK

Members of armed groups learnt how to administer first aid during ICRC training sessions. Owing to the pandemic, some training sessions for National Society staff, and certain other ICRC activities, did not push through.

Strengthening the provision of emergency medical services

Health care providers strove to contain the spread of COVID-19, treat people who had the disease and respond to other emergencies with the ICRC's help; because needs had risen, the ICRC extended its support to more structures than planned. Over 50 hospitals and other facilities, including facilities treating COVID-19 patients, received PPE, handwashing stations, cleaning materials, beds equipped with oxygen cylinders, and other supplies and equipment. ICRC public-communication materials helped raise awareness of the disease. Hospitals treating people injured during protests also received material support, in particular kits for treating wounded patients.

Two ICRC-supported hospitals – in Al Qaim, Anbar Governorate and Tooz, Salahuddin Governorate – bolstered their emergency and surgical services. Surgeons at the Tooz hospital honed their skills during ICRC training in wound surgery; the hospital drew on ICRC expertise to finalize its contingency plan for mass-casualty situations. The emergency bay in the Al Qaim hospital was furnished and equipped with the ICRC's support; the ICRC also helped upgrade power-supply and other infrastructure at several other health facilities (3,766 beds in all). Six people were referred to the ICRC's Weapon Traumatology and Training Centre for specialized treatment (see *Lebanon*).

Health personnel handling COVID-19 cases and treating injuries sustained during violent protests obtained mental-health and psychosocial support from ICRC-trained staff, to help them cope with the distress caused by handling such stressful situations.

People with disabilities obtain assistive devices

Roughly 20,840 physically disabled people¹ received treatment at an ICRC-managed centre in Erbil, and at 15 other ICRC-supported State- or NGO-run centres, including a training institute that received ICRC support. The ICRC covered transportation costs for some patients. Around 130 persons with disabilities received mental-health and psychosocial support from ICRC-trained staff; some patients of the ICRC centre in Erbil were referred for income support.

Prosthetists/orthotists and physiotherapists, and others working in the rehabilitation sector, bolstered their capacities at ICRC-held training sessions on wheelchair service delivery and other specialized topics; eight training institutions and other organizations received support. Senior technicians and physiotherapists strengthened their leadership skills through ICRC training. Prospective students of an ICRC-supported university finished an ICRC prosthetics and orthotics course. Caregivers for children with cerebral palsy and physiotherapists learnt more about caring for such children during ICRC training sessions.

The construction of a new rehabilitation centre in Erbil was ongoing at year's end.

ACTORS OF INFLUENCE

The ICRC endeavoured to broaden awareness of and support for IHL and other pertinent norms, and its humanitarian work, through dialogue with the authorities, information sessions for members of civil society, by publishing newsletters and articles for public consumption, and through other means. It drew public attention to key humanitarian issues within the region: the plight of the missing peoples' families, and that of detainees and IDPs; the necessity of protecting health services; and checking and preventing the spread of COVID-19. Local and international media organizations drew on the ICRC's expertise in their reporting on humanitarian issues. Owing to the pandemic, some events were postponed and others – such as a seminar on violence against health care services and its impact – were held online.

Contact with certain armed groups remained limited.

Military and police officers strengthen their grasp of IHL and other norms

Military and police forces – including those engaged in counter-terrorism operations – and members of “popular mobilization units” strengthened their grasp of IHL, international human rights law, and/or other applicable norms, through ICRC dissemination sessions and workshops. The defence ministry drew on the ICRC's expertise to better

integrate IHL into military doctrine, operations and training. The interior ministry, with the ICRC's input, took steps to better integrate human rights norms in the standard operating procedures of police forces.

Authorities and academics discuss IHL and humanitarian issues

The ICRC continued to promote IHL, and foster awareness of humanitarian issues, among government officials, key stakeholders, and academics and religious scholars. It organized bilateral meetings, workshops, and training courses for them, and sponsored their participation in IHL courses in other countries (see, for example, *Tunis*).

Findings from an ICRC study on the legal framework governing the protection of medical personnel and facilities were shared with the authorities, and with religious scholars; a similar study concerning missing people in Iraq was still in progress at year's end.

Discussions with the authorities, on formalizing the ICRC's legal status in the country, continued.

RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society continued to respond to the humanitarian needs, including those created by the pandemic (see *Context*), of people in Iraq. The ICRC worked with the National Society (see *Civilians*) and gave it material, financial and technical assistance to implement its activities safely. Notably, the ICRC gave the National Society food parcels and hygiene kits, which it then distributed to those in need. The National Society also launched, with the ICRC's support, a project to make people aware of health services available to them and to refer them for such services if necessary.

The National Society sought to incorporate the Safer Access Framework in its activities, and established a technical committee to that end; the ICRC organized various workshops for the staff and volunteers. National Society staff attended ICRC train-the-trainer workshops on de-escalating violence and managing stress. Discussions between the International Federation and the ICRC, on providing on-site support and funding to bolster the National Society's organizational capacities, continued.

The National Society and the ICRC signed a partnership framework agreement in June, in order to better clarify the nature of their cooperation.

Movement components met regularly to discuss and coordinate their activities, and explore possibilities for joint projects, in Iraq.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	2,171	22		
RCMs distributed	1,473	10		
Phone calls facilitated between family members	201			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	3,376	157	60	241
<i>including people for whom tracing requests were registered by another delegation</i>	75			
Tracing cases closed positively (subject located or fate established)	970			
<i>including people for whom tracing requests were registered by another delegation</i>	10			
Tracing cases still being handled at the end of the reporting period (people)	26,083	1,171	854	2,191
<i>including people for whom tracing requests were registered by another delegation</i>	862			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	23	10		
Documents				
People to whom travel documents were issued	1			
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	64			
Detainees in places of detention visited	54,919	2,492	3,363	
Visits carried out	182			
		Women	Girls	Boys
Detainees visited and monitored individually	2,640	230	18	48
<i>of whom newly registered</i>	1,012	38	5	25
RCMs and other means of family contact				
RCMs collected	1,657			
RCMs distributed	1,886			
Phone calls made to families to inform them of the whereabouts of a detained relative	15,804			
People to whom a detention attestation was issued	269			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total	Women	Children
Economic security			
Income support	Beneficiaries	181,385	62,816
<i>of whom IDPs</i>		4,126	1,306
Living conditions	Beneficiaries	71	71
Water and habitat			
Water and habitat activities	Beneficiaries	204,043	104,598
Primary health care			
Health centres supported	Structures	29	
<i>of which health centres supported regularly</i>		20	
Average catchment population		523,408	
Services at health centres supported regularly			
Consultations		311,984	
<i>of which curative</i>		302,094	101,400
<i>of which antenatal</i>		9,890	
Vaccines provided	Doses	122,961	
<i>of which polio vaccines for children aged 5 or under</i>		59,569	
Referrals to a second level of care	Patients	6,985	
<i>of whom gynaecological/obstetric cases</i>		1,953	
Mental health and psychosocial support			
People who received mental-health support	Cases	175	
People who attended information sessions on mental health		3,036	
People trained in mental-health care and psychosocial support		15	

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	1,061	492	390
Living conditions	Beneficiaries	136,025	4,869	4,632
Water and habitat				
Water and habitat activities	Beneficiaries	51,074	2,554	3,064
Health care in detention				
Places of detention visited by health staff		19		
Health facilities supported in places of detention	Structures	16		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	53		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		12		
Non-weapon-wound admissions		2,273		
Operations performed		2,621		
Gynaecological/obstetric admissions		948	948	
Consultations		17,474		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		8,284		
Weapon-wound admissions (surgical and non-surgical admissions)		508		
Weapon-wound surgeries performed		289		
First aid				
First-aid training				
Sessions		4		
Participants (aggregated monthly data)		117		
Water and habitat				
Water and habitat activities	Beds (capacity)	3,766		
Physical rehabilitation				
Projects supported		24		
<i>of which physical rehabilitation projects supported regularly</i>		16		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	20,842	2,263	13,120
<i>of whom victims of mines or explosive remnants of war</i>		920		
Prostheses delivered	Units	2,389		
Orthoses delivered	Units	17,172		
Physiotherapy sessions		16,689		
Walking aids delivered	Units	499		
Wheelchairs or postural support devices delivered	Units	379		
Referrals to social integration projects		34		
Mental health and psychosocial support				
People who received mental-health support	Cases	118		
People who attended information sessions on mental health		8		

ISRAEL AND THE OCCUPIED TERRITORIES

The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular its provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of Magen David Adom in Israel and the Palestine Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2020

- With ICRC aid, emergency responders and health facilities in Gaza maintained their operations during the pandemic. Physically disabled and other Gazans received basic psychological care from hotlines established with ICRC support.
- More people in Gaza and the West Bank than planned, including those struggling with the economic impact of the COVID-19 pandemic, benefited from ICRC livelihood support or assistance in covering basic needs.
- Owing to pandemic-related movement and other restrictions imposed by the Israeli and Palestinian authorities, the ICRC visited a limited number of detention facilities; it focused on monitoring the effects of COVID-19 on detainees.
- Detainees had cleaner living areas and coped with the effects of additional containment measures with ICRC aid. Palestinians held in Israel received ICRC-organized visits from relatives, despite pandemic-related interruptions.
- With ICRC support, Magen David Adom set up COVID-19 drive-through testing centres in vulnerable communities and the Palestine Red Crescent Society helped raise public awareness of how to stay safe during the pandemic.
- The ICRC reminded Israeli and Palestinian authorities of their obligations under IHL and other applicable norms. The Gaza *de facto* interior ministry integrated a code of police conduct, drafted with ICRC input, into its training modules.

EXPENDITURE IN KCHF

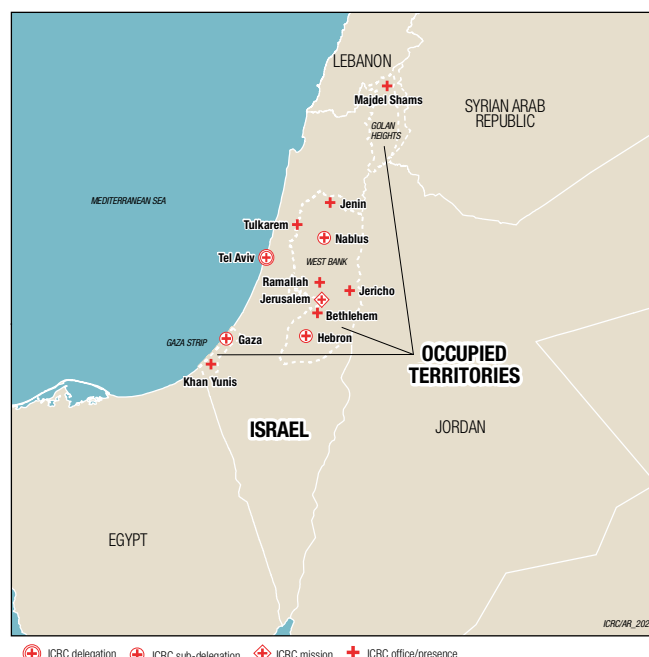
Protection	13,344
Assistance	26,476
Prevention	4,714
Cooperation with National Societies	1,968
General	278
Total	46,781
<i>Of which: Overheads</i>	<i>2,855</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	56
Resident staff (daily workers not included)	284



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	53
RCMs distributed	29
Phone calls facilitated between family members	6,750
Tracing cases closed positively (subject located or fate established)	11
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	55
Detainees in places of detention visited	14,709
<i>of whom visited and monitored individually</i>	1,436
Visits carried out	318
Restoring family links	
RCMs collected	36
RCMs distributed	31
Phone calls made to families to inform them of the whereabouts of a detained relative	1,647

ASSISTANCE		2020 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	4,680	7,888
Income support	Beneficiaries	2,130	17,743
Living conditions	Beneficiaries	700	13,907
Capacity-building	Beneficiaries	30	
Water and habitat			
Water and habitat activities	Beneficiaries	1,648,000	1,910,274
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries	11,910	6,961
Water and habitat			
Water and habitat activities	Beneficiaries	345	1,730
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	26	7
Physical rehabilitation			
Projects supported	Projects	2	2
Water and habitat			
Water and habitat activities	Beds (capacity)	2,262	2,230

CONTEXT

People in the occupied Palestinian territory (Gaza Strip and the West Bank) continued to deal with the effects of Israeli occupation policies, including movement restrictions and confiscation or destruction of property. In line with an American plan released in January, Israel announced its proposed annexation of parts of the West Bank in May; this resulted in the Palestinian Authority suspending coordination with Israel, including on security. These events led to increased settler violence in the West Bank, as well as demonstrations there and in the Gaza Strip, which sometimes turned violent. These also impeded the Palestinian officials' COVID-19 response in Gaza and the West Bank (see below).

People in Gaza continued to endure difficulties linked to: the political deadlock between the Palestinian Authority and the Gazan *de facto* authorities; the blockade imposed by Egypt and Israel; and past hostilities. Tensions between Israel and the Gazan *de facto* authorities and armed groups persisted. All these factors, in combination with deteriorating socio-economic conditions, led to a dearth of basic services and livelihood resources.

Israeli and Palestinian authorities detained people in relation to the situations described above and for security reasons.

After the first cases of COVID-19 were reported in March, Israeli and Palestinian officials imposed movement restrictions and other measures to check the spread of the disease, including in places of detention. These measures further exacerbated the bleak socio-economic situation of vulnerable communities and prevented detainees from receiving regular family visits.

ICRC ACTION AND RESULTS

The ICRC focused on promoting protection for Israelis and Palestinians and helping to improve the circumstances of Palestinians living under occupation. At the same time, it supported or carried out activities in response to the COVID-19 pandemic. It adapted and stepped up several of its activities: for instance, it postponed certain projects and redirected resources towards pandemic-related initiatives, and moved meetings with the authorities online. It continued to coordinate its work with that of the pertinent authorities, Magen David Adom and the Palestine Red Crescent Society.

The ICRC reminded Israeli and Palestinian authorities and weapon bearers of their obligations under IHL and other applicable norms. ICRC workshops helped weapon bearers reach a fuller understanding of the applicability of IHL and/or international policing standards to their operations. The Gazan *de facto* interior ministry integrated into its training modules a code of conduct for the police that was drafted with the ICRC's assistance. The ICRC helped members of civil society, including representatives of Palestinian religious institutions, add to their knowledge of IHL.

Owing to pandemic-related movement restrictions and safety protocols implemented by the Israeli and Palestinian authorities, the ICRC visited a limited number of places of detention.

It focused on monitoring the impact of the pandemic on the treatment and living conditions of detainees and communicated its findings confidentially to the authorities. The ICRC also aided detainees in coping with the consequences of the additional restrictions on their lives and, in Gaza and the West Bank, contributed to making living spaces more sanitary.

The ICRC provided the support necessary for emergency responders, hospitals and other Palestinian health services to sustain their operations during the pandemic and become more capable of mounting an effective response to the disease. For example, it enabled one Gazan hospital treating COVID-19 patients to optimize its fuel consumption and prevent the spread of COVID-19 among staff. The ICRC supported the provision of rehabilitative care and social-inclusion activities for persons with disabilities. It helped the Gazan *de facto* health officials set up hotlines offering psychological support and trained health staff in providing similar care to persons with disabilities and others grappling with the effects of the circumstances in the Strip.

The ICRC adapted and scaled up its activities in order to help more vulnerable Palestinians than planned obtain essential services and cope with the economic consequences of the pandemic. It supported improvements to electrical, water and other essential services. It also helped households – including those in East Jerusalem and the West Bank whose homes had been destroyed – meet their daily needs and protect or strengthen their livelihoods. ICRC aid enabled farmers and others to grow food staples and/or develop innovative and greener alternatives to their working methods.

The ICRC carried out communication campaigns or mobilized local actors to inform nearly everyone in Gaza of measures against COVID-19 and safe practices around mines and explosive remnants of war (ERW).

Members of families separated by conflict, detention or other circumstances used the Movement's family-links services to reconnect. Thanks to the ICRC's family-visit programme, detainees in Israel received visits from their relatives in Gaza and the West Bank, despite interruptions faced by the programme because of pandemic-related movement restrictions.

The ICRC continued to help the Palestinian Red Crescent and Magen David Adom coordinate their activities, and to monitor the implementation of the memorandum of understanding between them.

CIVILIANS

Israeli and Palestinian officials are urged to comply with IHL and other applicable norms

The ICRC reminded Israeli and Palestinian authorities and weapon bearers of their obligations under IHL and other applicable norms, particularly in connection with the conduct of hostilities and the protection of civilians and those seeking or providing medical care in the occupied territories. It also discussed with Israeli officials the consequences of certain occupation policies and practices (i.e. access to essential goods

and services and to scarce environmental resources) and the expansion of settlements in the West Bank. Where possible, it made oral and written representations to the parties concerned about documented allegations of abuse. After the onset of the pandemic, the ICRC's dialogue with these parties moved online and ICRC field trips were replaced by telephonic follow-up.

Members of separated families used the Movement's family-links services to reconnect: for example, migrants in Israel used phone cards from the ICRC to call their relatives. The ICRC served as a neutral intermediary in the repatriation of a few people and sets of human remains from the Golan Heights to the Syrian Arab Republic and from Israel to Lebanon. It continued to follow up missing-persons cases with the pertinent authorities and other ICRC delegations. It also helped process official documents for legal and administrative proceedings. There were no requests in 2020 for minors to be reunited with their families.

Gazans obtain essential services

The ICRC adapted and stepped up its assistance for vulnerable Palestinians particularly affected by the pandemic, which resulted in more people receiving aid than planned. Some water-and-habitat, economic-security and mine and ERW projects were therefore cancelled, and resources reallocated to implement pandemic-related activities.

Roughly 1.9 million people in Gaza benefited from improvements to water, wastewater-treatment and electrical facilities. With material, infrastructural and technical support from the ICRC, local service providers maintained and renovated these facilities; they also worked on implementing preventive measures to help some essential utilities, serving nearly 1 million of the aforementioned beneficiaries, strengthen their resilience to various emergencies. Examples of ICRC support included the distribution of chlorine-testing meters to help ensure water quality and the installation of solar panels and auto-reclosers to contribute to a steadier supply of electricity. The ICRC also gave service providers personal protective equipment (PPE) and advice to help minimize the spread of COVID-19.

Vulnerable Palestinians cover their daily needs or protect their livelihoods

The ICRC's land-leveling and ploughing projects and/or distributions of wheat seed, fertilizer and other agricultural supplies enabled 1,323 households (7,888 people) in Gaza and the West Bank to grow more olives, vegetables and other food staples. Some of them drew on ICRC support to develop innovative and greener alternatives to their working methods: for instance, extracting fertilizer from crop and livestock waste and setting up a machine that did various wheat-harvesting tasks simultaneously.

ICRC income support, including cash-for-work projects, helped 2,918 heads of Gazan and West Bank households (supporting 17,743 people in total) start or strengthen livelihoods or cover daily needs. These breadwinners included persons with disabilities, young people, fishermen, and Bedouins living near Israeli settlements; some female Gazans used such support to create environment-friendly beauty products and natural

sweeteners. In Gaza, despite the pandemic-related restrictions, some 200 business owners (supporting 1,456 people) previously supported by the ICRC sustained their livelihoods or protected their assets, and 1,851 people who lost their jobs because of school closures paid for essentials for three months (helping 11,106 people).

In East Jerusalem and the West Bank, over 80 households (462 people) whose homes had been destroyed received ICRC-distributed cash to buy items necessary for improving their living conditions. The ICRC, directly or through the Palestine Red Crescent, donated hygiene kits and other household essentials to some 13,400 people observing home quarantine or in quarantine centres.

The ICRC's mine-risk communication campaigns for school-children and other Gazans incorporated information on COVID-19 safety protocols; bars of soap were attached to ICRC flyers on these matters. The ICRC also staged community-based plays and produced other communication materials. All these efforts benefited some 15,000 people. Emergency responders received spotlights and other basic safety tools to protect themselves when carrying out their duties.

PEOPLE DEPRIVED OF THEIR FREEDOM

Israeli and Palestinian officials discuss COVID-19 measures with the ICRC

The ICRC visited a limited number of places of detention because of the pandemic. It adapted its working procedures to the restrictions and safety protocols implemented by the Israeli and Palestinian authorities at these facilities. It redirected resources from certain planned activities to help detaining officials stem the spread of COVID-19.

During its visits, the ICRC focused on monitoring the impact of the pandemic on detainees, including hunger-strikers, minors and people in prolonged solitary confinement at Israeli facilities. Findings and recommendations, on detainees' treatment, living conditions and access to health care, were communicated confidentially – and mainly through electronic means – to the authorities. The ICRC also discussed key pandemic-related issues with them, such as the need to improve measures to prevent and control the spread of COVID-19 and mitigate the consequences of the suspension of family visits.

Detainees, including foreigners held in Israel, stayed in touch with relatives through the ICRC's family-links services. Despite interruptions caused by pandemic-related restrictions, family visits arranged by the ICRC enabled over 4,500 detainees in Israel to spend time with relatives from Gaza and the West Bank. The ICRC provided attestations of detention for ex-detainees and detainees' families.

Detainees in Gazan and West Bank facilities have more sanitary living conditions

With the help of training and laptops from the ICRC, health staff in selected Gazan prisons prevented and controlled infections, and managed detainees' health-related data, respectively.

Material aid distributed by the ICRC helped ease living conditions for nearly 7,000 detainees in Israel and in Gaza and the West Bank. Some inmates kept themselves busy with recreational and educational items while staying in their cells to prevent COVID-19 contagion. Foreigners held for an extended period in Israel because of pandemic-related flight delays received cash to buy essentials. Hygiene kits, PPE, cleaning materials and/or handwashing stations provided by the ICRC contributed to more sanitary living conditions in Palestinian facilities. Cleaning teams in six Gazan prisons received training in the proper use of chlorine and other sanitation supplies.

ICRC renovations to infrastructure and technical support for prison officials resulted in roughly 1,700 detainees in Gaza and the West Bank having better access to water and other facilities.

WOUNDED AND SICK

The ICRC monitored instances of obstruction of health services and discussed specific incidents with the parties concerned (see *Civilians*). When coordination between the Israeli and Palestinian authorities became suspended (see *Context*), the ICRC filled the gap – from June to September – and helped facilitate the passage of some 100 Gazans needing medical attention outside of the Strip.

Palestinian health services become more capable of tackling COVID-19

In light of the pandemic, the ICRC modified its support for health services in East Jerusalem, Gaza and the West Bank. It postponed a few activities, such as training in trauma and mass-casualty care, and reallocated funds to its COVID-19 response.

With the ICRC's help, health officials, the Palestine Red Crescent and other emergency responders, and seven hospitals and a rehabilitation centre in Gaza, maintained their operations and became better equipped to tackle the pandemic adequately and safely. Material support from the ICRC included PPE, cleaning items, medical equipment (e.g. defibrillators, ventilators), and spare parts for ambulances. Thirty health staff in Gaza participated in ICRC training on infection and prevention control measures; informational posters distributed to selected health facilities bore useful information on hygiene. The Palestinian Red Crescent also received ICRC funding for its emergency medical services (EMS) (see *Red Cross and Red Crescent Movement*).

In Gaza, 13 hospitals and 38 clinics (1,976 beds) benefited from ICRC-donated fuel for their generators, which enabled them to sustain their operations despite power cuts. Three of these hospitals, including the European Gaza Hospital that treated COVID-19 patients, received upgrades to help their electrical systems optimize fuel consumption. The ICRC also built an infection-control area for staff of the European Gaza Hospital and replaced the hospital's wastewater-management system.

One Gazan doctor, sponsored by the ICRC, completed a fellowship abroad on vascular surgery.

Gazans with disabilities benefit from rehabilitative care

With ICRC material, technical and financial support, two physical rehabilitation projects in Gaza offered rehabilitative care to persons with disabilities. Some 2,500 people¹, including diabetics, regained their mobility through the free services provided by the ICRC's regularly supported facility, the Artificial Limb and Polio Centre (ALPC). Around 90 of the most vulnerable had their transportation costs covered by the ICRC. Fewer people than planned received assistance because of pandemic-related movement restrictions. Guided by the ICRC, the ALPC management began implementing their fundraising strategy.

The ICRC organized or supported some social-inclusion activities, including a football camp for 30 amputee children.

Residents and health workers in Gaza receive help to cope with their situation

During ICRC training sessions, staff from the ALPC and the *de facto* health ministry in Gaza bolstered their capacities to provide mental-health and psychosocial support. After the onset of the pandemic, the ICRC helped officials from the *de facto* health ministry set up hotlines for providing basic psychological support and referral services. Leaflets, and messages sent via mobile phones, containing information on self-care and available services supplemented the hotline.

Roughly 12,000 people, including persons with disabilities, used the hotline, and in-person or virtual counselling and group-therapy sessions, to cope with the cumulative effect of the socio-economic situation in Gaza, the pandemic and/or physical disability. Some 110 health workers also benefited, enabling them to deal with work-related psychological stress.

ACTORS OF INFLUENCE

Israeli and Palestinian officials and the ICRC discussed various matters related to IHL and humanitarian issues (see *Civilians*), including the need to facilitate humanitarian access despite movement restrictions and other pandemic-related constraints. Most of the ICRC's meetings and events, such as briefings for diplomats, were moved online. The ICRC also suspended or postponed some of these activities.

Israeli and Palestinian weapon bearers further their understanding of international norms

Israeli military and security officers attended ICRC dissemination sessions on IHL, international policing standards and the ICRC's activities. The pandemic limited the ICRC's efforts to support the Israel Defense Forces in integrating IHL more fully into their doctrine, training and operations. Senior officials and other members of armed groups in Gaza received briefings on IHL.

At ICRC workshops in Gaza and the West Bank, interrogators and other police personnel learnt how to ensure that their operations met international law enforcement standards. ICRC-trained instructors in Gaza continued to conduct sessions on this subject. The Gazan *de facto* interior ministry

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

incorporated a code of conduct for the police, drafted with the ICRC's help, in its training modules.

Palestinian Authority officials, such as members of the national IHL committee and diplomats, attended IHL courses abroad (see *Morocco*) with financial support from the ICRC. Gazan *de facto* officials drew on ICRC expertise to conduct research on the criminal justice system and alternatives to detention.

Members of civil society expand their knowledge of IHL

The ICRC stimulated interest in humanitarian principles and IHL among influential members of civil society. It organized essay competitions and various other events; for instance, together with an Israeli university, it held an IHL conference on victims of armed conflict, human remains management and the need to ensure family contact for detainees.

In Gaza, the ICRC organized seminars on IHL and international human rights law for university students, personnel from the *de facto* education ministry, and lawyers visiting detainees. Some 20 West Bank religious leaders discussed the points of correspondence between Islamic law and IHL at a workshop held by Palestinian officials and the ICRC; an Islamic university in Gaza published a report on urban warfare regarded from the perspective of both Islamic law and IHL.

Gazans learn to mitigate risks to their health and safety

Nearly the entire population of Gaza, including detainees, learnt how to protect themselves against COVID-19, and other risks to their health and safety, from communication campaigns on radio, digital platforms and other channels produced by the ICRC, alone or in coordination with the Palestine Red Crescent, community and religious leaders, and officials from the *de facto* government. Animated video clips, board games and other means helped teach students about good hygiene and disease prevention while at home; a video gave guidance on the proper management of human remains. Preachers mobilized by the ICRC used local proverbs to broaden awareness of COVID-19 and the necessity of fighting the stigma attached to it.

Photos, videos and articles produced by the ICRC on its activities in Israel and the occupied territories reached the wider public through the delegation's digital platforms in Arabic, English and Hebrew or via regional and international media.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC helped Magen David Adom and the Palestine Red Crescent Society coordinate their activities. It monitored implementation of the memorandum of understanding between them and arranged meetings between their representatives, other Movement components and an independent monitor.

Magen David Adom and the Palestinian Red Crescent bolster their EMS

As Magen David Adom and the Palestinian Red Crescent stepped up their respective EMS in response to the pandemic, the ICRC reoriented its material, financial and technical support accordingly.

The ICRC helped the Palestinian Red Crescent's EMS to obtain permits to operate in areas near the Gaza–Israel border and in East Jerusalem; ensure the safety of its volunteers; and consistently implement the Safer Access Framework, and the working procedures agreed upon with the Israeli authorities. The ICRC also counselled the Palestinian Red Crescent on strengthening its public communication (see *Actors of influence*).

Aided by the ICRC, Magen David Adom bought PPE for its volunteers and organized for them a virtual exercise in disaster preparedness and response that was adapted to the pandemic. It also set up drive-through testing centres in over 35 vulnerable and marginalized communities. Prospective first responders, including young people and Bedouin women, learnt about basic emergency response and first aid from courses organized by Magen David Adom.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	53			
RCMs distributed	29			
Phone calls facilitated between family members	6,750			
Reunifications, transfers and repatriations				
People reunited with their families	1			
People transferred or repatriated	8			
Human remains transferred or repatriated	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	30			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases closed positively (subject located or fate established)	11			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	219	4	9	23
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Documents				
People to whom official documents were delivered across borders/front lines	592			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	55			
Detainees in places of detention visited	14,709	277	238	
Visits carried out	318			
		Women	Girls	Boys
Detainees visited and monitored individually	1,436	31		79
<i>of whom newly registered</i>	847	15		70
RCMs and other means of family contact				
RCMs collected	36			
RCMs distributed	31			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,647			
Detainees visited by their relatives with ICRC/National Society support	4,519			
Detainees released and transferred/repatriated by/via the ICRC	1			
People to whom a detention attestation was issued	4,936			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	7,888	2,368	3,152
Income support	Beneficiaries	17,743	5,339	7,073
Living conditions	Beneficiaries	13,907	4,142	5,625
	<i>of whom IDPs</i>	512	123	268
Water and habitat				
Water and habitat activities	Beneficiaries	1,910,274	573,082	764,110
Mental health and psychosocial support				
People who received mental-health support	Cases	118		
People trained in mental-health care and psychosocial support		90		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	6,961	59	
Water and habitat				
Water and habitat activities	Beneficiaries	1,730		
Health care in detention				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	7		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	84		
	Non-weapon-wound admissions	120,236		
	Operations performed	30,030		
Consultations		887,761		
Water and habitat				
Water and habitat activities	Beds (capacity)	2,230		
Physical rehabilitation				
Projects supported		2		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	2,514	180	1,676
Prostheses delivered	Units	130		
Orthoses delivered	Units	1,757		
Physiotherapy sessions		1,810		
Walking aids delivered	Units	156		
Wheelchairs or postural support devices delivered	Units	104		
Referrals to social integration projects		170		
Mental health and psychosocial support				
People who received mental-health support	Cases	12,254		
People who attended information sessions on mental health		6,155		

JORDAN

The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from neighbouring countries, and to vulnerable Jordanians as well. It visits detainees, monitoring their treatment and living conditions, and enables civilians, including refugees, and foreign detainees to restore contact with their family members. With the National Society, it promotes respect for IHL among the authorities, weapon bearers and other relevant actors. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2020

- Owing to movement restrictions and other preventive measures necessitated by the COVID-19 pandemic, certain activities could not be implemented as planned.
- People obtained medical care – including treatment for COVID-19 – at hospitals receiving technical support, and personal protective equipment (PPE) and medical supplies, from the ICRC.
- Refugees and residents benefited from ICRC-backed upgrades to water systems; the ICRC ramped up its activities to improve access to water, as part of its response to the COVID-19 pandemic.
- Cash grants and training from the Jordan National Red Crescent Society and the ICRC helped refugees to pursue income-earning activities and cope with the economic consequences of the pandemic.
- The authorities improved health services in places of detention, and developed or implemented COVID-19 safety protocols, with the ICRC's help. Detainees with COVID-19 were treated at hospitals which received ICRC support.
- Aided by the ICRC, the national IHL committee led a seminar for members of civil society on the pandemic's impact on IHL implementation. Military personnel integrated IHL into their training, doctrine, and operations.

EXPENDITURE IN KCHF

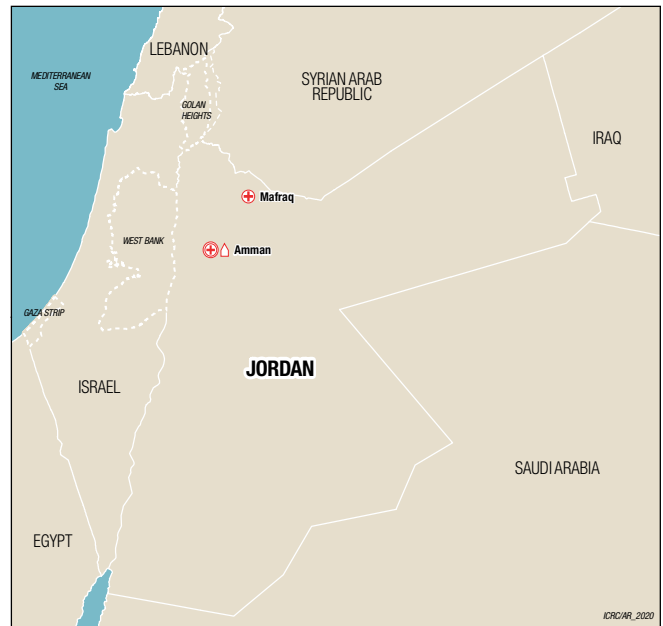
Protection	3,607
Assistance	9,051
Prevention	2,005
Cooperation with National Societies	1,251
General	2,584
Total	18,498
<i>Of which: Overheads</i>	<i>1,129</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	58
Resident staff (daily workers not included)	225



ICRC delegation ICRC sub-delegation ICRC regional logistics centre

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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	72
RCMs distributed	125
Phone calls facilitated between family members	7,768
Tracing cases closed positively (subject located or fate established)	61
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	10,296
<i>of whom visited and monitored individually</i>	336
Visits carried out	42
Restoring family links	
RCMs collected	158
RCMs distributed	55
Phone calls made to families to inform them of the whereabouts of a detained relative	14

ASSISTANCE	2020 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food production	Beneficiaries	200
Income support	Beneficiaries	4,625
Water and habitat		
Water and habitat activities	Beneficiaries	59,599
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	Beneficiaries	22,548
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	6
Physical rehabilitation		
Projects supported	Projects	2
Water and habitat		
Water and habitat activities	Beds (capacity)	372

CONTEXT

Jordan continued to deal with the consequences of armed conflict in the region. Some 660,000 people who fled the violence in the Syrian Arab Republic (hereafter Syria), and were registered by the UNHCR, remained in the country, along with thousands of other unregistered migrants. Refugees and residents contended with scarce resources and employment opportunities, and limited access to water and other essential services; their difficulties were exacerbated by the pandemic.

The Jordanian government maintained its stance within the international community that it could not take in any more asylum seekers, citing security-related and economic concerns. These asylum seekers included thousands stranded at a camp in Rukban, near Jordan's border with Syria. Since the opening of the Nassib border crossing point in 2018, tens of thousands of people had reportedly returned to Syria; this process was sometimes facilitated by the Jordanian government.

Migrants often lacked the means to restore contact with relatives separated from them by armed conflict in other countries or by detention.

Domestically, government forces conducted operations against perceived threats to national security, which often led to arrests; the growing number of detainees strained health services at several prisons. Protests arising from political and other tensions sometimes led to arrests.

ICRC ACTION AND RESULTS

Together with the Jordan National Red Crescent Society, the ICRC endeavoured to address the spillover effects of the conflict in Syria. It sought to provide additional assistance for checking the spread of COVID-19 and tackling the effects of the pandemic; however, pandemic-related restrictions, though necessary, drastically limited the implementation of some of the ICRC's planned activities. The delegation in Amman remained a key logistical hub for the ICRC's operations in the Middle East and beyond. Amman, the capital, continued to host the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

The ICRC documented the protection-related concerns of migrants, including refugees and asylum seekers. Where appropriate, it raised these concerns with the Jordanian authorities. It also reminded the authorities of their obligations under international law, including to respect the principle of *non-refoulement*, and to assist or facilitate assistance for conflict-affected people, including those stranded in Rukban (see *Context*).

Syrian refugee households, particularly including households headed by women and those with missing family members, were helped to cover their rent and other expenses, and to cope with the negative effects of the pandemic on their livelihoods, through ICRC cash transfers. Some households were given money and training to start small businesses or to find work. Herding households maintained the health of their animals with the help of ICRC-backed veterinary clinics, or grew fodder using ICRC-donated hydroponic boxes. After the onset of the pandemic, when the need for clean water rose sharply, the

ICRC intensified its activities to repair or upgrade critical water infrastructure serving refugees and vulnerable Jordanians, and gave water authorities support for maintaining these systems.

Members of families separated by armed conflict, migration, or detention reconnected through the Movement's family-links services. Refugees in camps made phone calls to their relatives abroad to inform them of their situation; they also lodged requests to trace relatives, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. The ICRC helped foreign detainees to notify their consular representatives or pertinent UN agencies – the UNHCR or the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) – of their detention.

To boost their capacities to provide emergency health-care services, and respond to the pandemic, the ICRC backed the work of the health ministry – particularly its COVID-19 monitoring teams – and the civil defence directorate. Particularly, it gave them personal protective equipment, medical supplies and other kinds of support as well. Wounded and sick people received treatment at six hospitals, from emergency departments equipped by the ICRC. Physically disabled people obtained rehabilitative services at the Al-Bashir hospital in Amman, which was given expert guidance and support by the ICRC.

The authorities drew on the ICRC's expertise and material support to improve detainees' living conditions, particularly their access to health care, and to develop and enforce measures to mitigate the spread of COVID-19 in places of detention. At three prisons – pilot sites for a project to be replicated elsewhere – detainees had access to health-care services, backed by the ICRC. Detainees, and their relatives, during family visits, benefited from hygiene items and similar supplies provided by the ICRC.

The national IHL committee promoted IHL, with the ICRC's support; for instance, it organized an online seminar on IHL and the pandemic's impact on its implementation. Aided by ICRC training and expertise, the armed forces took steps to integrate IHL into its doctrine, operations and training. Academics and other influential members of civil society learnt more about IHL and the Movement through the National Society and ICRC's public communication.

CIVILIANS

The ICRC documented the protection-related concerns of migrants, including refugees and asylum seekers. Where appropriate, and in cooperation with the UNHCR and other humanitarian actors, it raised these concerns with Jordanian authorities. It reminded the authorities of their obligations under international law; in particular, it emphasized the necessity of respecting the principle of *non-refoulement*, and the rights of conflict-affected people – including those stranded in Rukban – to obtain appropriate assistance and to freedom of movement. Allegations brought to the ICRC's attention in Jordan of arrests made in Syria were documented for discussion with the relevant parties there (see *Syrian Arab Republic*).

Refugees cover their household expenses and build their self-sufficiency

Syrian refugee households – mainly those headed by women – and households with missing family members were helped to cover their rent and other expenses, and to cope with the damage done to their livelihoods by the pandemic. They received monthly cash transfers from the Jordan National Red Crescent Society and the ICRC; some of them were given supplementary funds during winter. Households were given financial support and training to start small businesses, attend vocational training, or find work. The ICRC also learnt through phone surveys that some past beneficiaries of this support sold their livestock or other livelihood assets, or used up capital for their income-earning activities, to cover essential expenses after the onset of the pandemic; the ICRC gave these beneficiaries cash to help them address their needs. The activities mentioned above benefited roughly 800 households (about 3,520 people). The UNHCR assisted some of these households during the year, and gave them cash under a programme similar to the ICRC's.

The ICRC sustained its financial and technical support for the National Society's vocational training centre, and helped it run its training courses, which enabled refugees and vulnerable Jordanian women to acquire basic computer skills, or livelihood skills such as sewing and soap-making.

Communities in Ma'an were helped to cope with the desertification of their land; they produced fodder for their livestock with hydroponic boxes from the ICRC, which enabled them to use water more efficiently than traditional agricultural practices. Sixteen households were given high-quality seed for use with four hydroponic boxes; and five boxes were distributed among communities for research and training purposes. Livestock owners in remote areas kept their animals healthy and productive with the help of the services of four veterinary clinics in Ma'an, which the ICRC helped stock and equip.

Hundreds of thousands of people in communities hosting refugees have better access to water

The ICRC continued to discuss possibilities for capacity-building activities with water authorities, with view to ensuring the long-term sustainability of their services. However, the sharp rise in demand for clean water, and in requests from refugees and vulnerable Jordanians for repairs to water systems after the onset of the pandemic, caused the ICRC to reorient its support towards directly meeting these needs. It repaired and/or renovated water transmission lines, water pumps, and other critical water infrastructure serving some 340,000 people in communities hosting refugees from Syria; it then handed over the responsibility for managing these facilities to the authorities.

Personnel from the national water authority were given spare parts and equipment, training and technical advice by the ICRC, which helped them become more capable of operating and managing the facilities mentioned above.

Members of dispersed families reconnect

Members of families separated by armed conflict, migration, or detention maintained or restored contact using the family-links services provided by the National Society and the ICRC. Despite interruptions caused by pandemic-related movement restrictions, refugees in camps made over 7,700 phone calls to inform relatives in other countries of their situation; they also lodged requests to trace members of their families, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC delegates to their relatives detained in Iraq, Syria and other countries. In coordination with the embassies concerned, the ICRC provided people with the documents they needed to travel and reunite with family members.

The ICRC met with the pertinent authorities, and local and international NGOs, to discuss the needs of the families of missing people. When appropriate, it referred such families to the UNHCR or local organizations for legal or administrative assistance, and/or for mental-health and psychosocial support. Others were given financial aid for covering basic expenses (see above). Local officials and others learnt more about these matters through interaction with missing migrants' families at global online ICRC workshops; these workshops were part of an ICRC project to establish professional standards in all matters concerning missing people and their families (see *Operations*).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at 19 places of detention: facilities run by the General Intelligence Department; correctional and rehabilitation centres; places of temporary detention run by the interior ministry; and facilities holding migrants – including some migrant domestic workers – in administrative detention. Owing to the pandemic, the ICRC suspended its standard prison visits between March and July, during which time it supported the detaining authorities in their COVID-19 response (see below). When it resumed these visits, it focused on places of detention where protection-related concerns were identified.

During its visits, the ICRC paid particular attention to security detainees, migrants, and other vulnerable people. Afterwards, it communicated its findings and recommendations confidentially to the pertinent authorities. It also reminded them of the necessity of informing families of the arrest of their relatives, and of respecting the principle of *non-refoulement*.

The ICRC and local NGOs worked with the Jordanian authorities to ensure that detainees' judicial guarantees were safeguarded; the ICRC referred some 40 detainees to NGOs for legal aid.

Detainees maintain contact with their families

Detainees – mainly foreigners and security detainees who could not receive family visits – contacted their relatives through the Movement's family-links services. A total of 14 phone calls were made to inform families of the whereabouts of a detained relative.

The ICRC helped foreign detainees to notify their respective embassies, the UNHCR or the UNRWA of their situation.

Authorities endeavour to check the spread of COVID-19 in places of detention

The authorities drew on the ICRC's guidance to improve detainees' access to health care and also to improve living conditions in places of detention; however, because of pandemic-related constraints, certain health-related activities could not be implemented as planned or were postponed.

The ICRC supported the authorities' efforts to protect detainees against COVID-19 and mitigate the pandemic's impact in places of detention. Partly at the ICRC's urging, the health ministry and penitentiary officials developed contingency plans and enforced preventive measures in places of detention; the ICRC also helped facilitate coordination meetings between various ministries and gave them pertinent technical advice to this end. It gave the authorities other forms of assistance: for instance, it helped equip facilities in one place of detention designated as an isolation ward for COVID-19 cases. It donated PPE and infrared thermometers, and other medical supplies and equipment, and cleaning products and personal hygiene items to correctional and rehabilitation centres, juvenile detention centres and other places of detention – collectively holding some 22,500 people in all; the ICRC's donations benefited detainees and prison staff, and were also used during family visits for detainees. This type of material assistance was also given to two referral hospitals that treated detainees who were suspected or confirmed to have COVID-19. At the ICRC's encouragement, correctional and rehabilitation centres systematically conducted medical screening for new arrivals; this also helped facilities better identify people with COVID-19 and avoid outbreaks in places of detention.

The ICRC endeavoured to continue a pilot project, with the interior and health ministries, to provide health-care services for detainees at three prisons, with a view to eventually replicating improvements at other places of detention. In addition to the support mentioned above to ensure the continuity of health services during the pandemic, the ICRC gave these facilities expert guidance and other forms of assistance, though to a more limited extent than planned.

WOUNDED AND SICK

People receive timely specialized medical care

The ICRC helped the health ministry, particularly its COVID-19 monitoring teams, and the civil defence directorate to reinforce their capacity to deliver emergency medical services.

To strengthen their pandemic response, the ICRC gave the monitoring teams, and two hospitals, technical advice and hygiene supplies, infrared thermometers, and PPE. Wounded and sick people received treatment at six hospitals, from emergency departments equipped by the ICRC. The ICRC's renovations to water infrastructure improved access to water at two of the hospitals mentioned above (total capacity: 372 beds).

First responders further developed their abilities to provide first aid, and/or in managing mass-casualty incidents, through ICRC workshops; personnel from the civil defence directorate boosted their capacity to organize similar training courses for others at an ICRC train-the-trainer session. Other

training sessions for health staff at ICRC-supported hospitals, in-person briefings on the Health Care in Danger initiative, and other events and activities did not take place because of pandemic-related constraints.

People with disabilities obtain rehabilitative services

Seven physically disabled people¹ obtained rehabilitative services at the Al-Bashir hospital in Amman, with the ICRC's guidance and support; the hospital had to scale down its operations because of the pandemic. The ICRC covered food and transportation costs for several physically disabled people during their treatment at facilities run by the University of Jordan.

Physical rehabilitation professionals from around the region attended an ICRC course online in prosthetics and orthotics. In October, a new curriculum for prosthetics and orthotics was implemented at the University of Jordan, benefiting 55 students; the ICRC provided support for developing and implementing the course.

ACTORS OF INFLUENCE

Civil society learns more about IHL and the Movement's activities

The ICRC endeavoured to foster awareness of and support for its work, and that of the Movement, during its interaction with community leaders, students and members of civil society – for instance, at round tables and other events; it kept key stakeholders up to date on its activities. Briefings on humanitarian issues helped journalists from local and international media to cover these subjects more accurately.

IHL experts, judges, academics and others added to their knowledge of IHL – for instance, the protection due to civilians during armed conflict – the humanitarian and legal implications of the pandemic, and other subjects during online briefings held by the ICRC.

The ICRC maintained contact with the national IHL committee, and discussed how to advance legislation on the domestic implementation of IHL treaties. The committee continued to receive support for its efforts to promote IHL. Aided by the ICRC, it held an online seminar on the pandemic's impact on the respect of IHL.

Volunteers from the Jordan National Red Crescent Society strengthened their capacity to promote IHL, and the Movement, through ICRC training sessions.

Pandemic-related constraints resulted in the postponement of certain events, such as a national moot court competition.

Military officers and armed forces strengthen their grasp of IHL

Hundreds of members of the Jordanian armed forces and security forces personnel furthered their understanding of IHL and international policing standards, respectively, and of the Movement, at ICRC dissemination sessions and briefings;

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

they included officers bound for missions abroad. The ICRC continued to support the armed forces' efforts to integrate IHL more fully into their training, doctrine, and operations.

Senior military officials and others learnt more about the humanitarian consequences of urban warfare, and how to take these into account in operational planning, during global ICRC seminars online.

RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society worked, often with the ICRC, to address the needs of refugees, asylum seekers and vulnerable Jordanians. Financial, material, and technical support from the ICRC enabled the National Society to develop its operational and organizational capacities, and train staff

and volunteers. For instance, to help them strengthen their delivery of health services, the ICRC provided the National Society with monetary aid for renovating a hospital run by it and for strengthening its COVID-19 response. The ICRC also helped it to bolster its family-links activities and maintain its vocational training programme (see *Civilians*).

The ICRC assisted the National Society to incorporate the Safer Access Framework in its activities, particularly by training staff to apply the framework. National Society volunteers were trained to promote IHL (see *Actors of influence*).

Movement components met regularly to discuss and coordinate their activities in Jordan, and to explore possibilities for joint projects.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		72			
RCMs distributed		125			
Phone calls facilitated between family members		7,768			
Reunifications, transfers and repatriations					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		83	6	1	7
Tracing cases closed positively (subject located or fate established)		61			
Tracing cases still being handled at the end of the reporting period (people)		3,003	81	31	141
Documents					
People to whom travel documents were issued		9			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		19			
Detainees in places of detention visited		10,296	556	172	
Visits carried out		42			
			Women	Girls	Boys
Detainees visited and monitored individually		336	60		4
	<i>of whom newly registered</i>	274	52	1	2
RCMs and other means of family contact					
RCMs collected		158			
RCMs distributed		55			
Phone calls made to families to inform them of the whereabouts of a detained relative		14			
Detainees visited by their relatives with ICRC/National Society support		2			
People to whom a detention attestation was issued		8			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	3,520	1,676	1,287
Water and habitat				
Water and habitat activities	Beneficiaries	335,355	100,607	127,435
	<i>of whom IDPs</i>	40,243	12,073	15,292
Mental health and psychosocial support				
People who received mental-health support	Cases	26		
People who attended information sessions on mental health		74		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	22,548	1,616	672
Health care in detention				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	6		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		591,117		
First aid				
First-aid training				
	Sessions	3		
	Participants (aggregated monthly data)	55		
Water and habitat				
Water and habitat activities	Beds (capacity)	372		
Physical rehabilitation				
Projects supported		2		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	*	*	*
Prostheses delivered	Units	*		

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

KUWAIT (regional)

COVERING: Member states of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates

The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF	
Protection	2,174
Assistance	622
Prevention	4,414
Cooperation with National Societies	733
General	1,016
Total	8,959
<i>Of which: Overheads</i>	<i>547</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	87%
PERSONNEL	
Mobile staff	19
Resident staff (daily workers not included)	56

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	184
RCMs distributed	157
Phone calls facilitated between family members	51
Tracing cases closed positively (subject located or fate established)	21
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	3,356
<i>of whom visited and monitored individually</i>	256
Visits carried out	5

CONTEXT

The member states of the Gulf Cooperation Council (GCC) continued to exert influence in matters linked to armed conflict and humanitarian action in the Middle East and elsewhere. GCC governments and regional organizations – and local charities and other organizations in the countries covered – conducted or supported humanitarian activities in the wider region.

A number of GCC countries were involved in regional conflicts. Bahrain, Kuwait and the United Arab Emirates (UAE) were part of the international military coalition led by Saudi Arabia in Yemen.

Issues of regional concern included the COVID-19 pandemic and various economic and socio-political matters. In Bahrain, there were fewer demonstrations against the government by opposition groups.

GCC member states hosted migrants, including people seeking work and people who had fled fighting in conflict-affected countries.

The Tripartite Commission, set up by Kuwait, Iraq and former coalition states, and its Technical Sub-Committee continued to lead efforts to clarify the fate of people missing in connection with the 1990–1991 Gulf War.

ICRC ACTION AND RESULTS

Influential parties in the GCC expand their knowledge of IHL and the ICRC's work

Despite various pandemic-related constraints, the ICRC's regional delegation in Kuwait strove to strengthen support among GCC member states for IHL and for the ICRC's humanitarian activities in the wider region, particularly in Iraq, the Syrian Arab Republic, and Yemen. It maintained a logistics base in Oman for its operations in Yemen.

The ICRC participated in regional forums and high-level meetings, where it discussed priority issues, expanded its network of contacts and broadened support for its work. The president of the ICRC met with senior government officials in Kuwait and Qatar. The ICRC organized various events, both in person and online, to draw attention to issues of humanitarian concern. These included a webinar, attended by more than 200 UAE officials, on the protection afforded by IHL during the pandemic; a webinar on the pandemic's impact on humanitarian work, for some 70 Bahraini participants, including government officials, journalists and students; and an IHL course for some 40 diplomats from the wider region.

With the ICRC's encouragement, the Bahraini authorities adopted a law on the emblems protected under IHL.

The ICRC conducted IHL training for more than 400 Saudi military officers at three locations near the border with Yemen. In Kuwait, the Military Justice Authority and the ICRC trained military officers in IHL; personnel from the defence and interior ministries, and the presidential guard, attended IHL

courses conducted by the ICRC; and defence-ministry officials participated in an ICRC train-the-trainer workshop on IHL.

The ICRC used traditional and social media to publicize the Movement's response to the pandemic, in coordination with GCC National Societies.

Seven missing-persons cases from the 1990–1991 Gulf War are resolved

Members of families separated by conflict, detention or migration stayed in touch through family-links services provided by GCC National Societies and the ICRC; in Kuwait and Qatar, the National Societies incorporated these services in their emergency response plans.

The ICRC arranged phone or video calls between people in the region and their relatives detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba. When pandemic-related restrictions prevented such calls for a period of months, people contacted their relatives through RCMs.

Pandemic-related restrictions notwithstanding, the Tripartite Commission and its Technical Sub-Committee continued their efforts to clarify missing-persons cases linked to the 1990–1991 Gulf War, with technical assistance from the ICRC. Potential gravesites in Kuwait were excavated in March and April, but no remains were found. The ICRC facilitated the transfer of 21 sets of remains from Iraq to Kuwait in September; the Kuwaiti authorities announced in November that the remains of seven people had been identified.

In December, ICRC representatives held one meeting online with Kuwaiti government officials, on the issue of missing people and their families' needs (see *Operations*): this was part of an ICRC project to establish professional standards in this field of activity.

GCC National Societies were given guidelines for managing the dead during the pandemic. Plans to help develop forensic standards and procedures in the region were put on hold because of pandemic-related restrictions.

Detainees maintain family contact

The ICRC visited people being held at four places of detention, including detainees at the Kuwait Central Prison and migrants awaiting deportation at a facility in Kuwait; findings and recommendations were communicated confidentially to the authorities concerned. Because of pandemic-related restrictions and other constraints, the ICRC was unable to visit detainees in Bahrain and Qatar; in Kuwait, it visited fewer facilities and conducted fewer visits than planned.

In Saudi Arabia, the ICRC visited Yemeni detainees before their release and repatriation, to confirm their willingness to return and their fitness to travel. With the consent of all parties concerned, the ICRC repatriated 249 Yemeni ex-detainees from Saudi Arabia.

The ICRC sought access to all detainees within its purview, and discussed this with the pertinent authorities.

Detainees in Bahrain and Qatar maintained family contact through video calls arranged by the ICRC. At the ICRC's recommendation, the Kuwaiti authorities made phone credit for international calls more readily available to migrants at the facility visited by the ICRC.

The ICRC helped detention and health officials in GCC countries to respond to the pandemic; they were given pertinent guidelines, and ICRC personnel checked in with them regularly. Officials were given advice for dealing with tensions among detainees arising from pandemic-related restrictions, and were urged to protect the confidentiality of detainees' medical records, in accordance with medical ethics.

Pandemic-related restrictions prevented the ICRC from conducting capacity-building activities for detention officials and prison staff. In Kuwait, plans to make mental-health care available to detainees made little progress, as the pandemic was the authorities' main priority.

Omani doctors enhance their skills

In Oman, 18 medical personnel from various governorates, including 10 emergency doctors, attended an ICRC course in war surgery. First responders from the Omani health ministry were trained in dealing with incidents involving chemical, biological and radioactive agents.

No patients were referred from Yemen to the ICRC's Weapon Traumatology and Training Centre in Lebanon.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	184			
RCMs distributed	157			
Phone calls facilitated between family members	51			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	37	3		
<i>including people for whom tracing requests were registered by another delegation</i>	15			
Tracing cases closed positively (subject located or fate established)	21			
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases still being handled at the end of the reporting period (people)	1,593	13	3	47
<i>including people for whom tracing requests were registered by another delegation</i>	1,414			
Documents				
People to whom travel documents were issued	4			
People to whom official documents were delivered across borders/front lines	30			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	4			
Detainees in places of detention visited	3,356	306	2	
Visits carried out	5			
		Women	Girls	Boys
Detainees visited and monitored individually	256	1		2
<i>of whom newly registered</i>	246			2
RCMs and other means of family contact				
Detainees released and transferred/repatriated by/via the ICRC	249			
People to whom a detention attestation was issued	1,846			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM	Total		
Health care in detention			
Places of detention visited by health staff	Structures	3	

LEBANON

The ICRC has been present in Lebanon since the 1967 Arab–Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. It facilitates access to water and provides medical care and other relief to refugees and residents wounded in Lebanon or in the neighbouring Syrian Arab Republic. It visits detainees; offers family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2020

- In discussions with the ICRC, the authorities and weapon bearers were reminded of the necessity of facilitating people's access to medical services and respecting the principle of *non-refoulement* with regard to refugees from Syria.
- Refugees and destitute residents, and people affected by the explosion in Beirut – particularly those unassisted by other organizations – received food and hygiene kits from the ICRC.
- Communities in Beirut and surrounding areas had better access to water and basic services, owing to various ICRC efforts, such as repairs to public infrastructure and material and technical support for service providers.
- Wounded and sick people received treatment at ICRC-supported health facilities. The ICRC helped set up a COVID-19 isolation ward at the Rafik Hariri University Hospital in Beirut.
- The ICRC visited people held by military and security forces. During a period when these visits were disrupted by the pandemic, the ICRC provided various kinds of support for the detaining authorities' COVID-19 response.
- A national commission for resolving missing-persons cases received technical support from the ICRC. Missing people's families obtained psychosocial and other support with the ICRC's help.

EXPENDITURE IN KCHF

Protection	6,819
Assistance	39,767
Prevention	2,138
Cooperation with National Societies	4,734
General	465
Total	53,923
<i>Of which: Overheads</i>	<i>3,289</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	63
Resident staff (daily workers not included)	281



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	9
RCMs distributed	13
Tracing cases closed positively (subject located or fate established)	100
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	7,193
<i>of whom visited and monitored individually</i>	361
Visits carried out	59
Restoring family links	
RCMs collected	17
RCMs distributed	24
Phone calls made to families to inform them of the whereabouts of a detained relative	144

ASSISTANCE	2020 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	Beneficiaries	153,675
Income support	Beneficiaries	22,325
Living conditions	Beneficiaries	141,735
Capacity-building	Beneficiaries	500
Water and habitat		
Water and habitat activities	Beneficiaries	112,000
Health		
Health centres supported	Structures	10
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	Beneficiaries	5,836
Water and habitat		
Water and habitat activities	Beneficiaries	3,830
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	19
Physical rehabilitation		
Projects supported	Projects	8
Water and habitat		
Water and habitat activities	Beds (capacity)	350
		361

CONTEXT

Lebanon continued to endure the consequences of the armed conflict in the Syrian Arab Republic (hereafter Syria). There were reportedly around 1.5 million refugees from Syria in host communities or informal settlements throughout the country. Palestinian refugees lived in 12 overcrowded camps across Lebanon; clashes between armed factions took place periodically at the largest camp, Ein el-Helwe. Military and security operations in informal settlements and refugee camps often led to arrests and detention, and to casualties among civilians and weapon bearers.

Syrian and Palestinian refugees had limited access to public services, livelihood opportunities and adequate housing. Gaps in state services for refugees were partially filled, albeit with difficulty, by humanitarian organizations. Their difficulties were compounded by the pandemic and the persistence of anti-refugee sentiment among residents. Refugees and destitute residents were often unable to afford medical services. Heavy snow storms and floods hit some informal settlements in January.

In August, a huge explosion devastated Beirut: numerous buildings were damaged or destroyed, large numbers of people injured or killed, and hundreds of thousands displaced. The entire Lebanese cabinet resigned later that month.

Numerous missing-persons cases linked to past conflicts remained unresolved, a source of anguish for the families concerned. A national commission for resolving such cases was formed in July.

Protests over the political and economic situation continued; some turned violent.

ICRC ACTION AND RESULTS

In 2020, the ICRC bolstered some of its activities in Lebanon to respond to urgent needs created by the Beirut explosion; it launched a budget extension appeal¹ to this end. It carried out its work in line with COVID-19 protocols. Other activities, such as livelihood training and family-links services, were cancelled or scaled down because of the pandemic.

The ICRC monitored the situation of refugees from Syria, Palestinian refugees, and destitute Lebanese residents; it endeavoured to protect and assist them, in partnership with the Lebanese Red Cross and other Movement components, and in coordination with the authorities, UN agencies and other actors. The ICRC discussed with the authorities and weapon bearers the protection-related concerns of refugees and destitute residents; it also explained to them the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services.

Refugees and destitute residents, and victims of the explosion, received food and hygiene kits; the ICRC prioritized aiding people unassisted by other actors. Cash grants enabled people to cover their living expenses and work towards self-sufficiency.

Communities had better access to water and basic services, owing to various ICRC efforts, such as repairing public infrastructure and providing material and technical support for service providers. More people than planned benefited from these activities, because the ICRC prioritized support for water providers serving densely populated urban communities.

To ease the strain on Lebanon's health system, the ICRC strengthened the continuum of care and donated supplies to more health facilities than planned. It set up a COVID-19 isolation ward at the Rafik Hariri University Hospital (RHUH), the largest public hospital in Lebanon. The RHUH also benefited from infrastructural upgrades, and on-site support from ICRC staff, as part of a multi-year capacity-building project. The ICRC continued to run the Weapon Traumatology and Training Centre (WTTC) in Tripoli and an emergency ward at the RHUH. It provided first-aid training and supported emergency responders, including Lebanese Red Cross personnel. ICRC-supported clinics provided people with preventive, curative and psychosocial care. Persons with disabilities received assistive devices and physiotherapy at ICRC-supported centres.

The ICRC provided technical support to the national commission for resolving missing-persons cases. Missing people's families obtained psychosocial and other support with the ICRC's help. People lodged requests with the ICRC to trace relatives unaccounted for in Syria or elsewhere.

The authorities received technical advice from the ICRC on the proper management of human remains. After the explosion, the Lebanese Red Cross and the authorities set up a makeshift morgue with refrigerated trucks and a tent from the ICRC.

The ICRC visited, in accordance with its standard procedures, detainees held by the Lebanese Armed Forces (LAF), the Internal Security Forces (ISF) and the General Directorate of General Security (GSO). It communicated its findings and recommendations confidentially to the authorities to help improve detainees' living conditions. Prison visits were suspended for two months because of the pandemic; during this period, the ICRC focused on providing support for the authorities' COVID-19 response. It installed handwashing stations and distributed masks and cleaning items at some prisons.

Media coverage and the ICRC's public-communication initiatives helped broaden awareness, in Lebanon and throughout the region, of humanitarian issues and the ICRC's work.

The Lebanese Red Cross expanded its emergency response capacities with the ICRC's support. Movement components coordinated their activities to ensure coherent humanitarian action in Lebanon.

CIVILIANS

The ICRC monitored the situation of refugees from Syria, Palestinian refugees and other violence-affected people in Lebanon, and discussed their protection-related concerns and other pertinent issues – including international law enforcement standards (see *Actors of influence*) – with the

1. For more information, please see the [budget extension appeal](#) on the [ICRC Extranet for Donors](#).

authorities and weapon bearers. ICRC representations to the authorities and other parties emphasized the necessity of facilitating access to medical services and respecting the principle of *non-refoulement* in connection with refugees from Syria.

The ICRC renovated a community centre in Ein el-Helwe to help ensure that children had a safe space for learning. Some educational activities received ICRC support – notably, a set of multimedia resources was adapted to fit the community's needs and cultural practices. The handover of these resources to the centre was postponed to next year. The ICRC donated other materials, including a colouring book that told children how to protect themselves against COVID-19.

Missing persons' families address their needs and members of dispersed families reconnect

The ICRC provided technical support to the national commission for resolving missing-persons cases; for example, it gave them recommendations for drafting bylaws on ascertaining the fate of missing people and assisting their families. It also gave them reference materials on various aspects of the ICRC's experience in humanitarian forensics. NGOs and the public learnt more about the plight of missing people's families during meetings with the ICRC or through ICRC posts on social media.

Despite delays owing to the pandemic, the ICRC launched an accompaniment programme in September to respond to the various needs of missing people's families in Aarsal: volunteers were trained to provide psychological assistance and referrals to other, locally available services, as appropriate. Some 20 mothers or wives of missing persons participated in the programme. Plans to expand it to include more families were being considered at year's end.

Members of families dispersed by conflict, detention or other circumstances reconnected through the Movement's family-links services; however, these services were scaled down for most of the year because of the pandemic. Requests to locate people missing or allegedly arrested in Syria were coordinated with the ICRC's delegation in Syria, which forwarded these cases to the pertinent authorities (see *Syrian Arab Republic*). To help ascertain the fate of missing migrants, the ICRC sought information from their families and referred the cases to the relevant parties in Lebanon, Syria and elsewhere in the region. ICRC-issued travel documents enabled six people to resettle abroad. The ICRC helped facilitate the transfer and/or repatriation of two Lebanese nationals, and the remains of three others, from Israel.

Local forensic capacities are strengthened

The ICRC emphasized to the relevant authorities the importance of reviewing legal frameworks, policies and procedures in the medico-legal system to ensure the proper management and identification of human remains. It provided them with technical support for drafting contingency plans for mass-casualty situations. Equipment, and posters with guidelines on managing human remains, were distributed to first responders and to hospital and prison mortuaries.

In the aftermath of the Beirut explosion, the ICRC provided equipment, protective gear and refrigerated trucks to the

authorities. In coordination with the Lebanese Red Cross, it helped set up a makeshift morgue for managing human remains and carrying out forensic work. Materials for identifying human remains were provided to security forces.

Refugees and residents meet their basic needs

The ICRC adapted its assistance activities in response to needs arising from various emergencies. It began distributing emergency aid for people unassisted by other organizations, including people who lost their homes and livelihoods in the Beirut explosion, and refugees in informal settlements who were affected by storms and flooding (see *Context*).

People affected by the Beirut blast were given food and hygiene kits as relief aid. When their needs changed, they were referred for cash assistance (see below); the ICRC redirected the rest of its relief aid to refugees and destitute residents affected by the pandemic. In total, 30,344 households (146,250 people) – including missing people's families – were helped to obtain food for their own consumption; they included 1,485 farmers (supporting 7,425 people) who grew their own food with seedlings and tools from the ICRC, instead of being given food parcels. A total of 28,605 households (141,735 people) received hygiene kits, face masks and gloves.

Refugees and destitute residents, including victims of the explosion, worked towards self-sufficiency through income-support projects carried out by the ICRC, some of them with the Lebanese Red Cross and other Movement partners.

Roughly 3,800 households (18,990 people) covered part of their expenses for food, rent or medical treatment through a monthly allowance. Cash grants were given to 384 breadwinners (supporting 1,929 people) for raising livestock or for starting or sustaining their businesses. Livelihood training for breadwinners was cancelled because of the pandemic.

Communities have access to water and renovated public infrastructure

More people than planned benefited from the ICRC's water-and-habitat initiatives, because the ICRC prioritized supporting water providers serving densely populated urban communities; it donated fuel and/or water-treatment chemicals to more than 200 water stations, and provided staff with protective gear and technical guidance. As a result, some 2.3 million refugees and residents had uninterrupted access to clean water or more sanitary surroundings. Other ICRC projects, some of them carried out with the Lebanese Red Cross, provided further assistance to a number of these people: for example, a 'wave breaker' was built to prevent damage to a sewage line during storms, reducing the risk of environmental hazards for roughly 35,000 Palestinians, and insulation materials were given to around 1,500 Syrian refugees, enabling them to reinforce their tents in cold weather.

The ICRC renovated a community centre in Ein el-Helwe and made other improvements to community infrastructure, providing roughly 703,000 more people with better access to public services. It helped sustain basic services weakened by the Beirut explosion: for example, electrical, water and sewage systems were repaired, water-pumping stations

were given backup generators, and repairs were made to a Lebanese Red Cross health facility damaged by the blast. In areas surrounding Beirut, to which some people moved after the explosion, the ICRC provided supplies, equipment and/or repairs for water-pumping stations.

Repairs to infrastructure were also made, or were in progress, at some ICRC-supported health facilities (see below).

Violence-affected people receive health services, including mental-health and psychosocial support

Refugees and residents obtained preventive and curative care at 12 clinics that received regular ICRC support, including medicine, medical supplies, training and salary incentives for staff, and/or infrastructural upgrades. These facilities provided 163,347 consultations, administered 10,127 doses of polio vaccine to children, and made 7,547 referrals for specialized treatment. At four of these clinics, the ICRC covered treatment costs for pregnant women and people with non-communicable diseases.

The ICRC donated medical supplies to ten other health centres, to help them cope with the aftermath of the Beirut explosion and protest-related violence. All ICRC-supported health facilities were given personal protective equipment (PPE). The ICRC also conducted information sessions on COVID-19 at these facilities; it installed tents, to screen people for COVID-19, at two of the facilities.

Some 1,100 people, including victims/survivors of sexual violence, missing people's families and people affected by the Beirut explosion, obtained psychosocial support by phone or during counselling sessions by the ICRC or ICRC-trained staff.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees in 20 facilities run by the LAF, the ISF and the GSO. It followed up 361 detainees individually, including security detainees, hunger strikers, people under interrogation and foreigners, and referred some of them for medical or legal assistance. Findings and recommendations from the visits were communicated confidentially to the authorities, to help them align detainees' treatment and living conditions with internationally recognized standards. Because of the pandemic, prison visits were suspended for two months, and training and other events for prison staff were cancelled; during this period, the ICRC provided support for the authorities' COVID-19 response (see below).

Reports of prison riots prompted the ICRC to remind the authorities and security forces to abide by international standards for the use of force. It also engaged them in dialogue on other matters, such as the necessity of respecting judicial guarantees, including the principle of *non-refoulement*, and, in light of the pandemic, measures to prevent infection during family visits for detainees.

The ICRC enabled vulnerable detainees to contact their relatives and helped detained foreigners notify their embassies of their incarceration. It also facilitated the repatriation of one detainee after their release.

Detaining authorities work to improve detainees' living conditions and prevent the spread of disease

The ICRC provided various forms of support for the detaining authorities' COVID-19 response: for instance, it helped implement disease-prevention measures in prisons. It set up isolation wards at two prisons, including Roumieh central prison, the largest in the country; it installed handwashing stations, and distributed PPE and cleaning materials, at other prisons. It also repaired a detention ward (11 beds) at a referral hospital to ensure continuity of care. The ICRC and the Lebanese Red Cross worked together to hold COVID-19 awareness sessions at some places of detention. Hygiene items were provided to 5,836 inmates in prisons visited by the ICRC.

Roughly 4,400 detainees benefited from the ICRC's repairs to electrical and ventilation systems at five prisons.

Under a joint LAF-ICRC project to improve health care in detention, four clinics at LAF-run prisons were stocked with medicine; some of these clinics also received furniture and medical equipment.

WOUNDED AND SICK

Emergency medical services provide urgent care

Members of armed groups and vulnerable communities learnt first aid and received first-aid kits at ICRC training sessions, some of them conducted with the Lebanese Red Cross. The Lebanese Red Cross drew on the ICRC's financial and material support to run its emergency medical services (EMS) and blood bank – for instance, during and after protest-related violence and the Beirut explosion. The ICRC covered the cost of around 2,600 blood bags for transfusions; it also donated supplies to nine other EMS providers. Health workers learnt about their rights and responsibilities at ICRC dissemination sessions.

With the ICRC's help, emotional distress was eased for some 480 people, including health workers who learnt psychological self-care, and patients from the RHUH and WTTC who received mental-health and psychosocial support.

The ICRC maintains its support for the RHUH

People sought medical, surgical, maternal or paediatric care at the RHUH, where the ICRC ran an emergency ward and provided medicine, equipment and staff training, as part of a multi-year capacity-building project. The ICRC covered treatment costs for 7,996 patients.

As the RHUH became the main referral centre for COVID-19 cases, the ICRC adapted its support: it helped update the hospital's patient-care protocol and provided PPE and other supplies. The ICRC's infrastructural projects at the RHUH (350 beds) included setting up a COVID-19 isolation ward and installing lights and generators; 25 staff received training and tools for maintaining these facilities.

Ailing and injured people receive treatment

Refugees and destitute residents in Aarsal were served by three ICRC-supported hospitals, and Palestinians, by eight hospitals: five run by the Palestine Red Crescent Society's Lebanon branch and three in Ein el-Helwe. All these facilities

received technical support, drugs, PPE, and medical supplies and/or equipment from the ICRC.

With the ICRC's financial support, six other hospitals stabilized wounded people and, when necessary, referred them for advanced care. In response to various emergencies, particularly the Beirut explosion, the ICRC provided medical supplies to 29 additional hospitals on an ad hoc basis. It also conducted infrastructural repairs at a detention ward in one of these hospitals (see *People deprived of their freedom*).

The WTTC continued to provide reconstructive surgery and post-operative rehabilitation for people from Lebanon and elsewhere in the region. It recorded 522 admissions, nine of which were referrals from ICRC delegations in other countries.

Conferences and other events for medical professionals were postponed because of the pandemic.

Persons with disabilities improve their mobility

Because of the economic situation, more people than in past years requested assistance for obtaining physical rehabilitation. By mid-year, the ICRC had begun to subsidize services at one more centre than planned. In all, eight ICRC-supported centres, including one run by the Lebanese Red Cross, provided assistive devices and rehabilitative care for 1,020 persons with disabilities² and helped them improve their mobility; six of these centres received ICRC support regularly. During assessments carried out by the ICRC and a local university, patients of ICRC-supported centres expressed their satisfaction with the services they received, but the findings of another survey revealed an additional need, for mental-health and psychosocial support.

In response to the Beirut explosion, the ICRC donated wheelchairs and other assistive devices to 13 hospitals.

To help strengthen local capacities in physical rehabilitation, the ICRC funded workshops on wheelchair services for professionals. Two Lebanese Red Cross staff members were sponsored to enroll in online courses in prosthetics/orthotics. The ICRC, together with a group of representatives from NGOs and other actors in the physical rehabilitation sector, drafted recommendations for the health ministry on national standards for rehabilitative services.

The ICRC endeavoured to advance the social inclusion of persons with disabilities. It used social media to broaden awareness of the rights of people with disabilities and of the services available to them. It provided financial, material and technical support for two disability sports associations, which enabled people to play wheelchair basketball and participate in tournaments. Others were referred to the ICRC's cash-assistance programmes (see *Civilians*).

ACTORS OF INFLUENCE

The authorities and weapon bearers strengthen their grasp of IHL and other norms

Some planned events, such as training and conferences, were cancelled owing to the pandemic. The ICRC, however, maintained its dialogue on IHL and other norms with the authorities, weapon bearers and members of civil society.

LAF, ISF and GSO personnel, including those involved in crowd control during protests, added to their knowledge of international law enforcement standards, particularly for the use of force, at round tables and other ICRC events.

Weapon bearers in Ein el-Helwe learnt about the ICRC's mandate and activities – and about international law enforcement standards, particularly for the use of force – at ICRC information sessions.

The ICRC continued to engage the authorities in dialogue on pertinent issues, such as the repatriation of refugees to Syria and the necessity of ascertaining the fate of people missing in connection with past conflict. It began providing technical support to the newly established national commission for resolving missing-persons cases. It met regularly with the authorities, health associations and others involved in the country's COVID-19 response. In meetings with detaining authorities, it encouraged the implementation of measures, based on domestic laws, to reduce overcrowding in prisons and thus prevent the spread of disease.

Members of civil society broaden their knowledge of humanitarian issues

The ICRC strove through various means – such as posting audiovisual materials online – to broaden awareness, among members of civil society and the general public, of pressing humanitarian issues in Lebanon and the wider region and of its neutral, impartial and independent humanitarian work. The Lebanese and the international media drew on ICRC materials to cover such issues as the humanitarian consequences of the Beirut explosion, the conflict in Syria, and missing people and the plight of their families. University students learnt about the ICRC and its activities in the country through an online information session.

Members of refugee and host communities learnt more about the humanitarian services available to them through ICRC-produced audiovisual materials shared online. The ICRC used its social media accounts to publicize these services and to communicate with people affected by crises, including the Beirut explosion, and learn more about their needs.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, the country's principal provider of EMS, remained the ICRC's main partner in helping refugees from Syria and other violence-affected people (see *Civilians* and *Wounded and sick*). The ICRC continued to give it technical, financial and material support for its operations and organizational development, and for strengthening its capacities in managing its financial and human resources, logistics and public communication. The ICRC, along with other Movement components, increased support for the National Society's

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

activities, particularly its response to the protests, the Beirut explosion, and the pandemic. The Lebanese Red Cross carried out all its work in accordance with the Safer Access Framework.

The Palestine Red Crescent Society's branch in Lebanon continued to provide health-care services to Palestinian refugees; it received technical, financial and material support from the ICRC. In response to various emergencies, the ICRC also provided it with fuel, medical supplies, and PPE. Guidance

and training from the ICRC strengthened its capacity to operate in accordance with the Safer Access Framework.

Movement components met regularly to coordinate their activities, including their response to the Beirut explosion, the pandemic and other emergencies. Contingency plans for mass-casualty situations and other emergencies were being discussed by the Movement with the authorities in Lebanon.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	9			
RCMs distributed	13			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	606	34	14	42
Tracing cases closed positively (subject located or fate established)	100			
Tracing cases still being handled at the end of the reporting period (people)	8,169	542	216	691
<i>including people for whom tracing requests were registered by another delegation</i>	29			
Documents				
People to whom travel documents were issued	6			
People to whom official documents were delivered across borders/front lines	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	7,193	345	169	
Visits carried out	59			
		Women	Girls	Boys
Detainees visited and monitored individually	361	30		7
<i>of whom newly registered</i>	264	30		6
RCMs and other means of family contact				
RCMs collected	17			
RCMs distributed	24			
Phone calls made to families to inform them of the whereabouts of a detained relative	144			
Detainees released and transferred/repatriated by/via the ICRC	1			
People to whom a detention attestation was issued	8			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	153,675	38,486	76,703
Income support	Beneficiaries	20,919	5,241	10,437
Living conditions	Beneficiaries	141,735	35,465	70,675
Water and habitat				
Water and habitat activities	Beneficiaries	3,032,834	1,243,464	1,000,837
<i>of whom IDPs</i>		3,032,834	1,243,464	1,000,837
Primary health care				
Health centres supported	Structures	22		
<i>of which health centres supported regularly</i>		12		
Average catchment population		463,833		
Services at health centres supported regularly				
Consultations		163,347		
<i>of which curative</i>		150,334	36,256	22,875
<i>of which antenatal</i>		13,013		
Vaccines provided	Doses	21,460		
<i>of which polio vaccines for children aged 5 or under</i>		10,127		
Referrals to a second level of care	Patients	7,547		
<i>of whom gynaecological/obstetric cases</i>		375		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support	Cases	1,114		
People who attended information sessions on mental health		931		
People trained in mental-health care and psychosocial support		134		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	5,836	52	786
Water and habitat				
Water and habitat activities	Beneficiaries	4,434		222
Health care in detention				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	48		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		7		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		368	52	35
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		2,139		
Operations performed		2,558		
Medical (non-surgical) admissions		4,620	1,459	1,552
Gynaecological/obstetric admissions		844	834	10
Consultations		36,507		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		8,377		
Weapon-wound admissions (surgical and non-surgical admissions)		883	5	4
Weapon-wound surgeries performed		83		
Patients whose hospital treatment was paid for by the ICRC				
		8,575		
First aid				
First-aid training				
Sessions		3		
Participants (aggregated monthly data)		35		
Water and habitat				
Water and habitat activities	Beds (capacity)	361		
Physical rehabilitation				
Projects supported		12		
<i>of which physical rehabilitation projects supported regularly</i>		6		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	1,020	154	471
<i>of whom victims of mines or explosive remnants of war</i>		120		
Prostheses delivered	Units	244		
Orthoses delivered	Units	952		
Physiotherapy sessions		3,877		
Walking aids delivered	Units	151		
Wheelchairs or postural support devices delivered	Units	199		
Referrals to social integration projects		75		
Mental health and psychosocial support				
People who received mental-health support	Cases	479		
People who attended information sessions on mental health		51		

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

SYRIAN ARAB REPUBLIC

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab–Israeli war. It works with the Syrian Arab Red Crescent to help people affected by armed conflict receive emergency relief and access safe water and medical care. It aims to visit all people held in relation to the conflict and to foster respect for IHL and other applicable norms, notably in relation to sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2020

- Millions of people had access to clean water pumped and treated by ICRC-supported water plants, including Allouk station. Communities of vulnerable people – including returnees – were also assisted to restore their local services.
- Displaced people in the north – including those at the al-Hol camp – returnees and other vulnerable people were given basic necessities by the ICRC and the Syrian Arab Red Crescent. Some were assisted to purchase or produce these.
- ICRC-backed health services were available in 13 governorates, including those in the north-west. At the al-Hol camp, children and women obtained paediatric and gynaecological/obstetric care at an ICRC/National Society-run hospital.
- Families separated by armed conflict or detention regained/maintained contact via Movement family-links services. People in al-Hol camp read RCMs sent by detained relatives; for many, this was the only means of family contact.
- Detainees in central prisons under the interior ministry and places of detention in the north-east were visited by the ICRC. The ICRC discussed the plight of detainees and their families confidentially, with parties concerned.
- Despite the COVID-19 pandemic and the disruption of regional supply chains, the ICRC was able to implement most of its planned activities. The ICRC and the National Society stepped up to support Syria's COVID-19 response.

EXPENDITURE IN KCHF

Protection	13,195
Assistance	133,099
Prevention	3,933
Cooperation with National Societies	5,035
General	312
Total	155,574
<i>Of which: Overheads</i>	<i>9,465</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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PERSONNEL

Mobile staff	122
Resident staff (daily workers not included)	677



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PROTECTION CIVILIANS

	Total
Restoring family links	
RCMs collected	4,220
RCMs distributed	4,403
Phone calls facilitated between family members	578
Tracing cases closed positively (subject located or fate established)	454
People reunited with their families	1

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	15
Detainees in places of detention visited	22,218
<i>of whom visited and monitored individually</i>	475
Visits carried out	41
Restoring family links	
RCMs collected	743
RCMs distributed	299
Phone calls made to families to inform them of the whereabouts of a detained relative	4

ASSISTANCE CIVILIANS

Economic security			
Food consumption	Beneficiaries	965,400	1,021,150
Food production	Beneficiaries	330,000	269,060
Income support	Beneficiaries	8,500	8,805
Living conditions	Beneficiaries	1,375,000	3,136,426
Capacity-building	Beneficiaries	15	96

Water and habitat			
Water and habitat activities	Beneficiaries	12,395,000	16,371,352

Health			
Health centres supported	Structures	66	56

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security			
Food consumption	Beneficiaries		4,800
Living conditions	Beneficiaries	26,000	29,085

Living conditions	Beneficiaries	20,000	20,000
Water and habitat			
Water and habitat activities	Beneficiaries	12,000	25,275

Water and habitat activities	Beneficiaries	12,000	28,270
WOUNDED AND SICK			
Medical care			

Hospitals supported	Structures	10	29
Physical rehabilitation			

Projects supported	Projects	8	3
Water and habitat			

CONTEXT

In the tenth year of armed conflict in the Syrian Arab Republic (hereafter Syria), hostilities were mainly in the north, where third-party states supported the Syrian government's operations against armed groups and/or conducted their own. These operations also targeted remnants of the Islamic State group, active mostly in central Syria. In the south, communal tensions occasionally led to violence.

Millions of people remained displaced in Syria or elsewhere. In the north, displaced people stayed in host communities and camps; the largest, al-Hol camp in Hassakeh Governorate, hosted about 61,000 people, mainly women and children. As in recent years, several hundred thousand displaced people returned to government-controlled areas.

Years of conflict and international sanctions had weakened Syria's critical infrastructure and economy. In 2020, successive shocks – shortages of fuel and wheat, disruption of regional supply chains following the destruction at Beirut's port (see *Lebanon*), COVID-19 and the devaluation of the Syrian pound – made essential goods and services even harder to obtain for civilians, particularly returnees, displaced people and other conflict-affected people.

At the time of writing, 77 volunteers of the Syrian Arab Red Crescent and of the Palestine Red Crescent Society's Syrian branch have been killed on duty since 2011. Three ICRC staff members were abducted in 2013; the case remained unresolved.

ICRC ACTION AND RESULTS

The ICRC reminded the authorities, third-party states, weapon bearers and other parties concerned of their obligations under IHL and other norms to respect people not or no longer participating in the hostilities, and to allow them – particularly those in the north-west and other conflict-affected areas in the north – unhindered access to humanitarian aid and health care. The ICRC continued to foster understanding of IHL and humanitarian action among actors of influence and the public.

Together with the Syrian Arab Red Crescent, the ICRC implemented large-scale assistance activities, while also carrying out small-scale and more targeted activities to help civilians build their resilience to the effects of the conflict and/or reduce their exposure to risks. The pandemic, the disruption of regional supply chains and the devaluation of the Syrian pound impacted the ICRC's operations; nevertheless, the ICRC was able to implement most of its activities and to even step up to respond to the pandemic.

The ICRC helped stave off the collapse of critical infrastructure, notably water systems, by repairing infrastructure, and providing supplies and spare parts: millions of people benefited. It restored/improved services – water, electricity, sanitation services and/or public bakeries – in vulnerable communities, notably those hosting returnees. Where such services were unavailable, the ICRC provided them itself – for instance, by trucking in water to underserved areas, including camps and IDP sites.

Syria's health-care system – weakened by protracted conflict and shortages of medicines and equipment – was hard-pressed to cope with all needs. Thus, the ICRC continued to support all levels of it, notably: primary-health-care centres, including mobile health units serving people in hard-to-reach areas and/or volatile areas; hospitals and pre-hospital services, ensuring the availability of life-saving care; and physical rehabilitation centres, to help persons with disabilities regain mobility. An ICRC/National Society-run field hospital continued to care for people at the al-Hol camp. The ICRC also made psychosocial care more widely available, by offering it at multiple facilities. The ICRC's COVID-19 response was incorporated in the support it gave all these facilities.

Millions of displaced people in the north and elsewhere met their immediate needs with emergency relief from the ICRC and the National Society; because of the pandemic, more people were assisted with hygiene kits than planned. At the al-Hol camp, people were given hot meals every day, cooked in an ICRC/National Society-run collective kitchen; the elderly, young children, and pregnant and lactating women were given high-calorie rations. People were also given the means to obtain food and other necessities for themselves: in Aleppo, some beneficiaries were given vouchers to buy goods at selected stores; farmers and herders were provided with material support; and vulnerable residents were given money to start small businesses.

Members of families separated by armed conflict, detention or other circumstances regained/maintained contact via Movement family-links services. People at the al-Hol camp received RCMs from detained relatives; for many, RCMs were the only means of maintaining family contact. Forensic services were advised in disseminating and standardizing guidelines for handling human remains, preventing contagion and respecting religious norms.

Except during a period when some activities had to be suspended because of the pandemic, the ICRC visited detainees – including foreigners, women and minors – at central prisons under the interior ministry and at places of detention in the north-east. Findings were shared confidentially with the detaining parties, to help them improve detainees' treatment and living conditions. The ICRC made recommendations to the health and interior ministries for improving penitentiary services. It also directly assisted detainees by upgrading infrastructure; distributing winter clothes; supporting prison clinics; and, in the north-east, donating food.

CIVILIANS

Vulnerable people reduce their exposure to risks

The ICRC reminded the authorities, third-party states, weapon bearers and other parties concerned of their obligations under IHL and other norms to respect people not or no longer participating in the hostilities. Afterwards, militias in the north-east issued a declaration on safeguarding schools, and an armed group drafted a code of conduct. These actors were also reminded to allow civilians – particularly those in the north-west and other conflict-affected areas in the north – unhindered access to humanitarian aid and health care.

The ICRC continued to engage governments and others – those involved in the Astana peace process, for example – in bilateral discussions regarding the plight of the particularly vulnerable: displaced people; returnees; missing people's families; and detainees and their families (see also *People deprived of their freedom and Actors of influence*).

Together with the Syrian Arab Red Crescent, the ICRC continued to implement large-scale assistance activities, but it also carried out more small-scale and targeted activities to help civilians build their resilience to the effects of the conflict and/or reduce their exposure to risks. For example, the ICRC and the National Society mapped mines and explosive remnants of war (ERW) and conducted information sessions for some 120,000 people – including schoolchildren, returnees, farmers and truffle-hunters – on safe practices around mines/ERW. The ICRC also conducted assessments, to identify particularly vulnerable people and their needs, and then provided them with targeted assistance.

Millions of people maintain their access to essential services

The ICRC helped to prevent the collapse of essential services by repairing critical infrastructure and donating supplies and spare parts; roughly 16 million people benefited. Notably, it helped ensure the availability of clean water by making repairs at major pumping stations and water-treatment facilities serving millions of people each – such as the Allouk water station, crucial for Hassakeh – and giving them spare parts, water-treatment chemicals and training.

In government-controlled areas of southern and central Syria and in Aleppo, the ICRC helped vulnerable communities – hundreds of thousands of underserved residents and returnees – to restore their local water, electricity and sanitation services, by making repairs and providing equipment. Where water networks were non-existent, the ICRC trucked in water for: residents of Rural Damascus, including eastern Ghouta; residents and IDPs in Hassakeh, notably when the Allouk water station was out of service; and people in camps in the north, including al-Hol camp. The ICRC renovated some shelters; gravelled grounds and put up tents at camps in the north, including al-Hol; and in Homs, made repairs to returnees' houses.

The ICRC facilitated safe access to education by repairing infrastructure in nearly 300 schools in Aleppo and the southern governorates and examination centres in Raqqa where students sat for national qualifying exams.

Vulnerable people are helped to protect their health

People in 13 governorates obtained treatment at 56 primary-health-care centres supported by the ICRC with supplies and infrastructural repairs; centres run by the National Society received funds. Patients included: pregnant women seeking ante/post-natal care; diabetics chronically in need of treatment; displaced people, including residents of the al-Hol camp; and people suffering from leishmaniasis and other contagious diseases. People unable to travel easily, for security and other reasons, were able to obtain primary health care from mobile health units that went to their communities, notably in rural Aleppo, Deir ez-Zor and Idlib. Staff of two units were trained in psychosocial care; 51 people benefitted (see also *Wounded and sick*).

The ICRC assisted efforts to prevent the spread of COVID-19 in Syria, by: providing personal protective equipment (PPE) and disinfectants to all ICRC-supported health facilities, quarantine/treatment centres, the health authorities and the National Society; training front-liners, including National Society volunteers; and helping set up a quarantine centre at the al-Hol camp and quarantine/treatment centres in four governorates.

The ICRC was able to maintain most of its activities after the onset of the pandemic and minimized the risk of infection among its beneficiaries and its staff.

The ICRC and the National Society enable people to obtain necessities

Over a million people (202,800 households) in 11 governorates received a month's supply of food from the ICRC and the National Society. Particularly vulnerable households were assisted more than once. At the al-Hol camp, people were given hot meals – freshly cooked in a collective kitchen run by the ICRC and the National Society – every day; the elderly, young children, and pregnant and lactating women were given high-calorie rations; these supplemented the WFP's rations. Around the country, 13 public bakeries maintained or increased their production of cheap, subsidized bread thanks to ICRC-provided generators and production lines, benefiting some 650,000 regular customers.

In Aleppo, 1,000 households – including displaced people, pandemic-affected people, orphans, persons with disabilities, and female breadwinners – used ICRC-provided vouchers to purchase food and other necessities at selected shops.

Some 627,300 households (3,136,000 people) – most of them displaced people – were given feminine hygiene products, diapers, blankets, mattresses and winter clothes. Because of the pandemic, additional hygiene kits were given out; thus, more people were assisted than planned.

Some 53,800 households (269,000 people) were supported by the ICRC in producing food: farmers received wheat, vegetable seed and fertilizer and help in upgrading irrigation systems; fishermen were given fishing equipment; and some returnee and/or female-headed households were given poultry, pregnant ewes and/or fodder. Farming and livestock authorities and associations were given equipment, supplies and/or training for: vaccinating and breeding livestock; making dairy products; and producing fodder and seed.

Cash grants from the ICRC enabled 1,760 households (about 8,800 people) to start small businesses such as mini-groceries and garages. Most reported profits within the year.

Members of displaced families reconnect

Members of families separated by armed conflict, detention or other circumstances restored or maintained contact via Movement family-links services. People at the al-Hol camp received RCMs from detained relatives; for many, RCMs were the only means of family contact. Families approached the ICRC for news of their missing relatives; 454 missing-persons

cases were resolved. The ICRC acted as a neutral intermediary in the repatriation of people between Syria and Israel.

So that the remains of people who were killed during fighting could be identified and claimed by the families, the ICRC advised the health ministry and the national forensics association in updating national guidelines on handling human remains – particularly in line with contagion-prevention protocols and religious norms. These guidelines reached forensic and health workers and first-aiders through workshops, brochures and an ICRC-produced Arabic-language manual on forensic anthropology.

The ICRC acted as an observer when the forensic services exhumed remains from a mass grave in Homs.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees regain contact with their families

Except during a period when some activities had to be suspended because of the pandemic, the ICRC visited – in accordance with its standard procedures – detainees at central prisons under the interior ministry and in places of detention in the north-east. Foreigners, women and minors were given particular attention. It then shared its feedback confidentially with the detaining parties, to help them improve detainees' treatment and living conditions.

The ICRC continued to seek access to people held at other places of detention, including those run by the security forces, the defence ministry and by other parties.

Movement family-links services enabled detainees to restore or maintain contact with relatives; detainees in the north-east were able to communicate with their relatives in camps, primarily via RCMs. The ICRC helped foreigners to notify their embassies of their situation.

Detainees' living conditions improve

The ICRC helped improve the provision of services to detainees. It shared its expertise with Syria's health and interior ministries – directly or via their technical working group; for instance, it advised them in creating a standardized medical screening form and a monitoring tool, to streamline their health information system and better manage the supply of essential medicine. Detaining parties were given guidance in implementing COVID-19 safety protocols.

Some 25,000 detainees benefited from ICRC infrastructural upgrades, such as: the installation of water-treatment devices at central prisons, which improved the quality of drinking water; and the installation and repair of boilers and the septic tank at a place of detention in the north-east.

The ICRC distributed clothes, blankets and mattresses to detainees, which helped them cope with cold weather. It also supported the COVID-19 response at places of detention, including those that it had not visited: it donated handwashing and disinfection items, and instructional videos and manuals, to central prisons; and hygiene kits in the north-east. These efforts reached approximately 29,000 inmates.

Ailing or wounded detainees at six places of detention, including one in the north-east, were treated at prison clinics supported by the ICRC with supplies, equipment, mobility devices and/or infrastructural upgrades. At the aforementioned place of detention in the north-east, a few ailing detainees were referred for external care, and 4,800 were given supplementary food as protection against malnutrition.

WOUNDED AND SICK

The ICRC reminded parties involved in the fighting of the protection due to patients and medical workers and facilities, regardless of affiliation, under IHL and other applicable norms.

Vulnerable residents and displaced people obtain hospital care

There was a general decline in the demand for urgent weapon-wound treatment, though the demand for life-saving treatment, including COVID-19 treatment, remained high. Syria's health system – weakened by protracted conflict and shortages of certain medicines and equipment – was hard-pressed to cope. Thus, the ICRC continued to support the casualty-care chain, which helped ensure that people could obtain life-saving medical attention.

Twenty-nine hospitals were assisted by the ICRC with: medical supplies, including kits for treating weapon wounds; PPE and disinfectants, which were given to hospitals or to the health authorities; and a few ventilators and other equipment, and/or help to maintain this equipment. One hospital in Homs and another in Rural Damascus were provided with this support regularly. In addition, the ICRC equipped the hospital in Homs with ventilators and installed elevators; it built an outpatient facility at the hospital in Rural Damascus, which expanded that facility's bed capacity and allowed better observance of physical distancing protocols. The ICRC continued to run a field hospital at the al-Hol camp: there were fewer wounded people needing attention, but the number of paediatric and emergency obstetric cases, notably caesarian sections, increased.

The ICRC arranged for five patients to receive specialized treatment abroad (see *Lebanon*).

Patients with vascular conditions received ICRC-funded haemodialysis: this was provided at some of the hospitals mentioned above, and at seven National Society centres. The ICRC gave two dialysis machines each to one hospital in Aleppo and another in Deir ez-Zor, and spare parts for dialysis machines to the health ministry.

Tens of thousands of people were transported by ambulances and received first-aid and pre-hospital services by the National Society, which drew on the ICRC's financial, material and training support.

Persons with disabilities regain some mobility

About 1,300 persons with disabilities¹ received prostheses and orthoses, and physiotherapy, at the ICRC's physical rehabilitation centre in Aleppo and the ICRC-supported National

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

Society centre in Damascus. Shuttle services organized with National Society branches transported some patients from surrounding governorates to the centre in Damascus; a similar shuttle service was being set up in Aleppo. ICRC-produced mobility devices were also available at selected National Society branches and health facilities.

Because of the pandemic, the centres received fewer patients than planned. They received no patients from mid-March to mid-June, and after that, accepted fewer patients per day, in accordance with physical-distancing protocols.

The ICRC provided supplies and infrastructural upgrades for both centres; the National Society centre in Damascus was set to move, in 2021, to an ICRC-renovated building. However, because of the pandemic, the precarious security conditions in some areas and logistical or administrative constraints: fewer facilities and organizations were supported; and fewer activities were carried out than planned. One association held a wheelchair-basketball tournament in December, with the ICRC's financial support.

Patients access psychosocial care in three facilities

The ICRC made psychosocial services available at its physical rehabilitation centre in Aleppo, the field hospital at the al-Hol camp and the National Society's physical rehabilitation centre in Damascus. These services helped some 55 patients ease their emotional trauma.

ACTORS OF INFLUENCE

After the onset of the pandemic, all ICRC events, including meetings, followed COVID-19 safety protocols in every detail; a few events were moved online, but others had to be cancelled.

Government officials learn more about IHL

The ICRC continued to give the authorities expert advice for advancing the incorporation of IHL in domestic law and its integration into military training, operations and doctrine. It organized various IHL events with the ministries concerned, notably for: members of the national IHL committee, on contemporary IHL issues; eight diplomats, who attended IHL training online (see also *New York*); and 20 military officers, on IHL integration. The defence ministry, the national IHL committee and the ICRC began the process of drafting an IHL manual for the Syrian armed forces.

The ICRC gave academics and students – future leaders and lawmakers – books and other resources to support their IHL-related research. People studying IHL at the Syrian Virtual University were briefed on the ICRC's mandate, at online lectures.

Communities engage with the ICRC

The ICRC discussed humanitarian issues with actors of influence – local and national authorities, other humanitarian organizations and community leaders – which helped to draw attention to the plight of vulnerable people in Syria and to reiterate the value of humanitarian action. At meetings and public events in Syria or elsewhere (see *Brussels*), the ICRC stated its position on issues of concern to it: during his visit to Syria, the ICRC's president spoke about the cumulative effects

of the prolonged conflict; at a conference in Damascus, the head of the ICRC's delegation discussed the obstacles in the way of displaced people wishing to return to their homes; and at various meetings abroad, ICRC representatives spoke of the consequences of international sanctions for conflict-affected people.

The public was made aware of humanitarian issues and the Movement's activities by the ICRC and the Syrian Arab Red Crescent. Social media and mobile messaging applications were extremely useful for reaching people, particularly communities in hard-to-reach areas. They were used to inform people of ways to mitigate risks to their safety, including COVID-19 and mines/ERW, and of Movement assistance available to them. They also allowed communities to give their views on ICRC activities: for instance, comments made by people in Hassakeh led the ICRC to install water tanks around the city and fill them up regularly, which reduced waiting time for people queuing for water.

The ICRC helped journalists and National Society volunteers – through workshops, news releases, and other means – to cover humanitarian issues, including the pandemic, more accurately.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers tackle COVID-19

The Syrian Arab Red Crescent remained the ICRC's main partner in the country: the National Society helped implement most of the ICRC's assistance activities by distributing aid, monitoring food-production/livelihood activities and through other means (see *Civilians*). The ICRC and the National Society drafted a three-year partnership agreement, for signing in 2021.

The National Society continued to develop its operational capacities with the ICRC's financial, material and technical support. It responded to the pandemic by: conducting disinfection campaigns; equipping its volunteers with ICRC-provided PPE and disinfectants; and broadening awareness of COVID-19 safety protocols. The National Society also developed its ability to promote IHL: volunteers attended ICRC courses on IHL and on teaching IHL; and two IHL specialists attended an advanced course in San Remo. The National Society maintained some activities in Idlib, despite no longer having a branch there, by drawing from the ICRC's financial resources.

Movement components in Syria helped the National Society to strengthen its statutes, legal base and managerial capacities. The ICRC gave it equipment, software and training to streamline its financial management and make it more transparent.

Movement components in Syria met regularly to coordinate their activities and security management. The ICRC helped them to ensure the safety of their staff/volunteers by sharing security- and pandemic-related updates, and by providing National Society communication staff with the training and equipment necessary to quickly exchange information on security conditions.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		4,220	2	
RCMs distributed		4,403	5	
Phone calls facilitated between family members		578		
Reunifications, transfers and repatriations				
People reunited with their families		1		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		1,908	141	83
<i>including people for whom tracing requests were registered by another delegation</i>		819		
Tracing cases closed positively (subject located or fate established)		454		
<i>including people for whom tracing requests were registered by another delegation</i>		166		
Tracing cases still being handled at the end of the reporting period (people)		22,977	1,329	1,411
<i>including people for whom tracing requests were registered by another delegation</i>		9,407		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		40	25	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		284	128	
Documents				
People to whom official documents were delivered across borders/front lines		20		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		15		
Detainees in places of detention visited		22,218	871	1,504
Visits carried out		41		
			Women	Girls
Detainees visited and monitored individually		475	45	90
<i>of whom newly registered</i>		218	28	54
RCMs and other means of family contact				
RCMs collected		743		
RCMs distributed		299		
Phone calls made to families to inform them of the whereabouts of a detained relative		4		
People to whom a detention attestation was issued		4		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	1,021,150	306,364	408,422
<i>of whom IDPs</i>		823,065	246,856	329,353
Food production	Beneficiaries	269,060	80,746	107,588
<i>of whom IDPs</i>		214,192	64,264	85,664
Income support	Beneficiaries	8,805	2,650	3,505
<i>of whom IDPs</i>		7,037	2,112	2,813
Living conditions	Beneficiaries	3,136,426	940,961	1,254,504
<i>of whom IDPs</i>		2,518,338	755,510	1,007,318
Capacity-building	Beneficiaries	96	27	
Water and habitat				
Water and habitat activities	Beneficiaries	16,371,352	4,911,519	6,548,707
<i>of whom IDPs</i>		4,911,556	1,473,467	1,964,622
Primary health care				
Health centres supported	Structures	56		
<i>of which health centres supported regularly</i>		56		
Average catchment population		825,134		
Services at health centres supported regularly				
Consultations		695,568		
<i>of which curative</i>		679,668	143,695	116,050
<i>of which antenatal</i>		15,900		
Referrals to a second level of care	Patients	1,075		
<i>of whom gynaecological/obstetric cases</i>		181		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support	Cases	51		
People who attended information sessions on mental health		200		
People trained in mental-health care and psychosocial support		15		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	4,800	1,440	1,920
Living conditions	Beneficiaries	29,085	2,547	2,064
Water and habitat				
Water and habitat activities	Beneficiaries	25,275	758	4,297
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	29		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		42	12	7
Non-weapon-wound admissions		1,967		
Operations performed		4,670		
Medical (non-surgical) admissions		20	19	
Gynaecological/obstetric admissions		200	199	1
Consultations		103,616		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4,024		
Weapon-wound admissions (surgical and non-surgical admissions)		7,968		
Weapon-wound surgeries performed		85		
First aid				
First-aid training				
Sessions		60		
Participants (aggregated monthly data)		1,270		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,480		
Physical rehabilitation				
Projects supported		3		
<i>of which physical rehabilitation projects supported regularly</i>		2		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	1,382	171	311
<i>of whom victims of mines or explosive remnants of war</i>		741		
Prostheses delivered	Units	525		
Orthoses delivered	Units	132		
Physiotherapy sessions		4,079		
Walking aids delivered	Units	245		
Wheelchairs or postural support devices delivered	Units	35		
Referrals to social integration projects		645		
Mental health and psychosocial support				
People who received mental-health support	Cases	55		
People who attended information sessions on mental health		352		

YEMEN

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing medical assistance, emergency relief and livelihood support to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling detainees and civilians, including migrants, to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2020

- The ICRC responded to the volatile security conditions by continuing its efforts to remind all parties to conflict of their obligation under IHL to protect civilians and ensure access to essential services and humanitarian aid.
- Wounded and sick people received timely treatment from ICRC-trained first-aiders and at ICRC-backed health centres and hospitals. COVID-19 patients obtained free services at a treatment centre opened by the ICRC in Aden.
- IDPs, their host communities and other vulnerable people were given food and other necessities, and/or financial assistance. Logistical constraints hampered the full implementation of activities to support agricultural households.
- The ICRC made repairs or upgrades to key public infrastructure and donated emergency supplies, including essential items for preventing diseases, to service providers and community-based facilities: millions of people benefited.
- The ICRC supported penitentiary authorities' efforts to improve detainees' access to health care and prevent the spread of COVID-19 in prisons. It facilitated the transfer of over 1,000 conflict-related detainees.
- Aided by the ICRC and the International Federation, the Yemen Red Crescent Society strengthened its capacities in such areas as emergency response and restoring family links. It continued to be the ICRC's main partner in the field.

EXPENDITURE IN KCHF

Protection	14,229
Assistance	87,849
Prevention	3,798
Cooperation with National Societies	9,107
General	482
Total	115,466
<i>Of which: Overheads</i>	<i>6,920</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	97
Resident staff (daily workers not included)	588



ICRC delegation ICRC sub-delegation ICRC mission ICRC regional logistics centre
*Map shows structures supporting ICRC operations in Yemen

PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	1,250
RCMs distributed	1,074
Phone calls facilitated between family members	102
Tracing cases closed positively (subject located or fate established)	125
People reunited with their families	91
<i>of whom unaccompanied minors/separated children</i>	<i>91</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	Total
Places of detention visited	43
Detainees in places of detention visited	20,454
<i>of whom visited and monitored individually</i>	<i>3,374</i>
Visits carried out	68
Restoring family links	Total
RCMs collected	95
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	76

ASSISTANCE CIVILIANS

Economic security	2020 Targets (up to)	Achieved
Food consumption	Beneficiaries 126,000	490,266
Food production	Beneficiaries 840,000	475,622
Income support	Beneficiaries 119,700	247,539
Living conditions	Beneficiaries 112,000	359,387
Capacity-building	Beneficiaries 49,000	59,363

Water and habitat	2020 Targets (up to)	Achieved
Water and habitat activities	Beneficiaries 3,300,000	5,013,650

Health	2020 Targets (up to)	Achieved
Health centres supported	Structures 36	35

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security	2020 Targets (up to)	Achieved
Living conditions	Beneficiaries	37,657

Water and habitat	2020 Targets (up to)	Achieved
Water and habitat activities	Beneficiaries 4,000	11,960

WOUNDED AND SICK

Medical care	2020 Targets (up to)	Achieved
Hospitals supported	Structures 16	51

Physical rehabilitation	2020 Targets (up to)	Achieved
Projects supported	Projects 8	8

Water and habitat	2020 Targets (up to)	Achieved
Water and habitat activities	Beds (capacity) 1,950	5,183

CONTEXT

Yemen remained the site of armed conflicts and other situations of violence. Ansarullah and the military coalition led by Saudi Arabia continued to launch attacks against each other, as did government forces and the separatist Southern Transitional Council. Violence intensified in Abyan, Hodeida, Marib and Taiz. The UN called for a ceasefire, to allow parties to focus on containing the spread of COVID-19, but the violence was unabated. Fighting between government forces and armed groups – such as Al-Qaeda in the Arab Peninsula and the Islamic State group – and among the armed groups persisted in some parts of the country.

The humanitarian consequences of this protracted violence have been calamitous. Allegations of IHL violations were widespread, hundreds of thousands of civilians have been wounded or killed, and millions displaced, since the onset of the conflict. Health care, water and other basic services were virtually non-existent; supply shortages, already a critical problem, were exacerbated by the COVID-19 pandemic. Thus, national capacities in tackling public-health emergencies like cholera and COVID-19 were extremely limited. The inaccessibility of essential goods and services, and the loss of livelihoods, pushed millions of people closer to destitution. Many detainees had to endure difficult living conditions and limited access to health care.

Much of the population was dependent on some form of aid, but organizations providing it had to contend not only with the immensity of needs but also with such challenges as attacks against their personnel and facilities.

ICRC ACTION AND RESULTS

The ICRC strove to meet the most urgent humanitarian needs in Yemen, despite the extremely volatile, and increasingly restrictive, working environment. Because of the prevailing insecurity and the pandemic, some of its activities were cancelled, postponed or only partially implemented. The logistics base in Oman and the mission in Djibouti continued to support the ICRC's operations in Yemen. The ICRC worked with the Yemen Red Crescent Society and other Movement components to cover gaps and coordinate activities.

The ICRC continued to call on all parties to the conflicts to respect IHL, protect civilians and civilian infrastructure, and ensure access to essential services and humanitarian aid. Whenever possible, it brought documented allegations of IHL violations and protection-related concerns to their attention. It maintained its efforts to build acceptance for its activities among the parties, actors exercising influence over them, and members of civil society.

The ICRC continued to provide comprehensive support throughout the casualty care chain, to ensure the availability of life-saving care for the wounded and the seriously ill. It trained weapon bearers and health workers in first aid and gave them the necessary supplies. Material support and on-site assistance enabled hospitals to cope with supply shortages and influxes of patients, both exacerbated by the pandemic. Persons with disabilities obtained suitable services

at ICRC-supported physical rehabilitation centres. Preventive and curative care – such as treatment for cholera – was available at primary-health-care centres that received regular or ad hoc ICRC support.

IDPs, vulnerable residents and returnees were given food, household items and other necessities. Support for water authorities, repairs to critical facilities, and training for local committees helped prevent or address disruptions of the supply of clean water for millions of people. Together with the agriculture ministry, the ICRC provided livelihood support for farmers and herders. These food-production support activities, however, ran into logistical and other challenges.

The ICRC incorporated measures against COVID-19 in its activities and bolstered its support for key facilities, such as hospitals, health centres, quarantine sites, and isolation facilities. It built a centre that provided free treatment to COVID-19 patients. It also helped detaining authorities prevent the spread of COVID-19 in places of detention. Forensic workers were given support to ensure that the dead bodies of COVID-19 victims were handled properly.

People used the Movement's family-links services to restore contact with their relatives, including those detained. First responders were given material and technical support to ensure the proper handling and subsequent identification of human remains.

As a precautionary measure, the ICRC suspended its visits to detainees for much of the year, but it helped the authorities prevent the spread of COVID-19 in prisons. When it was able to visit them, it monitored detainees' well-being; afterwards, it communicated its findings confidentially to the authorities concerned. It made improvements to kitchens, water and electrical systems, and other key elements of prison infrastructure; and donated hygiene items for detainees. The ICRC facilitated the transfer of conflict-related detainees, within the framework of the 2018 Stockholm Agreement.

The ICRC endeavoured through various means to broaden awareness of the plight of conflict-affected Yemenis. It also repeatedly drew the attention of decision makers to the gravity of the humanitarian situation.

The ICRC continued to carry out activities with the National Society, and to give it material, financial and technical support, and expert safety advice. Movement partners continued to coordinate their activities.

CIVILIANS

The extreme complexity of working conditions notwithstanding, the ICRC responded to the most urgent humanitarian needs created by the protracted conflict and the pandemic. It adapted its activities and took measures against COVID-19, with a view to ensuring the safety of both its staff and the people it sought to assist. It worked with the Yemen Red Crescent Society and other Movement partners, and in coordination with other organizations, to ensure a coherent humanitarian response.

Weapon bearers are urged to respect IHL and humanitarian action

The ICRC strove to foster respect for IHL and humanitarian action among all parties to the conflict. It reminded them – through dialogue, written representations and public statements – of their obligation to do no harm to civilians, prevent the use of essential infrastructure as military objects, and to allow access to essential services. Whenever possible, it relayed protection-related concerns and allegations of violations to the parties concerned. It also sought to ensure that measures taken to tackle COVID-19 did not adversely affect vulnerable groups or humanitarian action. The ICRC made ad hoc grants of cash to around 500 vulnerable people – such as victims of IHL violations, migrants and displaced people affected by movement restrictions – to help them cover their daily needs.

Military and police personnel learnt more about IHL at ICRC dissemination sessions; because of the pandemic, many of the sessions that had been planned did not take place (see *Actors of influence*).

The ICRC sought to raise awareness of its work among conflict-affected communities and to learn about their needs and what they thought of the assistance they had received. It used various means: a community hotline; mobile messaging applications; and digital channels.

National Society and ICRC information sessions introduced about 4,400 people in mine-affected areas to safe practices or added to their knowledge. The ICRC promoted these practices via multimedia channels, to reach more mine-affected communities. Demining teams from the Yemen Mine Action Centre attended an ICRC blast-trauma course to learn how to respond most effectively to blast-related emergencies. The ICRC trained National Society staff in conducting mine-risk education sessions; the National Society hired a full-time mine-risk-education officer.

Communities have better access to health care

ICRC-supported health facilities provided children under the age of five, pregnant women, people with cholera, the malnourished, and other vulnerable people with a broad range of services. These included curative and antenatal consultations, immunizations, screening for malnutrition, therapeutic feeding, assisted deliveries, and specialized care for specific diseases. Critical cases were referred by the ICRC for secondary care. The ICRC sought to improve the referral system at one health centre by providing financial support for its ambulance service.

The ICRC supported 35 primary-health-care centres that served some 685,500 people. The ICRC's support consisted of monitoring visits, community outreach activities, donations of medicine and medical equipment, and training and incentives for health staff. The ICRC also provided ad hoc support to five of these facilities – including two COVID-19 quarantine sites and two cholera-treatment centres – which helped boost their capacity to respond to public-health emergencies.

Quarantine sites and isolation facilities bolstered their COVID-19 response with comprehensive ICRC support: hygiene kits, cleaning materials, household items (e.g. mattresses,

blankets), medical supplies and the necessary equipment (e.g. generators, personal protective equipment (PPE), tents).

Restoration and maintenance of essential infrastructure benefit millions of people

Roughly 5 million people had better access to essential services and a more reliable supply of clean water and electricity – and were less at risk of disease – owing to ICRC initiatives, both planned and ad hoc. Because of the pandemic, emergency action increased and planned activities were delayed.

Local water and sanitation corporations, water committees and other service providers were given material support and technical guidance. This helped them maintain and operate water and sewage systems, ultimately benefiting everyone in their catchment populations. Repairs or renovations were made at key facilities, including an orphanage in Sana'a.

Emergency repairs and donations helped to prevent disruptions of service and bolster local capacities in preventing and controlling infections: for example, quarantine sites were provided with water tanks and filters, solar panels, and tents. Around 2,400,000 people of those mentioned above – significantly more than planned – benefited from these ad hoc actions.

The ICRC repaired or renovated electrical, water and sanitation systems at six health centres, which helped them continue to function. It also installed handwashing stations at the centres and gave them electro-chlorination devices.

Pandemic-related restrictions forced the cancellation of training for water authorities and the National Society. The ICRC provided support for the National Society to renovate a number of its branches and warehouses.

Conflict-affected communities receive emergency assistance

Thousands of vulnerable people – IDP households and host communities, victims of floods and people most severely affected by pandemic-related restrictions – met their immediate needs with the help of the National Society and the ICRC. Around 490,000 people (68,570 households) received – some of them more than once – food parcels that included nutritional supplements, and soap for protection against disease. Others bought food with cash from the ICRC. Whenever appropriate, in-kind distributions were replaced with cash assistance, to minimize physical interaction and support local markets. About 359,400 people (49,870 households) were given household essentials for easing their living conditions and protecting themselves against harsh weather.

The National Society received stocks of food and household items from the ICRC, which it distributed to 59,400 people (8,472 households); this helped bolster its capacity to respond to people's immediate needs during emergencies.

Vulnerable households regain self-sufficiency

The ICRC helped about 67,950 people (supporting 475,600 people) to resume or increase their food production: together with the agriculture ministry, it vaccinated livestock of herders; and gave farmers cash to buy seed and other supplies. Logistical

constraints posed by the pandemic delayed some other activities; thus, fewer people than planned benefited.

About 30,000 households (over 210,000 people) received cash – some of them as many as three rounds of such support – from the ICRC, which they used to cover their daily expenses. Beneficiaries included victims of conflict (see above), families of people who had died of COVID-19, and community members who attended awareness-raising sessions on COVID-19. Around 5,390 households (37,400 people) earned money with cash or material support from the ICRC. For instance, families in Aden were able to buy supplies for beekeeping, fishing communities in Taiz resumed their livelihoods after receiving fishing equipment, and women with disabilities – who learnt sewing at an ICRC-supported physical rehabilitation centre (see *Wounded and sick*) – bought materials for producing face masks.

ICRC support strengthened capacities among various local service providers. For example, the ICRC donated nutritional supplements to a food bank, an NGO, and to health authorities and health centres supported by it, ultimately benefiting, malnourished children, and pregnant and lactating women.

People reconnect with relatives or learn their fate

Members of families separated by violence, migration, detention or other circumstances reconnected through RCMs and phone or video calls. These services were delivered by the National Society and the ICRC, and promoted through social media and, whenever possible, at information sessions.

The ICRC collected requests to locate missing people; when field trips could not be made, it took requests by phone. The fate and whereabouts of 125 people were ascertained and their families notified. The ICRC also arranged for 91 children formerly associated with weapon bearers to be reunited with their families. It also provided ad hoc cash assistance for the families of these people.

The ICRC arranged for several families in Yemen to call or visit relatives formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba and resettled elsewhere. Fewer visits than planned took place because of travel restrictions and the closure of borders. The ICRC reimbursed the costs of consular services for some families. It gave the National Society support to develop its family-links services capacities.

Forensic professionals and others receive support for managing human remains

The ICRC gave military medical services, hospital staff, forensic professionals and first responders comprehensive support for managing and identifying human remains. At the request of the parties concerned, the National Society, aided by the ICRC, transferred 354 sets of human remains between them. The ICRC met with various authorities to discuss how to strengthen local capacities in managing and identifying human remains. The authorities began to document the sets of unidentified remains in certain morgues and the military adopted measures to ensure the timely recovery of their dead. Because of travel

restrictions, the ICRC could not organize training for forensic professionals or help them take courses abroad.

The ICRC's plans to make repairs or renovations at morgues in Aden and Sana'a were delayed because of COVID-19; the projects were ongoing at year's end. The ICRC also installed a refrigerated container at a hospital in Taiz. Its activities to broaden awareness among the authorities and other stakeholders, of the necessity of clarifying the fate of missing people, were put on hold, as other, pandemic-related activities took precedence.

PEOPLE DEPRIVED OF THEIR FREEDOM

Because of the pandemic, the ICRC suspended its detention visits for much of the year as a precautionary measure, but it continued supporting penitentiary authorities' efforts to improve detention conditions and respond to COVID-19. This enabled the ICRC to meet detention authorities with whom it had no contact previously and to access more places of detention than before: 43 in total, and 10 for the first time. These facilities collectively held over 20,000 people.

The ICRC monitored detainees' treatment and living conditions: about 3,380 detainees with specific needs were followed up individually. Findings and recommendations for improvement were communicated confidentially to the authorities, who were urged – and subsequently given support – to ensure that detention conditions met internationally recognized standards, particularly regarding respect for judicial guarantees and access to health care. The ICRC made recommendations for prison management and measures against COVID-19 – which included, in this context, maintenance of family links – to the central authorities. Prison authorities and personnel, and detainees, learnt how to contain the spread of infectious diseases through ICRC awareness-raising sessions, at which the ICRC also distributed various items.

RCMs and other family-links services were made available to detainees, including foreigners, at certain places of detention. At their request, the ICRC informed foreign detainees' consular representatives or the UNHCR of their arrest. It submitted allegations of arrest to the detaining authorities and reminded them that they must promptly inform the families concerned of their relatives' arrest or transfer.

Significant progress was made in the implementation of an agreement – reached by the parties in 2018 – to release, transfer and repatriate conflict-related detainees: about 800 ex-detainees from Yemen, and 249 from Saudi Arabia (see also *Kuwait*), were transferred to their places of origin via ICRC-operated flights and eventually reunited with their families. The ICRC held pre-departure interviews with the released detainees to confirm their willingness to be transferred. With the National Society, it screened them medically to ensure they were fit to travel or, if necessary, were provided medical attention. Measures to prevent and control infections were followed at every step. The released detainees were also told about preventive measures during their flights. In addition, they were given clothes, hygiene kits and/or financial assistance. Acting as a neutral intermediary, the ICRC facilitated the repatriation of six detainees to Saudi Arabia.

Detainees have better living conditions and access to health care

The ICRC helped prison authorities improve detainees' living conditions and access to health care, thereby also helping to prevent the spread of communicable diseases. It carried out hygiene-promotion campaigns and provided staff incentives and material support – e.g. medicine, PPE and basic medical equipment – to selected prison clinics and isolation facilities treating or housing detainees confirmed or suspected to have COVID-19. Detainees at four prisons benefited from these efforts. Donations of winter essentials, hygiene kits and cleaning items, coupled with posters and leaflets on preventing the spread of COVID-19, helped improve the living conditions of some 37,600 detainees. The ICRC's plans for a seminar on medical ethics for prison health staff had to be cancelled because of the pandemic; however, the ICRC raised this topic with the authorities and staff during its visits and donated the supplies and equipment necessary for storing medical files securely.

Nearly 12,000 detainees, more than expected, had a more reliable supply of water and electricity, and better basic facilities, after the ICRC undertook upgrades and ad hoc activities – water trucking; desludging; installation of handwashing stations, water tanks and solar panels; electrical repairs; donation of tents; and renovation of kitchens – at several places of detention.

WOUNDED AND SICK

Wounded and sick people are given life-saving care

Wounded and sick people received life-saving care from ICRC-trained first responders and at ICRC-supported medical facilities; these facilities provided emergency treatment, surgery, treatment for chronic conditions and inpatient and post-operative care. The ICRC supported more hospitals than planned, in response to growing emergency needs stemming from the sustained and intense fighting and the pandemic.

Over 200 weapon bearers were given first-aid training and supplies. The training included sessions on violence against health-care workers and how to prevent it. ICRC-supported first-aid services treated about 103,000 people. The ICRC could not organize training in emergency-room trauma care because of pandemic-related travel restrictions.

The ICRC provided 47 hospitals near front lines with medicine and other supplies, staff incentives and equipment, regularly or on an ad hoc basis; 14 of these hospitals were given daily support by ICRC staff, who supervised hospital personnel and/or directly treated patients. The ICRC gave hospitals surgical kits whenever there was an influx of wounded people. An ICRC biomedical engineer helped staff at some of the hospitals maintain and operate medical equipment. The ICRC provided insulin and other consumables to four haemodialysis centres to help ensure treatment for diabetics; in October, another international organization took over the task of supporting one of these centres. These centres collectively treated 95,900 renal cases. Several hospitals served hot meals – provided by the ICRC – three times a day to their patients and staff. Health staff were instructed in the proper management of cases and in preventing and controlling infections.

The ICRC – together with the Finnish, Norwegian and the Yemeni National Societies – opened a 60-bed COVID-19 treatment centre in Aden. The centre provided free services to people in that area and in surrounding governorates that were underserved. The ICRC trained some 100 locally hired Yemenis and 20 international staff to manage COVID-19 patients and/or provide mental-health and psychosocial support to them and their families, and to other health workers. The ICRC flew in several tonnes of medical supplies and equipment for use at the centre. It also set up a referral system for patients from rural areas, in coordination with other health-care providers, health authorities and the Yemeni Red Crescent. Family-links services were made available to patients, to ensure that they could stay in touch with their families while quarantined.

Persons with disabilities improve their mobility

ICRC support enabled persons with disabilities to obtain good-quality prostheses and orthoses, and physiotherapy and other services for improving their mobility; it also created opportunities for them to advance their social inclusion. Five physical rehabilitation centres – in Aden, Mukalla, Sa'ada, Sana'a and Taiz – were given equipment, raw materials for making prostheses and orthoses, assistive devices and fuel for electricity; some of their staff were given training and financial incentives for performance. The ICRC's support for these centres aimed to help up to 7,000 permanently disabled people¹; it ultimately benefited about 49,800 people¹, including those with temporary disabilities, who were treated at the supported centres. It also provided income support for about 150 people among them (see *Civilians*). The ICRC organized outreach activities for persons with disabilities in remote areas; it covered expenses for transportation and accommodation, and/or food, for 153 patients.

The ICRC maintained its support for a national training institute to offer diploma courses in prosthetics and orthotics, and an association of disability sports to provide training for wheelchair-basketball players, including a women's team. The ICRC also supported a fund to promote their physical rehabilitation services and organize outreach activities for disabled people. The ICRC gave 10 people scholarships to study prosthetics and orthotics locally – at the national training institute and elsewhere – or abroad.

The ICRC provided infrastructural support – such as the renovation of emergency rooms and provisional repairs to critical facilities – at 20 hospitals (5,183 beds) and two physical rehabilitation centres. By making emergency donations of fuel and spare parts, the ICRC provided more support than planned for hospitals.

ACTORS OF INFLUENCE

The ICRC advocates respect for IHL and humanitarian action

The pandemic limited the implementation of many of the ICRC's activities. Various events had to be cancelled because of restrictions on travel and assembly. Nevertheless, the ICRC was able to promote IHL among members of five key institutions: the presidency, state council, foreign ministry, civil

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

aviation and Sana'a University. It organized IHL training for officers from the military and the security forces, local authorities in several governorates, and religious leaders. These events enabled the participants to reach a fuller understanding of various humanitarian issues and the ICRC's neutral, impartial and independent humanitarian action. The ICRC produced digital content and strengthened its presence online, with a view to interesting a wider audience in IHL and the Movement's activities.

Public-communication initiatives draw attention to pressing issues

Interviews with the media helped the ICRC to broaden awareness of the humanitarian situation and make its concerns known. It used various means of public communication – news releases, operational updates and social media – to remind parties to conflict of their obligations under IHL, and also to foster acceptance for its activities. It produced informational materials – print and audiovisual – that described the scale and gravity of the needs: the emphasis was on supply shortages, the spread of COVID-19 and cholera, the plight of IDPs, and issues related to health care. Local and international news organizations picked up some of these materials and helped to draw attention to such issues.

The National Society was given training and financial and technical support to develop its ability to describe and publicize the Movement's work accurately, and to gather support for its activities (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

The Yemen Red Crescent Society remained the ICRC's main partner in the field. Its vast network of staff and volunteers continued to help the ICRC reach conflict-affected people in need. Emergency response – distributing food and essential household items to vulnerable communities, providing first aid to wounded people, and tackling the pandemic – was the focus of the National Society and the ICRC's joint activities.

The ICRC gave the National Society comprehensive support – financial, material and technical assistance, and training – to develop its ability to respond to a broad range of humanitarian needs, and to foster acceptance and support for the Movement. ICRC support for the National Society concentrated on certain areas: project management; human and financial resources; mine-risk awareness; health; water-and-habitat; management of human remains; and restoration of family links. The ICRC also helped the National Society to incorporate the Safer Access Framework in its training and operations, and to improve coordination between its headquarters and branches throughout the country. The National Society and the ICRC renewed their partnership framework agreement, focusing on emergency response and longer-term support. The International Federation, with the ICRC's financial backing, undertook various activities to develop the National Society's capacities, such as helping to advance its institutional development.

The International Federation, the National Society, the ICRC and other Movement components in the country, met regularly to coordinate their activities and sign partnership agreements, on security management and other matters.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,250			
RCMs distributed		1,074			
Phone calls facilitated between family members		102			
Reunifications, transfers and repatriations					
People reunited with their families		91			
People transferred or repatriated		25			
Human remains transferred or repatriated		354			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		335	11	3	25
	<i>including people for whom tracing requests were registered by another delegation</i>	53			
Tracing cases closed positively (subject located or fate established)		125			
	<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at the end of the reporting period (people)		2,052	101	62	233
	<i>including people for whom tracing requests were registered by another delegation</i>	202			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		77			
UAMs/SC reunited with their families by the ICRC/National Society		91			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		12			
Documents					
People to whom travel documents were issued		3			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		43			
Detainees in places of detention visited		20,454	247	223	
Visits carried out		68			
			Women	Girls	Boys
Detainees visited and monitored individually		3,374	3		104
	<i>of whom newly registered</i>	3,240	3		104
RCMs and other means of family contact					
RCMs collected		95			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		76			
Detainees released and transferred/repatriated by/via the ICRC		813			
People to whom a detention attestation was issued		86			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	490,266	177,098	191,387
	<i>of whom IDPs</i>	337,136	139,076	113,922
Food production	Beneficiaries	475,622	200,571	179,927
Income support	Beneficiaries	247,539	80,805	103,174
	<i>of whom IDPs</i>	155,555	56,650	58,858
Living conditions	Beneficiaries	359,387	129,096	151,693
	<i>of whom IDPs</i>	226,905	95,974	78,830
Capacity-building	Beneficiaries	59,363	16,440	23,733
	<i>of whom IDPs</i>	32,522	8,131	11,728
Water and habitat				
Water and habitat activities	Beneficiaries	5,013,650	1,453,958	2,105,733
Primary health care				
Health centres supported	Structures	35		
	<i>of which health centres supported regularly</i>	30		
Average catchment population		685,485		

CIVILIANS		Total	Women	Children
Primary health care				
Services at health centres supported regularly				
Consultations		897,640		
	<i>of which curative</i>	845,461	236,548	409,424
	<i>of which antenatal</i>	52,179		
Vaccines provided	Doses	221,831		
	<i>of which polio vaccines for children aged 5 or under</i>	98,919		
Referrals to a second level of care	Patients	4,826		
	<i>of whom gynaecological/obstetric cases</i>	1,342		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	37,657	828	1,665
Water and habitat				
Water and habitat activities	Beneficiaries	11,960	3,468	5,023
Health care in detention				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	51		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	14		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	11,857	174	1,401
	(including those related to mines or explosive remnants of war)	138	*	*
	Non-weapon-wound admissions	15,666		
	Operations performed	32,384		
Gynaecological/obstetric admissions		2,991	2,189	92
Consultations		660,713		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		23,106		
Weapon-wound admissions (surgical and non-surgical admissions)		10,594	19	3,304
Weapon-wound surgeries performed		6,037		
Patients whose hospital treatment was paid for by the ICRC		439		
First aid				
First-aid training				
	Sessions	11		
	Participants (aggregated monthly data)	220		
Water and habitat				
Water and habitat activities	Beds (capacity)	5,183		
Physical rehabilitation				
Projects supported		8		
	<i>of which physical rehabilitation projects supported regularly</i>	5		
Services at physical rehabilitation projects supported regularly				
People receiving physical rehabilitation services	Aggregated monthly data	49,791	11,847	17,891
	<i>of whom victims of mines or explosive remnants of war</i>	610		
Prostheses delivered	Units	931		
Orthoses delivered	Units	31,049		
Physiotherapy sessions		257,430		
Walking aids delivered	Units	3,627		
Wheelchairs or postural support devices delivered	Units	121		
Referrals to social integration projects		224		

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