

NEAR AND MIDDLE EAST

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	11,120
RCMs distributed	6,925
Phone calls facilitated between family members	13,116
Tracing cases closed positively (subject located or fate established)	1,717
People reunited with their families	20
<i>of whom unaccompanied minors/separated children</i>	20
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	201
Detainees in places of detention visited	129,667
<i>of whom visited and monitored individually</i>	8,555
Visits carried out	824
Restoring family links	
RCMs collected	10,416
RCMs distributed	7,893
Phone calls made to families to inform them of the whereabouts of a detained relative	2,474

EXPENDITURE IN KCHF	
Protection	74,807
Assistance	352,820
Prevention	29,063
Cooperation with National Societies	29,544
General	7,118
Total	493,352
<i>Of which: Overheads</i>	<i>30,085</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	80%
PERSONNEL	
Mobile staff	702
Resident staff (daily workers not included)	3,346

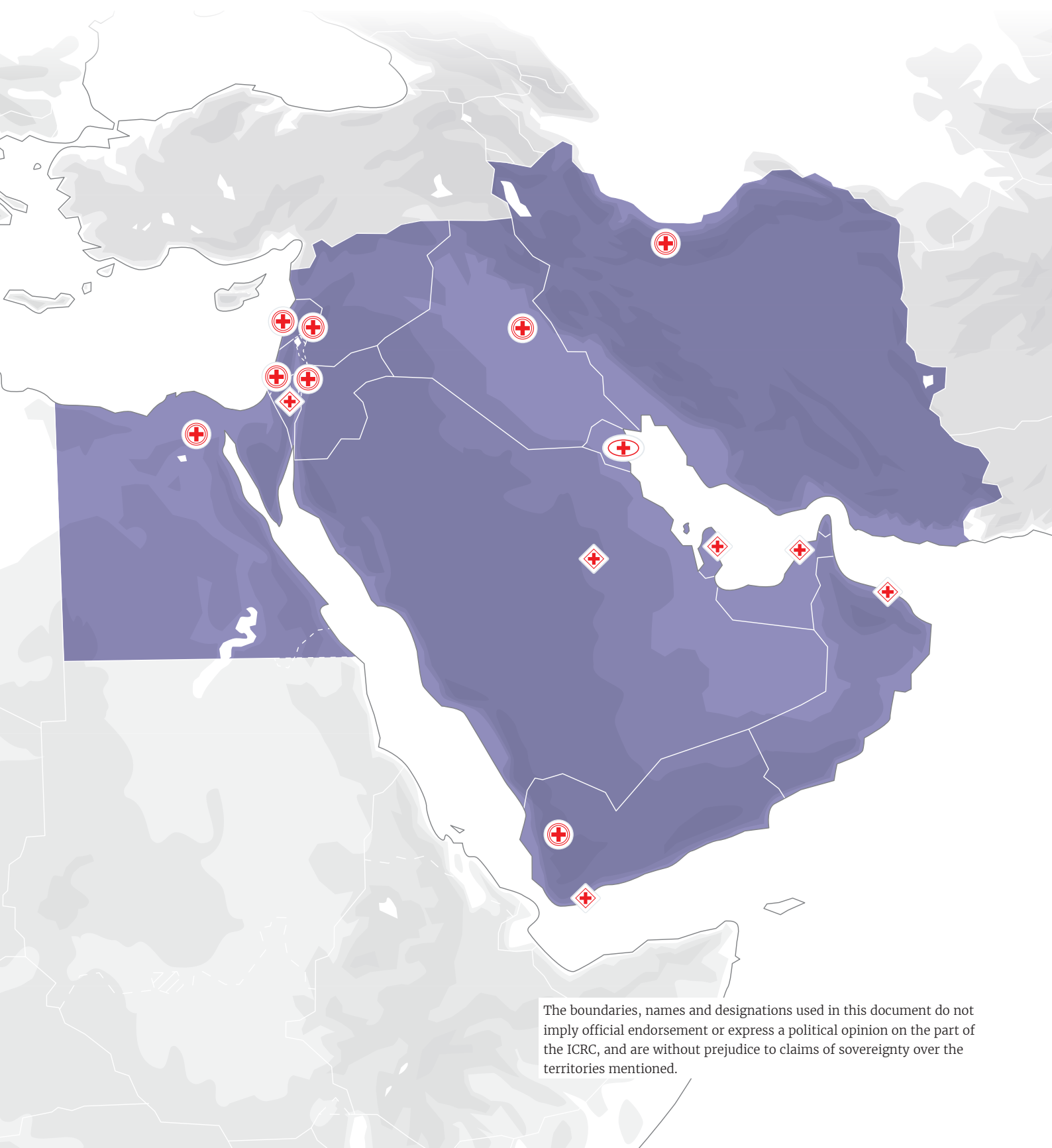
ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	1,285,700	1,479,784
Food production	People	1,000,300	1,189,866
Income support	People	241,875	452,091
Living conditions	People	3,132,450	2,316,778
Capacity-building	People	82,432	65,179
Water and habitat			
Water and habitat activities	People	17,689,212	26,262,972
Health			
Health centres supported	Structures	155	142
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	4,500	1,270
Living conditions	People	81,465	117,170
Water and habitat			
Water and habitat activities	People	28,132	44,573
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	160	178
Physical rehabilitation			
Projects supported	Projects	62	55
Water and habitat			
Water and habitat activities	Beds (capacity)	4,229	8,990

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. Its 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 and in academic curricula, and its integration into military training, throughout the Arab world.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2021

- Violence-affected people in North Sinai covered their basic needs, with food parcels and household essentials from the ICRC that were distributed by the Egyptian Red Crescent Society. The area remained inaccessible to the ICRC.
- Health officials and health-care providers in North Sinai and the surrounding governorates responded to the COVID-19 pandemic with the help of personal protective equipment and other supplies donated by the ICRC.
- Members of dispersed families, including migrants, reconnected or sought one another using the Movement's family-links services. Four minors living abroad reunited with their mother in Egypt, with support from the ICRC.
- The ICRC discussed its role in situations of violence and its detention-related work with the authorities. At the defence ministry's invitation, it conducted IHL sessions for participants in a multinational military training exercise.

EXPENDITURE IN KCHF

Protection	920
Assistance	3,011
Prevention	984
Cooperation with National Societies	896
General	60
Total	5,871
<i>Of which: Overheads</i>	<i>358</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	70



ICRC delegation

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	21
RCMs distributed	14
Phone calls facilitated between family members	2,351
Tracing cases closed positively (subject located or fate established)	130
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	4

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	26,200	57,328
Income support	People	2,550	292
Living conditions	People	26,200	57,717
Capacity-building	People	9	4
Health			
Health centres supported	Structures	3	
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	3	3

CONTEXT

Government forces and armed groups continued to clash in the governorate of North Sinai; a large-scale military operation launched in 2018 was still in progress. The fighting reportedly led to injuries, deaths, displacement and arrests, and obstructed access to essential services and livelihood opportunities. Owing to security constraints and for other reasons, North Sinai remained inaccessible to most humanitarian groups and international organizations.

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. Many of them became separated from their families during their journey; unaccompanied minors faced exploitation or abuse.

The Egyptian government continued to implement measures to check the spread of COVID-19.

Egypt remained 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).

ICRC ACTION AND RESULTS

The ICRC maintained its commitment to addressing humanitarian needs in Egypt, despite some pandemic-related and other constraints that limited its access to certain areas or affected the full implementation of its activities. In its dialogue with the Egyptian authorities and other stakeholders, it sought to explain and build support for its role in situations of violence and for its detention-related activities.

The ICRC continued to support the Egyptian Red Crescent Society's efforts to aid violence-affected people, especially in North Sinai to which it had no access. Emergency aid and livelihood support from the ICRC, which was distributed by the National Society, helped people affected by the situation in North Sinai to cope. In partnership with St. Andrew's Refugee Services (StARS), the ICRC enabled unaccompanied minors and other young people in and around Cairo to cover their basic needs. As planned, it ended its relief assistance programme, implemented through StARS, in June.

The ICRC strove to help reinforce health services in North Sinai and the surrounding governorates. It helped build life-saving capacities among first responders and enabled them to teach others to provide such care. The health authorities and health-care providers drew on ICRC support to carry out their COVID-19 response safely and effectively. National Society volunteers learnt how to practice self-care, provide psychosocial support for others and share their knowledge with their peers.

Members of families separated by violence, migration or detention reconnected or reunited through the Movement's family-links services. The ICRC and its local partners continued to strive to make family-links services more widely known among migrants and others who might need them. The ICRC provided assistance or referrals for missing people's families.

The ICRC endeavoured to be a main source of reference for IHL and other applicable law among actors of influence. It supported the efforts of the armed and police forces to integrate IHL and international standards for law enforcement, respectively, into their doctrine, training and operations. At the invitation of the defence ministry, the ICRC took part in a multinational military training exercise, at which it worked to advance understanding of IHL among military personnel and other participants. Together with its regional communication centre in Cairo and the LAS, it continued to cultivate interest in IHL, and support for it, among authorities, members of civil society and the general public in Egypt and the rest of the Arab-speaking world.

CIVILIANS

The ICRC discussed various matters with Egyptian authorities and weapon bearers, such as its role in situations of violence; how it could help them address the needs of violence-affected people, particularly in North Sinai; and the applicability of IHL and other relevant norms to their operations (see *Actors of influence*). Some of the ICRC's other protection-related activities continued to be hampered by pandemic-related movement restrictions.

Vulnerable people, particularly in North Sinai, cover their needs

The Egyptian Red Crescent and the ICRC continued to work together to help violence-affected people in North Sinai, which remained inaccessible to the ICRC. National Society staff and volunteers received ICRC guidance in designing and carrying out economic-security projects, which included post-distribution monitoring; human-resources constraints faced by the National Society affected the provision of livelihood-support activities. A total of 55,000 people (11,000 households) in North Sinai and the neighbouring governorate of Ismailia received food parcels and household essentials. More people than planned received ICRC assistance – through the National Society – as some aid distributions that were postponed from the previous year were carried out in 2021. Cash grants enabled 50 heads of households (supporting 250 people) to start or sustain livelihoods, such as raising livestock or poultry.

Together with StARS, the ICRC strove to help address the essential needs of unaccompanied minors and other young people in and around Cairo. It provided four StARS staff members with financial, material and technical support for developing their ability to implement their activities, which included providing mental-health and psychosocial support for vulnerable young people. Some 2,300 youths were given food parcels, and hygiene kits and other household items, every month. Twenty-two people between the ages of 18 and 20 started micro-enterprises with income support and regular mentoring from StARS and the ICRC. StARS referred a number of others to vocational training centres. The ICRC's relief assistance programme (food and household essentials), implemented through StARS, came to an end in June, as planned.

National Society volunteers develop their ability to provide psychosocial support

National Society volunteers in North Sinai learnt more about basic stress management and self-care during workshops conducted by ICRC-supported National Society facilitators.

Several National Society trainers from Ismailia and North Sinai developed their ability to provide psychosocial support for others and organize peer-support activities; some of them joined a pool of facilitators in charge of replicating these training sessions more widely.

Material aid from the ICRC helped the health ministry to respond to the pandemic, including in North Sinai (see *Wounded and sick*). Through desk reviews and meetings with the pertinent authorities, the ICRC assessed the primary-health-care needs of people in Ismailia and North Sinai, with a view to developing an appropriate response in 2022. Access constraints hampered the implementation of the ICRC's other health-related activities in North Sinai.

Members of separated families reconnect

The ICRC, together with the National Society and StARS, explained the Movement's family-links services to migrants and other potential recipients of these services; members of community-based organizations (e.g. those serving Syrians and Yemenis); and other stakeholders. This was done through information sessions and social media, and by distributing leaflets on the subject. The ICRC continued to provide internet access and material and financial support to some of these community-based organizations, who, in turn, promoted these family-links services more widely, including Trace the Face – an online photo tracing service with a centralized database. The National Society continued to draw on technical support from the ICRC to bolster its capacity to help dispersed relatives to reconnect.

Members of families separated as a result of violence, migration or detention restored or maintained contact with the help of the Movement's family-links services, including those provided by the ICRC delegation in Egypt in close coordination with other ICRC delegations in the region. Migrants made phone calls to their relatives in other countries. Unaccompanied minors and other people put in requests to locate family members; 130 tracing requests were resolved positively. Four minors in Sudan were reunited with their mother in Egypt, with the ICRC's help.

Some relatives of missing people (over 380 people) met their material needs and eased their living conditions with ad hoc cash assistance from the ICRC. The ICRC referred others to local organizations for mental-health and psychosocial support and for other kinds of aid. Discussions between the pertinent authorities and the ICRC, on ascertaining the fate of missing people and the proper management of human remains, remained limited.

PEOPLE DEPRIVED OF THEIR FREEDOM

In its dialogue with the authorities and through participation in events, the ICRC sought 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 meet internationally recognized standards. No discussions took place between the authorities and the ICRC on responding to COVID-19 in places of detention.

WOUNDED AND SICK

The ICRC strove to help reinforce health services in North Sinai and the surrounding governorates. However, access constraints, pandemic-related restrictions, and administrative changes at one of its local partners delayed or hindered its implementation of some planned activities, such as referrals to health facilities and assessments of hospitals' needs.

Health-care providers are equipped to respond to the pandemic and other emergencies

First responders, including community members in North Sinai and police officers, built up their capacities in first aid and/or dealing with mass-casualty situations through workshops organized or supported by the ICRC; some of them also learnt more about the Health Care in Danger initiative at these events. ICRC train-the-trainer sessions helped strengthen the ability of Armed Forces Medical Services personnel to instruct others in life-saving care. The Egyptian Red Crescent continued to draw on material and technical support from the ICRC to provide more effective treatment for wounded people during emergencies, such as through the formation of emergency response teams.

Three hospitals in Ismailia and North Sinai strengthened their capacities in tackling COVID-19, with personal protective equipment (PPE), oxygen concentrators and/or other medical supplies and equipment from the ICRC. The health ministry received similar material aid, for distribution to other hospitals in North Sinai and the surrounding governorates.

ACTORS OF INFLUENCE

The ICRC endeavoured to secure acceptance and support for its humanitarian activities among various influential parties in Egypt, with a view to being able to assist violence-affected people in the country. Where possible, it made use of virtual alternatives to carry out its work, as pandemic-related precautionary measures continued to affect the implementation of some of its planned activities.

Influential actors strengthen their grasp of the ICRC's humanitarian mandate and activities

Government officials, state weapon bearers and other stakeholders familiarized themselves with the Movement's neutral, impartial and independent humanitarian action, at briefings, seminars and other events that the ICRC organized or attended (e.g. forums tackling post-pandemic concerns and water-related issues in the region). During its interaction with them, the ICRC explained its role in situations of violence and described its activities in the region and the added value of its work.

The authorities and the ICRC continued to discuss how the ICRC could help address the needs of violence-affected people, detainees and migrants. Together with the Egyptian Red Crescent, the ICRC also discussed with the authorities possibilities for a concerted humanitarian response by the National Society and the ICRC to the situation in North Sinai.

Aided by its regional communication centre in Cairo, the ICRC reinforced the efforts mentioned above by fostering – among

the authorities, members of civil society and the public in Egypt and the wider region – a more accurate understanding of the Movement and IHL. It produced written and audiovisual materials, such as IHL publications distributed to judges and other government officials and online press releases on the Movement's activities in North Sinai. Journalists attended ICRC workshops and learnt how to cover humanitarian issues and IHL-related matters; they also coordinated with the ICRC to produce informational materials and organize media interviews with the ICRC. The National Society drew on the ICRC's expertise to expand its communication capacities, such as when engaging with communities.

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

The armed forces took steps towards integrating IHL more fully into their doctrine and operations, with guidance and other support from the ICRC. Four officers attended an ICRC workshop on rules governing military operations. At the defence ministry's invitation, the ICRC participated in a biennial multinational military training exercise organized by the American and Egyptian armed forces. It made a presentation on IHL and on its own humanitarian activities for military personnel from over a dozen countries; it also organized lectures on more advanced aspects of IHL for Egyptian military legal advisers.

Police officers learnt more about international policing standards at ICRC training sessions. The interior ministry and the ICRC continued to discuss how to integrate these standards into security forces' doctrine, training and operations.

Military and police officers assigned to peacekeeping operations advanced their understanding of IHL and international human rights law during predeployment briefings conducted by the ICRC.

The authorities in Egypt and the wider region discuss IHL implementation

The ICRC strove to help academics further their understanding of IHL and to encourage them to pass on what they knew to their peers and the authorities. It discussed with two

educational institutions the incorporation of IHL in their curricula. Students tested their grasp of IHL at a national moot court competition organized by the national IHL committee, a local university and the ICRC.

The national IHL committee and the ICRC continued to make their expertise available to the Egyptian authorities, to help implement IHL-related treaties and/or adopt or draft domestic laws.

The ICRC continued to work with the LAS to cultivate respect for IHL among Arab states. It organized various events, such as a meeting for representatives of Arab national IHL committees to discuss contemporary issues in IHL and domestic implementation of IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Egyptian Red Crescent Society and the ICRC worked together to respond to humanitarian needs, particularly in North Sinai (see *Civilians* and *Wounded and sick*). Pandemic-related constraints forced the postponement of some planned activities.

The National Society drew on material, technical and other support from the ICRC to strengthen its operational and organizational capacities. For example, the ICRC gave the National Society financial assistance to buy PPE and help it implement its response to the pandemic. The National Society briefed its volunteers in North Sinai on security issues and application of the Safer Access Framework. It established a unit at its headquarters to plan, monitor, evaluate and report on its various projects; the unit's staff participated in capacity-building sessions organized with the support of the International Federation and the ICRC.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	21			
RCMs distributed	14			
Phone calls facilitated between family members	2,351			
Names published on the ICRC family-links website	174			
Reunifications, transfers and repatriations				
People reunited with their families	4			
<i>including people registered by another delegation</i>	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	614	147	107	100
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)	130			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	2,324	526	380	443
<i>including people for whom tracing requests were registered by another delegation</i>	163			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	4	2		
<i>including UAMs/SC registered by another delegation</i>	4			
Documents				
People to whom travel documents were issued	118			
People to whom official documents were delivered across borders/front lines	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	57,328	16,500	18,828
	<i>of whom IDPs</i>	46,000	13,800	13,800
Income support	People	292	86	16
Living conditions	People	57,717	16,850	18,858
	<i>of whom IDPs</i>	46,000	13,800	13,800
Capacity-building	People	4	2	
Mental health and psychosocial support				
People who received mental-health support		30		
People who attended information sessions on mental health		19		
People trained in mental-health care and psychosocial support		20		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
First aid				
First-aid training				
	Sessions	41		
	Participants (aggregated monthly data)	879		

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



KEY RESULTS/CONSTRAINTS IN 2021

- To foster support for IHL and its own mandate and activities, the ICRC sought to enhance its dialogue with authorities and other influential actors. Pandemic-related and other constraints affected the implementation of some initiatives.
- 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.
- Iranians and Afghan migrants learnt safer behaviour around mines/explosive remnants of war (ERW) through ICRC-supported initiatives of the Red Crescent Society of the Islamic Republic of Iran and other actors.
- In Mashhad, particularly at-risk Afghan migrants and Iranians had access to health care – including physical rehabilitation and mental-health support – through ICRC-backed National Society projects with two local NGOs.
- Members of families separated by conflict, migration, detention or other circumstances reconnected through the Movement's family-links services. Three minors were reunited with their families abroad.

EXPENDITURE IN KCHF

Protection	1,314
Assistance	1,917
Prevention	783
Cooperation with National Societies	6,322
General	47
Total	10,383
<i>Of which: Overheads</i>	<i>634</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	107%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	39

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	120
RCMs distributed	135
Phone calls facilitated between family members	10
Tracing cases closed positively (subject located or fate established)	162
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>3</i>

ASSISTANCE

2021 Targets (up to)

Achieved

CIVILIANS

Health

Health centres supported	Structures	1	1
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WOUNDED AND SICK

Physical rehabilitation

Projects supported	Projects	6	4
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CONTEXT

The Islamic Republic of Iran maintained its influence in the region, including in countries experiencing armed conflict.

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.

Members of families separated by conflicts in the wider region, migration, detention or other circumstances had difficulties contacting one another.

There were reportedly around 3.6 million Afghan migrants in the country, most without regular status. Because of their status, many of them – in the city of Mashhad, for instance – had little or no access to basic services, including health care. Developments in Afghanistan (see *Afghanistan*) drove large influxes of migrants to the Islamic Republic of Iran. Afghans seeking to return to their country risked injury or death from the mines and ERW along their route.

The public-health, economic and other consequences of the COVID-19 pandemic persisted; the government continued to impose nationwide restrictions, such as lockdowns, travel bans and curfews, to check the spread of the disease.

ICRC ACTION AND RESULTS

The ICRC and the Red Crescent Society of the Islamic Republic of Iran continued to work closely together to respond to humanitarian needs in the country – especially among migrants and residents with particular vulnerabilities – and cultivate support for IHL and the Movement. The ICRC provided the National Society with material, technical and financial support for bolstering the National Society's capacities in their areas of joint work. Some planned activities had to be adapted or postponed because of pandemic-related constraints.

Through meetings and themed events, the ICRC sought to enhance its dialogue with the authorities, civil-society representatives and other influential parties, notably with a view to fostering acceptance for its mandate and activities. Its public-communication initiatives promoted understanding of IHL, humanitarian issues and its own work among various audiences.

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 chair both the tripartite committee and its joint working group. During handovers of sets of human remains to the Iranian authorities from their Iraqi counterparts – or from the Iranian authorities to their Iraqi counterparts – the ICRC acted as observer, at the invitation of the pertinent authorities. The ICRC continued to make its expertise available to local actors involved in managing human remains.

The National Society and the Iranian Mine Action Centre (IRMAC), the main coordinator of mine-action activities in the country, carried out their mine-risk education activities with

technical, material and financial assistance from the ICRC. People living in or passing through weapon-contaminated areas learnt safer behaviour around mines/ERW at in-person or virtual sessions; the sessions also tackled COVID-19 risk reduction and/or the Movement's family-links services. Afghan returnees and particularly vulnerable residents received face masks, disinfectants and informational materials on mines/ERW and COVID-19 from the National Society and the ICRC. IRMAC continued to draw on ICRC support for its development of informational materials and a mobile application on mine-risk awareness.

Afghan migrants reconnected with their families through the Movement's family-links services; Iranians also used these services, to get in touch with relatives detained in other countries.

In Mashhad, thousands of Afghan migrants and particularly at-risk Iranians had access to health care, including mental-health and psychosocial support, and learnt good health and hygiene practices, through a clinic and/or a woman's shelter run by the National Society and the Society for Recovery Support (SRS), a local NGO. People with disabilities – following their identification by SRS or Pars Development Activists (PDA), another local NGO – were assessed by the ICRC and, as necessary, referred to National Society-run physical rehabilitation centres, where they received suitable care. In December, Afghan migrants, and residents of the communities hosting them, began being vaccinated against COVID-19, through a National Society vaccination drive supported by the health ministry and the ICRC.

In view of large influxes of migrants from Afghanistan, the National Society, the International Federation and the ICRC developed a contingency plan to help the National Society address the needs of these migrants.

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 chair both the tripartite committee and its joint working group. During handovers of sets of human remains to the Iranian authorities from their Iraqi counterparts – or from the Iranian authorities to their Iraqi counterparts – the ICRC acted as observer, at the request of these authorities.

In coordination with the foreign ministry and the National Society, the ICRC continued to make its expertise available to local actors involved in managing human remains within the context of conflict, natural disaster, migration-related and other emergencies. It held round tables with the Legal Medicine Organization (LMO) and a forensic laboratory, provided support for assessing their facilities in light of best forensic practices, and trained their personnel in DNA analysis, including in connection with the identification of disaster victims. It organized an online seminar for the disaster management authorities, at their request, on handling the remains of people killed during disasters. The LMO, the

National Society and the ICRC discussed how to strengthen their coordination on forensics-related matters.

People learn to minimize their risk from mines/ERW and COVID-19

The ICRC remained the sole humanitarian organization supporting humanitarian mine action in the Islamic Republic of Iran. It gave technical, material and financial assistance to the National Society and IRMAC, for an ongoing project involving the organization of mine-risk education sessions in five provinces bordering Iraq, and one province bordering Afghanistan. Some 426,000 people – 397,000 of whom were Afghan returnees – learnt safer behaviour around mines/ERW; the sessions also tackled COVID-19 risk reduction and/or the Movement's family-links services (see below). Because of pandemic-related constraints, many sessions were held virtually. A series of animated films shown online in local languages by IRMAC and the ICRC, and social-media posts by the National Society, disseminated to a wider audience key messages on mitigating the threat posed by mines/ERW. The National Society and the ICRC distributed face masks, disinfectants and informational materials on mines/ERW and COVID-19, to Afghan returnees and particularly vulnerable residents of weapon-contaminated areas.

At online ICRC training sessions, National Society staff and volunteers furthered their grasp of developing mine-risk educational materials and approaches, and in collecting and managing data. IRMAC continued to draw on ICRC support for its development of informational materials and a mobile application for mine-risk awareness. National Society, IRMAC and ICRC representatives participated in an online international meeting of mine-action stakeholders, at which they made presentations about their joint activities for Afghan returnees.

Migrants and others resume contact with their families

Afghan migrants, and Iranians with family members detained abroad, reconnected with their relatives through RCMs and phone calls arranged by the National Society and the ICRC. The families of 162 people reported missing learnt of their relatives' fate and/or whereabouts and, whenever possible, were put in touch with them. Amid pandemic-related constraints, the ICRC maintained its efforts to follow up cases of people waiting to be reunited with their relatives; three minors were reunited with their families abroad.

To help make tracing and other family-links services more broadly available, the ICRC organized workshops on providing these services, including during emergencies, for National Society, PDA and SRS personnel – notably those working in key provinces along borders and migration routes. It also ran a train-the-trainer course for the National Society. Some of these training events were held online.

With the help of ICRC-produced informational materials distributed by SRS, Afghan migrants learnt more about means to prevent loss of family contact and of the Movement's family-links services.

The ICRC issued attestations of detention for 153 Iraqi ex-POWs, which helped them with such administrative procedures in Iraq as applying for state benefits. It formally notified the Iranian authorities regarding 70 Iranian nationals detained abroad.

Migrants and particularly vulnerable residents have access to health care

In Mashhad, particularly at-risk Afghan migrants and Iranians obtained preventive and curative health care at a clinic and/or a women's shelter operated by the National Society and SRS. The ICRC continued to provide financial, material and technical assistance for running these facilities – notably for the clinic, which needed renovations for the new space that it transferred to in June, such as expanding the occupational therapy room. The facilities sustained their services despite the challenges posed by the pandemic, thanks to the ICRC's support for infection prevention and control, which included donating COVID-19 vaccine doses, PPE, disinfectants and informational materials.

The SRS clinic provided roughly 14,100 curative consultations, mostly for non-communicable diseases; personnel implemented measures to improve care, such as regular testing and follow-up, particularly for diabetic and hypertension patients. Approximately 5,300 referrals were made, including for diagnostic tests, obstetrics-and-gynaecology care, and dentistry services; some patients received more than one referral. People referred to a partner pharmacy received medicine free of charge.

Mental-health and psychosocial support continued to be available to victims/survivors of sexual violence and others, either at the clinic or during community outreach visits by SRS psychologists. About 1,300 people benefited from individual, family or group counselling sessions; because of pandemic-related constraints, group sessions were either scaled down, when held in person, or conducted online. The ICRC sought to increase the accessibility of psychosocial support, by training selected community members in providing it.

Around 69,500 women and children attended online information sessions held by SRS, on such subjects as good health and hygiene practices; nutrition; reproductive health; prevention of COVID-19, HIV and hepatitis; and parenting. Some women attended similar sessions at the SRS-run shelter, where they also received help to mitigate the consequences of drug use.

People with disabilities, following their identification by PDA or SRS, were assessed by the ICRC and, as necessary, referred to National Society-run physical rehabilitation centres (see *Wounded and sick*).

In December, Afghan migrants, and residents of the communities hosting them, began being vaccinated against COVID-19, through a National Society vaccination drive supported by the health ministry and the ICRC; the drive was set to continue through to 2022, covering people in four provinces. A total of 180,000 doses were administered by the end of 2021.

WOUNDED AND SICK

People with disabilities obtain physical rehabilitation

At National Society-run physical rehabilitation centres – one each in Mashhad and Zahedan – 140 physically disabled people¹ received suitable care, with the ICRC covering the costs of their treatment and/or assistive devices. It provided the centres with cerebral-palsy wheelchairs, technical guidance and staff training; because of pandemic-related constraints, planned training for orthopaedic-shoe technicians did not take place.

With the consent of the authorities, PDA and the ICRC conducted a field visit to Yazd province to assess needs among the Afghan migrants, some with physical disabilities, who had settled there. To help these migrants reduce their risk of COVID-19, the ICRC supported PDA in producing face masks for them; key messages on how to avoid infection were also relayed to them. Owing to operational adjustments, these activities were not extended to cover at-risk migrants in Sistan and Baluchistan, as initially planned.

A higher-education institute run by the National Society pursued discussions with the ICRC on working towards international accreditation for its programme in prosthetics and orthotics, with a view to ensuring the quality of available services for people with disabilities.

The ICRC maintained contact with a working group of armed forces and security forces personnel, on the protection due to people seeking or providing medical care, and on weapon-wound surgery. Planned events with them were put on hold, pending further dialogue with the authorities concerned.

ACTORS OF INFLUENCE

Together with the Red Crescent Society of the Islamic Republic of Iran, or with its support, the ICRC sought to enhance its dialogue with the authorities, civil-society representatives and other influential parties. It did so to cultivate support for IHL and its own mandate and activities, especially in connection with ongoing conflicts in the region (see, for example, *Syrian Arab Republic*). Some planned initiatives were adapted or postponed, owing to pandemic-related and/or other constraints.

Authorities and members of civil society broaden their awareness of IHL and humanitarian issues

The ICRC encouraged or facilitated the participation of the authorities in various forums on IHL, for example: an online international round table on pandemics and armed conflict; an online conference with other officials from the Asia-Pacific region, on such topics as safeguarding health-care services and the natural environment; and an academic podcast, for an episode on cyber operations. The ICRC pursued discussions on IHL-related subjects with IRMAC (see *Civilians*) and with a working group of armed forces and security forces personnel (see *Wounded and sick*).

Contact with members of Iranian media was reinforced, to promote accurate coverage of humanitarian issues and the Movement. Thirty journalists honed their skills in humanitarian

reporting, during a workshop. The ICRC's president granted a state news organization an exclusive interview, on the ICRC's work in Yemen (see *Yemen*). All this was supplemented by communication materials on its activities – notably those carried out in the country with local partners (see above) – that the ICRC produced and disseminated, including through its Farsi-language website.

The National Society strengthened its public-communication capacities, with ICRC input. It launched a countrywide awareness-raising campaign on preparing for disasters, including COVID-19, ahead of a COVID-19 vaccination drive (see *Civilians*). It developed an online course that enabled some 25,000 people – including National Society volunteers – to learn more about the Movement. Senior National Society officials were trained in community engagement; the ICRC also briefed PDA and SRS personnel on the subject. Development of a mobile application for mine-risk awareness continued (see *Civilians*).

The national IHL committee helps advance understanding of IHL

With a view to advancing the domestic implementation of IHL, the ICRC continued to back the national IHL committee – chaired by the National Society – with technical guidance and training, and facilitated its participation in pertinent events, such as an international meeting of national IHL bodies and the above-mentioned Asia-Pacific regional conference. The committee incorporated ICRC-produced materials on IHL into its dissemination sessions for senior officers of the Iranian armed forces. It supported the translation into Farsi of certain ICRC publications and the formalization of an agreement between the ICRC and two professors, in connection with updating the ICRC's commentary on the Fourth Geneva Convention.

Academics developed their understanding of IHL at a university event held by the national IHL committee and a local research institute. A team of law students tested their knowledge of IHL at an ICRC-organized online international moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of the Islamic Republic of Iran and the ICRC continued to work closely together to respond to humanitarian needs in the country, especially among migrants and residents with particular vulnerabilities (see *Civilians* and *Wounded and sick*), and to cultivate support for IHL and the Movement (see *Actors of influence*). The ICRC provided the National Society with material, technical and financial resources for bolstering the National Society's capacities in their areas of joint work; agreements between the two organizations were formalized or renewed.

Although pandemic-related constraints forced the cancellation of some planned training activities for National Society personnel, the National Society and the ICRC adapted by creating online training courses; an introductory course on the Movement was completed.

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

In view of large influxes of migrants from Afghanistan (see *Context*), the National Society, the International Federation and the ICRC developed a contingency plan to help the National Society address the needs of these migrants. Within the

framework of the plan, the ICRC donated funds and vehicles to the National Society, and stepped up technical support to it, especially for the provision of family-links services.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	120			
RCMs distributed	135			
Phone calls facilitated between family members	10			
Names published on the ICRC family-links website	9			
Reunifications, transfers and repatriations				
People reunited with their families	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	399	89	78	112
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases closed positively (subject located or fate established)	162			
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases still being handled at the end of the reporting period (people)	831	173	174	217
<i>including people for whom tracing requests were registered by another delegation</i>	80			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	6	1		
UAMs/SC reunited with their families by the ICRC/National Society	3	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	6	2		
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	153			

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		14,103		
<i>of which curative</i>		14,103	9,264	1,303
Vaccines provided	Doses	584		
Referrals to a second level of care	Patients	5,372		
<i>of whom gynaecological/obstetric cases</i>		306		
Mental health and psychosocial support				
People who received mental-health support		745		
People who attended information sessions on mental health		330		
People trained in mental-health care and psychosocial support		5		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		4		
<i>of which physical rehabilitation projects supported regularly</i>		2		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	140	29	46
Prostheses delivered	Units	*		
Orthoses delivered	Units	52		
Physiotherapy sessions		*		
Walking aids delivered	Units	*		
Wheelchairs or postural support devices delivered	Units	36		

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

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 2021

- 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, numerous health facilities conducted vaccination campaigns against COVID-19. ICRC-supported facilities treated people with COVID-19, and others who were ill, wounded or physically disabled.
- More households than planned protected or increased their income with cash grants and other kinds of support from the ICRC, notably in support of the relief activities of the Iraqi Red Crescent Society and its other local partners.
- Pandemic-related and administrative constraints hindered the ICRC's efforts to renovate public infrastructure, such as water systems. Thus, fewer people than planned had access to clean water, health care and functioning schools.
- Members of families dispersed by conflict or other circumstances used the Movement's family-links services to reconnect. The authorities and the ICRC worked to resolve missing-persons cases linked to past armed conflicts.
- Detaining authorities, supported by the ICRC, strove to improve living conditions and health care at places of detention. They held information sessions on COVID-19 and facilitated the vaccination of prison staff and detainees.

EXPENDITURE IN KCHF

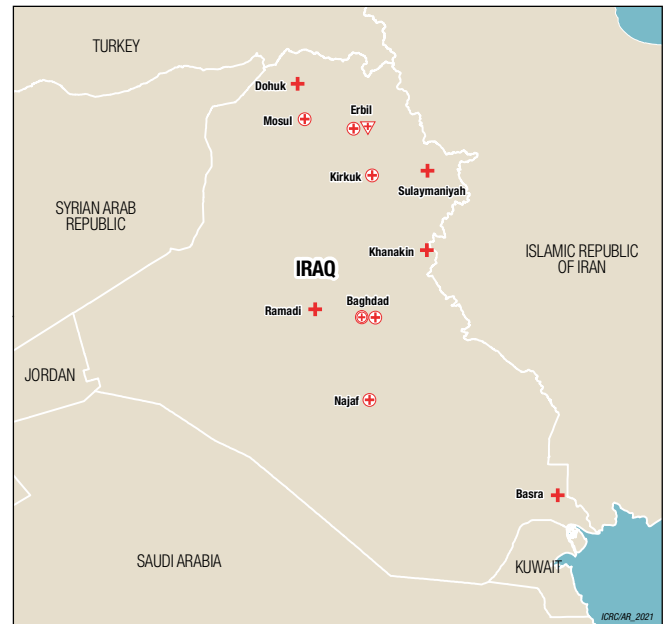
Protection	21,172
Assistance	63,959
Prevention	6,433
Cooperation with National Societies	1,560
General	589
Total	93,713
<i>Of which: Overheads</i>	<i>5,720</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	76%
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PERSONNEL

Mobile staff	156
Resident staff (daily workers not included)	1,016



⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office/presence ▴ ICRC-run physical rehabilitation project

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	1,444
RCMs distributed	1,077
Phone calls facilitated between family members	16
Tracing cases closed positively (subject located or fate established)	776

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	54
Detainees in places of detention visited	59,364
<i>of whom visited and monitored individually</i>	2,048
Visits carried out	154

Restoring family links

RCMs collected	1,847
RCMs distributed	4,198
Phone calls made to families to inform them of the whereabouts of a detained relative	1,213

ASSISTANCE

2021 Targets (up to)

Achieved

CIVILIANS

Economic security

Income support	People	114,660	241,120
Capacity-building	People	70	

Water and habitat

Water and habitat activities	People	355,850	93,048
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Health

Health centres supported	Structures	25	27
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People	50,000	68,792
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Water and habitat

Water and habitat activities	People	5,000	
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	42	44
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Physical rehabilitation

Projects supported	Projects	21	18
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Water and habitat

Water and habitat activities	Beds (capacity)	628	
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CONTEXT

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

Large-scale operations against the Islamic State group 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 – carried out smaller-scale operations against remnants of the group. Civilians were wounded, killed or went missing. Arrests were made in connection with the fighting.

The humanitarian consequences of the conflict were compounded by the effects of past violence, and long-standing, strained ethnic and sectarian relations. Security conditions improved in certain areas, but essential services and sources of livelihood were often inaccessible. The UNHCR estimated that some 4.9 million IDPs had returned home since 2017; however, roughly 1.2 million remained unable to do so, partly for the reasons mentioned above. The authorities in Iraq and the Syrian Arab Republic (hereafter Syria) repatriated some Iraqis from north-eastern Syria. About 240,000 Syrian refugees remained in the IKR.

Protests over political and economic issues took place periodically, and sometimes turned violent. Tensions along the border with Turkey caused local displacement.

Movement restrictions and other measures necessitated by the pandemic remained in place. National vaccination campaigns got under way.

ICRC ACTION AND RESULTS

The ICRC strove to respond to the 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 or – because of pandemic-related and other constraints – cancelled activities, and followed COVID-19 protocols (see *Context*). It coordinated its activities with central and IKR authorities.

The ICRC reminded the authorities, and weapon bearers with whom it was in 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 integrating its provisions more fully into the military’s policies and operations, and advancing its incorporation in domestic legislation. The ICRC’s public-communication initiatives enabled vulnerable communities to learn about COVID-19, and about the humanitarian services available to them. They got in touch with the ICRC’s community contact centre to ask for information about ICRC services or for news of missing relatives.

The Movement’s family-links services enabled members of dispersed families – including unaccompanied minors and children – to reconnect. The ICRC continued to support the

authorities’ efforts in these areas: ascertaining the fate of people missing in connection with past international armed conflict; and preventing disappearances. It also helped the authorities and others to develop their capacities in managing human remains.

Residents, returnees, recently displaced people and others who were especially vulnerable were given cash and other aid – food and household essentials – to cover their immediate needs and protect or supplement their income; the ICRC supported the relief activities of the National Society and its other local partners, reaching more households than planned with this assistance. Households started or maintained small businesses, or other income-earning activities, with ICRC cash grants, training and other livelihood support; breadwinners completed ICRC-subsidized apprenticeships that helped them find jobs. The ICRC renovated or supported renovations to water systems and other public infrastructure; as a result, safe water and other public services were more readily available to some people in violence-prone areas. People learnt about the risk to them from mines and explosive remnants of war (ERW), and safe practices in weapon-contaminated areas, at ICRC information sessions.

ICRC-supported health centres and hospitals provided emergency, specialized or advanced care to vulnerable people. To help ensure the continuity of medical services, these facilities – notably hospitals providing treatment for COVID-19 – were given personal protective equipment (PPE) and other kinds of support by the ICRC. The ICRC provided support on a regular basis for one hospital in a violence-prone area. It also supported numerous health facilities involved in the health ministry’s campaign to vaccinate people against COVID-19. People with physical disabilities received treatment at an ICRC centre in Erbil, and at ICRC-supported centres managed by the state or by NGOs; the ICRC also supported efforts to advance the social inclusion of disabled people. To help ensure the sustainability of the physical rehabilitation sector, the ICRC provided support for strengthening local capacities. Construction of a new centre, in Erbil, was completed.

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

CIVILIANS

The ICRC reminded the authorities and weapon bearers with whom it was in contact, and others as well, of their obligation under IHL and other applicable norms to protect civilians and civilian infrastructure, and safeguard access to humanitarian aid and basic services. Where possible, it made confidential representations to the pertinent parties on such topics as: stigmatization of IDPs or abuses against them; forced return; and movement restrictions. It conducted workshops on international policing standards (see *Actors of influence*), and safe provision of health services (see *Wounded and sick*).

The ICRC used communication campaigns and other means to inform communities of the humanitarian services available to them; the Health Care in Danger initiative; the plight of missing people's families; and COVID-19. People could also call the ICRC's community contact centre to learn more about these matters and enquire about missing relatives. Vulnerable people participated in ICRC community-based workshops that helped them identify and mitigate risks to their safety and develop positive coping mechanisms.

Logistical, administrative and human resources constraints, some of them linked to the pandemic, limited or prevented the implementation of certain ICRC activities, including water-and-habitat projects and capacity-building training sessions.

People reconnect with their families

The Movement's family-links services enabled conflict-affected people – including IDPs, unaccompanied children, people whose relatives had gone missing in connection with the conflict, and returnees from north-eastern Syria – to reconnect with their families. A total of 1,444 RCMs were collected and 1,077 delivered. The ICRC enabled people to obtain documents necessary to travel or to complete legal or administrative procedures. It did so in coordination with other international organizations or issued them itself. It continued to collect tracing requests and allegations of arrest: 776 tracing cases were resolved in 2021.

Authorities take steps to resolve missing-persons cases

The ICRC strove to assist missing people's families: for instance, ICRC-trained NGO personnel gave them psycho-social care, and referred them to other organizations for legal and other support. The authorities and the ICRC continued to discuss the creation of mechanisms to ascertain the fate of missing people and prevent disappearances, at workshops and through other activities.

The ICRC continued to serve as a neutral intermediary in 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. It 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*). The ICRC acted as observer during the handovers of sets of human remains to the Iranian authorities from their Iraqi counterparts – or from the Iranian authorities to their Iraqi counterparts – at the request of these authorities.

Health workers, medico-legal professionals and others developed their capacities in managing the dead, including those of COVID-19 victims, in accordance with pertinent norms; the ICRC provided expertise and training, and PPE, body bags and other supplies.

IDPs and returnees protect their income

The ICRC, partly with the Iraqi Red Crescent Society, helped conflict-affected IDPs, returnees and residents – 40,189 households (241,120 people) in all – to preserve or supplement their

household income, and protect it from being spent entirely on necessities. It supported the relief activities of the National Society and its other local partners, working with them to distribute food and clothes to 21,651 households (some 129,800 people) included in this total; this resulted in more people than planned benefiting from ICRC assistance.

The ICRC gave 12,202 households (around 73,200 people) – including missing people's families and former recipients of ICRC livelihood assistance who were affected by the COVID-19 pandemic – food, and hygiene kits and other household items, or cash to buy them.

Around 4,985 households (over 30,000 people) – including households headed by women – started or maintained small businesses, or other income-earning activities, with cash grants and other assistance from the ICRC. Breadwinners completed ICRC-subsidized apprenticeships, in hairdressing, sewing and car repairs, and/or attended ICRC training in basic business skills. Farmers and herders were given help to buy seed, fodder and livestock, and to cover veterinary expenses.

The ICRC maintained its pilot programme to support the sustainable return of IDPs to their places of origin; address their protection-related concerns (see above); and help them mitigate the threat to their safety from mines/ERW (see below). In rural communities targeted by this programme, 1,351 returnee households (roughly 8,100 people) received cash grants to cover their basic needs, of whom 434 households (some 2,600 people) were also supported to begin small businesses or raise livestock, with a view also to helping markets recover.

People in violence-prone or underserved areas have better access to water and other public services

Roughly 93,000 people in violence-prone or underserved areas had broader access to clean water for household and agricultural use, and to shelters, sanitation, health care, and functioning schools after essential infrastructure was renovated with ICRC support. The authorities and the ICRC upgraded five water systems, which included several irrigation pumping stations that benefited 50,000 of the people mentioned above. The ICRC also helped restore three primary-health-care centres (see below) and together with the National Society, sanitation facilities at eight schools.

Authorities in Ninewa Governorate continued, with the ICRC's help, to work on a long-term plan to make clean water more widely available. Short-term projects, such as renovations to the water system in the city of Mosul, continued; local technicians were given tools to maintain the system.

Returnees – 2,508 people – rebuilt their homes with the help of conditional cash grants from the ICRC. To improve their access to public infrastructure, the ICRC supported the removal of debris and repair of roads in their communities. An ICRC project to renovate a school in one community was ongoing.

Vulnerable people obtain good-quality health care

Vulnerable people, particularly children and pregnant women, obtained good-quality care at 27 primary-health-care

centres, including ICRC-supported mobile clinics run by the National Society. The ICRC gave 24 of these centres regular material and infrastructural support, and training for their staff; three others were given emergency medical supplies. It assisted efforts to prevent the spread of COVID-19 by donating cleaning materials, and by conducting information sessions on COVID-19 for staff at some of the regularly supported centres. Discussions with the authorities, on setting up a system for referring patients from certain centres to an ICRC-supported hospital, continued.

In April, the ICRC began to support the health ministry's vaccination campaign against COVID-19. It provided various forms of material assistance, and financial incentives for vaccinators, in support of around 660 health facilities that were vaccinating people against COVID-19.

ICRC-trained health workers provided mental-health and psychosocial support for victims of violence, including victims/survivors of sexual violence; missing people's families; and persons with disabilities. Training for other health workers, and for other people providing similar support, was put on hold because of staffing constraints.

People learn how to protect themselves against mines/ERW

In coordination with the authorities, and partly with ICRC-trained National Society volunteers, the ICRC worked to mitigate the threat of weapon contamination – notably, in areas where shelters were being rebuilt with its support. Around 1,600 people, including children, learnt how to protect themselves against mines/ERW at ICRC information sessions on the subject. The ICRC undertook 53 weapon contamination assessments at various communities, in preparation for implementing activities. Discussions and research helped mine-action and civil-defence authorities in their efforts to develop standards for assisting victims of mines/ERW; civil-defence personnel involved in mine clearance received ICRC-donated equipment for their training. In conjunction with the National Society, the ICRC referred 180 victims of mines/ERW for basic services.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees – women, minors, foreigners, and others held in connection with conflict – at 54 places of detention, to monitor their treatment and living conditions. After these visits, it communicated its findings and recommendations confidentially to the pertinent authorities. It concentrated on certain issues: respect for judicial guarantees, procedural safeguards and the principle of *non-refoulement*; family contact; and access to health care. Discussions with the central authorities – aimed at signing an agreement on prison visits – continued.

Pandemic-related measures limited detention visits and individual monitoring of detainees. Training for health staff, infrastructural work, and other activities were cancelled, postponed or adapted in coordination with the authorities.

The ICRC gave judicial and penitentiary authorities and staff expert guidance, and conducted workshops and/or training for them, to develop their capacities in prison management and

design, in line with internationally recognized standards; it established working groups with them to tackle specific issues, such as overcrowding.

Detainees maintain contact with their families

RCMs and other family-links services provided by the ICRC enabled detainees, including minors, to contact their families. Detained foreigners were able to notify their embassies or the UNHCR of their situation. When requested to do so, the ICRC facilitated contact between the authorities and the families of deceased detainees.

Family visits remained suspended for most of the beginning of the year because of an increase in COVID-19 cases; during this period, families learnt, through the ICRC's community contact centre (see *Civilians*), that they could send parcels to detained relatives. Family visits resumed in May, but, at the ICRC's encouragement, detaining authorities continued to make phone calls available to most detainees.

Penitentiary authorities improve detainees' living conditions and their access to health care

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

Aided by the ICRC, detaining and health authorities strengthened their capacities in providing life-saving care and dealing with health-related emergencies. The ICRC gave prison managers and health staff PPE, basic medical and cleaning supplies, and guidance in implementing measures against TB and COVID-19. The health ministry and the ICRC conducted information sessions at several detention facilities on the importance of immunization against COVID-19, and helped facilitate the vaccination of penitentiary staff and detainees at 38 places of detention.

The ICRC continued to implement pilot health projects with central or IKR authorities – to strengthen health services and promote medical ethics – at three places of detention visited by ICRC health staff. Guided by the ICRC, the authorities ensured that new detainees at one of these detention facilities were medically screened on arrival; they also ensured the confidentiality of detainees' medical records. At two places of detention, detainees' health-related data were collected regularly and stored, thus making health authorities better placed to provide suitable services; all this was made possible by the equipment and expert advice provided by the ICRC. The ICRC also provided support for a workshop for officials from the health ministry to draft strategies and policies for health care in detention.

The ICRC gave detainees – including women and minors held in places of temporary detention – hygiene kits, clothes, blankets, and recreational items, to supplement the authorities' efforts to improve detainees' living conditions. It also 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 approximately 69,000 detainees, including those who received ad hoc donations.

WOUNDED AND SICK

Health care providers continued, with the ICRC's help, to deliver services and implement measures to contain the spread of COVID-19. Owing to pandemic-related restrictions and administrative constraints, some health-related ICRC activities could not be carried out.

Workshops organized by the ICRC and the Iraqi Red Crescent Society trained weapon bearers, health workers and potential first responders in first aid and/or in managing mass-casualty incidents; these workshops also instructed participants in the protection due to those seeking or providing health care. Some of the health ministry's emergency responders attended train-the-trainer workshops – organized by the National Society with the ICRC's support – on de-escalating violence and managing stress.

Strengthening the provision of emergency medical services

Forty-three hospitals, including those treating COVID-19 patients, received ad hoc donations of PPE, cleaning materials, beds equipped with oxygen cylinders, and other supplies and equipment from the ICRC. Whenever there was an influx of people injured during protests, hospitals were given wound-dressing kits.

One additional hospital in Al-Qaim, Anbar Governorate – regularly supported and monitored by the ICRC – benefited from similar material assistance. An ICRC surgical team helped staff at the hospital develop their ability to treat wounded people. To help the hospital manage its medical stocks, the ICRC – after consulting with the authorities – undertook construction of a medical warehouse. All of these activities helped to reinforce its emergency and surgical services.

The installation of handwashing points at ICRC-supported hospitals did not push through, as no further need was identified for such support.

Persons with disabilities receive rehabilitative care

Roughly 23,400 persons¹ with disabilities received treatment at an ICRC centre in Erbil, and at nine other centres, including two reference centres, run by the state with the ICRC's support. A total of 43 persons with disabilities received mental-health and psychosocial support from ICRC-trained staff at the Erbil centre. As a result of ICRC outreach, disabled people in remote areas were able to obtain assistive devices and referrals for physical rehabilitation. In addition, under an ICRC-supported pilot project, National Society volunteers began to prescribe or maintain assistive devices for people living in areas accessible only to a few state service providers. The ICRC covered transportation costs for some patients from these remote areas, so that they could get the treatment they needed.

The ICRC sought to advance the social inclusion of persons with disabilities, and to enable them, and their families, to reach some level of self-sufficiency. Some patients at these centres were referred for ICRC income support (see *Civilians*).

Caregivers for children with cerebral palsy expanded their capacities through ICRC training.

Ensuring the sustainability of the physical rehabilitation sector

The ICRC sought to improve rehabilitative services throughout the country, and to establish a strong base of qualified professionals and reference centres. It therefore maintained its partnership with eight training or academic institutions, government ministries and professional associations.

Prosthetists/orthotists and physiotherapists, and others working in the field, bolstered their capacities through ICRC training in wheelchair services and other specialized topics; training institutions and others were given support. Students started their studies at an ICRC-supported prosthetics and orthotics department – the first of its kind in Iraq, established in 2020 – in an Erbil university; some of them were given internships at the Erbil centre. Guided by the ICRC, physiotherapists in Iraq formed a professional association, which aimed to support the professional development of its members.

Construction of a new building at the Erbil centre was completed; preparations for the facility to be fully operational and handed over to the authorities were under way.

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 and joint media initiatives with the Iraqi Red Crescent Society; by publishing newsletters and articles for public consumption; and through other means. It drew public attention to regional issues of humanitarian concern: the plight of missing people's families, and that of detainees and IDPs; the necessity of protecting health services; the combined effects of conflict and climate change; and checking and preventing the spread of COVID-19. With ICRC technical and financial support, the health ministry raised awareness of the benefits of vaccination through radio spots, posters and other public-communication materials. Local and international media organizations drew on the ICRC's expertise for their coverage of humanitarian issues. Owing to the pandemic, the ICRC had to adapt or postpone some events.

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, workshops and train-the-trainer courses. The defence ministry drew on the ICRC's expertise to integrate IHL more fully into military doctrine, operations and training – as did the interior ministry, but with human rights norms and the standard procedures of police forces.

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

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, academics and religious scholars. It organized bilateral meetings, workshops and training courses for them, and sponsored their participation in a regional conference on the Health Care in Danger initiative.

An ICRC study on the legal framework, in Iraq, governing missing people was still in progress at year's end. Other ICRC legal studies concerning access to civilian documentation, and sentencing of juveniles, got under way.

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 humanitarian needs in Iraq, including those created by the pandemic. The ICRC worked with the National Society (see above) and gave it material, financial and technical assistance

to implement its activities safely, including those conducted jointly with the ICRC, as per formal agreements between the two organizations.

The National Society sought to incorporate the Safer Access Framework in its activities; the ICRC assisted its efforts by organizing workshops on the subject for its staff and volunteers. National Society staff were trained as facilitators of Health Care in Danger initiative sessions; the training drew on a manual that had been prepared with the ICRC's help. Sponsored by the ICRC, the National Society participated in Movement events – on leadership and other topics – that took place online. Discussions between the International Federation and the ICRC, on providing on-site support and funding to bolster the National Society's organizational capacities, continued.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,444	7		
RCMs distributed	1,077	4		
Phone calls facilitated between family members	16			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,892	85	34	161
<i>including people for whom tracing requests were registered by another delegation</i>	64			
Tracing cases closed positively (subject located or fate established)	776			
<i>including people for whom tracing requests were registered by another delegation</i>	25			
Tracing cases still being handled at the end of the reporting period (people)	27,232	1,212	866	2,330
<i>including people for whom tracing requests were registered by another delegation</i>	925			
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	13	5		
Documents				
People to whom travel documents were issued	5			
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	54			
Detainees in places of detention visited	59,364	2,343	3,040	
Visits carried out	154			
		Women	Girls	Boys
Detainees visited and monitored individually	2,048	258	4	49
<i>of whom newly registered</i>	1,010	60	2	35
RCMs and other means of family contact				
RCMs collected	1,847			
RCMs distributed	4,198			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,213			
People to whom a detention attestation was issued	4,063			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	241,120	77,771	94,602
	<i>of whom IDPs</i>	6,555	1,960	2,629
Water and habitat				
Water and habitat activities	People	93,048		
Primary health care				
Health centres supported	Structures	27		
	<i>of which health centres supported regularly</i>	24		
Average catchment population		385,733		
Services at health centres supported regularly				
Consultations		316,969		
	<i>of which curative</i>	306,542	95,841	110,699
	<i>of which antenatal</i>	10,427		
Vaccines provided	Doses	77,538		
	<i>of which polio vaccines for children under 5 years of age</i>	42,416		
Referrals to a second level of care	Patients	10,955		
	<i>of whom gynaecological/obstetric cases</i>	4,701		
Mental health and psychosocial support				
People who received mental-health support		241		
People who attended information sessions on mental health		836		
People trained in mental-health care and psychosocial support		43		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	68,792	2,082	638
Health care in detention				
Places of detention visited by health staff	Structures	25		
Health facilities supported in places of detention visited by health staff	Structures	12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	44		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
	Weapon-wound admissions	*		
	Non-weapon-wound admissions	1,103		
	Operations performed	1,102		
Consultations		869		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,885		
Weapon-wound admissions (surgical and non-surgical admissions)		180		
Weapon-wound surgeries performed		68		
First aid				
First-aid training				
	Sessions	32		
	Participants (aggregated monthly data)	302		
Physical rehabilitation				
Projects supported		18		
	<i>of which physical rehabilitation projects supported regularly</i>	10		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	23,419	2,865	13,781
	<i>of whom victims of mines or explosive remnants of war</i>	1,101		
Prostheses delivered	Units	2,344		
Orthoses delivered	Units	21,703		
Physiotherapy sessions		20,791		
Walking aids delivered	Units	588		
Wheelchairs or postural support devices delivered	Units	520		
Referrals to social integration projects		26		
Mental health and psychosocial support				
People who received mental-health support		43		
People who attended information sessions on mental health		117		

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

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 2021

- The ICRC urged the parties involved in the fighting in the Gaza Strip and Israel to respect the rules governing the conduct of hostilities, particularly their obligation to protect civilians, and to enable people's access to aid.
- With ICRC support, health services in Gaza treated the wounded and the sick, persons with disabilities and people with mental-health needs. An ICRC medical team helped a Gazan hospital tend to victims of the conflict.
- Gazans benefited from functioning water, wastewater-treatment and electricity services, as a result of the ICRC's efforts to help maintain or fully restore the operations of infrastructure that had been damaged during the hostilities.
- People whose homes and means of food production had been affected by the fighting in Gaza recovered from their losses with the help of increased assistance provided by the ICRC, usually with the Palestine Red Crescent Society.
- Despite some pandemic-related access constraints, the ICRC visited detainees to check on their treatment and living conditions. Detainees received visits from relatives or benefited from upgraded facilities, with ICRC support.
- The public learnt more about measures to prevent the spread of COVID-19 and the protective properties of COVID-19 vaccines, through radio spots, social media and other means used by the ICRC and its local partners.

EXPENDITURE IN KCHF

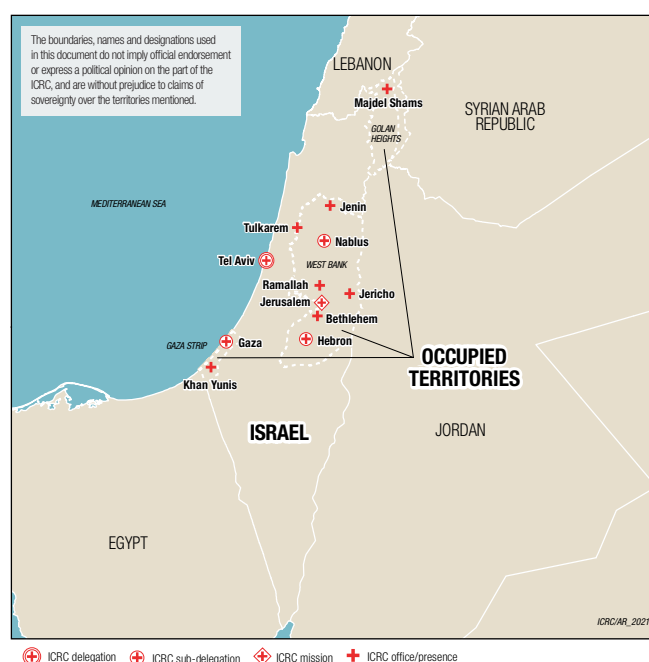
Protection	13,719
Assistance	36,507
Prevention	4,862
Cooperation with National Societies	2,322
General	233
Total	57,643
<i>Of which: Overheads</i>	<i>3,518</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	61
Resident staff (daily workers not included)	281



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	10
RCMs distributed	2
Phone calls facilitated between family members	2,200
Tracing cases closed positively (subject located or fate established)	26
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	77
Detainees in places of detention visited	13,177
<i>of whom visited and monitored individually</i>	1,753
Visits carried out	460
Restoring family links	
RCMs collected	3
Phone calls made to families to inform them of the whereabouts of a detained relative	1,097

ASSISTANCE		2021 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	People	11,100	19,651
Income support	People	4,680	3,701
Living conditions	People	21,250	21,391
Capacity-building	People	28	
Water and habitat			
Water and habitat activities	People	1,601,000	1,773,251
Health			
Health centres supported	Structures	3	3
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	People	11,465	14,146
Water and habitat			
Water and habitat activities	People	995	1,799
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	27	8
Physical rehabilitation			
Projects supported	Projects	6	6
Water and habitat			
Water and habitat activities	Beds (capacity)	1,976	1,976

CONTEXT

People in the occupied Palestinian territory continued to deal with the consequences of Israeli policies, which included confiscation or destruction of property. In East Jerusalem and the West Bank, confrontations between Israelis – settlers and military and security forces – and Palestinians resulted in casualties.

Renewed hostilities in the Gaza Strip and Israel broke out in May and lasted for eleven days. Rockets were fired from Gaza into Israel, and the Israeli Defense Forces (IDF) attacked Gaza from the land, sea and air. These resulted in civilians being wounded or killed, and houses, small businesses, vital public infrastructure and agricultural land sustaining damages. The fighting exacerbated the difficult circumstances of Gazans who were already dealing with movement restrictions and a dearth of basic services and livelihood resources, owing to the political deadlock between the Palestinian Authority and the Gazan *de facto* authorities; the blockade imposed by Egypt and Israel; the consequences of past hostilities, including weapon contamination; deteriorating socio-economic conditions; and the COVID-19 pandemic.

Communal violence in parts of Israel resulted in casualties and property damage.

Israeli and Palestinian officials detained people in connection with the situations described above and for security reasons.

Movement restrictions and other measures against COVID-19 continued to be implemented. Vaccination campaigns were in progress, but to a limited extent in the occupied Palestinian territory, owing to logistical and other constraints.

ICRC ACTION AND RESULTS

The ICRC promoted protection for Israelis and Palestinians and helped improve the circumstances of Palestinians living under occupation. It coordinated its work with that of Magen David Adom in Israel, the Palestine Red Crescent Society and the pertinent authorities.

Following the renewal of hostilities in Gaza and Israel, and tensions elsewhere in the context, the ICRC launched a budget extension appeal¹ to address both the urgent and longer-term needs of the communities affected, especially in Gaza. In some instances, the scaling up of activities resulted in more people benefiting than planned; however, other initiatives were limited or delayed by the security situation in Gaza and/or persisting pandemic-related constraints.

The ICRC reiterated to Israeli and Palestinian authorities and weapon bearers the need to ensure respect for IHL and other applicable norms, particularly with regard to the conduct of hostilities and the use of force in law enforcement operations.

The ICRC's support helped emergency responders and other Palestinian health services to maintain or strengthen their operations. For example, an ICRC medical team bolstered

the capacities of local staff at a Gazan hospital to treat people wounded during the hostilities in May. The ICRC also maintained its support for physical rehabilitation services and social-inclusion activities for disabled people and helped local partners to provide mental-health and psychosocial support for those who needed it.

The ICRC helped maintain or restore water, power and other critical infrastructure, focusing on Gazan facilities damaged during the fighting. It also strove to make these facilities more resilient to the effects of various kinds of emergency. ICRC aid enabled vulnerable households to meet their daily needs and resume or expand food production and income-earning activities. These households included Gazans who suffered from material and financial losses because of the fighting and people in East Jerusalem and the West Bank whose property had been destroyed.

The ICRC informed Gazans of how to protect themselves from mines and explosive remnants of war (ERW); it also bolstered capacities among those tackling the threat of weapon contamination.

The ICRC visited places of detention in Israel and the occupied Palestinian territory to monitor detainees' treatment and living conditions. It communicated its findings confidentially to the officials concerned and contributed to their efforts to ensure detainees' well-being and respect for their rights. The Gazan *de facto* officials drafted operational instructions for interrogating detainees and, in light of the hostilities and to curb the spread of COVID-19, finalized a decision to allow more detainees to go home temporarily. The ICRC also provided support for improving conditions in detention facilities.

Members of families separated by conflict, detention or other circumstances used the Movement's family-links services to reconnect. The ICRC's family-visit programme enabled detainees in Israel to receive visits from relatives in East Jerusalem and the West Bank.

Various ICRC initiatives, carried out with local partners, helped generate interest in and support for IHL among members of civil society. These initiatives included hackathons at which Palestinian students developed innovative solutions to humanitarian challenges and an online platform for training religious leaders in IHL. The ICRC helped broaden public awareness of measures against COVID-19, including vaccination, and of its various activities in Israel and the occupied territories.

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

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

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 the need to respect IHL and other applicable norms. It also called for the rapid and unimpeded movement of health-care providers, especially during emergencies. During the fighting in May (see *Context*), it urged the parties involved to respect the rules governing the conduct of hostilities – particularly the obligation to protect civilians – and to enable timely and safe delivery of humanitarian aid. The ICRC also impressed upon Israeli officials the necessity of safeguarding civilian property in East Jerusalem and the West Bank; ensuring proportionate use of force during law enforcement operations; and reviewing practices in connection with people's access to scarce resources. Through oral and written representations, it raised documented allegations confidentially with the parties concerned.

Gazans obtain basic services

The ICRC strove to help communities in the occupied Palestinian territory deal with the consequences of occupation policies and other emergencies. Whenever possible, it worked with the Palestine Red Crescent Society, for which it provided technical, financial and material support. During the second half of the year, the ICRC scaled up its assistance activities in Gaza, with a view to helping address both the immediate and longer-term needs of people affected by the renewed fighting; these efforts resulted in more people benefiting from water-and-habitat and some economic-security projects. However, the security conditions created by the hostilities limited or delayed the implementation of the ICRC's other planned activities in Gaza.

Over 1.7 million people in Gaza and the West Bank had access to essential services, thanks in part to the material and infrastructural support provided by the ICRC. Most of these people were in Gaza, where the ICRC donated fuel for back-up generators, replenished emergency stocks or assisted in repairing or maintaining water, wastewater-treatment and electrical facilities that were damaged in May. Local service providers and the ICRC worked to strengthen the capacity of some of these facilities to withstand power and fuel shortages and other emergencies. For example, they installed electricity meters to manage power loads and mapped and surveyed public infrastructure to understand their interconnectedness and devise methods to increase their efficiency.

Three primary-health-care centres in Gaza reinforced their services with medical equipment and other material assistance from the ICRC. An ICRC study on public-health hazards in Gaza was postponed to 2022 because of pandemic-related constraints.

Vulnerable Palestinians meet their immediate needs and restore or safeguard their livelihoods

About 3,400 households (19,651 people) in Gaza and the West Bank resumed or increased food production with material and other assistance from the ICRC, such as provision of fishing nets and equipment and drought-tolerant varieties of locally produced wheat seed. Herders in the West Bank benefited from an animal-vaccination campaign carried out by the

Palestinian agriculture ministry and the ICRC. To help ensure the sustainability of their livelihoods, some Gazan farmers used biodegradable and chemical-free traps to protect their crops and vegetables from pests; others repaired or upgraded their rainwater-harvesting and irrigation systems.

ICRC income support helped about 620 breadwinners in Gaza and the West Bank (supporting 3,701 people in total) to cover daily expenses, undertake income-earning activities or strengthen existing livelihoods. These breadwinners included unemployed youths, disabled people, and business owners whose sources of income were destroyed during the hostilities or impacted by the pandemic. Dozens of Gazans participated in cash-for-work projects to repair conflict-damaged roads or to collect or archive data on public infrastructure (see above).

Emergency material and financial assistance from the Palestinian Red Crescent and the ICRC helped ease the living conditions of 20,650 Gazans (3,442 households), many of whom had their homes damaged by the fighting; they received mattresses, blankets and other essential items. In East Jerusalem and the West Bank, over 740 people (128 households) who were victims of property destruction were given cash by the ICRC to buy various necessities.

Roughly 750,000 Gazans learnt safe practices around mines and ERW from communication campaigns, such as the distribution of flyers and children's drawing books and the sharing of audiovisual messages, conducted by the Palestinian Red Crescent and the ICRC; some 10,000 of them also attended information sessions on mine risks. Torchlights and other safety tools and specialized training provided by the ICRC helped civil-defence teams and other emergency responders to carry out their duties safely. The ICRC liaised with explosive-ordnance teams to ensure the safety of the population, especially after the renewal of hostilities.

Some people are repatriated under ICRC auspices

Members of separated families, including migrants, used the Movement's family-links services to reconnect. 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. There were no requests in 2021 for minors to be reunited with their families. The ICRC helped some people to obtain official documents for legal and administrative purposes. It continued to follow up, with the pertinent authorities, missing-persons cases and notification for families of the death of a relative.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people detained by Israeli and Palestinian authorities to monitor their treatment and living conditions, including their access to health care. It paid close attention to the needs of minors, foreigners and people on hunger strike or in prolonged solitary confinement. After these visits, ICRC delegates communicated their findings and recommendations, if any, confidentially to the authorities concerned. Particularly in Israel, the ICRC's access to certain places of detention, and its ability to operate in line with its standard procedures, were affected by pandemic-related measures; the hostilities disrupted prison visits in Gaza.

Aided by the ICRC, Palestinian authorities took steps to reinforce respect for detainees' rights. At ICRC workshops in the West Bank, judicial and security officials learnt more about aligning the treatment of detainees with internationally recognized standards. The ICRC's advocacy contributed to the Gazan *de facto* officials' decision to allow more detainees to go home temporarily, in light of the hostilities and to help curb the spread of COVID-19.

Detainees benefit from improved living conditions and restoration of family contact

Detainees stayed in touch with relatives through the ICRC's family-links services. Some 3,300 detainees in Israel spent time with relatives from East Jerusalem and the West Bank through family visits organized by the ICRC. Visits from Gazan families remained suspended owing to pandemic-related precautions.

Roughly 14,140 detainees, including some who had lost touch with their families, benefited from improvements in detention conditions brought about by various forms of ICRC aid. In Israel and the West Bank, inmates kept themselves busy with books and other recreational items provided by the ICRC. Hygiene kits, winter clothes and Ramadan sweets were distributed to detainees in Gaza. Foreign detainees held in Israel were given cash to buy necessities or phone cards for them to use to inform relatives of their situation.

The ICRC increased its material and infrastructural support for detaining officials in Gaza to repair conflict-damaged facilities or to keep premises clean; 1,799 detainees benefited. Workshops and other kinds of ICRC assistance enabled Palestinian prison staff and managers to learn more about maintaining prison infrastructure.

WOUNDED AND SICK

Health services in Gaza strengthen their ability to provide life-saving care

The ICRC monitored instances of obstruction of health services and discussed specific incidents with the parties concerned (see *Civilians*). With an external partner, it assessed the ability of Gazan health services to diagnose infectious diseases and shared, with the *de facto* health ministry, its findings and recommendations for addressing gaps that had been identified.

ICRC support (e.g. personal protective equipment, spare parts for ambulances) enabled health-care providers, primarily in Gaza, to maintain or strengthen their ability to treat victims of violence and other emergencies during the pandemic. Magen David Adom and the Palestinian Red Crescent received funding and other support for their respective emergency medical services (EMS) (see *Red Cross and Red Crescent Movement*). Seven hospitals in Gaza, and one in East Jerusalem, were given wound-dressing kits and other medical supplies. The ICRC also guided staff at these regularly supported Gazan hospitals in trauma care; it sent a medical team on a one-month assignment to one of these facilities, the al-Shifa Hospital, to help staff deal with the influx of people wounded during the fighting in May. Owing to pandemic-related restrictions, the ICRC postponed specialized training sessions for Israeli

and Palestinian medical staff and redirected some of the resources to its activities responding to the consequences of the hostilities.

Thirteen Gazan hospitals (1,976 beds) sustained their operations despite power cuts using ICRC-donated generators or other material support. At some of these hospitals, the ICRC made repairs to infrastructure damaged during the conflict. Upgrades to the al-Shifa Hospital's observation unit were completed.

Gazans with disabilities benefit from rehabilitative care

With ICRC material and technical input, two physical rehabilitation projects in Gaza provided rehabilitative services to persons with disabilities. Over 3,000 disabled people² regained their mobility through the free services provided at the ICRC's regularly supported facility, the Artificial Limb and Polio Centre (ALPC); the most vulnerable patients also had their transportation costs covered by the ICRC. With a view to raising the quality of the ALPC's services and ensuring their sustainability, the ICRC sponsored a prosthetist-orthotist for specialized training abroad and provided guidance on the implementation of the centre's fundraising strategy.

The ICRC helped advance the social inclusion of disabled people: it conducted career-development training for some ALPC patients and provided technical and material support to two sporting organizations and for amputee-cycling tournaments and similar events.

Physiotherapists and other specialists from the *de facto* health ministry and a physiotherapy association refined their knowledge of amputee management and other physical rehabilitation topics with the help of ICRC training or guidance. The ICRC held meetings with various actors on ensuring the sustainability of the rehabilitation sector.

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

Staff from the ALPC, two hospitals and the *de facto* health ministry in Gaza, and one hospital in Israel, bolstered their capacities to independently provide mental-health and psychosocial support thanks to information sessions, on-the-job coaching and material donations from the ICRC. The hotline service set up by the *de facto* health ministry in 2020 was extended until January 2021. Over 4,000 people, among them persons with disabilities, used ICRC-supported hotlines and individual or group-therapy sessions to learn about mental-health and psychosocial support services and/or to cope with the cumulative effect of the renewed hostilities, the pandemic and the socio-economic situation.

ICRC training in psychological self-care and other related areas helped some 160 health workers to deal with work-related stress.

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

ACTORS OF INFLUENCE

Israeli and Palestinian weapon bearers further their understanding of international norms

The ICRC discussed various matters related to IHL with Israeli and Palestinian officials and weapon bearers (see *Civilians*). Owing to the pandemic and the May hostilities, it had to postpone or suspend some of its planned activities.

Israeli military and security-forces officers attended ICRC dissemination sessions on IHL, international policing standards and the ICRC's activities. Discussions on ICRC support for the IDF to integrate IHL more fully in their doctrine, training and operations remained limited. The ICRC briefed members of an armed group in Gaza on IHL.

At ICRC workshops in Gaza and the West Bank, security-forces personnel learnt how to ensure that their operations met international standards for law enforcement. With the ICRC's support, the Gazan *de facto* interior ministry drafted operational instructions for interrogating detainees.

Representatives from the Palestinian justice ministry learnt more about how to advance the implementation of IHL and IHL-related treaties, during an online meeting of national IHL committees organized by the ICRC and from reference materials on the subject that were provided by the organization.

Students and religious leaders expand their knowledge of IHL

By organizing or participating in events on humanitarian principles and IHL, the ICRC stimulated interest in these matters among members of civil society and the international community. An association promoting IHL in Israel continued to work with the ICRC to conduct an annual national IHL competition, which sought to develop young people's understanding of IHL and their ability to apply it.

At the first hackathon events that the ICRC held in Gaza and the West Bank, young Palestinians identified innovative and scalable technological solutions to humanitarian challenges, such as mobile-phone applications to promote IHL and to encourage real-time engagement between communities and the ICRC. Some 800 prayer leaders in the West Bank used an online training platform created by the endowments and religious affairs ministry and the ICRC to familiarize themselves with the points of correspondence between Islamic law and IHL.

The public learns more about humanitarian action and measures against COVID-19

The ICRC produced or supported communication campaigns on social media and traditional platforms (e.g. billboards, radio spots) to increase public knowledge of humanitarian principles and of measures to protect themselves from COVID-19 and

other safety risks (see *Civilians*). These campaigns were usually carried out in coordination with Magen David Adom, the Palestine Red Crescent, Palestinian officials, community and religious leaders, and local artists. For example, religious institutions in Gaza used local proverbs and religious texts to broaden awareness of COVID-19 and the protection afforded by vaccines.

Informational materials produced by the ICRC – on its humanitarian activities in Israel and the occupied territories, particularly its response during the hostilities in May – reached the wider public through the delegation's digital platforms in Arabic, English and Hebrew or via regional and international media.

Gazans used the ICRC's community contact centre and social-media platforms to inquire about ICRC services and to communicate opinions and suggestions.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC stepped up its support for Magen David Adom and the Palestine Red Crescent Society to respond, in line with the Safer Access Framework, to humanitarian needs arising from violence and the pandemic.

With the ICRC's facilitation and increased coordination with Magen David Adom, the Palestinian Red Crescent's EMS obtained permits to operate in areas near the Gaza–Israel border and in East Jerusalem and the West Bank. The Palestinian Red Crescent continued to implement the working procedures agreed upon with Israeli authorities. It bolstered the capacities of its first responders with ICRC technical support.

Magen David Adom conducted a training course for community members in basic emergency response, with a view to preparing participants to provide support for an ambulance dispatch point in their area. It drew on the ICRC's financial assistance to carry out vaccination campaigns and other activities in connection with the pandemic.

Together with the ICRC, the Palestinian Red Crescent implemented communication initiatives in support of COVID-19 vaccination (see *Actors of influence*). It worked with the Palestinian traffic police to produce television spots on the importance of regulating the use of the red crescent emblem and about legal developments in this regard.

The ICRC helped Magen David Adom and the Palestinian Red Crescent to coordinate their activities. It monitored implementation of the memorandum of understanding between them and arranged meetings between their representatives and other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	10			
RCMs distributed	2			
Phone calls facilitated between family members	2,200			
Reunifications, transfers and repatriations				
People transferred or repatriated	7			
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	73			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	26			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	272	12	13	23
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Documents				
People to whom official documents were delivered across borders/front lines	628			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	77			
Detainees in places of detention visited	13,177	756	285	
Visits carried out	460			
		Women	Girls	Boys
Detainees visited and monitored individually	1,753	38	1	82
<i>of whom newly registered</i>	1,036	21	1	77
RCMs and other means of family contact				
RCMs collected	3			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,097			
Detainees visited by their relatives with ICRC/National Society support	3,312			
People to whom a detention attestation was issued	5,312			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	19,651	5,903	7,845
Income support	People	3,701	1,114	1,473
Living conditions	People	21,391	6,352	8,704
	<i>of whom IDPs</i>	9,205	2,696	3,830
Water and habitat				
Water and habitat activities	People	1,773,251	531,975	709,300
Primary health care				
Health centres supported	Structures	3		
Average catchment population		188,000		
Mental health and psychosocial support				
People who received mental-health support		158		
People who attended information sessions on mental health		50		
People trained in mental-health care and psychosocial support		77		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	14,146	41	41
Water and habitat				
Water and habitat activities	People	1,799		
Health care in detention				
Places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
	<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	313		
	Non-weapon-wound admissions	130,981		
	Operations performed	32,577		
Consultations		1,109,800		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,976		
Physical rehabilitation				
Projects supported		6		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	3,012	201	2,035
Prostheses delivered	Units	131		
Orthoses delivered	Units	2,006		
Physiotherapy sessions		2,471		
Walking aids delivered	Units	219		
Wheelchairs or postural support devices delivered	Units	74		
Referrals to social integration projects		1,507		
Mental health and psychosocial support				
People who received mental-health support		393		
People who attended information sessions on mental health		4,381		

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

HIGH

KEY RESULTS/CONSTRAINTS IN 2021

- Refugees and residents in host communities covered basic expenses and started small businesses with cash from the ICRC and ICRC-supported vocational training; they also benefited from the ICRC's improvements to water systems.
- The ICRC concluded most of its economic-assistance and all of its water-supply projects, in line with its priorities in Jordan. At the same time, it sought to expand livelihood and other support for families of persons reported missing.
- Hospitals and other health-care providers strengthened their capacities in emergency trauma care, with training and other assistance from the ICRC. People were vaccinated against COVID-19 by the authorities, with ICRC support.
- The authorities took steps to improve health care in places of detention – notably, under an ICRC-supported pilot project – and implemented measures against COVID-19 with supplies and expert advice from the ICRC.
- Military and security personnel familiarized themselves with norms applicable to their duties at ICRC briefings. Local authorities learnt more about IHL at an event organized by the national IHL committee and the ICRC.

EXPENDITURE IN KCHF

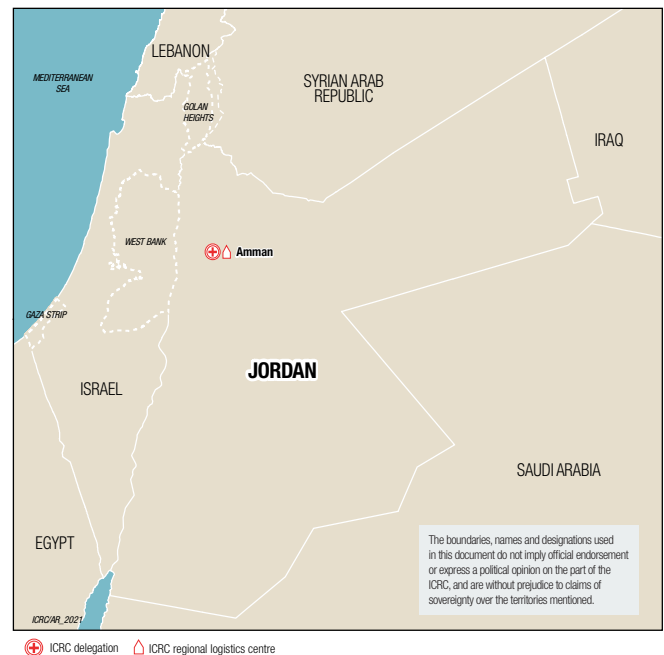
Protection	3,328
Assistance	6,741
Prevention	1,953
Cooperation with National Societies	1,084
General	3,698
Total	16,805
<i>Of which: Overheads</i>	<i>1,026</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	74
Resident staff (daily workers not included)	237



PROTECTION

CIVILIANS

Restoring family links

RCMs collected	114
RCMs distributed	135
Phone calls facilitated between family members	8,278
Tracing cases closed positively (subject located or fate established)	44

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	19
Detainees in places of detention visited	12,099
<i>of whom visited and monitored individually</i>	491
Visits carried out	41

Restoring family links

RCMs collected	196
RCMs distributed	84
Phone calls made to families to inform them of the whereabouts of a detained relative	64

ASSISTANCE

CIVILIANS

Economic security

Income support	People	2,635	2,228
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Water and habitat

Water and habitat activities	People	186,822	205,817
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		600
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	6	8
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Physical rehabilitation

Projects supported	Projects	2	2
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CONTEXT

Jordan continued to deal with the consequences of armed conflict in the region, particularly the continuing armed conflict in the Syrian Arab Republic (hereafter Syria). There were reportedly some 1.36 million refugees in Jordan; some 670,000 of them were registered by the UNHCR; most refugees were living in host communities. Scarcity of resources and employment opportunities, exacerbated by the effects of the COVID-19 pandemic and the necessary measures taken by the Jordanian government, continued to affect both refugees and residents.

Owing to security-related and economic concerns, Jordan maintained its position within the international community that it could not admit any more asylum seekers. Before borders were closed to civilians, tens of thousands of people had reportedly returned to Syria.

Migrants, including refugees and asylum seekers, often lacked the means to restore contact with relatives separated from them by armed conflict in other countries or by detention.

Isolated protests arising from political and other tensions were sometimes responded to by security forces; these incidents sometimes led to arrests.

ICRC ACTION AND RESULTS

The ICRC, together with the Jordan National Red Crescent Society, worked to address the consequences of armed conflict in the region on people in Jordan. It also strove to assist the authorities' response to the pandemic; the ICRC adapted its activities where necessary in line with COVID-19 safety protocols. The ICRC scaled down its activities aimed at providing direct assistance to refugees from Syria, in line with its operational priorities in Jordan, and shifted its focus to other areas where it provided added value; in view of this, it closed its sub-delegation in Mafraq, and continued the conduct of activities in North Jordan from its delegation in Amman. The delegation in Amman remained a key logistical hub for the ICRC's operations in the Middle East and beyond. Amman continued to host the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

The ICRC continued to document the protection-related concerns of migrants, including refugees and asylum seekers in camps and host communities. Where appropriate, it raised these concerns with the Jordanian authorities, and reminded them of their duties under international law, including the obligation to respect the principle of *non-refoulement*, and to assist or facilitate assistance for conflict-affected people.

Refugee households covered basic expenses, set up small businesses, and coped with the disruption of their livelihoods by the pandemic, with the ICRC's help: cash transfers, cash grants, and vocational training through an ICRC-supported National Society programme. Some refugee households were referred and/or transferred to a similar programme offered by the UNHCR. Refugees and vulnerable Jordanians benefited from repairs and upgrades to critical water infrastructure

carried out by the ICRC; the ICRC trained local water authorities to maintain these facilities independently. It wound down and concluded the activities above.

The ICRC endeavoured to expand its assistance for families of persons reported missing in relation to conflict or other circumstances. Families, including households headed by women, were given cash grants and training to start income-earning activities and augment their household income. They also obtained psychosocial support and were referred by the ICRC to appropriate organizations for other kinds of assistance. The ICRC discussed with the pertinent authorities the need to address these families' needs and to prevent disappearances.

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; they also lodged tracing requests. The ICRC helped foreign detainees to notify their consular representatives or pertinent UN agencies of their detention.

Wounded and sick people obtained treatment at ICRC-supported hospitals. The ICRC focused on helping boost capacities in emergency and trauma care among health care providers in Jordan; it trained first responders, health staff and others, and provided other forms of support to this end. Physically disabled people obtained rehabilitative services at an ICRC-supported hospital. The ICRC continued to back the authorities' pandemic response: for instance, by donating personal protective equipment (PPE) and other supplies, and – with the National Society – by providing logistical support for vaccination campaigns in rural areas.

The authorities kept up their efforts to improve detainees' living conditions, particularly their access to good-quality health care and protection from COVID-19; the ICRC gave them expert advice, as well as medical supplies and other material assistance. At sites for an ICRC-supported pilot project, to be replicated elsewhere in Jordan, detainees benefited from improvements to health services.

The ICRC continued to promote IHL among authorities and key stakeholders in Jordan. It supported the national IHL committee in organizing events on IHL for local authorities. ICRC workshops and expertise helped the armed forces better integrate IHL into their doctrine, training and operations. Civil society and others learnt more about IHL and the Movement from National Society and ICRC public-communication initiatives.

CIVILIANS

Pandemic-related restrictions, though necessary, disrupted the implementation of some ICRC activities, such as the provision of family-links services.

The ICRC continued to monitor the protection-related concerns of migrants, including refugees and asylum seekers, particularly those who had fled the armed conflict in Syria (see *Context*). 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, and emphasized the necessity of respecting the principle of *non-refoulement*, and the right of conflict-affected people to obtain appropriate assistance and to freedom of movement.

Police officers furthered their understanding of the ICRC's mandate and activities in Jordan (see *Actors of Influence*).

Refugees and residents build their self-sufficiency

In line with its priorities in Jordan, the ICRC wound down and concluded most of its economic-assistance programmes and all of its water-supply projects; these activities had aimed at assisting refugees from Syria and residents in host communities. At the same time, it sought to expand efforts to assist the families of people reported missing (see below).

Syrian refugee households, most of them headed by women, were helped to cover their rent and other expenses, or to start income-earning activities. They received monthly cash transfers from the National Society and the ICRC, or were given financial support and training to start small businesses. People who had received such help from the ICRC in previous years were given additional cash grants and/or training, to help them mitigate the pandemic's impact on their livelihoods. The activities mentioned above benefited 430 households (1,940 people) in all; some of these households were referred and/or transferred to a similar programme run by the UNHCR.

Refugees and vulnerable Jordanian women learnt sewing, jewelry-making and other skills under a vocational training programme run by the National Society. The ICRC provided financial and technical support for this programme; it also helped the National Society seek other sources of funding for these activities.

The ICRC repaired and/or renovated water transmission lines, water pumps and other critical water infrastructure in communities hosting refugees from Syria, benefiting some 206,000 people – more than planned. Local water technicians were given training and technical advice by the ICRC, which helped them become more capable of operating and managing the facilities mentioned above independently. Management of these facilities was turned over to the authorities.

Families of missing persons start income-earning activities

During its dialogue with the pertinent authorities, the ICRC drew attention to the specific needs of families of people reported missing in relation to armed conflict, migration or other circumstances; it highlighted the importance of taking measures to address these families' needs, and of preventing disappearances. The authorities and other stakeholders strengthened their grasp of these matters through online seminars and other events, which were part of an ICRC project to establish professional standards in all matters concerning missing people and their families (see *Operations*).

The ICRC made missing people's families aware of the services available to them, and endeavoured to provide comprehensive assistance for them. Through support-group sessions

organized by the ICRC, families were helped to cope with the uncertainty over the fate of their missing relatives. The ICRC provided 65 particularly vulnerable households (288 people), some headed by women, with cash grants and training to start income-earning activities; cash transfers for some of these households helped them to cover basic expenses as they established their businesses. Where appropriate, the ICRC referred families to other organizations for assistance.

Refugees reconnect with separated family members

Members of families separated by armed conflict, migration, or detention maintained or restored contact through family-links services provided by the National Society and the ICRC. Refugees in camps made over 8,200 phone calls to inform relatives in other countries of their situation; they also lodged tracing requests, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC staff to 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 continued to provide the National Society with material, technical and financial support to strengthen its capacities in carrying out family-links services, particularly in camps hosting refugees (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Following the easing of some pandemic-related restrictions, the ICRC was able to resume visits to 19 places of detention collectively holding around 12,000 detainees: 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 workers, in administrative detention.

During its detention visits, the ICRC paid particular attention to security detainees, foreigners and others particularly at risk. Afterwards, it communicated its findings and recommendations confidentially to the pertinent authorities. It reminded them of the importance of various issues, such as: respecting the principle of *non-refoulement*; and ensuring that detainees' judicial guarantees were safeguarded.

Government restrictions imposed to prevent the spread of COVID-19, though necessary, impeded some in-person activities.

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. The ICRC also arranged a few family visits for detainees. A total of 64 phone calls were made by the ICRC to inform families of the whereabouts of a detained relative. Migrant workers detained in Juweida received phone cards from the ICRC to help them contact their relatives abroad.

The ICRC helped foreign detainees to notify their embassies, the UNHCR or the United Nations Relief and Works Agency for Palestine Refugees in the Near East of their situation.

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

The authorities drew on the ICRC's guidance to improve detainees' access to good-quality health care. In particular, the authorities, with the ICRC's support, worked to mitigate the pandemic's impact in places of detention.

The ICRC urged the authorities to strengthen protection for detainees against COVID-19, for instance, by including them in national vaccination programmes and addressing overcrowding in prisons. During the year, the authorities vaccinated some 15,000 detainees against the disease, and granted early release for hundreds of detainees. Penitentiary and health authorities implemented testing and other preventive measures in places of detention, with technical and material support from the ICRC. The ICRC organized workshops for penitentiary health and administrative staff on measures against COVID-19. It also donated PPE, cleaning products and hygiene items to several places of detention, and to two referral hospitals that treated detainees suspected or confirmed to have COVID-19. ICRC donations of hygiene items also benefited 600 female detainees in Juweida.

Penitentiary authorities and health staff discussed, with input from the ICRC, ways to improve health services in correctional and rehabilitation centres by refining standard procedures or through other means. Detainees in need of physical rehabilitation services or higher-level care were monitored and/or referred to ICRC-supported health facilities.

The ICRC kept up a pilot project, undertaken with the interior and health ministries, to improve health care at three prisons, with a view to replicating the improvements at other places of detention. In addition to the support mentioned above, the ICRC gave these facilities its technical input in such matters as the management of detainees' medical information and of stocks of medicine. It helped equip clinics and upgrade facilities at two places of detention, to make these clinics more capable, for example, of maintaining sanitary conditions and storing temperature-sensitive medicine properly.

WOUNDED AND SICK

Owing to pandemic-related constraints, some activities were scaled down or cancelled.

At workshops led by trainers from the Jordan National Red Crescent Society and the civil defence directorate, and organized by the ICRC, police officers and *gendarmes* learnt how to provide first aid effectively; this helped bolster their readiness to respond in the event of a large-scale emergency. The ICRC also helped equip first responders.

Health care-providers reinforce emergency preparedness

Wounded and sick people received specialized medical care at eight ICRC-supported hospitals; six of these hospitals received support on a regular basis. The ICRC worked with the health

ministry and civil-defence authorities to make health-care providers more capable of providing emergency and trauma care, and of ensuring continuity of these services even in the event of an influx of patients needing critical care. Staff from the health ministry, and Royal Medical Services and civil-defence personnel, honed their capacities at courses and other events on emergency care organized by the National Society and the ICRC; personnel from the civil defence directorate attended an ICRC train-the-trainer session, where they learnt how to instruct others in these subjects. The ICRC donated medical supplies and equipment to help set up a facility at a hospital in Al Karak for stabilizing trauma patients before transferring them to other hospitals, and to upgrade facilities at the emergency department of a hospital in Zarqa.

The ICRC gave the health ministry and other health-care providers technical advice, and PPE and other supplies, in support of their pandemic response. As part of its national vaccination programme, the health ministry deployed mobile vaccination teams to remote communities, with logistical support from the National Society and the ICRC; these efforts resulted in roughly 28,000 people being vaccinated against COVID-19.

Health researchers presented their findings at an online regional conference on the Health Care in Danger initiative with the ICRC's help.

Persons with disabilities obtain rehabilitative services

More than 30 physically disabled people,¹ including detainees, obtained rehabilitative services at the Al-Bashir hospital in Amman – which enhanced its services with ICRC-donated components and other supplies, and the ICRC's expertise.

Aided by the ICRC, physical rehabilitation professionals from throughout the region honed their knowledge of specialized topics in prosthetics and orthotics at an online course. The ICRC continued to provide support for the University of Jordan's implementation of a prosthetics and orthotics programme.

ACTORS OF INFLUENCE

The ICRC endeavoured to foster awareness of and support for its work, and that of the Movement, during its interaction with local leaders, students and members of civil society and through its public-communication efforts. It kept key stakeholders up to date on its activities. Journalists from local and international media added to their knowledge of best practices in reporting on humanitarian issues at an ICRC training session. In rural areas, National Society staff helped disseminate safety practices against COVID-19 among members of the general public and encouraged their participation in ICRC-supported national vaccination drives.

The national IHL committee continued to receive the ICRC's support for advancing IHL implementation in Jordan. The committee organized, with the ICRC's help, a series of seminars for local authorities to help enhance their knowledge on IHL.

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

IHL experts, judges, academics and others added to their knowledge of IHL during briefings held by the ICRC, which also described its work to them, for example, its activities to assist the families of missing persons. Students demonstrated their grasp of IHL at a national moot court competition organized by the ICRC.

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

Military officers more fully integrate IHL and other applicable norms into their operations

The ICRC continued to support the armed forces' efforts to integrate IHL more fully into their training, doctrine, and operations. Armed forces and security forces personnel furthered their understanding of IHL and of the Movement at ICRC dissemination sessions and briefings; these briefings included officers bound for peacekeeping missions abroad.

The police and *gendarmérie* learnt more about ICRC activities in Jordan through ICRC training courses, workshops and other events, and enhanced their emergency preparedness (see also *Wounded and Sick*).

RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society worked, often with the ICRC, to help refugees, asylum seekers and vulnerable

Jordanians meet their needs, which had grown owing to the COVID-19 pandemic. Notably, the National Society, with the ICRC's help, organized information sessions on measures against COVID-19 in communities throughout Jordan. Together, the National Society and the ICRC provided the health ministry with support for national vaccination drives against COVID-19 (see *Wounded and Sick*). The National Society also bolstered its family-links activities and maintained its vocational-training programme (see *Civilians*), with the ICRC's support. National Society volunteers boosted their capacity to promote IHL (see *Actors of influence*).

The ICRC continued to assist the National Society to incorporate the Safer Access Framework in its activities, and to ensure that its staff and volunteers could work in safety; it helped organize workshops that were attended by staff from all National Society branches.

As per their partnership agreement, which remained in effect, the ICRC provided the National Society with financial, material and technical support to help develop its operational and organizational capacities, and train its staff and volunteers. The ICRC donated office equipment to help equip the National Society's branch in Mafraq.

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	114			
RCMs distributed	135			
Phone calls facilitated between family members	8,278			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	110	2	5	10
Tracing cases closed positively (subject located or fate established)	44			
Tracing cases still being handled at the end of the reporting period (people)	3,017	82	33	147
Documents				
People to whom travel documents were issued	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	12,099	616	193	
Visits carried out	41			
		Women	Girls	Boys
Detainees visited and monitored individually	491	102	14	12
<i>of whom newly registered</i>	330	85	14	12
RCMs and other means of family contact				
RCMs collected	196			
RCMs distributed	84			
Phone calls made to families to inform them of the whereabouts of a detained relative	64			
Detainees visited by their relatives with ICRC/National Society support	5			
People to whom a detention attestation was issued	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	2,228	900	896
Water and habitat				
Water and habitat activities	People	205,817	61,745	78,210
Mental health and psychosocial support				
People who received mental-health support		*		
People who attended information sessions on mental health		46		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	600	600	
Health care in detention				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	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		283,633		
First aid				
First-aid training				
	Sessions	3		
	Participants (aggregated monthly data)	77		
Physical rehabilitation				
Projects supported		2		
<i>of which physical rehabilitation projects supported regularly</i>		1		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	33	*	*
Orthoses delivered		25		
Physiotherapy sessions	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

HIGH

EXPENDITURE IN KCHF

Protection	2,456
Assistance	391
Prevention	4,740
Cooperation with National Societies	1,079
General	972
Total	9,638
<i>Of which: Overheads</i>	<i>588</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	59

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	60
RCMs distributed	80
Phone calls facilitated between family members	92
Tracing cases closed positively (subject located or fate established)	73
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	3
Detainees in places of detention visited	6,652
<i>of whom visited and monitored individually</i>	<i>41</i>
Visits carried out	7
Restoring family links	
RCMs distributed	1

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 (hereafter UAE) were part of the international military coalition led by Saudi Arabia in Yemen.

Bahrain, Kuwait, the UAE and Qatar supported international efforts to evacuate foreigners and at-risk Afghan civilians from Afghanistan, by organizing flights, allowing use of their airports as transit points, and/or temporarily accommodating refugees before their resettlement elsewhere.

In January, Qatar and the rest of the GCC member states signed a “solidary and stability” agreement aimed at restoring full diplomatic and trade relations between them.

The UAE hosted the World Expo 2020 in Dubai; the global fair provided states with a high-profile platform for exchanging views on contemporary issues.

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 Yemen. It maintained a logistics base in Oman for its operations in Yemen.

The ICRC continued its dialogue on the conduct of hostilities with the militaries of GCC member states, particularly with the Saudi Arabia-led coalition, in connection with the conflict in Yemen. It also supported efforts to integrate IHL provisions into military training and operations. In Kuwait, the Military Justice Authority and the ICRC conducted a course for Kuwaiti military personnel in the applicability of IHL to the conduct of hostilities; the ICRC also delivered guest lectures for military personnel attending a course in civilian–military cooperation organized by the NATO–Istanbul Cooperation Initiative Regional Centre in Kuwait. In the UAE, the defence ministry and the ICRC organized a workshop on compliance with IHL in partnered military operations; 23 senior military officers from 17 countries participated. ICRC training sessions for military personnel in Saudi Arabia and Qatar focused on integrating IHL into military decision-making and operations and on the protection of children during armed conflict.

The ICRC took part in regional forums and high-level meetings, at which it discussed priority issues, expanded its network of contacts and broadened support for its work. During his visits to the region and in other settings, the president of the ICRC met with senior government officials, diplomats and other influential GCC figures. The ICRC organized various events, both in-person and online, to foster support for IHL and to draw attention to issues of humanitarian concern. These included a symposium in Qatar on contemporary IHL issues, a conference in Bahrain on the role of judges in implementing IHL provisions, and a week-long workshop in Oman on humanitarian dialogue and negotiations in crisis-affected contexts. Its participation in key events – for example, the World Expo Dubai, and various webinars and conferences organized by think tanks and humanitarian organizations in the region – enabled the ICRC to share its expertise in IHL and to communicate its positions on various regional and global issues of concern. It signed cooperation agreements – to promote IHL – with the Organization of Islamic Cooperation and the Muslim World League.

Aided by ICRC expertise, the national IHL committees of Kuwait, Saudi Arabia and Qatar incorporated IHL provisions in draft laws (e.g. on the emblems protected under IHL and on the protection of cultural property) that were submitted, or are planned for submission in 2022, to the pertinent government authorities for their approval.

The ICRC publicized its activities through news releases, media interviews and social-media posts. Briefings and training sessions, including those that the ICRC organized jointly with GCC National Societies and national IHL committees, broadened awareness of IHL and humanitarian issues among diplomats, parliamentarians and academics in the region.

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

Members of families separated by conflict, detention or migration stayed in touch through family-links services provided by GCC National Societies and the ICRC. ICRC workshops helped GCC National Societies to expand their capacities in restoring family links. The ICRC, together with the pertinent National Societies, monitored the situation of civilians from Afghanistan who had been evacuated to Bahrain, Kuwait, Qatar and the UAE. The Qatar Red Crescent Society, with technical support from the ICRC, provided family-links services to Afghans evacuated from Afghanistan or in transit in Qatar. 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.

The Tripartite Commission – set up by Kuwait, Iraq and former coalition states – and its Technical Sub-Committee kept up their efforts to resolve missing-persons cases linked to the 1990–1991 Gulf War, with technical assistance from the ICRC. The remains of 60 individuals were identified and handed over to the families concerned, in Iraq, Kuwait and Saudi Arabia.

To mark the International Day of the Disappeared, the ICRC convened a virtual round table, for academics and humanitarian workers, on forensic archaeology and digital tools for forensic work.

The ICRC, together with the King Salman Humanitarian Aid and Relief Centre, conducted a three-day seminar on war surgery in Saudi Arabia. Workshops or seminars on other topics, such as managing human remains, addressing the issue of missing people, and responding to chemical, biological and radiological agents could not be held as planned because of pandemic-related constraints.

The ICRC visits detainees in Bahrain and Kuwait

The ICRC visited people being held at three places of detention (two in Bahrain, and one in Kuwait), to check on their living conditions and treatment, including their access to health services and COVID-19 vaccines. Findings and recommendations were communicated to the authorities concerned.

The ICRC briefed officials from Bahrain's health and interior ministries on internationally recognized standards for detention and gave them expert advice for improving – in consonance with medical ethics – health services for detainees, including those with specific needs (e.g. mentally ill detainees, people on hunger strike). The ICRC and the Kuwaiti authorities continued to discuss the importance of making psychological or psychiatric care available to detainees with mental illnesses, including substance-use disorders. At an ICRC webinar, detaining and health authorities from Bahrain, Kuwait, Saudi Arabia and Qatar exchanged best practices in tackling COVID-19 in places of detention.

The ICRC remained without access to detainees in Saudi Arabia. It continued to pursue dialogue with the pertinent parties, with a view to offering its humanitarian services for all detainees within its purview, particularly people detained in connection with the conflict in Yemen.

The ICRC attended, as an observer, the monthly meetings of the UN working group on migrants in Saudi Arabia; it discussed the protection-related concerns of migrants, including those detained, with the human rights commission.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	60			
RCMs distributed	80			
Phone calls facilitated between family members	92			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	31			
<i>including people for whom tracing requests were registered by another delegation</i>	17			
Tracing cases closed positively (subject located or fate established)	73			
<i>including people for whom tracing requests were registered by another delegation</i>	67			
Tracing cases still being handled at the end of the reporting period (people)	1,551	11	3	43
<i>including people for whom tracing requests were registered by another delegation</i>	1,365			
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	27	1		
Documents				
People to whom travel documents were issued	21			
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	3			
Detainees in places of detention visited	6,652		499	
Visits carried out	7			
		Women	Girls	Boys
Detainees visited and monitored individually	41			2
<i>of whom newly registered</i>	2			2
RCMs and other means of family contact				
RCMs distributed	1			
People to whom a detention attestation was issued	1,060			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total		
Health care in detention				
Places of detention visited by health staff	Structures	4		

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 2021

- The ICRC discussed with the authorities the protection-related concerns of violence-affected people in Lebanon, notably the necessity of respecting the principle of *non-refoulement* in connection with refugees from Syria.
- The ICRC, in cooperation with the authorities and other partners, worked to bolster the resilience and capacities of hospitals across the country – including the two largest public hospitals – which benefited both refugees and residents.
- Refugees and violence-affected communities had better access to essential services following ICRC upgrades to water systems and basic facilities, and became less economically vulnerable through ICRC income-support projects.
- The ICRC continued to publicize the plight of missing people's families and to mobilize the authorities and other actors to respond to their needs. Families received psychosocial and other support from the ICRC.
- Movement components endeavoured to coordinate their activities, including their response to the COVID-19 pandemic and other emergencies.
- The deterioration of the socio-economic situation in Lebanon led to delays in the implementation of some infrastructural projects and other planned activities.

EXPENDITURE IN KCHF

Protection	7,179
Assistance	23,405
Prevention	1,879
Cooperation with National Societies	3,113
General	600
Total	36,177
<i>Of which: Overheads</i>	<i>2,208</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	69
Resident staff (daily workers not included)	242



PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	30
RCMs distributed	49
Tracing cases closed positively (subject located or fate established)	97

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	17
Detainees in places of detention visited	5,479
<i>of whom visited and monitored individually</i>	566
Visits carried out	58

Restoring family links	
RCMs collected	54
RCMs distributed	15
Phone calls made to families to inform them of the whereabouts of a detained relative	31

ASSISTANCE CIVILIANS

Economic security	2021 Targets (up to)	Achieved
Food consumption	People	32,500
Income support	People	21,350
Living conditions	People	25,000
Capacity-building	People	815

Water and habitat		
Water and habitat activities	People	245,540
		1,808,658

Health		
Health centres supported	Structures	8
		12

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security		
Living conditions	People	5,691

Water and habitat		
Water and habitat activities	People	2,137
		3,800

WOUNDED AND SICK

Medical care		
Hospitals supported	Structures	28
		31

Physical rehabilitation		
Projects supported	Projects	11
		9

Water and habitat		
Water and habitat activities	Beds (capacity)	590
		638

CONTEXT

Lebanon remained affected by the armed conflict in the Syrian Arab Republic (hereafter Syria). According to UNHCR estimates, there were around 1.5 million Syrians in host communities or informal settlements throughout the country. Syrians suspected of affiliation to armed groups, or of having entered Lebanon via unofficial crossings, were at risk of arrest, detention or deportation.

Around 200,000 Palestinian refugees lived in 12 overcrowded camps. Tensions among armed factions at Ein el-Helwe, the largest camp, persisted.

Lebanon's economy deteriorated sharply: the purchasing power of the Lebanese pound plummeted and basic commodities became scarce or prohibitively expensive. Failing electrical grids, combined with fuel shortages, led to countrywide blackouts. The delivery of essential services was seriously disrupted. There were protests, sometimes violent, over the dire economic situation, and over political issues.

Syrians and Palestinian refugees continued to have limited access to livelihood opportunities and public services; in particular, the country's largely privatized and expensive health-care system was beyond the reach of refugees. The public-health and socio-economic consequences of Lebanon's economic deterioration, compounded by the impact of the pandemic, made matters worse.

Law enforcement operations during demonstrations, and in informal settlements and refugee camps, led to arrests and detention, and to casualties.

Numerous missing-persons cases linked to past conflicts remained unresolved.

ICRC ACTION AND RESULTS

The ICRC assisted people who had fled to Lebanon from Syria, Palestinian refugees and destitute Lebanese residents, in partnership with the Lebanese Red Cross, the Lebanon branch of the Palestine Red Crescent Society, the International Federation and other Movement components, and in coordination with the authorities and the UNHCR and other organizations. It discussed the protection-related concerns of refugees and destitute residents with the authorities and weapon bearers, and explained to them the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services.

Refugees and destitute residents, especially in underserved areas, received food and hygiene kits from the ICRC. Income-support projects enabled them to cover their living expenses and work towards self-sufficiency.

Syrians, Palestinian refugees and Lebanese host communities affected by communal tensions benefited from improved access to essential services following ICRC repairs or upgrades to essential infrastructure. More people than planned benefited from water-and-habitat projects because the ICRC, substituting for another organization, made ad hoc donations of water-treatment chemicals to water providers serving densely populated urban communities.

In cooperation with the authorities and other partners, the ICRC implemented a multidisciplinary approach to bolster the resilience of health-care services from the effects of conflict and socio-economic shocks. It reinforced capacities at the two largest public hospitals in Lebanon: the Rafik Hariri University Hospital (RHUH) in Beirut and the Tripoli Governmental Hospital (TGH). As part of a multi-year capacity-building partnership established with the RHUH by the ICRC and other partners, the ICRC upgraded infrastructure, donated supplies, and provided medical care free of charge in the ICRC-run emergency ward; ICRC staff provided on-site support. It began giving the TGH regular support to manage influxes of wounded people. Partly because of budgetary constraints, on 31 March, the ICRC closed the Weapon Traumatology and Training Centre (WTTC) in Tripoli, which it had set up in 2014. Before closing the centre, patients were given comprehensive care, and those needing follow-up treatment were referred to other ICRC-supported hospitals.

Emergency responders, including National Society personnel, and members of armed groups were given first-aid training and other support. ICRC-supported clinics provided preventive, curative and psychosocial care. Persons with disabilities received assistive devices and physiotherapy at ICRC-supported centres.

The ICRC continued to publicize the plight of missing people's families and to mobilize the authorities and other actors to respond to their needs. It provided technical guidance to the national commission for ascertaining the fate of people missing in connection with past or ongoing conflicts in Lebanon. A primer explaining the families' right to know the fate of their missing loved ones was published and distributed. Missing people's families obtained psychosocial and other support with the ICRC's help.

The ICRC gave the authorities expert advice on managing human remains, and for drafting contingency plans for mass-casualty situations.

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, and provided material and other support to detention facilities, with a view to improving detainees' living conditions.

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 National Society expanded its emergency response capacities – and its COVID-19 response – with the ICRC's support. Movement components coordinated their activities to ensure coherent humanitarian action in Lebanon, and started drafting contingency plans for mass-casualty situations and other emergencies.

The ICRC carried out its activities in line with COVID-19 protocols.

CIVILIANS

Authorities and weapon bearers work to protect violence-affected people

The ICRC monitored the situation of Syrians, Palestinian refugees and other violence-affected people in Lebanon; documented their protection-related concerns; and brought them up with the pertinent authorities and weapon bearers (see also *Syrian Arab Republic*). ICRC representations to the pertinent parties emphasized the necessity of respecting the principle of *non-refoulement*, notably in connection with refugees from Syria, and facilitating access to medical services.

Round tables, workshops and other events enabled the ICRC and weapon bearers such as the ISF, the LAF and UN peace-keeping troops to discuss topics of common concern (see *Actors of Influence*).

The ICRC launched a countrywide communication campaign on the goals of the Health Care in Danger initiative. It conducted information sessions and dialogue on the protection of medical services for and with health ministry officials, medical workers and weapon bearers.

Missing people's families address their needs and members of dispersed families reconnect

The national commission for resolving missing-persons cases received ICRC support for implementing Lebanon's law concerning missing people. The commission drafted implementing rules for the law, with expert guidance from the ICRC. The ICRC, together with the Swiss embassy in Lebanon, published a primer explaining the law – in Arabic and English – and distributed copies to missing people's families, NGOs and others. It continued to collect pre-disappearance data on missing people from their families; the data will be preserved, and used in an identification process that will be carried out by the national commission, with the ICRC's support.

Together with the Swiss embassy in Lebanon, the ICRC launched an online platform that enabled missing people's families, authorities, NGOs and others to connect with one another. NGOs and the public learnt more about the plight of missing people's families during meetings with the ICRC or from the ICRC's posts on social media. Families of people missing in connection with the Syrian conflict, and past conflicts in Lebanon, participated in an ICRC-organized international conference for the families of missing persons, which was attended by some 500 families from 35 countries.

The ICRC endeavoured – by means of an accompaniment programme – to respond to the various needs of families whose relatives had gone missing in Syria. Syrian and Palestinian families in Akkar, Aarsal, Bireh and Ein el-Helwe were given socio-economic, administrative and psychosocial support. Volunteers were trained to provide psychological assistance and referrals to other, locally available services, as appropriate.

Because interest had waned among the families concerned, the ICRC decided, in June, to close its accompaniment programme for the families of people who went missing during past conflicts in Lebanon.

Members of families dispersed by conflict, detention or other circumstances reconnected through the Movement's family-links services. They included refugees and residents who often did not have enough money to contact relatives in other countries and those whose relatives were continually on the move and had lost access to their phones. Together with the Lebanese Red Cross, the ICRC conducted information sessions on the Movement's family-links services. Requests to locate people missing, or alleged to have been arrested, in Syria were forwarded to the ICRC's delegation in Syria, which followed them up with 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. Travel documents issued by the ICRC enabled two people to resettle abroad. The ICRC helped facilitate the transfer and/or repatriation of four Lebanese nationals, and the remains of three others, from Israel (see *Israel and the Occupied Territories*).

Local forensic capacities are strengthened

The ICRC emphasized to the relevant authorities that in order to ensure that human remains are managed and identified properly, it was vitally important to review frameworks, policies and procedures in the medico-legal system. It gave these authorities technical support for drafting contingency plans for mass-casualty situations. It provided personal protective equipment (PPE) and/or training in managing human remains for first responders, forensic professionals, mortuary personnel and others. It also donated two safety cabinets for the laboratory at the Lebanese University, which provided forensic services for the LAF. After the explosion of a fuel tank in Akkar, the ICRC provided the ISF with equipment for managing human remains and carrying out forensic work.

Refugees and residents meet their basic needs

Together with the Lebanese Red Cross and other National Societies, and other humanitarian organizations, the ICRC strove to decrease economic vulnerability among victims of violence, missing people's families, disabled people, and refugees and residents not being assisted by other organizations.

The ICRC helped ensure access to food for refugees and residents: approximately 16,118 households (80,590 people) were given food parcels, and some 1,485 farming households (7,425 people) were given seedlings and other supplies for growing vegetables. A total of 4,863 households (24,315 people) received hygiene kits. The ICRC was able to assist more people by entering into a partnership with an NGO that helped distribute food and hygiene kits to disabled people and their families.

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

To alleviate the effects of the economic crisis (see *Context*) among the already economically marginalized refugees, the ICRC scaled up its income-support activities. It provided cash grants and other support to some 8,240 households (41,173 people): refugees received a monthly allowance to partially cover their

expenses for food, rent or medical treatment; pregnant and lactating women were given one-off cash grants; breadwinners were given in-kind or cash assistance for growing aquatic ferns – as a sustainable substitute for fodder – or raising livestock. Livelihood training for breadwinners was cancelled because of operational constraints.

Communities have access to water and renovated public infrastructure

The ICRC prioritized water-and-habitat projects that made a reliable supply of clean water more readily available to refugees and residents, particularly in violence-prone areas and informal settlements and other underserved communities, where scarcity of water and competition over it cause tensions. These projects, some of them carried out with the Lebanese Red Cross, benefited some 300,000 people: upgrades to water and sanitation systems in Palestinian camps, and in communities hosting Syrian refugees, made clean water available and contributed to a healthier environment; and urgent repairs to wells provided potable water for refugees and residents in Aarsal and Shabriha.

More people than planned benefited from the ICRC's water-and-habitat initiatives, because the ICRC – temporarily filling in for another organization that had run out of funds – donated water-treatment chemicals to water providers across Lebanon; this enabled around 1.5 million refugees and residents to have access to clean water.

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

Refugees and residents obtained preventive and curative care at ten clinics that received regular ICRC support: medicine, medical supplies, training and salary incentives for staff, and/or infrastructural upgrades; two other clinics received PPE on an ad hoc basis. These facilities provided 125,999 consultations, administered 7,616 doses of polio vaccine to children, and made 243 referrals for specialized treatment. At four of these clinics, the ICRC covered treatment costs for pregnant women and/or people with non-communicable diseases. Four health facilities obtained material and/or other support from the ICRC to vaccinate people against COVID-19.

At the request of the authorities, an ICRC psychologist counselled people hospitalized after the Akkar explosion. Some 700 people, including victims/survivors of sexual violence, missing people's families, disabled people, and casualties of the explosion in Akkar, and that in Beirut in 2020, obtained psychosocial support via a mobile messaging app or during counselling sessions with the ICRC or ICRC-trained staff; approximately 1,000 people learnt more about the mental-health needs of conflict-affected people; and 33 people received training in psychological counselling and psychosocial support.

Training in trauma care and hazard management for personnel from the Lebanon Mine Action Centre, and for first responders in weapon-contaminated areas, was cancelled or postponed to 2022 because of administrative constraints.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 17 facilities run by the LAF, the ISF and the GSO. It followed up 566 detainees individually – security detainees, people on hunger strike, 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.

The ICRC reminded 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 providing adequate food and health care for detainees. LAF personnel attended ICRC training in best practices for prison management. The ICRC gave the LAF its recommendations for documenting and preventing ill-treatment among detainees.

Detaining authorities were reminded that they must notify families of the arrest of their relatives. The ICRC enabled vulnerable detainees to contact their relatives through RCMs, and helped detained foreigners notify their embassies of their imprisonment. It also facilitated the repatriation of one detainee after their release.

The ICRC interviewed Syrians facing deportation after their release from detention facilities in Lebanon, to document their protection-related concerns. It made representations to the GSO about the necessity of ensuring – in line with the principle of *non-refoulement* – the safety and dignity of all detainees being deported to Syria.

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

The ICRC continued to participate in meetings with the COVID-19 taskforce – created in 2020 at the ICRC's recommendation – to coordinate pandemic response at ISF prisons and tackle other issues affecting detainees. It monitored isolation wards – restored by the ICRC – at two prisons, including the Roumieh central prison (RCP), the largest in the country. It kept track of vaccination campaigns in prisons and mobilized other actors to support the vaccination of detainees. It donated PPE and other supplies to four places of detention in support of their vaccination campaigns; in all, 536 doses of COVID-19 vaccine were administered.

Detainees needing specialized care were referred to ICRC-supported hospitals. Clinic and prison staff were trained in medically screening new inmates; abiding by medical ethics; and managing detainees on hunger strike.

The ICRC supplied clinics at seven LAF prisons with drugs and medical supplies; at other prisons, it distributed PPE and other materials for preventing and controlling infections. It also made repairs to a detention ward (11 beds) at a referral hospital. Hygiene items, mattresses, blankets and recreational items were given to some 5,000 inmates at prisons visited by the ICRC.

The ICRC repaired electrical systems and renovated spaces for family visits at the RCP, benefiting 3,800 detainees. It mobilized the information technology department at the ISF to develop software for collecting data on maintenance-related needs at all ISF prisons; an ISF laboratory was given the supplies necessary to bolster its forensic capacities, including in connection with documenting injuries sustained by detainees alleged to have suffered ill-treatment. The ICRC made recommendations to detaining authorities for a comprehensive maintenance plan for prison facilities. Round tables for the authorities and medical professionals were postponed to 2022, owing to pandemic-related and other constraints.

WOUNDED AND SICK

Emergency medical services provide urgent care

To increase the likelihood of wounded people receiving timely medical care, the ICRC trained members of armed groups and vulnerable communities in first aid and equipped them accordingly; some of these training sessions were conducted jointly with the Lebanese Red Cross. Health workers learnt about their rights and responsibilities at ICRC dissemination sessions.

The National Society drew on financial and material support (e.g. PPE, medical consumables) from the ICRC to operate its emergency medical services (EMS), which included transferring people with COVID-19 and wounded people to hospitals.

The ICRC helped provide mental-health and psychosocial support for casualties of the Akkar explosion, patients at the RHUH or the WTTC, and others (see *Civilians*).

The ICRC supports the continuum of care and bolsters the resilience of hospitals across the country

People sought medical, surgical, maternal or paediatric care at the RHUH in Beirut (390 beds), where the ICRC continued to run an emergency ward, and provide medicine, equipment and training for staff, under a multi-year capacity-building project, in partnership with the authorities and other actors. The ICRC also started providing support regularly for the TGH (200 beds) – the second largest public hospital in Lebanon – to stabilize wounded people.

Syrians requiring reconstructive surgery and/or post-operative rehabilitation were treated at the WTTC in Tripoli, which the ICRC had set up in 2014. Partly because of budgetary constraints, on 31 March, the ICRC closed the WTTC. Former patients requiring further care were either followed up by the ICRC at ICRC-supported hospitals or referred to other facilities.

Refugees and destitute residents in Aarsal were served by two 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. The ICRC made ad hoc donations of medical supplies to 18 additional hospitals in response to various emergencies. It renovated electrical systems and improved storage capacity at two of the hospitals mentioned above (37 beds in all).

In cooperation with the Lebanese University Task Force, the ICRC conducted a course in disaster management, in preparation for mass-casualty incidents; later, it established a contingency taskforce at the RHUH.

Persons with disabilities improve their mobility

The ICRC supported five physical rehabilitation centres, including one run by the National Society. It provided assistive devices and rehabilitative care for 1,165 disabled people¹ – including victims of the explosion in Beirut in 2020 – and helped them improve their mobility. Some of them were referred to the ICRC's economic-security programmes (see *Civilians*).

To help strengthen local capacities in physical rehabilitation, the ICRC organized training sessions for physiotherapists and physiotherapy students in the rehabilitation of amputees. The ICRC, representatives from various NGOs, and others in the physical rehabilitation sector made recommendations to the health ministry on national standards for rehabilitative services; the ICRC organized a webinar on the subject of developing policies to improve the sector.

The ICRC endeavoured to advance the social inclusion of persons with disabilities. In partnership with a disability sports organization and an NGO, it organized wheelchair-basketball games and renovated a basketball court. Eight wheelchair-basketball clubs from all over Lebanon competed in a national tournament.

ACTORS OF INFLUENCE

Authorities and weapon bearers strengthen their grasp of IHL and other norms

The ICRC maintained its dialogue on IHL and other norms with the authorities, weapon bearers and members of civil society. It gave the authorities expert advice for addressing the issue of missing people (see *Civilians*) and for ensuring that detainees were treated in line with internationally recognized standards.

At round tables, workshops and other ICRC events, LAF, ISF and GSO personnel, including those involved in border control and in crowd-control operations, learnt more about their obligations under international norms. LAF personnel took part in eight workshops on the use of force, particularly during crowd-control and maritime-security operations; senior LAF officers attended international events on IHL and on international rules governing military and naval operations; and 11 GSO personnel participated in a five-day train-the-trainer workshop on IHL, international human rights law and international policing standards. The ICRC and the LAF pursued dialogue on preventing ill-treatment of detainees (see *People deprived of their freedom*).

Armed groups in Palestinian camps learnt more about the ICRC's activities; humanitarian principles; international standards for the use of force; and the protection granted to refugees and other violence-affected people under international human rights law and other norms.

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

Members of civil society learn about humanitarian issues and the Movement's activities

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 own neutral, impartial and independent humanitarian work. The Lebanese and the international media drew on ICRC materials to cover such issues as the Health Care in Danger initiative; the response to the Akkar explosion; the continuing humanitarian consequences of the Beirut explosion; and missing people and the plight of their families. Journalists learnt about IHL, and the protection it affords civilians, including journalists, through training conducted online by the ICRC together with other Movement components and the information ministry.

Members of the judiciary and a university professor in IHL attended training sessions and a seminar on IHL and humanitarian principles. Defence and justice ministry officials participated in an international meeting of national IHL bodies, hosted by the ICRC.

In April, the ICRC established a community contact centre to enable violence-affected people to relay their concerns to the ICRC and learn about the humanitarian services available to them.

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. Along with other Movement components, the ICRC expanded support for the National Society's activities, particularly its response to the pandemic and mass-casualty events. The National Society and the ICRC published lessons learnt from the response to the Beirut explosion in 2020. The National Society 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 services for Palestinian refugees; it received technical, financial and material support from the ICRC. The ICRC also provided it with fuel, medical supplies and PPE to assist its efforts during various emergencies. 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 vaccination campaigns, and their response to the pandemic and other emergencies. Movement components participated in an evacuation drill that was one facet of their contingency plans for mass-casualty situations and other emergencies; lessons learnt were being drafted at year's end.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	30			
RCMs distributed	49			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	517	16	16	35
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	97			
Tracing cases still being handled at the end of the reporting period (people)	8,577	542	221	712
<i>including people for whom tracing requests were registered by another delegation</i>	25			
Documents				
People to whom travel documents were issued	2			
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	17			
Detainees in places of detention visited	5,479	165	118	
Visits carried out	58			
		Women	Girls	Boys
Detainees visited and monitored individually	566	30	4	22
<i>of whom newly registered</i>	447	30	4	22
RCMs and other means of family contact				
RCMs collected	54			
RCMs distributed	15			
Phone calls made to families to inform them of the whereabouts of a detained relative	31			
Detainees released and transferred/repatriated by/via the ICRC	1			
People to whom a detention attestation was issued	9			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	88,015	22,011	43,993
Income support	People	41,173	10,310	20,553
Living conditions	People	24,315	6,084	12,147
Water and habitat				
Water and habitat activities	People	1,808,658	705,373	415,972
Primary health care				
Health centres supported	Structures	12		
<i>of which health centres supported regularly</i>		10		
Average catchment population		395,833		
Services at health centres supported regularly				
Consultations		125,999		
<i>of which curative</i>		111,618	32,867	18,563
<i>of which antenatal</i>		14,381		
Vaccines provided	Doses	16,192		
<i>of which polio vaccines for children under 5 years of age</i>		7,616		
Referrals to a second level of care	Patients	243		
<i>of whom gynaecological/obstetric cases</i>		188		
Mental health and psychosocial support				
People who received mental-health support	People	724		
People who attended information sessions on mental health	People	1,126		
People trained in mental-health care and psychosocial support	People	33		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	People	5,691	54	256
Water and habitat				
Water and habitat activities	People	3,800		190
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	7		

WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	31		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		196	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		2,163		
Operations performed		4,105		
Medical (non-surgical) admissions		2,666	933	599
Gynaecological/obstetric admissions		3,379	3,104	21
Consultations		81,703		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		6,412		
Weapon-wound admissions (surgical and non-surgical admissions)		79	*	*
Weapon-wound surgeries performed		89		
Patients whose hospital treatment was paid for by the ICRC		9,741		
First aid				
First-aid training				
Sessions		11		
Participants (aggregated monthly data)		147		
Water and habitat				
Water and habitat activities	Beds (capacity)	638		
Physical rehabilitation				
Projects supported		9		
<i>of which physical rehabilitation projects supported regularly</i>		5		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	1,165	128	565
<i>of whom victims of mines or explosive remnants of war</i>		262		
Prostheses delivered	Units	287		
Orthoses delivered	Units	809		
Physiotherapy sessions		4,674		
Walking aids delivered	Units	223		
Wheelchairs or postural support devices delivered	Units	167		
Referrals to social integration projects		33		
Mental health and psychosocial support				
People who received mental-health support		188		
People who attended information sessions on mental health		11		

* 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 obtain emergency relief, essential services and livelihood support. It aims to visit all people held in relation to the conflict and to foster respect for IHL and other applicable norms, notably those covering 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 2021

- Millions of people had access to water pumped and purified by ICRC-supported water stations. Communities of vulnerable people – including returnees – were assisted to restore their local water and electrical networks.
- ICRC-supported health services were available in 14 governorates, including parts of Idlib. Six ICRC-supported facilities, including a hospital at the al-Hol camp, provided psychosocial care for emotionally traumatized people.
- Displaced people in camps, returnees, and other vulnerable people were given basic necessities by the ICRC and the Syrian Arab Red Crescent. Some vulnerable people were helped to earn an income or produce their own food.
- The ICRC visited detainees in central prisons under the interior ministry, and places of detention in the north-east. People detained in the north-east sent RCMs to their relatives at the al-Hol and Roj camps, and abroad.
- Thousands of people, including schoolchildren, learnt safe practices around mines and explosive remnants of war (ERW), at briefings organized by the National Society with the ICRC's support.
- Despite various challenges to delivering aid in the north-east, and volatile security conditions in the north-west, the ICRC was able to implement most of its planned activities.

EXPENDITURE IN KCHF

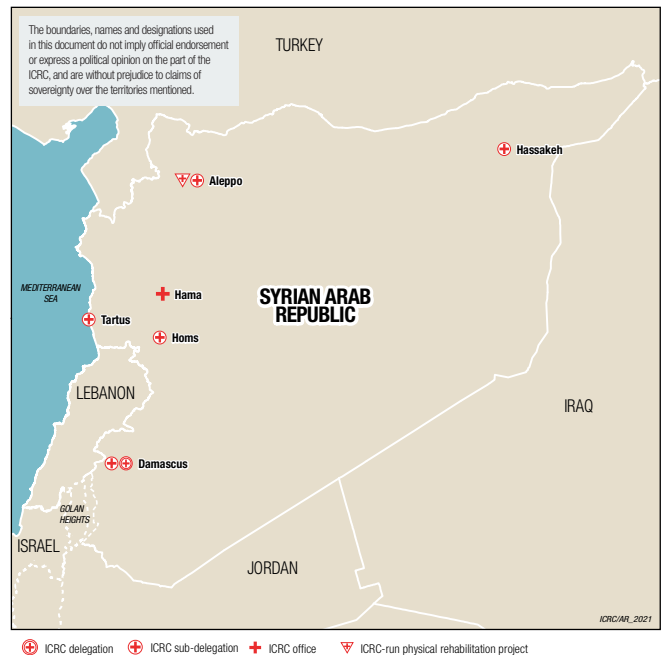
Protection	13,449
Assistance	127,765
Prevention	3,421
Cooperation with National Societies	5,538
General	435
Total	150,608
<i>Of which: Overheads</i>	<i>9,174</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	78%
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PERSONNEL

Mobile staff	168
Resident staff (daily workers not included)	702



PROTECTION CIVILIANS

Restoring family links	Total
RCMs collected	7,490
RCMs distributed	4,823
Phone calls facilitated between family members	58
Tracing cases closed positively (subject located or fate established)	559

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	Total
Places of detention visited	15
Detainees in places of detention visited	20,417
<i>of whom visited and monitored individually</i>	<i>2,508</i>
Visits carried out	73

Restoring family links	Total
RCMs collected	8,156
RCMs distributed	3,573
Phone calls made to families to inform them of the whereabouts of a detained relative	11

ASSISTANCE CIVILIANS

Economic security	2021 Targets (up to)	Achieved
Food consumption	People	1,045,000
Food production	People	376,000
Income support	People	8,500
Living conditions	People	2,985,000
Water and habitat		
Water and habitat activities	People	12,000,000
Health		
Health centres supported	Structures	75

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security	2021 Targets (up to)	Achieved
Food consumption	People	4,500
Living conditions	People	20,000
Water and habitat		
Water and habitat activities	People	15,000

WOUNDED AND SICK

Medical care	2021 Targets (up to)	Achieved
Hospitals supported	Structures	25

Physical rehabilitation	2021 Targets (up to)	Achieved
Projects supported	Projects	8

Water and habitat	2021 Targets (up to)	Achieved
Water and habitat activities	Beds (capacity)	250

CONTEXT

After more than a decade, the armed conflict in the Syrian Arab Republic (hereafter Syria) decreased in intensity. However, hostilities persisted in the north-west and the north-east; air strikes and shelling, and the use of explosive weapons were common in parts of Aleppo and Idlib Governorates. In the south, tensions occasionally turned violent. Syrian government forces conducted military and security operations in these areas; third-party states supported these operations and/or conducted their own.

The hostilities continued to claim lives and to hamper free movement and the return of millions of displaced Syrians. In the north, displaced people stayed in host communities and camps, for example, at the al-Hol camp in Hassakeh Governorate.

More and more Syrians were returning to their homes in central Syria and elsewhere, despite the uncertain security conditions and the presence of ERW. These returnees, displaced people and other conflict-affected civilians contended with shortages of electricity, fuel and food, and poor access to essential services, owing to the cumulative effect of a decade of conflict, international sanctions and an unprecedented economic crisis.

Humanitarian actors, including the Syrian Arab Red Crescent, could not easily reach areas outside of government control, and faced security constraints. The case of three ICRC staff members abducted in 2013 remained unresolved.

ICRC ACTION AND RESULTS

The ICRC reminded the parties concerned – authorities, third-party states, weapon bearers, and others – of their obligation under IHL and other norms to protect people who were not or were no longer participating in hostilities, and to facilitate safe access to health care, water, education and other essential services, and humanitarian aid. The ICRC continued to foster understanding of these norms, and of humanitarian issues, among actors of influence: it organized specialized IHL events for senior military officers, and launched a campaign to draw international attention to the plight of vulnerable Syrians.

Together with the Syrian Arab Red Crescent, the ICRC implemented large-scale assistance activities, while also carrying out initiatives specifically aimed at helping civilians build their resilience to the effects of the conflict and/or reduce their exposure to risks. Despite various challenges to delivering aid in the north-east, and volatile security conditions in the north-west, the ICRC was able to implement most of its planned activities.

The ICRC continued to strive to ensure the availability of essential services. It 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 and/or public bakeries – in vulnerable communities, notably those containing returnees or displaced people. Where such services were unavailable, the ICRC provided them itself – for instance, at camps, by trucking in water and ensuring sanitation. It also provided support for

schooling: students attended classes and/or took national exams in schools and examination centres renovated or restored by the ICRC.

Syria's health-care system – weakened by protracted conflict and shortages of medicines and equipment – was hard-pressed to cope with the demands made on it. The ICRC therefore continued to support it at every level: primary-health-care centres, including mobile health units serving people in hard-to-reach and/or volatile areas; hospitals and pre-hospital services, thereby ensuring the availability of life-saving care; and physical rehabilitation centres, to help persons with disabilities regain mobility. ICRC-trained medical personnel offered psychosocial care at six of the facilities mentioned above. 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 than planned were given hygiene kits. At the al-Hol camp, which holds about 61,000 people, residents were given hot meals every day from a collective kitchen run by the ICRC and the National Society. People were also given the means to obtain food and other necessities by themselves. In Aleppo and Homs, some people 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 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 maintaining family contact.

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 from these visits, carried out in accordance with standard ICRC procedures, were communicated confidentially to the detaining parties, to help them improve detainees' treatment and living conditions. The ICRC also assisted detainees more directly by upgrading infrastructure; distributing hygiene items and winter clothes; supplying prison clinics; and, in the north-east, donating food.

CIVILIANS

Parties to the conflict are reminded of their obligations under IHL

The ICRC reminded the parties concerned – authorities, third-party states, weapon bearers, and others – of their obligation under IHL and other norms to protect people who were not or were no longer participating in hostilities, and to facilitate safe access to health care, water, education and other essential services, and humanitarian aid. Violations of these laws were documented and relayed to the parties concerned, to prevent or end them.

The ICRC continued to engage governments and others – those involved in the Astana peace process, for example – in bilateral discussions about the plight of those who were

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*).

The ICRC monitored the situation of vulnerable civilians – displaced people, returnees and residents of areas where hostilities were in progress – and maintained close contact with them, in order to assess their needs (see also *Actors of influence*). It designed its activities based on these assessments, with a view to meeting both their urgent and their long-term needs as effectively as possible. Together with the Syrian Arab Red Crescent, it continued to help civilians build their resilience to the effects of the conflict and/or reduce their exposure to risks.

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. National Society volunteers were trained in restoring family links, with a view to improving these services.

People at the al-Hol and Roj camps received thousands of RCMs from detained relatives; for many, RCMs were the only means of maintaining family contact. The ICRC continued to give the authorities lists of people reported missing by their relatives; 556 missing-persons cases were resolved in 2021; aided by detaining authorities, the ICRC found some of these missing people among detainees (see *People deprived of their freedom*). The ICRC acted as a neutral intermediary in the exchange of ten detainees between the Syrian government and other detaining parties, across front lines in Aleppo, and in the repatriation of six people from Israel to Syria, in the Golan Heights. The ICRC facilitated the exchange of school and other official documents between people in Syria and their relatives in the Golan Heights or abroad.

The ICRC sought to ensure that the bodies or remains of people killed in fighting could be identified and claimed by the families concerned. To that end, it guided the health ministry and the national forensics association in updating national guidelines for handling human remains – taking into account infection-prevention protocols and religious practice – and training staff accordingly. The ICRC provided body bags, personal protective equipment (PPE), and other supplies and equipment for burial offices in Aleppo, Damascus and Homs, and for forensic authorities and the National Society. It finished upgrading a forensic facility in Aleppo, for inauguration in 2022 and secured the permits necessary to begin renovating – in 2022 – a second facility in Homs and construct a cemetery in Roj camp.

Civilians protect themselves from mines/ERW

Some 241,000 people – including schoolchildren, returnees, farmers and others – learnt about safe practices around mines/ERW, at briefings organized by the National Society with the ICRC's support. National Society volunteers were trained, throughout the year, to conduct information sessions of this kind; for the first time, teams of volunteers in Idlib, Latakia and Raqqa were also able to attend these training sessions. In addition, the National Society, aided by the ICRC, assembled

and trained two teams to survey weapon-contaminated areas. In Hama, Syrian military engineers demined an area contaminated by mines/ERW after one of these National Society teams had surveyed and marked it.

Both the ICRC and the National Society launched information campaigns through traditional and social media, and messaging applications, warning the public of the risk to them from mines/ERW, from leishmaniasis and from COVID-19. Communication on COVID-19 reached approximately 31,000 people.

Millions of people obtain essential services

A total of 17.1 million people benefited from large-scale ICRC support for averting the collapse of the country's aging and damaged essential infrastructure, and from small-scale ICRC activities for vulnerable communities.

The ICRC repaired and donated chemicals and spare parts for water and wastewater infrastructure across the country, including hydroelectric dams in Raqqa and major water stations serving densely populated areas; about 15 million people benefitted. In Aleppo, Homs, Rural Damascus and the southern governorates, the ICRC repaired less extensive water and electrical networks serving smaller communities of vulnerable residents and returnees. A score of public bakeries throughout the country maintained or increased their production of affordable, subsidized bread, with the help of generators and automated production lines from the ICRC; some 1.2 million regular customers benefited.

Where essential services were not available, the ICRC provided direct assistance. Approximately 150,000 people in the city of Hassakeh fetched water from fixed water tanks that were filled every day by the National Society and the ICRC; this was particularly helpful on days when the Allouk water station was not in service. Around 350,000 displaced people living in camps, and returnees, had better living conditions as a result of ICRC upgrades to shelters, COVID-19 facilities and other infrastructure, and/or ICRC water-trucking and sanitation services.

Roughly 259,000 students attended classes and/or took national exams in nearly 240 schools and examination centres restored or renovated by the ICRC – in Idlib, Deir ez-Zor, Raqqa, and elsewhere. About 50,000 of these students were also given school kits.

Basic medical care becomes more accessible

Displaced people, and other vulnerable groups, in 14 governorates received treatment, including antenatal/postnatal care for women, at 62 primary-health-care centres for which the ICRC provided support: staff training, funding, supplies and infrastructural repairs. The ICRC's support went to 30 health-ministry facilities treating diabetics and people with contagious diseases, such as leishmaniasis; and 32 National Society polyclinics and mobile health units tending to people in places that were not readily accessible, such as the al-Hol camp, rural Aleppo and Idlib. Three mobile health units in Aleppo had to close because of poor security conditions.

Victims of violence, including victims/survivors of sexual violence, and other traumatized people obtained psychosocial care from ICRC-trained staff at six facilities: two physical rehabilitation centres (see *Wounded and sick*); and four of the health centres mentioned above (in Hama, Hassakeh and Homs, and at the al-Hol camp). About 1,400 patients received psychosocial support.

People meet their immediate needs and work towards self-sufficiency

Aided by the National Society, the ICRC both implemented large-scale distributions of emergency aid, and provided support specifically for producing food and earning an income. Owing to various challenges to delivering aid, less material aid was distributed than planned, particularly in the north-east.

About 909,100 people (181,850 households) across the country were given a month's supply of rations. At the al-Hol camp, which holds about 61,000 people, residents were given hot meals every day from a collective kitchen run by the ICRC and the National Society; these supplemented the food provided by the WFP. The elderly, young children, and pregnant and lactating women were given high-calorie rations.

Around 417,900 households (2,089,217 people), most of them displaced people, were given hygiene items – in connection with infants, feminine hygiene, and COVID-19; blankets, mattresses and winter clothes; and solar-powered lamps for people with no access to electrical power. In Aleppo and Homs, 5,000 households were given vouchers to buy essentials at selected shops; this approach – unlike in-kind aid – empowered people to make their own choices and supported the local economy.

The ICRC provided 66,800 households (334,000 people) in 12 governorates, including Raqqqa and Idlib, with support for producing food. Farmers received wheat, vegetable seed and fertilizer, and help to renovate irrigation systems. Herders were given fodder and salt licks for their livestock, and accessed veterinary services free of charge; 345,000 heads of livestock, belonging to about 20,000 herders, were vaccinated. About 800 people were given beekeeping equipment. Hundreds of returnee and/or female-headed households were given poultry, pregnant ewes, and/or fodder. Farming and livestock authorities and associations were given supplies and equipment, and/or training for vaccinating and breeding livestock; making dairy products; and growing hydroponic fodder.

Around 1,630 households (8,135 people) – including those headed by women, disabled people, displaced people and returnees – used cash and supplies from the ICRC to start small businesses, such as mini-groceries, coffee shops and plumbing services. Cash grants were doubled in the middle of the year, because inflation had greatly diminished the value of the initial grant.

PEOPLE DEPRIVED OF THEIR FREEDOM

Foreign detainees regain contact with their families

The ICRC continued to seek access to all detainees within its purview, including those held – in relation to armed conflict – at places of temporary detention. It was able to visit, in

accordance with its standard procedures, detainees in 15 places of detention: 13 central prisons run by the interior ministry and 2 facilities run by an armed group in the north-east. Findings from visits – with regard to overcrowding, medical ethics, foreigners and minors, and prevention of COVID-19 – were communicated confidentially to the detaining parties, to help them improve detainees' treatment and living conditions.

The ICRC reminded detaining parties of the importance of facilitating contact between detainees and their relatives, particularly young children. The ICRC also provided some family-links services to vulnerable detainees: for example, it helped foreigners to contact their embassies. In the north-east, RCMs enabled detainees to communicate with their relatives in camps and in their home countries. An elderly detainee in precarious health was released and allowed to rejoin his wife at the Roj camp, after the ICRC notified the authorities of his condition.

Detainees' living conditions improve

The health and interior ministries drew on the ICRC's findings to improve prison services. The ICRC gave these ministries expert guidance in such areas as designing and maintaining prison infrastructure, streamlining the provision of health care to detainees, and managing detainees' medical records. With the ICRC's technical support, a working group – composed of penitentiary officials and prison staff – installed chlorination systems in prisons, benefiting about 23,000 detainees; prison staff were trained to operate and maintain these systems. Prison staff attended workshops on preventing the spread of COVID-19 and other communicable diseases; medical ethics; and other issues pertinent to the provision of health care in detention.

The ICRC helped detainees more directly at some places of detention: for example, it resupplied clinics at two prisons; distributed assistive devices to disabled detainees; and, at a prison for women, helped establish a system for managing health-related information on detainees. About 8,000 detainees were given hygiene items, winter clothes, and bedding; owing to various difficulties, less support of this kind was provided than planned (see *Civilians*). In the north-east, 1,270 malnourished detainees regained some weight after supplementing their diet with high-calorie date bars from the ICRC.

The ICRC renovated water and sanitation systems at two detention facilities in the north-east, the water-heating system at a prison in Aleppo, and a quarantine area in a prison in Homs; 9,525 inmates benefited, including those in prisons where chlorination systems were installed.

WOUNDED AND SICK

Wounded people receive urgent treatment

Syria's health system – weakened by protracted conflict and shortages of medicines, equipment and electrical power – was hard-pressed to cope with the demand for life-saving treatment. Thus, the ICRC continued to support the casualty care chain, which helped ensure that people could obtain life-saving medical attention; and to reiterate to parties concerned that people who were not or were no longer participating in hostilities had a right to unhindered access to health care.

A total of 36 hospitals, including those receiving referrals from the al-Hol camp or from areas in the north-west where hostilities were in progress, were given support: medical supplies, such as wound-dressing kits, and medical equipment; and infrastructural assistance of various kinds. Two of these hospitals were given support regularly and their infrastructure renovated: one, in Homs, expanded its oxygen-supply network.

At the al-Hol camp, the field hospital run by the National Society and the ICRC continued to provide surgical, obstetric/gynaecological, paediatric and mental-health care. Because of the demand for these services, the ICRC and the National Society assigned additional staff to the hospital and extended its working hours – from daytime hours for five days a week to daytime hours all week with an option for overnight care. Renovations to the hospital's tents were underway, to be finished in 2022.

Staff from the facilities mentioned above, and other medical personnel were given numerous training opportunities. Notably, 22 doctors attended ICRC courses in wound management, and 22 engineers, courses in the maintenance of medical gas systems. In addition, 22 National Society nurses were trained to treat wounds, burns, dehydration and other minor medical issues that are common occurrences at IDP or refugee camps.

The National Society's first-aid and ambulance services provided on-site treatment to tens of thousands of people and transported them to hospital; the ICRC furnished comprehensive support. The ICRC also arranged for six people – two victims of mine-/ERW-related incidents and one gunshot victim – to receive specialized treatment in another country (see *Lebanon*).

Haemodialysis was available at eight centres for which the ICRC provided supplies and training. As planned, the ICRC ended this support in September; but before doing so, it gave the health ministry and the management of these centres, technical advice to ensure the maintenance of dialysis machines and secure funding from other sources.

The ICRC provided PPE and training for 23 of the facilities mentioned above, the health authorities and the National Society, in support of the country's efforts to prevent the spread of COVID-19.

Persons with disabilities regain some mobility

About 1,700 disabled people¹ received prostheses and orthoses, and physiotherapy, at the ICRC's physical rehabilitation centre in Aleppo, the National Society's centre in Rural Damascus (recently renovated by the ICRC), the field hospital at the al-Hol camp, and a workshop run by the health ministry in Homs. The ICRC began renovating a training institute for physical rehabilitation in Damascus; in the meantime, it provided refresher or advanced training directly to physical rehabilitation professionals.

Partly because of the shortage of fuel, and the pandemic, it was difficult for patients to travel to the facilities mentioned above. The ICRC therefore maintained its support for shuttle services that transported patients from surrounding governorates to

the centre in Damascus; and from rural Aleppo to the ICRC's physical rehabilitation centre in the city of Aleppo. Plans to renovate or construct dormitories for patients were put on hold; in the meantime, the ICRC covered lodging expenses for patients. The National Society was given wheelchairs and other assistive devices, for distribution at its branches.

The ICRC continued to support efforts to advance disabled people's social inclusion. Patients at centres operated by the ICRC, or supported by it, were referred for livelihood support, as appropriate (see *Civilians*). Planned sporting events did not take place because of the pandemic. The ICRC and the social affairs ministry continued to discuss the possibility of creating a database of disabled people.

Patients obtain psychosocial care

Patients traumatized by the loss of limbs, for instance, received psychosocial care at the ICRC's physical rehabilitation centre in Aleppo, the field hospital at the al-Hol camp, and the National Society's physical rehabilitation centre in Damascus; some 520 people benefited.

ACTORS OF INFLUENCE

Military and security-forces officers, lawmakers and National Society staff learn more about IHL

The ICRC continued to help the Syrian authorities integrate IHL and international human rights law into military training, operations and doctrine. In cooperation with the interior and defence ministries, the ICRC arranged for five military officers to participate in a workshop for senior officers on international rules governing military operations (see *International law and policy*); for three military officers to attend an advanced IHL course in San Remo; and for a senior security-forces officer to take part in an experts' meeting online, on law enforcement during a pandemic. The ICRC organized workshops on IHL and human rights law for numerous military and security-forces officers. The defence ministry, the national IHL committee, and the ICRC continued to work on an IHL manual for the Syrian military.

Together with the national IHL committee, the ICRC continued to give the authorities expert advice for advancing the incorporation of IHL in domestic law, and for updating legislation pertinent to missing people and their families and to health care. In parallel, the ICRC organized workshops on IHL for lawmakers and officials from the ministries concerned. Together with the education ministry, the ICRC endeavoured to further understanding of IHL among academics and students – future leaders and lawmakers – through workshops for students of the Syrian Virtual University and other academic institutions, and donations of books and other IHL-related materials.

Aided by the ICRC, the National Society drafted a manual on basic IHL and trained some of its volunteers to become IHL instructors.

Communities engage with the ICRC

The ICRC helped journalists and National Society volunteers – through workshops, news releases, and other means – to report on humanitarian issues accurately or inform the public about such matters as measures against COVID-19 and leishmaniasis, and the proper use of the emblems protected under IHL.

The ICRC endeavoured to engage with communities, through meetings with community leaders and representatives and via social media and mobile messaging applications. It discussed various matters with them, such as mitigating risks to their safety, and obtaining assistance from the Movement, particularly livelihood support. These means were also useful for collecting responses to the ICRC's activities and learning what people thought of the ICRC in general.

The international community learns more about humanitarian issues in Syria

To mark the 10th year of armed conflict in Syria, the ICRC launched a campaign to draw international attention to the plight of vulnerable Syrians, and to reiterate the necessity of maintaining support for humanitarian action in the country. It also drew attention to the impending collapse of critical infrastructure, the importance of mental-health care, and the plight of missing people and their families.

At meetings and public events in Syria and elsewhere (see *Brussels*), the ICRC engaged actors of influence – representatives of governments and international organizations – in dialogue on humanitarian issues in Syria. For example, during his visit to Syria, the ICRC's president spoke about the cumulative effect of the prolonged conflict; discussed the obstacles in the way of displaced people wishing to return to their homes; and at various meetings in other countries,

talked about the consequences of international sanctions for conflict-affected civilians and the plight of detainees and displaced people.

RED CROSS AND RED CRESCENT MOVEMENT

National Society staff and volunteers receive training

The Syrian Arab Red Crescent continued to be the main humanitarian actor in the country. It was active in all 14 governorates, including parts of Idlib. At the beginning of 2021, the National Society and the ICRC signed a three-year partnership agreement governing their joint activities, including management of the field hospital at the al-Hol camp, and outlining a joint plan for developing the National Society's operational and institutional capacities.

With financial, material – for instance, 300 uniforms and several vehicles – and technical support from the ICRC, the National Society trained its volunteers in various matters (see *Civilians and Wounded and sick*) and equipped them to work more safely and efficiently in violence-prone areas. The ICRC helped to cover the salaries of the National Society's communication staff, including those in charge of coordinating movements in the field. With guidance and encouragement from the ICRC, the National Society continued to make progress in strengthening its capacity to manage its finances, particularly with regard to transparency and accountability.

The ICRC gave the Palestine Red Crescent Society's branch in Syria some financial and other support to train its staff and volunteers, and to maintain its facilities.

Movement components in Syria met regularly to coordinate their activities and security management. The ICRC helped them to ensure the safety of their staff and volunteers by sharing security- and pandemic-related updates.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		7,490	6	
RCMs distributed		4,823	1	
Phone calls facilitated between family members		58		
Reunifications, transfers and repatriations				
People transferred or repatriated		6		
Tracing requests, including cases of missing persons			Women	Girls Boys
People for whom a tracing request was newly registered		2,220	77	84 156
<i>including people for whom tracing requests were registered by another delegation</i>		569		
Tracing cases closed positively (subject located or fate established)		559		
<i>including people for whom tracing requests were registered by another delegation</i>		149		
Tracing cases still being handled at the end of the reporting period (people)		24,226	1,293	1,278 1,434
<i>including people for whom tracing requests were registered by another delegation</i>		9,680		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		48	24	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		309	137	
Documents				
People to whom official documents were delivered across borders/front lines		25		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		15		
Detainees in places of detention visited		20,417	740	1,261
Visits carried out		73		
			Women	Girls Boys
Detainees visited and monitored individually		2,508	73	8 144
<i>of whom newly registered</i>		1,709	47	8 61
RCMs and other means of family contact				
RCMs collected		8,156		
RCMs distributed		3,573		
Phone calls made to families to inform them of the whereabouts of a detained relative		11		
Detainees released and transferred/repatriated by/via the ICRC		1		
People to whom a detention attestation was issued		1		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	909,092	272,804	363,484
	<i>of whom IDPs</i>	727,266	218,183	290,900
Food production	People	334,030	100,227	133,576
	<i>of whom IDPs</i>	266,651	79,997	106,657
Income support	People	8,135	2,444	3,247
	<i>of whom IDPs</i>	6,502	1,948	2,606
Living conditions	People	2,089,217	626,784	835,649
	<i>of whom IDPs</i>	1,678,887	503,671	671,545
Water and habitat				
Water and habitat activities	People	17,092,387	5,127,719	6,836,959
	<i>of whom IDPs</i>	5,127,716	1,538,315	2,051,086
Primary health care				
Health centres supported	Structures	62		
	<i>of which health centres supported regularly</i>	60		
Average catchment population		1,951,712		
Services at health centres supported regularly				
Consultations		792,521		
	<i>of which curative</i>	778,396	162,747	135,652
	<i>of which antenatal</i>	14,125		
Vaccines provided	Doses	1,837		
	<i>of which polio vaccines for children under 5 years of age</i>	1,189		
Referrals to a second level of care	Patients	3,530		
	<i>of whom gynaecological/obstetric cases</i>	287		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		1,397		
People who attended information sessions on mental health		2,326		
People trained in mental-health care and psychosocial support		96		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	1,270	381	508
Living conditions	People	7,950	675	75
Water and habitat				
Water and habitat activities	People	27,720	1,109	
Health care in detention				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	36		
<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		55	*	*
(including those related to mines or explosive remnants of war)		*	*	*
Non-weapon-wound admissions		2,576		
Operations performed		4,528		
Medical (non-surgical) admissions		39	*	*
Gynaecological/obstetric admissions		120	120	
Consultations		99,774		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		8,092		
Weapon-wound admissions (surgical and non-surgical admissions)		261		
Weapon-wound surgeries performed		67		
Patients whose hospital treatment was paid for by the ICRC		6,089		
First aid				
First-aid training				
Sessions		68		
Participants (aggregated monthly data)		1,830		
Water and habitat				
Water and habitat activities	Beds (capacity)	1,607		
Physical rehabilitation				
Projects supported		6		
<i>of which physical rehabilitation projects supported regularly</i>		3		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	1,686	239	415
<i>of whom victims of mines or explosive remnants of war</i>		948		
Prostheses delivered	Units	583		
Orthoses delivered	Units	156		
Physiotherapy sessions		8,390		
Walking aids delivered	Units	546		
Wheelchairs or postural support devices delivered	Units	146		
Referrals to social integration projects		892		
Mental health and psychosocial support				
People who received mental-health support		523		
People who attended information sessions on mental health		481		

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

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 2021

- The ICRC continued to remind all parties to conflict in Yemen 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-supported health centres and hospitals. COVID-19 patients obtained free services at an ICRC-supported treatment centre in Aden.
- IDPs and other conflict-affected communities met their urgent needs with food, household items and/or cash from the ICRC. The ICRC expanded relief aid for the newly displaced and others affected by the intensified hostilities.
- Millions of people had a more stable supply of clean water and electricity, and were less at risk of disease, because of ICRC support – regular and ad hoc – to help service providers maintain or operate key public facilities.
- Prison authorities were helped by the ICRC to make health care more readily available to detainees and prevent the spread of COVID-19. The implementation of some health activities was hampered because of logistical constraints.
- 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	11,269
Assistance	89,123
Prevention	4,008
Cooperation with National Societies	7,629
General	484
Total	112,514
<i>Of which: Overheads</i>	<i>6,860</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	75%
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PERSONNEL

Mobile staff	130
Resident staff (daily workers not included)	700



PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	1,831
RCMs distributed	610
Phone calls facilitated between family members	111
Tracing cases closed positively (subject located or fate established)	107
People reunited with their families	17
<i>of whom unaccompanied minors/separated children</i>	<i>17</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	16
Detainees in places of detention visited	12,479
<i>of whom visited and monitored individually</i>	<i>1,148</i>
Visits carried out	31

Restoring family links

RCMs collected	160
RCMs distributed	22
Phone calls made to families to inform them of the whereabouts of a detained relative	58

ASSISTANCE

2021 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	People	182,000	425,349
Food production	People	613,200	836,185
Income support	People	87,500	155,442
Living conditions	People	105,000	124,138
Capacity-building	People	81,500	65,175

Water and habitat

Water and habitat activities	People	3,300,000	5,289,811
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Health

Health centres supported	Structures	40	37
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	People		19,991
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Water and habitat

Water and habitat activities	People	5,000	11,254
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	29	48
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Physical rehabilitation

Projects supported	Projects	8	10
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Water and habitat

Water and habitat activities	Beds (capacity)	785	4,769
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CONTEXT

Yemen remained a site of armed conflict and other situations of violence. The Saudi Arabia-led military coalition and Ansarullah continued to attack each other. Fighting intensified in Hodeida, Marib and elsewhere. In the south, tensions remained high between the Southern Transitional Council and the internationally recognized government; protests against the consequences of conflict broke out, contributing to the insecurity in the country. Al-Qaeda in the Arab Peninsula and the Islamic State group retained their presence in some parts of Yemen.

Despite the hazardousness of their journey, migrants continued to pass through Yemen on their way to other countries.

The consequences of conflict were calamitous: allegations of IHL violations were widespread, civilians wounded or killed, communities displaced, and health services attacked. Health, water and other critical infrastructure had been destroyed by the fighting, or struggled to continue functioning because of supply shortages, inability to pay staff regularly and other constraints. The COVID-19 pandemic made a dire situation even worse. Detainees across the country endured difficult living conditions and had limited access to health services. Much of the population faced destitution and was heavily reliant on aid, but the delivery of this much-needed aid was fraught with difficulties.

ICRC ACTION AND RESULTS

The ICRC responded to the most urgent humanitarian needs in Yemen, despite a working environment that was volatile and restrictive. Hostilities having intensified in certain areas, the ICRC scaled up most of its assistance activities and helped more people than planned. However, some of its other activities were cancelled, postponed or only partially implemented because of the prevailing insecurity and the pandemic. The logistics base in Oman and the mission in Djibouti continued to support the ICRC's operations in Yemen. The ICRC opened offices in Al Turbah, Ibb and Marib to increase its proximity to conflict-affected people in those areas. It worked with the Yemen Red Crescent Society and other Movement components to deliver humanitarian aid.

The ICRC continued to call on all parties to conflict to respect IHL, protect civilians and civilian infrastructure, and ensure people's 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, while also helping to ensure that health staff and patients were protected against COVID-19. It trained weapon bearers in first aid and gave them the necessary supplies. Material support and on-site assistance enabled hospitals to overcome supply shortages and cope with influxes of patients. Preventive and curative care was available at primary-health-care centres that received regular

or ad hoc ICRC support. The ICRC handed over management of the COVID-19 treatment centre in Aden to health authorities; the centre continued to provide free treatment to patients, with ICRC support. People with disabilities obtained suitable services at ICRC-supported physical rehabilitation centres and wheelchair service providers. An organization promoting the social inclusion of disabled people, and institutions providing training in physical rehabilitation, were supported by the ICRC. The ICRC made repairs or improvements to infrastructure at some health facilities.

IDPs, vulnerable residents, and other conflict-affected people received food, household items and other necessities. Support for water authorities and repairs to critical facilities helped prevent or address disruptions of the supply of electricity and clean water for millions of people. Together with the agriculture ministry, the ICRC provided farmers and herders with support to produce more food. Beekeepers, coffee growers and female breadwinners were given income support.

People used the Movement's family-links services to restore contact with their relatives, including migrants and detainees. The ICRC strove to broaden awareness among authorities and pertinent stakeholders of the necessity of preventing disappearances.

Authorities were urged to adopt the frameworks necessary to bring forensic services up to international standards. First responders received support for ensuring the proper handling and subsequent identification of human remains, in line with measures against COVID-19.

The ICRC resumed its visits to detainees in some places of detention after it suspended them in 2020 because of the pandemic. During visits, the ICRC monitored detainees' well-being; afterwards, it communicated its findings confidentially to the authorities concerned. The ICRC helped the authorities prevent and/or control the spread of scabies, COVID-19 and other diseases in prisons. It made improvements to water and electrical systems, and other key elements of prison infrastructure.

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 comprehensive 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 protracted conflict and the pandemic, while also taking measures against COVID-19 in accordance with national and international guidelines. It expanded its economic-security and water-and-habitat activities, following the intensification of conflict in some areas (see *Context*).

It worked with the Yemen Red Crescent Society and other Movement partners, and in coordination with other organizations, to ensure a coherent humanitarian response.

The ICRC urges respect for IHL and humanitarian action

The ICRC strove to foster respect for IHL and humanitarian action among all parties to conflict. It reminded them through dissemination sessions, dialogue and/or written representations of their obligation to do no harm to civilians – including IDPs – and those seeking and/or providing medical care. Whenever possible, the ICRC relayed protection-related concerns and allegations of IHL violations to the relevant parties, with a view to preventing or ending unlawful conduct. It sought to broaden awareness, among weapon bearers and health authorities and personnel, of the rights and protection due to health staff (see also *Wounded and sick*).

The ICRC expanded its direct engagement with conflict-affected people, through its community contact centre and other means (see *Actors of influence*).

National Society and ICRC information sessions introduced about 8,150 people in mine-affected areas to safe practices or added to their knowledge of the topic. The ICRC continued to help the National Society and the Yemen Mine Action Centre (YEMAC) to work more closely together in conducting more mine-risk education sessions. The ICRC also gave the National Society and YEMAC technical support, and laptops and other electronic devices, to improve their collection and management of mine-related data. The ICRC donated food parcels to an association for survivors of mine-related accidents, for distribution among members who were physically disabled.

Communities have better access to health care

ICRC-supported health facilities provided those most vulnerable – such as children, women of childbearing age, the malnourished, and people with communicable or non-communicable diseases – with a broad range of services, including: curative and antenatal consultations, immunizations (against COVID-19 as well), screening for malnutrition, therapeutic feeding, assisted deliveries and specialized care for specific diseases. Patients needing further treatment were referred by the ICRC for secondary care, including at ICRC-supported hospitals (see *Wounded and sick*). The ICRC provided financial assistance for the ambulance service at one health centre.

In total, the ICRC gave 31 primary-health-care centres regular support: monitoring visits; and donations of medicine, consumables and medical equipment. Staff at certain ICRC-supported health facilities received cash incentives and training – for instance, in psychosocial support (see *Wounded and sick*). The ICRC also provided one of the facilities mentioned above and six additional facilities with ad hoc support: more stocks of wound-dressing kits; personal protective equipment (PPE); and other medical supplies. This support aimed at making these facilities more capable of responding effectively to emergencies such as influxes of wounded people and outbreaks of COVID-19, cholera and other diseases.

Aided by the ICRC, 60 community-based volunteers learnt how to broaden awareness of COVID-19 in their villages.

Restoration and maintenance of essential infrastructure benefits millions of people

Over 5.2 million people had better access to essential services and a more reliable supply of clean water and electricity owing to ICRC initiatives, both planned and ad hoc. Local water and sanitation corporations, water committees and other service providers were given material support (e.g. spare parts, consumables, IT equipment) and technical guidance to maintain and operate water and sewage systems. The ICRC also repaired solar panels at one veterinary clinic.

Ad hoc repairs and donations to electrical, water and sanitation systems helped to prevent disruptions of service during emergencies. For instance, following the intensification of hostilities in Marib (see *Context*), the ICRC donated water tanks to a local service provider. Around 1.2 million people from those mentioned above benefited from these ad hoc initiatives; donations of fuel to a local water corporation in Hodeida benefited more people than planned.

The ICRC repaired or installed electrical, water and sanitation systems and critical medical facilities (such as triage tents and X-ray laboratories) at eight health centres, and completed construction of a new health facility. It also renovated or made repairs at morgues in several hospitals across the country.

The ICRC gave the National Society material, financial and technical support to upgrade some of its offices and warehouses, and to expand its capacities in implementing water-and-habitat activities (see *Red Cross and Red Crescent Movement*).

Vulnerable communities receive emergency assistance or regain self-sufficiency

The ICRC worked with the National Society to help IDPs and other conflict-affected households meet their immediate needs. Around 425,000 people (60,700 households) received – some of them more than once – food parcels or cash to increase their food consumption. About 124,100 people (17,700 households) were given essential household items to ease their living conditions.

Together with the agriculture ministry, the ICRC helped about 836,180 people (119,450 households) to resume or increase their food production: farmers were given cash to buy supplies and equipment, and the livestock of herders were vaccinated against disease.

The ICRC gave about 20,200 households (141,440 people) – IDPs, people who were chronically ill and other victims of conflict – cash to cover their daily expenses; some of them received as many as three rounds of such support. Around 1,850 households (12,960 people) – including beekeepers, coffee growers and female breadwinners – earned an income with cash or material and/or technical support from the ICRC.

The ICRC began to implement activities to make local institutions more capable of providing essential services for some 65,000 people (9,200 households). For instance, it gave the National Society stocks of food and household items to help bolster its capacity to respond to the immediate needs of

around 63,000 people (9,000 households) during emergencies. It also gave the agriculture ministry solar panels to improve local irrigation systems and trained 20 people in best practices in agriculture. Health facilities were able to provide nutritious meals for up to 1,800 people, including COVID-19 patients and malnourished children, with the ICRC's support.

People reconnect with relatives or learn their fate

With the National Society, the ICRC continued to help members of families separated by violence, migration, detention or other circumstances to reconnect and/or to ascertain the fate of their relatives.

People used the Movement's family-links services, such as RCMs and phone or video calls, to get in touch with their families.

The ICRC collected around 670 requests to locate missing people, including those alleged to have been arrested. The fate and/or whereabouts of 107 people were clarified, and their families notified. The ICRC also arranged for 17 children formerly associated with weapon bearers to be reunited with their families, who then received ad hoc cash assistance to cover their transportation costs and other needs. The ICRC followed up other families who had been reunited with their children, to help address their protection-related concerns.

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.

The ICRC strove to broaden awareness among pertinent stakeholders of the issue of missing people. It organized, for the very first time, conferences at which missing peoples' families came together to exchange experiences. The ICRC's delegation in Yemen worked closely with other ICRC delegations in transit countries through which most migrants pass on their way to Yemen, with a view to strengthening their coordination and helping more migrants reconnect with their families. It also reiterated to parties to conflict the necessity of handling human remains in ways that would prevent the latter from being unaccounted for (see below).

The ICRC gave the National Society technical support to strengthen its capacities in restoring family links. It also trained National Society volunteers in the proper use of family-links tools and in publicizing family-links services.

Forensic professionals and others receive support for managing human remains

The ICRC continued to support local forensic professionals involved in managing human remains, particularly in connection with conflict or migration. It provided National Society volunteers, forensic professionals, coast-guard personnel and community and religious leaders with training and equipment – such as refrigerators, body bags and PPE – to perform their duties properly and in line with COVID-19 protocols.

The ICRC met with influential stakeholders to discuss how to bring local forensic services up to international standards, in order to ease congestion at morgues and prevent human remains from being unaccounted for; the authorities were urged to adopt frameworks to these ends. The ICRC proposed to parties to conflict that they form teams of first responders and other actors to search for and recover human remains, and transfer them across front lines. It also presented a position paper to the parties on the importance of handling human remains in a manner conducive to their future identification.

At the request of the parties concerned, the ICRC assisted the National Society in recovering, transferring and/or burying the remains of those who died in conflict and those of migrants who died at sea.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its dialogue with prison authorities on securing access to all detainees within its purview. It resumed its visits to detainees in some prisons after it suspended them in 2020 because of the pandemic. The ICRC visited, in accordance with its standard procedures, 16 places of detention holding some 12,500 detainees – including people held in connection with conflict – to monitor their treatment and living conditions; about 1,150 detainees were monitored individually. Findings and recommendations from these visits were communicated confidentially to the authorities, with a view to helping them ensure that detention conditions met internationally recognized standards, particularly for prison management and health care. The ICRC also assisted authorities' efforts to check the spread of COVID-19 and other diseases in their prisons (see below).

Detaining authorities were given support to enable detainees to restore and/or maintain contact with their families, in line with measures against COVID-19. RCMs and phone calls were made available to detainees, including foreigners; at some places of detention, detainees received photos from their families. Family visits gradually resumed at some prisons, having been suspended after the onset of the pandemic.

The ICRC urged prison authorities to release, on humanitarian grounds, ailing and other particularly vulnerable detainees.

Detainees have better living conditions and access to basic health care

Some health-related activities in places of detention could not be implemented as planned because of logistical and/or human-resource constraints. The range of services at some prison clinics remained limited. Where it could, the ICRC gave prison authorities support to address issues limiting the availability of health care for detainees: lack of medicines and qualified health staff, for instance. To help fill these gaps, the ICRC provided, on a regular or ad hoc basis, medical supplies and other consumables, and incentives and training for staff, to clinics at up to seven prisons. ICRC training enabled prison health staff to learn about medical ethics and best practices in collecting and managing detainees' health-related data; and to develop their ability to diagnose and treat common diseases.

The ICRC carried out several activities to help authorities check and/or prevent the spread of scabies, COVID-19 and other diseases in their prisons. Detainees and prison guards at a number of detention facilities were instructed in good hygiene through health-education sessions. To help sustain these efforts, the ICRC proposed the establishment of hygiene committees at these prisons. More than 19,000 detainees received PPE, hygiene and other items from the ICRC. The ICRC also helped detaining authorities learn more about preparing for and responding to emergencies, via information sessions.

About 11,250 detainees had a more reliable supply of clean water and electricity, and access to better basic facilities, after the ICRC undertook planned upgrades and ad hoc activities at several places of detention. These activities included installation of solar panels and handwashing stations, disinfection of water systems, and water trucking.

WOUNDED AND SICK

Wounded and sick people are given life-saving and life-sustaining care

Wounded and sick people received the necessary care from ICRC-trained first responders and at ICRC-supported medical facilities; these facilities provided emergency treatment; surgery; treatment for chronic conditions, COVID-19 and other diseases; and inpatient and post-operative care.

The ICRC sought to help ensure that emergency responders, and others likely to be at the scene of violent incidents, were able to provide life-saving care. A total of 130 weapon bearers were given training in first aid and received the necessary supplies; at these training sessions, participants also learnt about the rights of medical workers. The ICRC also continued to provide financial support for the ambulance services of the Yemen Red Crescent Society; however, other activities to strengthen capacities, in pre-hospital and emergency care, among National Society volunteers were suspended or postponed owing to resource constraints.

The ICRC provided 44 front-line hospitals with medicines and other supplies, and training and cash incentives for staff, regularly or on an ad hoc basis. Staff members at some of these hospitals were trained in preventing and managing disease outbreaks; others learnt, with the help of an ICRC biomedical engineer, how to operate and maintain medical equipment. The ICRC also donated wound-dressing kits and other emergency supplies to the hospitals among them in areas where hostilities had intensified. The COVID-19 treatment centre in Aden, established by the ICRC with other Movement partners in 2020, was turned over to the health authorities in 2021; it continued to receive financial support from the ICRC, which helped it to continue providing services – including physiotherapy and psychosocial support – free of charge. Several members of the staff at this facility were taught how to provide mental-health and psychosocial support. All ICRC-supported hospitals were given PPE to protect health staff and patients against COVID-19.

The ICRC provided insulin and other consumables for three haemodialysis centres to help ensure treatment for diabetics. The ICRC had planned to hand over its support for these facilities to health authorities or other organizations, but that had to be postponed.

Disabled people improve their mobility

People with disabilities obtained good-quality assistive devices, physiotherapy, psychosocial support and other services, at five physical rehabilitation centres – in Aden, Mukalla, Sa'ada, Sana'a and Taiz – and two providers of wheelchair services. The ICRC provided these facilities with raw materials and equipment for making or repairing assistive devices, and training and cash incentives for their staff. The ICRC's support for these centres and wheelchair service providers benefited about 54,330 people¹; about 150 of them were referred by the ICRC to its income-support activities. Outreach to disabled people in remote areas was carried out; the ICRC also covered transportation and other costs for these people.

The ICRC continued to sponsor Yemenis for training in prosthetics and orthotics within Yemen – such as at the national training institute – or elsewhere. It also helped Sana'a University to establish a department of prosthetics and orthotics, which began to offer a degree programme for students who had completed a diploma course at the ICRC-supported national training institute. Several students enrolled in this degree programme were given internships at certain ICRC-supported physical rehabilitation centres.

The ICRC assisted a disability sports union to organize sporting events, to help advance the social inclusion of disabled people.

The ICRC provided infrastructural support – renovation of emergency rooms and repairs to critical facilities (e.g. water and electrical systems, oxygen-supply stations) – and donated materials to 23 hospitals (around 4,770 beds) and one physical rehabilitation centre. Construction of a new physical rehabilitation centre in Sa'ada got under way and was scheduled for completion in 2022. Emergency donations of fuel and spare parts resulted in the ICRC providing more support than planned for hospitals.

ACTORS OF INFLUENCE

Authorities and others strengthen their grasp of IHL

Because of the pandemic, and the restrictions it necessitated, the ICRC had to delay and/or suspend some of its efforts to broaden awareness of and respect for IHL and other applicable norms among influential actors. Whenever possible, it organized discussions of IHL-related topics – such as the points of correspondence between Islamic law and IHL – for senior government officials, Islamic scholars, community and religious leaders, and weapon bearers. At these events, the ICRC distributed IHL-related publications and informational materials. It produced digital content on IHL and humanitarian issues regularly, for circulation through its social-media platforms (see below); it sought through this means to also

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

reach contacts who could not be met in person because of pandemic-related restrictions.

Public-communication initiatives draw attention to pressing issues

The ICRC also sought to draw the attention of the actors mentioned above – as well as that of members of civil society and the media, and the general public – to the humanitarian situation in Yemen and the ICRC's response. It used various means – news releases, operational updates and social media – to foster acceptance for its neutral, impartial and independent humanitarian action. It produced informational materials – print and audiovisual – that described the scale and gravity of such issues as the plight of civilians and IDPs, violence against health workers, and COVID-19. Local and international news organizations picked up some of these materials, which helped publicize these issues among a wider audience.

The ICRC strove to make itself more accountable to conflict-affected people and the wider public, by seeking closer engagement with them via its community contact centre and other means. By such means, the ICRC gathered people's views and suggestions, in order to gain a fuller understanding of their needs and concerns and respond accordingly. However, pandemic-related restrictions limited the extent of its community-engagement efforts.

The National Society was given training, and financial and technical support, to increase the effectiveness of its public communication (see below).

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. The National Society and the ICRC renewed their partnership framework agreement, focusing on emergency response, family-links services, first aid, and water-and-habitat and economic-security initiatives.

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. The ICRC helped the National Society expand its institutional capacities in such areas as public communication (see above), project implementation, and management of human and financial resources. 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 International Federation, with the ICRC's financial backing, undertook various activities to advance the National Society's institutional development.

The International Federation, the National Society, the ICRC and other Movement components operating in the country met regularly to coordinate their activities and draw up partnership agreements, in such areas as security management, public communication and pandemic response. Together with other Movement partners, the ICRC helped the National Society update its pandemic-response plan, and provided health authorities with support for maintaining the COVID-19 treatment centre in Aden (see *Wounded and sick*).

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,831			
RCMs distributed	610			
Phone calls facilitated between family members	111			
Reunifications, transfers and repatriations				
People reunited with their families	17			
Human remains transferred or repatriated	699			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	671	15	4	112
<i>including people for whom tracing requests were registered by another delegation</i>	29			
Tracing cases closed positively (subject located or fate established)	107			
<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)	2,574	98	62	325
<i>including people for whom tracing requests were registered by another delegation</i>	179			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	12	1		1
UAMs/SC reunited with their families by the ICRC/National Society	17			1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	1		
Documents				
People to whom travel documents were issued	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	16			
Detainees in places of detention visited	12,479	438	350	
Visits carried out	31			
		Women	Girls	Boys
Detainees visited and monitored individually	1,148			18
<i>of whom newly registered</i>	873			14
RCMs and other means of family contact				
RCMs collected	160			
RCMs distributed	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	58			
People to whom a detention attestation was issued	49			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	425,349	139,575	154,847
	<i>of whom IDPs</i>	234,018	80,684	86,077
Food production	People	836,185	209,049	459,898
Income support	People	155,442	59,230	57,481
	<i>of whom IDPs</i>	79,310	39,464	22,480
Living conditions	People	124,138	47,397	44,617
	<i>of whom IDPs</i>	83,664	35,173	26,843
Capacity-building	People	65,175	18,543	33,041
	<i>of whom IDPs</i>	28,053	9,016	13,418
Water and habitat				
Water and habitat activities	People	5,289,811	1,534,045	2,221,721
Primary health care				
Health centres supported	Structures	37		
	<i>of which health centres supported regularly</i>	31		
Average catchment population		957,167		

CIVILIANS		Total	Women	Children
Services at health centres supported regularly				
Consultations		1,059,847		
	<i>of which curative</i>	995,109	290,668	463,094
	<i>of which antenatal</i>	64,738		
Vaccines provided	Doses	228,306		
	<i>of which polio vaccines for children under 5 years of age</i>	123,171		
Referrals to a second level of care	Patients	6,907		
	<i>of whom gynaecological/obstetric cases</i>	1,879		
Mental health and psychosocial support				
People who received mental-health support		*		
People trained in mental-health care and psychosocial support		29		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Living conditions	People	19,991	78	
Water and habitat				
Water and habitat activities	People	11,254		
Health care in detention				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	48		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	15		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	12,317	200	1,400
	(including those related to mines or explosive remnants of war)	432	*	*
	Non-weapon-wound admissions	25,848		
	Operations performed	51,302		
Medical (non-surgical) admissions		420	*	*
Gynaecological/obstetric admissions		3,172	*	*
Consultations		939,667		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		12,283		
Weapon-wound admissions (surgical and non-surgical admissions)		7,643	77	31
Weapon-wound surgeries performed		4,360		
Patients whose hospital treatment was paid for by the ICRC		*		
First aid				
First-aid training				
	Sessions	6		
	Participants (aggregated monthly data)	130		
Water and habitat				
Water and habitat activities	Beds (capacity)	4,769		
Physical rehabilitation				
Projects supported		10		
	<i>of which physical rehabilitation projects supported regularly</i>	5		
Services at physical rehabilitation projects supported regularly				
People who received physical rehabilitation services	Aggregated monthly data	54,332	12,776	18,375
	<i>of whom victims of mines or explosive remnants of war</i>	731		
Prostheses delivered	Units	1,515		
Orthoses delivered	Units	35,587		
Physiotherapy sessions		297,728		
Walking aids delivered	Units	4,357		
Wheelchairs or postural support devices delivered	Units	191		
Referrals to social integration projects		428		
Mental health and psychosocial support				
People who received mental-health support		50		

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