

VOLUME I

ANNUAL REPORT 2023



ICRC

This report is primarily an account of the ICRC's work in the field and its activities to promote international humanitarian law. Mention is made of some of the negotiations entered into with a view to bringing protection and assistance to the victims of international and non-international armed conflicts and other situations of violence. Other negotiations are not mentioned, since the ICRC feels that any publicity would not be in the interests of the victims. Thus, this report cannot be regarded as covering all the institution's efforts worldwide to come to the aid of the victims of conflict.

Moreover, the length of the text devoted to a given country or situation is not necessarily proportional to the magnitude of the problems observed and tackled by the institution. Indeed, there are cases which are a source of grave humanitarian concern but on which the ICRC is not in a position to report because it has been denied permission to take action. By the same token, the description of operations in which the ICRC has great freedom of action takes up considerable space, regardless of the scale of the problems involved.

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.

All figures in this report are in Swiss Francs (CHF). In 2023, the average exchange rate was CHF 0.8995 to USD 1 and CHF 0.9732 to EUR 1.

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2023



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ABBREVIATIONS AND DEFINITIONS

A	Additional Protocol I	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977
	Additional Protocol II	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977
	Additional Protocol III	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005
	1977 Additional Protocols	Additional Protocols I and II
	African Union Convention on IDPs	African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa, 23 October 2009
	AIDS	acquired immunodeficiency syndrome
	Anti-Personnel Mine Ban Convention	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, 18 September 1997
	armed conflict(s)	International and/or non-international armed conflict(s): International armed conflicts exist whenever there is a resort to armed force between two or more states. Non-international armed conflicts are protracted armed confrontations occurring between governmental armed forces and the forces of one or more organized armed groups, or between such groups. The armed confrontation must reach a minimum level of intensity. International armed conflicts are governed, <i>inter alia</i> , by the 1949 Geneva Conventions and Additional Protocol I, as applicable, while non-international armed conflicts are governed, <i>inter alia</i> , by Article 3 common to the 1949 Geneva Conventions and Additional Protocol II, as applicable. Customary international humanitarian law also applies to both international and non-international armed conflicts.
B	Biological Weapons Convention	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 10 April 1972
C	CHF	Swiss francs
	Chemical Weapons Convention	Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, 13 January 1993
	Convention on Certain Conventional Weapons	Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate Effects, 10 October 1980
	Convention on Enforced Disappearance	International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006
	Council of Delegates	Council of Delegates of the International Red Cross and Red Crescent Movement, a forum where the components of the Movement discuss common strategies and approaches to global humanitarian issues, and matters concerning the Movement. It normally takes place every two years.
	COVID-19	coronavirus disease 2019
F	Fundamental Principles	Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity and universality
G	1949 Geneva Conventions	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949
		Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949
		Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949
		Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
H	Hague Convention on Cultural Property	Convention for the Protection of Cultural Property in the Event of Armed Conflict, 14 May 1954
	Health Care in Danger initiative	Health Care in Danger is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients and health workers, facilities and vehicles, and at ensuring safer access to and delivery of health care in armed conflict and other emergencies. It involves working with experts and various partners to highlight the humanitarian impact of violence against health care, develop practical measures and promote the implementation of these measures by states, components of the Movement, humanitarian organizations, health-care professionals and other relevant actors.
	HIV	human immunodeficiency virus
I	ICRC	International Committee of the Red Cross, founded in 1863
	ICT	information and communication technology
	IDPs	internally displaced people
	International Conference	International Conference of the Red Cross and Red Crescent, the supreme deliberative body of the Movement, where the High Contracting Parties to the Geneva Conventions come together with the components of the Movement to discuss matters of humanitarian concern and make joint commitments. It normally takes place every four years.
	International Federation	The International Federation of Red Cross and Red Crescent Societies, founded in 1919, works on the basis of the Fundamental Principles, carrying out relief operations in aid of the victims of natural disasters, health emergencies, and poverty brought about by socio-economic crises, and refugees; it combines this with development work to strengthen the capacities of its member National Societies.

	IHL	international humanitarian law
	IOM	International Organization for Migration
K	KCHF	thousand Swiss francs
M	Montreux Document	The Montreux document on pertinent international legal obligations and good practices for states related to operations of private military and security companies during armed conflict
	Movement	The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.
N	National Society	National Red Cross and Red Crescent Societies embody the Movement's work and Fundamental Principles in 192 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of armed conflict, National Societies help civilians and, where appropriate, support the military medical services.
	NATO	North Atlantic Treaty Organization
	NGO	non-governmental organization
	non-refoulement	<i>Non-refoulement</i> is the principle of international law that prohibits a state, a party to an armed conflict or an international organization from transferring a person within its control to another state if there are substantial grounds to believe that this person faces a risk of certain fundamental rights violations, notably torture and other forms of ill-treatment, persecution or arbitrary deprivation of life. This principle is found, with variations in scope, in IHL, international human rights law and international refugee law, as well as in a number of extradition treaties. The exact scope of who is covered by the principle of <i>non-refoulement</i> and what risks must be taken into account depends on the applicable legal framework that will determine which specific norms apply in a given context.
O	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
	OHCHR	Office of the United Nations High Commissioner for Human Rights
	Optional Protocol to the Convention on the Rights of the Child	Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, 25 May 2000
	other situations of violence	This refers to situations of collective violence that fall below the threshold of an armed conflict but generate humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. If such situations of collective violence have significant humanitarian consequences to which the ICRC can provide a relevant response, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).
P	POWs	prisoners of war
R	RCMs	Red Cross messages
	remotely piloted aircraft	any aerial vehicle, including those from which weapons can be launched or deployed, operated by one or more human operators who are not physically located on board
	Rome Statute	Rome Statute of the International Criminal Court, 17 July 1998
S	Safer Access Framework	A set of measures and tools, grounded in the Fundamental Principles, that National Societies can use to prepare for and respond to context-specific challenges and priorities. Such measures put a premium on mitigating the risks they face in sensitive and insecure contexts and on increasing their acceptance and access to people and communities with humanitarian needs.
	Sanremo	The International Institute of Humanitarian Law in Sanremo, Italy, is an NGO set up in 1970 to spread knowledge and promote the development of IHL. It specializes in organizing courses in IHL for military personnel from around the world.
	Seville Agreement 2.0	Movement Coordination for Collective Impact Agreement, the new framework for effective Movement coordination adopted at the 2022 Council of Delegates
	study on customary IHL	The study on customary IHL was published in 2005 by the ICRC – as mandated by the 26th International Conference in 1995 – after extensive research on state and international practices relevant to IHL. It identifies 161 rules of customary IHL, most of them applicable in both international and non-international armed conflicts, and outlines the practices underlying those rules. Since 2007, the study has been regularly updated through the continuous collection of practices and is freely accessible on the ICRC's online customary IHL database (ihl-databases.icrc.org/customary-ihl).
T	TB	tuberculosis
U	UN	United Nations
	UNDP	United Nations Development Programme
	UNESCO	United Nations Educational, Scientific and Cultural Organization
	UNHCR	Office of the United Nations High Commissioner for Refugees
	UNICEF	United Nations Children's Fund
W	WFP	World Food Programme
	WHO	World Health Organization

MESSAGE FROM THE PRESIDENT

Communities around the world were beset with simultaneous shocks in 2023. Over 120 armed conflicts were ongoing globally, involving over 60 states and 120 non-state armed groups. Millions of people already grappling with the horrors of war often also faced other situations of violence and the worsening effects of climate change.

Amid challenging security conditions, the ICRC continued to deliver protection and assistance to people in need, often reaching the places no one else could. Neutrality and impartiality remained our essential tools, enabling us to gain trust, acceptance and access in highly complex and dangerous settings. As a neutral intermediary, the ICRC facilitated the repatriation of over 970 people who had been detained in connection with the conflict in Yemen, the evacuation of 310 children in Sudan, and the transfer of 109 hostages in Gaza and 154 Palestinian detainees in Israel. The Central Tracing Agency bureau for the international armed conflict between the Russian Federation and Ukraine remained fully operational: we were able to give news about over 5,000 people to their families. Working with our partners in the International Red Cross and Red Crescent Movement, we reunited 816 people with their families across the globe. We visited 22,000 people deprived of their liberty and helped maintain essential infrastructure so that more than 36 million people could have clean water and better living conditions.

While responding to compounding humanitarian crises, the ICRC faced its own challenges. The deteriorating economic situation worldwide placed significant pressure on both aid agencies and governments. This prompted us to make difficult decisions, streamlining our operations and sharpening our geographical footprint and thematic priorities. In doing so, we enabled the ICRC to move forward on a more stable footing.

Our Institutional Strategy 2024–2027, adopted in 2023, lays the foundation for the ICRC of the future. It reinforces our commitment to the distinctive strengths that lie at the core of our mandate: the protection of people and thought leadership on international humanitarian law (IHL). It also aims to strengthen cohesion among our global staff, who maintain their strong dedication to the ICRC's mission.

The ICRC faces an ever-changing and increasingly polarized world, where perspectives on humanitarian action vary and new technologies continue to test the limits of war. The Geneva Conventions remain a grounding force in this fragmented landscape. Compliance with both the letter and spirit of the law, including when making decisions on the means and methods of warfare, such as the use of certain weapons, must be made a political priority. Throughout 2023, we sought to engage in confidential dialogue with all parties, on all sides, to reinforce this message. Preserving our common humanity has been a key feature in my conversations with political leaders in all regions of the world. In the face of excruciating distress, compliance with IHL offers a path to dialogue, laying the groundwork for lasting peace.

Thank you for your trust in the ICRC's mission and for standing by our side in 2023.



Mirjana Spoljaric
ICRC President

HEADQUARTERS

ICRC GOVERNING BODIES

MEETINGS AND DECISIONS OF THE GOVERNING BODIES

In 2023, the Assembly and the Assembly Council met 12 and 15 times, respectively. They met virtually or in a hybrid format, with a mix of members attending in person or virtually.

The president and the director-general informed the governing bodies¹ about matters pertaining to ICRC operations; the development, implementation and promotion of IHL; humanitarian diplomacy priorities; cooperation with National Societies; relations with governments, the private sector and other actors of influence; public communication; administration and finance; and progress on the implementation of the Institutional Strategy. In January, a joint workshop on digital transformation was attended by members of both the Directorate and the Assembly.

The Assembly continued to monitor strategic risks, i.e., those having an impact on the ICRC's ability to carry out its mission, execute its strategy and achieve its strategic objectives. In 2023, the Assembly and the Assembly Council were actively engaged with the Directorate in the management of the financial situation. Their close oversight is reflected in the increased frequency of their meetings and in the nature and number of their related decisions, including approval of the Directorate's proposed response plan, the revised strategic orientations, objectives and budgets for 2023, and the accompanying action plan to mitigate the financial situation. Based on their respective fields of expertise, select members of the Assembly also formed an ad hoc group to support the Directorate through this period.

The Assembly was also updated by the Directorate, and other key personnel, on the implementation of the People Strategy 2020–2025 and of the Resource Mobilization Strategy 2020–2030, and briefed on the implementation status of the Movement Coordination for Collective Impact Agreement (Seville 2.0), and on preparations for the 34th International Conference of the Red Cross and Red Crescent, scheduled for October 2024 in Geneva.

The Assembly's yearly workshop in June was dedicated to providing orientations for development of the next Institutional Strategy covering the period 2024–2027, which the Assembly adopted in its November session.

Pursuant to the recommendations of the Audit Commission, the Assembly reviewed and approved the 2022 financial statements, including the report of the external auditors.

The Assembly Council continued to monitor the development and implementation of several key transformational projects, through a general presentation and update by the head of the Enterprise Project Management Office: on the development of the global shared services model; staffing challenges and ambitions; major institutional risks, with a focus on financial risks and liquidity management; the ICRC's overall operations and performance; and the "risks on watch", through the quarterly reviews shared by the Directorate.

The Assembly Council approved budget extensions to support the ICRC's response to: earthquakes impacting Syria and Türkiye; and the escalation of the situations in Sudan, Israel and the occupied territories, and Armenia. It also approved the reallocation of resources from Ukraine to the Central Tracing Agency's dedicated bureau for the international armed conflict between the Russian Federation and Ukraine. Like the Assembly, the Assembly Council actively supported the Directorate in the management of the financial situation throughout the year. It validated the budgetary parameters and PfR orientations for 2024, and followed closely the elaboration of the 2024 budget until its submission in November.

Members of the Directorate and other ICRC staff attended Assembly and Assembly Council meetings when topics linked to their department were on the agenda. Between meetings, members of the Assembly were in regular contact with ICRC staff, which helped them to have a closer understanding of ICRC activities and to connect with ICRC staff.

At the proposal of the ICRC president, the Assembly appointed a secretary-general to the Assembly, who took up his functions on 1 April. In July, the Assembly decided to establish, as part of a series of steps to strengthen financial management and oversight and to increase checks and balances, an elevated Chief Financial Officer (CFO) function at the director level. The CFO, who started on 1 April 2024, has a direct reporting line to the Assembly on financial matters. In December 2023, the Assembly appointed the next director-general, who started on 1 April 2024, at the end of the mandate of the previous director-general.

In October, Valerie Robert and Aymo Brunetti became members of the Assembly, bringing experience in economics, management, and human resources management. In November, Hugo Bänziger stepped down; he was elected an honorary member.

1. Assembly, Assembly Council, Office of the President, Directorate, Internal Audit, Data Protection Independent Control Commission

MISSIONS

Ms Mirjana Spoljaric, president, held bilateral discussions with heads of state, ministers, parliamentarians, National Society leaders and other actors of influence, as well as confirmed and potential donors, during her missions to Belgium, Brazil, Chad, China, Croatia, Ethiopia, France, Germany, Israel and the occupied territories, Japan, Jordan, Kenya, Liechtenstein, Luxembourg, Norway, Qatar, the Russian Federation, Slovenia, Switzerland, Syria, the United Kingdom and the United States of America. She attended numerous multilateral meetings and multistakeholder events, such as, meetings of the UNGA including during protection of civilians week and high-level week, UNSC debates (including the open debate on women, peace and security), meetings of the UN Human Rights Council, the World Economic Forum in Davos, the Munich Security Conference, the Paris international humanitarian conference for Gaza's civilian population (France), and the Conference on coordinating Gaza emergency relief (Jordan). She took part in Inter-Agency Standing Committee principals meetings,

the ICRC Donor Support Group's annual meeting (held in Tokyo in 2023), governance sessions of the International Federation, and meetings of the Standing Commission of the Red Cross and Red Crescent.

Mr Gilles Carbonnier, vice-president, met with government officials and National Society leaders during his visits to the Bahamas, China, Côte d'Ivoire, Kenya, Niger, Panama, Switzerland, United Arab Emirates, Venezuela and Vietnam. He represented the ICRC at a number of high-level events, including the Inter-American and Pan African Regional Conferences of National Societies in those regions (Nassau, Bahamas; Nairobi, Kenya), the Standing Commission of the Red Cross and Red Crescent, the Africa Resilience Forum (Côte d'Ivoire), the Xiangshan Forum (Beijing, China), and the Movement's Compliance and Mediation Committee.

Owing to the ICRC's financial situation, no field visits were organized in 2023 for members of the Assembly.

DIRECTORATE

The Directorate is the executive body of the ICRC. It is responsible for implementing and overseeing the Institutional Strategy and general objectives established by the Assembly and the Assembly Council. It is also responsible for managing ICRC staff and ensuring that the organization runs smoothly and efficiently.

The Directorate is composed of the director-general and the directors of the ICRC's six departments: International Law, Policy and Humanitarian Diplomacy; Mobilization, Movement and Partnerships; Operations; Protection and Essential Services; Support and Digital Transformation; and People and Culture. The members of the Directorate are appointed by the Assembly for four-year terms. The current Directorate took office on 1 July 2022.

REVIEW OF THE IMPLEMENTATION OF THE ICRC INSTITUTIONAL STRATEGY 2019–2023

The financial situation at the beginning of 2023 necessitated a comprehensive reprioritization exercise that reached into every corner of the institution, including its strategic ambitions. As a result of this exercise, the development and implementation of the new Institutional Strategy (covering 2024–2027) was moved up.

The paragraphs below take stock of the final year of implementation of the Institutional Strategy 2019–2023, focusing on areas that will remain the ICRC's strategic priorities in the coming years, on subjects that are of particular interest to donors, and on initiatives that were wound up in 2023 or will take a different form as of 2024.

INSTITUTIONAL STRATEGY 2019–2023

STRATEGIC ORIENTATION 1 Influencing behaviour to prevent violations of IHL	STRATEGIC ORIENTATION 2 Building relevant and sustainable humanitarian impact with people affected	STRATEGIC ORIENTATION 3 Working with others to enhance impact	STRATEGIC ORIENTATION 4 Creating an inclusive and diverse environment	STRATEGIC ORIENTATION 5 Embracing the digital transformation
OBJECTIVE 1.1 Strengthening the ICRC's role as the reference organization on IHL OBJECTIVE 1.2 Collection and use of evidence, data and research OBJECTIVE 1.3 Deliver concrete protection outcomes OBJECTIVE 1.4 Improve the safety and security of people affected OBJECTIVE 1.5 Transformation of the Central Tracing Agency	OBJECTIVE 2.1 Adapt working procedures to ensure the relevance and sustainability of the humanitarian response OBJECTIVE 2.2 Strengthen the resilience of affected people OBJECTIVE 2.3 Inclusive assistance and protection responses OBJECTIVE 2.4 Ability to absorb the combined consequences of climate and conflict OBJECTIVE 2.5 Respond to emergencies and address needs created by the breakdown of systems OBJECTIVE 2.6 Ability to operate in the most hazardous environments OBJECTIVE 2.7 Learning organization	OBJECTIVE 3.1 An inclusive Movement response OBJECTIVE 3.2 National Society Development OBJECTIVE 3.3 Shaping the debate on issues of relevance OBJECTIVE 3.4 Partnering for enhanced response to needs OBJECTIVE 3.5 Diverse models of partnership for broader and safer access OBJECTIVE 3.6 Engage with a more diverse range of stakeholders	OBJECTIVE 4.1 Collaboration, competencies and wellbeing OBJECTIVE 4.2 Culture of integrity OBJECTIVE 4.3 Inclusive policies and practices OBJECTIVE 4.4 Diversity in management teams	OBJECTIVE 5.1 Digital opportunities for accessibility and engagement OBJECTIVE 5.2 Mechanisms for disaggregated data OBJECTIVE 5.3 Capacities to generate and utilize data OBJECTIVE 5.4 Responsible manager of personal data OBJECTIVE 5.5 Influencing others on the use of personal data in humanitarian action OBJECTIVE 5.6 Optimized and well-managed transformation

STRATEGIC ORIENTATION 1 – INFLUENCING BEHAVIOUR TO PREVENT VIOLATIONS OF IHL AND ALLEVIATE HUMAN SUFFERING

Despite the financial situation, the ICRC continued throughout 2023 to actively influence law and policy developments across a range of IHL-related topics, including the natural environment, automated weapon systems, cyber and outer space, gender and disability (see also *International Law, Policy and Humanitarian Diplomacy*). In so doing, it continued to position itself as the reference organization on IHL.

The ICRC president and the UN secretary-general jointly appealed to political leaders to establish new international rules on automated weapon systems, to shield present and future generations from the consequences of their use. The ICRC's legal expertise on the subject was also sought by different stakeholders on numerous occasions, as when national and regional positions on the subject were drafted. In addition, between 2021 and 2023, the ICRC convened a global advisory board of high-level experts from the legal, military, policy, technological and security fields to identify digital threats and develop recommendations for ensuring the protection of civilians from such threats.

Welcome changes were made to EU sanctions policy to include humanitarian exemptions in several financial sanctions regimes. The number of accessions to, and ratifications of, important IHL-related treaties increased, including the Treaty on the Prohibition of Nuclear Weapons. While continuing to build capacities internally, the ICRC also worked to address misinformation, disinformation and hate speech in the public domain, including in relation to its efforts to respond to humanitarian needs arising from the international armed conflict between the Russian Federation and Ukraine, and the renewed hostilities in Israel and the occupied territories.

Throughout the year, preparations continued for the 34th International Conference and the next Council of Delegates, due to take place in October 2024, with ongoing implementation of the Bringing IHL home resolution adopted at the 33rd International Conference and progress towards the development of a draft Council of Delegates resolution on protection in the Movement.

The ICRC continued to promote its handbook for military commanders, to help them plan and conduct operations in ways that prevent or reduce harm to civilians in urban settings. It developed a handbook for non-state armed groups, to reduce civilian harm in urban warfare. It also published a report on detention by non-state armed groups, particularly their obligations under IHL and ways to fulfill them.

The Support Relationships in Armed Conflicts Initiative and the Central Tracing Agency Transformation Programme (see also *Protection and Essential Services*) both ended as stand-alone programmes, in part because of the financial situation. Crucial aspects of these initiatives were mainstreamed in relevant parts of the organization.

STRATEGIC ORIENTATION 2 – BUILDING RELEVANT AND SUSTAINABLE HUMANITARIAN IMPACT WITH PEOPLE AFFECTED

The continuation or escalation of several conflicts in 2023, which entailed a focus on emergency response (see also *Operations*), together with the impact of the ICRC's financial situation, affected the organization's progress against the objectives under Strategic Orientation 2.

Several positions were cut during the year, including expert capacity on accountability to crisis-affected people. It was also not possible to deliver on the planned increase in spending on evaluations in 2023, although resources have been allocated to do so in 2024. Progress was nevertheless made in several areas, including training in inclusive programming/disability inclusion and in security and crisis management. In addition, a number of evaluations were launched and completed, including on Community Contact Centres, providing valuable information for organizational learning; several of the resulting recommendations were being implemented.

The capacity of the Evaluation Office (see *Executive Office of the Director-General*) was augmented with two regional positions. The Office launched several strategic evaluations and completed a meta-evaluation of previous evaluations. The aim was to lay the groundwork for recommendations and share good practices, with a view to making systemic improvements.

The ICRC continued to build its capacity for, and refine its approach to, climate risk integration and climate risk management (see *Executive Office of the Director-General*). It developed an environmental and decarbonization roadmap outlining areas with the highest carbon emissions reduction potential, tentative milestones and estimated budget needs. The momentum was also maintained with respect to the Climate and Environment Charter for Humanitarian Organizations, with 50 new signatories and five state supporters joining in 2023, bringing the totals to 382 and 13, respectively.

In 2023, the ICRC also finalized and released its Sex, Age and Disability Data Disaggregation Framework, which offers guidance for the harmonized collection of data in these subcategories.

STRATEGIC ORIENTATION 3 – WORKING WITH OTHERS TO ENHANCE IMPACT

Delegations advanced on the implementation of the Seville Agreement 2.0 commitments, although coordination capacity and the financial situation, among other challenges, hindered optimal implementation. Nevertheless, practical guidelines to operationalize the ICRC's co-convener role (as per the agreement) were disseminated along with related training materials; minimum expected deliverables for the ICRC's co-convener role were also shared with all delegations.

The Multi-Year Multi-Stakeholder Partnerships portfolio of projects (see *Operations*) also grew, with funding amounting to CHF 320 million in 2023 and the potential to impact several million people.

The ICRC also invested in building enhanced project management capacity within the organization and worked with Movement partners to enhance integrity risk management (see also *Mobilization, Movement and Partnerships*). For instance, together with the International Federation, it made progress towards establishing and training a pool of specialists to support National Societies revising their statutes.

STRATEGIC ORIENTATION 4 – CREATING AN INCLUSIVE AND DIVERSE ENVIRONMENT

In 2023, the financial crisis led to unavoidable workforce cuts at headquarters and in the field, which affected progress on several objectives under this strategic orientation, though there was progress on a few of them.

The Our Voice staff survey reflected a decline in overall staff engagement. Staff also reported a perceived reduction in professional growth opportunities and a perceived lack of progress on inclusion. Moreover, the voluntary turnover and absence rates increased. The percentage of female staff in management positions and the proportion of managers on resident contracts remained stable compared to 2022. The workforce cuts also meant fewer gaps in staffing mobile positions. Importantly, staff remained connected to the ICRC's mission, with high scores for meaningful work.

The ICRC undertook several initiatives (see also *People and Culture*) to accompany staff affected by the financial situation, such as regular townhall meetings and webinars on mental health, and support for career transitions and finding job opportunities within the ICRC and among Movement and external partners.

Despite an increase in the number of misconduct cases reported in 2023, the investigation team managed to close a record number of cases in the final quarter of the year, reducing the number of open cases to the lowest level since 2020. Code of Conduct training completion levels among staff remained high throughout 2023, and integrity training completion rates started to catch up as well. However, the financial situation caused delays in the development and roll-out of ethics and compliance-related policies and in the reinforcement of investigation capacity.

A global strategy for preventing sexual exploitation, abuse and harassment was approved, as was a fraud risk management strategy.

STRATEGIC ORIENTATION 5 – EMBRACING THE DIGITAL TRANSFORMATION

The difficult financial situation affected the pace and scale of progress in the ICRC's digital transformation. The organization restructured its technology and data portfolio, halving investment and prioritizing high-impact projects and business continuity. The budget for the overall strategic portfolio of transformation programmes, including projects linked to the digital transformation, was reduced by 40%.

Nevertheless, progress was made in some areas (see also *Support and Digital Transformation*). RedSafe was launched in Mexico and other countries in Central America. Security improvements; support in Spanish, French and Arabic; and new features had also been made available by the fourth quarter of the year. By the end of 2023, the RedSafe application had been downloaded by more than 300,000 users since its initial release in 2021.

Other areas of progress included efforts to engage diverse stakeholders, including international humanitarian organizations, local and regional bodies, states, National Societies, tech companies and academic institutions. One notable initiative was the Digital Dilemmas Exhibition, which immersed visitors in crisis situations. The general aim was to promote ethical and principled approaches to digital technologies. The ICRC's positions were increasingly referenced in policy papers, global initiatives and prominent debates globally, regionally and locally.

The ICRC also successfully rolled out additional mandatory cyber security training for staff, which was completed by 95% of staff. A comprehensive risk review was conducted in the wake of the 2022 data breach of the Central Tracing Agency's systems; several mitigation measures were delivered, and governance and structural changes were made to improve cyber security. The ICRC finalized the third edition of the *Handbook on Data Protection in Humanitarian Action*, which was set for publication in early 2024.

The establishment and consolidation of the delegation for cyberspace (see *Luxembourg*) also contributed to the ICRC's digital transformation. In 2023, its first full year of operation, the delegation consolidated its set-up and set about the task of reaching its objectives: researching, developing and testing policies, working methods and digital tools that could enable the ICRC to help conflict-affected people throughout the world more effectively, without exposing them to further risks and while continuing to respect the Fundamental Principles; and gathering support for these efforts from influential stakeholders.

EXECUTIVE OFFICE OF THE DIRECTOR-GENERAL

The director-general chairs the Directorate and ensures that its decisions are implemented. He reports to the Presidency and the Assembly on the Directorate's objectives, decisions and activities, and on the results achieved. The Executive Office of the Director-General takes charge of the overall steering of the ICRC, notably overseeing implementation of the Institutional Strategy and related priorities. It ensures the strategic management of the institution, enhances organizational resilience and long-term relevance, and promotes accountability and integrity across the ICRC. It nurtures a culture of innovation and strategic foresight to reinforce the institution's ability to anticipate and adapt to change.

Throughout 2023, the adversities faced by people affected by armed conflict and other situations of violence were exacerbated by the consequences of the climate crisis, recurrent natural disasters and the macro effects of the COVID-19 pandemic. They were also compounded by rapid shifts in the technological landscape, which influenced the course of conflict and other violence and created additional risks for the people affected, especially in terms of data protection and cyber security. All these circumstances engendered complex humanitarian needs that no single actor could tackle on its own.

Even as the ICRC strove to address these growing needs, difficulties affecting the entire humanitarian sector – the global decline in humanitarian funding, rising inflation, and the increased costs of providing aid – compelled it to carry out key changes to ensure its relevance and sustainability in the immediate future and the longer term. It recalibrated its priorities, streamlined its capacities and operations, and redefined its engagements with partners, such as other Movement components, development agencies and private sector representatives, so that it could sustain its efforts to deliver the most meaningful response to both emergencies and protracted crises. In some cases, teams and systems were reorganized, and planned initiatives were revised, postponed or cancelled.

The Executive Office of the Director-General led these efforts, steering the ICRC through a challenging financial situation and implementing complex decisions aimed at enabling the institution to keep up with evolving needs, opportunities and constraints. At the same time, the office continued to oversee implementation of the Institutional Strategy 2019–2024. It spearheaded the strategic management of the ICRC; drove efficient and effective institutional performance; directed organizational development and transformation; guided the ICRC's engagements with key stakeholders, including donors, Movement components and other partners, and people

affected by conflict and other violence; and promoted ethical and principled decision-making.

The office also provided support for the development of the Institutional Strategy 2024–2027, which aims to build on the gains made under the preceding Institutional Strategy towards augmenting institutional flexibility and agility; facilitating stronger collaboration, complementarity and accountability throughout the organization and in connection with initiatives undertaken with partners; and optimizing resources to maximize the ICRC's added value.

STRENGTHENING THE ICRC'S PERFORMANCE

In support of the Directorate, the office continued to enhance monitoring of the institution's overall performance, conducting quarterly reviews and evidence-based analyses of financial and other performance-related data, with particular focus on the results achieved. The office also defined priorities and budgetary parameters to guide departments and delegations in the institutional Planning and Monitoring for Results process¹ for 2024; its oversight of that process was aimed at increasing efficiency and making various initiatives more transparent and accountable.

The office helmed efforts, at headquarters and in the field, to mainstream sustainability in the ICRC's policies and working methods, in line with the ICRC's plan of action for implementing its commitments under the Climate and Environment Charter for Humanitarian Organizations (see *International Law, Policy and Humanitarian Diplomacy*), and with support from the Climate and Environment Transition Fund. Its Climate and Environment Team continued to lead institutional efforts to integrate climate and environmental risks and other considerations into the ICRC's programmes and activities – for example, the energy challenge, which aims to improve the ICRC's energy use. The aim was to ensure that such considerations, including the potential impact of the risks, are duly managed. In partnership with the Red Cross and Red Crescent Climate Centre, the team established a framework for taking climate risks into account in the ICRC's operations and developed a related screening tool for ICRC delegations to use in their planning and implementation of activities (see *Operations and Protection and Essential Services*). Delegations also drew on the team's support in carrying out the sustainable delegation programme. The team gave advice with regard to supply-chain and transportation management, notably in light

1. The ICRC's internal Planning and Monitoring for Results process is used to integrate a result-based management approach into the core of its work. This approach entails a focus on the expected results of the ICRC's activities for people affected by conflict and other violence throughout the management cycle, not just on project implementation or budget control.

of the sustainable supply-chain alliance project² (see *Support and Digital Transformation*). It contributed to the development of sustainability-related guidelines for suppliers and published specifications for tarpaulins – which the ICRC provides to violence-affected people as shelter material – that use 16% less plastic compared with conventionally manufactured ones. With support from the Climate Action Accelerator, the team led collaborative efforts to finalize the ICRC's Environment and Decarbonization Roadmap, which provides a strategic framework for, *inter alia*, reducing the institution's greenhouse gas emissions by 50% by 2030, relative to the 2018 level. The said roadmap was endorsed by the Directorate and included in the ICRC's portfolio of strategic transformation projects.

As the ICRC pursued transformation and change management at different levels – for instance, the development of an institutional global shared services operating model (see *Support and Digital Transformation*) – the office continued to refine organizational design guidelines, using an inclusive and participatory process, in view of the ICRC's revised ambitions while still promoting institution-wide structural consistency and coherence. In conjunction with this, the office adjusted the pace of an enterprise-architecture approach to strengthening the interconnection of different capabilities across the institution, simplifying processes, and facilitating prioritization of activities and resources; by the end of the year, the approach was in the process of being rescoped.

The Enterprise Project Management Office (EPMO) endeavoured to bolster the ICRC's capacity to implement key projects, and absorb and facilitate related changes. It trained staff members on the fundamentals of project management and change management; promoted the adoption of project management practices and culture across the institution; led the development of a portfolio management approach to organizational development; coordinated project investments; and backed high-impact institutional initiatives, such as the ongoing reinforcement of existing systems to better enable the development and implementation of multi-year projects involving multiple partners in the field.

In keeping with the Evaluation Strategy approved by the Directorate in February 2022, the Evaluation Office strove to promote evidence-based decision-making, more effective and systematic learning across key areas of the ICRC's work, and accountability. It collaborated with various units and departments to strengthen their evaluative capacities, provide them with tools and resources, and relay best practices, especially to help advance the outcome-based approach (see *Operations*). It also carried out evaluations of various processes, programmes, policies and strategies, such as on the contribution of the activities under the ICRC's prevention programme to the protection of civilians, and on the ICRC's innovation initiatives (see below). Information about evaluations was made available to staff through an internal repository; reports on recent and past evaluations were published on the ICRC's public website.

2. The sustainable supply-chain alliance project was launched in 2020 by the International Federation and the ICRC to promote further incorporation of economic, environmental and social criteria into the management of humanitarian logistics.

FOSTERING TRUST THROUGH VALUE-DRIVEN BEHAVIOUR

In keeping with the ICRC's principles, values and commitments, the office drove progress towards a robust culture of integrity at all levels of the organization (see also below and *People and Culture*). It continued to support the work of the Global Independent Board of Appeal (GIBA) and the Ombuds Network.

The GIBA undertook objective, independent and impartial reviews of appeals from current or former ICRC employees subject to dismissals and certain disciplinary measures; the decisions and recommendations that it handed down were in line with current ICRC rules and regulations. It took steps to broaden access to its services and optimize its case management, for example by continuing its work, begun in 2022, to establish an online portal to facilitate employees' submission of documents – albeit at a slower pace than in the past – and by pursuing reforms to make its structure and activities more efficient.

The Ombuds Network strove to ensure that ICRC staff members maintained civil, respectful and collegial workplaces characterized by interest-based dialogue, consistent and fair action, and appropriate recognition and enactment of exceptions. As at the end of the year, it comprised four full-time officers and 35 ombuds relays, who advised colleagues dealing with workplace-related concerns. In close coordination with other units and structures worldwide, the Ombuds Network organized activities aimed at recognizing and managing interpersonal tensions and discovering better ways to communicate and work together.

BUILDING ORGANIZATIONAL RESILIENCE

The office endeavoured to bolster institutional systems linked to crisis, risk and business-continuity management. The aims were to: identify and address organizational vulnerabilities on a continuing basis; enable the ICRC to anticipate, prepare for and recover from disruptions; and protect and enhance all aspects of the institution's operations should a disruption occur. To that end, the office oversaw cross-cutting efforts in such vital areas as staffing, crisis preparedness and response, simplification and optimization of institutional systems and processes, and cyber security (see *Operations*, *People and Culture*, *Protection and Essential Services*, and *Support and Digital Transformation*). A draft framework for ensuring the ICRC's organizational resilience was being refined in connection with the forthcoming implementation of the Institutional Strategy 2024–2027.

POSITIONING THE ICRC AS A TRUSTED MANAGER OF PERSONAL DATA

The ICRC sought to promote acceptance of its independent data protection framework – which includes the ICRC Rules on Personal Data Protection and a supervisory and control mechanism overseen by the Data Protection Office (DPO) and an independent commission – through its participation in multilateral forums and dialogue with national authorities. The DPO provided technical advice on incorporating provisions on data protection into the ICRC's headquarters agreements with several states.

The DPO helped to facilitate the incorporation of data-sharing agreements into operational partnerships and contractual agreements with Movement components and other organizations. For example, a framework agreement on personal data protection – aimed at facilitating secure data sharing – was signed between the WFP and the ICRC. A similar agreement remained under discussion with UNICEF.

The OCHA Centre for Humanitarian Data, the Government of Switzerland and the ICRC organized an annual workshop, involving Swiss diplomats and ICRC staff members, under the auspices of the Humanitarian Data and Trust Initiative, which aims to advance the protection and responsible use of humanitarian data. The publication of the third edition of the *Handbook on Data Protection in Humanitarian Action*, initially planned for 2023, was postponed to 2024.

Through bilateral and multilateral dialogue with governments and technology companies, participation in relevant forums, and media interviews and briefings, the ICRC drew attention to the opportunities and risks generated by digitalization and new technologies for humanitarian work. It continued to advocate the creation of a “sovereign cloud”, a digital space that would provide specific protections for the data of people served by humanitarian organizations and take into account the unique privileges and immunities afforded by law to such organizations. To support these efforts in “techplomacy” – which covers the political, economic and social implications of new technologies and digitalization, including for people affected by conflict and other violence – the Executive Office of the Director–General worked with a group of staff members at headquarters and in the field to develop and promote guidelines and strategies for dealing with digital issues of humanitarian concern, for instance, the ethical use of artificial-intelligence tools.

ENSURING COMPLIANCE WITH DATA PROTECTION RULES

Through the DPO, the ICRC took systematic steps to ensure that its employees and other stakeholders complied with its rules on personal data protection. The DPO helped them integrate data protection, at the outset, into the design of their programmes and day-to-day activities, including those related to the ICRC’s digital transformation. It also conducted a review of the implementation of the recommendations that it set out following the 2022 cyber attack on the computer servers of the Central Tracing Agency (see *Protection and Essential Services*), highlighting opportunities and areas for improvement. The ICRC continued to work with National Societies and the International Federation to secure the personal data of individuals using the Movement’s family-links services.

The DPO pursued its engagement with Maastricht University, based in the Netherlands, in connection with the delivery of a certification course in data protection in humanitarian action, with a view to establishing a community of practice in the humanitarian sector. Some 150 staff members of various local and international organizations, different National Societies and the ICRC had completed the course by the end of 2023.

MATURING RISK MANAGEMENT AND ASSURANCE

The Ethics, Risk and Compliance Office (ERCO) sustained its efforts to build a more systematic and data-driven approach to safeguarding and assurance, consolidating and enhancing its work in the areas of risk management, compliance reporting, internal control, investigations and behavioural ethics. It did so in coordination with the Platform for Organization and Management, a body composed of the operating manager of each of the ICRC’s departments, and the chief of staff of the Executive Office of the Director–General. The Directorate had designated this body as the ICRC’s risk and assurance committee, with responsibility for overseeing the implementation of mitigation measures to address organization-wide risks, and for escalating significant cross-cutting risks and internal control issues to the Directorate.

ERCO coordinated the review of major institutional risks with the parties concerned and reported the results to the ICRC’s governing bodies. In line with the ICRC’s approach to identifying and managing strategic risks that could threaten the institution’s fundamental ability to fulfil its mandate and mission or achieve its strategic orientations, it provided support for the continued analysis of strategic risks related to the ICRC’s crisis-preparedness and –response capacities, the security and safety of its staff, and its information management and cyber security. It also reported on progress made in addressing these and other strategic risks, linked to the ICRC’s financial sustainability, its organizational capacity to respond to emergencies, and its organizational culture and the conduct of its employees.

To enable staff members throughout the organization to embed risk management in decision-making and strengthen risk response, with proper mitigation measures in place, ERCO: expanded its global network of risk and assurance experts; organized workshops, held discussions and provided ad hoc support to improve risk analysis and management; enhanced guidelines on risk and assurance for staff members; and made further improvements to a dashboard for monitoring risks in the field. The global rollout of the standard operating procedures for carrying out due diligence on operational partners was postponed from 2023 to 2024.

The Control Testing and Monitoring Unit, based in the Manila Shared Services Centre and at headquarters, contributes to assessing the effectiveness of the ICRC’s internal control system. The unit reviewed transactions and documents linked to finance, logistics, human resources, and information technology controls, relaying its findings to the pertinent units or teams for corrective action. Internal control missions were conducted in eight delegations. A walk-through on the ICRC’s treasury and liquidity management, which includes the cash forecasting process and the management of cash shortages and excesses by the Finance and Administration Division, was completed; the corresponding report was shared in December 2023. A walk-through on the ICRC’s Individual Development Programme, designed to help staff members benefit from learning opportunities outside the ICRC (see *People and Culture*), begun in 2022, was completed in 2023; publication of the report was set for the first quarter of 2024. The unit continued

to deploy its specialists to provide financial, administrative and training support to field delegations. In coordination with various ICRC divisions and teams, it stepped up its efforts to further streamline and optimize its mechanisms and functions. Notably, a new dashboard was introduced to enable delegations in the field and business-process owners at headquarters to monitor improvements in control performance on a quarterly basis.

CULTIVATING A CULTURE OF INTEGRITY

As part of ongoing efforts to foster a culture of integrity across the organization, ERCO – in cooperation with key departments (see *People and Culture* and *Operations*) – kept up its initiatives to ensure that staff members are equipped and ready to make principled, ethical decisions. For instance, it prepared drafts of policies on conflicts of interest – including standard operating procedures on receiving gifts – and on disrespectful behaviours, which were set to be shared with internal stakeholders for their feedback. It also finalized the updated policy on sexual misconduct, which was pending approval by the Directorate. The Integrity Advisory Group, an interdepartmental group led by ERCO, worked to reinforce staff members' understanding of their roles and responsibilities in connection with the ICRC's culture of integrity, its humanitarian mandate and its accountability to violence-affected people through in-person and online meetings, train-the-trainer and other workshops, and similar events at headquarters and in the field. In particular, the group supported the network of facilitators, established in the field in 2020, to heighten awareness of the Code of Conduct – for example, it disseminated the ICRC's strategies to prevent fraud and sexual exploitation, harassment, and abuse by staff members. ICRC employees continued to take a mandatory training course on integrity launched in 2022, with 89% having completed the course by the end of 2023.

ERCO's Investigation Unit responded to reports of misconduct, in accordance with the Code of Conduct Operational Guidelines. To ensure that cases were addressed efficiently, ERCO increased the unit's workforce of investigators, implemented measures to accelerate the management and investigation of alleged violations of the Code of Conduct, and continued to collaborate with other investigative bodies in the Movement and among international organizations.

The Office of Corporate Legal Affairs provided advice to internal stakeholders on institutional and corporate legal issues in areas such as contracts, employment, duty of care, liability, governance and legal compliance – notably in connection with the adjustments that the ICRC made to ensure its relevance and sustainability (see above). It continued to take iterative steps to: reinforce its structure and operations; optimize its resources and increase its efficiency while ensuring the holistic and consistent delivery of legal services; and proactively mitigate and manage risks with a legal component, including those related to compliance and integrity. It did so in line with an ongoing institutional project to reform and strengthen the ICRC's corporate legal function.

STRENGTHENING THE ICRC'S GLOBAL ENGAGEMENT AND PARTNERSHIPS WITHIN AND BEYOND THE HUMANITARIAN SECTOR

The Executive Office of the Director-General continued to play a key role in the ICRC's humanitarian diplomacy work (see also *International Law, Policy and Humanitarian Diplomacy*). The director-general participated in discussions with representatives of states, Movement components, the UN and other organizations, and the private sector, underscoring the role of the ICRC as a neutral, impartial and independent humanitarian actor and advocating its position on key humanitarian issues, including the international armed conflict between the Russian Federation and Ukraine, and its compounding effects on other situations of humanitarian concern; the armed conflicts in Israel and the occupied territories, and in Sudan; conflict and the climate crisis; the digitalization of armed conflict; misinformation, disinformation, and hate speech; and innovative humanitarian financing, especially amid difficulties affecting the entire humanitarian sector (see above).

The office represented the ICRC on multi-organizational platforms such as the Inter-Agency Standing Committee and the Steering Committee for Humanitarian Response. It helped maintain the ICRC's relations with current donors and partners by participating in discussions and meetings – for instance, at the high-level annual meeting of the Grand Bargain facilitation group (see also *Movement, Mobilization and Partnerships*).

Mindful that the ICRC cannot respond to complex humanitarian needs alone, and with a view to achieving sustainable humanitarian impact, the office led initiatives to help bolster the institution's ability to foster partnerships with a broad range of actors, including development agencies, private-sector representatives and other components of the Movement. Steps continued to be taken to enhance organizational capacities to develop partnerships at headquarters and in selected delegations, and to design and implement projects that span multiple years with current or new stakeholders (see *Operations*). The office also helped shape the ICRC's relations with Movement partners to strengthen the Movement's overall humanitarian impact, including beyond conflict and other violence, in line with the Seville Agreement 2.0 (see *Movement, Mobilization and Partnerships*).

ENABLING ORGANIZATIONAL INNOVATION AND STRATEGIC FORESIGHT

The ICRC was able to adapt to new situations and respond more quickly and effectively to the needs of violence-affected people, in part thanks to innovations proposed by staff members. The office participated in this process through its Innovation Facilitation Team, which linked bottom-up initiatives to thematic portfolios – such as modern and future warfare, urban pressures, and climate change and conflict – to enhance the impact of the ICRC's humanitarian activities. The team also contributed to such initiatives as the energy challenge (see above) and the development of a mechanism to coordinate institutional efforts in connection with the use of artificial intelligence.

The team promoted a future-oriented mindset aimed at capitalizing on prospective opportunities and addressing potential challenges related to the ICRC's long-term planning and relevance. In line with this, it issued an organization-wide call for innovative ideas in early 2023. Eighteen proposals were submitted, of which five were granted seed funding from a dedicated innovation budget. Of the 116 initiatives that were funded between 2018 and 2023, 44 were mainstreamed into planning and operations at unit or programme level, 26 served as building blocks for larger institutional efforts, 3 were handed over to the EPMO for further development, 23 continued to undergo refinement, and 20 were deemed inviable and closed. The funded initiatives sought to test new or improved ways of working through a range of different solutions, such as using emergent technologies, adapting existing products, redesigning processes or introducing new models for partnership and financing (see *Operations, Protection and Essential Services*, and *Movement, Mobilization and Partnerships*). In 2023, they included projects launched under the auspices of a climate and conflict challenge – for example, hydrometeorological stations in one conflict-affected community were upgraded to serve as an early-warning system against floods.

To help foster and accelerate innovation within the institution, the team organized training courses and produced learning resources, complemented by a communication campaign on examples of innovation at the ICRC for internal and external audiences. It sustained its efforts to mainstream participatory strategic foresight within the ICRC over the long term. Intensive training in foresight methodologies and tools, with in-person and online components, was provided to a selection of staff members at headquarters and in the field. Twelve employees were trained as facilitators to support the design and delivery of strategic foresight workshops.

With a view to contributing to the ICRC's foresight efforts and enabling it to make more effective strategic and operational decisions, the Trends, Reputation, Analysis and Knowledge Unit strengthened its ability to conduct cross-cutting analyses and leverage open-source information to monitor and parse developments that bore on security, crisis management, public communication and fundraising. It helped brief the ICRC's senior leaders on such issues as new and emerging technologies in armed conflict and geopolitical developments in regions of interest.

INTERNATIONAL LAW, POLICY AND HUMANITARIAN DIPLOMACY

The Department of International Law, Policy and Humanitarian Diplomacy works to promote, clarify and develop IHL and other relevant bodies of law that protect people in armed conflict and other situations of violence. It aims to alleviate the plight of these people and ensure that the ICRC remains the reference organization on such bodies of law. The department leads the design of the ICRC's influencing strategies and steers the strategic development of its policy frameworks and humanitarian diplomacy. Its expert services work for the inclusion of and respect for IHL and other pertinent norms in relevant structures and systems; they also provide analyses of humanitarian action, and conflict and legal trends, to complement ongoing policy debates. The department fosters acceptance of the ICRC's humanitarian action and the principles and policies that guide its work in the global community. It manages the ICRC's archives and library, which preserves institutional memory and makes available to the public an extensive collection of resources on humanitarian action and IHL.

In 2023, several issues relating to the way in which armed conflicts were being fought worldwide required agile diplomatic, legal and policy action by the ICRC. Based on the ICRC's legal reading, around 120 armed conflicts were being fought globally, involving more than 60 states and some 120 non-state armed groups identified as parties thereto; several hundred more armed groups were involved in other situations of violence (see *Operations*). The battleground continued to shift to urban and other populated areas, where the use of explosive weapons with wide area effects had a catastrophic impact. The development of new means and methods of warfare steadily gathered momentum, posing significant questions in terms of the application of IHL rules, which need to be either clarified or developed to ensure the protection of civilians in today's battlefields. The threat of nuclear weapons remained ever-present, despite global commitments to their prohibition and total elimination. The consequences of armed conflicts – particularly those lasting years and even decades – compounded other pressing matters of humanitarian concern, such as the climate crisis.

The international community grappled with multiple and interconnected challenges, amid a highly polarized global political landscape and dwindling financial support for humanitarian operations. The tightening of counter-terrorism measures and sanctions over the years narrowed the space in which humanitarian organizations can operate safely. Misinformation and disinformation in the digital space about IHL and principled humanitarian action posed real risks to the ICRC's ability to deliver on its mandate.

The Department of International Law, Policy and Humanitarian Diplomacy strove to enhance understanding and implementation of IHL, and spearheaded efforts to develop it. Drawing on the ICRC's field experience, contextual understanding, legal and technical expertise, and diplomatic network, the department brought the humanitarian perspective into discussions and decisions on a range of cross-cutting issues. It aimed to influence behaviour, thereby preventing violations of IHL and alleviating human suffering. The ICRC being the reference organization on IHL, the department worked to demonstrate the relevance of IHL in today's armed conflicts and the importance of compliance with it.

REAFFIRMING THE RELEVANCE OF IHL AND SUPPORTING ITS IMPLEMENTATION

SUPPORTING ADHERENCE TO IHL-RELATED TREATIES AND THEIR DOMESTIC IMPLEMENTATION

The ICRC continued to engage with governments and inter-governmental bodies on ways to improve IHL acceptance and national compliance, and to provide them with legal and technical support through its network of legal advisers. It facilitated the ratification of or accession to, and implementation of, IHL-related treaties and other relevant instruments, and the enactment of national legislation to this end (see list below). The department provided technical assistance to national IHL committees, promoted the establishment or reactivation of such committees and facilitated exchanges between committees in different countries.

The department continued to promote the implementation of pledges made at the 33rd International Conference in 2019, particularly states' pledges to advance the domestic implementation of IHL treaties and report voluntarily on the matter. The department's network of legal advisers provided government authorities with technical and legal input on amending or adopting legislation to fulfil states' obligations under IHL. It also worked with judicial authorities to ensure that the interpretation of certain domestic laws was consistent with those obligations.

The above-mentioned activities were a factor in 36 ratifications of or accessions to IHL treaties or other relevant instruments (or amendments to them) by 16 states, notably:

- three states (Finland, the Maldives and the Republic of Korea) became parties to the Convention on Enforced Disappearance;
- two states (Nigeria and South Sudan) became parties to the Convention on Cluster Munitions;
- one state (South Sudan) became party to the Biological Weapons Convention;

- one state (Singapore) became party to the Convention on Certain Conventional Weapons, the Amendment to Article 1 of the convention, and its Protocols I (on Non-Detectable Fragments), III (on Incendiary Weapons) and IV (on Blinding Laser Weapons);
- five states (Chile, Germany, Mexico, Niger and Uruguay) became parties to several Amendments to the Rome Statute of the International Criminal Court;
- one state (Armenia) became party to the Rome Statute of the International Criminal Court;
- one state (Mauritania) became party to the Hague Convention and its Second Protocol;
- one state (Sri Lanka) became party to the Treaty on the Prohibition of Nuclear Weapons; and
- one state (Solomon Islands) became party to the Optional Protocol to the Convention on the Rights of the Child.

DEVELOPING KEY IHL DATABASES, COMMENTARIES AND OTHER RESOURCES

The ICRC moved its three public databases on IHL – the Treaties, States Parties and Commentaries database, the customary IHL database and the national IHL implementation database – to one website¹, streamlining the accessibility of information and improving user experience. The databases remained the most widely consulted ICRC digital legal resource for a variety of interested parties – states, international organizations, academics, journalists, military experts, ICRC staff and others. The ICRC continued its long-standing partnership with the British Red Cross to update the customary IHL database. It also continued to advance on its update of the Commentary on the Fourth Geneva Convention, producing drafts that reflect developments in IHL and the conduct of hostilities.

STEERING THE ICRC'S HUMANITARIAN DIPLOMACY AND INFLUENCING KEY DEBATES

The department continued to steer and provide support for the ICRC's bilateral and multilateral humanitarian diplomacy globally, including UN humanitarian processes in Geneva (Switzerland) and New York (United States of America). It also ensured strong positioning and effective messaging at all levels. The ICRC participated in the high-level week of the 78th session of the UN General Assembly and the UN Human Rights Council, addressing diverse topics that had a bearing on humanitarian action. It maintained its engagement with regional organizations – the African Union, the Association of Southeast Asian Nations, the European Union, the Organization of American States and others – on key policy issues of humanitarian concern. The department also led the development of policies on pressing humanitarian issues and explored new areas of policymaking (see below).

Cyber and space operations

The ICRC engaged in discussions and promoted its positions on cyber operations in armed conflicts among various stakeholders, such as the UN, states, regional groups and technology companies. Between 2021 and 2023, it convened a global advisory board of high-level experts from the legal,

military, policy, technological and security fields. The aim was to identify digital threats and develop recommendations for ensuring the protection of civilians from such threats; a report on the topic was published in 2023. The ICRC continued to explore the development of a digital emblem by making prototypes, a subject on which it sought the views and suggestions of several National Societies. It continued to update the Cyber Law Toolkit with several new scenarios and functionalities. The department also furnished legal advice to other ICRC departments at headquarters, for instance on protecting confidential information kept on cloud storage.

The ICRC also engaged with the above-mentioned stakeholders to build a mutual understanding of the potential human cost of military space operations and the applicability of IHL. It participated in sessions of the UN Open-Ended Working Group on reducing space threats through norms, rules and principles of responsible behaviours, submitting a working paper on minimizing the risk of civilian harm from military space operations and commenting on the group's draft report.

New technologies in warfare – autonomous weapon systems and artificial intelligence

The ICRC engaged with a wide range of stakeholders bilaterally and multilaterally on new technologies in warfare, focusing on autonomous weapons and artificial intelligence, including machine learning. Its aim was twofold: to obtain a fuller understanding of the humanitarian implications of these technologies and the associated legal obligations and ethical considerations that should govern their development and use; and to help inform related international discussions, policies or legal responses.

The ICRC underscored, bilaterally with states and in pertinent international discussions, the urgent need for internationally agreed limits on the design and use of autonomous weapon systems. The ICRC president and UN secretary-general jointly appealed to political leaders to establish new international rules on such weapons to shield present and future generations from the consequences of their use. The ICRC's legal expertise on the subject was sought by different stakeholders on numerous occasions, such as when national and regional positions on the subject were drafted. The ICRC participated in formal and informal discussions of the Group of Governmental Experts on Lethal Autonomous Weapons Systems; the resulting working papers and draft protocol reflected the ICRC's positions and recommendations.

Urban warfare

In line with the Institutional Strategy on Urban Warfare 2021–2024, the ICRC worked to strengthen its ability to influence state and non-state actors to prevent, limit and address the humanitarian consequences of urban warfare. It continued to voice concern about the use of explosive weapons in populated areas, based on its first-hand observations, its analysis of the technical characteristics of such weapons, and its review of existing military policies and practices. It engaged in dialogue with states and other stakeholders, spoke at expert meetings and intergovernmental forums, and issued public communications on the topic. The department continued to promote the ICRC handbook for military commanders, to help

1. Available at <https://ihl-databases.icrc.org/en>

them plan and conduct operations in ways that prevent or reduce harm to civilians in urban settings.

Non-state armed groups

The department developed guidance documents to promote and enhance respect for IHL among non-state armed groups. Notably, with the Department of Protection and Essential Services, it published a landmark report on detention by non-state armed groups, compiling operational examples from over 80 such groups on how they have implemented their IHL obligations in connection with the protection of detainees. Following its publication, the report was shared with different armed groups, states and other stakeholders, and its findings fed into the ICRC's engagement with these stakeholders and its wider operations. The department also contributed to the development of a handbook for non-state armed groups on reducing civilian harm in urban warfare (see *Protection and Essential Services*).

Counter-terrorism measures and sanctions

The ICRC strove to diminish the risk that counter-terrorism policies would limit the conduct of principled humanitarian action. It provided legal and technical advice to states and regional/international organizations, recommending that counter-terrorism measures – including those linked to sanctions regimes – should have no negative impact on the work of humanitarian organizations. It engaged in bilateral and multilateral dialogue with lawmakers and other national authorities to preserve the capacity of impartial humanitarian organizations to operate – notably by advocating the inclusion of humanitarian exemptions in counter-terrorism legislation – and to defend the applicability and integrity of IHL in the context of counter-terrorism activities, when relevant. The ICRC continued to advocate the inclusion of humanitarian exemptions in UN and European Union sanctions regimes and in funding agreements with private sector donors. It also continued to engage with states and multilateral organizations, during workshops, meetings and other events, on the applicability of IHL to counter-terrorism operations and sanctions.

Responsible arms transfers

The ICRC continued to promote the universal ratification and implementation of the Arms Trade Treaty in bilateral dialogue with several states and at meetings and other events of the treaty's standing working groups. Elements of its substantive written input shaped the content of draft guides, relating to the national implementation of specific articles in the treaty, drawn up by various states parties. The ICRC raised awareness of the treaty's requirements, in particular the arms transfer criteria, in meetings of experts at regional and national level, including by promoting its short commentary on the topic. The ICRC vice-president made a statement to the Conference of States Parties to the Arms Trade Treaty, reiterating the need for signatories to ratify the treaty and states not yet party to it to join.

Landmines, cluster munitions and explosive remnants of war

The ICRC continued to promote universal and faithful adherence to the Convention on Cluster Munitions, the Anti-Personnel Mine Ban Convention and the Protocol on Explosive Remnants of War (Protocol V) to the Convention on Certain Conventional

Weapons. To that end, it took part in the meetings of states party to these treaties, engaged in bilateral dialogue with states and civil society groups, and had its officials deliver statements on the ICRC's positions. In coordination with the Norwegian Red Cross, the ICRC organized an online consultation with African National Societies on strengthening implementation of the Movement's strategy on landmines, cluster munitions and explosive remnants of war in the region.

Nuclear weapons

The ICRC continued to pursue bilateral and multilateral dialogue with states on nuclear weapons and their catastrophic humanitarian consequences, urging them to ratify and implement the Treaty on the Prohibition of Nuclear Weapons. It also urged them to reduce nuclear risks and take measures to fulfil long-standing disarmament commitments. It published a briefing note to inform and facilitate state efforts with respect to implementing the treaty, particularly provisions relating to victim assistance and environmental remediation. At the second meeting of states parties, the ICRC delivered statements, including a joint statement with the International Federation, acted as a panelist in a plenary discussion and made presentations at several side events. It convened meetings with National Societies implementing various aspects of the action plan for the elimination of nuclear weapons adopted by the 2022 Council of Delegates. It continued to support National Societies by developing communication and advocacy tools, such as letters for national authorities urging them to take steps to eliminate nuclear weapons.

Environment and climate

The ICRC continued to promote its 2020 Guidelines on the Protection of the Natural Environment in Armed Conflict at various events organized by the UN Security Council, the Organization of American States, NATO and others, and bilaterally to states. The guidelines set out existing IHL rules protecting the natural environment and promote the adoption of concrete measures to enhance respect for them. In cooperation with Switzerland, the ICRC organized a meeting of state experts on the protection of the natural environment during armed conflicts that brought together representatives from the ministries of defence, environment and foreign affairs of over 120 countries. It also organized an advanced online seminar for academics in South Asia, to further discussion of the combined impact of armed conflicts and the climate crisis on people's lives.

The department continued to support the ICRC's engagement with states, international organizations and experts on strengthening climate action and finance in conflict and other fragile settings, notably through the publication of a report on reducing the impact of climate risks and environmental degradation on people enduring armed conflict. During COP28, the UN Climate Change Conference, the ICRC provided substantive input on a political declaration on the subject. It also played a lead role in working towards the establishment of a Secretariat for the Climate and Environment Charter for Humanitarian Organizations, which aims to help limit the climate and environmental footprint of humanitarian organizations and to strengthen their operational resilience to extreme weather events.

Children and access to education

The ICRC promoted the protection afforded by IHL and other applicable norms to children, including those associated with armed forces or armed groups, in both international and non-international armed conflicts. It sought to influence legal and policy discussions on the matter, with a view to ensuring that due account is taken of the specific challenges faced by children in times of war – particularly in relation to access to education – and that children benefit from the protection to which they are entitled. The ICRC raised these concerns in key global forums and provided legal expertise to various states and international organizations for developing positions and strengthening frameworks on the protection of children affected by conflict. The ICRC published a report on the humanitarian consequences of urban warfare on children, providing concrete recommendations on preventing and mitigating harm to children for parties to conflict and humanitarian organizations. Together with other international organizations and a cross-regional group of states, the ICRC co-convened an international conference, held in Norway, to heighten awareness and understanding among national authorities, international organizations and others of the protection challenges faced by conflict-affected children.

Gendered impacts of armed conflict and sexual violence

The ICRC sought to raise awareness among states, international organizations and other key players of IHL provisions prohibiting sexual violence in armed conflicts, called for the domestic implementation of these provisions, and promoted a gender perspective in the application of IHL. It provided technical expertise when requested, such as for the development of a legal handbook in the United Kingdom of Great Britain and Northern Ireland on conflict-related sexual violence and for the drafting of a briefing note on gender in humanitarian action by the British think tank Chatham House. The ICRC promoted its 2022 report on gendered impacts of armed conflict and implications for IHL, drawn from a series of expert meetings conducted on the subject.

The separated, missing and dead

The ICRC worked to raise awareness of and respect for legal frameworks and standards protecting the separated, missing and dead in armed conflict. The department provided its expert input to different external and internal initiatives, such as the Global Alliance for the Missing and the UN Committee on Enforced Disappearances, and to the ICRC's Central Tracing Agency (see *Protection and Essential Services*).

Persons with disabilities in armed conflict

The ICRC provided legal guidance to states, military forces, international organizations and others on the protection afforded to persons with disabilities under IHL, in line with its Vision 2030 on Disability (see *Operations*). With the UN special rapporteur on the rights of persons with disabilities, the ICRC co-convened a meeting of civilians with physical disabilities affected by armed conflict, their representative organizations, and military and other state officials; the aim was to follow up on the recommendations resulting from the regional consultations held in 2022. The recommendations included integrating a disability perspective into military training, doctrine or operations; strengthening cooperation with

disability organizations; and mainstreaming the protection of people with disabilities during armed conflict in the work of humanitarian organizations.

IDPs and migrants

The ICRC worked to reaffirm, clarify and promote the legal norms and standards relevant to the protection of IDPs and migrants, including asylum seekers and refugees, with a view to prompting states and other relevant players to take them into account; its institutional position and legal input on the subject were regularly solicited and reflected in external documents and other outputs. The ICRC participated in or supported various events on the topic, such as meetings on missing migrants held by the UN Network on Migration. The department worked with other ICRC departments and delegations to draft guidance notes and provide legal advice related to the protection of IDPs and migrants.

BOLSTERING THE ICRC'S CAPACITY TO PROMOTE AND ENSURE ADHERENCE TO IHL

STRENGTHENING THE ICRC'S LEGAL AND DIPLOMATIC CAPACITY

The department continued to help strengthen the ICRC's legal capacity and the protection of its staff by securing privileges and immunities worldwide, particularly the privilege not to disclose confidential information in legal proceedings. These privileges and immunities are crucial to the organization's ability to discharge its internationally recognized humanitarian mandate in a neutral, impartial and independent manner, and to do so without excessive financial and administrative burdens.

The department worked to enhance delegations' capacities to engage in operational activities and humanitarian diplomacy in support of the organization's mandate and objectives, and to develop their understanding of different ICRC policy frameworks, organizing online training sessions for them and providing technical support to these ends. It furnished legal advice on a broad range of issues to ICRC operations worldwide, including in negotiations for new or updated status agreements in certain countries and for functional immunity for resident staff in certain contexts.

PROMOTING OPERATIONAL RESEARCH

Though its Centre for Operational Research and Expertise (CORE), the department continued to harness data and field experiences to inform practical and policy decision-making; it also provided advice and methodological support for research initiatives across the ICRC and developed an online operational research course for staff. It undertook several evidence-based research projects to enhance the impact of the ICRC's work. One such project – an ICRC and Swiss Data Science Centre research project to track patterns of violence using artificial intelligence and machine learning – produced an algorithm that reclassifies open-source data according to international legal norms, with the goal of obtaining deeper insights into patterns of violence by armed forces and armed groups and strengthening the ICRC's protection work. Other projects included studying the implications of supporting social protection systems for principled humanitarian work

and, more broadly, creating sustainable humanitarian impact; exploring the link between food security and protection; and analysing the ICRC's dialogue on IHL with Islamic circles in West Africa and the Sahel.

UPDATING LIBRARY, PUBLIC AND TRACING ARCHIVES

The department continued to make certain collections of the ICRC's archives and library accessible to the public, which helped cultivate academic interest and research projects on IHL and humanitarian action (of the ICRC and the wider Movement). It continued to digitize ICRC archives of the Diplomatic Conference on the Reaffirmation and Development of IHL Applicable in Armed Conflicts, held from 1974 to 1977. Its aim was to make digital copies that were readable and searchable to aid research activities. It continued to develop a pilot project using artificial intelligence to recognize handwritten texts, from the 36 million POW index cards from the Second World War, with a view to responding more effectively to requests for information from the families concerned. It launched an internal crowdsourcing campaign to help train a tool powered by artificial intelligence to read and transcribe relevant information with greater accuracy.

The department boosted its promotion of the ICRC's humanitarian heritage and resources. The ICRC's "Cross-files" blog² highlighted specific items or collections from its public library and archives, including audiovisual archives, to encourage the historical exploration of IHL and humanitarian action. Research guides – for example, on funds and medals of the ICRC and the Movement – were added or enriched, facilitating and simplifying access to the ICRC's public collections. Tracing and archive requests – for example, from families of people who had been detained or had gone missing in connection with past conflicts – were received and processed.

CULTIVATING ACADEMIC RESEARCH, PUBLIC DISCOURSE AND TEACHING ON IHL AND HUMANITARIAN ISSUES

*The International Review of the Red Cross*³ remained the leading journal on IHL, and humanitarian policy and action, for academics and practitioners worldwide. Two editions

were published in 2023, focusing on organized crime and the protection of the environment in armed conflict. Both were launched during well-attended online webinars. Efforts to incorporate diversity and inclusivity in authorship continued to be a priority. The ICRC's Humanitarian Law and Policy blog⁴ showcased analyses and debates on IHL and humanitarian action. In 2023, it featured weekly articles on a variety of topics, such as the application of IHL principles to cyber operations and the principle of neutrality. The "Humanity in War"⁵ podcast featured interviews of experts and thought leaders on key issues, trends and developments in IHL and humanitarian action. The *Law and Policy* monthly newsletter⁶ delivered timely updates on new ICRC projects, publications, upcoming events and training opportunities, remaining an important channel for engagement with external audiences.

The online platform "IHL in action: Respect for the law on the battlefield"⁷ featured new case studies documenting compliance with IHL, demonstrating the law's relevance and usefulness in contemporary armed conflicts. The online casebook "How does law protect in war?"⁸, which provides IHL lecturers worldwide with access to teaching materials, was updated with new case studies and thematic texts. The ICRC's IHL mobile application was regularly updated with the latest legal and policy documents of relevance to the humanitarian field. Introductory modules on IHL, available in different languages, made IHL training more accessible to practitioners and policymakers from different countries.

Public events targeting specialized audiences were organized to position the ICRC on specific humanitarian issues, influence debates, disseminate IHL and promote research. For instance, the ICRC held seminars, conferences and other events – in person, online or using a hybrid format – inviting innovative thinkers in the humanitarian field to speak about a range of topics, such as protecting children during urban warfare and harnessing the potential of artificial intelligence to uncover patterns of violence. The ICRC and the International Institute of Humanitarian Law in Sanremo, Italy, organized the 47th edition of the Sanremo Round Table on IHL for high-level international experts and practitioners.

2. Available at <https://blogs.icrc.org/cross-files/>
3. Available at <https://international-review.icrc.org/>

4. Available at <https://blogs.icrc.org/law-and-policy/>
5. Available at <https://blogs.icrc.org/law-and-policy/humanity-in-war-podcast/>
6. Available at <https://info.icrc.org/sign-up-law-policy-newsletter>
7. Available at <https://ihl-in-action.icrc.org/>
8. Available at <https://casebook.icrc.org/>

MOBILIZATION, MOVEMENT AND PARTNERSHIPS

The Department of Mobilization, Movement and Partnerships seeks to steer and enable the ICRC's interactions and partnerships with the Movement, government donors, the private and public sectors and other partners. It mobilizes the political and financial support required to deliver on the ICRC's strategic objectives. It ensures organizational alignment in external and internal communication to support the ICRC's efforts to influence behaviour and reinforce its position as the organization of choice for humanitarian response.

As humanitarian needs grew in scale and complexity in 2023, the year also saw the worst funding shortfall in years. According to OCHA, the percentage of available funding to address humanitarian needs hit its lowest point since 2010, with only 35% of the required funding received by humanitarian organizations. It also reported that 2023 saw the lowest ratio of funding to needs ever recorded, jeopardizing the ability of humanitarian actors to deliver much-needed aid to people affected by armed conflict, other situations of violence and other crises.

As the funding landscape deteriorated and financial constraints grew, the ICRC recalibrated its plans, reducing its budget (see *The Financial Year 2023*) and streamlining its operations so that it could focus on areas where it would bring the most added value to communities.

While the ICRC's mission, mandate and principles, together with IHL, remained as important and relevant as ever, they continued to be challenged in today's communication landscape by the mass media and social media narratives of highly polarized communities, where misinformation, disinformation and hate speech were at times openly disseminated. Additionally, humanitarian action continued to be subjected to heightened scrutiny and politicization. Along with the nature of conflict and other violence, the needs and coping mechanisms of the people affected had also changed. Their expectations of what the ICRC could and should be doing grew as well, creating a potential credibility gap between needs and responses.

Against this backdrop, the ICRC engaged and worked with others – crisis-affected communities, state and non-state actors, government authorities, academics and other members of civil society, including those in social media spaces and online communities – to address wide-ranging needs and achieve more sustainable outcomes for the people it sought to help.

The Department of Mobilization, Movement and Partnerships, for its part, directed efforts to develop and implement a response plan to the ICRC's financial situation, to help ensure that the organization could continue to deliver much-needed aid despite the funding gap. It reinforced its engagement with donors and others to help position the ICRC and the wider Movement as partners of choice and mobilize resources for the ICRC's operations.

The department consolidated the ICRC's approaches to partnering, including within the Movement, and strengthened partnerships with other organizations and stakeholders. It built a better understanding of, and cultivated an environment of meaningful engagement with, the ICRC's key target groups, enabling the organization to reach people in need, change behaviour and influence key decisions, and enhance its capacity to operate safely. It amplified the ICRC's positioning on key issues, enabling the institution to secure further political and financial support and demonstrate its unique role as the reference organization on IHL.

BUILDING TRUST IN, AND FOSTERING SUPPORT FOR, THE ICRC

PROMOTING IHL AND THE ICRC'S WORK THROUGH PUBLIC COMMUNICATION

The department raised awareness of the needs of people affected by conflict or other situations of violence, and of the ICRC's multidisciplinary response, through strategic communications and public and media engagement. It supported the ICRC's humanitarian diplomacy, protection work and fundraising efforts with high-impact messaging and communication strategies tailored to the needs of the people the ICRC sought to help. This played a vital part in consolidating the ICRC's position as the reference organization on IHL and promoting its unique role as a front-line humanitarian responder, including in hard-to-reach areas.

Through press releases, interviews, opinion pieces and targeted social media posts, the department helped broaden awareness of the ICRC's activities and reinforce the organization's messages on IHL and humanitarian concerns. Key messages emphasized the ICRC's mandate, its principled way of working and its role as a neutral intermediary in various contexts. Media coverage featured the ICRC's response to, *inter alia*, the armed conflict in Israel and the occupied territories, food insecurity in parts of Africa, the violence in Sudan, the international armed conflict between the Russian Federation and Ukraine, the earthquakes in the Syrian Arab Republic (hereafter Syria) and Türkiye, and flooding in Libya. It also drew attention to needs in less widely covered contexts, such as Colombia, Haiti, Mexico and Yemen.

The department took a proactive approach to curbing misinformation, disinformation and hate speech, including by training ICRC staff to identify them. It released specific messaging in response to false information regarding the ICRC's work in Israel and the occupied territories, in order to clarify the ICRC's mandate and its neutral, impartial and independent humanitarian approach.

The ICRC maintained a significant overall share of media mentions on key topics compared to peer organizations. This was driven largely by a high level of exposure around the ICRC's response to the armed conflict in Israel and the occupied territories, including its role, as a neutral intermediary, in facilitating the transfer of hostages from Gaza and of Palestinian detainees from Israel.

The regional communication centres in Bangkok (Thailand), Buenos Aires (Argentina), Cairo (Egypt), Dakar (Senegal), Nairobi (Kenya) and New Delhi (India) produced content in a wide range of languages, covering such topics as the ICRC's neutral stance as a way to ensure access to people in need, the effects of urban conflict, and the intersection of conflict and the climate crisis. Digital content in Arabic, Chinese, English, French, German, Italian, Portuguese, Russian, Spanish, Ukrainian and 16 other languages, reached 10.8 million people through the ICRC's public website (www.icrc.org) and the ICRC's 14.41 million followers on Facebook, X, Instagram, LinkedIn, TikTok and YouTube. Data on the performance of the ICRC's online channels guided content development. The department stepped up audience-centric communication across all channels, with the aim of reaching people new to the ICRC.

ENHANCING ENGAGEMENT WITH CRISIS-AFFECTED COMMUNITIES

Guided by the Accountability to Affected People framework, the department continued to help strengthen the ICRC's engagement with, and proximity to, crisis-affected people, ensuring that they could actively determine their own needs, manage their context-specific vulnerabilities, and design and implement relevant responses (see *Operations*). To that end, it improved its understanding of their communication behaviours by setting up or refining channels to enable inclusive programming and by producing materials to inform people about these channels.

The department also positioned the ICRC's communication channels as trusted information sources capable of delivering timely information as aid to communities affected by conflict and other crises. It worked closely with ICRC delegations to obtain greater access and digital proximity to the communities they work with. The regional communication centres (see above) were given guidance and tools to implement targeted and customized community engagement approaches; where possible, they also drew on the support of local partners such as National Societies to collect context-specific data on crisis-affected people and their feedback on the services provided to them. With the delegations, they created information-as-aid

toolkits and products that provided factual and trustworthy content while taking into account community narratives, beliefs and concerns.

FOSTERING EFFECTIVE INTERNAL COMMUNICATION AND STAFF ENGAGEMENT

In line with the ICRC's 2020–2025 People Strategy, the department continued to ensure effective internal communication and fostered staff interaction globally, using tools that encouraged information-sharing, collaboration and meaningful engagement on major projects, organizational issues and other concerns. For instance, in accompanying ICRC staff during the financial situation, the department worked with delegations and the Department of People and Culture to offer information and webinars on mental health. Interviews with members of the Directorate, townhalls and regular posts regarding the ICRC's financial standing kept staff updated and helped them to anticipate how institutional changes could affect them. The ICRC also introduced a new version of its careers site and a platform for former staff – the ICRC career network – with the aim of supporting career transitions and flagging job opportunities within the ICRC and with the Movement and external partners.

STRENGTHENING AN INCLUSIVE MOVEMENT RESPONSE AND ADVANCING THE DEVELOPMENT OF NATIONAL SOCIETIES

HELPING NATIONAL SOCIETIES BUILD THEIR CAPACITIES

The department spearheaded ICRC action to make technical expertise available to National Societies, to help strengthen their ability to deliver effective and principled humanitarian aid.

The International Federation and the ICRC continued to work together on National Society development. National Societies received support for capacity-building projects through a fifth round of funding from the National Society Investment Alliance, a joint International Federation/ICRC initiative. They continued to receive ICRC technical support for implementing the Safer Access Framework.

SUPPORTING MOVEMENT COORDINATION EFFORTS

The department helped the ICRC work towards stronger Movement collaboration and supported the efforts of ICRC delegations and headquarters to improve Movement coordination mechanisms. It participated in meetings of the interdepartmental working group tackling ways to bolster the ICRC's capacities to carry out activities effectively with National Societies and the International Federation. It worked closely with the Department of Operations, participating in its crisis-management structures and alignment meetings (see *Operations*).

The department supported delegation efforts to deliver their commitments under the Seville Agreement 2.0, which acknowledges the central role of National Societies in their own countries and commits Movement partners to coordinate their operations and related activities in a more collaborative and inclusive manner, and to enhance their support

for National Societies. Although external and internal organizational constraints, compounded by the financial situation, hindered optimal implementation of the agreement, the department took steps to support its implementation by providing practical guidance, training and on-the-job support to National Societies.

ENHANCING PRINCIPLED HUMANITARIAN ACTION

The ICRC continued to support Movement-wide efforts to help National Societies adhere to the Fundamental Principles and to the Movement's policy and regulatory frameworks. With the support of ICRC delegations and the Joint ICRC/International Federation Commission for National Society Statutes, some National Societies drew on the ICRC's technical expertise to revise their legal and statutory bases. A pool of specialists was established and trained to support National Societies in the revision process. National Societies facing integrity challenges – or allegations thereof – were also advised on how to resolve and manage them.

Volunteers from within the Movement learned to facilitate the International Mobilization and Preparation for Action course, organized by the International Federation and the ICRC, with the support of the Turkish Red Crescent Society. The course, which was conducted face to face in Ankara (Türkiye) and Geneva (Switzerland), provided participants slated for international deployment during emergencies with more in-depth knowledge of Movement coordination and applicable international law. Movement leaders refreshed their knowledge of the Fundamental Principles at Movement induction courses conducted in the Asia-Pacific and Eurasia regions.

Progress was made on the implementation of the Movement Integrity Statement issued at the 2019 Council of Delegates. At an event facilitated by the International Federation and the ICRC, National Societies shared their experiences in implementing their own integrity lines to report misconduct; over 100 participants from 29 National Societies attended.

The department helped finalize the draft of the concept note for the 34th International Conference, scheduled for 2024. The concept note was endorsed by the Standing Commission of the Red Cross and Red Crescent, and shared with National Societies and states.

DEVELOPING PARTNERSHIPS AND WORKING WITH OTHERS

The department facilitated implementation of the third strategic orientation of the Institutional Strategy, *working with others to enhance impact*. It guided the ICRC's efforts to build engagement with multiple stakeholders – such as representatives of states, Movement components, the UN and other organizations, and private sector entities – and strengthen existing partnerships. Structures and tools were set up to help bolster the ability of the ICRC to do this. A partnership governance structure was developed, enabling all ICRC departments to discuss transversal issues, objectives and responsible exit strategies; the aim was to steer a coherent partnering approach.

The department also contributed to efforts to adapt systems and improve organizational readiness to partner with development agencies and National Societies. It continued to support the implementation and cultivation of multi-year operational projects with multiple partners (see *Operations*). Project managers were trained on the fundamentals of project management and contributed to a knowledge centre aimed at supporting such projects.

MOBILIZING SUPPORT FOR THE ICRC'S ACTIVITIES

The department continued to roll out initiatives to implement the Resource Mobilization Strategy 2020–2030, which seeks to increase the organization's resilience in a complex and rapidly changing funding landscape and to respond to humanitarian needs adequately and promptly, wherever they arise and even when donor support fluctuates. In response to the financial situation, the department – primarily through the Resource Mobilization Division – intensified its fundraising efforts, enhancing donor engagement in order to secure the ICRC's budget and bridge the funding gap. The Revised Appeal 2023 informed donors about the ICRC's prioritization efforts, revised budget and the resulting operational adjustments. In the course of the year, the ICRC also launched budget extension appeals to support its response in Armenia (CHF 3.8 million), Israel and the occupied territories (CHF 29.8 million), Sudan (CHF 4.5 million), and Syria and Türkiye (CHF 34.9 million).

Contributions

Donors and partners came forward to help the ICRC carry out its humanitarian activities in a year fraught with challenges and multiple crises. Their overall contributions amounted to CHF 2.42 billion. This was CHF 35 million or 1% lower than funding levels in 2022.

Total contributions (in cash, kind and services)
CHF 2.42 billion (including overheads)
Headquarters
CHF 260.3 million
Field operations
CHF 2.16 billion
Innovation
CHF 1.7 million

In 2023, 77 governments and the European Commission accounted for 81.7% of total contributions (80.4% in 2022 and 93.3% in 2021). While the number of contributing National

Societies increased to 47, the proportion of contributions from Movement partners decreased to 2.0% (from 9.0% in 2022 and 1.6% in 2021); most of the contributions received in 2022 was for the ICRC's response to the international armed conflict between the Russian Federation and Ukraine. Contributions from supranational organizations (excluding the European Commission) and international institutions totalled 1.1% (compared to 0.3% in 2022 and 1.0% in 2021). Contributions from private and public sources rose further to 15.3% (from 10.3% in 2022 and 4.1% in 2021).

Total contributions to the headquarters budget amounted to CHF 260.3 million¹: CHF 191 million from 52 governments, CHF 9.8 million from the European Commission, CHF 2.5 million from seven National Societies, CHF 1.4 million from supranational and international institutions, and CHF 55 million from private and public sources.

Compared to 2022, total contributions to the headquarters budget increased by 58% in 2023, due to exceptional contributions from certain donors to ICRC headquarters.

Contributions that amounted to CHF 10 million or more are listed in the table below. These donors constitute the Donor Support Group² in 2024, unless agreed otherwise.

Contributions in CHF millions							
DONOR	TOTAL	Cash – HQ	Cash – Field	Total cash	Total kind	Total assets	Total services
United States of America	504.1	28.3	475.8	504.1			
Germany	260.0	4.4	255.5	259.9			0.07
Switzerland	219.3	130.6	88.6	219.2			0.05
European Commission	163.5	9.8	153.7	163.5			
United Kingdom of Great Britain and Northern Ireland	148.5		148.3	148.3	0.2		
Norway	127.4	5.4	122.0	127.4			
Sweden	81.0	0.3	80.6	81.0			
France	70.1	2.0	68.0	70.0			0.04
Canada	53.2		53.2	53.2			
Netherlands	51.1	7.4	43.7	51.1			
Australia	42.2		42.2	42.2			
Japan	41.9		41.9	41.9			
Denmark	32.2		32.2	32.2			
Belgium	22.3		22.3	22.3			
Ireland	21.0	0.1	20.9	21.0			
World Bank	20.3		20.3	20.3			
Italy	18.7	2.9	15.8	18.7			
Spain	17.8		17.8	17.8			
Finland	17.4	1.0	14.7	15.7	1.7		
Austria	15.7	0.7	14.9	15.7			
New Zealand	14.3		14.3	14.3			
Luxembourg	12.4	2.2	10.2	12.4			
Kuwait	11.9	1.8	10.1	11.9			

Contributions to the headquarters budget

	Cash	Kind	Services	Assets	Total
2023	CHF 256.6 million	CHF 0.0 million	CHF 3.8 million	CHF 0.0 million	CHF 260.3 million
2022	CHF 161.2 million	CHF 0.0 million	CHF 4.0 million	CHF 0.0 million	CHF 165.2 million
2021	CHF 158.3 million	CHF 0.0 million	CHF 5.4 million	CHF 0.0 million	CHF 163.7 million

1. This figure does not include other operating income, non-operating activities and overheads.
2. The ICRC Donor Support Group (DSG) is made up of governments, supranational organizations and international institutions that contribute a minimum of CHF 10 million in cash annually. Membership of the DSG runs from June of each year until June of the next year.

Contributions to the field operations budget

	Cash	Kind	Services	Assets	Total
2023	CHF 2.15 billion	CHF 3.3 million	CHF 3.1 million	CHF 0.0 million	CHF 2.16 billion
2022	CHF 2.27 billion	CHF 12.2 million	CHF 3.4 million	CHF 1.4 million	CHF 2.29 billion
2021	CHF 1.78 billion	CHF 8.6 million	CHF 2.3 million	CHF 0.0 million	CHF 1.79 billion

In total, CHF 2.16 billion was provided for ICRC field operations: CHF 1.62 billion by 51 governments, CHF 154 million by the European Commission, CHF 24 million by supranational organizations and international institutions (including the World Bank), CHF 46 million by 46 National Societies, and CHF 304 million and CHF 8.3 million by private and public sources.

Compared to 2022, total contributions for field operations decreased by 6% in 2023.

FLEXIBILITY IN FUNDING

The ICRC's neutral, impartial and independent approach – as enshrined in its mission – coupled with its multidisciplinary and real-time response to the needs of people affected by armed conflict and other situations of violence, requires access to flexible funding. Such flexible funding, either unearmarked or loosely earmarked (earmarked for a region and/or programme or for a target population) enables the ICRC to quickly respond in the most efficient manner to humanitarian needs in volatile contexts amid a constantly evolving operational environment.

In the past years, the ICRC has observed a rise in country-earmarked contributions and a decline in flexible (unearmarked and loosely earmarked) funds.

The table and analysis below show the earmarking levels for cash contributions to the ICRC in 2023, which amounted to CHF 2.41 billion (for headquarters, field operations and innovation).

Unearmarked cash contributions
CHF 745.0 million / 30.9% (2022: 19.1%; 2021: 22.6%)
Loosely earmarked³ cash contributions
CHF 240.6 million / 10.0% (2022: 10.8%; 2021: 10.8%)
Flexible funding
CHF 985.6 million / 40.9%
Country-earmarked cash contributions
CHF 1,081.9 million / 44.9% (2022: 57.1%; 2021: 51.8%)
Tightly earmarked⁴ cash contributions
CHF 340.0 million / 14.1% (2022: 13.0%; 2021: 14.8%)

At 30.9%, the proportion of unearmarked cash contributions (“core funding”) rose from the 2022 level due to exceptional one-off contributions, and was at its highest since 2019 (2022: 19.1%; 2021: 22.6%; 2020: 23.3%; 2019: 20.9%).

The percentage of unearmarked and loosely earmarked funds – i.e. flexible funding – increased and accounted for 40.9% of cash contributions (2022: 29.9%). The bulk of flexible funding was from a number of governments (Australia, Belgium, France, Germany, Ireland, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America), a private company and a foundation (each of which contributed more than CHF 10 million in flexible funding). The ICRC continued engaging with donors to secure their commitment to provide more flexible contributions.

Donors who signed the Grand Bargain⁵ agreement committed to improving the quality of humanitarian funding and progressively reducing the level of earmarking. The ICRC produced a yearly report outlining how unearmarked contributions were allocated and ranking donor contributions according to their levels of earmarking. This report remained part of the organization's efforts to provide donors with more transparency and clarity on the allocation of the flexible funding it receives.

Discussions with donors about multi-year funding – also undertaken in line with the Grand Bargain – continued to centre on evaluating and improving the delivery of aid, and on the importance of keeping such contributions unearmarked as much as possible.

DIVERSITY OF FUNDING SOURCES

A total of 77 governments, and the European Commission, accounted for 81.7% of contributions to the ICRC in 2023. The ten largest donors among them accounted for 69.4% of all contributions; 53.6% came from the five largest donors. While the ICRC remained reliant on a small number of donors for the bulk of its funding, the table below shows gradual changes in this regard.

- Contributions allocated for one geographical region (e.g. Near and Middle East); one programme (e.g. Protection); one programme for one region (e.g. Protection activities in the Near and Middle East); or one target population (e.g. People deprived of their freedom).
- Tightly earmarked contributions are those restricted to a (sub-) programme or (sub-)target population within a specific context in the field or a specific organizational unit at headquarters (e.g. Assistance activities in the Philippines).

- The Grand Bargain is an agreement between major donor countries and humanitarian organizations committed to improving the efficiency and effectiveness of humanitarian financing.

Total contributions**CHF 2.42 billion****of which from 77 government donors and the European Commission****CHF 1.97 billion / 81.7%** (2022: 80.4%; 2021: 93.3%)**of which from 10 largest donors (governments and the European Commission)****CHF 1.68 billion / 69.4%** (2022: 67.6%; 2021: 80.2%)**of which from 5 largest donors (governments and the European Commission)****CHF 1.30 billion / 53.6%** (2022: 52.5%; 2021: 62.7%)

The ICRC continued to take steps to diversify its sources of funding, despite significant areas of investment being put on hold as a result of the financial situation. Contributions came from new or emerging country donors in Asia, Africa, Latin America, Central Europe and the Middle East, the private sector and development entities. The ICRC also continued to seek funding from new donor countries and from current donor countries' untapped budget lines, including from their development agencies, and to implement joint fundraising activities with National Societies.

PRIVATE AND PUBLIC SECTOR AND MOVEMENT ENGAGEMENT

The strong response from the private and public sectors – respectively, long-standing philanthropic partners, and thousands of other private individuals, foundations

and companies – resulted in a rise in contributions that amounted to CHF 369.4 million (2022: CHF 251.7 million; 2021: CHF 80.6 million); CHF 28.5 million of this came from individuals. In Switzerland, the ICRC's supporters included over 70,980 individuals who made a donation in the course of the year; fundraising efforts in Brazil brought in donations from over 53,730 individuals. Membership in the Friends of the ICRC group⁶ stood at 598 people at year's end.

Private companies contributed CHF 30.4 million, while funds and foundations donated a total of CHF 244.4 million. Total contributions from the public sector (such as cities and cantons in Switzerland) amounted to CHF 55.3 million, while National Societies contributed CHF 48.3 million.

In line with the Movement-wide principles for resource mobilization, the ICRC maintained its coordinated and collaborative fundraising approach and partnerships with Movement partners, as well as its engagement on various initiatives such as the National Society Investment Alliance and the Movement's Virtual Fundraising Hub.⁷

Besides various contributions to ICRC operations, a total of 28 National Societies launched public appeals, directed funds and/or facilitated funds from within their country on behalf of the ICRC's emergency response to humanitarian needs in Israel and the occupied territories, Libya, Sudan and Syria.

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6. The Friends of the ICRC group is made up of individuals who each contribute between CHF 5,000 and CHF 49,999 to the ICRC in the course of one year.
 7. The Virtual Fundraising Hub, established pursuant to Resolution 2 of the 2017 Council of Delegates, aims to help Movement components make strategic investments in fundraising efforts. The Hub's activities include collecting and sharing fundraising data, best practices and lessons learnt, and creating a fund to provide seed financing for Movement components making strategic investments in fundraising based on robust market and data analysis.

OPERATIONS

The Department of Operations oversees the delivery of ICRC activities in more than 100 countries around the world. It also oversees the global analysis of key trends and leads the design, planning, budgeting and delivery of emergency operations and multi-year projects carried out within multi-stakeholder partnerships, in accordance with humanitarian needs and ICRC priorities, and with due regard for staff security. It ensures effective collaboration across the organization to achieve sustainable outcomes for people affected by conflict and other situations of violence.

The ICRC continued to work in an extremely complex landscape in 2023. Multiple and concurrent emerging or ongoing crises adversely impacted the lives of the people affected, and shaped the ICRC's operating environment. These included the international armed conflict between the Russian Federation and Ukraine, renewed fighting in Sudan, and intensified conflict in Armenia and Azerbaijan, and in Israel and the occupied territories. Massive earthquakes in the Syrian Arab Republic (hereafter Syria) and Türkiye, and intense floods in Libya, had devastating consequences in conflict-affected areas. Heightened geopolitical polarization exacerbated tensions, complicated international efforts to resolve some conflicts, or diverted resources and public attention away from prolonged large-scale crises and sustained humanitarian needs, notably in Afghanistan, the Democratic Republic of the Congo, Myanmar, Nigeria and Yemen, and in the Lake Chad and Sahel regions and Horn of Africa. In addition, economic and environmental dynamics that were present in 2022 continued or worsened in 2023, generating more humanitarian needs.

Millions of people endured the combined effects of conflict, persistent socio-economic challenges – such as the high costs of basic goods and services – and increasingly frequent climate shocks. This made them more vulnerable to destitution and put societies at further risk of destabilization. In conflict-affected places hit hard by extreme weather events, communities faced food insecurity and displacement, and tensions over scarce resources.

Patterns in how armed conflict and other situations of violence play out in the places where the ICRC works held steady and were sometimes reinforced, with both armed groups and conflicts continuing to fragment. Some conflicts involved multiple parties with intricate webs of alliances, support and other relationships, which diffused responsibility for ensuring respect for IHL. Hostilities continued to disproportionately affect urban centres. The use of autonomous weapons and digital technology in battlefields increased, as did the role of social media in amplifying the spread of misinformation, disinformation and hate speech in relation to conflict and humanitarian action.

In certain contexts where the ICRC worked, the intersection of armed conflict, other situations of violence and criminality posed particular security challenges to field staff and their work. It thus remained crucial to ensure that the ICRC and other humanitarian agencies could operate safely in these volatile situations.

All this made addressing humanitarian needs more complex and impacted the ICRC's operations, especially in light of the increasing costs of delivering responses and the resource constraints felt across the humanitarian sector. In 2023, the ICRC had to reprioritize, scale back and streamline its activities. At the same time, the uncertain global environment required the organization to bolster its emergency-response capacity, while continuing to work towards achieving sustainable humanitarian impact in places affected by drawn-out crises.

DELIVERING RELEVANT AND COHERENT OPERATIONS WITHIN AND ACROSS REGIONS

The Department of Operations oversaw the daily delivery of the ICRC's global humanitarian operations, including crisis response and coordination. ICRC delegations and missions across five geographical regions – Africa, the Americas, Asia and the Pacific, Europe and Central Asia, and the Near and Middle East – received support and guidance to make certain that their activities were aligned with institutional ambitions, particularly in light of the reprioritization exercise, which also entailed the streamlining of the ICRC's geographical footprint. These priorities included ensuring that the ICRC maintained robust and multidisciplinary responses to humanitarian emergencies arising from conflict and that it pursued tailored activities in other situations of violence, while continuing to work with communities affected by prolonged crises to build their resilience. In response to major operational emergencies, for example, the ICRC engaged its rapid deployment mechanism and/or adopted budget extensions (see *Mobilization, Movement and Partnerships*).

The department helped delegations and missions strengthen their capacities to ensure staff security, contingency planning and crisis management; deal with staffing gaps and other operational constraints; reinforce their analyses of and dialogue with non-state armed groups, with a view also to preserving humanitarian access; consolidate their efforts to incorporate people-centric and outcome-based approaches; and integrate climate-risk considerations into ICRC operations. It likewise helped them manage risks and uphold high standards of integrity and ethical behaviour in ICRC operations (see *Executive Office of the Director-General*).

The department raised awareness of humanitarian needs and the work of ICRC delegations and missions at regional and international forums and in its engagements with state representatives, donors and other influential entities, with a view to

securing support for the delivery of operations in the field. It backed the efforts of delegations and missions to strengthen their partnerships with other Movement components, in line with the Seville Agreement 2.0 and a renewed commitment to work with partners to deliver coordinated and principled humanitarian action.

ENHANCING THE ICRC'S CRISIS PREPAREDNESS AND RESPONSE CAPACITY

As part of its efforts to strengthen the ICRC's capacity to prepare for and respond to crises and emergencies, the department used the rapid deployment mechanism to accelerate the timely and often simultaneous deployment of more than 130 staff in 2023 (see also *People and Culture*), to support the ICRC's response to intensified armed conflict in Sudan, Armenia and Azerbaijan, and Israel and the occupied territories, and the humanitarian consequences of the earthquakes in Türkiye and Syria and the floods in Libya. In the first half of 2023, it continued to support the efforts of the ICRC's Central Tracing Agency bureau for the international armed conflict between the Russian Federation and Ukraine to deal with the impacts of a cyber attack in 2021.

Resource constraints notwithstanding, the department took steps towards improving tools and systems for crisis preparedness and contingency planning by drafting relevant plans and frameworks and establishing a new unit to bolster the ICRC's surge capacity. The unit aims to expand the standing crisis-response team, with a view to consolidating the necessary competencies and expertise to enhance support for delegations and missions in responding to operational crises. Together with delegations, the department launched a review of the Crisis Management Framework – which nonetheless continued to guide the ICRC's response to developments in the security or operational situation in places where the organization worked – in order to ensure its alignment with the new Institutional Strategy for 2024–2027. The pertinent staff members in the field and the departments concerned were given training and guidance on all phases of crisis management and preparedness (see also *Reinforcing staff security and competencies* below).

In line with the Seville Agreement 2.0, the ICRC endeavoured to reinforce coordination with Movement partners and, whenever possible, respond to crises and emergencies in partnership with them. The department worked on refining guidelines on the potential role of delegations to co-convene Movement partners in such situations.

BUILDING SUSTAINABLE HUMANITARIAN IMPACT

In line with the Institutional Strategy 2019–2024, the department remained committed to enabling the ICRC to deliver neutral, impartial and independent humanitarian action that was tailored to the diverse circumstances of the people concerned, supportive of their agency to design and implement their own solutions, and inclusive of their input and feedback. It worked to enhance the delivery of sustainable humanitarian outcomes across the ICRC's operations, which included improving the organization's way of working and overseeing the integration of climate-adaptation strategies into multidisciplinary activities in the field.

ENSURING ACCOUNTABILITY TO PEOPLE AFFECTED BY CONFLICT OR OTHER SITUATIONS OF VIOLENCE

With support from the department, delegations and missions pursued efforts to ensure that people affected by conflict or other situations of violence could participate more meaningfully in ICRC programmes and that their distinct needs, context-specific vulnerabilities and capacities were taken into account. In light of the global reduction in the ICRC's geographical presence, the department provided guidance to delegations for engaging with communities on the closure or end of ICRC structures or programmes, with a view to minimizing harm to the communities affected.

People used community contact centres and other trans-versal feedback mechanisms in various delegations to express their needs, obtain information on the services available to them and provide feedback on the support they received. Their concerns were duly addressed; for example, people searching for missing relatives were referred for family-links services, and procedures for the registration of community members and distribution of assistance were adapted based on their feedback. Community contact centres were being used in Burkina Faso, the Bolivarian Republic of Venezuela, Colombia, Ethiopia, France, Iraq, Israel and the occupied territories, Jordan, Lebanon, Libya, Myanmar, Niger, Nigeria, the Philippines, Somalia, South Ossetia and Ukraine; other feedback mechanisms were used elsewhere. Notably, in response to increased calls to its community contact centre since the onset of renewed hostilities, the ICRC reinforced its existing centre in Gaza and set up two new centres to manage calls from people affected by conflict and other situations of violence in Israel and on the West Bank.

The department sought to consolidate and coordinate the ICRC's efforts to reinforce inclusive programming, with a view to ensuring that ICRC responses were adapted to the needs of individuals and groups that were most at risk of being marginalized, in line with the Fundamental Principles of impartiality and humanity. Delegations working in Armenia, Bangladesh, Colombia, the Democratic Republic of the Congo, Georgia, Honduras, Iraq, Libya, Myanmar, Nigeria, Pakistan, the Republic of Moldova and South Sudan, as well as teams leading the ICRC's programmes on economic security, protection, mental-health and psychosocial support, and addressing issues concerning access to education, internal displacement and weapon contamination, participated in approaches aimed at improving the adoption of inclusive programming in their tools and working methods.

In line with the ICRC's inclusive programming efforts, the department continued to help coordinate implementation of the ICRC's Vision 2030 on Disability, which aims to promote greater inclusivity of people with disabilities in the ICRC's humanitarian operations and institutional standards, practices and policies. Various efforts were undertaken within the organization to this end. For example, the department developed guidance on collecting, analysing and using disability-disaggregated data for the ICRC's framework on sex, age and disability data disaggregation (see *Protection and Essential Services*).

Hundreds of ICRC staff members working in various areas of expertise learnt more about accountability to the people they help, inclusive programming, disability inclusion and related topics through virtual or in-person training sessions, webinars and other events organized by the department. ICRC teams also received technical or training support for mainstreaming these approaches in practice. For example, the department continued to help the ICRC's Central Tracing Agency develop ways to co-design initiatives with families of missing people. Delegations also received guidance and support for informing people about the ICRC's Code of Conduct and the behaviour they can expect from ICRC staff (see *Executive Office of the Director-General*). Together with OCHA, the ICRC organized a three-day learning event on accountability to crisis-affected people in September; over 1,000 participants from the ICRC and the wider humanitarian sector attended.

Staff members in delegations conducted self-assessment surveys to determine how their existing policies and practices take into account the guiding principles stated in the ICRC's Accountability to Affected People Framework, including the inclusive programming approach. The surveys helped them to gauge their progress or, if they were conducting the assessment for the first time, to develop action plans or identify priorities for improvements, with the department's guidance.

In line with commitments made at the 2019 Council of Delegates, the ICRC worked with other Movement components to strengthen engagement with, and accountability to, conflict-affected communities, and ensure coherence in doing so. This included finalizing, jointly with others in the Movement, a plan of action to this end. ICRC delegations also worked closely with National Societies in Bangladesh, Ethiopia, Israel and the occupied territories, Niger, Nigeria, South Sudan, Ukraine and Yemen on organizing training on people-centric approaches and incorporating these into institutional policies, and on joint initiatives for gathering feedback.

DELIVERING IMPROVED OUTCOMES FOR CONFLICT-AFFECTED PEOPLE

Through the outcome-based approach programme, the ICRC continued to work on enhancing its ability to deliver and provide evidence of sustainable outcomes for conflict-affected people; it adjusted the programme's scope in light of resource constraints. It focused on documenting and disseminating lessons learnt from pilot approaches undertaken to improve collaboration, delivery, management and steering of operations in selected delegations, and on developing regional management models for streamlining strategic and operational functions to foster effective cooperation. The department also provided specific guidance for delegations on aligning multidisciplinary activities in 2024 with shared outcomes for conflict-affected people.

HELPING CONFLICT-AFFECTED PEOPLE BUILD RESILIENCE TO CLIMATE SHOCKS

The department continued to lead the progressive shift towards climate-smart programming in the ICRC's operations. The aim was to help conflict-affected people deal with the impact of, or strengthen their resilience to, mounting climate

and environmental risks, while reducing the organization's carbon footprint. These efforts were in line with the ICRC's commitments under the Climate and Environment Charter for Humanitarian Organizations and were carried out through continued engagement with the Red Cross Red Crescent Climate Centre and other ICRC departments. Regional and technical experts from the Climate Centre provided training, hot-desk services and technical support for projects in, for example, Mali, Niger, the Philippines, Somalia and Ukraine, with a view to making their operations more climate sensitive. Twenty-two delegations piloted, in their plans for 2024, the use of a draft operational framework and accompanying indicators developed in 2023. A tool for delegations to assess operational climate risks and an institutional online training module had also been developed by the end of the year.

STREAMLINING THE ICRC'S LONG-TERM RESPONSES TO PROTRACTED CRISIS

The department helped implement the third strategic orientation of the Institutional Strategy, *working with others to enhance impact*, by taking steps to streamline the ICRC's implementation of multi-year projects with multiple stakeholders. Under the overall responsibility and coordination of the director of Operations, the ICRC continued to build a selected portfolio of these initiatives, focusing on those that enabled it to contribute its unique expertise and added value, and enhance risk assessment and governance measures. The aim was to leverage strategic partnerships and thereby enhance the impact of long-term, protection-oriented humanitarian responses for people affected by protracted crises. By the end of 2023, the ICRC was implementing 15 such projects. For example, it began to carry out a project to improve the availability of, and access to, food in the short- and medium-term for conflict-affected households in Yemen, with a view to helping address food insecurity. Owing to resource constraints, it reduced the number of new projects pursued in 2023. The relevant project management teams in delegations were given guidance and capacity-building support, including through peer-to-peer exchanges.

REINFORCING STAFF SECURITY AND COMPETENCIES

The department sought to manage and mitigate the security risks faced by ICRC staff members and strengthen the organization's ability to safely operate in fragile and highly volatile environments. The aim was to ensure optimal management of security crises while upholding the ICRC's duty of care to all staff.

Through support missions or virtual sessions, regional advisers provided guidance for improving security and managing risks to staff at more than 70 ICRC field structures. These included conducting drills on managing crises for staff members in priority delegations. Training courses were held for staff members to enhance their understanding of security risks and ways to ensure personal security, and for managers on applying collective security measures for those under their supervision. The department worked on improving specific guidance in the event of staff casualties and security incidents, drawing on lessons-learned exercises to that end. It continued

to strengthen its capacities to provide staff members across the ICRC with timely information on security threats, incidents, trends and rules, to help them manage their exposure to risks. Working with the Executive Office of the Director-General, it began creating a register to map and manage risks relating to business continuity.

In line with the institutional framework on support for security within the Movement, the ICRC continued to develop and streamline security and crisis management agreements with other Movement components, and to exchange information and best practices with them. Seven delegations received support to pilot tools and practices developed by the ICRC to help National Societies build their capacities in security management, as recommended by the Safer Access Framework. A toolkit for implementing the framework, which drew on simplified ICRC tools, was shared with Movement partners and made available online. The ICRC facilitated the emergency evacuation of National Society staff in Gaza and Sudan.

The Department of Operations continued to work with the Department of People and Culture to ensure adequate staffing and workforce planning (see *People and Culture*).

ENGAGING WITH INFLUENTIAL STAKEHOLDERS TO SAFEGUARD HUMANITARIAN ACCESS AND RESPECT FOR IHL

GUIDING ENGAGEMENT WITH NON-STATE ARMED GROUPS AND OTHER INFLUENTIAL ENTITIES

The department developed and coordinated approaches and best practices in engaging with non-state armed groups and other influential entities. The aim was to strengthen IHL compliance by parties to conflicts, promote respect for humanitarian principles, secure access to people in need and preserve the ICRC's ability to work safely. The department continued to advise delegations engaging in dialogue on these subjects with non-state armed groups and with those who could influence them, particularly members of religious, educational and other civil-society organizations. It also provided several delegations around the world with technical support for organizing IHL workshops with influential religious leaders. Guidance documents and other informational materials were developed to help delegations formulate strategies to this end and to offer an analysis of relevant topics, global trends and humanitarian concerns related to extremist violence. A blog¹ on religion and humanitarian principles enabled members of the general public to access information on the shared aspects of various religious laws and IHL.

The department worked with delegations to produce its annual global mapping of armed groups, which helped the ICRC gain a better understanding of such groups and their perception of the ICRC, with a view to identifying trends and opportunities for strengthening the ICRC's engagement with them. The mapping found that there were over 450 armed groups of humanitarian significance operating in places where the ICRC worked, and that approximately 195 million people lived in territories over which those groups exercised some degree of

intermittent or permanent control. The ICRC had contact with some 270 of those groups and engaged in dialogue to raise its concerns based on IHL and/or humanitarian principles with over 225 of them.

REINFORCING RESPECT FOR IHL THROUGH SUPPORT RELATIONSHIPS IN ARMED CONFLICT

From January to June, the department continued to oversee implementation of the Support Relationships in Armed Conflict initiative, aimed at exploring the dynamics of existing support relationships between states, multinational entities and non-state actors, with a view to strengthening respect for IHL and reducing the humanitarian impact of armed conflict. Together with delegations, the department continued to compile best practices for ensuring IHL compliance through support relationships. Delegations were provided with technical support for engaging in dialogue with multinational organizations and other key stakeholders, including during various events, on the topic of support relationships in armed conflict. Presentations on the initiative were made to raise awareness and drum up support among the pertinent authorities, representatives from international organizations, and private-sector entities. A dedicated website² on the initiative remained available for public use.

At the end of June, in line with the realignment of its priorities in 2022, the department concluded the initiative and transferred the oversight of its broader objectives to the Department of Protection and Essential Services (see *Protection and Essential Services*).

CONTRIBUTING TO HUMANITARIAN DIPLOMACY EFFORTS

Drawing on the ICRC's experiences in areas affected by armed conflict and other situations of violence worldwide, the Department of Operations worked with other departments to contribute to global debates, policies and standards related to humanitarian action and other areas of ICRC expertise. The aim was to influence policies affecting issues of humanitarian concern, raise awareness of the plight of conflict-affected people, and secure more operational, political, legal and financial backing (see also *International Law, Policy and Humanitarian Diplomacy*).

At regional and international forums, and with input from the Department of Protection and Essential Services, the department helped to draw attention to matters of humanitarian concern – such as the protection of civilians and facilitating their access to essential services; misinformation, disinformation and hate speech; the plight of missing people, including missing migrants, and their families; IHL and counter-terrorism efforts; cybersecurity; and the disproportionate effects of the climate crisis on conflict-affected communities – and the ICRC's principled humanitarian response.

1. Available at <https://blogs.icrc.org/religion-humanitarianprinciples/>

2. Available at <https://sri.icrc.org/>

PEOPLE AND CULTURE

The Department of People and Culture ensures the growth of a competent, diverse and inclusive workforce to sustainably meet the ICRC's operational needs worldwide. It drives the development of ICRC staff and strives to protect their mental and physical health. It also leads efforts to improve the workplace culture and provide an enabling environment that fosters strong people management across the organization. The department establishes and maintains the infrastructure and landscape needed for strategic and operational human resource management, acting as the conduit through which the ICRC can realize its People Strategy 2020–2025, and ensures that policies, tools and practices remain relevant for a global workforce operating in an increasingly digital environment.

The ICRC continued to work in dynamic, fast-changing and diverse contexts in 2023. The capabilities of its sourcing and staffing mechanisms were tested by operational surges in connection with escalations of conflict that affected Armenia, Azerbaijan, Israel and the occupied territories and Sudan, among others; and with the humanitarian consequences of floods in Libya and powerful earthquakes that hit Türkiye and the Syrian Arab Republic. At the same time, like other major humanitarian organizations, the ICRC faced a shrinking funding environment and rising costs to providing aid; these conditions resulted in a substantial reduction of its staff globally and compelled it to streamline its operations – all the while, striving to manage the impact on staff well-being and sustain the progress made in terms of diversity, equity and inclusion (DEI).

A diverse global workforce is key to ensuring the ICRC's ability to reach people affected by conflict and other situations of violence. Adequate workforce planning, empowering members of the ICRC's workforce on resident employment contracts and upskilling all staff remained crucial imperatives for preserving the ICRC's operational continuity.

Many of the places where the ICRC worked were volatile and high-risk, underscoring its duty of care to its staff and making it vital to mitigate the risks that staff members faced in their working environments and to ensure that they had access to appropriate support, especially in the event of security incidents.

At the end of the year, the ICRC had 19,450 staff members globally: 1,282 were based at ICRC headquarters in Geneva, Switzerland, and 18,168 worked in locations around the world (15,385 resident staff¹; 2,783 mobile staff). Among them, 1,294 staff constituted the ICRC's corporate services network, embedded in various delegations and at its shared services centres in Belgrade, Serbia, and Manila, Philippines.

STAFFING THE ICRC

ENSURING ADEQUATE STAFFING

The department continued to attract, deploy, develop and retain staff, and supported delegations in doing the same, through various means: market analyses, talent sourcing activities and career planning and management services. Human resource (HR) professionals had access to a suite of tools and frameworks provided by the department for enabling good recruitment and talent management practices.

Hiring freezes were put in place for parts of the year owing to the ICRC's financial situation. The department supported managers in making decisions about reducing staff on their teams. To prioritize supporting the structural adjustments prompted by the ICRC's financial situation, the department suspended or postponed to 2024 planned major staffing-related initiatives, such as the deployment of a new workforce planning approach and tool, and the development of clearer pathways for career advancement within the organization.

The department organized thematic career webinars and social media campaigns on specific fields of work within the ICRC – protection and economic security, for example – informing thousands of potential and eventual applicants about career opportunities within the ICRC. It also conducted international assignment planning and oversaw the rotation of more than 2,000 mobile staff members, and facilitated the rapid deployment of staff members in response to escalations of conflict and natural disasters. It supported the downsizing of the organization through a talent review of mobile staff, which aimed to retain sufficient talent for responding to new crises.

The ICRC developed a new recruitment policy, for deployment in 2024, with the aim of reinforcing standards in recruitment across the organization.

National Societies contributed staff on loan to the ICRC's workforce; a total of 132 staff were seconded for field positions. While the department intended to increase the number of staff seconded in 2023, many positions that had been designated for this were instead allocated to ICRC staff whose positions had been cut in connection with the aforementioned financial constraints.

EMPOWERING AND GROWING TALENT

Staff throughout the ICRC's global workforce developed and reinforced their professional skills with support from the department, which pursued its implementation of an organization-wide learning and development model that sought to align the ICRC's learning ecosystem with its institutional and people strategies. The department also aligned its learning and development programmes with the ICRC's financial constraints; some of its planned activities were suspended, reduced in scale, offered for more limited amounts of time or otherwise adapted.

1. Daily workers not included.

EMPOWERING STAFF TO DEVELOP PROFESSIONAL SKILLS

The department's institutional courses were completed by 6,972 trainees throughout the year, over half of which took the courses fully online; the courses were both for onboarding into their roles and for developing the skills needed for career advancement. The core onboarding courses were attended by 5,734 trainees, an increase in the reach of the course compared to previous years, owing to improved digitalization and capacities among training relays based in field delegations facilitating these courses. The department hosted two "Connect and Learn" events for staff, covering women and leadership, and DEI; further sessions on a variety of topics were planned but suspended.

Over 4,500 staff learnt to better utilize common digital tools and platforms used in their work, or in support of their career growth, through the department's digital upskilling programme, aimed at ensuring that the ICRC remains a future-fit organization; the training system enabled staff to tailor the training to their particular needs.

With financial support from the department's Individual Development Programme (iDevelop), staff availed themselves of learning opportunities outside the ICRC, such as graduate programmes and certificate courses offered by different universities. Owing to financial constraints, the programme suspended consideration of new applications in March and thus funded fewer requests than in 2022; the programme spent approximately one million Swiss francs in support of 238 requests approved in 2023.

FOSTERING MANAGEMENT AND LEADERSHIP SKILLS

Managers and aspiring managers developed their ability to oversee projects and manage human and financial resources with the help of the ICRC's Management Programme. Online, self-paced and on-demand variations of the programme, developed in recent years, continued to see use. The standard version was suspended during the year, owing to financial constraints, with no new cohorts launched as of the second semester 2023. While it was suspended, the department took steps to redesign the leadership and management offerings with a view to providing learners with more personalized instruction.

In all, 184 managers and other leaders developed their leadership skills through the ICRC's Humanitarian Leadership and Management School. Alumni were given a variety of opportunities for remote, continuous learning and other support, such as peer coaching programmes that helped to guide managers making key decisions regarding structural adjustments in the ICRC.

The department's Learning and Development Division maintained contact with its counterparts in the Movement and with peers in the humanitarian, academic and corporate sectors, exchanging insights and building synergies. Thanks to such partnerships, 19 ICRC managers completed a master's programme in humanitarian leadership at the University of

Lucerne, for instance, and about 170 staff completed certificate courses there as well.

The department maintained a suite of tools and frameworks for enabling best practices in performance management and development. This support helped managers to define clear performance objectives with their staff and regularly evaluate their work on that basis.

FOSTERING A DIVERSE, INCLUSIVE AND ENGAGING WORKING ENVIRONMENT PROMOTING WORKPLACE DIVERSITY, EQUITY AND INCLUSION

The department provided managers and HR professionals with expert guidance, including written guidelines, for duly considering DEI in the process of reducing their staff, prompted by the ICRC's financial cuts. Across the ICRC, the portion of women in managerial positions remained stable at about 45%, and the portion of management-level staff in delegations on resident contracts rose to about 20% in 2023.

A DEI self-assessment tool was developed and pilot-tested by selected delegations; the tool is intended to enable delegations and departments to assess their needs and challenges with regards to DEI and take appropriate action.

Staff across the organization, as teams and as individuals, were given advice by the department on how to solve a broad range of DEI issues. Staff from five delegations and from the ICRC's logistics hub in Switzerland attended training sessions on inclusive leadership and on leading diverse teams, organized by the department.

FACILITATING STAFF INPUT ON COLLECTIVE AND INDIVIDUAL WORKPLACE CONCERNS

Resident staff representatives and the ICRC Staff Association, representing headquarters and mobile staff, helped to ensure that their colleagues were consulted about ongoing and future initiatives, including collective staff agreements.

Managers and HR personnel received support for addressing issues such as staff grievances, disciplinary procedures and dialogue with staff representatives; guidelines in some of these areas defined the roles played by managers, HR service providers and others. This also supported efforts by delegations and departments to implement the recommendations of the Global Independent Board of Appeals and the Ethics, Risk and Compliance Office (see *Executive Office of the Director-General*).

PROTECTING THE SAFETY AND WELL-BEING OF STAFF ADMINISTERING SAFETY AND OTHER SUPPORT PROGRAMMES, AND MEDICAL, RETIREMENT AND OTHER BENEFITS

In line with the organization's duty of care to its staff, the department continued to implement programmes that supported staff safety and well-being; this included prioritizing efforts to support staff impacted by the financial cuts, their

managers, and their remaining team members. It developed and led the implementation of policies that upheld staff safety and well-being in scenarios concerning, for example, incidents of sexual harassment and other forms of sexual violence, and the deaths of colleagues.

Over 4,100 staff members completed courses on security awareness in field work through courses that were offered online and, in some delegations, in person. A basic version of the course was mandatory for all ICRC staff, while hundreds completed a more advanced version of the course intended for staff in more hazardous situations; both versions of the course received positive feedback from participants.

Psychosocial support services were made available to staff worldwide – including, notably, to staff affected by the aforementioned cuts, and to their managers. These sought to provide pre-emptive care for psychosocial risk factors at the workplace, with a focus on people management, organizational culture and mental health.

The department put in place social plans and provided outplacement services to staff whose positions were terminated as a result of the ICRC streamlining its operations; this included job-search workshops and coaching, advice for updating their resumes and performing well in job interviews, and notifications about internal openings.

Through the ICRC's International Retirement Savings Plan, resident employees across different delegations were provided with standardized retirement benefits as a complement to their local social security programmes; the programme sought to ensure equitable retirement benefits across the ICRC's workforce and continued to be managed by a dedicated, independent Swiss foundation set up by the ICRC for this purpose.

PROMOTING RISK MANAGEMENT AND INTERNAL CONTROL PRINCIPLES IN CONNECTION WITH THE CODE OF CONDUCT AND OTHER POLICIES

The department helped carry out the implementation of the ICRC's internal control framework, advocating awareness and understanding of risk management and internal control principles related to compliance with and breaches of the

ICRC's Code of Conduct and other policies and procedures. For example, it produced and updated operational guidelines and compliance programmes, and provided field delegations and other departments with expert guidance and training for their risk and compliance officers and others involved in compliance activities. The department coordinated its work in this area closely with the organization's other compliance structures, such as the Ethics, Risk and Compliance Office.

STREAMLINING AND STRENGTHENING HR SERVICES

ENSURING SERVICE DELIVERY AND IMPROVING PROCESSES AND SYSTEMS

The department oversaw a wide range of HR services essential for enabling management and staff to navigate their roles efficiently and effectively.

The day-to-day activities of HR managers and teams relied on reference documents, processes and procedures that were created, periodically reviewed, and updated to ensure coherence, relevance and consistency in HR practices; hundreds of such reference documents were reviewed and updated in 2023.

The department pursued process improvement initiatives and systems enhancements. It rolled out a new ticket and request management tool and continued to develop dashboards that facilitated informed decision-making and gave the department a view of the global workforce. It also deployed absence management and recruitment modules to several delegations as part of an ongoing effort to globalize and standardize tools and processes in these areas.

The department deployed, to 88 delegations in the Americas and Asia-Pacific regions, global payroll controls, with a view to standardizing operations wherever feasible, to establishing minimum standards in this area and to mitigating risks associated with it. The fifth global annual salary review was completed in April for staff on resident contracts; normally conducted for all ICRC employees, the review was cancelled for staff on headquarters and mobile contracts, owing to financial constraints.

PROTECTION AND ESSENTIAL SERVICES

The Department of Protection and Essential Services provides the technical expertise needed to ensure the effective delivery of ICRC programmes worldwide. It steers the design and implementation of activities to protect and assist people affected by conflict and other situations of violence, including by setting professional standards and offering strategic advice, leading efforts to integrate digital technologies into ICRC programmes and helping ensure that the right resources are in place to deliver effective, relevant and meaningful responses. The department also oversees responses to thematic issues, strengthening synergies and promoting transversal approaches in support of achieving outcomes for communities in need.

Humanitarian needs in areas affected by armed conflict and other situations of violence continued to grow in 2023. Millions of people around the world were confronted with displacement; abuses such as sexual violence and attacks on essential facilities; disruptions to food supplies and livelihoods; loss of contact with family members; mismanagement of the dead; weapon contamination; insufficient access to health care, water, sanitation, electricity and education; and treatment and living conditions in detention that did not meet international standards. Protracted crises dragged on, straining communities' coping mechanisms (see also *Operations*). At the same time, more and more acute crises emerged, causing surges in emergency needs.

Conflict-affected communities also faced multiple other crises. Extreme weather events, caused or exacerbated by the climate crisis, and other disasters worsened needs in areas already weakened by conflict. Storm Daniel, for example, caused deadly floods and damage in many conflict-affected cities in Libya; powerful earthquakes hit Türkiye and the Syrian Arab Republic, where communities were already dealing with over a decade of conflict. High prices for fuel, food and other necessities further eroded the ability of conflict-affected people to cope.

IHL, other applicable bodies of law, and neutral, impartial and independent humanitarian action were at times challenged by authorities, weapon bearers and the wider public. Urban areas remained intense battlefields where the use of heavy explosive weapons and autonomous weapon systems caused large-scale destruction and damaged critical infrastructure, cutting off access to essential services for entire populations. Some armed conflicts involved complex support relationships that led to diffused responsibilities for ensuring respect for IHL (see *Operations*). Cyber attacks, new technologies in warfare, misinformation, disinformation and hate speech, and other digital risks created complex challenges for people affected by conflict and for humanitarian actors.

Even as needs increased in areas affected by conflict or other violence, a global decline in humanitarian funding coupled with the rising cost of delivering aid hampered the ability of humanitarian organizations to keep pace. This difficult environment prompted the ICRC to adjust its ambitions, narrow down its priorities and optimize the delivery of its programmes. The Department of Protection and Essential Services provided expertise to this end, guiding delegations in prioritizing activities where the ICRC had the most added value, while ensuring the delivery of relevant, good-quality and impactful programmes for conflict-affected people.

INFLUENCING BEHAVIOUR TO STRENGTHEN RESPECT FOR IHL

The Department of Protection and Essential Services worked with the Department of International Law, Policy and Humanitarian Diplomacy and the Department of Operations to strengthen the ICRC's ability to influence the behaviour of parties to conflict and other relevant stakeholders toward greater respect for IHL, other applicable norms and humanitarian principles. It did so with a view to enhancing protection for civilians and preventing violations of IHL and other pertinent norms. It provided technical expertise to support the ICRC's engagement with states, international organizations, academics, members of civil society and others on issues of humanitarian concern and the plight of conflict-affected people. In coordination with the Department of Operations, the Department of Protection and Essential Services led the ICRC's efforts to engage with weapon bearers, including non-state armed groups.

DRAWING ATTENTION TO HUMANITARIAN CONCERNS AND IHL-RELATED ISSUES

During various events that the ICRC organized or participated in, the Department of Protection and Essential Services raised awareness of the plight of conflict-affected people, highlighted the importance of complying with IHL, shared expertise for addressing humanitarian issues and helped foster support for the ICRC's work.

In its discussions, the ICRC stressed the importance of protecting conflict-affected people, especially the most vulnerable among them, such as children. It drew attention to the consequences of urban warfare, particularly the need to protect essential services, prevent the collapse of interconnected systems and find sustainable solutions. It bolstered its engagement with tech companies, academics and others on tackling digital risks. During briefings or events, it continued to shape debates on addressing food insecurity in countries affected by armed conflict; preventing conflict-related sexual violence; protecting health workers and facilities from attacks; and ensuring access to education for conflict-affected people.

One of the ICRC's flagship events for engagement with state armed forces, the Senior Workshop on International Rules Governing Military Operations, was organized in Nairobi, Kenya, together with the Kenya Defence Forces. The event brought together over 80 senior officers from more than 60 countries to exchange best practices in applying IHL in military operations. Participants also discussed the effects of climate shocks on communities already dealing with armed conflict, the protection of the natural environment, and the role of operational legal advisers in ensuring IHL compliance.

With the department's support, the ICRC co-hosted a conference on protecting children in armed conflict together with Save the Children, UNICEF and Norway's foreign ministry. The conference was attended by around 450 representatives of states, the academic sector, and multilateral and civil society organizations.

The ICRC's Red Cross and Red Crescent Missing Persons and Separated Families Centre continued to play a key role in promoting action to address the issue of the missing. The Global Alliance for the Missing – set up by Switzerland and the ICRC in 2021 and composed of 13 member states – called for measures to this end at various global forums, such as the UN Security Council. At events in Africa and beyond, the African Centre for Medicolegal Systems fostered expertise in humanitarian forensics among forensic professionals, academics, police officers and other pertinent stakeholders.

In November, the ICRC's Central Tracing Agency (CTA) organized the third international conference for families of missing persons. Around 700 people with missing relatives gathered at 44 hubs set up by the ICRC and National Societies to exchange experiences with their local peers, and with other families around the world through online sessions. They discussed best practices in advocating their needs, searching for missing relatives, and coping with psychosocial, economic, administrative and other challenges. At a workshop organized by the Centre of Competence on Humanitarian Negotiation and the ICRC, missing people's families strengthened their ability to engage with authorities responsible for clarifying the fate of their missing relatives.

ENSURING THAT IHL IS GIVEN DUE CONSIDERATION

As part of various working groups, committees and other networks, the ICRC helped shape debates around humanitarian issues and set professional standards for humanitarian programmes, ensuring that IHL and the needs of conflict-affected people were taken into account in policies, statements, reports and guidance documents. The Department of Protection and Essential Services provided expertise related to, among other topics, pandemic prevention, preparedness and response; the protection of migrants – including those caught up in an armed conflict, and separated, missing and dead migrants; international standards for detention, particularly those applicable during international armed conflict; humanitarian responses to internal displacement; ensuring access to education for children formerly associated with weapon bearers; and strengthening the resilience of water and sanitation systems.

Documents produced by the department or with its support sought to foster better understanding of humanitarian issues among policymakers, humanitarian actors, academics and others. The ICRC's report¹ on the humanitarian consequences of urban warfare on children outlined the needs of children in these situations, relevant obligations under international law for parties to conflict, and recommendations for child protection. The Missing Persons Global Response Website² – containing a library of more than 800 documents and other information on the issue of missing people – was visited by over 6,800 people. Studies were published on the prevalence of attacks against health services and their consequences on public health.

Together with the Department of International Law, Policy and Humanitarian Diplomacy, the department helped produce guidance documents for weapon bearers, to promote the integration of IHL into their planning, training and operations. It published one handbook for armed groups on preventing or reducing harm to civilians in urban settings, and another for military commanders on conducting law enforcement and other security operations in line with international human rights law. It also contributed to an ICRC study on detention by armed groups (see *International Law, Policy and Humanitarian Diplomacy*).

SUPPORTING ICRC OPERATIONS

The Department of Protection and Essential Services continued to support ICRC delegations and other departments in their dialogue with authorities and weapon bearers. It provided them with strategic advice, tools and guidance documents to help boost their ability to engage with various stakeholders on pertinent topics, such as implementing national mechanisms and strengthening legal frameworks to clarify the fate of missing people; managing human remains properly during emergencies; and protecting health services and ensuring access to them during law enforcement operations. Context-specific guidance was given to delegations on, for example, raising protection-related concerns, and discussing the plight of people alleged to have been involved in fighting in other countries and of their children. The department continued to provide guidance, tools and training to delegations participating in an ICRC programme aimed at changing the behaviour of weapon bearers to prevent sexual violence and working with communities to mitigate the risk of sexual violence and address its consequences.

Building on the work of the Support Relationships in Armed Conflict initiative under the Department of Operations (see also *Operations*), the Department of Protection and Essential Services worked to strengthen the organization's efforts to explore the dynamics of existing support relationships between states, multinational entities and non-state actors, with a view to promoting respect for IHL. It helped selected delegations develop and implement strategic engagement plans to ensure that their dialogue with influential parties focused on protection concerns related to these support relationships.

1. Available at <https://www.icrc.org/en/document/childhood-rubble-humanitarian-consequences-urban-warfare-children>
2. Available at <https://missingpersons.icrc.org/>

DELIVERING RELEVANT, SUSTAINABLE, HOLISTIC AND QUALITY PROGRAMMES

ENSURING A PEOPLE-CENTRIC APPROACH

Together with the Department of Operations, the Department of Protection and Essential Services sought to ensure that ICRC programmes took account of the needs, vulnerabilities and capacities of people affected by conflict or other situations of violence (see *Operations*). It worked to integrate strategies to this end into the design and implementation of ICRC activities, and provided delegations with guidance for doing so. For example, it produced a toolkit for ensuring that conflict-affected people's needs are taken into account in the ICRC's forensic activities.

The department worked to advance the ICRC's use of cash- and voucher-based assistance, in order to enable conflict-affected people to meet their needs according to their own priorities, support local markets and deliver humanitarian aid more quickly. Staff members received training and technical support to this end. Almost 50 ICRC delegations used this form of assistance to implement various programmes, enabling people to buy food, pursue livelihoods, repair their homes, travel to health facilities or cover other urgent expenses. During the year, over CHF 154 million were disbursed through cash- and voucher-based assistance.

Where financial constraints required ICRC delegations to reduce or end some of their programmes, the department provided recommendations to support evidence-based decision-making and help them develop appropriate exit strategies, in order to ensure that the concerns of conflict-affected people were taken into account and their needs met.

STRENGTHENING PROTECTION OUTCOMES

The department consolidated the ICRC's efforts to deliver concrete protection and prevention outcomes for people affected by conflict or other violence, particularly in terms of ensuring that authorities and weapon bearers respect IHL and other applicable law, and that risks to people's safety are mitigated. Training and guidance were provided to delegations for designing both relief and resilience-building programmes to this end and for measuring outcomes. Exchanges took place within the department to ensure coordination across programmes on multidisciplinary efforts to enhance protection and prevention outcomes. The department helped delegations use open-source information to document protection issues and analyse the findings to inform their dialogue with parties to conflict. Together with the Department of International Law, Policy and Humanitarian Diplomacy, it worked on a project aimed at obtaining deeper insights into patterns of violence through artificial intelligence, in order to strengthen the ICRC's protection work (see *International Law, Policy and Humanitarian Diplomacy*).

In line with its work on ensuring people-centric responses, the department continued to reinforce the use of a community-based protection approach, enabling people affected by conflict or other violence to participate in the design and implementation of ICRC projects to mitigate risks to their safety.

Delegations received guidance or other support for planning and implementing projects using the approach.

BOLSTERING MULTIDISCIPLINARY RESPONSES

The department sought to strengthen the ICRC's use of multidisciplinary approaches for meeting people's immediate needs and building their resilience to the effects of conflict or other violence. The department's guidance documents and training courses combined perspectives from various programmes, in order to ensure a comprehensive and complementary response to the needs of civilians and people deprived of their freedom. Tools and guidance for conducting multidisciplinary needs assessments were developed and shared with delegations. The department also worked with the Department of Operations to help delegations integrate measures to mitigate the risks posed by climate shocks and environmental degradation more fully into their programmes (see *Operations*).

Efforts to promote the use of transversal approaches continued, particularly to address issues related to sexual violence, access to education, attacks against health services, child protection, internal displacement and migration. It worked to apply the recommendations from a 2022 evaluation of the extent to which transversal responses to the thematic issues mentioned above were integrated into the ICRC's work.

ENHANCING EMERGENCY PREPAREDNESS AND RESPONSE

The Department of Protection and Essential Services worked with the Department of Operations to improve the ICRC's ability to anticipate events with large-scale humanitarian consequences and to deploy appropriate responses. It provided technical and analytical input for the development of institutional mechanisms to this end. Tools were developed, or updated based on lessons learnt from previous deployments, and were shared with delegations to ensure the timely delivery of protection and assistance programmes in the event of an emergency.

Delegations dealing with crises were given advice for monitoring developments, and for collecting and analysing data to inform their programmes. The department continued to improve procedures for deploying staff during emergencies, particularly in terms of ensuring closer coordination with the International Federation to address concerns related to separated or missing people (see *Supporting staff deployment and capacity-building* below).

TRANSFORMING THE CTA

The ICRC continued to adapt the CTA's services to new challenges and opportunities by working to improve the CTA's services, strengthen its advisory capacity and develop digital solutions (see *Deploying innovative and digital solutions* below). The CTA focused on testing and deploying working methods, approaches and tools developed in previous years, in order to enhance the services provided by ICRC delegations, particularly their efforts to search for missing people, help National Societies bolster their capacities to restore family links, and engage with states on setting up national information

bureaus. To this end, it organized webinars and briefings, and published guidance materials, such as an online manual.

The CTA Transformation Programme ended in June. Its projects were integrated into the ICRC's programmes for separated, missing and dead people, in order to ensure their continued development and implementation.

LEVERAGING DIGITAL TECHNOLOGIES AND DATA IN PROGRAMME DELIVERY

In coordination with the Department of Support and Digital Transformation and the Executive Office of the Director-General, the department continued to develop digital approaches to improve the way that the ICRC delivers its programmes and manages its data. Financial constraints required the department to pause, cancel, or accelerate the closure of certain projects.

DEPLOYING INNOVATIVE AND DIGITAL SOLUTIONS

Applications piloted in previous years – such as those aimed at helping ICRC-supported health facilities keep track of patient information or manage stocks in their pharmacies – were deployed more widely, and training sessions were held for staff on the use of these tools. Some projects were implemented as part of efforts to transform the CTA: notably, 65 delegations began using a new system for tracing missing people across wider data sources, leading to hundreds of potential matches and enabling some families to restore contact with missing relatives more quickly than in previous years. Other applications were maintained or upgraded to bolster the ICRC's engagement with conflict-affected people, and to improve internal processes for collecting and managing data on people benefiting from ICRC programmes and on the ICRC's own activities. Virtual reality products were developed to enable weapon bearers to familiarize themselves with the norms applicable to their duties, and to train ICRC staff or external partners in blast-trauma care, safety measures and other topics.

The ICRC continued to manage the Movement's platforms for restoring family links and to guide Movement partners in their use. Systems affected by the breach of the CTA's computer servers in 2021 have been rebuilt. The Department of Protection and Essential Services and the Department of Support and Digital Transformation continued their efforts to strengthen controls that provide protection to the system, databases and digital environment housing the CTA's services, as part of a comprehensive multi-year improvement programme to bolster the ICRC's cybersecurity (see *Support and Digital Transformation*). A new Trace the Face tool was launched, which streamlined access to the site's services and improved its design.

A training course developed by the department helped staff members strengthen their knowledge with regard to misinformation, disinformation and hate speech, how these affect civilians and humanitarian organizations, and the tools available to address them.

ENABLING EVIDENCE-BASED DECISION-MAKING

The department worked to strengthen mechanisms for data management and visualization, analytics and evidence-gathering, in order to monitor the ICRC's programmes, support decision-making and strengthen accountability to donors. It consolidated expertise – on strategic planning, results-based approaches, and information management and analysis – from across the department in a dedicated unit tasked with providing transversal guidance to shape the organization's strategies, policies and programmes. The department continued to produce geospatial tools for analysing and visualizing geographical data, particularly to support the ICRC's response to emergencies. A framework guiding the ICRC's collection of data disaggregated by sex, age and disability was published, in order to support the organization's efforts to strengthen inclusive programming and improve reporting on its activities. Evaluations and lessons learnt exercises helped inform the department's efforts to improve its strategies and tools.

WORKING WITH OTHERS TO PROVIDE INNOVATIVE RESPONSES

In coordination with the Executive Office of the Director-General, the Department of Mobilization, Movement and Partnerships and the Department of Operations, the Department of Protection and Essential Services exchanged expertise with various institutions, in order to improve the ICRC's responses and those of the wider humanitarian sector. It boosted its efforts to develop partnerships, in order to sustain its initiatives for conflict-affected people despite the financial constraints faced by the organization.

STRENGTHENING THE MOVEMENT'S COLLECTIVE IMPACT

The department provided expert input for the ICRC's technical discussions with National Societies and the International Federation, to ensure the coherent and efficient provision of support to people affected by conflict or other violence. It engaged in dialogue – in some cases, as a co-chair of pertinent working groups – with other Movement components, and provided them with guidance on such topics as applying the Movement's minimum protection approach, which aims to ensure that the Movement takes into account communities' protection-related needs and the principle of "do no harm"; collecting, managing and protecting data related to the delivery of family-links services; preventing and addressing sexual violence; and responding to the needs of migrants.

Drawing on the department's expertise, the ICRC contributed to discussions on various resolutions for the 2024 Council of Delegates, such as those on strengthening the Movement's efforts to address people's protection-related concerns and on adopting a Movement strategy on migration.

EXCHANGING EXPERTISE WITH OTHER INSTITUTIONS

The department provided technical input for various projects carried out in partnership with humanitarian and development agencies, academics, hubs of expertise and the private sector. These partnerships aimed to achieve greater and

more sustainable humanitarian impact for people affected by conflict or other violence, promote respect for IHL and foster support for the ICRC's humanitarian work.

The department shared its expertise at courses for humanitarian workers and other professionals organized together with various institutions. For example, it worked with the Swiss Tropical and Public Health Institute to organize a course on providing health care in detention.

The ICRC served as coordinator of the Health Emergencies in Large Populations (HELP) course, which aimed to help professionals in the humanitarian sector boost their ability to provide assistance during armed conflicts, disasters and other crises. Courses were organized, either online or in person, in partnership with academic or medical institutions in Cuba, Switzerland and the United States of America. These courses were attended by around 50 people. The ICRC and its partner institutions established a scientific committee tasked with improving the course and updating its curriculum. Future courses will be organized and led by the pertinent universities, with the ICRC's support, where needed.

SUPPORTING STAFF DEPLOYMENT AND CAPACITY-BUILDING

ICRC training courses and webinars continued to help staff members strengthen their ability to deliver high-quality, relevant, multidisciplinary and inclusive programmes for people affected by conflict or other violence. The department's units continued to adapt their training courses to e-learning formats, and/or to translate them into various languages, in order to make them more accessible.

ICRC training hubs continued to help staff from the ICRC, the wider Movement and others working in conflict-affected areas to build their capacities in specialized topics, such as implementing energy- and/or water-related initiatives and providing surgical care.

Delegations were given advice – either remotely or through support visits – for responding to specific situations, adapting institutional frameworks or orientations to their local contexts, or other matters. The department maintained online resource centres containing reference materials, updates and training opportunities for its various programmes. Staff working in areas affected by mines and explosive remnants of war, or by chemical, biological, radiological and nuclear hazards, received technical advice and training to ensure their safety.

To support ICRC delegations coping with greater needs, experts in the fields of protecting family links, forensics and engaging with weapon bearers were rapidly deployed to bolster the ICRC's responses to, for example, the escalation of the conflict in Armenia and Azerbaijan, and in Israel and the occupied territories (see *Operations*).

The Department of Protection and Essential Services worked with the Department of People and Culture to ensure that the ICRC had the staff required to respond to the needs of people affected by conflict or other violence, in a timely manner (see *People and Culture*). Career development plans for staff continued to be developed and promoted through webinars or other means.

SUPPORT AND DIGITAL TRANSFORMATION

The Department of Support and Digital Transformation aims to make the ICRC's work possible now and in the years to come, delivering services that enable meaningful impact for people affected by armed conflict and other situations of violence, in a way that fosters trust. It leads the development and optimization of user-centric processes in the areas of finance, logistics, and technology and information, and leads the implementation of an institutional global shared services operating model. It drives the ICRC's digital transformation, enabling the ICRC to leverage data and technology in a responsible manner, to reach more people in need.

The scale and complexity of humanitarian needs continued to grow with the emergence of new conflicts or the escalation of ongoing ones, which caused prolonged suffering to millions of people (see also *Operations*).

The deteriorating economic situation worldwide led to an increase in the cost of delivering aid and a reduction in global humanitarian funding, which also affected the ICRC's financial situation. These circumstances and their effects, and access constraints in certain contexts, challenged the ICRC's logistical and financial services and other systems and processes crucial to the timely delivery of aid to people in need.

The global digital transformation continued to change the nature of humanitarian action, presenting faster and more efficient tools and ways of working, but also risks, particularly in relation to data protection and privacy issues. Digitalization is increasingly influencing the course of armed conflicts: complex cyber attacks are becoming a major concern, and pose threats to essential infrastructure and services that are more and more dependent on computer networks.

MAINTAINING BUSINESS CONTINUITY THANKS TO HIGH-QUALITY SUPPORT SERVICES

In 2023, the Department of Support and Digital Transformation continued to support the delivery of humanitarian services to people affected by conflict. It also sought to simplify and optimize systems and processes, and led the organization's digital transformation. The challenges brought about by the financial situation meant that some initiatives had to be put on hold while the department focused on business continuity and on projects that had the greatest potential for the most immediate impact, or that were the most crucial to laying the groundwork for the future.

PROVIDING RELIABLE SUPPORT SERVICES

Through its teams at headquarters and in field delegations, including those within the ICRC's corporate services network, the department continued to provide guidance and professional financial, administrative, and logistical support to headquarters and field delegations.

It managed the delivery of goods and services to conflict-affected people in the most challenging contexts in compliance with procurement and institutional guidelines, while adjusting its set-up in accordance with the financial situation. Global supply-chain and logistics services were coordinated from headquarters and implemented through the Geneva Logistics Centre, which maintained strategic functions and managed the delivery of centrally procured items or services. Logistics support centres located in the ICRC's regional hubs in Abidjan (Côte d'Ivoire), Amman (Jordan), Nairobi (Kenya) and Bangkok (Thailand) handled the procurement, storage and transport of bulkier items to the regions.

To meet its obligation to provide donors and partners with complete, robust and transparent financial information, the ICRC continued to disclose its financial statements in full compliance with the International Financial Reporting Standards. Financial statements and internal financial controls continued to be audited on an annual basis by a leading external and independent audit firm and have always received an unrestricted audit opinion. For the 2023 financial year, the external audit was performed by KPMG.

The department helped manage the ICRC's financial situation with tight treasury management and expense monitoring. It also sought to strengthen financial management systems so that adjustments could be made and followed up in a timely manner. For example, it improved budget monitoring, and reduced by half the amount of time needed to close monthly accounts.

OPTIMIZING SUPPORT SERVICE SYSTEMS

The department sought to identify and simplify the most complex processes and systems – including as part of its digital transformation (see below) – to help the ICRC maximize its resource utilization while ensuring that it had the agility to respond to new developments.

It pursued its efforts to develop a new financial architecture that aims to further reinforce visibility and transparency with regard to costs, for better decision-making; accountability in terms of reporting to donors; and flexibility in terms of scaling and accommodating internal and external needs, such as multi-year budgeting and partnerships, and new fundraising mechanisms. A new financial governance and budgetary framework was validated.

The department continued to manage the ICRC's shared services centres in Manila (Philippines) and Belgrade (Serbia), which carried out core functions such as accounting, compliance, services for supply chain and logistics activities and staff support. The first phase of the move towards an institutional global shared services model was launched, with existing services being gradually adapted to the new operating model. It aims to group the centres under one organizational structure and thus improve, integrate, optimize and automate processes, in order to enhance service cost-efficiency, effectiveness and quality.

The department continued to contribute to and lead projects to strengthen the sustainability of the ICRC's supply chain; many of these projects also sought to help other humanitarian organizations, including other Movement components, to do the same. Sustainability-related guidelines for suppliers were implemented as part of the sustainable supply chain alliance project, which led to changes in the procurement of some items (e.g. syringes and tarps that use less plastic). A new tool for calculating humanitarian organizations' energy consumption was launched, along with various other initiatives (see *Executive Office of the Director-General*) to reduce the ICRC's carbon footprint.

Connectivity and communication services for ICRC staff underwent improvements that doubled the available bandwidth; this helped them to carry out their work by reducing interruptions to their access to the internet and internal networks.

FACILITATING DIGITAL TRANSFORMATION AND PROXIMITY

LEADING THE ICRC'S DIGITAL TRANSFORMATION

The department continued to spearhead the development and deployment of processes, platforms and other digital services, and the enhancement of existing ones. It also led the development of the organization's new digital transformation strategy, which was integrated into the Institutional Strategy 2024–2027.

It continued to roll out RedSafe, a digital platform created by the ICRC to provide people with humanitarian services, such as secure digital storage for personal documents and contacts, a geo-mapping service that helps people locate places where they can seek assistance, and information on humanitarian services provided by the ICRC, National Societies and 40 other humanitarian organizations. After its pilot launch in May 2021, in Southern Africa, RedSafe was deployed in Mexico and other countries in Central America in June 2023. Security improvements, support in Spanish, French and Arabic, and new features had been made available by the fourth quarter of the year. These features included access to family-links services (e.g. access to photo-based tracing of missing persons and the contact information of National Societies and ICRC tracing services). By the end of 2023, the RedSafe application had been downloaded by more than 300,000 users since its initial release in 2021.

The department endeavoured to ensure that ICRC systems and technological architecture could withstand cyber attacks by testing the security of the software used; updating various plans and policies; and continuing to organize cybersecurity training for staff. The completion rate for this training was 95%. The establishment of the delegation for cyberspace (see *Luxembourg*) – which formally opened in November 2022 and had its first full year of operation in 2023 – also contributed to the ICRC's influence in the digital ecosystem.

Other digital transformation projects were at various design or implementation stages. For instance, efforts to optimize data concepts and to develop information management policies continued, as did the automation, digitalization or optimization of accounting and other processes, which included efforts to go paperless where possible. A few initiatives, such as improvements to the ICRC's information and vehicle management systems, were delayed, scaled down or put on hold because of financial constraints.

OPERATIONS

ICRC AROUND THE WORLD

AFRICA

AMERICAS

ASIA AND THE PACIFIC

EUROPE AND CENTRAL ASIA

NEAR AND MIDDLE EAST

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	105,044
RCMs distributed	90,667
Phone calls facilitated between family members	1,873,156
Tracing cases closed positively (subject located or fate established)	15,104
People reunited with their families	816
<i>of whom unaccompanied minors/separated children</i>	727
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	885
Detainees in places of detention visited	837,029
<i>of whom visited and monitored individually</i>	22,624
Visits carried out	2,618
Protection of family links	
RCMs collected	19,343
RCMs distributed	8,300
Phone calls made to families to inform them of the whereabouts of a detained relative	8,262



ICRC headquarters



ICRC delegation



ICRC regional delegation



ICRC mission

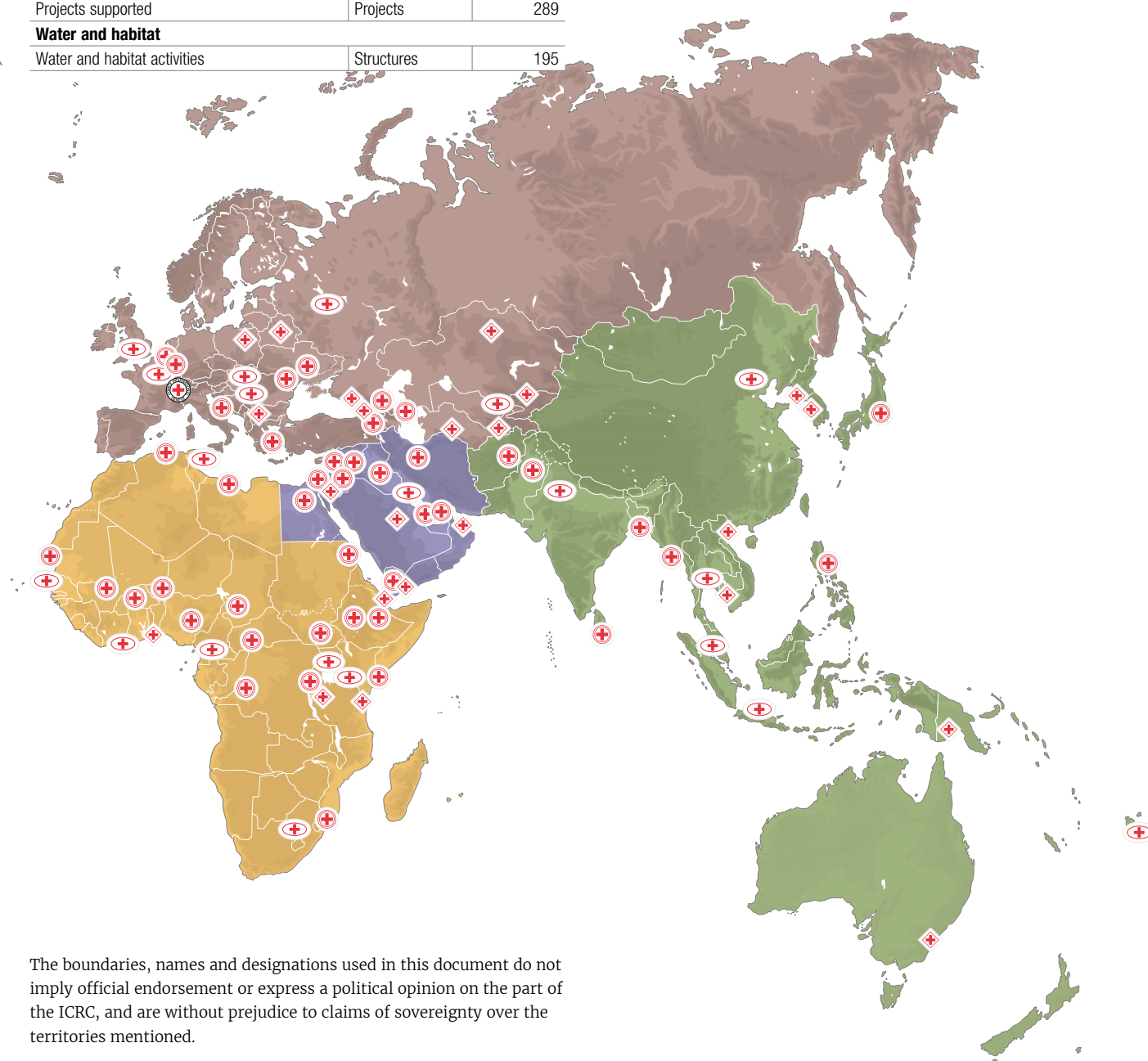


ASSISTANCE		Total
CIVILIANS		
Economic security		
Food consumption	People	2,628,628
Food production	People	6,247,125
Income support	People	3,221,942
Living conditions	People	1,726,598
Capacity-building	People	26,464
Water and habitat		
Water and habitat activities	People	36,086,869
Health		
Health centres supported	Structures	679
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	People	81,142
Living conditions	People	173,867
Water and habitat		
Water and habitat activities	People	194,424
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	734
Physical rehabilitation		
Projects supported	Projects	289
Water and habitat		
Water and habitat activities	Structures	195

EXPENDITURE IN KCHF	
Protection	364,213
Assistance	1,286,448
Prevention	181,818
Cooperation with National Societies	123,556
General	16,504
Total	1,972,539
<i>Of which: Overheads</i>	<i>120,228</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

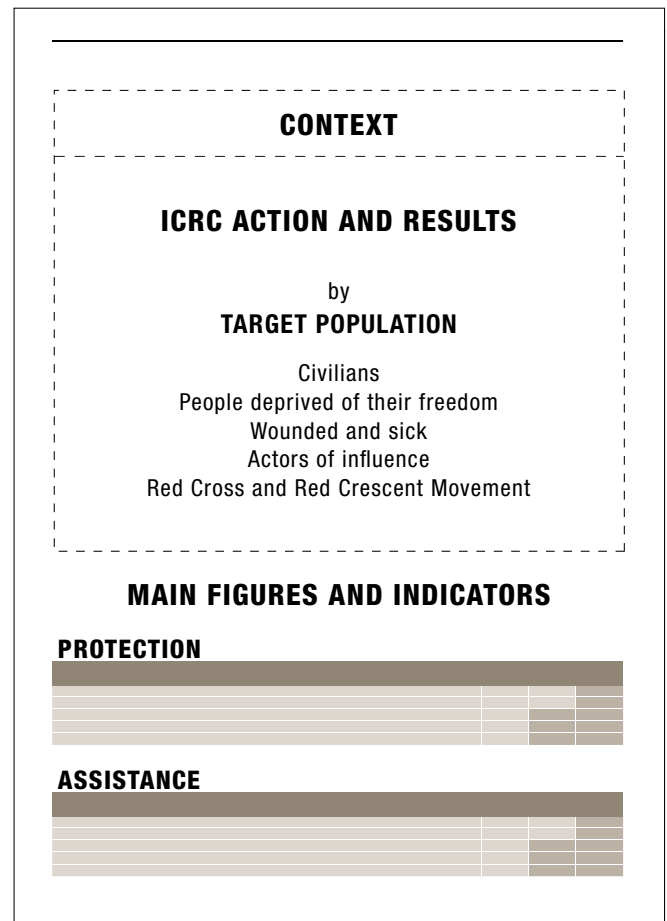
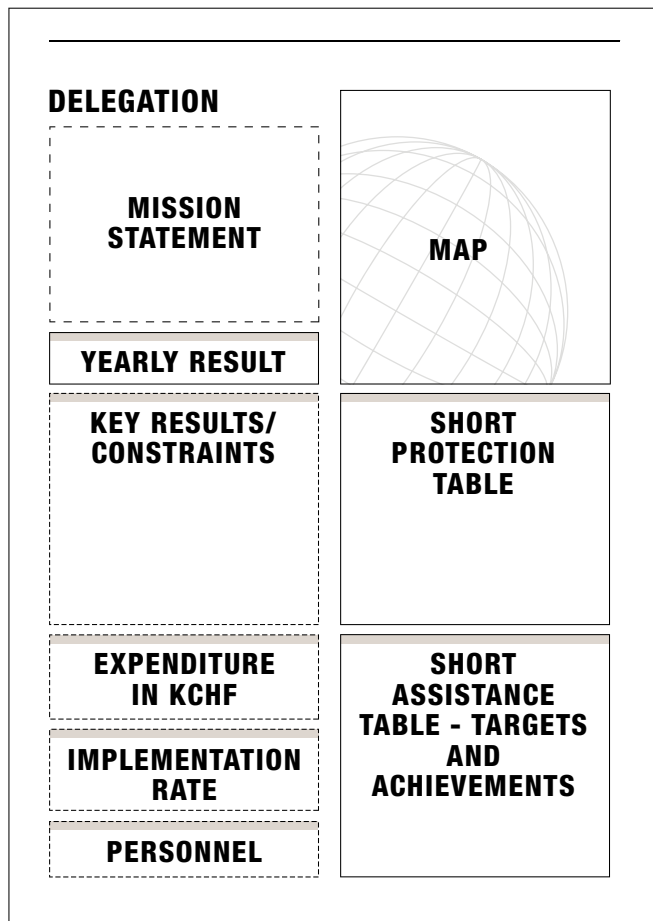
PERSONNEL	
Mobile staff	2,783
Resident staff (daily workers not included)	15,385



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.

USER GUIDE: LAYOUT OF OPERATIONS CHAPTERS

Each chapter on the ICRC's delegations comprises the following elements:



- Map:** the country or region showing the ICRC's presence at the end of the year; the maps in this publication are for information purposes only and have no political significance
- Delegation:** the state(s), geographical areas and/or political entities covered by the ICRC's presence
- Mission statement:** the ICRC's reasons for being in the country or region and its main activities there
- Yearly result:** the level of achievement of the ICRC's objectives and plans of action
- Key results/constraints:** up to six major achievements or examples of progress made by the ICRC – or constraints it faced – in meeting its humanitarian objectives in a given context
- Short protection table:** a table providing key indicators regarding activities for restoring or maintaining family links and for people deprived of their freedom
- Short assistance table – targets and achievements:** a table juxtaposing target numbers for key assistance indicators (as presented in the ICRC's Revised Appeal or, where applicable, budget extension appeals) against those achieved during the reporting period
- Expenditure in KCHF:** total, and by programme
- Implementation rate:** the percentage of expenditure over the budget for the year
- Personnel:** the number of employees working under an ICRC contract at the end of the year
- Context:** the main developments in a given context and how these affected people of concern to the ICRC; this segment highlights the key elements that the ICRC took into consideration when analysing the situation to carry out its humanitarian action
- ICRC action and results:** an executive summary of the ICRC's action and results in the given context
- ICRC action and results – by target population:** a description of the ICRC's action and the results for each main target population; this section reports on the objectives and plans of action in yearly appeals and budget extension appeals, includes qualitative and quantitative results (output, outcome and contribution to impact), and combines activities carried out in the four ICRC programmes – protection, assistance, prevention and cooperation – thus illustrating the ICRC's multidisciplinary approach
- Main figures and indicators:** tables providing key output and outcome figures for the delegation's protection and assistance programmes

USER GUIDE: YEARLY RESULT

The ICRC aims to ensure that people affected by armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and its responsibility to use donor funds optimally. It employs results-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle.¹ A central element of this approach is the ICRC's yearly planning process and continuous monitoring of its activities; where necessary, it reassesses the needs of the people affected to ensure that its response is adapted to their circumstances. Each year, specialists and managers in the field and at headquarters assess and analyse all ICRC operations, reviewing the progress made in terms of project

implementation and the results achieved against the objectives defined during the planning process. On this basis, and in line with its corporate management framework², the ICRC appraises its performance in each operation and defines new plans for the year to come.

The present report provides the outcomes of these appraisals, made exclusively according to the objectives and plans of action defined for each context.

The “yearly result” rating indicates the level of success in achieving these objectives and plans of action, using the scale below:



The rating in each chapter is based on the response to this question: **To what extent did the ICRC implement its plans of action and achieve its objectives for the given year?** These objectives and plans of action are presented in the yearly

appeals and budget extension appeals issued to donors. The ratings are not based on the overall humanitarian situation in the context or on the institutional ambition the ICRC may have in that context.

1. See [The ICRC's operational approach to results-based management – improving humanitarian action](#).

2. See [ICRC management framework and description of programmes](#).

USER GUIDE: FIGURES AND INDICATORS

Each context chapter of the Annual Report presents numerical data for a set of standard indicators for the ICRC's protection and assistance programmes. Where relevant, these figures are presented in the report's narrative and in tables.

It must be noted that these figures do not always capture the full extent of the ICRC's action, results and priorities. Collecting, interpreting and managing data in contexts as diverse and volatile as those the ICRC is active in can be particularly difficult to prioritize, if not impossible to undertake. Factors such as cultural and/or state-imposed restrictions (e.g. government policies against providing data on health-care activities or gender-specific statistics), inaccessibility due to conflict or other crises, adverse environmental conditions and internal constraints may be barriers to such efforts.

Moreover, some types of support and results are hard to quantify. Their importance, however, should not be underestimated: for example, the precise impact of dialogue with different authorities or weapon bearers or the multiplier effect of training initiatives cannot be reflected in numbers.

As some people may benefit from more than one ICRC activity, the figures for different types of activities cannot be cumulated to determine a total figure for people assisted by the ICRC across all programmes.

The ICRC's standard protection and assistance indicators and their definitions are listed below.

PROTECTION FIGURES AND INDICATORS

Standard indicators for protection cover activities under the sub-programmes protection of family links, protection of people deprived of their freedom, and forensics. They do not reflect the full range of the ICRC's protection work, which may also involve: confidential dialogue and representations on protection concerns; neutral intermediary activities; individual follow-up; and systemic support to authorities and communities.

Protection figures are mainly based on registrations or recorded activities carried out by the ICRC or the ICRC's partners, mainly National Societies. Figures for detainees in places of detention visited are based on figures provided by the detaining authorities.

GENERAL

Children or minors, including girls and boys

Persons under 18 or under the legal age of majority¹

Women

Female persons aged 18 or above the legal age of majority

PROTECTION OF FAMILY LINKS

RED CROSS MESSAGES

RCMs collected

The number of RCMs collected, regardless of their destination, during the reporting period

RCMs distributed

The number of RCMs distributed, regardless of their origin, during the reporting period

OTHER MEANS OF FAMILY CONTACT

Phone calls facilitated between family members

The number of calls facilitated by the ICRC between family members; these may include calls made via cellular or satellite phone or through the internet

Phone calls made to families to inform them of the whereabouts of a detained relative

The number of calls made by the ICRC to inform families of the whereabouts of a detained relative

Names published in the media

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published in the media (e.g. newspaper or radio broadcast)

Names published on the ICRC family-links website

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published on the ICRC's family-links website (familylinks.icrc.org)

REUNIFICATIONS, TRANSFERS AND REPATRIATIONS

People reunited with their families

The number of people, including unaccompanied minors and separated children (see below), reunited with their families under the auspices of the ICRC and the National Society during the reporting period

1. Based on the definition of a "child" in the [1990 Convention on the Rights of the Child](#)

People transferred or repatriated

The number of civilians, including children, transferred or repatriated under the auspices of the ICRC during the reporting period; this does not include people transferred or repatriated in the context of detention (see *Protection of people deprived of their freedom*), but may include former detainees who were transferred or repatriated after being released

Human remains transferred or repatriated

The number of people whose remains were transferred or repatriated under the auspices of the ICRC during the reporting period

TRACING REQUESTS**Tracing requests**

All cases of people whose fates are unknown either to their families or to the ICRC, and for whom the ICRC is going to undertake efforts to clarify their whereabouts or to confirm their alleged fate; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

People for whom a tracing request was newly registered

The number of people for whom tracing requests were initiated by their families during the reporting period, for instance, because there had been no news of them, they could not be located using RCMs, or they were presumed to have been arrested and/or detained

Tracing cases closed positively

The number of people for whom tracing requests had been initiated and who were located or whose fates were established during the reporting period

Tracing cases still being handled at the end of the reporting period

The number of people for whom tracing requests were still open and pending at the end of the reporting period

UNACCOMPANIED MINORS, SEPARATED CHILDREN AND DEMOBILIZED CHILD SOLDIERS**Unaccompanied minors (UAMs)**

Persons under 18 or under the legal age of majority separated from both parents and from all other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so

Separated children (SC)

Persons under 18 or under the legal age of majority separated from both parents or from their previous legal caregiver but accompanied by another adult relative

UAMs/SC/demobilized child soldiers newly registered by the ICRC/National Society

The number of unaccompanied minors, separated children and former child soldiers registered by the ICRC or the National Society during the reporting period, and whose data are centralized by the ICRC

UAMs/SC/demobilized child soldiers reunited with their families by the ICRC/National Society

The number of unaccompanied minors, separated children and former child soldiers reunited with their families by the ICRC or the National Society

UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period

The number of unaccompanied minors, separated children and former child soldiers whose cases were opened but who had not yet been reunited with their families – by the ICRC or the National Society concerned, or by another organization – during the reporting period; these include cases concerning children whose parents were being sought or had been found but with whom the children had not yet been reunited

DOCUMENTS**People to whom travel documents were issued**

The number of individuals to whom the ICRC issued travel documents during the reporting period, in order to enable them to travel to another country at their own request and in coordination with the pertinent state authorities

People to whom official documents were delivered across borders/front lines

The number of people who received official documents (e.g. passports, power-of-attorney documents, death certificates, birth certificates, marriage certificates) transmitted via the ICRC across front lines or state borders during the reporting period

People to whom a detention attestation was issued

The number of people who received documents testifying to their detention, according to ICRC records of visits, during the reporting period

FORENSICS

The ICRC introduced a new set of standard indicators for its forensics activities in 2023.

Training sessions on the recovery, identification and protection of human remains

Training sessions directly organized or led by ICRC forensic staff to support authorities or other institutions in searching, exhuming, recovering, identifying and protecting human remains

People trained

People who attended the training sessions mentioned above; these may include forensic professionals or first responders

Sets of human remains recovered with ICRC support

Sets of human remains that were exhumed and recovered with the direct involvement of ICRC forensic staff; these do not include cases where the ICRC only facilitated the process as a neutral intermediary

PROTECTION OF PEOPLE DEPRIVED OF THEIR FREEDOM

Places of detention visited

The number of places of detention visited by the ICRC, including places that were found empty when visited, during the reporting period

Detainees in places of detention visited

The total number of detainees, according to the detaining authorities, in places of detention visited by the ICRC. This figure may differ from figures of detainees benefiting from assistance activities (e.g. water and habitat projects, distributions of hygiene items) owing to changes in prison population figures during the course of the year and differences in the timing of data collection for different programmes.

Visits carried out

The number of visits made by the ICRC, including those to places found empty when visited, during the reporting period

Detainees visited and monitored individually

The number of detainees visited and monitored individually – those seen and registered by the ICRC for the first time and those registered previously and visited again during the reporting period

Detainees newly registered

The number of detainees visited by the ICRC for the first time since their arrest and registered during the reporting period

Detainees visited by their relatives with ICRC/National Society support

The number of detainees who received at least one family visit that was organized or financed by the ICRC, often in coordination with the National Society

Detainees released and transferred/repatriated by/via the ICRC

The number of detainees who were released and whose transfer or repatriation was facilitated by the ICRC

ASSISTANCE FIGURES AND INDICATORS

Standard assistance figures cover activities carried out under the economic security, water and habitat, and health sub-programmes. Depending on the environment and other circumstances in the context concerned, the activities implemented, or the services delivered or supported, figures for people who received ICRC assistance are based either on ICRC-monitored registrations (of individuals or households) or on estimates made by the ICRC or provided by credible secondary sources (e.g. the communities, authorities, published official figures, other humanitarian organizations). As much as possible, triangulations are made when the figures are based on estimates and secondary sources. Particular effort is taken to avoid double-counting people.

In some cases, operational constraints may hamper the collection of disaggregated figures for women, children and IDPs. For example, not all health structures supported are able to provide precise figures for women and children; this may result in understated figures for these groups. Estimated figures for IDPs are provided whenever possible.

GENERAL

Children

Persons under 18 or under the legal age of majority

Women

Female persons aged 18 or above the legal age of majority

Targets and achieved figures

For each context, a table juxtaposes the achieved figures for key indicators for the target populations *Civilians*, *People deprived of their freedom* and *Wounded and sick* against the initial targets set by delegations for the whole year. These targets are determined during the planning process undertaken in the middle of the previous calendar year (as reflected in the Appeals) or ad hoc planning processes during the year itself (as reflected in the Revised Appeal and in budget extension appeals).

There may be differences between targets and achieved figures, owing to a number of factors. Delegations cannot always predetermine the number of people or health-care structures that will receive assistance on an ad hoc basis, particularly in response to emergencies. The ICRC may adapt the scale and design of its activities, often in consultation with the people it aims to assist, to what best fits people's needs and capacities, and to changes in the situation. During the planning process, ICRC teams may set their targets on the basis of standard averages for the number of individuals per household; these figures may be found to be higher or lower than the actual household sizes once the activities are implemented. Moreover, despite efforts to harmonize indicator definitions and data entry, operational constraints and difficulties in data collection may also affect how targets and results are presented across delegations.

The narrative report provides information explaining major differences between targets and achieved figures.

ECONOMIC SECURITY

The standard indicators for economic security are based on the programme's five core components: food consumption, food production, income support, living conditions and capacity-building. People are counted according to the purpose of the assistance they received (what the ICRC's inputs were used or intended for). For example, people who receive food rations may be counted under *food consumption* if the rations mainly aim to cover their nutritional needs. However, if the food rations are distributed as a complement to seed and tools, primarily to help farming households avoid consuming grain meant for planting, the people assisted may be counted under *food production*.

Food consumption (Civilians and people deprived of their freedom)

The number of individuals who received ICRC assistance to increase their food consumption and achieve a nutritionally adequate diet; this may include people who were given food rations, or people provided with food items as compensation for work on community projects or with cash or vouchers for purchasing food. For people deprived of their freedom, the assistance may include food and cooking items to cover gaps in the food supply chain or to prevent malnutrition. Food items

for distribution typically include rice, wheat flour, maize, beans, oil, sugar, salt, and sometimes canned food and nutritional products.

Food production (Civilians)

The number of individuals who were given support for food-production activities: this may involve material, financial or other support for crop cultivation, animal health and breeding, and/or other viable means of using natural resources. These may include people who benefited from livelihood-support services such as tractor-ploughing or animal vaccinations.

Income support (Civilians)

The number of individuals who received assistance to protect, restore or increase household income. This can include material, financial or other support for microeconomic initiatives (e.g. for carpentry, welding, food processing, trade) or for crop or livestock farming activities, chiefly aimed at increasing household incomes.

Living conditions (Civilians and people deprived of their freedom)

The number of individuals who were assisted with a view to ensuring protection against adverse climatic conditions and the fulfilment of basic hygiene and cooking needs. To improve their living conditions, such assistance may include cash, if conditions allow them to buy the necessary goods in local markets, or the direct provision of such items, which can include tarpaulins, blankets, basic clothing, kitchen sets, hygiene kits, soap, jerrycans and mosquito nets.

Capacity-building (Civilians and people deprived of their freedom)

The number of individuals who benefited from training sessions, materials and/or other forms of assistance to increase their capacity to contribute either to the economic security of their households or to the ability of government bodies, civil organizations or other institutions to deliver services aimed at strengthening the economic security of vulnerable people.

WATER AND HABITAT

Civilians and people deprived of their freedom

The number of people – residents, IDPs, returnees, refugees or detainees – who benefited from a water and habitat project at least once; projects may include: construction or repair of wells, boreholes, irrigation facilities, dams, water-treatment plants, latrines, septic tanks or sewage plants; construction or rehabilitation of facilities (e.g. schools, orphanages, shelters, places of detention); hygiene promotion (which may involve distributions of hygiene items); vector-control activities; and capacity-building (e.g. training in infrastructure maintenance)

Wounded and sick

The number of structures – hospitals or physical rehabilitation centres – where water and habitat activities were implemented to improve conditions (e.g. sanitation, water or power supply) for wounded or sick people being treated at these structures

HEALTH

In a number of contexts, data about patients and health activities cannot be provided or are only provided in part. The main reasons include the lack of proper data collection systems at facility level and difficulties in transmitting information from the facility to the central level and/or the ICRC – both of which result in incomplete information. For facilities receiving its support regularly, the ICRC endeavours to help local teams establish data management systems to address these deficiencies. In some cases, restrictions by the authorities may limit the types of data made available to the ICRC or the organization's ability to make further use of the information.

In line with the ICRC's data protection standards, some health figures have been redacted from the tables. The ICRC seeks to protect the data concerning the users of its health services in order to prevent individuals from being reidentified. Asterisks (*) denote numbers less than 20 for selected indicators pertaining to individuals or activities. Some disaggregated figures may also appear as asterisks, where necessary.

PRIMARY HEALTH CARE

Health centres supported

The total number of primary-health-care facilities, including mobile health units, that received ICRC support regularly or as needed

Average catchment population

The estimated number of people covered by ICRC-supported health centres, on average, per month

Consultations

The number of consultations carried out at health centres that received regular support from the ICRC; this is further broken down by type of consultation (curative or antenatal)

Immunizations

The number of vaccine doses administered at health centres that received regular support from the ICRC

Referrals to a second level of care

The number of patients who were referred by regularly supported centres to other health facilities or service providers for further care

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

People who received mental-health support

The number of people who benefited from mental-health or psychosocial support services from the ICRC or from ICRC-supported service providers

People who attended information sessions on mental health

The number of people who attended ICRC information sessions aimed at raising awareness of the mental-health services available, or helping them become more sensitive to the needs of people suffering psychological distress

People trained in mental-health care and psychosocial support

The number of people trained by the ICRC in providing mental-health and psychosocial support services to civilians, detainees, hospitalized or weapon-wounded people, or people with disabilities

HEALTH ACTIVITIES FOR PEOPLE DEPRIVED OF THEIR FREEDOM

Places of detention visited by health staff

The number of places of detention visited by ICRC health staff – as part of a multidisciplinary team during a standard visit, or to address specific medical issues

Health facilities supported in places of detention visited by health staff

The number of health facilities supported by the ICRC in places of detention monitored directly by health staff; this figure does not include facilities that ICRC health staff did not visit during the reporting period (e.g. prison clinics that received ad hoc donations of supplies)

HOSPITAL SUPPORT

Hospitals supported

The total number of hospitals supported, including hospitals reinforced with or monitored by ICRC staff, and those that were given supplies and/or other assistance on a regular or ad hoc basis

Hospitals reinforced with or monitored by ICRC staff

The number of ICRC-supported hospitals where ICRC doctors or other staff are managing operations, providing care to patients, assisting local personnel and/or monitoring activities. The ICRC's support may target specific departments or services in these hospitals.

Services at hospitals reinforced with or monitored by ICRC staff

Surgical admissions²

The total number of surgical admissions at hospitals reinforced with or monitored by ICRC staff; these include surgical admissions for weapon-wound and non-weapon-wound cases

- **Weapon-wound surgical admissions:** The number of surgical admissions for weapon-wounded cases, including cases of injuries due to mines or explosive remnants of war
- **Non-weapon-wound surgical admissions:** The number of surgical admissions that are not associated with weapon wounds

Operations performed

The number of surgical procedures performed on weapon-wounded and non-weapon-wounded patients; more than one procedure can be performed per patient

Medical (non-surgical) admissions

The number of admissions at the medical department of ICRC-supported hospitals; these include internal medicine and other non-surgical cases

Gynaecological/obstetric admissions

The number of admissions for gynaecological/obstetric conditions

Consultations

The number of consultations recorded at outpatient departments or emergency rooms at hospitals supported by the ICRC

Services at hospitals not monitored directly by ICRC staff

Surgical admissions

(weapon-wound and non-weapon-wound admissions)

The total number of surgical admissions, including weapon-wound and non-weapon-wound admissions

Weapon-wound admissions (surgical and non-surgical admissions)

The total number of weapon-wound admissions, including surgical and non-surgical admissions

Weapon-wound surgeries performed

The total number of surgeries performed on weapon-wounded patients; more than one procedure can be performed per patient

Patients whose hospital treatment was paid for by the ICRC

The number of patients whose consultation, admission and/or treatment fees were paid for by the ICRC

FIRST AID

First-aid training sessions

The number of first-aid or pre-hospital emergency care training sessions carried out by the ICRC or with ICRC support during the reporting period

Participants

The total number of participants in first-aid and pre-hospital emergency care training sessions carried out by the ICRC or with ICRC support during the reporting period; this is derived from aggregated monthly data. These participants may include community members, weapon bearers, ambulance-service providers, staff of public agencies, health-care personnel of public or private institutions, first-aid trainers, National Society volunteers or staff, or others.

PHYSICAL REHABILITATION

Projects supported

The number of ICRC-run/supported projects addressing the needs of people with disabilities; these may include physical rehabilitation centres that were given regular or ad hoc assistance; component factories; institutions providing training for physical rehabilitation professionals; and organizations or initiatives promoting the social inclusion of people with physical disabilities.

2. An "admission" refers to an instance of a patient being admitted into an ICRC-supported hospital. A patient may be admitted into an ICRC-supported hospital more than once during the reporting period. Patients may benefit from more than one operation or other procedure per admission.

In general, data on service users, devices and services are only derived from physical rehabilitation centres supported on a regular basis and from outreach missions carried out by such centres.

People who benefited from ICRC-supported projects

Figures for people who benefited from physical rehabilitation projects are derived from aggregated monthly data collected by physical rehabilitation centres supported regularly and by social inclusion projects carried out by other institutions or organizations supported by the ICRC. Total figures may include repeat users throughout the year.

Service users at physical rehabilitation centres (PRCs)

Based on aggregated monthly data for people who received prostheses, orthoses, physiotherapy or other services at physical rehabilitation centres run or supported by the ICRC, or, where applicable, through outreach missions carried out by these centres.

Participants in social inclusion projects not linked to PRCs

Based on aggregated monthly data for people who took part in sporting activities, educational initiatives and other ICRC-backed social inclusion projects that were not implemented by ICRC-run/supported PRCs. This figure does not cover all participants of social inclusion activities, as it excludes people taking part in social inclusion activities organized by ICRC-supported PRCs, who are already counted under the figure for *Service users at physical rehabilitation centres*.

Prostheses delivered

The total number of prostheses (units) delivered during the reporting period at physical rehabilitation centres supported regularly and, where applicable, outreach missions carried out by the centres

Orthoses delivered

The total number of orthoses (units) delivered during the reporting period at physical rehabilitation centres supported regularly and, where applicable, outreach missions carried out by the centres

Physiotherapy sessions

The number of physiotherapy sessions conducted during the reporting period at physical rehabilitation centres receiving regular support from the ICRC and, where applicable, outreach missions carried out by the centres

Walking aids delivered

The number of crutches and sticks (units, not pairs) delivered during the reporting period by ICRC-supported centres receiving regular support from the ICRC and, where applicable, outreach missions carried out by the centres

Wheelchairs or postural support devices delivered

The number of wheelchairs or postural support devices delivered during the reporting period by ICRC-supported centres receiving regular support from the ICRC and, where applicable, outreach missions carried out by the centres

AFRICA

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	95,601
RCMs distributed	81,801
Phone calls facilitated between family members	1,268,155
Tracing cases closed positively (subject located or fate established)	8,381
People reunited with their families	770
<i>of whom unaccompanied minors/separated children</i>	706
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	359
Detainees in places of detention visited	233,613
<i>of whom visited and monitored individually</i>	9,672
Visits carried out	1,077
Protection of family links	
RCMs collected	4,772
RCMs distributed	2,824
Phone calls made to families to inform them of the whereabouts of a detained relative	4,570
EXPENDITURE IN KCHF	
Protection	131,968
Assistance	503,263
Prevention	64,890
Cooperation with National Societies	45,191
General	6,373
Total	751,685
<i>Of which: Overheads</i>	45,790
IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	1,182
Resident staff (daily workers not included)	5,821

ASSISTANCE		2023 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	1,759,053	1,799,200
Food production	People	4,426,552	4,665,973
Income support	People	512,223	578,883
Living conditions	People	1,118,930	759,201
Capacity-building	People	50,350	24,847
Water and habitat			
Water and habitat activities	People	6,619,409	10,255,820
Health			
Health centres supported	Structures	328	348
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	34,787	36,846
Living conditions	People	67,800	77,245
Water and habitat			
Water and habitat activities	People	77,570	88,544
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	238	293
Physical rehabilitation			
Projects supported	Projects	109	110
Water and habitat			
Water and habitat activities	Structures	36	41

DELEGATIONS

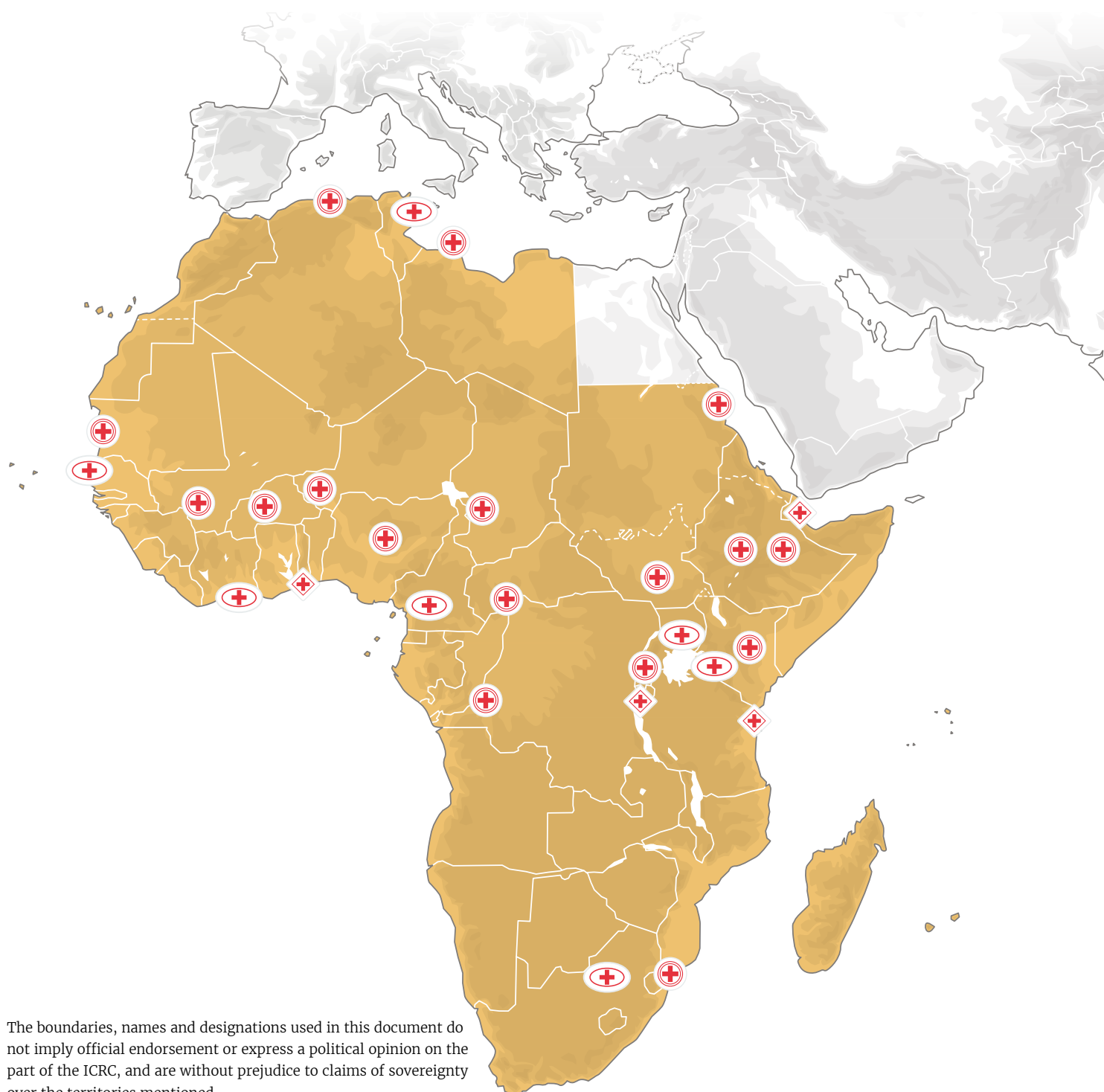
Abidjan (regional)
 African Union
 Algeria
 Burkina Faso
 Central African Republic
 Chad
 Dakar (regional)
 Democratic Republic of the Congo
 Eritrea
 Ethiopia
 Kampala (regional)
 Libya

Mali
 Mauritania
 Mozambique
 Nairobi (regional)
 Niger
 Nigeria
 Pretoria (regional)
 Somalia
 South Sudan
 Sudan
 Tunis (regional)
 Yaoundé (regional)

 ICRC delegation

 ICRC regional delegation

 ICRC mission



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ABIDJAN (regional)

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

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH



KEY RESULTS/CONSTRAINTS IN 2023

- In northern Benin, Côte d'Ivoire and Togo, displaced people and host communities, and other violence-affected people, were given emergency aid or helped to pursue livelihoods and obtain clean water and health care.
- In Benin and Togo, people with physical disabilities were treated at ICRC-supported centres. In Côte d'Ivoire, the ICRC began constructing a physical rehabilitation unit at a hospital, with a view to finishing the job in 2024.
- Detainees in Benin, Côte d'Ivoire, Guinea and Togo were visited by the ICRC. Findings from these visits were communicated confidentially to the authorities, to help them improve detainees' treatment and living conditions.
- National Societies were supported by the ICRC to respond to the needs of people affected by: displacement in Togo and Benin; natural disasters in Côte d'Ivoire, Ghana and Guinea; and electoral violence in Liberia and Sierra Leone.
- Weapon bearers in Benin, Côte d'Ivoire and Togo – notably commanders, senior officers and instructors – attended training supported by the ICRC and learnt more about IHL and other norms applicable to their duties.

EXPENDITURE IN KCHF

Protection	3,104
Assistance	3,577
Prevention	1,819
Cooperation with National Societies	2,736
General	164
Total	11,400
<i>Of which: Overheads</i>	<i>696</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	32
Resident staff (daily workers not included)	192

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	18
RCMs distributed	8
Phone calls facilitated between family members	3,432
Tracing cases closed positively (subject located or fate established)	57
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	25,928
<i>of whom visited and monitored individually</i>	367
Visits carried out	45
Protection of family links	
RCMs collected	22
Phone calls made to families to inform them of the whereabouts of a detained relative	64

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People	10,500
Food production	People	2,100
Living conditions	People	10,500
Water and habitat		
Water and habitat activities	People	10,000
Health		
Health centres supported	Structures	5
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	People	4,500
Water and habitat		
Water and habitat activities	People	10
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	13
Water and habitat		
Water and habitat activities	Structures	385

CONTEXT

Benin, Ghana, Côte d'Ivoire and Togo tightened security measures in response to the activities of armed groups in the Sahel region of Africa, including waves of attacks in their northern regions in recent years (see *Burkina Faso*). The activities of these armed groups, and the military and security operations undertaken against them, led to numerous arrests, and to injuries, deaths and the displacement of thousands of people. Displaced people sought safety in different communities.

Communal, political and socio-economic tensions boiled over into violence periodically; protests caused injuries and led to arrests. Some election-related violence was reported in Liberia and Sierra Leone.

Many Ivorian families still had no news of relatives missing in connection with migration or past conflict. A certain number of Ivorian refugees remained in neighbouring countries.

People from the countries covered by the regional delegation attempted to migrate to Europe; some reported experiencing physical assault or other unlawful conduct. Some died at sea and their remains were found along the coast of North Africa (see, for example, *Tunis*) or Italy (see *Paris*).

ICRC ACTION AND RESULTS

The ICRC monitored the situation of people affected by fighting in the Sahel region of Africa, particularly residents and displaced people in the northern regions of Côte d'Ivoire, Benin and Togo. It did so with the help of National Society volunteers trained by it. As in the past, weapon bearers – notably commanders, senior officers and personnel deploying to the northern regions of Côte d'Ivoire, Benin and Togo – were reminded by the ICRC of IHL provisions and other norms applicable to their duties. The ICRC worked with authorities throughout the region to incorporate these norms in domestic law and integrate them more fully into the training, doctrine and operations of weapon bearers. Together with National Societies and journalists, the ICRC conducted communication campaigns to broaden awareness of IHL and of the importance of facilitating the work of humanitarian personnel and health workers.

In line with the needs of people in northern areas of Benin, Côte d'Ivoire and Togo, the ICRC adapted its plans and reallocated its resources. Instead of distributing food, the ICRC and the National Societies gave out: household essentials to displaced people in Benin and Togo, to help them alleviate their difficult conditions; and seed and farming tools to farming households in northern Côte d'Ivoire, to help them increase the food supply of their communities, including displaced people among them. In northern Côte d'Ivoire and Togo, people had better access to water and/or more sanitary surroundings because of projects carried out by the ICRC and the National Societies. The ICRC gave these forms of assistance to more people than initially planned.

The ICRC worked with local health authorities to make physical rehabilitation services more readily available and sustainable, particularly in the northern regions of Benin, Côte d'Ivoire and

Togo. People with disabilities were treated at four physical rehabilitation centres in Benin and three in Togo. The centres were given support regularly: supplies, funding and training for staff, to treat conflict-affected patients, for instance. In northern Côte d'Ivoire, the ICRC began constructing a physical rehabilitation unit at a hospital, with a view to finishing the job in 2024. The ICRC assisted local efforts to improve physical rehabilitation services and ensure their long-term sustainability. In the countries covered, this meant assisting the seven centres mentioned above, the health ministries of Benin, Côte d'Ivoire and Togo, and the École Nationale des Auxiliaires Médicaux (ENAM) in Lomé, Togo, which trains technicians from throughout francophone Africa.

Members of families separated by violence, migration, detention or other circumstances restored or maintained contact through the Movement's family-links services. A number of tracing cases were resolved, including those concerning missing migrants.

The ICRC visited – in accordance with its standard procedures – ten detention facilities in Côte d'Ivoire, seven in Togo and one each in Benin and Guinea. Findings from these visits were communicated confidentially to the pertinent authorities, to help them improve detainees' living conditions and treatment. In Côte d'Ivoire, the ICRC gave judicial and penitentiary authorities advice for ensuring respect for judicial guarantees and exploring alternatives to detention. It also provided training and other support for prison staff, notably those in charge of maintaining prison infrastructure, providing health care and managing the supply of food.

Owing to financial constraints, some planned activities – for improving the living conditions of people deprived of freedom and for raising awareness of IHL and the Movement – were cancelled or postponed.

CIVILIANS

The ICRC monitored the situation of people affected by fighting in the Sahel, particularly residents and displaced people in northern Côte d'Ivoire, Benin and Togo, with the help of the pertinent National Societies. The ICRC continued to remind weapon bearers of their obligation to comply with IHL and other norms applicable to their duties and facilitate the work of humanitarian workers and health personnel (see *Actors of influence*). Allegations of abuse were documented and shared with the parties concerned, with a view towards preventing or ending unlawful conduct.

Communities hosting displaced people are helped to become more self-sufficient

In line with the needs of people in northern areas of Benin, Côte d'Ivoire and Togo, the ICRC adapted its plans to distribute food and support health systems, and reallocated its resources accordingly; it shifted to alleviating the living conditions of displaced people and communities hosting them, and helping them become more capable of meeting their own needs. More people than initially planned received such assistance from the ICRC.

In Benin and Togo, the ICRC and National Societies distributed household essentials – tarpaulins, blankets and hygiene items, including feminine hygiene products – to help 5,445 households (38,115 people) of displaced people and members of host communities improve their living conditions.

In northern Côte d'Ivoire, some 1,000 farming households (7,000 people) were given seed (corn, sorghum and other staple food) and farming tools, to help them increase their yields and the food supply of their communities, including displaced people.

About 13,000 people in northern areas of Côte d'Ivoire and Togo had better access to water and/or more sanitary surroundings after the ICRC and the National Societies repaired or installed water pipes and hand pumps; distributed jerrycans for storing and carrying clean water; and conducted hygiene-promotion sessions.

National Societies were given support to respond to the needs of people in areas bordering the Sahel and to prepare for emergencies (see *Red Cross and Red Crescent Movement*).

Migrants and others stay in touch with relatives

The ICRC gave the National Societies advice for improving their family-links services and ensuring the safety of people's personal data. Volunteers of the National Societies in Benin, Ghana, Guinea, Côte d'Ivoire and Togo were given training in data protection and use of the Movement's family-links software. In Liberia and Sierra Leone, the National Societies were helped to incorporate family-links services in their contingency planning for elections in their countries.

Members of families separated by violence, migration, detention or other circumstances restored or maintained contact through the family-links services mentioned above and Trace the Face, an ICRC-managed website (tracetheface.org) that features a photo gallery of people looking for missing relatives. Some people sent RCMs or short oral messages to their families, to inform them of their current situation, including their arrest and/or detention. A total of 57 tracing cases were resolved; some of them concerned missing migrants. In addition, the Red Cross Society of Guinea was given help to reconnect members of families separated by a fire in the Kaloum sub-prefecture of Conakry.

The ICRC continued to give Ivorian authorities expert advice for resolving missing-persons cases linked to migration and the 2011 conflict. The national human rights committee and the ICRC organized a workshop at which officials from the pertinent ministries and missing people's families discussed the creation of a mechanism to give missing people's families legal advice, financial assistance and mental-health care in line with Ivorian law.

Some initiatives to publicize the Movement's family-links services were cancelled. However, a number of information sessions on preventing disappearances were held for people in need.

Forensic workers develop their capacities

National Society volunteers, staff at hospital morgues and forensic authorities were assisted to improve their handling of human remains. Staff at the institute of forensic medicine in Abidjan – which trained forensic workers from across francophone Africa – were given medical equipment and office supplies and trained to gather DNA samples from the families of missing migrants. The ICRC provided support for organizing a regional forum for forensic workers: the first 14 graduates of the institute of forensic medicine in Abidjan were among the participants. One Guinean and one Ivorian forensic professional were sponsored to attend a course in Rwanda (see *Kampala*); a Togolese forensic professional was given support to attend a course in Tunisia (see *Tunis*).

The Red Cross Society of Côte d'Ivoire and the ICRC continued to support regional efforts to identify the remains of migrants who had died in maritime accidents off the coasts of Italy and Tunisia (see *Dakar*, *Paris* and *Tunis*). They collected DNA samples, for comparison with those taken from migrants who had died in other countries; this contributed to the resolution of some tracing cases.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees across the region receive visits from the ICRC

The ICRC sought access to all detainees within its purview, including people detained in connection with insecurity in the Sahel.

The ICRC visited – in accordance with its standard procedures – ten detention facilities in Côte d'Ivoire, seven in Togo and one each in Benin and Guinea. In Côte d'Ivoire, it paid particular attention to people held in connection with “terrorist” attacks and the 2011 conflict – including a few in the custody of the *gendarmérie* – and to minors, women, older people, the ailing and foreigners. In Guinea and Togo, people held for security reasons were among the detainees that received individual attention from the ICRC. In Benin, the ICRC visited people held under the authority of the International Residual Mechanism for Criminal Tribunals.

Findings from these visits were communicated confidentially to the pertinent authorities, to help them improve detainees' living conditions and treatment. The ICRC gave Ivorian judicial and penitentiary authorities advice for ensuring respect for judicial guarantees, in line with the new penal code. It also organized a workshop for judicial officials, at which they explored alternatives to detention and other ways to reduce overcrowding.

Detaining authorities were also reminded that they must facilitate family contact, especially for minors and foreigners. The ICRC helped foreign inmates to notify their consular representatives of their situation.

Health care, food and water are more readily available to detainees in Côte d'Ivoire

The ICRC continued to support the Ivorian authorities' efforts to improve the living conditions, and ensure the well-being,

of detainees. It gave them expert guidance in implementing the national health policy for detainees; realizing plans for improving prison infrastructure; and managing their stock of food.

The ICRC also helped train penitentiary staff. Together with the national training institution for judicial and penitentiary staff, the ICRC held information sessions for instructors and trainees on internationally recognized standards for detention and on tools and methods for monitoring detainees' well-being. It organized training directly at several prisons, in managing stocks of food, monitoring detainees' health and maintaining prison infrastructure in line with national standards.

The ICRC provided support directly to health staff at certain prisons. Some staff were trained and assisted to monitor detainees' health, including their body mass index. Detainees suffering from malnutrition and/or vitamin deficiencies were diagnosed and given the appropriate treatment by health staff. The ICRC provided expert advice for the preparation of a standardized menu. No emergencies required the ICRC's direct action to repair detention facilities or provide food to detainees.

WOUNDED AND SICK

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

The ICRC worked with local health authorities to make physical rehabilitation services more readily available, particularly in the northern regions of Benin, Côte d'Ivoire and Togo.

Some 4,400 people¹ with physical disabilities, including over 1,500 children, were treated at ICRC-supported physical rehabilitation centres: four in Benin and three in Togo. The centres were given support regularly: supplies, funding and training for staff, to treat conflict-affected patients, for instance. The ICRC also covered expenses for treatment and travel for some patients. In Côte d'Ivoire, the ICRC began constructing a physical rehabilitation unit at a hospital, for completion in 2024.

The ICRC endeavoured to advance the social inclusion of people with physical disabilities in Côte d'Ivoire, Benin and Togo. Several local organizations were given funds and equipment to organize wheelchair-basketball tournaments and events to mark the International Day of Persons with Disabilities. Together with local organizations, the ICRC arranged vocational training and a workshop on career development, to help people with disabilities find suitable livelihoods.

Physical rehabilitation institutions maintain a regional support network

The ICRC assisted the seven centres mentioned above, the health ministries of Benin, Côte d'Ivoire and Togo, and ENAM to support one another in improving physical rehabilitation services and ensuring their long-term sustainability. It made its expertise available to all these actors and encouraged them

to standardize their working procedures and their management of patients' medical records. The ICRC funded long-term and advanced training programmes, with a view to helping enlarge the pool of certified physical rehabilitation professionals in the region. For example, it sponsored three Ivorian technicians to begin three-year courses at ENAM and one Togolese technician to take a postgraduate degree in physiotherapy in Morocco, which she finished. The ICRC also organized refresher training for dozens of technicians and therapists.

Together with a regional organization, the ICRC provided training in caring for children with cerebral palsy, for health staff and for relatives or legal guardians of the children.

Some support for improving physical rehabilitation services and social-inclusion activities had to be postponed or cancelled because of financial constraints.

ACTORS OF INFLUENCE

Weapon bearers and lawmakers work to advance the implementation of IHL

The ICRC worked with authorities throughout the region to integrate IHL and international human rights law more fully into the training, doctrine and operations of weapon bearers. It discussed with commanders and senior officers the applicability of IHL to operations, and sponsored three senior officers – Beninese, Guinean and Ivorian – to attend an international workshop on using IHL to guide operations (see *Headquarters – Protection and Essential Services*). The Ivorian *gendarmerie* were given expert assistance for drafting guidelines for their operations. The ICRC also worked with training institutions to improve IHL instruction; notably, it gave the international school for counter-terrorism in Côte d'Ivoire support for teaching IHL to military, intelligence and police personnel, and magistrates, from different countries; in Benin and Côte d'Ivoire, it also trained IHL instructors.

A few hundred Beninese, Ivorian and Togolese troops deploying to the northern regions of their countries or supporting international missions – e.g. in Guinea-Bissau and in the Democratic Republic of the Congo – and prison staff attended ICRC information sessions and learnt more about the provisions of IHL and international human rights law that were applicable to their duties.

National IHL committees and the ICRC gave governments in the region advice for implementing IHL. The ICRC held information sessions on IHL for lawmakers and others involved in the implementation process, and enabled a few of them to take part in a regional IHL workshop (see *Nigeria*). It gave the Ivorian authorities advice for strengthening legislation concerning the emblems protected under IHL and ensuring that their anti-terrorism legislation remained in line with IHL. In Guinea, the ICRC helped the authorities to establish a national IHL committee. It organized information sessions, competitions of various kinds and other events, and donated books, to stimulate interest in IHL among academics, some of whom were political advisers and others, potentially, lawmakers.

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

Civil society is urged to support humanitarian action and the physical rehabilitation sector

The ICRC provided National Societies in the region with funds, training and other support to develop their capacities in public communication. It held a contest in humanitarian reporting for the twelfth consecutive year and conducted workshops for journalists. With the help of these National Societies and journalists, the ICRC carried out communication campaigns to raise awareness of the proper use of the red cross emblem and the importance of facilitating the work of humanitarian personnel and health workers, and to publicize humanitarian issues in the region. Media content produced by the ICRC and National Societies reached remote communities via radio and politically active young people via social media. In areas bordering the Sahel, the ICRC sought to engage directly with violence-affected communities, with a view to assessing their needs more accurately and carrying out humanitarian activities for them.

In Abidjan, a regional hub for diplomacy and for humanitarian and development organizations, the ICRC organized or participated in events that drew attention to such issues as missing people and disability, and the plight of the families concerned, and helped keep these issues visible to the public, the authorities and other humanitarian actors. Various forums – such as conferences on climate change, water and other topics – in Abidjan and Dakar, Senegal (see *Dakar*) gave the ICRC opportunities to explore possibilities for cooperation with the African Development Bank and other development actors, and advance understanding of IHL and the Movement among humanitarian and development organizations.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers are equipped to respond safely to emergencies

The ICRC provided all seven National Societies with supplies, equipment and funds – including funds to cover the salaries of selected staff and to the insurance premiums of 100 volunteers at the Ivorian National Society. It helped train volunteers in first aid, in applying the Safer Access Framework, and in familiarizing people with the Movement. In Benin, Côte d'Ivoire, Ghana and Togo, the ICRC sought by these means to ensure the safety of National Society staff and volunteers in the northern regions of their countries. ICRC support of this kind also helped the National Societies in Liberia and Sierra Leone to prepare for election-related emergencies, and the Guinean National Society to tend to people injured or wounded during protests or outbreaks of violence.

In coordination with the International Federation, the ICRC helped National Societies cover the salaries of accounting staff at four National Societies and provided training and funding to complete audits and strengthen financial guidelines.

Movement components in the region met regularly to coordinate their activities and draft guidelines for working together. The ICRC helped National Societies to send representatives to Movement meetings in other countries. It also gave them support to organize their own statutory meetings.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
RCMs distributed	8			
Phone calls facilitated between family members	3,432			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	232	38	10	11
<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases closed positively (subject located or fate established)	57			
<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)	1,112	273	150	148
<i>including people for whom tracing requests were registered by another delegation</i>	151			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	8	7		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	14	10		
Forensics				
Training sessions on the recovery, identification and protection of human remains	1			
People trained	20			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	25,928	629	921	
Visits carried out	45			
		Women	Girls	Boys
Detainees visited and monitored individually	367	2		12
<i>of whom newly registered</i>	287			9
RCMs and other means of family contact				
RCMs collected	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	64			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total	Women	Children
Economic security			
Food production	People 7,000	2,029	2,801
Living conditions	People 38,115	11,005	17,511
<i>of whom IDPs</i>	3,200	924	1,470
Water and habitat			
Water and habitat activities	People 13,000	3,860	5,140
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Capacity-building	People 35	2	
Health care in detention			
Places of detention visited by health staff	Structures 4		
Health facilities supported in places of detention visited by health staff	Structures 2		
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	14		
<i>of which physical rehabilitation centres supported regularly</i>	7		
People who benefited from ICRC-supported projects	Aggregated monthly data 4,479		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>	4,401	1,340	1,589
<i>of whom participants in social inclusion projects not linked to PRCs</i>	78		
Services at physical rehabilitation centres supported regularly			
Prostheses delivered	Units 491		
Orthoses delivered	Units 2,088		
Physiotherapy sessions	48,594		
Walking aids delivered	Units 162		
Wheelchairs or postural support devices delivered	Units *		

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

AFRICAN UNION

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

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

EXPENDITURE IN KCHF	
See under <i>Ethiopia</i>	
PERSONNEL	
See under <i>Ethiopia</i>	

CONTEXT

The African Union (AU) promoted peace and security – and supported diplomatic efforts to address the consequences of armed conflict and other situations of violence – throughout Africa. It did so against a backdrop of evolving risks and concerns: security-related and humanitarian issues that arose from escalating violence – particularly in the Sahel, Horn of Africa, Great Lakes and Lake Chad regions; food insecurity; the effects of the climate crisis and environmental degradation; and the combined impact of all this on social, health and economic systems.

The Peace and Security Council (PSC) as the AU’s main decision-making body for managing, resolving and preventing conflicts, responded to humanitarian and IHL-related matters through its context and thematic sessions. The African Commission on Human and Peoples’ Rights (ACHPR), and the African Committee of Experts on the Rights and Welfare of the Child, played a crucial part in developing and promoting legal instruments and policies to address issues within the ambit of international human rights law and IHL. The AU also worked with the Regional Economic Communities (RECs) and Regional Mechanisms to foster regional integration, economic development and cooperation throughout the continent.

The AU continued to support regional efforts to stabilize volatile areas of Africa – particularly in the Lake Chad, Horn and Sahel regions. It authorized and provided support for multinational peace-support operations for the situations in the DRC and Mozambique. The AU Transition Mission in Somalia (ATMIS), which manages security operations in that country, made preparations to hand over all responsibility in this matter to the Somali armed forces by the end of 2024. The AU led mediation efforts in various contexts and provided support for political transitions in a number of countries to promote peace and security in Africa. It took the lead in mobilizing support for African countries affected by food insecurity.

ICRC ACTION AND RESULTS

The ICRC continued to broaden its engagement with AU organs, AU member states, the RECs and other influential actors, such as diplomatic missions to the AU and think tanks. It discussed its mandate, working methods and activities with them, in order to secure political acceptance for its mission and support for its neutral, impartial and independent humanitarian action; and ensure that it could work in safety throughout the continent. The ICRC also made its expertise in IHL available to these actors, and explained its views on key issues to them, in order to strengthen its position as the primary source of reference on IHL and ensure that humanitarian and IHL-related concerns were taken into account in the AU’s decisions and policies.

The ICRC draws attention to pressing humanitarian issues
The ICRC discussed a number of humanitarian issues with the PSC, ACHPR and other AU organs through bilateral dialogue and by participating in various meetings, panel discussions and other events. It also discussed humanitarian issues with think tanks and other actors – particularly those who worked with the AU – who could also draw attention to humanitarian concerns and matters related to IHL compliance during their own discussions with AU bodies. These issues included food security; health security; children affected by armed conflict; sexual violence, especially that directed at women and girls; the plight of IDPs and migrants, including refugees; missing people; the needs of victims of mine accidents and their families; and the combined effects of conflict and the climate crisis on communities. Members of the general public also learnt about key issues through the ICRC’s social-media pages.

The ICRC continued its work to influence regional attention to humanitarian issues. For example, the ICRC and Africa Centres for Disease Control and Prevention held a workshop on protection for health workers. The AU sought the ICRC’s expert guidance on tackling issues affecting children in armed conflict and on building capacities among diplomatic representatives

of AU member states, with a view to enabling them to raise these issues through the PSC and the Africa Platform on Children Affected by Armed Conflicts. The ICRC, the AU and the Swiss embassy in Addis Ababa marked the International Day of the Disappeared with a high-level discussion on the issue of missing migrants in Africa. During the discussion, the ICRC promoted respect for IHL and emphasized states' obligations to migrants during armed conflict.

The ICRC was influential in incorporating IHL language and humanitarian concerns in various decisions of the AU Summit, the AU's Humanitarian Symposium and the PSC.

The ICRC, the AU and OCHA jointly held a seminar on creating a conducive environment for humanitarian action in Africa based on IHL. To the same end, the ICRC also engaged the AU in acknowledging the need to ensure that its sanctions regimes incorporate humanitarian exemptions and to make them more time-limited and targeted.

AU bodies strive to strengthen compliance with IHL in peace-support missions

An ICRC legal adviser seconded to the AU – and working closely with AU Political Peace and Security Department and the Office of Internal Oversight – continued to give the AU expert assistance in strengthening compliance with IHL and international human rights law in AU peace-support operations. The African Union Compliance and Accountability Framework – a joint project of the AU, EU and UN that was launched in November 2022 – sought to increase IHL compliance among AU's peace-support operations. It drew on the ICRC's legal expertise to develop and review policies. The AU passed three policies recommended by the ICRC, on protection of civilians and

selection and screening of troops for peace-support missions; and on a strategic framework for compliance and accountability in AU's peace-support operations. The ICRC also guided ATMIS in the implementation of the strategic framework, specifically with regard to the rules of engagement, the use of force and the protection due to those seeking or providing health care.

AU Political Affairs, Peace and Security Department (AU PAPS) worked to standardize its IHL training for troops, with expert guidance from the ICRC. Senior AU PAPS officials were sponsored to attend advanced IHL training, including a workshop on international rules governing military operations that was held in Nairobi, Kenya (see *Headquarters – Protection and Essential Services*). Military cadets learnt about IHL through ICRC lectures delivered at military training institutions. The ICRC also gave these institutions expert guidance in incorporating IHL in their curricula. It helped to develop an IHL module for the International Peace Support Training Institute in Ethiopia.

AU member states advance the ratification and implementation of IHL-related treaties

The ICRC continued to advocate, among AU member states, ratification and/or implementation of IHL and IHL-related treaties such as the Treaty on the Prohibition of Nuclear Weapons and the Anti-Personnel Mine Ban Convention. For example, ICRC expertise was made available to the AU Commission for applying IHL to cyber security in Africa and for implementing a regional treaty on child protection. At an AU PSC meeting to mark the International Day for Mine Awareness and Assistance in Mine Action, the ICRC urged member states to fulfil their time-limited mine-clearance obligations.

ALGERIA

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	944
Assistance	192
Prevention	381
Cooperation with National Societies	204
General	95
Total	1,816
<i>Of which: Overheads</i>	<i>111</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	14

PROTECTION

Total

CIVILIANS

Protection of family links

RCMs collected	4
Phone calls facilitated between family members	1
Tracing cases closed positively (subject located or fate established)	11

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	25
Detainees in places of detention visited	17,451
<i>of whom visited and monitored individually</i>	<i>198</i>
Visits carried out	32

Protection of family links

RCMs collected	42
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	567

CONTEXT

Algeria played an active role in regional politics and matters related to regional security – for example, as a member of the African Union and the League of Arab States. Socio-economic protests took place in Algiers and other major cities in the recent past. People were arrested or detained in connection with those protests or because of their political activities.

Algeria remained a country of destination, transit and departure for migrants attempting to reach Europe and coming from or passing through Mali and Niger. People in transit were at risk of becoming separated from their families. Many migrants lost their lives along migration routes. Remains of dead migrants were found on the Algerian coast or in the desert while many others may not have been found yet.

Some Algerians returned or were repatriated from conflict-affected countries. They often faced difficulties reintegrating into society. Many families were unable to contact relatives who had not yet returned or were detained abroad.

ICRC ACTION AND RESULTS

Migrants and other people reconnect with their families

People fleeing their countries, because of armed conflict or other situations of violence, sought refuge in Algeria. Families from Algeria and elsewhere were dispersed by detention, migration or other circumstances. Members of some of these families reconnected through family-links services provided by the Algerian Red Crescent and the ICRC. People put in requests to locate missing relatives, some of whom were thought to have taken migration routes through the desert to Algeria. The ICRC resolved 11 tracing cases with the National Society's help. Through dialogue and humanitarian diplomacy, the ICRC engaged the pertinent authorities on protection-related issues and other concerns of migrants, notably those caught in sites of armed conflict.

The ICRC urged the authorities to take steps to ascertain the fate of missing people and ensure that human remains were identified, and the families notified. It focused on migrants who had died at sea or in the desert, and others who had died in past mass-casualty incidents. It organized several meetings with officials from the justice and health ministries to explore possibilities for cooperation and provision of support. It also presented its report on missing-persons cases to the foreign ministry and gave them a detailed account of its activities in response to the issue of missing migrants.

The ICRC continued to follow up the social reintegration of several ex-detainees who had been repatriated to Algeria, including people previously held at the US detention facility at the Guantanamo Bay Naval Station in Cuba.

The ICRC maintained contact with the IOM and UNHCR and coordinated its activities with theirs. It stood ready to refer vulnerable people to these agencies or others for assistance.

The ICRC continues to visit detainees in Algeria

The ICRC developed its dialogue with the justice ministry, the police and the *gendarmerie*, which enabled it to visit more places of detention run by these authorities than in the past. It visited, in accordance with its standard procedures, 25 places of detention collectively holding 17,451 people. Notably, the ICRC was able to visit detainees held in Tamanrasset. During its prison visits, the ICRC assessed the treatment and living conditions of detainees, paying particular attention to those with specific vulnerabilities, such as security detainees and foreigners.

The authorities and the ICRC discussed several issues, including the necessity of ensuring that detainees – foreigners, in particular – had family contact regularly and without discrimination. Some of the ICRC's recommendations were taken up: for instance, the authorities drew up a pilot project to enable foreign detainees throughout the country to make international calls to their families. The proposal was under review by the government at year's end. The ICRC and the authorities also discussed how best to respond to systemic issues such as overcrowding and ensure detainees' access to health care of good quality; the authorities were given technical support to these ends.

Detainees held far from their homes, or whose families were not in Algeria, used the Movement's family-links services to exchange news with their relatives.

The Algerian Red Crescent receives ICRC support

The Algerian Red Crescent was the main humanitarian actor in Algeria, responding to natural disasters and other emergencies throughout the year. The ICRC continued to give the National Society training, and technical and/or material support, to improve its family-links and first-aid services and reinforce its efforts to broaden awareness of IHL and the Movement. For instance, National Society staff and volunteers strengthened their internal procedures and operational capacity to provide family-links services and search for missing people, in line with the ICRC's data-protection standards; the ICRC provided training and technical support to this end.

Efforts to foster awareness and acceptance of IHL and humanitarian action continue

The ICRC kept up its dialogue with authorities, military officers, and other influential actors in Algeria and the wider region, with a view to expanding their understanding of IHL, the Movement, and the ICRC's activities. It also strove to raise public awareness of pressing humanitarian issues. For example, the ICRC attended a meeting among member states of the Organisation of Islamic Cooperation, which was held in Algiers; the ICRC engaged with representatives from the Islamic countries where it works and conveyed key humanitarian messages.

The ICRC strove to promote IHL and urge its implementation, both in its bilateral dialogue with the authorities and during the events to which it was invited. It gave the national IHL commission support for its seminar on advancing the domestic implementation of IHL and briefed its members on the challenges posed by contemporary armed conflicts to IHL. At a seminar on mine action held by the Algerian government, the ICRC promoted its position on the use of anti-personnel mines among government officials from various African countries and other stakeholders.

The ICRC continued to give the military expert advice for finalizing an IHL manual. It enabled two senior military officials to attend a workshop on international rules governing military operations in Kenya (see *Headquarters – Protection and Essential Services*), and another senior officer to participate in a workshop on partnered military operations in Rwanda (see *Kampala*).

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	4			
Phone calls facilitated between family members	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	63	7	5	7
<i>including people for whom tracing requests were registered by another delegation</i>	22			
Tracing cases closed positively (subject located or fate established)	11			
<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)	225	29	26	26
<i>including people for whom tracing requests were registered by another delegation</i>	57			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	25			
Detainees in places of detention visited	17,451	283	76	
Visits carried out	32			
		Women	Girls	Boys
Detainees visited and monitored individually	198	11	2	3
<i>of whom newly registered</i>	164	10	2	3
RCMs and other means of family contact				
RCMs collected	42			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	567			

BURKINA FASO

Having worked in the country for over a decade, the ICRC opened a delegation in Burkina Faso in 2020. It seeks to ensure that people affected by hostilities are protected in line with IHL and other norms, and monitors detainees' treatment and living conditions. With the Burkinabe Red Cross Society, the ICRC helps communities cope with the effects of armed conflict and the climate crisis in the Sahel region by providing essential goods and health care, improving water infrastructure and supporting livelihoods. It helps displaced people restore contact with their families.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Humanitarian access remained challenging, but the ICRC, by sustaining its dialogue with the authorities and other influential actors, was able to reach violence-affected communities in remote areas.
- Violence-affected people met their urgent needs and worked towards self-sufficiency, with ICRC support. The ICRC adapted its response to provide more food assistance to people struggling with food insecurity.
- Primary-health-care centres and hospitals provided life-saving and other care of good quality, with ICRC support. Because of the large number of people wounded during intense fighting, more hospitals than planned were assisted.
- Detainees, including those held in connection with the situation, were visited by the ICRC. Authorities endeavoured, with the ICRC's help, to meet detainees' basic needs, such as health care and food.
- Members of families separated by the situation, reconnected through the Movement's family-links services. The ICRC reminded authorities of families' right to know the fate of their missing relatives.
- The Burkinabe Red Cross Society used support from the ICRC to develop its capacities in assessing and responding to emergency needs and restoring family links.

EXPENDITURE IN KCHF

Protection	4,805
Assistance	19,781
Prevention	2,176
Cooperation with National Societies	1,526
General	173
Total	28,462
<i>Of which: Overheads</i>	<i>1,723</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	48
Resident staff (daily workers not included)	192



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	76
RCMs distributed	46
Phone calls facilitated between family members	5,387
Tracing cases closed positively (subject located or fate established)	147
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	23
Detainees in places of detention visited	5,274
<i>of whom visited and monitored individually</i>	523
Visits carried out	89
Protection of family links	
RCMs collected	278
RCMs distributed	60
Phone calls made to families to inform them of the whereabouts of a detained relative	218

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 105,000	160,490
Food production	People 441,000	374,824
Income support	People 5,600	1,575
Living conditions	People 51,100	45,640
Capacity-building	People 220	3,828
Water and habitat		
Water and habitat activities	People 74,000	82,333
Health		
Health centres supported	Structures 37	36
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	People 7,600	4,747
Water and habitat		
Water and habitat activities	People 2,000	2,724
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 6	16

CONTEXT

Burkina Faso's military and security forces continued to fight armed groups active in the country and elsewhere (see *Mali* and *Niger*). Volunteers, recruited as army auxiliaries, participated in operations against these groups. The security situation continued to deteriorate: northern and eastern Burkina Faso were most severely affected, but violence also spread to the central and western sections of the country. Arrests were made in connection with the situation.

Civilians, including health workers and people receiving medical care, were allegedly attacked; many were wounded, subjected to abuse or killed. More than 2 million people were reported to be internally displaced. The volatile security situation also impeded the delivery of humanitarian aid.

IDPs had difficulty meeting their needs; their host communities' resources were severely strained. Agriculture and trade were disrupted by the fighting and climate shocks, damaging livelihoods and making food scarce. This drove up the prices of essential goods and led to high rates of malnutrition among women and children. Health care and other essential services, including in places of detention, were not readily available.

Migrants passed through Burkina Faso on their way to Europe and elsewhere.

ICRC ACTION AND RESULTS

Together with the Burkinabe Red Cross Society, the ICRC assisted people dealing with the combined effects of violence and the climate crisis. Security, access and financial constraints limited the implementation of certain projects.

Particularly in light of the intensifying violence in the country, the ICRC kept up its efforts to engage weapon bearers, authorities and other influential actors in dialogue. It did so with a view to fostering acceptance for principled humanitarian action and ensuring safe access to violence-affected communities in hard-to-reach areas, for itself and for other Movement components. The ICRC monitored the situation of violence-affected people, documenting their humanitarian concerns – including allegations of abuse – and communicating these confidentially to the pertinent parties. It reminded these parties to ensure protection for all civilians, particularly those seeking or providing health care. Armed forces and security forces personnel learnt more about the Fundamental Principles, IHL and other applicable norms, during training sessions. The ICRC worked to address misinformation regarding its work to strengthen acceptance of its mandate, especially among the communities it sought to assist.

The ICRC endeavoured to help people meet their immediate needs and work towards self-sufficiency. It provided food rations to more people than planned, to help them cope with the food crisis. Households with malnourished members were given nutritional supplements. Facing restrictions on the use of cash assistance, some of the ICRC's planned cash assistance was converted to in-kind support. Tens of thousands of households strove to produce more food with the ICRC's help: farmers received seed, tools, cash and other support, and

herders benefited from ICRC livestock-vaccination campaigns conducted with local actors. Livelihood support, including training and the construction of water-pumping stations in market gardens, from the ICRC and its cash-for-work projects enabled women and other breadwinners to earn an income.

Together with the National Society, the ICRC sought to broaden access to clean water and sanitation in communities affected by fighting, for instance, by repairing or constructing boreholes and water systems. Latrines and shower blocks were built at a temporary shelter for IDPs. The ICRC also built or renovated facilities at primary-health-care centres.

The ICRC continued to provide support for primary-health-care centres and hospitals in violence-affected regions, to ensure the availability of preventive, curative and surgical care of good quality. Health workers and other community members were trained to detect and manage malnutrition, especially among children and mothers. Because large numbers of people were wounded during the intense fighting, the ICRC supported more hospitals than planned. Owing to financial constraints, activities related to pre-hospital care and some training sessions were postponed.

The ICRC visited detainees to check on their treatment and living conditions, and communicated its findings confidentially to the authorities. Aided by the ICRC, these authorities worked to address detainees' needs, particularly health care and food.

Members of families separated by displacement, detention or migration used the Movement's family-links services to reconnect. At family-links kiosks run by the National Society with ICRC support, migrants and IDPs made phone calls, sent RCMS, and filed requests to locate missing relatives.

The Burkinabe Red Cross Society remained the ICRC's main partner in assisting violence-affected communities. With the ICRC's support, it developed its ability to help people in need and work in safety.

CIVILIANS

Authorities and weapon bearers are urged to ensure protection for civilians

The ICRC continued to monitor the situation of violence-affected communities in Burkina Faso. It documented their humanitarian concerns, including allegations of abuse, and communicated these confidentially to the pertinent parties, with a view to ending or preventing such unlawful conduct. Whenever possible, it reminded these parties of the norms governing the conduct of hostilities, international standards for law enforcement, and the protection due to all civilians, particularly health workers and people seeking or receiving medical treatment.

The ICRC engaged with violence-affected people through its community contact centre in Ouagadougou and through information sessions, conducted during aid distributions in some cases (see also *Actors of influence*). It did this to understand their protection-related concerns more fully and to tell them about the humanitarian services available.

Violence-affected people meet their immediate needs and work towards self-sufficiency

IDPs and residents dealing with the combined effects of violence, climate risks and food insecurity were assisted in various ways – by the ICRC, together with the Burkinabe Red Cross Society and other local partners – to meet their immediate needs and build their self-sufficiency. As the food crisis had affected many communities already contending with the effects of the security situation, the ICRC adapted its response and reached more people than planned.

Roughly 20,000 households (160,490 people) were given food rations; they included farmers, who were thus spared from having to consume seed meant for planting (see below). Some of these households received more than one round of rations and/or nutrient-enriched food (e.g. corn-soya blend, BP-5) for malnourished children and pregnant and lactating women who were within the catchment areas of ICRC-supported primary-health-care centres (see below). Other households were given food in exchange for working to improve the quality of farmland. Facing restrictions on the use of cash as assistance, some of the ICRC's planned cash assistance was converted to in-kind support.

Around 5,700 households (45,640 people) were given mosquito nets, solar-powered stoves and other essential items, to help them ease their living conditions.

Farmers and herders were given ICRC support to produce more food. Roughly 10,000 households (79,915 people) planted crops and vegetables with seed, tools and other supplies from the ICRC. Livestock belonging to some 36,900 herding households (294,909 people) were vaccinated during campaigns organized by the ICRC with local actors. Herders were also assisted in culling their herds, to help them cope with the lean season. Owing to logistical constraints, distribution of livestock feed was replaced by a pilot project to produce fodder.

Some 3,600 mothers and community-based health workers received guidance on preventing and managing malnutrition in children, as part of the ICRC's capacity-building activities. To improve their services, community-based animal-health workers (149 in all) serving remote herding communities attended training organized by the ICRC.

Some 200 women and other breadwinners (supporting 1,575 people in all) learnt business skills and expanded their knowledge about local cooperatives, as part of the ICRC's livelihood support. The ICRC followed up with people who had benefited from past projects on sewing and sheep fattening. Owing to resource constraints, provision of credit for farming associations to undertake income-generating activities did not take place; in-kind assistance was provided instead.

Water and sanitation facilities in communities are improved

The ICRC worked with the National Society to broaden access to clean water and sanitation in violence-affected communities: 27,500 people had potable water after boreholes were renovated or constructed, and equipped with hand pumps; and 50,000 people in cities benefited from donations of

generators and construction of water systems. The ICRC also gave community members training and equipment for maintaining and making repairs to water infrastructure.

Latrines and/or shower blocks were built at a temporary shelter in the North region, helping 1,100 IDPs maintain good hygiene.

To help about 1,500 IDPs and residents earn an income, the ICRC built two water-pumping stations for market-gardening sites in the North.

To help primary-health-care centres better provide their services, the ICRC renovated and/or built infrastructure such as maternity wards and dispensaries, at these centres. At a National Society-run health centre, it completed renovations begun in 2021, helped the facility purchase solar-powered, cold-chain equipment, and began building a maternity ward.

People obtain primary health care of good quality

Together with the National Society, the ICRC provided 16 primary-health-care centres with regular support: supplies and equipment such as neonatal resuscitation tables and stretchers; infrastructural improvements (see above); and training for staff in screening for malnutrition, managing cases of sexual and gender-based violence, and making referrals for people with mental illnesses. At these centres, more than 700,000 consultations were provided, including for expectant mothers. ICRC-trained counsellors provided psychological support for nearly 700 violence-affected people at some of these centres.

At three of the centres receiving regular ICRC support, the National Society, the Norwegian Red Cross and the ICRC trained health workers, parents and other community members in treating malnutrition, ensuring the health of mothers and children, preventing the spread of malaria and other common diseases, and addressing the psychosocial needs of people who were traumatized, notably as a result of gender-based violence. Owing to financial constraints, the ICRC's involvement in this project came to an end in June: however, it continued to help strengthen the centres' services.

Twenty other centres received ad hoc support for responding to emergencies such as malaria outbreaks.

Health workers, including those at the centres mentioned above, and community leaders, soldiers and others attended workshops where they learnt more about the goals of the Health Care in Danger initiative. Health workers also received ICRC training on providing basic psychosocial support.

Health care was made available to people living in remote areas or who faced other difficulties in travelling to health centres. For example, mobile health teams were sent to IDP sites and ICRC-trained community-based birth attendants facilitated safe deliveries for women unable to travel.

Members of dispersed families reconnect

Members of families separated by displacement, migration, detention or other circumstances reconnected through RCMs,

phone calls and other family-links services provided by the Movement. Migrants obtained these services at National Society kiosks along migration routes, as did community members in those areas. More National Society volunteers – some of whom were IDPs – were trained to help provide family-links services during emergencies.

People seeking family members who went missing during the violence filed tracing requests with the ICRC. The families of 147 missing people were informed of their relatives' fate and/or whereabouts and, where possible, were put in touch with them. Four people were reunited with their families. The ICRC continued to support the authorities in recognizing families' right to know the fate of their missing relatives and implementing existing measures and/or establishing new ones to prevent disappearances and facilitate proper management of human remains (see also *Actors of influence*).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people at 23 detention facilities – including places of temporary detention – in accordance with its standard procedures, to check on their treatment and living conditions; it communicated its findings confidentially to the authorities. Security detainees, including people held in connection with the situation, and others with specific needs – 523 in all – were monitored individually; some received material assistance.

Detainees contacted their relatives through RCMs and short oral messages relayed by ICRC delegates, and phone calls arranged by the detaining authorities, using phone credit provided by the ICRC. The ICRC helped 127 people return home after their release. Foreign detainees were helped by the ICRC to inform their consular authorities of their detention. During discussions with them at places of detention, the ICRC reminded authorities to inform the detainees' families of the fate of their loved ones.

Detainees have better living conditions and access to health care

Together with the health authorities, the ICRC visited infirmaries at eight places of detention. It provided the infirmaries at five places of detention with essential drugs and medical equipment, and training for their staff in managing their stocks of drugs, preventing and controlling infections, and handling cases of mental illness. It also offered detainees consultations and basic medical care. Most new detainees were medically screened when they arrived, enabling follow-up and treatment, including for malnutrition (see below). Six detainees were referred to hospitals; the ICRC paid for their treatment. Health workers used chlorine and other supplies from the ICRC to deal with a scabies outbreak at one place of detention.

Malnourished detainees received therapeutic food from the ICRC. Detainees at one prison enriched their diet with cabbages, onions, potatoes and courgettes from a vegetable garden planted at the prison in 2022, with seed and tools from the ICRC. To enable more detainees to have a more nutritious diet, the ICRC provided similar assistance to four other places

of detention. ICRC workshops helped prison health staff learn more about detecting and treating malnutrition. The ICRC donated equipment to improve the storage, preparation and distribution of food for detainees.

Some 4,700 detainees were given clothes and soap, to help ease their confinement.

About 2,700 detainees at seven detention facilities had better living conditions after renovations to water, sanitation and ventilation systems. At one prison, detainees were given training and supplies to make bleach. At another, detainees were given hygiene and cleaning supplies to help them ensure a sanitary environment; they were also given equipment to repair pots and ovens. Prison authorities were given technical advice and training to build prison infrastructure in line with internationally recognized standards.

WOUNDED AND SICK

Wounded and sick people receive life-saving care

The ICRC engaged the pertinent parties in dialogue on the necessity of safeguarding access to health care. It also instructed health workers and others in the protection due to people seeking or providing health care (see *Civilians*).

Because large numbers of people were wounded during the intense fighting (see *Context*), the ICRC increased its support for the provision of life-saving care, reaching more hospitals than planned. Sixteen hospitals in violence-affected areas sustained their operations with the help of medical supplies and equipment from the ICRC, and training for staff, notably in caring for wounded people, including amputees and blast victims. Suitable treatment was thus available to people who were critically ill or wounded. The ICRC and the authorities discussed the possibility of providing free medical treatment to victims of violence.

Owing to financial constraints, activities related to pre-hospital care and some training sessions were postponed.

ACTORS OF INFLUENCE

Particularly in light of the intensifying violence in the country, the ICRC kept up its efforts to engage weapon bearers, authorities and other influential actors in dialogue. It did so with a view to fostering acceptance for principled humanitarian action and ensuring safe access to violence-affected communities in hard-to-reach areas, for itself and for other Movement components. To strengthen acceptance for its work, especially among communities it sought to assist, the ICRC worked to address misinformation about its work.

Weapon bearers and authorities strengthen their grasp of IHL and other applicable norms

The ICRC continued to make urgent appeals to all parties to protect civilians and comply with IHL and other applicable norms. It also discussed specific issues confidentially with the parties concerned (see *Civilians*). During training sessions, armed forces and security forces personnel learnt more about the Fundamental Principles, IHL and other pertinent norms. The ICRC enabled one senior officer to participate in the

Senior Workshop on International Rules governing Military Operations (see *Headquarters – Protection and Essential Services*) and three government officials to attend the annual IHL meeting organized by the Economic Community of West African States (ECOWAS) (see *Nigeria*).

At events organized by intergovernmental bodies and other institutions, the ICRC drew attention to issues of humanitarian concern in Burkina Faso, such as food insecurity and protection for civilians. To encourage media coverage of these issues, the ICRC met with journalists and organized a competition in humanitarian reporting.

The ICRC and the Burkinabe Red Cross Society worked to gather support for the Movement and alert communities to the humanitarian services available to them. To that end, they conducted information sessions and digital campaigns, produced radio spots in local languages, and employed other means. The National Society undertook public-communication initiatives with funding and guidance from the ICRC. Violence-affected people gave their views on the ICRC's activities by phoning the ICRC's community contact centre and other means.

Authorities work towards domestic implementation of IHL and related treaties

The authorities took steps to continue strengthening the domestic implementation of IHL, drawing on ICRC expertise and other support. Together with the defence and justice ministries, the ICRC tackled the issue of missing people and the plight of their families. It also made proposals for a draft decree aimed at preventing disappearances (see *Civilians*), and contributed to the drafting of a law on the domestic implementation of the African Union Convention on IDPs. Judicial officials and the ICRC discussed IHL in connection with counter-terrorism. Government personnel learnt more about the Hague Convention on Cultural Property, at workshops organized by a local foundation and the ICRC, which helped support the county's adoption of a new law on the protection of cultural heritage. The national IHL committee and the ICRC reached an agreement concerning IHL training and other activities to bolster the committee's work.

Academic and religious circles develop their expertise in IHL

The ICRC strove to support the development of local expertise in IHL. Law students and personnel from civil-society organizations attended information sessions where they learnt more about IHL and the Movement. Students from three Burkinabe universities participated in an international moot court competition on IHL, with the ICRC's support. Under an agreement with the ICRC to promote IHL in academic and other influential circles, an institution of higher learning received publications on IHL from the ICRC and one of its students completed an internship with the ICRC's support. Their meetings with the ICRC helped religious leaders to advance their understanding of principled humanitarian action and discuss the points of correspondence between Islamic law and IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Burkinabe Red Cross Society received various forms of ICRC support – funding, supplies and equipment, infrastructural improvements, training for staff, and expert guidance – to develop its ability to help people in need, particularly in connection with health care, assessing and responding to emergency needs, restoring family links, and public communication (see *Actors of influence*). The ICRC trained National Society volunteers in applying the Safer Access Framework, to help ensure their safety during emergencies.

The ICRC and the National Society completed a project with the Norwegian Red Cross to train health workers and community members in various areas related to health (see *Civilians*).

Guided by its Movement partners, the National Society worked to strengthen its financial management and other organizational capacities.

Movement components working in Burkina Faso met regularly to coordinate their activities – for instance, in response to food insecurity – and discuss security management and other matters of common concern.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	76	5		
RCMs distributed	46	10		
Phone calls facilitated between family members	5,387			
Reunifications, transfers and repatriations				
People reunited with their families	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	973	54	32	63
<i>including people for whom tracing requests were registered by another delegation</i>	96			
Tracing cases closed positively (subject located or fate established)	147			
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases still being handled at the end of the reporting period (people)	2,450	78	36	112
<i>including people for whom tracing requests were registered by another delegation</i>	168			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	10	2		
UAMs/SC reunited with their families by the ICRC/National Society	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	6	2		
Documents				
People to whom official documents were delivered across borders/front lines	4			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	23			
Detainees in places of detention visited	5,274	103	314	
Visits carried out	89			
		Women	Girls	Boys
Detainees visited and monitored individually	523	10		26
<i>of whom newly registered</i>	338	8		20
RCMs and other means of family contact				
RCMs collected	278			
RCMs distributed	60			
Phone calls made to families to inform them of the whereabouts of a detained relative	218			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		160,490	42,363	79,813
	<i>of whom IDPs</i>		38,800	10,242	19,296
Food production	People		374,824	89,229	135,044
	<i>of whom IDPs</i>		112,171	26,521	38,784
Income support	People		1,575	398	795
	<i>of whom IDPs</i>		568	144	287
Living conditions	People		45,640	12,807	21,957
	<i>of whom IDPs</i>		12,585	3,531	6,055
Capacity-building	People		3,828	953	1,942
	<i>of whom IDPs</i>		1,644	410	836
Water and habitat					
Water and habitat activities	People		82,333	20,583	45,283
	<i>of whom IDPs</i>		37,043	9,261	20,374
Primary health care					
Health centres supported	Structures		36		
	<i>of which health centres supported regularly</i>		16		
Average catchment population			116,210		
Services at health centres supported regularly					
Consultations			747,864		
	<i>of which curative</i>		693,067	7,660	513,455
	<i>of which antenatal</i>		54,797		
Vaccines provided	Doses		195,978		
	<i>of which polio vaccines for children under 5 years of age</i>		91,939		
Referrals to a second level of care	Patients		4,674		
	<i>of whom gynaecological/obstetric cases</i>		1,588		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Living conditions	People		4,747	95	
Capacity-building	People		61	1	
Water and habitat					
Water and habitat activities	People		2,724	51	56
Health care in detention					
Places of detention visited by health staff	Structures		8		
Health facilities supported in places of detention visited by health staff	Structures		5		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		16		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			1,144		
Weapon-wound admissions (surgical and non-surgical admissions)			1,314	103	139
Weapon-wound surgeries performed			1,221		
Patients whose hospital treatment was paid for by the ICRC			1,011		

CENTRAL AFRICAN REPUBLIC

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2023

- The ICRC reminded authorities and weapon bearers of their obligations under IHL and other applicable norms to protect civilians, notably those displaced by armed conflict and other situations of violence.
- Violence-affected people, including refugees, met their immediate needs and strove towards self-sufficiency with support from the ICRC. At times, however, security challenges impeded its ability to reach communities in need.
- Members of displaced and resident communities had broader access to clean water for household use, after the ICRC set up solar-powered water-distribution systems and renovated or constructed boreholes.
- Ailing and/or wounded patients obtained good-quality care at an ICRC-supported hospital in Kaga Bandoro. Victims of violence, including victims/survivors of sexual violence, were given mental-health and psychosocial support.
- Detainees received visits from the ICRC, which monitored their treatment and living conditions. The ICRC was able to resume visits to people held in places of temporary detention in May, following dialogue with the interior ministry.
- Military personnel and other weapon bearers advanced their understanding of IHL and other norms and standards pertinent to their duties at briefings and training sessions conducted by the ICRC.

EXPENDITURE IN KCHF

Protection	8,787
Assistance	27,208
Prevention	1,823
Cooperation with National Societies	1,316
General	341
Total	39,475
<i>Of which: Overheads</i>	<i>2,388</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	68
Resident staff (daily workers not included)	336



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	141
RCMs distributed	193
Phone calls facilitated between family members	207
Tracing cases closed positively (subject located or fate established)	130
People reunited with their families	17
<i>of whom unaccompanied minors/separated children</i>	<i>16</i>
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	2,376
<i>of whom visited and monitored individually</i>	<i>193</i>
Visits carried out	77
Protection of family links	
RCMs collected	96
RCMs distributed	74
Phone calls made to families to inform them of the whereabouts of a detained relative	82

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 124,750	102,750
Food production	People 121,940	76,907
Income support	People 13,510	11,238
Living conditions	People 35,000	15,687
Water and habitat		
Water and habitat activities	People 269,000	257,643
Health		
Health centres supported	Structures 8	7
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	People 1,600	1,610
Water and habitat		
Water and habitat activities	People 1,980	2,185
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 6	1
Physical rehabilitation		
Projects supported	Projects 2	3
Water and habitat		
Water and habitat activities	Structures 2	2

CONTEXT

The Central African Republic (hereafter CAR) continued to be affected by armed conflict and other situations of violence. Security conditions remained volatile, despite a 2019 peace agreement between the government and 14 armed groups. Armed violence was widespread, including in areas bordering Chad, the Democratic Republic of the Congo, Sudan and South Sudan; armed elements were present throughout the CAR. Crime was reportedly prevalent. Communal tensions sometimes erupted into violence.

An influx of people fleeing intensified armed violence in Sudan (see *Sudan*) strained resources in communities in north-eastern CAR and, to a lesser extent, in central CAR. Communities in north-western CAR hosted refugees from Chad (see *Chad*).

Some displaced people could return to their homes in places where security conditions had stabilized. Hundreds of thousands, however, remained displaced throughout or outside of the CAR; many were newly displaced by clashes. Violence-affected communities had limited access to such essential services as water and health care. People struggled to pursue livelihoods because farmland and other resources were not readily accessible, in part because of the prevailing insecurity and climate risks. All these circumstances had adverse effects on the country's food supply.

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

ICRC ACTION AND RESULTS

Working jointly with the Central African Red Cross Society whenever possible, the ICRC strove to help people affected by conflict and other violence throughout the country.

Towards contributing to the protection of people dealing with the consequences of conflict and other violence, the ICRC worked to promote compliance with IHL and other applicable norms. It reminded authorities and weapon bearers of their obligations under these norms to protect civilians, notably those displaced by violence. It documented allegations of unlawful conduct and, whenever appropriate, discussed them confidentially with the parties concerned. It urged them to take measures to prevent or end such misconduct. The ICRC continued to cultivate dialogue with them and others of influence, to secure their support for its mission and work, and facilitate its safe access to people in need. This dialogue was supplemented by events and public-communication campaigns on IHL and the Movement.

In areas affected by violence or other crises, the ICRC assisted displaced people, residents and returnees to meet their immediate needs and strive towards self-sufficiency. Following an influx of refugees from Sudan, the ICRC endeavoured to expand its provision of emergency aid in border areas of the CAR. At times, however, security concerns impeded the ICRC's ability to reach communities in need. The ICRC distributed food, or the cash equivalent, to thousands of households; farmers among them were thus able to avoid consuming seed meant for planting or crops intended for sale. Similar support

was given to carers of malnourished children being treated at ICRC-supported health facilities. Hygiene and household essentials, including shelter materials, were provided to refugees from Sudan or people affected by floods in the CAR. Cash grants, supplies and/or training enabled people to cover basic expenses and pursue livelihoods. ICRC-provided supplies and tools enabled farmers to propagate seed or grow crops. The ICRC provided material assistance to the livestock ministry and veterinary-care providers, to help them implement livestock-vaccination campaigns and provide other services to herders. Displaced and resident communities had broader access to clean water and better public facilities, thanks to ICRC infrastructural projects – for instance, solar-powered water-distribution systems.

The ICRC continued to back various health facilities. Primary-health-care centres provided curative and antenatal consultations, vaccination and referrals for further care. Ailing and/or wounded people requiring higher-level treatment received good-quality surgical, maternity and paediatric services, free of charge, at a hospital in Kaga Bandoro. Victims of violence, including victims/survivors of sexual violence, had access to mental-health and psychosocial support. People with disabilities received suitable care at physical rehabilitation centres in Bangui; some of them were given board and lodging while undergoing treatment, by an ICRC-supported local organization.

Members of families dispersed by violence, detention or other circumstances reconnected through the Movement's family-links services. Unaccompanied minors, including those formerly associated with armed groups, were reunited with their families.

The ICRC visited detainees to monitor their situation; they included people held in places of temporary detention, whom the ICRC was able to resume visiting in May, following dialogue with the interior ministry. Findings and recommendations from the visits were communicated confidentially to the detaining authorities. It assisted the authorities' efforts to meet detainees' need for adequate health care, food and living conditions.

The Central African Red Cross Society, with ICRC support, continued building its capacities to help people in need and strengthen its organizational structure and legal base. Regular meetings and discussions between Movement components helped to foster closer cooperation and more effective coordination, and reduce duplication of effort.

CIVILIANS

Parties to conflict are urged to uphold IHL

Towards contributing to the protection of people dealing with the consequences of conflict and other violence, the ICRC worked to promote compliance with IHL and other pertinent norms. It reminded authorities and weapon bearers of their obligations under these norms to protect civilians, notably those displaced by violence. It documented allegations of unlawful conduct, including sexual violence and attacks against health-care services, and discussed them confidentially with

the parties concerned, whenever appropriate. It urged them to take measures to prevent or end such misconduct.

At ICRC-led briefings and training sessions, military personnel and members of “mixed units” – established by the government under the 2019 peace agreement and composed of military troops, security forces personnel and members of armed groups – strengthened their grasp of IHL and/or international law enforcement standards.

Violence-affected people address their immediate and longer-term needs

In Bambari, Bouar, Kaga Bandoro and other areas affected by violence or other crises, displaced people, residents and returnees met their immediate needs and strove towards self-sufficiency with the help of the ICRC, which worked jointly with the Central African Red Cross Society whenever possible. Following an influx of refugees from Sudan, the ICRC endeavoured to expand its provision of emergency aid in border areas of the CAR. At times, however, security concerns impeded the ICRC’s ability to reach communities in need.

Around 14,400 households (100,709 people) were given food, or the cash equivalent; several received more than one round of aid. Farmers among them were thus able to avoid consuming seed meant for planting or crops intended for sale. Carers of malnourished children being treated at ICRC-supported health facilities (see below and *Wounded and sick*) were similarly assisted with rations or cooked meals, benefiting some 290 households (2,041 people). The mothers of these children were trained in malnutrition screening and good nutritional practices, and in relaying their knowledge to their peers.

Roughly 2,240 households (15,687 people) obtained ICRC-distributed hygiene and household essentials, including shelter materials, for helping them ease their situation. Most were refugees from Sudan; the rest had been affected by floods.

About 1,600 households (11,238 people) covered basic expenses and pursued livelihoods, using ICRC-provided cash grants, supplies and/or training. They included members of crop- or seed-producing associations, participants in cash-for-work projects to repair access roads and footbridges (see below), and victim/survivors of sexual violence treated at ICRC-supported health facilities (see below and *Wounded and sick*).

Some 11,000 farming households (76,907 people) propagated seed or grew crops using ICRC-provided supplies and tools; they also received food or cash (see above). Owing to financial and other constraints, the ICRC adapted its planned activities for herders; it donated vaccines, other medicines and cold-storage equipment to the livestock ministry and veterinary-care providers, to help them implement livestock-vaccination campaigns and provide other services.

Communities have improved water and other public infrastructure

In areas like Ippy and Markounda that hosted many displaced people – including those from Chad or Sudan – communities had more reliable access to potable water after the ICRC installed fixed or temporary water-distribution systems; the fixed

systems were solar-powered. Water-purification tablets were distributed by the ICRC at a refugee camp in Am Dafok. People in Bambari and Kaga Bandoro could travel more safely to fetch water after emergency repairs to access roads and footbridges were made by community members, whom the ICRC compensated and equipped to this end. In all, 20,833 people could avail themselves of water through the above-mentioned initiatives.

Some 76,300 people in rural areas such as Farazala and Ndélé had broader access to clean water after the ICRC set up solar-powered water systems and constructed or renovated boreholes and footbridges. Some of them also learnt more about preventing water-borne disease, during hygiene-promotion sessions. In the urban areas of Bangui and Bouar, the national water agency could better serve 158,000 people using ICRC-donated water-treatment chemicals. Its water-treatment plant in Bouar was provided by the ICRC with fuel and a new electrical system.

In Kabo, the ICRC built a vaccination park to help 2,500 herders maintain their animals’ health.

Patients and workers at ICRC-supported health centres in Doukouma and Patcho benefited from infrastructural upgrades, such as construction of a fence, extension of a building and repairs to key facilities.

People obtain good-quality health care

Four primary-health-care centres – one each in Doukama, Grevai, Ouandago and Patcho – sustained their operations with regular support from the ICRC: funds, supplies, equipment, infrastructural upgrades (see above), and/or staff training and supervision. Patients were given consultations and vaccinated – including in remote areas, through health posts linked to the centres. Children were treated for malnutrition. Victims of violence, including victims/survivors of sexual violence, had access to psychosocial support and other specialized care. A total of 377 patients were referred for higher-level care, including to an ICRC-backed hospital (see *Wounded and sick*); the ICRC supplied tricycle ambulances and fuel for this purpose and, at times, arranged for the patients’ transport. Three other health facilities, including one in Am Dafok serving Sudanese refugees, were given medical supplies on an ad hoc basis.

At information sessions by the National Society and the ICRC, community-based health relays and others within the catchment areas of the health centres that received regular ICRC support learnt more about various health-related matters. These included mother-and-child care, prevention of malnutrition and infectious diseases like COVID-19, and addressing the specific needs of victims/survivors of sexual violence. The health relays were also trained to conduct home visits and refer people to the centres, leading hundreds of pregnant women, and children below the age of five, to receive suitable care.

Members of separated families reconnect

Members of families dispersed by violence, detention or other circumstances reconnected through family-links services provided by the Central African Red Cross, National Societies in neighbouring countries and the ICRC. Sixteen unaccompanied minors – some formerly associated with armed groups

– were reunited with their families. The fate or whereabouts of 130 people reported missing were established; their families were notified accordingly and, whenever possible, put in touch with them.

Missing people's families received legal and administrative support for obtaining state assistance. With the ICRC's help, some of them participated in an international conference in Geneva that brought together families of missing people from around the world to share their experiences and draw attention to their plight (see *Headquarters – Protection and Essential Services*).

The ICRC's IHL briefings and training sessions for military personnel and other weapon bearers (see above) included guidelines on the dignified management of human remains. The aim was to help them facilitate the recovery, identification, and handover to the families concerned of the bodies of people killed during violence or other crises.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC conducted visits, in accordance with its standard procedures, to 2,376 people held in 20 detention facilities managed by the authorities. The ICRC resumed visits to detainees in places of temporary detention run by the police and the *gendarmerie* in May, following dialogue with the interior ministry; the ICRC's access to them had been suspended in 2022. It paid close attention to detainees with specific needs, such as women, children and people held in connection with conflict. Hygiene essentials were distributed to around 2,400 detainees, to help them ease their confinement. Findings from the visits and recommendations for improving detainees' living conditions and treatment, including respect for judicial guarantees and the principle of *non-refoulement*, were communicated confidentially to the authorities.

Detainees and their relatives used family-links services – short oral messages relayed by ICRC delegates, phone calls and RCMS – to stay in touch. At their request, foreigners were assisted to inform their consular representatives of their detention. The ICRC urged the authorities to ensure that detainees' families were kept informed of the whereabouts and health of their relatives.

Authorities endeavour to meet detainees' basic needs

Prison authorities and health staff, with ICRC support, worked to ensure detainees' access to good-quality health care. Detainees with certain conditions, such as TB and HIV/AIDS, were treated under national programmes; the ICRC had previously given the authorities advice to this end. The ICRC provided clinics at two of four priority prisons with essential drugs, medical supplies and equipment, technical advice and staff training, including on managing malnutrition. It assisted 47 detainees in obtaining life-saving treatment at external medical facilities, including at an ICRC-supported hospital (see *Wounded and sick*). At the Bangui central prison, it facilitated an initiative, by prison health staff and an international NGO, to regularly conduct medical screenings of detainees upon entry.

The ICRC continued to back the authorities in addressing detainee malnutrition. Key prison staff added to their

knowledge of nutrition and related matters, at ICRC training sessions. At the Bangui central prison, 1,610 detainees received supplementary rations, and ICRC-trained workers began undertaking nutrition-management activities unassisted. The ICRC continued to advise the authorities on other projects to improve detainees' nutrition – for example, cultivating vegetable gardens and fishponds, aimed at diversifying detainees' diets.

Infrastructural projects implemented by the authorities with ICRC support, and by the ICRC, helped foster adequate living conditions for 2,185 detainees at the four prisons. For example, water, sanitation and/or kitchen facilities were upgraded at three prisons, and mosquito nets installed at two prisons.

WOUNDED AND SICK

Wounded people are stabilized by trained first responders

A total of 1,450 potential first responders – moto-taxi drivers, weapon bearers, Central African Red Cross volunteers, and members of violence-affected communities – learnt how to administer first aid to wounded people and stabilize their condition, at training sessions conducted by the National Society and the ICRC. They were also given basic supplies. These efforts helped ensure that wounded people received life-saving medical attention before being taken, as necessary, to hospitals or other facilities.

Patients in Nana-Grébizi access good-quality hospital care

The ICRC continued to support a hospital in Kaga Bando that served as the reference hospital for violence-affected people in Nana-Grébizi prefecture. The hospital developed its ability to provide good-quality medical care, free of charge, and to strengthen its surgical, maternity, paediatric and other services, with ICRC support: funds, equipment, supplies, technical advice, training, and on-site staff reinforcement and supervision. Ailing or wounded patients – among them malnourished children, people with disabilities and victims of violence, including victims/survivors of sexual violence – were provided with adequate treatment, including mental-health and psychosocial support. Health-care professionals reinforced their skills in such areas as obstetric care, management of severe acute malnutrition, and infection prevention and control. They also learnt more about the protection due to people seeking or providing medical care. Towards helping ensure adequate staffing at the hospital, the ICRC gave scholarships to university students who were taking courses in fields like nursing and midwifery.

Patients and health-care workers benefited from ICRC infrastructure-improvement and -maintenance projects at the hospital, such as construction of a kitchen and a latrine block.

The ICRC stood ready to provide support to up to five additional hospitals in the event of an emergency; however, the need to do so did not arise.

People with disabilities obtain physical rehabilitation services

The authorities and the ICRC finished building a new physical rehabilitation centre in Bangui, which opened in June. The ICRC transferred its activities from an older centre to this new

one, providing it with equipment, supplies, staff training and on-site supervision to help it enhance its services.

At the older centre and the new one, a combined total of 288 people¹ with physical disabilities availed themselves of physiotherapy and other services and/or were fitted with prostheses or orthoses. Some patients were transported by the ICRC from other health facilities to the centre; others, who had no relatives in Bangui to stay with during their treatment, were given board and lodging by an ICRC-supported local organization. Fewer people than planned were supported, owing to constraints arising from the ICRC's transfer to the new centre.

ICRC-led improvements at the new centre, such as construction of a compressed-air system and an exercise area, were aimed at enhancing its physiotherapy services.

To help promote the social inclusion of people with disabilities, the ICRC maintained contact with actors involved in disability sports, such as the national wheelchair-basketball federation and the national Paralympic committee.

Plans to assist people pursuing studies in physiotherapy and related fields, with a view to enhancing the sustainability of the physical-rehabilitation sector, remained under discussion with local partners.

ACTORS OF INFLUENCE

The ICRC continued to cultivate dialogue with authorities, weapon bearers, community leaders and others of influence in the CAR, to secure their support for its mission and work, and facilitate its safe access to people in need. It drew their attention to the humanitarian consequences of conflict and other violence; the plight of victims/survivors of sexual violence; the necessity of safeguarding medical services; the particular concerns of displaced people; and the activities of the Movement.

Weapon bearers strengthen their grasp of IHL

Authorities and weapon bearers – including officers from the military, police and *gendarmerie*, and MINUSCA troops – drew on the ICRC's expertise to further their understanding of IHL and other applicable norms, and relevant standards, and/or to integrate these into their doctrine, training and operations (see also *Civilians*). The ICRC expanded its dialogue with the interior ministry on these subjects.

During its meetings with members of certain armed groups, the ICRC emphasized the importance of upholding humanitarian principles.

With key ministry officials, legislators and other pertinent authorities, the ICRC discussed the domestic implementation of IHL and related treaties, such as the African Union Convention on IDPs. It continued to provide them with expert advice, notably for the establishment of a national IHL committee. Officials

from the disarmament ministry and magistrates furthered their grasp of IHL, during ICRC-organized workshops.

At a moot court competition organized by the ICRC with local partners, law students demonstrated their grasp of IHL. University students and teachers learnt more about IHL at ICRC dissemination sessions; some of them conducted research on IHL, using reference materials from the ICRC. The ICRC continued to give a university technical and other support for establishing a master's degree programme in IHL and humanitarian action.

Communities learn more about IHL and the Movement

The Central African Red Cross Society and the ICRC worked to broaden public awareness and understanding of IHL and the Movement, and of humanitarian issues, by disseminating informational materials via traditional and digital media. The ICRC also met with people that it was assisting (see *Civilians*) to seek their feedback and convey information to enable them to bolster their resilience to the effects of violence.

The ICRC organized briefings, workshops and field trips for journalists, to familiarize them with the ICRC and its activities and to cover humanitarian concerns in the CAR more accurately.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society continued to build its capacities to help people in need, with the ICRC's financial, material and technical support, under a partnership framework agreement between the two organizations.

National Society staff and volunteers developed their ability to, for example, carry out livelihood-support activities, restore family links, deliver first aid, and disseminate information about IHL and the Movement (see above). They continued to undergo training in implementing the Safer Access Framework.

The National Society strove to strengthen its organizational structure and legal base.

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

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		141	39	
RCMs distributed		193	13	
Phone calls facilitated between family members		207		
Reunifications, transfers and repatriations				
People reunited with their families		17		
	<i>including people registered by another delegation</i>	10		
People transferred or repatriated		1		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		117	18	31
	<i>including people for whom tracing requests were registered by another delegation</i>	15		
Tracing cases closed positively (subject located or fate established)		130		
	<i>including people for whom tracing requests were registered by another delegation</i>	50		
Tracing cases still being handled at the end of the reporting period (people)		404	65	93
	<i>including people for whom tracing requests were registered by another delegation</i>	70		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		35	8	5
UAMs/SC reunited with their families by the ICRC/National Society		16	4	3
	<i>including UAMs/SC registered by another delegation</i>	9		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		40	15	2
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		20		
Detainees in places of detention visited		2,376	68	35
Visits carried out		77		
			Women	Girls
Detainees visited and monitored individually		193	7	4
	<i>of whom newly registered</i>	87	5	4
RCMs and other means of family contact				
RCMs collected		96		
RCMs distributed		74		
Phone calls made to families to inform them of the whereabouts of a detained relative		82		
Detainees released and transferred/repatriated by/via the ICRC		20		
People to whom a detention attestation was issued		1		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	102,750	39,234	34,031
	<i>of whom IDPs</i>	9,880	3,773	3,273
Food production	People	76,907	31,162	23,936
	<i>of whom IDPs</i>	8,669	3,513	2,698
Income support	People	11,238	4,282	3,567
	<i>of whom IDPs</i>	1,009	384	320
Living conditions	People	15,687	5,778	5,496
	<i>of whom IDPs</i>	609	224	213
Water and habitat				
Water and habitat activities	People	257,643	105,530	52,817
	<i>of whom IDPs</i>	25,035	10,257	5,126
Primary health care				
Health centres supported	Structures	7		
	<i>of which health centres supported regularly</i>	4		
Average catchment population		8,360		
Services at health centres supported regularly				
Consultations		55,514		
	<i>of which curative</i>	48,007	10,949	31,583
	<i>of which antenatal</i>	7,507		
Vaccines provided	Doses	30,091		
	<i>of which polio vaccines for children under 5 years of age</i>	3,977		
Referrals to a second level of care	Patients	377		
	<i>of whom gynaecological/obstetric cases</i>	63		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		767		
People who attended information sessions on mental health		8,681		
People trained in mental-health care and psychosocial support		49		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	1,610		23
Water and habitat				
Water and habitat activities	People	2,185	42	24
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions		547		
<i>of which weapon-wound surgical admissions</i>		*	*	*
<i>of which non-weapon-wound surgical admissions</i>		530		
Operations performed		705	204	35
Medical (non-surgical) admissions		1,561	722	*
Gynaecological/obstetric admissions		1,275	1,250	25
Consultations		22,817		
First aid				
First-aid training				
	Sessions	55		
	Participants (aggregated monthly data)	1,450		
Water and habitat				
Water and habitat activities	Structures	2		
Physical rehabilitation				
Projects supported		3		
<i>of which physical rehabilitation centres supported regularly</i>		2		
People who benefited from ICRC-supported projects	Aggregated monthly data	342		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		288	46	61
<i>of whom participants in social inclusion projects not linked to PRCs</i>		54		
<i>of whom weapon-wounded</i>		27		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	123		
Orthoses delivered	Units	49		
Physiotherapy sessions		1,131		
Walking aids delivered	Units	25		
Wheelchairs or postural support devices delivered	Units	*		

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

CHAD

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2023

- Authorities and weapon bearers were urged by the ICRC to uphold IHL and other pertinent norms, in connection with conflict in Chad and the wider region. Documented allegations of IHL violations were relayed to the parties concerned.
- IDPs, refugees – including those from Sudan – and other violence-affected people covered their immediate needs, built their resilience, and gained access to clean water, with assistance from the Red Cross of Chad and the ICRC.
- Refugees from Sudan obtained life-saving care at ICRC-supported hospitals in eastern Chad. People needing further treatment were airlifted, with the ICRC's help, from eastern Chad to a hospital in N'Djamena.
- Members of families separated by violence, migration or detention reconnected, using the Movement's family-links services. The ICRC set up satellite branches of these services in eastern Chad for the benefit of refugees from Sudan.
- The authorities continued to meet detainees' health needs at several places of detention, with comprehensive support from the ICRC. The ICRC gradually ended its assistance at some of these prisons, owing to resource constraints.
- The authorities adopted a law, which was drafted with the ICRC's support, incorporating the provisions of the African Union Convention on IDPs. The ICRC met with the pertinent actors to follow up its implementation.

EXPENDITURE IN KCHF

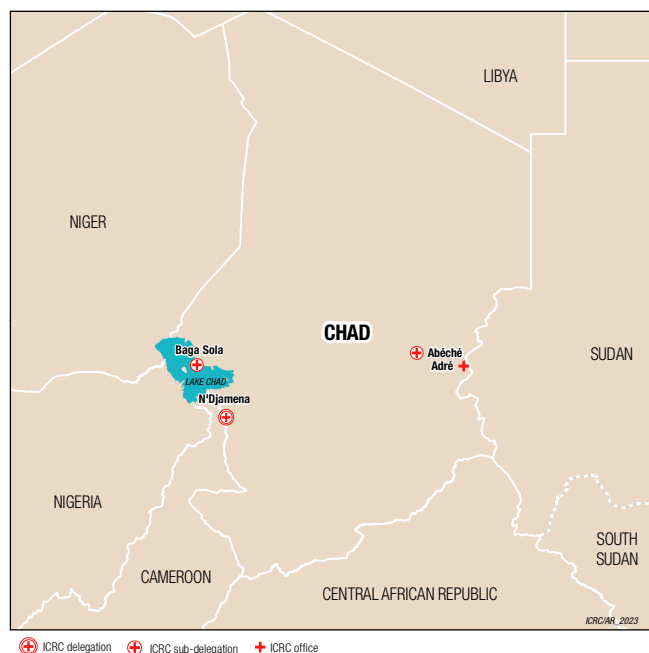
Protection	3,182
Assistance	7,239
Prevention	1,079
Cooperation with National Societies	982
General	23
Total	12,506
<i>Of which: Overheads</i>	763

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	34
Resident staff (daily workers not included)	145



PROTECTION

CIVILIANS

Protection of family links

RCMs collected	510
RCMs distributed	329
Phone calls facilitated between family members	133,630
Tracing cases closed positively (subject located or fate established)	60

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	6
Detainees in places of detention visited	5,080
<i>of whom visited and monitored individually</i>	637
Visits carried out	22

Protection of family links

RCMs collected	448
RCMs distributed	365
Phone calls made to families to inform them of the whereabouts of a detained relative	189

ASSISTANCE

CIVILIANS

Economic security

		2023 Targets (up to)	Achieved
Food consumption	People	10,400	2,707
Food production	People	174,000	128,771
Income support	People	200	24
Living conditions	People	6,000	16,463
Capacity-building	People	300	250

Water and habitat

Water and habitat activities	People	23,100	44,069
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Food consumption	People	3,500	5,536
Living conditions	People	3,500	5,392

Water and habitat

Water and habitat activities	People	4,500	6,275
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures		2
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CONTEXT

Following the latest outbreak of violence in Sudan in April (see *Sudan*), over 400,000 people arrived in eastern Chad to seek refuge from the conflict. They had few or no belongings and lacked the means to obtain food, water and other basic needs. Many of them required urgent medical attention.

Chad – together with other members of the Multinational Joint Task Force headquartered in N'Djamena – continued to battle the armed groups which were active in the wider Lake Chad region (see also *Niger*, *Nigeria* and *Yaoundé*). Chadian forces made arrests in connection with the armed conflict. Communal tensions persisted in eastern and southern Chad, while the presence of armed groups threatened the security in northern and southern Chad. Weapon bearers allegedly engaged in unlawful conduct.

Owing to the violence, people fled to other areas or to nearby countries (see, for example, *Central African Republic*), or could not return to their homes. Basic services – including in overcrowded detention facilities – and livelihood sources were not readily available or difficult to access. All these circumstances, and the climate crisis, contributed to food insecurity and malnutrition. Southern Chad continued to host refugees from Cameroon and the Central African Republic (hereafter the CAR); many of them required help to contact their families.

The governmental transition continued. Elections were scheduled for 2024.

Chad began taking steps towards the dissolution of the G5 Sahel Joint Force, a regional coalition against armed groups.

ICRC ACTION AND RESULTS

The ICRC, together with the Red Cross of Chad and local authorities, continued to address the needs of people affected by conflict and other situations of violence, in Lac and elsewhere in Chad. It broadened the scope of its multidisciplinary activities to respond to the spillover effects of the conflict in Sudan. For instance, the ICRC's economic-security and water-and-habitat activities also benefited refugees from Sudan. It also began implementing health-related activities in eastern Chad. In June, the ICRC opened a new sub-delegation in Abéché and an office in Adré, with a view to responding to the humanitarian crisis affecting refugees from Sudan, and to provide operational and logistical support for its work in Sudan.

The ICRC sought to cultivate respect for IHL and other applicable norms, and help facilitate the Movement's activities for people in need. It engaged authorities, weapon bearers and other influential actors in dialogue, documented allegations of violations of IHL and other pertinent norms, and relayed them to the actors concerned, with a view to ending or preventing such misconduct. It also discussed the situation of IDPs with the authorities and measures to address IDPs' concerns.

The ICRC assisted households to build their resilience to the consequences of conflict and other crises. When necessary, it also helped IDPs, refugees – particularly those who fled Sudan

– and other victims of violence to meet their immediate needs. Seeds, tools or cash from the ICRC helped farming households to produce food. Herding households benefited from campaigns to vaccinate livestock. Aided by the ICRC, local agricultural and veterinary services strengthened their ability to support food production. IDPs, refugees and other violence-affected people received cash for buying food, supplementary food for those who were malnourished, and/or essential household items. Members of mothers' clubs and other women were given guidance in practising and promoting good nutrition, hygiene and sanitation.

Infrastructural work by the ICRC – construction of boreholes and irrigation networks – improved water and other public facilities for violence-affected people in Lac and elsewhere. In coordination with the water ministry, the ICRC trained National Society volunteers and community representatives to establish committees for monitoring the operation and maintenance of such infrastructure. It distributed soap and other cleaning items during hygiene-promotion sessions, and provided solar-powered lamps that also functioned as phone chargers. These activities helped improve living conditions for refugees – including those from Sudan – IDPs and residents.

Members of families dispersed by violence, detention, migration or other circumstances – including refugees from Cameroon, the CAR and Sudan – reconnected using the Movement family-links services. The ICRC extended the reach of these services in eastern Chad to help refugees from Sudan, to get in touch with their families.

The ICRC visited detainees in accordance with its standard procedures; it assessed their situation, paying close attention to those with specific needs. It discussed, with penitentiary and judicial authorities, ways to ensure that detainees' treatment and living conditions met internationally recognized standards. With support from the ICRC, detaining authorities at four prisons worked to make health services and nutritious food available to detainees. The ICRC continued to urge the health and justice ministries to work more closely together to provide health care for detainees. It gradually ended its support for two of these prisons owing to resource constraints; the authorities at these prisons received ICRC assistance for taking over the provision of health services.

The ICRC began strengthening capacities at hospitals in eastern Chad. A surgical team deployed by the ICRC and donations of medical items helped health facilities provide suitable treatment for violence-affected people, including wounded refugees from Sudan. People requiring advanced surgical care were airlifted from eastern Chad to a hospital in N'Djamena, after the ICRC worked closely with the pertinent authorities to facilitate their transfer.

The National Society, with support from the ICRC and other Movement partners, developed its ability to assist people affected by violence and other emergencies. Movement components maintained regular contact to exchange information and coordinate their activities.

CIVILIANS

Authorities and weapon bearers are urged to uphold IHL and other applicable norms

The ICRC monitored the situation of people affected by conflict and other violence, including IDPs, refugees, returnees, and residents of host communities. It documented allegations of unlawful conduct and, whenever possible, shared these with the pertinent parties, who were urged to end or prevent such misconduct. The ICRC also communicated the information it had gathered to its delegation in Sudan (see *Sudan*), which was engaged in protection dialogue with the relevant Sudanese actors. The ICRC reminded the authorities and weapon bearers to comply with IHL, international human rights law and other applicable norms. Members of the Chadian national army, the *gendarmerie* and the police familiarized themselves with IHL and human rights law at ICRC training sessions (see *Actors of influence*).

The ICRC drew the attention of the relevant authorities to the situation of IDPs and impressed upon them the importance of finding sustainable solutions for the voluntary and safe return of IDPs to their places of origin. It also discussed with them the implementation of a law protecting the rights of IDPs (see *Actors of influence*).

Violence-affected people pursue livelihoods and meet their immediate needs

The ICRC, often in tandem with the Red Cross of Chad, assisted refugees, IDPs, residents and returnees to cover their immediate needs, and to build their resilience to the consequences of conflict and other violence, and the effects of the climate crisis.

Approximately 5,750 farming and market-gardening households (34,500 people) grew vegetables and other food crops with seed from the ICRC. The ICRC gave some of them cash for buying fuel or employed them in cash-for-work projects. Livestock belonging to some 15,700 herding households (94,200 people) were vaccinated against disease during campaigns organized by the ICRC, in coordination with the livestock ministry and other local actors.

The ICRC helped local agricultural and veterinary services to strengthen their ability to assist farmers. It donated vehicles and solar-powered freezers for storing vaccines, enabling these actors to better carry out their duties. A total of 250 people learnt about agricultural techniques and related topics at ICRC training sessions, so that they could relay this knowledge to others. Seed producers were given seed, to improve the services they provided to farmers.

Owing to resource constraints, the ICRC's plan to help people bolster their livelihood was hampered. Around 20 bread-winners attended ICRC-organized training sessions to learn about best practices in financial management. Households that the ICRC was unable to assist will receive support in 2024.

The ICRC sought to ameliorate the living conditions of conflict-affected people. Cooking utensils, blankets and other essentials, or cash for buying these, were distributed to about 2,730 households (16,400 people, including IDPs);

around 7,000 of them were refugees from Sudan. Roughly 2,707 malnourished children were given supplementary food.

With a view to helping improve public health, the National Society and the ICRC trained members of mothers' clubs and other women in good nutrition, hygiene and sanitation, and in promoting these practices in their communities (see also below).

Communities help to maintain water infrastructure

In Lac and elsewhere, around 44,000 people, including IDPs and refugees, benefited from the ICRC's water-and-habitat activities. Some 16,200 people among them had access to clean water for household consumption and livelihood use after the ICRC repaired or constructed boreholes and irrigation networks. National Society volunteers and community representatives formed committees for monitoring the state of such infrastructure; these committees were trained by the ICRC and the water ministry to that end.

The National Society and the ICRC distributed soap, other cleaning items, and/or water-storage containers to refugees, IDPs and residents; sometimes these distributions took place during or after hygiene-promotion sessions (see above). The ICRC also distributed construction materials, which communities members used to build latrines. As a result, some 17,000 of the people mentioned above had more sanitary surroundings and were better protected against water-borne disease.

The National Society and the ICRC provided displaced and resident households (28,700 people) with solar-powered lamps that could also charge phones.

The ICRC's water-and-habitat activities reached more people than planned as it also responded to the needs of refugees in eastern Chad. For instance, among the people mentioned above, over 10,000 refugees from Sudan had access to clean water thanks to the ICRC's water-trucking efforts, and around 6,000 refugees received solar-powered lamps (see above).

Members of dispersed families reconnect

Members of families separated by conflict, migration and other circumstances – including refugees from Cameroon and the CAR – reconnected through family-links services provided by the National Society and the ICRC. The ICRC established satellite branches of its family-links services throughout eastern Chad for the benefit of refugees who had fled Sudan. Refugees learnt about the humanitarian services available to them through informational materials and/or information sessions provided by the National Society and the ICRC. About 500 RCMs were collected and 300 distributed; some 133,600 phone calls between family members were arranged. The ICRC endeavoured to clarify the fate of missing people, including those alleged to have been arrested, with a view to notifying their families; the fate of 60 people was ascertained. Suggestion boxes installed in refugee camps helped the ICRC learn what people thought of its family-links services, and make the necessary adjustments.

In coordination with the pertinent authorities, the ICRC, as a neutral intermediary, facilitated the repatriation of a former detainee to the CAR (see *People deprived of their freedom*).

The National Society received material support (e.g. mobile phones, phone credit, batteries) and technical assistance from the ICRC for expanding its capacities in providing family-links services. Its volunteers learnt about the proper collection and distribution of RCMs during emergencies, and other matters related to restoring family links.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees are visited by the ICRC

The ICRC visited six prisons, in accordance with its standard procedures, to check on the people being held there. Findings and recommendations from these visits were communicated confidentially to the authorities concerned. During its discussions with the authorities, the ICRC followed up allegations of arrest; reminded the authorities to notify the families concerned whenever people were arrested, transferred to other detention facilities or released, or died; and urged the authorities to uphold detainees' judicial guarantees and rights, and protect them from ill-treatment, including sexual violence. The ICRC also advocated for the release of particularly vulnerable detainees on humanitarian grounds, particularly minors, women and people requiring psychosocial support. Guided by the ICRC, detaining authorities adopted measures to improve detainees' access to food and health services in line with internationally recognized standards (see below).

Detainees and their relatives contacted one another through RCMs, brief oral messages relayed by ICRC delegates, and other ICRC family-links services. With a view to improving the quality of family contact for detainees, the authorities, upon the ICRC's persuasion, allowed detainees to exchange photos with their families. At the request of foreign inmates, the ICRC notified their consular representatives or UNHCR of their detention. Working closely with the authorities concerned, the ICRC served as a neutral intermediary in facilitating the repatriation of an ex-detainee to the CAR and enabled him to contact his family ahead of his return home.

Newly released detainees received ICRC assistance for covering the expenses of their journey home or for meeting other needs. An ailing ex-detainee received medical attention, thanks to financial support provided by the ICRC. Former detainees with physical disabilities obtained prostheses after the ICRC referred them to another humanitarian organization.

Authorities endeavour to meet detainees' basic needs

Aided by the ICRC, the authorities strove to make health services, including treatment for malnutrition, more readily available at four prisons. Detainees benefited from entry-screening procedures that enabled timely treatment and follow-up for common diseases and malnutrition. Whenever necessary, they were given referrals and/or financial assistance for secondary care. The ICRC provided essential drugs and personal protective equipment regularly for clinics at the four prisons mentioned above. It arranged meetings between the authorities concerned, to devise measures to implement a coordination agreement on

health-care provision in prisons, which was drafted with the ICRC's help and signed early in the year.

Prison health personnel developed their ability to manage malnutrition cases during workshops organized by the ICRC. The ICRC also gave some of them financial incentives. Some 5,500 malnourished inmates received therapeutic or supplementary food. The ICRC provided cooking equipment and fuel, which improved the preparation of meals for around 5,300 detainees.

Owing to resource constraints, the ICRC gradually ended its comprehensive support to one of the four prisons mentioned above, effectively concluding its assistance including for health services and treatment for malnutrition. At another prison – also for the same reason – the ICRC began to withdraw its support for the treatment of malnutrition. It helped the detaining authorities to take over these tasks, for instance, by training personnel (see above) and giving them material assistance for meeting detainees' health and dietary needs. It also sought to mobilize the UNDP and other organizations to support the authorities in this regard.

Detainees' living conditions improve

About 6,200 detainees at the four prisons mentioned above had more sanitary surroundings as a result of the ICRC's water-and-habitat initiatives. The ICRC helped to renovate or build kitchens; a vocational training centre; and various facilities at a hospital to which detainees from one prison were referred. Donations of soap, disinfectant and other items enabled detainees to maintain good hygiene. It regularly discussed the maintenance of prison facilities with the authorities, with a view to ensuring that these are kept in good condition. More detainees were assisted than planned as the ICRC donated additional hygiene products to detainees at the prison where the ICRC concluded its comprehensive support (see above).

WOUNDED AND SICK

Refugees in eastern Chad obtain life-saving care

In June, the ICRC gave hospitals in eastern Chad support for providing timely and life-saving care to wounded refugees from Sudan and other victims of violence. Medical supplies and a surgical team from the ICRC enabled the University Hospital in Abéché to treat hundreds of wounded people. Another hospital received medical supplies and equipment for dealing with emergencies. Wounded people requiring advanced surgical care were airlifted from eastern Chad to a hospital in N'Djamena, after the ICRC coordinated with the pertinent authorities to facilitate their transfer.

ACTORS OF INFLUENCE

Armed forces and security forces personnel learn more about pertinent norms

Chadian armed forces and security forces personnel, and multinational troops in Chad, strengthened their grasp of IHL, international human rights law, and other pertinent norms and standards applicable to their duties, through briefings, meetings and training conducted by the ICRC. The ICRC sponsored an officer of the Chadian army to attend a course abroad on advanced topics in IHL. The Chadian National

Army endeavoured to integrate IHL provisions more fully into its doctrine, training and operations, with the guidance of ICRC-trained instructors.

In May, the authorities adopted a law incorporating the provisions of the African Union Convention on IDPs. The law, which had been drafted with the ICRC's support, aimed to strengthen legal protection for IDPs. Lawmakers and others concerned drew on the ICRC's expertise to advance its implementation (see *Civilians*).

Members of civil society add to their knowledge of IHL and the Movement

The ICRC sought to stimulate discussions about IHL among people capable of influencing decision makers, or who were themselves prospective decision makers. It held dissemination sessions and other events for university students – on IHL, humanitarian issues and the ICRC – and provided reference materials to one university. During meetings and workshops with the ICRC, religious leaders and teachers discussed the common ground between Islamic law and IHL.

In Lac and other violence-affected areas of Chad, the ICRC conducted information sessions for members of civil society – including traditional leaders and journalists – with a view to broadening acceptance for humanitarian principles and the ICRC's mandate, and broadening awareness also of the humanitarian services available to people in need. These sessions were supplemented by radio spots, social-media posts and other public-communication initiatives – some produced with the Red Cross of Chad.

The National Society developed its capacities in public communication with the ICRC's help, notably in connection with an awareness-raising campaign on the domestic law regulating the use of the red cross and red crescent emblems.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross of Chad and the ICRC continued to help people in need, including people from Sudan who had found refuge in eastern Chad (see *Civilians*). Financial, material and technical support from the ICRC – including improvements to National Society offices – and support from other Movement components enabled the National Society to develop its operational capacities. Its staff and volunteers were trained in applying the Safer Access Framework; providing emergency response and first aid; restoring family links; promoting good nutrition, hygiene and sanitation; and implementing public-communication initiatives (see *Actors of influence*). Chadian and Cameroonian National Society personnel exchanged best practices in responding to emergencies, at a workshop in N'Djamena which was organized by ICRC delegations working in Cameroon and Chad.

The National Society, the ICRC and other Movement components maintained regular contact to share information and coordinate their activities, including preparing for and responding to emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		510	15	
RCMs distributed		329	1	
Phone calls facilitated between family members		133,630		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		587	43	108
<i>including people for whom tracing requests were registered by another delegation</i>		49		
Tracing cases closed positively (subject located or fate established)		60		
<i>including people for whom tracing requests were registered by another delegation</i>		8		
Tracing cases still being handled at the end of the reporting period (people)		1,221	147	248
<i>including people for whom tracing requests were registered by another delegation</i>		369		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		112	46	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		165	66	1
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		6		
Detainees in places of detention visited		5,080	72	136
Visits carried out		22		
			Women	Girls
Detainees visited and monitored individually		637	9	2
<i>of whom newly registered</i>		99	2	2
RCMs and other means of family contact				
RCMs collected		448		
RCMs distributed		365		
Phone calls made to families to inform them of the whereabouts of a detained relative		189		
People to whom a detention attestation was issued		121		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	2,707		2,707
	<i>of whom IDPs</i>	2,748	8	2,707
Food production	People	128,771	53,489	37,399
	<i>of whom IDPs</i>	45,153	17,353	14,012
Income support	People	24	12	
	<i>of whom IDPs</i>	3	2	
Living conditions	People	16,463	7,158	2,882
	<i>of whom IDPs</i>	2,455	1,048	415
Capacity-building	People	250	111	
	<i>of whom IDPs</i>	84	37	
Water and habitat				
Water and habitat activities	People	44,069	19,517	8,754
	<i>of whom IDPs</i>	17,394	7,703	3,455
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	5,536	1,123	
Living conditions	People	5,392	1,092	
Water and habitat				
Water and habitat activities	People	6,275	76	272
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		1,000		

DAKAR (regional)

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

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Conflict-affected people in Casamance pursued livelihoods and obtained access to clean water and sanitation in their villages, with the ICRC's help. Thus, they had to leave the relative safety of their villages less often than before.
- Migrants rescued from shipwrecks sent safe-and-well messages to their families in Gambia and Senegal. In Senegal, migrants deported from neighbouring countries were enabled to phone their families.
- People displaced by clashes in Casamance were given food and other emergency aid. An ICRC-supported mine victims' association enabled mine victims to obtain physical rehabilitation at a facility in Bissau, Guinea-Bissau.
- Detainees at nine prisons – three each in Gambia, Guinea-Bissau and Senegal – received visits from the ICRC. The detaining authorities were advised on improving detainees' treatment and living conditions.
- Senegalese military officers refreshed their understanding of IHL at ICRC-organized courses or themed events in other countries.

EXPENDITURE IN KCHF

Protection	2,238
Assistance	2,537
Prevention	1,589
Cooperation with National Societies	760
General	107
Total	7,231
<i>Of which: Overheads</i>	<i>441</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
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PERSONNEL

Mobile staff	28
Resident staff (daily workers not included)	110



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	7
RCMs distributed	89
Phone calls facilitated between family members	2,431
Tracing cases closed positively (subject located or fate established)	147
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	1,845
<i>of whom visited and monitored individually</i>	23
Visits carried out	14
Protection of family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 900	1,260
Income support	People 5,060	8,288
Capacity-building	People 100	30
Water and habitat		
Water and habitat activities	People 4,215	4,200

CONTEXT

Two factions of the Mouvement des forces démocratiques de Casamance (MFDC) signed peace agreements with the Senegalese government – one in 2022 and the other in 2023. However, tensions persisted and other MFDC factions continued to battle Senegalese government forces. The continued presence of weapon bearers and of mines and explosive remnants of war (ERW) endangered communities in Casamance and narrowed their access to farmland and other livelihood resources. Hundreds of people displaced by armed violence, to other parts of Senegal or to Gambia, were not yet able to return to their villages.

In Guinea-Bissau, the president dissolved the parliament in December, following an attempt, allegedly, to overthrow the government. In Gambia, the work of the Truth, Reconciliation and Reparations Commission – part of the country's transitional-justice process – continued. The Economic Community of West African States maintained peacekeeping forces, which included Senegalese soldiers, in both these countries.

Asylum seekers and other migrants bound for Europe or elsewhere left from the countries in the region or passed through them. Many of those who took dangerous sea or desert routes were never heard from again. Shipwrecks were a regular occurrence along the coasts of Gambia and Senegal.

ICRC ACTION AND RESULTS

The ICRC reminded authorities and weapon bearers of their obligation under IHL to protect civilians and facilitate their access to farmland and other sources of livelihood. Documented allegations of violations of IHL and other abuses were relayed to the latter and other parties concerned, with a view to ending or preventing such unlawful conduct. The ICRC engaged with conflict-affected communities in Casamance, and closely monitored the situation of households whose main breadwinners had been maimed by mines/ERW, had gone missing or were dead. It also kept close track of households who were displaced within Casamance, or had sought refuge elsewhere in Senegal or in Gambia. It sought to limit the threat to people's safety from the presence of weapon bearers and mines/ERW. It also strove to improve their situation; however, owing to financial constraints, some activities had to be ended early or cancelled.

In Casamance, the ICRC and the Senegalese Red Cross Society helped conflict-affected people become more resilient to the effects of armed conflict and limit their need to pass through areas made unsafe – by the presence of weapon bearers or mines/ERW – to farm or fetch water; it did so by supporting market gardening, farming and small businesses, and renovating water, farming and sanitation infrastructure within villages. People displaced by clashes in Casamance were in a difficult situation, but emergency aid from the ICRC, and the Senegalese and Gambian National Societies, helped them cope to some extent. People maimed by mines/ERW or other weapons in Casamance obtained physical rehabilitation services at a facility in Bissau, with the help of an ICRC-supported mine victims' association.

The ICRC and the National Societies in Cabo Verde, Gambia, Guinea-Bissau and Senegal worked together to reconnect members of families dispersed by armed conflict, detention or migration. For example, migrants rescued from shipwrecks sent safe-and-well messages to their families in Gambia and Senegal, and in Senegal, migrants deported from neighbouring countries were enabled to phone their families. The ICRC resolved some missing-persons cases, which provided relief to the families concerned. It also organized events to help families commemorate their missing relatives and gave some of them support for overcoming legal, administrative and other hurdles, and some livelihood aid and mental-health care.

The ICRC continued to work with the Bissau-Guinean, Gambian and Senegalese authorities on standardizing procedures for handling the remains of shipwrecked migrants. They continued to work on a project to identify the remains of victims of an accident in the Mediterranean Sea in 2015. Some were identified, and the ICRC informed the families in Mauritania. Forensic services in Gambia and Senegal were given support to develop their capacities.

The ICRC visited detainees at nine prisons – three each in Gambia, Guinea-Bissau and Senegal – in accordance with its standard procedures. Findings and recommendations from these visits were discussed confidentially with the authorities, to help them improve detainees' treatment and living conditions. The Bissau-Guinean, Gambian and Senegalese authorities were given advice for making improvements to prison infrastructure.

In Senegal, the ICRC and senior military officers discussed how to integrate IHL more fully into military training, doctrine and decision-making. With the ICRC's help, the Senegalese military sent representatives to a number of events, on pertinent subjects, in other countries. The ICRC and national IHL committees continued to give authorities in the region advice for advancing IHL implementation. The ICRC helped the Cabo Verdean National Society to organize an IHL workshop for lawmakers from lusophone countries. It continued to raise awareness of humanitarian issues, and the Movement's work in the region, through public-communication initiatives with National Societies and journalists; themed events in Dakar or elsewhere; and close engagement with communities.

CIVILIANS

People in Casamance have their situation monitored by the ICRC

The ICRC reminded the authorities and weapon bearers of their obligation under IHL to protect civilians and facilitate their access to farmland and other sources of livelihood (see also *Actors of influence*). Documented allegations of violations of IHL and other abuses were relayed to these and other parties concerned, with a view to ending or preventing such unlawful conduct.

The ICRC engaged with conflict-affected communities in Casamance, and closely monitored the situation of households whose main breadwinners had been maimed by mines/ERW, had gone missing or were dead. It also kept close track

of households who were displaced within Casamance, or had sought refuge elsewhere in Senegal or in Gambia. The ICRC used the information it acquired by these means to adapt its activities to match their needs more closely.

The ICRC and the Senegalese Red Cross Society conducted information sessions and produced printed material on the hazardousness of mines/ERW and means of self-protection. This helped 6,687 people – including schoolchildren – in 42 villages to limit this threat to their safety. The ICRC also gave mine-action organizations advice for tackling the specific concerns in communities and for fundraising for their own activities.

People in rural Casamance are helped to limit conflict-related threats to their safety

The ICRC worked with communities to reinforce their measures for reducing their exposure to weapon bearers and mines/ERW and become more resilient to the effects of armed conflict. Accordingly, with the National Society, it helped households strengthen their livelihoods and limit their need to pass through areas made unsafe – by the presence of weapon bearers or mines/ERW – to farm or fetch water.

Around 920 households (8,288 people) – headed by women or people with disabilities – increased their income. Some planted market gardens – or made improvements to them – with supplies, tools, funding, construction material and training from the ICRC. Other households started small businesses with cash provided by the ICRC. Households in four villages also participated in a rotating savings and credit association supported by the ICRC, through which they pooled their savings together and borrowed small sums from the association for emergencies.

Around 4,200 people benefited from infrastructure installed or renovated by the ICRC. Among them were people who had easier access to drinking water or water for irrigating crops, after the ICRC dug new wells and installed solar-powered pumps in some of them. Households grew crops in market gardens upgraded by the ICRC, or in farmland reclaimed or protected from the rising saline waters of the Casamance River, by ICRC-built dykes. The ICRC built 50 latrines and ICRC-trained Senegalese Red Cross volunteers promoted good hygiene among people; this helped to reduce the chances of people falling ill and having to travel for treatment. Community members were trained to maintain infrastructure renovated by the ICRC.

Owing to financial constraints, some planned infrastructural upgrades and livelihood-support activities were cancelled.

Displaced and wounded people receive emergency aid

People displaced by clashes in Casamance were in a difficult situation, but emergency aid from the ICRC, and the Senegalese and Gambian National Societies, helped them cope to some extent. Around 1,260 people were given a month's supply of food shortly after their displacement, or cash, which they used to buy what they needed.

Physical rehabilitation services were largely unavailable in Casamance; the nearest specialized facility was the Centro de Reabilitação Motora in Guinea-Bissau, which started operating independently after the ICRC ended its support in 2022. The ICRC helped people maimed by mines/ERW or other weapons in Casamance to obtain treatment at this facility, by working with a mine victims' association to fund the treatment of 35 patients and organize temporary housing for them.

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

The ICRC gave the National Societies in Cabo Verde, Gambia, Guinea-Bissau, Mauritania and Senegal guidance and training in providing family-links services. Particular attention was given to these areas: protecting personal data, using new tools and incorporating family-links services in emergency response. The Gambian National Society was given a camera and a computer for its Trace the Face initiatives. These National Societies and the ICRC produced radio and TV spots, and posters and flyers in local languages, to raise awareness of family-links services and measures against family separation.

National Societies and the ICRC worked together to reconnect members of families dispersed by armed conflict, detention or migration. For example, migrants rescued from shipwrecks sent safe-and-well messages to their families in Gambia and Senegal, and in Senegal, migrants deported from neighbouring countries and others were enabled to make over 2,400 phone calls to their families. In Cabo Verde, the ICRC arranged for two people – resettled in Cabo Verde after their release from the US detention facility at the Guantanamo Bay Naval Station in Cuba – to be visited by their families. The ICRC resolved 147 missing-persons cases, which provided some relief to the families concerned.

How best to support missing people's families was a subject of discussion between the ICRC and community leaders and local associations of missing people's families. The ICRC organized events to help families commemorate their missing relatives: one took place on the International Day of the Disappeared. In addition, 12 relatives of missing people participated online in an international conference on missing people (see *Headquarters – Protection and Essential Services*).

Support was given to 32 families of missing migrants for overcoming legal, administrative and other hurdles caused by the disappearance of their relatives. Missing migrants' families helped by the ICRC in 2022 continued to receive some mental-health care from the ICRC – for example, 540 people received psychosocial care – and livelihood support. The ICRC followed their progress, and found that 90% of the families had increased their income. Owing to financial constraints, ICRC support for accessing mental-health care was ended early.

Some families learn the fate of missing relatives

The ICRC continued to work with the Bissau-Guinean, Gambian and Senegalese authorities on standardizing procedures for handling the remains of shipwrecked migrants. They continued

to work on a project – carried out in coordination with other ICRC delegations and with National Societies in Europe and across Africa – to identify the remains of victims of an accident in the Mediterranean Sea in 2015. Some were identified, and the ICRC informed the families in Mauritania (see *Mauritania*).

The ICRC continued to impress upon authorities in the region – at meetings and various events within the region, and in Switzerland or elsewhere – the importance of facilitating the identification of human remains. It supported their efforts to develop forensic capacities in their countries. In Gambia, the ICRC provided forensic personnel at a teaching hospital with body bags and other supplies and equipment, and training: it sponsored one of them to attend a conference on forensics in Kigali (see *Kampala*). In Senegal, the ICRC donated forensic equipment and body bags to four hospitals in a port city and to three cities on Senegal's land borders. The ICRC continued to study the compatibility of the Gambian and Senegalese legal systems with international norms concerning missing people.

PEOPLE DEPRIVED OF THEIR FREEDOM

Living conditions improve for detainees in Senegal

The ICRC visited detainees at nine prisons – three each in Gambia, Guinea-Bissau and Senegal – in accordance with its standard procedures. Close individual attention was given to 23 people held on charges of “terrorism”, or in connection with the conflict in Casamance; and to foreigners or other detainees with specific vulnerabilities.

Findings and recommendations from these visits were discussed confidentially with the authorities, to help them improve detainees' treatment and living conditions. The authorities were reminded to facilitate family contact; the ICRC helped by giving a few detainees phone cards to contact their relatives; it also gave two detainees money to travel home after their release. Cash was given to four households whose breadwinners were detained, so that they could meet their immediate needs.

The ICRC continued to give the Senegalese authorities expert advice for constructing prisons, maintaining prison infrastructure and preventing the spread of disease in prisons. Bissau-Guinean and Gambian authorities were also given advice, for constructing and maintaining prison infrastructure.

The ICRC continued to explain its detention-related activities to government officials in the region. It stood ready to visit all detainees within its purview.

ACTORS OF INFLUENCE

Weapon bearers and lawmakers strengthen their grasp of IHL

In Senegal, the ICRC and senior military officers discussed how to integrate IHL more fully into military training, doctrine and decision-making. With the ICRC's help, the Senegalese military sent representatives to a number of pertinent events, notably a conference on the application of IHL in military operations, an IHL course at Sanremo, and an IHL workshop in Kigali (see *Nairobi, Headquarters – Protection and Essential Services* and *Kampala*). Seventeen officers studying military medicine learnt about IHL provisions applicable to their duties, such as the right to health care of people who were not or were

no longer involved in fighting. Fifty cadet officers refreshed their understanding of IHL at ICRC information sessions. In Gambia, the ICRC engaged in discussions with military and police personnel on IHL and the Movement's activities.

The ICRC and national IHL committees continued to give authorities in the region advice for advancing IHL implementation; in Senegal, the ICRC lent its expertise to officials drafting new laws on the sale and circulation of weapons. Several lawmakers were sponsored to attend a regional workshop in Abuja (see *Nigeria*) on IHL in the context of displacement. The ICRC helped the Cabo Verdean National Society to organize an IHL workshop for lawmakers from lusophone countries.

Members of civil society learn more about IHL and the Movement

Funding, training, and informational materials from the ICRC helped National Societies in the region to launch communication campaigns. A communication officer at the Senegalese National Society was sponsored to attend an experts' seminar in Jordan. Journalists – especially those working in radio, the most widely used medium in remote areas – were kept abreast of the Movement's activities in the region via interviews and other means. With the help of the National Societies and these journalists, the ICRC raised public awareness of humanitarian issues, notably the plight of missing migrants' families and that of victims of mines/ERW, and fostered support for the work of the Movement.

In Dakar – a regional hub for diplomats, media organizations and humanitarian and development agencies – and elsewhere, the ICRC provided support for events at which IHL and humanitarian issues were examined in greater depth. Notably, 100 judges, lawyers, journalists and human-rights activists from throughout Africa attended an annual course on IHL. In Casamance, a university launched a postgraduate programme on humanitarian action, with some financial support from the ICRC.

The ICRC continued to engage closely with communities. It organized meetings with community leaders and local authorities to talk about IHL and the work of the Movement. In Gambia, a number of religious leaders and the ICRC discussed the points of correspondence between Islamic law and IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region respond to needs arising from migration and armed conflict

The four National Societies in the region built their operational capacities with material, financial and technical support from the ICRC (see *Civilians*), particularly for running communication campaigns, protecting family links and responding to emergencies, such as shipwrecks and electoral violence. In Senegal, the ICRC helped the National Society train new volunteers and instructors in first aid; it also donated a vehicle, to enable National Society personnel to move about in a safer and more efficient manner. In Cabo Verde, the National Society organized an IHL workshop with the ICRC's support (see *Actors of influence*), and was assisted to develop its capacities in promoting IHL.

The ICRC also gave the National Societies advice for strengthening their financial management. In Guinea-Bissau, the National Society was given funding to arrange the meeting of its general assembly.

Movement components in the region met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	7			
RCMs distributed	89			
Phone calls facilitated between family members	2,431			
Names published in the media	3			
Names published on the ICRC family-links website	43			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	128	10	3	11
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	147			
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases still being handled at the end of the reporting period (people)	1,226	51	16	124
<i>including people for whom tracing requests were registered by another delegation</i>	61			
Forensics				
Training sessions on the recovery, identification and protection of human remains	1			
People trained	15			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	1,845	185	30	
Visits carried out	14			
		Women	Girls	Boys
Detainees visited and monitored individually	23	6		
<i>of whom newly registered</i>	13	5		
RCMs and other means of family contact				
Phone calls made to families to inform them of the whereabouts of a detained relative	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	1,260	567	504
Income support	People	8,288	2,547	3,723
Capacity-building	People	30	10	13
Water and habitat				
Water and habitat activities	People	4,200	1,420	1,789
Mental health and psychosocial support				
People who received mental-health support		540		
People who attended information sessions on mental health		120		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Health care in detention				
Places of detention visited by health staff	Structures	1		
Health facilities supported in places of detention visited by health staff	Structures	1		

DEMOCRATIC REPUBLIC OF THE CONGO

COVERING: the Democratic Republic of the Congo, and the Republic of the Congo

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. In 2019, the delegation also began to cover the neighbouring Republic of Congo. The ICRC meets the emergency needs of conflict-affected people, helps them obtain suitable health care, including mental-health and psychosocial support, and assists them in becoming more self-sufficient. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the pertinent National Societies. It also promotes knowledge of and respect for IHL and other pertinent norms.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- People obtained medical services at hospitals and primary-health-care centres that the ICRC provided with medical supplies and other aid; support for health centres increased in the wake of increasingly intense clashes in North Kivu.
- More people than planned were reached by distributions of food for IDPs in North Kivu and others affected by conflict, and by distributions of agricultural support in other areas of the east that had become relatively more stable.
- Less urgent activities had to be deprioritized to allow for the life-saving interventions mentioned above; cash distributions and a few water infrastructure projects, for example, were scaled down, postponed or cancelled.
- IDPs, detainees and others contacted their families via the Movement's family-links services, which included phone kiosks set up at sites for newly displaced people. Twice as many calls as last year were facilitated.
- Weapon bearers were reminded of their obligations under IHL and other applicable norms to safeguard civilians and their access to basic services. Child recruitment, sexual violence and other concerns were also raised with them.
- Detainees were visited to assess their treatment and living conditions. At the ICRC's urging, the authorities took further steps to improve health care and nutrition for prisoners, but they still required the ICRC's support.

EXPENDITURE IN KCHF

Protection	21,372
Assistance	55,361
Prevention	5,835
Cooperation with National Societies	3,280
General	375
Total	86,222
<i>Of which: Overheads</i>	<i>5,262</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	113
Resident staff (daily workers not included)	768



ICRC delegation ICRC sub-delegation ICRC office/presence

PROTECTION

CIVILIANS

Protection of family links

RCMs collected	32,721
RCMs distributed	26,516
Phone calls facilitated between family members	102,452
Tracing cases closed positively (subject located or fate established)	887
People reunited with their families	465
<i>of whom unaccompanied minors/separated children</i>	<i>453</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	26
Detainees in places of detention visited	32,427
<i>of whom visited and monitored individually</i>	<i>1,932</i>
Visits carried out	168

Protection of family links

RCMs collected	2,259
RCMs distributed	1,230
Phone calls made to families to inform them of the whereabouts of a detained relative	228

ASSISTANCE

CIVILIANS

Economic security

Food consumption	People	240,000	247,956
Food production	People	147,240	261,552
Income support	People	18,480	3,834
Living conditions	People	150,900	103,915

Water and habitat

Water and habitat activities	People	957,000	810,711
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Health

Health centres supported	Structures	40	48
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Food consumption	People	8,385	5,804
Living conditions	People	21,000	37,697

Water and habitat

Water and habitat activities	People	19,555	24,656
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	98	86
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Physical rehabilitation

Projects supported	Projects	9	10
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Water and habitat

Water and habitat activities	Structures	2	2
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CONTEXT

The military and security forces of the DRC – in some cases, supported by troops from other countries and other weapon bearers – were engaged in several armed conflicts against non-state armed groups in the east, particularly in North Kivu, South Kivu, Ituri and, to a lesser extent, Tanganyika. Beginning in October, one of the conflicts in North Kivu grew more intense, displacing hundreds of thousands more people within the DRC; at year's end, there were nearly 7 million IDPs throughout the country. Violence in neighbouring countries also drove people to the DRC and prevented refugees from returning home.

Many people were killed, injured or abused, and families dispersed, because of the conflicts in the eastern DRC. IDPs' houses and sources of livelihood were destroyed. They, and their hosts, were without food or water, and had limited access to basic services. Natural disasters such as floods added to people's difficulties.

Many armed groups, of varying size and degree of organization, continued to fragment and compete for resources. Demobilization processes for some armed groups continued, but progress was modest.

UN troops began the process of withdrawal in December.

In the Republic of the Congo (hereafter Congo), the situation remained relatively stable.

ICRC ACTION AND RESULTS

The ICRC continued to work with the Red Cross Society of the Democratic Republic of the Congo to protect and assist the people hit hardest by armed conflict in the eastern DRC, focusing on communities that few or no other organizations could reach, including those in rural areas and those under the control of armed groups.

It streamlined its operational footprint, notably, by closing its structures in Kalemie and Lubumbashi and scaling down its presence in Bukavu; the humanitarian situation in Kalemie began to be covered from Uvira. A few other offices in the Kivu provinces were closed or opened according to where the needs were greatest. Despite various security and logistical constraints, the ICRC was still able to realize most of its objectives. It even reached more people than planned in its emergency response to the displacement caused by the surge in fighting in North Kivu. Some less urgent projects, however, had to be postponed or cancelled.

Discussions with authorities and weapon bearers, about documented violations of civilians' rights under IHL and other norms, continued. In the eastern DRC, communities engaged with the ICRC via focus-group discussions, hotlines and other means, which enabled it to take better account of the threats to their safety in the design of its activities: some ICRC projects to make water more accessible to these communities, or to help them cultivate crops, also sought to mitigate the threat of sexual violence – by reducing the need for people to travel to unsafe areas to fetch water – or to reduce the need for them to pursue negative coping mechanisms such as cattle theft.

The ICRC provided support for a wide range of health services in the east, including referrals to facilities in the region and from them. Conflict-affected people thus obtained services from hundreds of ICRC-trained community workers and other first responders, and from ICRC-supported primary-health-care centres, hospitals and physical rehabilitation centres. Victims/survivors of sexual violence, and others traumatized by conflict, were able to obtain specialized care at many of these facilities. People in need of secondary care were treated at three referral hospitals – in Beni, Bukavu and Goma – that received more extensive support, including guidance from ICRC health personnel.

In areas where security conditions were particularly volatile, the ICRC focused on meeting urgent needs. More people than planned benefited from food distributions; the ICRC also carried out emergency water projects, such as water trucking in IDP sites. Where security conditions permitted access to livelihoods and markets, the ICRC gave other forms of support: farmers cultivated crops with seed and tools from the ICRC, and others – such as victims/survivors of sexual violence and people with physical disabilities – started small businesses with ICRC grants.

The family-links programme in the DRC, run by the National Society and the ICRC, remained one of the ICRC's largest, because of the scale of the needs. Hundreds of children – some of whom were formerly associated with weapon bearers – were reunited with their families. People phoned their relatives or sent RCMs via the Movement; more calls were facilitated than last year because of the surge in displacement.

The ICRC assessed the treatment and living conditions of detainees, including people arrested in connection with the situation in the east. It gave detaining authorities expert advice for strengthening respect for judicial guarantees and ensuring that detainees had enough food and adequate health care. At its urging, the authorities took further steps to improve health care and nutrition for prisoners; however, the authorities still needed the ICRC's support in these areas.

CIVILIANS

The ICRC sought to help end or prevent unlawful conduct against people affected by armed conflict, mainly in the eastern DRC; together with the Red Cross of the DRC, it also sought to alleviate the consequences of conflict by providing aid and essential services. Given the scale of needs in the country, the ICRC sought to maximize its impact by focusing on people whose protection-related needs were greatest, and who were receiving little or no assistance from others; this included people in many rural areas, and also people in areas controlled by armed groups, where the ICRC is one of the few humanitarian organizations present.

The volatile security situation and logistical constraints sometimes posed serious challenges; a few activities, such as family reunifications in certain areas, and some infrastructure projects, were hindered because of this. Some projects that were not as urgent had to be cancelled or postponed as well, so that the ICRC could focus on life-saving interventions. The ICRC was thus able to respond to the surge of violence

and humanitarian needs in the east, particularly in North Kivu. More civilians than planned received support for meeting their food needs; there was a significant increase in health centres that received support, and in phone calls facilitated for recently displaced people, as well.

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

The ICRC reminded authorities and weapon bearers of their obligations under IHL, international human rights law and other applicable norms, focusing on the conduct of hostilities and their duty to ensure access to health care and other services.

The ICRC documented allegations of unlawful conduct against civilians, such as ill-treatment, sexual violence, child recruitment, and attacks against humanitarian workers and medical personnel. It made confidential representations to the parties concerned, urging them to investigate and take corrective and preventive action. Bilateral dialogue with weapon bearers was supplemented by around 60 information sessions and workshops on IHL and other norms (see *Actors of influence*). The ICRC continued to discuss, with national and international armed forces, and with armed groups, the drafting and/or dissemination of codes of conduct.

All these efforts to help prevent or end the violation of civilians' rights were supplemented by financial, medical and other assistance (see below) to help victims/survivors of sexual violence, children formerly associated with armed groups, and others to deal with the consequences. Some of them were referred to other organizations for further assistance.

Communities discuss the threats to their safety

Conflict-affected communities discussed the risks to their safety, such as child recruitment and sexual or other violence, at focus-group sessions organized by the ICRC. Based on these discussions, and on information gathered through other means (see also *Actors of influence*), the ICRC worked with communities to strengthen their risk-mitigation strategies and/or incorporated their input (on identified threats, for instance) in its activities for them. For example, some projects to improve communities' water facilities also sought to mitigate the risk of sexual violence by lessening or eliminating the need for people to take unsafe routes to fetch water; some projects in support of crop cultivation also aimed to lessen the need for people to resort to negative coping mechanisms such as cattle theft.

Communities learned more about child recruitment, and stigmatization of victims of violence (including victims/survivors of sexual violence) and people with mental illnesses, at information sessions organized by the ICRC. Communities were encouraged to refer the people affected to the appropriate services when necessary.

Newly displaced people call their families

People separated from their families – by armed conflict, detention or other circumstances – contacted or rejoined their relatives through the family-links services of the National Society and the ICRC. The family-links programme in the DRC

remained one of the ICRC's largest because of the scale of the needs.

The National Society and the ICRC responded to the surge in violence by setting up phone stations at IDP sites, to enable displaced people to stay in touch with their families. The stations also served as places where people could report relatives as missing to the ICRC, which then sought to ascertain their fate or whereabouts. Unaccompanied children at these sites were also registered, with a view to finding their families. Most users of family-links services were IDPs in North Kivu, Ituri and other parts of the eastern DRC; there were also a few refugees and others in Congo. They made 102,452 calls in all, up from roughly 48,000 last year. Moreover, 453 children – some formerly associated with weapon bearers – were reunited with their families; the ICRC gave ad hoc assistance (e.g. cash, clothes) to some of them, and made follow-up visits, to check on their well-being.

The National Society received support for strengthening its family-links capacities, which included financial and technical support, and training for its volunteers on data protection and other aspects of restoring family links.

The authorities, forensic experts and first responders were given technical and material assistance for human remains management in the first quarter of the year, until support in this area was concluded in order to focus on other activities. The National Society was provided with body bags and training, which helped it to manage hundreds of sets of human remains after clashes or other emergencies, such as floods in South Kivu. All this aimed to ensure that the remains were identified and the families notified.

IDPs and other conflict-affected people obtain health services at ICRC-supported facilities

People in conflict-affected areas of the eastern DRC obtained primary health care at facilities supported by the ICRC, which reached more facilities than planned (48 health centres, against a target of 40) after ad hoc support for health centres was increased in response to the surge in fighting in North Kivu.

The ICRC-supported health centres comprised: 25 facilities that were given medicines and other ad hoc support (up to three months' worth) for dealing with mass influxes of people and other emergencies, or for conducting vaccination campaigns; and 23 facilities (specifically, 22 primary-health-care centres and a "transitional" centre sheltering demobilized children) that received financial, material and/or technical support regularly. The ICRC helped to make improvements to facilities at four of the centres mentioned above.

Roughly 333,500 consultations (including some 40,700 antenatal consultations) took place at ICRC-supported facilities; 195,400 doses of vaccines against common infectious diseases were administered, and 17,700 referrals to ICRC-supported hospitals (see *Wounded and sick*) were made. In addition, 659 victims/survivors of sexual violence were treated, 565 of them within 72 hours of the incident, and 563 of them received post-rape kits.

A total of 5,574 people, including 1,359 weapon-wounded patients or people with disabilities, obtained mental-health and psychosocial support at 11 ICRC-supported counselling centres, 13 primary-health-care centres, 3 hospitals and 3 physical rehabilitation centres (see above and *Wounded and sick*). Unaccompanied and/or demobilized children and victims/survivors of sexual violence were among them as well. A total of 767 community-based volunteers and health workers were trained by the ICRC in providing such support.

More people than planned receive rations and agricultural supplies

Some 247,500 conflict-affected people – IDPs, host families, returnees – in North Kivu and other parts of eastern DRC were given a month's supply of food to help them cope with their recent displacement, the lean season between harvests, or other difficulties. About 103,500 people received buckets, cooking utensils, soap and other essentials; transitional centres or families sheltering unaccompanied and demobilized children, or children who had been reunited with their relatives, were also given hygiene kits and other kinds of support that helped to improve living conditions for 360 people in all. In a few cases where it was feasible, the ICRC provided such support in the form of cash for buying food or other essentials, so that the recipients could prioritize their needs as they saw fit.

Households able to pursue agriculture or other livelihoods, and/or with access to markets, were given support for producing food or earning an income. Thousands of households (261,500 people in all) began to cultivate crops or farm fish with supplies, equipment and training from the ICRC. Manioc cuttings produced by households who had directly received cuttings from the ICRC were also donated to other households, which contributed to the ICRC exceeding its target for food-production support.

Hundreds of households (2,886 people in all, including people with disabilities and victims/survivors of sexual or other violence) started small businesses with training and conditional cash grants from the ICRC. Plans to give unconditional cash grants to other households, however, had to be scaled down because of the necessity of focusing on emergency aid distributions; hence, only 948 people benefited from such grants.

Recently displaced people in North Kivu gain better access to clean water

Roughly 810,700 people had better access to clean water and a lower risk of sanitation-related disease after the ICRC completed several infrastructural projects. Some of the projects (such as the construction of offices for the National Society) were put on hold, but the ICRC was still able to reach a significant number of people, as it undertook more emergency activities in response to the unexpectedly large-scale displacement caused by surges in violence.

For instance, chlorine was donated to the water authorities in Goma, to which many people had fled; part of the city's water network was also extended to serve IDPs in nearby camps. Water also continued to be trucked in to IDP sites in North Kivu, while longer-term remedial measures were still under

way. The multi-year project to upgrade water infrastructure for people in western Goma, however, experienced some delays; comprehensive plans for the project were completed and shared with the authorities, but certain aspects of the work were hindered by security, resource or other constraints.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 26 detention facilities – including places of temporary detention – collectively holding about 32,400 people. Particular attention was given to people with specific needs: foreigners, women, minors and those detained in connection with conflict or for security reasons.

After these visits, findings and recommendations were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. At the ICRC's urging, the authorities made some improvements: they allocated more resources for food at certain prisons, and separated minors from adult detainees at a few others. The ICRC sought to help the authorities to address other issues by continuing to provide them with technical and material support of various kinds (see below).

Detaining authorities recruit additional staff to speed up processing of cases

Detaining and judicial authorities were urged to respect judicial guarantees and the principle of *non-refoulement*, and to do more to address overcrowding and facilitate family contact. They were also urged to notify families when their relatives were arrested, detained or transferred from one place of detention to another. The ICRC continued to give the authorities expert advice in such matters as minors' access to reintegration programmes and the release of eligible detainees. The authorities drew on the ICRC's expertise to incorporate modules on IHL and judicial guarantees in the training of over 5,000 magistrates that they had hired in 2022 at the ICRC's urging.

Detainees were able to contact their families, and foreign detainees were able to notify their consular representatives and/or the UNHCR of their detention, via the ICRC. Allegations of arrest or disappearance were followed up with the parties concerned, with a view to informing people of their relatives' fate.

More detainees than planned receive food and other essentials

Despite the limited resources available to them, prison authorities strove to improve health care and nutrition for detainees. The ICRC gave them guidance and various forms of capacity-building support, such as training for officials and prison staff in charge of detainees' health and diet. It also helped to monitor the health and nutrition of detainees (particularly new arrivals) at six prisons, one of which was accessible only in the second half of the year because of security constraints. The ICRC also gave the prisons medical supplies and other support.

A total of 1,835 detainees were treated for severe acute malnutrition; 324 detainees received life-saving treatment at external facilities, with the ICRC covering their medical expenses. In addition, 219 detainees were at a section of the

hospital in Makala that was renovated by the authorities at the ICRC's urging; it was also furnished and equipped by the ICRC. Two prisons organized TB-screening campaigns at the ICRC's suggestion. Authorities at two prisons were given the support necessary to deal with shortages of food or disease outbreaks.

Some 5,800 detainees were given supplementary and, in severe cases, therapeutic food, for averting or treating malnutrition. A total of 300 health and prison staff were given training and equipment to screen and, if necessary, treat new detainees for malnutrition.

Around 37,700 detainees were given soap and other hygiene supplies – more detainees than planned benefited, because of ad hoc donations for two prisons in Kinshasa, where needs had increased.

Around 24,600 people were less at risk of disease because of ICRC initiatives – particularly the donation of hygiene items and cleaning materials to ensure a sanitary environment. However, most infrastructural projects had to be postponed or cancelled because of financial or security constraints.

WOUNDED AND SICK

When violence intensified in the eastern DRC, the ICRC reminded weapon bearers that people seeking or providing medical care were protected under the law and that the red cross and other emblems protected under IHL must be shown due regard.

In view of the difficult terrain, precarious security conditions and other obstacles to reaching hospitals in the rural east, the ICRC sought to strengthen local capacities in basic life-saving care and to facilitate the transport of patients in critical condition to hospitals. Together with the National Society, it trained some 640 people – community members, weapon bearers, and National Society volunteers – in first aid and gave them the necessary equipment. The ICRC also continued to support a motorcycle-ambulance system.

Wounded people in the eastern DRC receive life-saving care at ICRC-supported hospitals

Conflict-affected people underwent surgery or other medical treatment (e.g. for malaria) free of charge at 20 hospitals regularly given funding, supplies and equipment by the ICRC; it also made improvements to facilities at two hospitals. In all, roughly 22,800 people, including IDPs, unaccompanied and demobilized children, and wounded people, had their treatment costs covered by the ICRC.

Among the ICRC-supported hospitals were three referral hospitals in Bukavu, Goma and Beni, to which people from the rest of the east were referred for secondary care. These hospitals were supported by ICRC surgeons, on site or via video calls.

Another 66 hospitals – mainly in North and South Kivu – were given medical supplies and other ad hoc support following unexpected influxes of people wounded during clashes and other emergencies. Hundreds of people were stabilized and treated at and/or sent from these facilities to the referral hospitals mentioned above. The figure for this was slightly lower than the target, as the fighting was concentrated in certain areas, which meant that supplies were sometimes donated to the same hospitals instead of new ones.

Victims/survivors of sexual violence and others obtained mental-health and psychosocial support at the three referral hospitals or at other ICRC-supported facilities (see *Civilians*).

The ICRC also worked with local partners to undertake longer-term initiatives to strengthen the local health system. Staff at four diagnostic laboratories bolstered their capacities through ICRC-organized training sessions, and three of the laboratories received computers from the ICRC; the project was handed over to the authorities by mid-year, which was earlier than planned, owing to financial constraints. The project to develop a surgical learning hub in the Bukavu hospital continued, however, and 190 surgeons from several areas honed their skills there.

People with disabilities receive rehabilitative services

Around 2,400 people,¹ including those injured by mines or explosive remnants of war, obtained services free of charge at five ICRC-supported physical rehabilitation centres: four in the eastern DRC (Bukavu, Bunia, Goma and Uvira) and one on the grounds of the general hospital in Kinshasa. All centres received managerial and financial (reimbursement of services, material) support, and staff training, from the ICRC. Psychosocial care was available at three of the centres (see *Civilians*); it helped patients cope with the traumatizing effects of violence and/or the loss of mobility.

A total of 657 people benefited from the ICRC's efforts to advance the social inclusion of persons with disabilities; some of them received financial support to start small businesses (see *Civilians*); 42 children with disabilities enrolled in schools with the ICRC's help. The ICRC also supported and collaborated with the national paralympic committee to organize a wheelchair basketball tournament and other activities for 332 athletes, which helped raise public awareness of the plight of people with disabilities and dispel some of the prejudice against them.

The ICRC continued to offer advice and financial support to the health ministry's community-based rehabilitation programme (e.g. for developing national plans), with a view to ensuring the sustainability of the DRC's physical rehabilitation sector. It also supported the work of two local associations of physical therapists and prosthetists-orthotists.

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

ACTORS OF INFLUENCE

Communities in the eastern DRC give their views on the ICRC's activities

In the DRC, focus-group sessions and help desks set up during ICRC activities enabled thousands of people to express their needs and describe the threats to their safety and dignity (see *Civilians*). People also made more than 40,900 calls to the ICRC's hotline, during which they enquired about or shared their views on the ICRC's activities. Tens of thousands of community leaders were able to ask questions about the Movement and its work at information sessions organized by the ICRC and the Red Cross Society of the Democratic Republic of the Congo.

National Society volunteers in the DRC, and to a lesser extent, Congo, were given training in public communication. Aided by the DRC Red Cross, the ICRC organized communication campaigns that reached millions of people in the country. Radio spots in local languages, audiovisual materials disseminated through social and traditional media, and events fostered support for the Movement and its activities, and broadened awareness of humanitarian issues, among the public, including conflict-affected people in remote or hard-to-reach areas. The ICRC's public communication emphasized weapon bearers' duty to facilitate access to health care; the protection due to health workers and those bearing the red cross emblem; and the plight of victims/survivors of sexual violence.

Weapon bearers strengthen their knowledge of IHL and other norms

At information sessions organized by the ICRC in the DRC, around 1,000 weapon bearers, many of them active in conflict zones, learnt more about IHL, human rights law, and other applicable norms – more specifically, about how these norms bore on the conduct of hostilities, sexual violence, recruitment of minors, protection for people seeking or providing health care, and detention. Attendees included DRC military and security forces personnel; troops from other countries; UN peacekeepers; and members of armed groups.

The ICRC also engaged senior officers from the military/security forces and international military contingents, and leaders of armed groups, in dialogue on the application of IHL

and other pertinent norms. It urged them to integrate these norms into their decision-making, doctrine and training; it also gave them case studies on violations of the law.

The DRC draws on the ICRC's support to advance legislation related to IHL and other norms

In the DRC, the authorities sought to advance legislation related to IHL and other key legal instruments with the ICRC's help. For example, it made its expertise available for the drafting of laws concerning "terrorism" and the rights of IDPs; it also participated in a national workshop on progress in legislation concerning gender-based violence, and delivered IHL sessions as part of new magistrates' training (see *People deprived of their freedom*).

RED CROSS AND RED CRESCENT MOVEMENT

With its extensive operational reach, the Red Cross Society of the Democratic Republic of the Congo was one of the few organizations present in areas most affected by armed conflict. Together with the ICRC and other Movement components, it was able to respond to several large-scale emergencies. A few areas of support, such as for organizing workshops for communities on risks related to IEDs and weapon contamination, were put on hold because of financial constraints. Nevertheless, it continued to develop its capacities with substantial support from the ICRC: training and on-the-job assistance in various areas (economic security, first aid, managing human remains, restoring family links, and water and habitat); workshops on the Safer Access Framework and help in hiring a security coordinator; logistical support (e.g. for transport to remote areas); computer equipment; and funds to cover salaries and other operating costs.

The Congolese Red Cross received some capacity-building assistance as well, particularly in restoring family links, security management and public communication.

In both countries, the ICRC met with the National Societies and other Movement components to coordinate activities – including support for the National Societies' organizational development – and to provide updates on the security situation.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		32,721	780	
RCMs distributed		26,516	564	
Phone calls facilitated between family members		102,452		
Reunifications, transfers and repatriations				
People reunited with their families		465		
	<i>including people registered by another delegation</i>	8		
People transferred or repatriated		330		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		1,671	590	264
	<i>including people for whom tracing requests were registered by another delegation</i>	379		
Tracing cases closed positively (subject located or fate established)		887		
	<i>including people for whom tracing requests were registered by another delegation</i>	239		
Tracing cases still being handled at the end of the reporting period (people)		4,354	1,439	743
	<i>including people for whom tracing requests were registered by another delegation</i>	2,298		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1,105	528	36
UAMs/SC reunited with their families by the ICRC/National Society		453	208	34
	<i>including UAMs/SC registered by another delegation</i>	8		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,400	620	28
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		26		
Detainees in places of detention visited		32,427	911	926
Visits carried out		168		
			Women	Girls
Detainees visited and monitored individually		1,932	35	8
	<i>of whom newly registered</i>	957	19	7
RCMs and other means of family contact				
RCMs collected		2,259		
RCMs distributed		1,230		
Phone calls made to families to inform them of the whereabouts of a detained relative		228		
People to whom a detention attestation was issued		6		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	247,596	95,447	93,336
	<i>of whom IDPs</i>	142,480	54,925	53,711
Food production	People	261,552	82,709	111,403
	<i>of whom IDPs</i>	42,074	13,305	17,921
Income support	People	3,834	1,370	1,309
	<i>of whom IDPs</i>	552	199	185
Living conditions	People	103,915	34,842	46,621
	<i>of whom IDPs</i>	56,547	18,960	25,378
Water and habitat				
Water and habitat activities	People	810,711	277,726	246,923
	<i>of whom IDPs</i>	293,689	100,586	89,408
Primary health care				
Health centres supported	Structures	48		
	<i>of which health centres supported regularly</i>	23		
Average catchment population		484,123		
Services at health centres supported regularly				
Consultations		333,502		
	<i>of which curative</i>	292,769	5,960	45,776
	<i>of which antenatal</i>	40,733		
Vaccines provided	Doses	195,463		
	<i>of which polio vaccines for children under 5 years of age</i>	38,425		
Referrals to a second level of care	Patients	17,776		
	<i>of whom gynaecological/obstetric cases</i>	3,399		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		4,215		
People who attended information sessions on mental health		212,365		
People trained in mental-health care and psychosocial support		767		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	5,804	253	101
Living conditions	People	37,697	1,286	1,078
Capacity-building	People	300	12	
Water and habitat				
Water and habitat activities	People	24,656	939	684
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	86		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		20		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions		6,203		
<i>of which weapon-wound surgical admissions</i>		2,384	222	197
<i>(including those related to mines or explosive remnants of war)</i>		*		*
<i>of which non-weapon-wound surgical admissions</i>		3,468	83	55
Operations performed		14,291	814	338
Medical (non-surgical) admissions		7,489	*	*
Gynaecological/obstetric admissions		9,590	1,226	*
Consultations		52,131		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,902		
Weapon-wound admissions (surgical and non-surgical admissions)		749	37	45
Weapon-wound surgeries performed		532		
First aid				
First-aid training				
Sessions		34		
Participants (aggregated monthly data)		670		
Water and habitat				
Water and habitat activities	Structures	2		
Physical rehabilitation				
Projects supported		10		
<i>of which physical rehabilitation centres supported regularly</i>		5		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,097		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		2,440	601	597
<i>of whom participants in social inclusion projects not linked to PRCs</i>		657		
<i>of whom victims of mines or explosive remnants of war</i>		33		
<i>of whom weapon-wounded</i>		778		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	740		
Orthoses delivered	Units	887		
Physiotherapy sessions		14,354		
Walking aids delivered	Units	1,534		
Wheelchairs or postural support devices delivered	Units	84		
Mental health and psychosocial support				
People who received mental-health support		1,359		
People who attended information sessions on mental health		13,377		

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

ERITREA

The ICRC opened a delegation in Eritrea in 1998 in the context of the 1998–2000 international armed conflict between Eritrea and Ethiopia, and it sought to respond to some needs remaining from that two-year war. Its priorities were to foster acceptance among the authorities for its humanitarian activities, restore family links and help ensure a sustainable supply of clean water for the population concerned. It concluded its presence in Eritrea in June 2023.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

LOW

KEY RESULTS/CONSTRAINTS IN 2023

- At the beginning of the year, the government of Eritrea formally informed the ICRC that its services were no longer required. The organization was thus compelled to close its delegation in the country by the end of June.
- Government restrictions continued to limit the ICRC's activities and the movements of its staff. Its plans to maintain or build – together with the water authorities – water facilities in rural areas were not approved.
- People continued to approach the ICRC for help in finding and contacting their family members. The ICRC endeavoured to trace people reported missing, closing several cases positively prior to the closure of its delegation.

EXPENDITURE IN KCHF

Protection	17
Assistance	6
Prevention	-
Cooperation with National Societies	-
General	356
Total	379
<i>Of which: Overheads</i>	23

IMPLEMENTATION RATE

Expenditure/yearly budget	107%
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PERSONNEL¹

Resident staff (daily workers not included)	4
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PROTECTION

Total

CIVILIANS

Protection of family links

Tracing cases closed positively (subject located or fate established)	42
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ASSISTANCE

2023 Targets (up to)

Achieved

CIVILIANS

Water and habitat

Water and habitat activities	People	10,000	
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1. This pertains to the number of ICRC staff prior to the delegation's closure in June 2023. This number is not included in the total count of ICRC staff as at the end of 2023.

CONTEXT

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

People separated from their families because of conflict, migration or other circumstances remained unable to get in touch with their relatives, or struggled to ascertain their fate and/or whereabouts. Many people could not easily contact family members in Tigray in Ethiopia, because this region had been severely affected by armed conflict (see *Ethiopia*). Others had lost contact with their relatives as a consequence of the past conflict with Ethiopia.

People in rural areas could not easily obtain clean water, owing to damaged or poorly maintained infrastructure and erratic rainfall. Many water facilities were powered by generators, which were expensive to maintain and required fuel, a scarce commodity in Eritrea. Local water authorities lacked the resources to provide services. All this put people at considerable risk of water-borne diseases.

Government restrictions remained in place, making it exceedingly difficult for humanitarian organizations, including the ICRC, to work in Eritrea.

The “Red Cross Society of Eritrea” remained inactive, as it had since 2017, when the government instructed it to suspend its activities.

ICRC ACTION AND RESULTS

Because of the long-standing government restrictions on humanitarian work in Eritrea, the ICRC maintained only a small presence in the country. As in previous years, the ICRC’s protection-related activities were curtailed. ICRC mobile staff were unable to enter the country. Areas beyond Asmara, the capital city, have been inaccessible to ICRC staff since August 2021. This made it difficult for the ICRC to carry out humanitarian activities for people in need, especially in remote communities.

At the beginning of the year, the government of Eritrea formally notified the ICRC that its services were no longer required. This followed the government’s decision, at the end of 2022, against renewing the lease of the ICRC’s premises in Asmara beyond June 2023. The organization was thus compelled to wind down its operations and close its delegation in the country by the end of June. Meanwhile, restrictions on the ICRC’s activities remained in place: it could not implement most of its plans for the year. It was unable to obtain approval

from the national authorities to maintain or build – together with the Water Resources Department (WRD) – water facilities in rural areas.

People continued to ask the ICRC to help them find and contact missing relatives. Whenever possible, it worked to trace people reported missing, closing several cases positively prior to the closure of its delegation. The restrictions mentioned above hampered the provision of family-links services, such as collecting and delivering RCMs, and searching for missing people. The results of these activities were thus limited.

Even as it was concluding its presence in Eritrea, the ICRC maintained its contact with the authorities and assured them that it stood ready to resume its humanitarian work in the country in the future, should the circumstances call for it. The ICRC’s headquarters agreement with the Eritrean government was suspended.

CIVILIANS

At the beginning of the year, the government of Eritrea formally notified the ICRC that its services were no longer required. This followed the government’s decision, at the end of 2022, against renewing the lease of the ICRC’s premises in Asmara beyond June 2023. The organization was thus compelled to wind down its operations and close its delegation in the country by the end of June. Meanwhile, restrictions on the ICRC’s activities remained in place: it could not implement most of its plans for the year.

People ask for the ICRC’s support in obtaining news of missing relatives

People in Asmara continued to approach the ICRC for help in finding and contacting family members; many of them were trying to reach relatives in the conflict-affected region of Tigray, in Ethiopia. People in other countries also got in touch with the ICRC to ask for help in contacting relatives still in Eritrea.

Owing to government restrictions, the ICRC could not travel beyond Asmara to collect or deliver RCMs, or to find people being sought by their relatives. It received a request to find one person, and was able to ascertain the fate and/or whereabouts of 42 others; they were put in touch with their families, whenever possible.

Planned water projects are cancelled

The ICRC was unable to obtain the national authorities’ approval to maintain water infrastructure or build new solar-powered water systems, together with the WRD, in rural areas. It was also unable to help the WRD develop its ability to ensure the continued functioning of water facilities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1	1		
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	42			
<i>including people for whom tracing requests were registered by another delegation</i>	20			

ETHIOPIA

Present in Ethiopia since 1977, the ICRC seeks to protect and assist people affected by armed conflict and other situations of violence in the country. It helps people meet their basic needs, preserve their livelihoods, and access clean water and health care. It enables people separated by conflict or detention to restore contact with each other. It visits detainees and works with the authorities to ensure that their treatment and living conditions meet internationally recognized standards. It promotes compliance with IHL, particularly the protection of civilians, detainees and medical services. It supports the Ethiopian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- The ICRC reached communities inaccessible to others, to address large-scale needs created by intense fighting in various regions and by past hostilities in Tigray. Security constraints, however, hampered its activities in some areas.
- More people than planned received food, water and medical care, and built their self-sufficiency, after the ICRC scaled up its activities. In Tigray, ICRC initiatives broadened access to surgical care and treatment for malnutrition.
- The ICRC raised people's protection-related concerns with the pertinent parties. It gave victims/survivors of sexual violence and people affected by weapon contamination multidisciplinary support for meeting their immediate needs.
- The fate or whereabouts of thousands of people were ascertained and shared with their families, as a result of the intensified efforts of the Ethiopian Red Cross Society and the ICRC.
- Authorities worked to improve detainees' treatment and living conditions with support from the ICRC. Through its dialogue with them, the ICRC broadened its access to detainees, enabling it to assist more people than planned.
- Aided by the ICRC, the National Society responded to the increase in needs caused by intense fighting. It also received support for providing timely family-links services, first aid and relief assistance to refugees from Sudan.

EXPENDITURE IN KCHF

Protection	10,732
Assistance	62,230
Prevention	5,880
Cooperation with National Societies	5,839
General	144
Total	84,825
<i>Of which: Overheads</i>	<i>5,166</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	133
Resident staff (daily workers not included)	509



✚ ICRC delegation ✚ ICRC sub-delegation
*The ICRC delegation to the African Union is also in Addis Ababa.

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	1,512
RCMs distributed	1,460
Phone calls facilitated between family members	277,239
Tracing cases closed positively (subject located or fate established)	3,173
People reunited with their families	78
<i>of whom unaccompanied minors/separated children</i>	72
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	50
Detainees in places of detention visited	35,993
<i>of whom visited and monitored individually</i>	1,195
Visits carried out	111
Protection of family links	
RCMs collected	174
RCMs distributed	172
Phone calls made to families to inform them of the whereabouts of a detained relative	864

ASSISTANCE		2023 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	119,050	148,262
Food production	People	410,514	458,627
Income support	People	142,950	184,104
Living conditions	People	270,000	130,674
Capacity-building	People	44,120	18,131
Water and habitat			
Water and habitat activities	People	2,116,504	3,762,418
Health			
Health centres supported	Structures	60	58
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	1,700	2,745
Living conditions	People	6,700	5,361
Water and habitat			
Water and habitat activities	People	14,300	20,457
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	50	84
Physical rehabilitation			
Projects supported	Projects	18	18

CONTEXT

Fighting in northern Ethiopia between the Ethiopian National Defense Force (ENDF) and its allies, and Tigrayan forces, died down after the parties to the conflict agreed, in November 2022, to a permanent cessation of hostilities. However, tensions persisted over the administration of some areas. In August, armed conflict broke out in Amhara, between government forces and armed groups associated with the Amhara Fano Forces. The armed conflict in Oromia remained intense, as heavy fighting continued between the ENDF and the Oromo Liberation Army. Elsewhere, ethnic tensions turned violent, particularly within Amhara and along the Somali Regional State's (SRS) borders with Oromia and Afar. People were detained in connection with conflict or other situations of violence.

The fighting displaced, wounded or killed large numbers of people. Sexual violence and attacks against health services were reportedly widespread. Health facilities and water systems were damaged during the fighting, or could not cope with the scale of needs. IDPs struggled to meet their basic needs. Returnees' and residents' homes and sources of food or livelihood were looted or destroyed. The situation was compounded by drought and high inflation, which exacerbated food insecurity.

While essential services began resuming in Tigray, some humanitarian needs created by the conflict remained unaddressed. Thousands of wounded people needed surgical care, and malnutrition was widespread. Many victims/survivors of sexual violence sought treatment at health facilities, having been unable to do so before, because of the volatility of the security situation. People returning to their homes were at risk from mines and explosive remnants of war (ERW).

The intensity of the fighting prevented many humanitarian actors from delivering aid where it was most needed. Access to Tigray and other parts of northern Ethiopia improved, but areas where tensions persisted remained largely inaccessible.

Members of families separated by conflict, migration or other circumstances struggled to reconnect. Many people had no news of relatives reported missing in connection with conflict or other violence.

Tens of thousands of people fleeing the fighting in Sudan sought refuge in Ethiopia (see *Sudan*).

ICRC ACTION AND RESULTS

The ICRC responded to the many different needs of people affected by conflict or other violence throughout the country. It was the only international humanitarian actor with access to certain volatile areas of Amhara and Oromia and to places in northern Ethiopia where tensions persisted. It therefore focused on supporting these communities, and those dealing with the consequences of intense fighting, including past hostilities in Tigray. The ICRC stepped up its emergency response in these

areas; in order to expand these activities, while simultaneously adapting to financial constraints, it curtailed some agricultural initiatives and handed over certain activities to other humanitarian actors capable of carrying them out. The financial constraints also necessitated the closure of the ICRC's sub-delegation in Shire; its activities were handed over to local actors or to the ICRC's sub-delegation in Mekelle.

More people than planned received food, clean water and medical care, after the ICRC expanded its distributions of food and cash and its support for water facilities and hospitals. In Tigray, projects were initiated to address pressing needs arising from the conflict: an ICRC surgical team bolstered local capacities to deal with the number of people requiring surgical care, and an ICRC programme enabled malnourished children, mothers and wounded people to obtain treatment. More households than planned were given support for preserving their livestock's productivity and pursuing livelihoods. As a result of the intensified efforts of the Ethiopian Red Cross Society and the ICRC, the fate or whereabouts of thousands of people were ascertained and shared with their families.

Amid the constraints imposed by the volatile security conditions, the ICRC continued to support primary-health-care facilities in providing curative or preventive care; enabled farmers to grow crops for food or money; and distributed essential items to households to improve their living conditions. People with disabilities received rehabilitative care from ICRC-supported service providers. Members of families separated by conflict, migration or other circumstances reconnected or were reunited thanks to the National Society and the ICRC.

The ICRC raised people's protection-related concerns with the pertinent parties and reminded them of their obligations under IHL and other applicable law. It emphasized the importance of addressing sexual violence and attacks against health facilities, mitigating the threat of mines/ERW and ascertaining the fate of missing people. ICRC initiatives helped expand access to health care and other services, as well as opportunities for earning an income, for victims/survivors of sexual violence. People in weapon-contaminated areas were assisted to protect themselves against mines/ERW, obtain rehabilitative care and/or resume farming in safety.

The ICRC visited detainees in accordance with its standard procedures. It gave the authorities support for ensuring that detainees' treatment and living conditions met internationally recognized standards. Through its dialogue with the authorities, the ICRC gained broader access to detainees, enabling it to assist more people than planned. However, the volatile situation in Amhara prevented it from distributing essential items to some detention facilities there.

The ICRC worked with the Ethiopian Red Cross Society to deliver assistance to people in need. It also gave the National Society support for responding to the increase in needs created by intensified fighting, and for extending family-links services, first aid and relief assistance to refugees from Sudan.

CIVILIANS

The ICRC focused on supporting communities that were inaccessible to other humanitarian actors or where needs arising from past or ongoing fighting were immense. It stepped up its activities to help people obtain food and clean water, cover urgent expenses and bolster their livelihoods. In order to expand its emergency-response activities, while simultaneously adapting to financial constraints, the ICRC had to curtail some of its planned capacity-building initiatives for farmers and other agricultural assistance, which was also hindered by volatile security conditions. Security constraints affected other activities as well, such as support for primary-health-care centres, distribution of essential household items, training for water technicians, and community-based projects for reinforcing positive coping mechanisms among conflict-affected people.

The ICRC provided multidisciplinary support to victims/survivors of sexual violence and mine/ERW-related accidents, in order to ensure that their needs were met in a holistic manner (see also *Wounded and sick*). As large numbers of victims/survivors of sexual violence were in need of assistance, the ICRC expanded its efforts to support them, particularly in Tigray.

People used the ICRC's community contact centre to communicate their needs, learn about the ICRC's services and comment on the help they had already received.

The ICRC discusses people's concerns with the authorities

The ICRC documented people's protection-related concerns and brought them up with the pertinent parties. It reminded the parties of their obligations, under IHL and other applicable norms, to prevent and address sexual violence, safeguard health services, mitigate the threat of mines/ERW, ensure access to essential services, and enable IDPs to return home voluntarily and in safety. Because sexual violence, attacks against health services and weapon contamination remained issues of concern, the ICRC held in-depth discussions on these matters with authorities and weapon bearers: for instance, it organized round tables on safeguarding health services for security forces personnel and staff from the Ethiopian Red Cross Society and the health ministry. These discussions led to improvements: for example, weapon bearers vacated certain health facilities that they had been camping in, and military personnel cleared several weapon-contaminated areas.

People enduring the consequences of IHL violations were given assistance to meet their immediate needs. Victims/survivors of sexual violence or mine/ERW-related accidents were referred for medical or other services, and/or given cash to meet urgent expenses (e.g. for travelling to medical facilities). Supplies and/or financial assistance from the ICRC enabled shelters and one-stop centres to provide victims/survivors of sexual violence with health care – including psychosocial support – legal services or other assistance.

Communities learnt about the necessity of ending stigmatization of victims/survivors of sexual violence, and about the services available to victims/survivors, through dissemination

sessions carried out by health workers, community/religious leaders and volunteers trained by the ICRC and the National Society. People returning to weapon-contaminated areas of Tigray learnt safe practices around mines/ERW from the National Society and the ICRC. These messages, and messages about the importance of protecting ambulances and health facilities, were also communicated to a wider audience through radio spots and/or informational materials produced in local languages.

Conflict-affected households build their food security and self-sufficiency

Relief assistance from the National Society and the ICRC helped IDPs, returnees and residents meet their immediate needs. Around 148,300 people – including malnourished people being treated under an ICRC programme (see below) and victims/survivors of sexual violence – were given food. The ICRC also continued to distribute food to health staff in Tigray until the local authorities were able to resume paying their salaries. Some 21,800 households (130,700 people) received blankets, cooking utensils and other essentials, to help improve their living conditions during their displacement or to replace items that had been looted or destroyed. In areas where banks and markets were functioning, or where in-kind distributions of aid could not be carried out because of logistical constraints, people were given cash, which also gave them flexibility of choice and helped to stimulate local commerce; around 24,300 households (146,000 people) bought food, paid medical bills or covered other expenses with this assistance.

People strove to restore or strengthen their food security with ICRC support. Around 4,900 households (29,100 people) grew crops with the help of seed, tools and/or cash provided by the ICRC. This enabled local cooperatives to carry out seed-multiplication projects, victims/survivors of sexual violence to earn an income, and people in areas cleared of mines/ERW to safely resume farming. Some 71,600 households (429,500 people) were given assistance to preserve the health of their livestock. Vaccination campaigns by local authorities and ICRC-trained animal-health workers helped some of them to protect their herds against common diseases. People living near the Oromia–SRS border insured their livestock against drought through a pilot project; the ICRC covered part of the premium. The households originally selected for vaccination services had fewer animals than anticipated, owing to losses caused by the fighting; the ICRC therefore extended this support to more herders than planned, to make full use of the vaccines available.

Beekeepers in Tigray received equipment from the ICRC and training from a local ICRC-supported institute. Breadwinners, including people with disabilities, started or expanded small businesses (e.g. farming, trading) with ICRC cash grants. All this enabled around 6,400 households (38,100 people) to add to their income.

Service providers built their capacities to assist conflict-affected people, with the ICRC's support. ICRC training enabled local workers to develop their ability to provide veterinary care, livelihood support or treatment for acute malnutrition. Feminine hygiene products and other necessities

were distributed to shelters and one-stop centres for victims/survivors of sexual violence. These initiatives benefited some 18,100 people.

Health services become more readily available in hard-to-reach areas

With the ICRC's support, people obtained reproductive care, vaccinations against common illnesses, services for victims/survivors of sexual violence, and treatment for chronic diseases. The ICRC regularly gave 35 primary-health-care centres supplies (e.g. medical consumables, hygiene items) and training for their staff. Twenty-six centres, including three regularly supported centres, received material or financial assistance to help them cope with a spike in demand for their services. This enabled Sudanese refugees and people displaced or wounded by fighting – particularly in Amhara – to obtain emergency care, and made basic services available to people in areas of northern Ethiopia where tensions were still running high. Pregnant women experiencing obstetric complications, victims/survivors of sexual violence needing specialized treatment, and children who were critically ill were referred for secondary care; the ICRC covered their transport expenses. Under an ICRC programme, malnourished children and pregnant/lactating women in hard-to-reach areas of Tigray were treated at ICRC-supported centres and given therapeutic food.

The ICRC sought to make these services more accessible to people in need. In addition to supporting one-stop centres – mainly where victims/survivors of sexual violence could get treatment – the ICRC gave all the regularly supported centres mentioned above supplies and staff training for providing the necessary care, and covered victims/survivors' transport costs so they could reach these facilities. With material or other support from the ICRC, local service providers conducted outreach or resumed working in hard-to-reach areas.

The ICRC communicated key messages of the Health Care in Danger initiative during its training sessions. It documented attacks against health services and brought them to the attention of the pertinent parties.

Millions of people have better access to clean water

Because of various ICRC projects, around 3.8 million people were able to obtain clean water and prevent the spread of water-borne diseases. These ICRC activities also helped to mitigate the threat of sexual violence, particularly for women and girls who previously had to travel long distances through unsafe areas to fetch water.

Among those mentioned above, roughly 2.3 million people benefited from the ICRC's efforts to restore access to potable water as quickly as possible: the ICRC donated supplies (e.g. generators, spare parts, water-treatment chemicals) to service providers; distributed water-purification tablets; and trucked in water. Some 264,200 people in rural areas used water points that the ICRC had repaired or upgraded to run on solar power. In urban areas, the ICRC renovated water facilities or donated generators, solar panels, pumps and other items to local service providers: as a result, more water was available

to around 1.3 million IDPs and residents. A total of 16 staff members from the water bureaus of Tigray and Oromia were trained and equipped to improve the quality of water and maintain water facilities.

The ICRC repaired infrastructure and installed equipment (e.g. generators, pumps) to ensure a more reliable supply of water and/or electricity at health facilities throughout the country, and at a shelter for victims/survivors of sexual violence in Tigray.

People reconnect with their families and learn the fate of missing relatives

IDPs, refugees from neighbouring countries, returning Ethiopian migrants, and others restored or maintained contact with their relatives through family-links services provided by the National Society with ICRC support: over 277,200 phone calls were arranged, and over 1,400 RCs distributed. The ICRC prioritized the needs of children: it reunited 72 unaccompanied minors or separated children with their families. It also engaged with people who were separated from their families or who had relatives who were missing, to learn their needs and refer them for the assistance they needed.

The ICRC strove to expand its search for people who had gone missing, particularly in connection with the conflict in northern Ethiopia. It collected more information from families on their missing relatives, worked to broaden its search in places of detention and IDP/refugee camps, and helped the National Society to recruit and train more volunteers to reach remote areas. As a result, the fate or whereabouts of 3,173 people were ascertained and shared with their families.

In coordination with the pertinent embassies, the ICRC issued travel documents to 13 people, to help them rejoin their families. At their request, it conveyed official documents to one person, to enable them to apply for government benefits and/or pursue educational or employment opportunities.

The ICRC reminded judicial authorities and weapon bearers of the importance of ascertaining the fate or whereabouts of people who had gone missing (see also *Actors of influence*). It also worked with the National Society to raise awareness of ways to prevent loss of family contact among migrants.

To help ascertain the fate of missing people and prevent disappearances, the ICRC gave the military, police, health ministry and other authorities support for building their capacities to manage human remains properly. Police and military officers, medico-legal officials and hospital workers were given training and/or supplies (e.g. body bags) for managing the remains of people killed during conflict or other violence; some police officers were sponsored to attend a symposium in South Africa (see *Pretoria*). The ICRC gave a working group – set up to create a national emergency response team – informational materials and expert advice for developing standard procedures for managing and identifying human remains after mass-casualty incidents.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 50 places of detention in accordance with its standard procedures. It paid particular attention to people held in connection with armed conflict and to those with particular needs, such as women, minors and foreigners; 1,195 detainees were monitored individually. Findings from these visits were communicated confidentially to the authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Through its dialogue with the authorities, the ICRC gained broader access to detainees, enabling it to reach more people than planned with its food aid and water and sanitation initiatives.

Detaining authorities strengthen their capacities in prison management

The ICRC urged detaining authorities to ensure that detainees' families were notified of their relatives' arrest and/or transfer and could contact them, that measures were taken to prevent sexual violence and other abuses – for example, by making sure that minors and women were separated from male detainees – and that judicial guarantees were respected. It also gave them technical, material and infrastructural support for improving detainees' treatment and living conditions (see below).

The ICRC submitted allegations of arrest to the authorities and relayed the information it received to the families concerned. It enabled detainees who had no other means of contacting their families to do so through RCMs, and helped foreign detainees to notify their embassies or UNHCR of their situation.

With ICRC assistance, the Federal Prison Commission (FPC) worked to establish information-management and inspection mechanisms to address systemic issues. It began using a data-management system, developed and implemented with the ICRC's help, that aimed to ensure timely follow-up of detainees' cases and facilitate administrative processes. ICRC workshops and training sessions helped detaining authorities and staff to strengthen their capacities in prison management, particularly in connection with health care for detainees.

Detainees benefit from health services and more sanitary living conditions

Detainees at 13 places of detention had better access to health care with ICRC support (e.g. donations of medical supplies, training and on-the-job mentoring for staff). They obtained treatment for TB and other common diseases, and emergency care following prison riots and outbreaks of cholera and scurvy. Detainees with physical disabilities and others needing specialized care were followed up, to ensure that they received support (see also *Wounded and sick*). At the Mekelle prison, detainees suffering from malnutrition or micronutrient deficiencies were treated with therapeutic food and vitamin supplements donated by the ICRC. Meetings to provide guidance to a technical working group on health care in detention – composed of health and detaining officials – did not take place, owing to volatile security conditions and the unavailability of some of the pertinent stakeholders.

Around 20,500 detainees were better protected against disease after the ICRC carried out various water, sanitation and other infrastructural projects. More specifically, some

12,700 detainees had clean water after the ICRC upgraded water systems at prisons and donated spare parts and water-treatment chemicals to prison administrators. The ICRC installed showers, wash basins and lavatories, enabling around 7,500 detainees to maintain good hygiene. Roughly 3,800 detainees benefited from kitchen equipment donated by the ICRC, or from fuel-efficient stoves built by the ICRC or by prison staff with ICRC guidance. ICRC initiatives helped around 14,400 detainees and prison staff to ensure good hygiene was maintained and that facilities were in good repair: staff and selected detainees were trained to promote good hygiene and were provided with water containers, waste bins and other supplies necessary to that end; prison officials developed their ability to maintain prison infrastructure through ICRC workshops and training sessions. Representatives from regional prison commissions and the FPC were sponsored to attend a workshop on prison infrastructure in Uganda (see *Kampala*).

Roughly 2,700 detainees at the Mekelle prison, including people receiving treatment for malnutrition (see above), were given food and firewood for cooking. Some 5,400 detainees received hygiene items, blankets, sleeping mats and clothes, to help ease their living conditions; the ICRC reached fewer people than planned with these distributions, as the volatile situation in Amhara prevented it from reaching some detention facilities in that region.

WOUNDED AND SICK

Wounded or critically ill people receive life-saving care

Wounded people, pregnant women, victims/survivors of sexual violence and children received urgent medical attention at ICRC-supported hospitals. The ICRC provided these hospitals with medical consumables, equipment and cleaning items, trained their staff and/or made improvements to infrastructure (see *Civilians*). The ICRC also covered treatment costs for roughly 82,000 people.

Twenty hospitals received assistance regularly, enabling them to offer emergency, surgical, paediatric and obstetric/gynaecological care. Victims/survivors of sexual violence were given post-exposure prophylaxis, and referred for mental-health support or other services, at ICRC-supported one-stop centres; treatment for fistula was available to them at specialized medical facilities assisted by the ICRC. The ICRC transported medical supplies (e.g. blood bags, insulin) from health authorities and local organizations to areas of Amhara, Oromia and Tigray that were inaccessible to them, in order for humanitarian aid to reach more people.

The Awash Hospital in Mekelle regularly received extensive support for treating the large number of casualties of the conflict in northern Ethiopia. An ICRC surgical team guided surgeons and personnel providing early physical rehabilitation to patients. The ICRC also made improvements to the hospital's operating rooms. Malnourished patients at the hospital received treatment under an ICRC programme (see also *Civilians*).

Owing to intensified fighting, the ICRC extended support on an ad hoc basis to more hospitals than planned, mainly in Amhara and Oromia, as it was the only humanitarian actor that could

reach certain areas in these regions. A total of 65 hospitals, including two regularly supported hospitals, were given assistance to cope with large numbers of wounded people.

Wounded or critically ill people were stabilized and transported to hospital by National Society ambulance teams that received first-aid kits from the ICRC. By the end of the year, the ICRC had handed over the task of providing such support to other Movement components working in the country, in order to focus on responding to emergency needs in hospitals.

The ICRC documented attacks against hospitals, ambulances and health workers and brought them to the attention of the pertinent parties, to prevent and address such incidents.

People with physical disabilities obtain rehabilitative care and support for social inclusion

Around 11,900 people¹ with physical disabilities obtained rehabilitative care at 11 physical rehabilitation centres, the orthopaedic department at a paediatric hospital, and the National Rehabilitation Centre at the Black Lion Hospital. The ICRC provided all these facilities regularly with wheelchairs and raw materials for making assistive devices.

The ICRC sought to make these services more accessible to people in need. It conducted outreach to refer people from remote areas and IDP camps to the centres nearest them, and gave detainees walking aids or referred them for services during its visits to prisons. People in Shire who could not reach the centre in Mekelle, because of a lack of cash or fuel, obtained services at a satellite clinic established by the ICRC at a local hospital; responsibility for supporting this clinic was handed over to local organizations and health authorities in Shire by the end of the year.

ICRC initiatives enabled some 300 people with disabilities to pursue livelihoods or take part in disability sports, and thus advance their social inclusion. Breadwinners with disabilities were given support for setting up small businesses (see *Civilians*). Others were sponsored for job opportunities, enabling some of them to find permanent employment. The Ethiopian Wheelchair Basketball Association supported local teams and organized wheelchair-basketball tournaments with material and financial assistance from the ICRC.

The ICRC continued to support four local partners, in order to ensure the sustainability of the physical rehabilitation sector. It worked with the National Rehabilitation Centre and professional associations to train physiotherapists and prosthetists/orthotists. Two physiotherapists were sponsored to attend a conference abroad. The ICRC also gave the ministry of women and social affairs expert advice for finalizing guidelines and a national policy for the social inclusion of people with disabilities.

ACTORS OF INFLUENCE

Influential stakeholders learn about the ICRC and facilitate its access to conflict-affected people

Dialogue with local and federal authorities, weapon bearers – including members of armed groups – traditional/religious leaders and community members enabled the ICRC to reach areas inaccessible to other humanitarian actors (see *Civilians* and *Wounded and sick*). Together with the Ethiopian Red Cross Society, it continued to seek to broaden acceptance for the Movement's neutral, impartial and independent humanitarian work among the parties mentioned above, in order to gain safe and timely access to more people in need.

People learnt about the humanitarian situation in Ethiopia, and the ICRC's response, through newsletters, content posted on social media, or articles by local and international journalists based on information from the ICRC.

Weapon bearers strengthen their understanding of norms applicable to their duties

Training and workshops organized by the ICRC helped military and security forces personnel, including military legal advisers, to learn more about IHL. Senior officials were sponsored to attend an ICRC workshop on rules governing military operations (see *Headquarters – Protection and Essential Services*). Police officers added to their knowledge of international human rights law, and international standards for the use of force, at ICRC training sessions. Guided by the ICRC, instructors at the Ethiopian Police University College revised their curriculum to ensure that sufficient attention was given to international human rights law. During its training sessions, the ICRC emphasized the importance of protecting civilians and civilian infrastructure, preventing and addressing sexual violence and attacks against health services, and meeting international standards for detention.

The ENDF and the ICRC jointly established a platform for regular, long-term dialogue on strengthening compliance with IHL. Discussions took place on implementing IHL and protecting health workers and medical facilities.

Authorities work to advance the implementation of IHL

The ICRC continued to give national authorities support for implementing IHL and IHL-related treaties, in order to strengthen protection for people affected by conflict or other violence and address their concerns. It recommended measures, to the justice ministry and the Ethiopian Human Rights Commission, for ensuring that obligations under IHL related to clarifying the fate of missing people and repressing war crimes were given due consideration in transitional-justice policies concerning the conflict in northern Ethiopia. It also gave the justice ministry expert advice for drafting a law to implement the African Union Convention on IDPs. The ICRC organized round tables, workshops or meetings to promote ratification of the Convention on Certain Conventional Weapons and the Second Protocol to the Hague Convention on Cultural Property, and to advance the creation of a national IHL committee. It continued to give the health ministry and the National Society support for advocating the drafting and passage of a law on the emblems protected under IHL. The ICRC maintained its efforts to publish a handbook for parliamentarians.

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

Judicial officials and academics developed expertise in IHL with the ICRC's help. At ICRC training sessions, judges and prosecutors learnt more about their role in applying IHL at the domestic level. Students tested their knowledge of IHL at national moot court and essay competitions organized by the ICRC. The ICRC continued to support the IHL clinic – established in 2020 with the ICRC's help – at Addis Ababa University: it gave lectures on IHL for students, donated reference materials and sponsored the director of the clinic to attend an advanced IHL seminar in Switzerland (see *Headquarters – International Law, Policy and Humanitarian Diplomacy*).

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society remained the ICRC's main partner in addressing the needs of people affected by conflict. The ICRC gave it material, technical, financial and logistical support for strengthening its capacities in various areas: restoring family links; providing relief assistance, first aid and ambulance services; public communication; and tackling communities' protection-related concerns, particularly those of victims/survivors of sexual violence. This support helped the

National Society respond to the increase in needs created by intensified fighting, and to extend family-links services, first aid and relief assistance to refugees from Sudan. A National Society pharmacy in Tigray was refurbished and restocked after being looted and damaged during the conflict. To enable National Society staff and volunteers to perform their duties in safety, the ICRC trained them in applying the Safer Access Framework, in risk management, and in mitigating the threat of mines/ERW.

The ICRC coordinated its activities with those of other Movement components in Ethiopia through meetings organized by the National Society, in order to strengthen the Movement's collective action in such areas as emergency response, public communication and support for the National Society. The ICRC shared information with its Movement partners to enhance security management, and provided logistical support for the Movement's humanitarian activities throughout Ethiopia. National Society staff members were sponsored to attend Movement events outside Ethiopia, so that they could learn more about IHL and develop their skills in public communication.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,512	20		
RCMs distributed		1,460	13		
Phone calls facilitated between family members		277,239			
Reunifications, transfers and repatriations					
People reunited with their families		78			
	<i>including people registered by another delegation</i>	2			
People transferred or repatriated		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,470	320	88	156
	<i>including people for whom tracing requests were registered by another delegation</i>	83			
Tracing cases closed positively (subject located or fate established)		3,173			
	<i>including people for whom tracing requests were registered by another delegation</i>	619			
Tracing cases still being handled at the end of the reporting period (people)		6,126	1,414	632	852
	<i>including people for whom tracing requests were registered by another delegation</i>	1,279			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		220	59		1
UAMs/SC reunited with their families by the ICRC/National Society		72	33		
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		916	377		2
Documents					
People to whom travel documents were issued		13			
People to whom official documents were delivered across borders/front lines		1			
Forensics					
Training sessions on the recovery, identification and protection of human remains		2			
	People trained	37			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		50			
Detainees in places of detention visited		35,993	1,272	1,426	
Visits carried out		111			
			Women	Girls	Boys
Detainees visited and monitored individually		1,195	79	12	44
	<i>of whom newly registered</i>	883	57	11	36
RCMs and other means of family contact					
RCMs collected		174			
RCMs distributed		172			
Phone calls made to families to inform them of the whereabouts of a detained relative		864			
People to whom a detention attestation was issued		11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	148,262	56,969	45,785
	<i>of whom IDPs</i>	28,642	11,006	8,845
Food production	People	458,627	203,072	100,314
	<i>of whom IDPs</i>	45,770	20,156	10,249
Income support	People	184,104	69,046	57,744
	<i>of whom IDPs</i>	31,942	11,964	10,050
Living conditions	People	130,674	53,368	36,801
	<i>of whom IDPs</i>	34,116	13,933	9,608
Capacity-building	People	18,131	7,508	4,769
	<i>of whom IDPs</i>	2,701	1,118	710
Water and habitat				
Water and habitat activities	People	3,762,418	1,536,804	974,360
	<i>of whom IDPs</i>	630,490	257,500	163,259
Primary health care				
Health centres supported	Structures	58		
	<i>of which health centres supported regularly</i>	35		
Average catchment population		1,019,327		

CIVILIANS		Total	Women	Children
Primary health care				
Services at health centres supported regularly				
Consultations		1,482,137		
	<i>of which curative</i>	1,424,264	222,211	842,059
	<i>of which antenatal</i>	57,873		
Vaccines provided	Doses	189,228		
	<i>of which polio vaccines for children under 5 years of age</i>	59,075		
Referrals to a second level of care	Patients	6,097		
	<i>of whom gynaecological/obstetric cases</i>	2,296		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	2,745	764	
Living conditions	People	5,361	243	125
Water and habitat				
Water and habitat activities	People	20,457	773	414
Health care in detention				
Places of detention visited by health staff	Structures	20		
Health facilities supported in places of detention visited by health staff	Structures	13		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	84		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	21		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions		38,451		
	<i>of which weapon-wound surgical admissions</i>	28,036	2,755	441
	<i>(including those related to mines or explosive remnants of war)</i>	116	*	48
	<i>of which non-weapon-wound surgical admissions</i>	9,729	770	616
	Operations performed	15,568	3,863	95
Medical (non-surgical) admissions		1,734	525	482
Gynaecological/obstetric admissions		31,637	25,675	407
Consultations		324,039		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		19,474		
Weapon-wound admissions (surgical and non-surgical admissions)		13,830	616	323
Weapon-wound surgeries performed		5,307		
Patients whose hospital treatment was paid for by the ICRC		82,484		
Physical rehabilitation				
Projects supported		18		
	<i>of which physical rehabilitation centres supported regularly</i>	13		
People who benefited from ICRC-supported projects	Aggregated monthly data	12,260		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	11,946	1,892	2,694
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	314		
	<i>of whom victims of mines or explosive remnants of war</i>	241		
	<i>of whom weapon-wounded</i>	2,981		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	3,012		
Orthoses delivered	Units	5,453		
Physiotherapy sessions		10,636		
Walking aids delivered	Units	8,375		
Wheelchairs or postural support devices delivered	Units	1,075		

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

KAMPALA (regional)

COVERING: Burundi, Rwanda, Uganda

Present in Rwanda since 1960, in Burundi since 1962, and in Uganda since 1979, the ICRC established a regional delegation based in Kampala, Uganda, in 2021. It helps people separated from their families – owing to armed conflict or other violence, natural or man-made disasters, or migration – to contact their relatives. It visits detainees and works with the authorities to ensure that detainees' treatment and living conditions meet internationally recognized standards. The ICRC promotes IHL among the region's authorities, military and security forces and civil society, and supports the development of the National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2023

- Military commanders, armed forces and law enforcement personnel and troops bound for peacekeeping missions learnt more about IHL and other applicable norms through ICRC workshops, training and information sessions.
- Members of families dispersed by armed conflict or other circumstances, restored or maintained contact with each other through the Movement's family-links services. A total of 139 people were reunited with their families.
- Thousands of people with physical disabilities in Rwanda obtained rehabilitative care, including physiotherapy and prosthetic limb fitting, at three ICRC-supported physical rehabilitation centres.
- The ICRC visited people held for security reasons, and other detainees, in accordance with its standard procedures. Access constraints and other obstacles led to the suspension of the ICRC's detention-related activities in Burundi.
- Tens of thousands of people in Burundi and Uganda, including refugees and members of host communities, had better access to water after the ICRC's water-and-habitat projects.

EXPENDITURE IN KCHF

Protection	5,612
Assistance	1,897
Prevention	1,891
Cooperation with National Societies	1,635
General	251
Total	11,285
<i>Of which: Overheads</i>	<i>689</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	107

PROTECTION

CIVILIANS

Protection of family links

RCMs collected	6,159
RCMs distributed	4,999
Phone calls facilitated between family members	127,122
Tracing cases closed positively (subject located or fate established)	704
People reunited with their families	139
<i>of whom unaccompanied minors/separated children</i>	<i>99</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	11
Detainees in places of detention visited	9,034
<i>of whom visited and monitored individually</i>	<i>228</i>
Visits carried out	16

Protection of family links

RCMs collected	176
RCMs distributed	133
Phone calls made to families to inform them of the whereabouts of a detained relative	318

ASSISTANCE

CIVILIANS

Water and habitat

Water and habitat activities	People	42,500	49,950
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WOUNDED AND SICK

Physical rehabilitation

Projects supported	Projects	7	7
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CONTEXT

Burundi, Rwanda, and Uganda continued to shelter people fleeing neighbouring countries because of armed conflict or other situations of violence. There were reportedly 1.5 million refugees in Uganda, mostly from the Democratic Republic of the Congo (hereafter DRC) and South Sudan. Burundi also continued to shelter refugees, mostly from the DRC. At the same time, there were hundreds of thousands of Burundians in neighbouring countries, but some had returned or had been voluntarily repatriated to Burundi. People from Burundi and the DRC continued to seek refuge in Rwanda. Libyan refugees and asylum seekers passing through Rwanda were housed in a transit camp.

Burundian, Rwandan, and Ugandan military forces maintained their presence in eastern DRC, to fight non-state armed groups. Rwanda continued to contribute personnel (members of the Rwandan military forces and police) to UN peace-keeping missions, and to the Central African Republic and Mozambique (under bilateral agreements with the governments of those countries). Burundi and Uganda contributed troops to the African Union Transition Mission in Somalia (formerly the African Union Mission in Somalia) and to the United Nations Mission in South Sudan.

In Uganda, security operations – often undertaken in response to the activities of armed groups – reportedly led to people being arrested and/or detained.

People in the region continued to struggle with rising prices, disruption of supply chains, and shortages of water, fuel, and electricity. Natural disasters occurred frequently in the countries covered.

ICRC ACTION AND RESULTS

The ICRC continued to address humanitarian needs in Burundi, Rwanda, and Uganda. National Societies in the region were given training and other support to develop their operational capacities, particularly in emergency response and restoring family links. In order to optimize its resources, the ICRC closed its sub-delegation in Yumbe in Uganda at the end of June.

The ICRC brought up the protection-related concerns of unaccompanied minors and separated children, including those formerly associated with weapon bearers, during its discussions with authorities, community leaders and humanitarian organizations in Uganda. It reiterated to them the importance of reintegrating these children into their communities. The ICRC pursued various forms of engagement (e.g. briefings, training, meetings) with government authorities, military and security forces officers, and other decision makers capable of influencing the humanitarian agenda in the countries covered, with a view to broadening support for its work and for IHL and other applicable norms.

Members of families separated by armed conflict or other violence, detention or other circumstances, restored or maintained contact through family-links services (e.g. RCMs,

phone calls, tracing) provided by the ICRC and the National Societies in Burundi, Rwanda and Uganda. A total of 139 people who had been separated from their relatives in Burundi, Rwanda and Uganda were reunited with their families; they included unaccompanied minors who were in Tanzanian camps for displaced people (see *Nairobi*) and people who were in the Democratic Republic of the Congo. The ICRC and the National Societies publicized their family-links services through information sessions in communities, leaflets, social media and by other means. The ICRC continued to impress upon the authorities and other pertinent actors the necessity of preventing disappearances and ascertaining the fate of missing people and informing their families. It assessed needs for family-links services in communities – particularly among refugees – with a view to understanding them more fully and addressing them. Various means were used to this end, notably discussions with community leaders and refugees during field visits and toll-free hotlines that refugees could call to use the Movement's family-links services and/or give their views and suggestions in this regard.

Financial constraints led to the cancellation of some of the ICRC's plans to help forensic actors in Rwanda develop their ability to manage human remains and identify them. However, it was still able to sponsor a number of people to attend a conference on forensic medicine in Kigali.

Victims of violence in Burundi, including victims/survivors of sexual violence, obtained the necessary care – particularly mental-health and psychosocial support – at health-care centres supported by the ICRC. People with physical disabilities in Rwanda obtained rehabilitative care, including physiotherapy and prosthetic limb fitting, at three ICRC-supported physical rehabilitation centres. Physical rehabilitation professionals developed their capacities through training organized or sponsored by the ICRC.

ICRC water-and-habitat projects helped improve the supply, delivery and availability of water for tens of thousands of people, including refugees and members of host communities, in Burundi and Uganda. Financial constraints led to the cancellation of ICRC initiatives to provide economic support in Burundi.

The ICRC visited, in accordance with its standard procedures, places of detention in Rwanda and Uganda. It paid close attention to people held for security reasons and people with specific needs – women, foreigners, and minors – some of whom had been associated with armed groups. Findings from these visits, concerning detainees' treatment and living conditions, were submitted to the authorities and/or discussed confidentially with them. Owing to access and financial constraints, the ICRC suspended its detention-related activities in Burundi. Senior prison officials from Nigeria, Rwanda, Uganda, Ethiopia and other African countries attended a workshop organized by the Uganda Prisons Service and the ICRC, where they exchanged best practices and lessons learnt in designing and maintaining prison infrastructure.

CIVILIANS

The ICRC discussed the protection-related concerns of unaccompanied minors and separated children – including those formerly associated with weapon bearers – with authorities, community leaders and humanitarian organizations in Uganda. It reiterated to them the importance of reintegrating these children into their communities. Children at one centre for children and adults formerly associated with fighting forces in Uganda benefited from an ICRC donation of recreational items.

The authorities and weapon bearers in Burundi, Rwanda and Uganda were reminded by the ICRC of their obligation under IHL, international human rights law and other applicable norms to protect civilians. Ugandan armed forces personnel, including operational legal advisers and troops bound for Somalia, learnt more about IHL through ICRC training. Such training was also conducted for officers under the Chief of Military Intelligence. Nineteen military officers from Burundi, Ethiopia, Kenya, Malawi, Mali, South Sudan and Uganda attended an ICRC workshop on IHL for operational legal advisers.

Members of separated families make use of the Movement's family-links services

Members of families separated by armed conflict/other violence, detention or other circumstances restored or maintained contact through family-links services (e.g. RCMs, phone calls, tracing) provided by the ICRC and the National Societies in Burundi, Rwanda and Uganda. The ICRC and the National Societies publicized their family-links services through information sessions in communities, leaflets, social media and other means. Roughly 127,000 phone calls – between family members – were arranged. In Burundi, the ICRC installed WiFi and a solar-powered mobile-phone charging station at a transit centre, to help refugees and asylum seekers maintain contact with their families.

A total of 139 people who had been separated from their relatives in Burundi, Rwanda and Uganda were reunited with their families; they included unaccompanied minors who were in Tanzanian camps for displaced people (see *Nairobi*) and people who were in the Democratic Republic of the Congo. When necessary and appropriate, the ICRC referred people reunited with their families to organizations that could meet their needs. Sometimes it directly gave them in-kind assistance, such as essential household items. Where possible, it made follow-up visits to assess the situation of people who had been reunited with their families.

National Society staff and volunteers in Burundi, Rwanda and Uganda developed their capacities in restoring family links, including during emergencies, in line with the Movement's standards for data protection; the ICRC provided training and other support. The National Societies also took steps towards self-sufficiency in delivering family-links services – that is, providing these services with less assistance from the ICRC.

The ICRC continued to impress upon the authorities and other pertinent actors the necessity of preventing disappearances and ascertaining the fate of missing people and informing their families. It assessed needs for family-links services in communities – particularly among refugees – with a view to understanding them more fully and addressing them. Various means were used to this end, notably discussions with community leaders and refugees during field visits and toll-free hotlines that refugees could call to use the Movement's family-links services and/or give their views and suggestions in this regard. In June, after an attack on a school in Kasese District in Uganda, the ICRC conducted a rapid needs assessment among the people affected. The assessment focused on identifying the victims and their families; gaps in the registration of families and those unaccounted for; and communication systems in place for missing people's families. After the assessment, the ICRC reminded the pertinent authorities of their obligations towards missing people and their families.

Financial constraints led to the cancellation of some of the ICRC's plans to help forensic actors in Rwanda develop their ability to manage human remains and identify them. However, the ICRC was still able to sponsor 12 people to attend a conference on forensic medicine in Kigali.

Violence-affected people and others at risk meet their basic needs

Victims of violence in Burundi, including victims/survivors of sexual violence, obtained the necessary care – particularly mental-health and psychosocial support – at six health-care centres; the ICRC provided staff training and/or other support for the centres. Owing to financial constraints, support for the health-care facilities came to an end by June.

In Uganda, local water authorities and the ICRC finished constructing a water-supply system in Kisoro; this improved the supply, delivery and availability of water for 40,000 people, including refugees and members of host communities. In Burundi, around 9,950 people had better access to water after the ICRC constructed and renovated water points in Makebuko, Murwi and Nyanza Lac. ICRC training enabled the National Society in Burundi to become more capable of responding to water and sanitation needs during emergencies.

Financial constraints led the ICRC to cancel its initiatives to provide economic support in Burundi.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, places of detention in Rwanda and Uganda. It paid close attention to people held for security reasons and people with specific needs – women, foreigners, and minors – some of whom had been associated with armed groups. Findings from these visits, concerning detainees' treatment and living conditions, were submitted to the authorities and/or discussed confidentially with them. Owing to access and financial constraints, the ICRC suspended its detention-related activities in Burundi – such as making infrastructural improvements at prisons and giving prison staff support to provide health care for detainees.

In Uganda, detainees – including minors – used phone calls and RCMs, and other ICRC family-links services, to contact relatives. A total of 176 RCMs were collected from detainees and 133 distributed. The ICRC also submitted allegations of arrest or detention to the authorities and/or followed them up.

Senior prison officials from Ethiopia, Nigeria, Rwanda, Uganda and other African countries attended in November 2023 an African regional workshop organized by the Uganda Prisons Service and the ICRC. At the event, they exchanged best practices and lessons learnt in designing and maintaining prison infrastructure.

WOUNDED AND SICK

People with physical disabilities receive comprehensive support from the ICRC

Around 12,700 people¹ with physical disabilities in Rwanda obtained rehabilitative care, including physiotherapy and prosthetic limb fitting, at three ICRC-supported physical rehabilitation centres. The centres were given support regularly – in particular, technical guidance and raw materials for making assistive devices – to ensure the quality and sustainability of their services. The ICRC continued to mentor health staff at two of the centres. Infrastructural improvements were made at one of the centres. More people with physical disabilities were supported than planned because word had spread among communities of the good-quality services available at the ICRC-supported centres.

The ICRC took steps to wrap up its physical rehabilitation programme in Rwanda. It communicated its plans to its partners and other stakeholders. The ICRC ended its physical rehabilitation programme in Rwanda by the end of the year, but the materials and consumables it supplied to ICRC-supported centres in 2023 were expected to see the centres through until the end of 2024.

With a view to advancing their social inclusion, the ICRC worked with four local organizations and helped organize wheelchair-basketball, amputee-football and wheelchair-tennis events for 433 people with physical disabilities. Twenty other people with disabilities attended a three-day training course in career development.

Physical rehabilitation students and professionals expand their capacities

Physical rehabilitation professionals strengthened their capacities through training sessions that the ICRC organized or sponsored. The ICRC also organized courses in foot orthotics, diabetic-foot management and amputee rehabilitation; these were attended by professionals from Rwanda and Somalia.

The University of Rwanda inaugurated a physiotherapy and occupational therapy laboratory, which was developed with financial and technical support from the ICRC; the laboratory provided students with opportunities for practical learning. The ICRC gave 27 students enrolled in a prosthetics and

orthotics course the materials and components necessary to make assistive devices. With ICRC support, the curriculum for a BSc in prosthetics and orthotics at one university was approved by the Higher Education Council; students began to register for the course in June.

Guided by the ICRC, a working group finalized and submitted a national strategy for physical rehabilitation to the health minister.

ACTORS OF INFLUENCE

The ICRC pursued various forms of engagement (e.g. briefings, training, meetings) with government authorities, military and security forces officers, and other decision makers capable of influencing the humanitarian agenda in the countries covered, with a view to broadening support for its work and for IHL and other applicable norms. It also sought to impress upon them the urgency of humanitarian issues such as preventing family separation and protecting children, including those previously associated with armed groups (see *Civilians*).

Military officers discuss how to limit the impact of their operations on civilians

In the countries covered, military commanders, armed forces personnel, law enforcement officials and troops bound for peacekeeping missions in other countries learnt more about IHL and other applicable norms through workshops, training, briefings and dissemination sessions organized by the ICRC. Notably, in April, the Rwanda Defence Force and the ICRC conducted a workshop on support relationships in armed conflict and partnered military operations, for 20 senior military officers from various African countries. They discussed good practices and lessons learnt that could help mitigate the impact of military operations on civilians. The ICRC enabled one Ugandan military officer to attend a workshop in Nairobi (see *Headquarters – Protection and Essential Services*) on international rules governing military operations. Integrating IHL and international human rights law into their training, decision-making, and operational planning continued to be a subject of discussion among military and security forces in the region.

The ICRC advocated the ratification and/or implementation of IHL and IHL-related treaties in the region, and offered national authorities guidance or other support in this regard. In Uganda, the ICRC attended a meeting of stakeholders advocating ratification of the Treaty on the Prohibition of Nuclear Weapons. The ICRC and key national authorities in Rwanda also discussed advancing the ratification of the Arms Trade Treaty and the domestic implementation of IHL and human rights law. In Burundi, the draft law on the Kinshasa Convention on small arms and light weapons – a law for which the ICRC provided technical advice and expressed support – was adopted by the Senate and the National Assembly. The ICRC also continued to urge lawmakers in Burundi to adopt and implement a law on the emblems protected under IHL.

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

Members of the academic community learn more about IHL

Students and lecturers added to their knowledge of IHL through reference materials provided by the ICRC to universities and during moot court competitions, lectures and other events held by the ICRC. For instance, in Rwanda, roughly 300 law students from five universities attended discussions on IHL implementation organized by the ICRC.

The ICRC used various means – such as social media and communication campaigns – to publicize its work and that of the National Societies in Burundi, Rwanda and Uganda. In Rwanda, it organized a photo exhibit to mark 60 years of ICRC activity in the country. National Societies in the countries covered were given training and technical and other support to improve their public communication.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided the National Societies in Burundi, Rwanda and Uganda with training and other support for developing their operational capacities, particularly in emergency response, incorporating the Safer Access Framework more fully in their activities and promoting IHL and the Movement's activities. The ICRC and the National Societies signed and/or implemented operational partnerships in restoring family links and in preparing for and responding to emergencies.

By meeting periodically and through other means, Movement components in the countries covered sought to coordinate their activities more closely and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	6,159	505		
RCMs distributed	4,999	180		
Phone calls facilitated between family members	127,122			
Names published in the media	12			
Names published on the ICRC family-links website	5			
Reunifications, transfers and repatriations				
People reunited with their families	139			
<i>including people registered by another delegation</i>	19			
People transferred or repatriated	9			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,111	478	153	134
<i>including people for whom tracing requests were registered by another delegation</i>	102			
Tracing cases closed positively (subject located or fate established)	704			
<i>including people for whom tracing requests were registered by another delegation</i>	114			
Tracing cases still being handled at the end of the reporting period (people)	4,519	1,685	631	672
<i>including people for whom tracing requests were registered by another delegation</i>	660			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	511	283		47
UAMs/SC reunited with their families by the ICRC/National Society	99	51		3
<i>including UAMs/SC registered by another delegation</i>	12			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1,548	595		16
Documents				
People to whom official documents were delivered across borders/front lines	12			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	9,034	740	40	
Visits carried out	16			
		Women	Girls	Boys
Detainees visited and monitored individually	228	15		14
<i>of whom newly registered</i>	136	7		10
RCMs and other means of family contact				
RCMs collected	176			
RCMs distributed	133			
Phone calls made to families to inform them of the whereabouts of a detained relative	318			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	People	49,950	24,975	9,493
Mental health and psychosocial support				
People who received mental-health support		746		
People who attended information sessions on mental health		3,631		
People trained in mental-health care and psychosocial support		151		
WOUNDED AND SICK		Total	Women	Children
Physical rehabilitation				
Projects supported		7		
<i>of which physical rehabilitation centres supported regularly</i>		3		
People who benefited from ICRC-supported projects	Aggregated monthly data	13,214		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		12,761	4,520	3,926
<i>of whom participants in social inclusion projects not linked to PRCs</i>		453		
<i>of whom weapon-wounded</i>		*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	169		
Orthoses delivered	Units	950		
Physiotherapy sessions		30,953		
Walking aids delivered	Units	1,548		

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

LIBYA

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2023

- Victims of catastrophic flooding in north-eastern Libya received relief aid, had sustained access to water, sanitation and medical care, and were helped to contact their relatives through efforts of the Libyan Red Crescent and the ICRC.
- Conflict-affected people repaired their homes and/or started income-earning activities with financial assistance from the ICRC.
- People with disabilities received rehabilitative care at ICRC-supported facilities; some medical professionals from these facilities furthered their studies on prosthetics/orthotics at courses in Libya or abroad, with the ICRC's support.
- Members of families separated by conflict, natural disasters or other circumstances reconnected through family-links services provided by the ICRC and the National Society.
- Military officials learnt about IHL and other pertinent norms at workshops organized by the ICRC, or with its support, in Libya and elsewhere.
- Lack of access and administrative constraints limited the ICRC's ability to realize its plans to bolster hospital services, and carry out its activities in places of detention.

EXPENDITURE IN KCHF

Protection	6,396
Assistance	29,395
Prevention	3,106
Cooperation with National Societies	2,559
General	64
Total	41,519
<i>Of which: Overheads</i>	<i>2,517</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	108%
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PERSONNEL

Mobile staff	53
Resident staff (daily workers not included)	295

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	6
RCMs distributed	77
Phone calls facilitated between family members	93
Tracing cases closed positively (subject located or fate established)	141
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	1
Detainees in places of detention visited	530
<i>of whom visited and monitored individually</i>	9
Visits carried out	1
Protection of family links	
RCMs collected	9
RCMs distributed	4

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 22,500	29,988
Income support	People 5,220	4,920
Living conditions	People 16,980	74,336
Capacity-building	People 300	
Water and habitat		
Water and habitat activities	People 744,731	669,775
Health		
Health centres supported	Structures 31	51
PEOPLE DEPRIVED OF THEIR FREEDOM		
Water and habitat		
Water and habitat activities	People 1,200	
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 12	29
Physical rehabilitation		
Projects supported	Projects 5	5
Water and habitat		
Water and habitat activities	Structures 3	3

CONTEXT

Libya remained politically unstable. General and parliamentary elections, which were initially scheduled for December 2021, did not take place in 2023. The political uncertainty exacerbated tensions between competing government bodies and between their armed supporters. Clashes between armed groups took place, particularly in Tripoli and Benghazi.

In September, Storm Daniel tore across Libya and caused deadly flooding in Benghazi, Derna and several other cities in the north-eastern part of the country. Waves as high as seven meters swept many coastal districts out to sea, destroying neighbourhoods, particularly in Derna and surrounding localities. The death toll was estimated to be in the thousands, and more have reportedly gone missing. Thousands of people – including migrants – were displaced from their homes.

In other parts of Libya, displaced families returned to relatively calmer areas of Tripoli and other cities – many of them to looted or destroyed property, and with no means of pursuing livelihoods. However, thousands of others displaced by past hostilities did not return, or were unable to return, to their places of origin. IDPs, returnees and residents struggled to buy necessities, pay rent or make repairs to their damaged houses, owing to the high prices of basic commodities and lack of a stable income, which was also linked to the dearth of employment opportunities. The limited availability of water and electricity – owing to the damage sustained by public infrastructure, or the poor maintenance of centralized facilities – affected the provision of basic services and added to people's difficulties. Health and other services struggled to meet demand and were not always accessible to those who need them.

Mines and explosive remnants of war (ERW) continued to endanger lives and hamper humanitarian activities.

Members of families dispersed by conflict, migration, detention or other circumstances were often unable to maintain contact. Some of them continued to await news of relatives missing in connection with the hostilities.

Libya was both a transit and a destination country for migrants from other parts of Africa, and from the Middle East and South-East Asia.

ICRC ACTION AND RESULTS

The ICRC scaled up and adapted some of its activities in response to the increase in humanitarian needs that followed the catastrophic flooding caused by a storm that struck the coast of north-eastern Libya. It coordinated its efforts with those of the Libyan Red Crescent, for which it provided comprehensive support. Owing to staffing and administrative constraints, some of the ICRC's activities – for instance, livelihood assistance for returnees, projects to improve conditions at places of detention, and support for hospitals – could not be implemented.

The ICRC helped conflict-affected households – including those who were also affected by floods – to meet their needs and obtain essential services. Together with the National Society, it distributed food and household items to help families

cope with their immediate situation. Other vulnerable households were given cash to buy the supplies necessary to make repairs to their homes. Where possible, vulnerable households – including displaced families with female breadwinners and/or persons with disabilities – were assisted in starting their own microeconomic initiatives through ICRC cash grants.

The ICRC renovated key water and sanitation infrastructure. It expanded these efforts to ensure uninterrupted provision of services in flooded areas. It also gave local authorities the supplies and equipment necessary for maintenance and repairs; this helped ensure reliable access to water, electricity, sanitation, and health services for hundreds of thousands of people.

Regular support for hospitals and emergency medical services were put on hold because of resource constraints. The ICRC was still able to donate medical supplies to hospitals on an ad hoc basis, reaching more facilities than planned as it assisted some hospitals in connection with the immediate medical needs of people injured during emergencies, including from the floods. It notably scaled up its ad hoc donations of medical supplies for hospitals, reaching more facilities than planned. First responders were trained to provide first aid for the critically wounded. Physical rehabilitation professionals were helped to become more capable of providing effective treatment for people with disabilities at ICRC-supported centres. Some of them attended ICRC-supported training and workshops in Libya or furthered their education in other countries with financial help from the ICRC.

Owing to lack of access and administrative constraints, the ICRC visited one detention facility only. Whenever possible, it continued to discuss, with the authorities, the possibility of securing access to all detainees within its purview. It gave detaining authorities training and technical support, and made its expertise available to them, to assist their efforts to improve conditions in places of detention, particularly the provision of health care.

Members of families separated by conflict, natural disasters or other circumstances – including migrants held in immigration detention centres – reconnected with relatives through the Movement's family-links services. The ICRC continued to follow up missing-persons cases linked to migration or conflict. It also supported the authorities' efforts to ascertain the fate of missing people and address their families' needs. Technical and material support from the ICRC helped forensic services in Libya to develop their ability to manage and identify human remains.

Particularly because it was working in a challenging environment characterized by a complex political situation and volatile security conditions, the ICRC kept up its efforts to broaden acceptance for IHL, and for its neutral, impartial and independent humanitarian action, among representatives of various government bodies, weapon bearers, and others who could facilitate its work. Government officials, military personnel and members of civil society strengthened their grasp of IHL at events organized by the ICRC. The ICRC continued to strive to broaden awareness and understanding

of its activities among the wider public, online and through engagement with communities across Libya, and to draw attention to various issues of humanitarian concern.

CIVILIANS

The ICRC worked to meet the immediate needs of returnees, IDPs and other conflict-affected people in Libya. It adapted its activities to respond to the needs created by the catastrophic flooding caused by a storm in September. The ICRC expanded its distribution of relief aid and strove to broaden access to water, sanitation, health care and family-links services. It also assisted the Libyan Red Crescent to distribute relief aid for conflict-affected people in areas along Libya's border with Sudan.

The ICRC sought to engage with the pertinent parties in Libya to secure acceptance for its neutral, impartial and independent humanitarian action and promote compliance with IHL and other applicable norms. It reminded these parties of their obligation, under IHL and other applicable norms, to protect displaced people, medical personnel and other civilians, and public infrastructure, particularly during outbreaks of violence.

The ICRC continued to visit conflict-affected communities and returnees and documented their concerns in connection with freedom of movement, including for migrants fleeing hostilities elsewhere; maintenance of access to basic services; and the threat of mines/ERW, particularly for people returning to their places of origin. Whenever possible, the ICRC made representations about these matters to the pertinent parties. It also sought to engage authorities and others in finding solutions for displaced families unwilling or unable to return to their homes.

Whenever possible, the ICRC discussed, with influential actors at national and international levels – such as other humanitarian organizations and the Libyan authorities – protection for migrants, including respect for the principle of *non-refoulement*, and implementation of applicable legal frameworks.

Flood victims meet their immediate needs

The ICRC – working with the National Society – scaled up its activities to help returnees, IDPs, people living in areas affected by protracted conflict, and households affected by floods to meet their basic needs and build their resilience to the effects of violence. It reached more people than planned: around 5,000 families (29,988 people) received a month's supply of food; roughly 12,389 families (74,336 people) were given household items (e.g. cooking utensils, hygiene items, solar lamps) or cash to buy supplies for making repairs to their homes; about 820 breadwinners (supporting 4,920 people) were helped to pursue livelihoods through cash grants and/or ICRC-led vocational training; and some families with children received school kits.

Roughly 670,000 people had better access to clean water and sanitation after the ICRC redirected its resources to making large-scale improvements to essential infrastructure. It repaired water, wastewater-disposal and electrical systems, particularly in densely populated areas and at several health centres. It

provided water authorities and maintenance staff with training and the supplies and equipment necessary to maintain these systems. Together with local water authorities and operators, the ICRC also worked to restore water systems and sanitation facilities, and donated supplies (e.g. desalination kits), to ensure access to potable water in communities affected by the floods.

Administrative constraints limited the ICRC's ability to carry out some of its activities. Where possible, it redirected its resources (e.g. household items, relief items) towards relief efforts of the National Society to distribute them.

People obtain urgent medical care at ICRC-supported health facilities

Returnees and other conflict-affected people throughout Libya had better access to good-quality preventive and curative care at ICRC-supported health centres and other facilities. The ICRC provided medical supplies and staff training regularly for 20 primary-health-care centres and three diabetes-treatment centres; one medical convoy was deployed for communities in Benghazi hosting displaced people. It provided additional assistance to enable flood victims to obtain urgent care: 22 primary-health-care centres received medicines and medical supplies, and five ICRC-supported mobile health units run by the National Society were sent to remote areas affected by the floods.

Several of the primary-health-care centres mentioned above also continued to receive training and technical support for conducting paediatric examinations, under an ongoing initiative to introduce the use of ALMANACH (Algorithm for the Management of Acute Childhood Illnesses) in Libya; ALMANACH is an application that can be installed on smartphones or tablet computers for use in preventive and curative care for children under the age of five. At these centres, people obtained treatment for chronic diseases, children received primary immunization, and women were given antenatal/postnatal care.

People learnt more about non-communicable diseases, and about managing their medical conditions, through counselling and information sessions conducted by ICRC-trained National Society staff with support from other Movement components; some of these people were monitored regularly or referred for secondary care.

Members of separated families keep in touch through the Movement's family-links services

Members of families dispersed by armed conflict and other situations of violence, migration or other circumstances – including migrants held in immigration detention centres – used family-links services provided by the National Society and the ICRC to stay in touch. Additional mobile phones – and phone credit – were distributed through the National Society to help flood victims contact their relatives. Phone calls and/or video calls were arranged for children, including unaccompanied minors, and others, for instance, to speak with relatives detained in the US detention facility at the Guantanamo Bay Naval Station in Cuba.

The ICRC continued to work with other Movement components, the authorities and others to advance the reunification of separated families. A total of 141 tracing cases were resolved, sometimes through coordination with Libyan authorities or with information from other humanitarian actors. The ICRC continued to serve as a neutral intermediary in efforts to ascertain the fate of people missing in connection with hostilities past and recent.

The ICRC continued to monitor the needs and concerns of missing people's families and bring them to the attention of the authorities. It continued to urge them to address these families' needs and implement measures to prevent disappearances, particularly among migrants and others in transit. Whenever possible, it also referred missing people's families to ICRC services available to them and/or other organizations for additional support.

Authorities work to standardize forensic services in Libya

The ICRC continued to advocate safe and respectful management of human remains among the authorities and other influential people and organizations. It endeavoured to assist in strengthening the medico-legal system in Libya. Medico-legal authorities were given technical and other support to improve coordination among government bodies and institutions in forensic matters, such as the management of ante/post-mortem data. Guided by the ICRC, the authorities continued to work to standardize procedures for identifying human remains, particularly those linked to conflict. National Society staff and volunteers attended an ICRC workshop on recovering and documenting human remains. The ICRC helped a state entity to collect, from missing people's families, biological samples vital to the identification of human remains.

Health authorities, forensic specialists and others drew on the ICRC's support to develop their ability to manage human remains – linked to migration, hostilities or natural disasters – safely and in line with best practices. Forensic services received additional supplies (e.g. body bags, autopsy kits), equipment and technical support to recover and bury human remains after the catastrophic flooding caused by a storm in September.

The authorities are assisted to mitigate risks in weapon-contaminated areas

The ICRC provided the authorities and other local parties with training and material support to mitigate the threat of mines/ERW in areas affected by floods. Moreover, together with the National Society, the ICRC posted information about mine risks, and safe practices around mines/ERW, on social media. At ICRC training sessions, National Society personnel learnt how to conduct risk assessments, promote safe practices in communities endangered by mines/ERW, and do their work in safety. Additional training and workshops on matters related to mines/ERW were postponed to 2024.

PEOPLE DEPRIVED OF THEIR FREEDOM

Owing to administrative constraints and lack of access, prison visits and most projects to help improve water, sanitation and health care in detention facilities were cancelled or postponed

indefinitely. The ICRC visited one detention facility in Libya that held 530 people.

The ICRC did maintain its dialogue with detaining authorities, and with pertinent ministries and institutions, with a view to gaining access to all detainees within its purview, including foreign detainees and those held in connection with past or ongoing violence. It drew the authorities' attention to migrants in custody and urged them to consider alternatives to detention.

Whenever possible, the ICRC continued to give detaining authorities support to ensure uninterrupted provision of health care at places of detention. Prison health personnel, government officials and others learnt about sanitation and health-care provision in prisons, and other detention-related matters, through training and workshops organized by the ICRC.

Detained migrants contact their families through the Movement's family-links services

Administrative constraints limited the ICRC's ability to discuss the situation of migrants in Libya with the pertinent authorities. Whenever possible, it explained its position on issues related to immigration detention and respect for the principle of *non-refoulement*.

Aided by the ICRC, the Libyan Red Crescent continued to enable migrants at an immigration detention centre in Benghazi to restore or maintain contact with their families.

WOUNDED AND SICK

First responders, including weapon bearers and people working around mines/ERW, learnt first aid at training sessions organized by the ICRC; at these sessions, they also learnt about the goals of the Health Care in Danger initiative.

Resource constraints forced the suspension of several activities, such as regular support for hospitals and ambulance services, and comprehensive support for a hospital in Misrata. During emergencies, the ICRC provided ad hoc donations of medical supplies to 29 hospitals; this support was scaled up in response to a sharp rise in medical needs after the catastrophic flooding caused by the storm in September.

After it finished constructing a dormitory at a physical rehabilitation centre in Benghazi, the ICRC formally handed over ownership to the authorities. It also finished making improvements to facilities at two hospital morgues in Tripoli.

People with disabilities receive rehabilitative care

A total of 2,741 people¹ received physiotherapy and other rehabilitative care, and assistive devices, at ICRC-supported physical rehabilitation centres in Benghazi, Misrata and Tripoli. The ICRC provided walking aids, raw materials and components for making assistive devices, and technical support for providing services in line with best practices. Monitoring and mentoring by ICRC staff enabled medical personnel to

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

develop their capacities in physical rehabilitation; some of them also received training in prosthetics and orthotics and in physiotherapy.

Sponsored by the ICRC, four students continued their studies in physical rehabilitation outside Libya. By sponsoring these students' studies, the ICRC sought to enlarge the pool of qualified personnel in Libya and ensure the sustainability of services at the centres, where the students were set to work after their return. Misrata University continued to develop its programme in prosthetics and orthotics with expert guidance from the ICRC.

The ICRC helped six particularly vulnerable patients to cover the costs of travelling to and from the centres mentioned above; it also referred some of them to other facilities where they could be fitted with prosthetic devices. Together with the Libyan Paralympic Committee, the ICRC organized a workshop on career development for people with disabilities, with a view to helping advance their social inclusion. Other activities in this regard were postponed.

ACTORS OF INFLUENCE

The ICRC sustained its efforts to broaden acceptance for IHL, and for its neutral, impartial and independent humanitarian action, among those who could facilitate its work. This remained particularly important in Libya, where the complex political situation and volatile security conditions have created a particularly challenging working environment.

Whenever possible, the ICRC continued to engage with government officials and weapon bearers. It endeavoured to expand its network of contacts among community leaders and members of civil society. It discussed several issues with authorities and weapon bearers, such as the protection-related concerns of civilians, including displaced families in Libya and families separated by conflict/other violence or migration; and it emphasized the necessity of addressing conflict-affected people's needs and facilitating their access to essential services.

The ICRC provided the Libyan armed forces with support to integrate IHL more fully into their doctrine, training and operations. Government officials, military officers and judicial officials strengthened their grasp of IHL, and its applicability to their work, through ICRC training sessions and other similar events held in Libya or elsewhere. The ICRC enabled some senior military officers to attend a workshop on international rules governing military operations (see *Headquarters – Protection and Essential Services*).

Government officials, journalists and other influential parties added to their knowledge of IHL at ICRC events. Lectures and training organized by the ICRC also helped university students and teachers strengthen their grasp of IHL.

Members of civil society familiarize themselves with the Movement

The ICRC strove to broaden awareness of humanitarian needs in Libya and of the efforts made by the Libyan Red Crescent and the ICRC to address them. It organized information sessions and other events to discuss its work with the authorities, military and police personnel, health workers, journalists and others. Diplomatic and humanitarian actors familiarized themselves with the ICRC's work and issues of humanitarian concern – including the impact of climate change – at meetings and other events held in Libya and elsewhere. Journalists kept the public abreast of the issues mentioned above, and of the Movement's activities; they drew on ICRC press releases and on interviews given by ICRC staff.

The ICRC also continued to convey crucial information to the public, mainly online and often through social-media posts, on a number of subjects: IHL; the threat of mines/ERW and how to mitigate it; and ICRC activities, particularly the ICRC's response to the catastrophic flooding caused by the storm in September. People were able to communicate their concerns and their views on its activities directly to the ICRC, and were able also to learn about the services available to them, through the ICRC's social-media platforms and its community contact centre.

The National Society continued to strengthen its public communication with training and technical support from the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent remained the ICRC's main partner in responding to the various humanitarian needs in Libya. The National Society, the ICRC and other Movement components continued to coordinate their activities in Libya, particularly during and after the floods caused by the storm in September. The ICRC sought to reinforce its operational partnership with the National Society. Training, and material and technical support from the ICRC enabled the National Society to continue strengthening its operational capacities in various areas, such as emergency preparedness, restoration of family links (see *Civilians*) and public communication (see *Actors of influence*). National Society staff and volunteers refreshed their knowledge of the Safer Access Framework, the Fundamental Principles, IHL and related subjects through workshops organized by the ICRC, sometimes in collaboration with other Movement components.

The National Society strove to improve its management of financial resources; the ICRC and other Movement partners continued to support these efforts. Owing to administrative constraints, activities to help improve the National Society's management of human resources had to be postponed.

Whenever possible, the ICRC sought to improve coordination between the National Society and other Movement components – through meetings and discussions – to prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	6			
RCMs distributed	77			
Phone calls facilitated between family members	93			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	275	28	39	18
<i>including people for whom tracing requests were registered by another delegation</i>	97			
Tracing cases closed positively (subject located or fate established)	141			
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Tracing cases still being handled at the end of the reporting period (people)	2,792	256	146	177
<i>including people for whom tracing requests were registered by another delegation</i>	743			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	19			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	22	1		
Documents				
People to whom official documents were delivered across borders/front lines	3			
Forensics				
Training sessions on the recovery, identification and protection of human remains	1			
People trained	20			
Sets of human remains recovered with ICRC support	6			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	1			
Detainees in places of detention visited	530	8		
Visits carried out	1			
		Women	Girls	Boys
Detainees visited and monitored individually	9	2		
<i>of whom newly registered</i>	1	1		
RCMs and other means of family contact				
RCMs collected	9			
RCMs distributed	4			
People to whom a detention attestation was issued	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		29,988	8,694	14,395
	<i>of whom IDPs</i>		2,232	647	1,071
Income support	People		4,920	1,427	2,363
	<i>of whom IDPs</i>		1,982	575	952
Living conditions	People		74,336	17,394	35,682
	<i>of whom IDPs</i>		18,489	4,326	8,875
Water and habitat					
Water and habitat activities	People		669,775	231,261	216,312
	<i>of whom IDPs</i>		71,593	24,720	23,122
Primary health care					
Health centres supported	Structures		51		
	<i>of which health centres supported regularly</i>		30		
Average catchment population			691,426		
Services at health centres supported regularly					
Consultations			1,443,565		
	<i>of which curative</i>		1,310,315	347,891	512,684
	<i>of which antenatal</i>		133,250		
Vaccines provided	Doses		54,528		
	<i>of which polio vaccines for children under 5 years of age</i>		20,706		
Referrals to a second level of care	Patients		11,932		
	<i>of whom gynaecological/obstetric cases</i>		5,239		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		29		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			14,297		
Weapon-wound admissions (surgical and non-surgical admissions)			*		
Weapon-wound surgeries performed			*		
First aid					
First-aid training					
	Sessions		37		
	Participants (aggregated monthly data)		567		
Water and habitat					
Water and habitat activities	Structures		3		
Physical rehabilitation					
Projects supported			5		
	<i>of which physical rehabilitation centres supported regularly</i>		3		
People who benefited from ICRC-supported projects	Aggregated monthly data		2,741		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>		2,627	253	1,597
	<i>of whom participants in social inclusion projects not linked to PRCs</i>		114		
	<i>of whom victims of mines or explosive remnants of war</i>		24		
	<i>of whom weapon-wounded</i>		84		
Services at physical rehabilitation centres supported regularly					
Prostheses delivered	Units		485		
Orthoses delivered	Units		2,384		
Physiotherapy sessions			1,298		
Walking aids delivered	Units		839		

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

MALI

Working in the country since 1965, the ICRC opened a permanent presence in Mali in 1991 in response to the consequences of the conflict between government forces and armed groups, and of other situations of violence. It seeks to protect and assist violence-affected people, who also often struggle with adverse climatic conditions, especially in remote areas, and visits detainees. It promotes IHL among military and security forces and armed groups and encourages the authorities to ensure its implementation. It works closely with the Mali Red Cross and helps it develop its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Renewed hostilities and unstable security conditions hindered humanitarian action in central and northern Mali. However, the ICRC, with the help of the Mali Red Cross, was able to carry out most of its planned activities.
- Conflict-affected people in central and northern Mali, were able to obtain surgery, primary health care, physical rehabilitation and psychosocial care at ICRC-supported health facilities.
- In central and northern Mali, farming and herding households were helped by the ICRC to increase their harvest and maintain the health and productivity of their herds. They also made use of ICRC-built wells and watering holes.
- IDPs – who were often destitute and cut off from basic services – were given food and households to help them cope with their difficult situation. Those at IDP sites used water points, latrines and showers built specifically for them.
- Members of families dispersed by armed conflict, migration, detention or other circumstances used the Movement's family-links services to reconnect. IDPs, refugees, migrants and minors made phone calls from mobile kiosks.
- The ICRC urged the authorities and weapon bearers to uphold IHL and other applicable international norms. It discussed the conduct of hostilities with senior officers of the Malian military and heads of armed groups.

EXPENDITURE IN KCHF

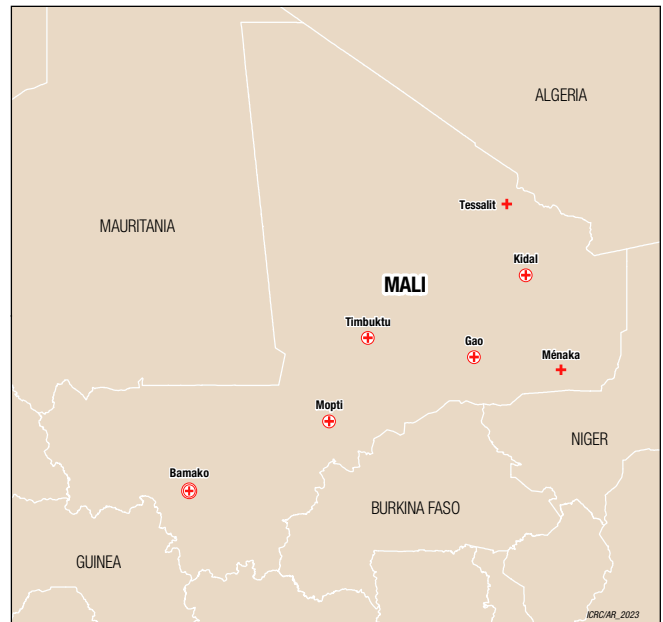
Protection	5,786
Assistance	33,940
Prevention	3,979
Cooperation with National Societies	1,876
General	130
Total	45,710
<i>Of which: Overheads</i>	<i>2,789</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	81
Resident staff (daily workers not included)	464



ICRC delegation ICRC sub-delegation ICRC office/presence

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	346
RCMs distributed	172
Phone calls facilitated between family members	18,346
Tracing cases closed positively (subject located or fate established)	307
People reunited with their families	8
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	6,316
<i>of whom visited and monitored individually</i>	1,035
Visits carried out	113
Protection of family links	
RCMs collected	111
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	1,125

ASSISTANCE		2023 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	81,000	67,878
Food production	People	796,320	854,016
Income support	People	22,500	10,502
Living conditions	People	81,000	53,424
Capacity-building	People	670	265
Water and habitat			
Water and habitat activities	People	153,000	201,870
Health			
Health centres supported	Structures	34	37
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	1,052	5,278
Water and habitat			
Water and habitat activities	People	4,250	4,815
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	8	3
Physical rehabilitation			
Projects supported	Projects	12	12
Water and habitat			
Water and habitat activities	Structures	11	10

CONTEXT

Malian government forces – supported at times by members of the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) and other international troops – conducted military and security operations against armed groups active in Mali and in the wider Sahel region (see *Burkina Faso, Chad and Niger*).

MINUSMA's mandate was terminated on 30 June. As its troops gradually withdrew, the security situation in central and northern Mali grew more unstable. In August, hostilities between Malian government forces and armed groups resurged; fighting between them became more frequent and intense than in recent years. In November, Malian government forces retook the town of Kidal from armed groups.

The fighting claimed lives, wounded people and damaged civilian infrastructure, including health facilities; thousands of people were displaced. The hostilities added to people's daily burdens – the presence of improvised explosive devices (IEDs), criminality, restrictions on the movement of people and goods, and climate shocks – did further damage to livelihoods, and constricted access to food and other essentials. Power cuts also became longer and more frequent, especially in late 2023; the impact on health services was severe.

Few humanitarian organizations were able to operate in central and northern Mali, and their work was hampered by security constraints. Two ICRC delegates were abducted in March, but were released shortly afterwards.

ICRC ACTION AND RESULTS

Together with the Mali Red Cross and other actors, the ICRC strove to improve the situation of people affected by armed conflict and other situations of violence, particularly in central and northern Mali. It was able to carry out most of its planned activities, though some had to be scaled down owing to the changing humanitarian environment and narrowing access to certain areas, such as Kidal in late 2023.

The ICRC reminded the authorities and weapon bearers to respect IHL and ensure that civilians were protected and had safe access to health care and humanitarian aid. In parallel, it discussed the lawful conduct of hostilities with senior officers of the Malian military and heads of armed groups, and endeavoured to familiarize government officials, weapon bearers, community and religious leaders, and other influential people with IHL and the Movement. These efforts helped the ICRC maintain its activities in northern Mali – though Kidal remained comparatively inaccessible – even after the renewal of hostilities.

As in the past, the ICRC continued to support the provision of medical care, including emergency or life-saving medical treatment, in central and northern Mali. The renewal of hostilities and the scarcity of medicines and electricity notwithstanding, the ICRC focused its efforts on ensuring that health services continued to function and could cope with unexpected influxes of patients. Wounded people obtained free surgical treatment at three hospitals – one each in Gao, Kidal and Mopti – that received comprehensive ICRC support, including

the presence of an ICRC mobile medical team. Emergency treatment was also available from ICRC-trained first aiders. People who had lost the use of their limbs could obtain services at ICRC-backed physical rehabilitation centres. Basic health care – prevention of illnesses or treatment for minor injuries – was available at ICRC-supported primary-health-care facilities. People traumatized by violence, including victims/survivors of sexual violence, were able to obtain psychosocial care from ICRC-trained personnel.

The ICRC helped households in central and northern Mali to recover from the effects of armed conflict and other crises, and become more resilient. Farming and herding households were given supplies and training to maintain their production of food; households whose main breadwinners had been injured or disabled, or killed, were given support to earn an income, either through cash grants to establish small businesses or through employment in cash-for-work projects. IDPs – who were often destitute and cut off from basic services – were given emergency aid. The ICRC's infrastructural projects supplemented most of the activities mentioned above. It renovated water networks, which benefited IDPs and host communities; constructed various facilities at IDP sites; and built or installed water points and other infrastructure supportive of farmers and herders' livelihoods. Communication campaigns and information sessions conducted by the ICRC enabled people to protect themselves more effectively from IEDs.

The ICRC visited detainees held by the Malian authorities; it followed its standard procedures. Afterwards, based on its findings, it gave the authorities advice for improving detainees' treatment and living conditions. It also gave them various types of support to this end: it strengthened prison health services; donated food for malnourished detainees; and made improvements to the infrastructure at selected places of detention. It also visited a few detainees held by armed groups.

Members of families dispersed by armed conflict, migration, detention or other circumstances used the Movement's family-links services to reconnect. Minors, including those formerly associated with weapon bearers, were reunited with their families. IDPs, refugees, migrants and minors in transit centres made phone calls, or charged their phones, at mobile kiosks managed by the National Society and the ICRC.

CIVILIANS

Weapon bearers are reminded of their obligations under IHL

The ICRC urged the authorities and weapon bearers to uphold IHL and other applicable international norms, particularly in connection with the conduct of hostilities (see *Actors of influence*). It reminded them of other obligations as well: protect civilians, including IDPs and migrants; ensure safe access to health and other essential services, and to humanitarian aid; and prevent recruitment of minors, sexual violence and other misconduct.

The ICRC engaged closely with violence-affected people, to assess their needs more accurately and to document allegations of abuse. Where appropriate, the ICRC relayed these allegations confidentially to the parties concerned, with a view to ending or preventing misconduct. Together with the Mali

Red Cross and other actors, the ICRC worked to alleviate the situation of these people; it carried out most of its planned activities, though some had to be scaled down because of the fluctuating humanitarian situation and limited access to certain areas, such as Kidal region in late 2023.

Hundreds of people, notably students, learnt how to protect themselves more effectively from IEDs, at ICRC information sessions and through the ICRC's communication campaigns

Conflict-affected people are given emergency aid and support for pursuing livelihoods

The ICRC helped households in central and northern Mali to recover from the effects of armed conflict and other crises, and become more resilient.

Roughly 122,000 households (854,000 people) were helped to produce food. Farming households were given rice, cash-crop seed, date-palm cuttings, and tools and equipment, to increase their yields. Herding households vaccinated their livestock using services supported by the ICRC with motor-cycles and cold-storage equipment for stocking vaccines; this helped them to maintain the health and market value of their livestock.

Some 1,500 households (10,502 people), whose main bread-winners had been injured or disabled, or killed, were given support to earn an income, either through cash grants to establish small businesses or through employment in cash-for-work projects, for example, to dig irrigation dams. Around 265 people, including some of those mentioned above, were given training in pertinent areas.

Infrastructural projects carried out by the ICRC opened up access to clean water and essential services for 201,870 people. Emergency repairs to water networks in three towns in central Mali helped secure the availability of clean water to 32,400 IDPs and residents. The ICRC built water points, showers and latrines at IDP sites. It also built wells, watering holes, irrigation systems and livestock-vaccination pens in support of 36,240 farmers and herders.

IDPs – who were often destitute and cut off from basic services – were given emergency aid by the ICRC and the National Society. Approximately 67,900 people (9,700 households) received a month's worth of food, and about 7,600 households (53,424 people) were given hygiene supplies, cooking utensils and other essential items, which helped them improve their living conditions.

The ICRC provides sustained support for health facilities

The ICRC provided 37 primary-health-care centres and one referral centre in central and northern Mali with regular support: funds, supplies and equipment, infrastructural improvements – such as installation of solar panels – and/or training for staff. Six other centres received ad hoc support. This enabled people to obtain basic care, including treatment for malaria and other common diseases; vaccination services; antenatal/postnatal care; and post-rape care for victims/survivors of sexual violence. Around 960 people received psychosocial care at 11 of the centres mentioned above or from

138 ICRC-trained community members. Some 1,320 patients were referred for secondary care (see also *Wounded and sick*).

Health workers refreshed their knowledge of their rights and duties during armed conflict, at ICRC information sessions.

Members of separated families stay in touch

Members of families dispersed by armed conflict, migration, detention or other circumstances used the Movement's family-links services to reconnect. Five minors were reunited with their families. IDPs, refugees, migrants and minors at transit centres made 18,346 phone calls to their relatives or charged their phones at mobile kiosks managed by the National Society and the ICRC. A total of 307 tracing cases were closed.

Radio spots and other public communication raised awareness of the availability of family-links services and of ways to prevent loss of family contact.

The ICRC supported the authorities' efforts to ensure proper management and identification of human remains. It provided advanced training in handling human remains for forensic experts, and sponsored several to attend conferences in other countries (see *Kampala*). First responders were given basic training. The ICRC provided the morgue at the main hospital in Bamako with equipment, body bags and training for staff.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive visits from the ICRC

The ICRC sought to visit, in accordance with its standard procedures, all detainees within its purview, regardless of whether they were held by government forces, armed groups or international forces.

The ICRC regularly visited detainees at 21 prisons run by the justice ministry, and detainees at places of temporary detention run by the defence ministry or the ministry of security and civil protection. It directly assessed the situation of 1,035 detainees with specific needs, such as security detainees, minors and foreigners. Afterwards, it communicated its findings confidentially to the authorities, to help them improve detainees' treatment and living conditions. It also gave them advice for strengthening respect for judicial guarantees and reducing overcrowding.

The ICRC also visited a few detainees held by armed groups.

Detaining parties were reminded of their obligations to facilitate family contact. In parallel, the ICRC offered RCMs and other family-links services to detainees; it helped foreigners notify their embassies/consular representatives of their situation.

Detainees have access to health care and better living conditions

The ICRC continued to help the authorities strengthen penitentiary services. At bilateral meetings, round tables and other events, it met officials from the health and justice ministries, prison administrators and prison staff and gave them guidance in implementing the national policy for health-care provision

in prisons policy, and guidance also in drafting plans for improving the maintenance of infrastructure and management of the food supply, and for tackling malnutrition.

The ICRC provided support directly to places of detention where needs were highest; usually these were the facilities that were most overcrowded. The clinics at seven places of detention were given medical supplies and equipment, and/or training and financial incentives for staff. Health staff were given expert advice for managing detainees' medical records and, at two prisons, for drafting health protocols, such as medical screening of new detainees. The ICRC gave ad hoc support for tackling outbreaks of conjunctivitis and scabies, and for covering treatment costs for 37 injured inmates.

Supplementary food and/or fortified porridge improved the diet of some 5,280 malnourished inmates.

The ICRC made improvements to kitchens, water and sanitation systems, and cells at nine places of detention: some 4,800 detainees benefited. It trained them in ensuring sanitary surroundings and encouraged them to form hygiene committees.

WOUNDED AND SICK

People wounded or traumatized by fighting in central and northern Mali receive urgent care

As in the past, the ICRC continued to support the provision of life-saving care in central and northern Mali. Amid the resurgence of hostilities and the scarcity of medicines and electricity, the ICRC focused its efforts on ensuring that health services could continue to function and cope with sudden influxes of weapon-wounded patients.

The ICRC provided three hospitals – one each in Gao, Kidal and Mopti – with medical supplies and equipment and training for staff. The ICRC's mobile medical team supported staff at these three hospitals and at other health facilities when necessary; the team was stationed at the hospital in Kidal from October to December. Conflict-affected people received medical care for free; in total, there were 4,109 surgical operations performed and 454 admissions of weapon-wounded patients. At the hospitals in Gao and Kidal, hot meals were made available to patients and to the people accompanying them, since many of them were destitute IDPs or migrants. Victims/survivors of sexual violence also received suitable care.

Hundreds of potential first responders – including weapon bearers, community members and Mali Red Cross volunteers – were given training in first aid; this increased the likelihood of wounded people receiving life-saving care on site before being evacuated to hospital. First responders were also trained to provide basic psychosocial care and/or to refer people suffering emotional trauma to appropriate services. In total, 744 people obtained mental-health or psychosocial care from ICRC-trained health staff, volunteers and community workers.

The ICRC made infrastructural improvements at ten health facilities, which enabled them to maintain or improve their services. The three hospitals mentioned above had a stable supply of electricity, because the ICRC supplemented their

stocks of fuel and donated generators to two of them; all three also benefited from improvements to their surgical rooms and other facilities. Reinforced doors and windows were installed at the Kidal hospital.

People with physical disabilities regain some mobility

A total of 10,338 people¹ with disabilities received physical rehabilitation services and assistive devices free of charge at five facilities – physical rehabilitation centres in Bamako, Gao, Mopti and Timbuktu, and a workshop for assistive devices – provided by the ICRC with supplies, and training and financial incentives for staff. A centre in Gao was also given a generator. The workshop began recycling materials left over from the production of assistive devices and used them to make crutches.

The authorities drew on ICRC expertise to strengthen the physical rehabilitation sector and enlarge the pool of certified professionals. A university offering a physical rehabilitation programme was given advice for improving and diversifying its curriculum, and for finding work for its students; some of its graduates were later employed at ICRC-supported centres.

Five organizations received support for promoting the social inclusion of people with disabilities. The ICRC worked with some of them to provide livelihood training and employment opportunities for people with disabilities; ICRC-supported health facilities hired nine women, and the ICRC sponsored the education of one minor (see also *Civilians*). The ICRC provided support – notably, sport wheelchairs and funds – for disability sports.

ACTORS OF INFLUENCE

Weapon bearers are urged to uphold IHL

The ICRC helped Malian government forces to integrate IHL into their doctrine, training and decision-making. It emphasized the importance of taking IHL, particularly the principle of distinction, into account while making operational decisions. Advanced training in this subject was organized for senior military officers and for military judges and legal advisers. The ICRC enabled some of the officers to attend workshops outside Mali, including one in Kigali, one organized in France by Sanremo and one in Kenya (see *Kampala, Nairobi and Headquarters – Protection and Essential Services*).

The ICRC also supported efforts to improve IHL instruction in the military. A dozen instructors were trained to teach IHL, and the Mali War College drew on ICRC expertise to draft an IHL manual. The ICRC conducted information sessions on IHL for hundreds of weapon bearers, including cadet officers, police officers and soldiers deployed in northern and central Mali.

When permitted by security conditions, the ICRC discussed the lawful conduct of hostilities with leaders of armed groups and held information sessions on basic IHL for dozens of members of armed groups.

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

Influential actors are urged to facilitate humanitarian action

To the extent permitted by security and access constraints, the ICRC pursued contact with people critical to facilitating safe and timely delivery of humanitarian aid and health care. These efforts helped the ICRC to function in the north – though Kidal remained comparatively inaccessible – even after the renewal of hostilities.

Local authorities, and hundreds of community leaders and representatives of IDP communities, learnt about the Movement's neutral, impartial and independent humanitarian action, and its activities in Mali, at various meetings and during other interaction with the ICRC. At ICRC seminars, religious leaders and scholars – influential among weapon bearers and local authorities – learnt more about the common ground between Islamic law and IHL. The ICRC sponsored a few of them to attend advanced courses on this subject in Mauritania (see *Mauritania*). Humanitarian workers learnt about their rights and duties at ICRC information sessions.

To reach a wider audience, the ICRC worked with the Mali Red Cross, journalists and social-media personalities to produce audiovisual materials for radio, social media and other channels of communication. In this way, the public and the international community were made aware of humanitarian issues in Mali, notably the plight of women, children, IDPs and people with disabilities, and made aware also of the Movement's work. The National Society was given equipment and technical advice for its public communication.

The ICRC engaged closely with communities (see *Civilians*), including via social media and other digital means.

Authorities advance the incorporation of IHL provisions in domestic law

Policymakers drew on ICRC expertise as they worked to revise the national penal codes and advance domestic implementation of the African Union Convention on IDPs. In addition, the ICRC

organized training sessions on their role in IHL implementation, for members of the transition parliament and officials from the foreign ministry. Sponsored by the ICRC, two officials attended a regional conference on IHL implementation (see *Nigeria*). The ICRC advocated the creation of a national IHL committee. Students – especially law students who may work for, advise or become government officials in the future – learnt more about IHL and the Movement at ICRC dissemination sessions. Three students were helped to do IHL-related research.

RED CROSS AND RED CRESCENT MOVEMENT

Mali Red Cross volunteers limit their exposure to safety risks

The Mali Red Cross worked with the ICRC to assist conflict-affected people in central and northern Mali. The ICRC helped its staff and volunteers in areas of joint activity. For example, the ICRC gave volunteers training and equipment for first aid and psychosocial care. To help the National Society ensure the safety of its volunteers in volatile areas, the ICRC provided training in the Safer Access Framework and in security management; uniforms marked with the red cross emblem; and communication equipment to facilitate coordination in the field. Following an attack on a river ferry in Timbuktu, the National Society drew on ICRC support to provide food and psychosocial care for passengers and treatment for those who had been wounded.

The National Society drew on the ICRC's technical expertise to improve its organizational structure and management of its human and financial resources. The ICRC also donated equipment and renovated offices.

Movement components in Mali met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		346	18		
RCMs distributed		172	7		
Phone calls facilitated between family members		18,346			
Names published on the ICRC family-links website		80			
Reunifications, transfers and repatriations					
People reunited with their families		8			
	<i>including people registered by another delegation</i>	1			
Human remains transferred or repatriated		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		447	10	22	39
	<i>including people for whom tracing requests were registered by another delegation</i>	20			
Tracing cases closed positively (subject located or fate established)		307			
	<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases still being handled at the end of the reporting period (people)		1,537	66	59	101
	<i>including people for whom tracing requests were registered by another delegation</i>	146			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		17	1		12
UAMs/SC reunited with their families by the ICRC/National Society		5			4
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		15	1		12
Documents					
People to whom official documents were delivered across borders/front lines		1			
Forensics					
Training sessions on the recovery, identification and protection of human remains		4			
	People trained	69			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		21			
Detainees in places of detention visited		6,316	34	63	
Visits carried out		113			
			Women	Girls	Boys
Detainees visited and monitored individually		1,035	4		40
	<i>of whom newly registered</i>	794	4		23
RCMs and other means of family contact					
RCMs collected		111			
RCMs distributed		19			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,125			
Detainees released and transferred/repatriated by/via the ICRC		6			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	67,878	23,685	25,210
	<i>of whom IDPs</i>	48,122	16,791	17,873
Food production	People	854,016	350,749	229,412
	<i>of whom IDPs</i>	31,763	13,051	8,499
Income support	People	10,502	3,515	3,206
	<i>of whom IDPs</i>	338	113	103
Living conditions	People	53,424	18,664	19,160
	<i>of whom IDPs</i>	41,150	14,376	14,758
Capacity-building	People	265	80	63
	<i>of whom IDPs</i>	5	2	1
Water and habitat				
Water and habitat activities	People	201,870	60,510	77,748
	<i>of whom IDPs</i>	61,763	18,513	23,787
Primary health care				
Health centres supported	Structures	37		
	<i>of which health centres supported regularly</i>	28		
Average catchment population		246,643		
Services at health centres supported regularly				
Consultations		151,914		
	<i>of which curative</i>	123,534	18,468	88,975
	<i>of which antenatal</i>	28,380		

CIVILIANS		Total	Women	Children
Vaccines provided	Doses	70,183		
<i>of which polio vaccines for children under 5 years of age</i>		27,771		
Referrals to a second level of care	Patients	1,319		
<i>of whom gynaecological/obstetric cases</i>		408		
Mental health and psychosocial support				
People who received mental-health support		962		
People who attended information sessions on mental health		68,271		
People trained in mental-health care and psychosocial support		138		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	5,278	4	4
Capacity-building	People	44	11	
Water and habitat				
Water and habitat activities	People	4,815	12	4
Health care in detention				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions		2,284		
<i>of which weapon-wound surgical admissions</i>		454	24	45
<i>(including those related to mines or explosive remnants of war)</i>		28	*	*
<i>of which non-weapon-wound surgical admissions</i>		1,682	10	61
Operations performed		4,109	1,032	343
Medical (non-surgical) admissions		315	173	
Gynaecological/obstetric admissions		3,637	3,573	64
Consultations		31,691		
Services at hospitals not monitored directly by ICRC staff				
Patients whose hospital treatment was paid for by the ICRC		2,772		
First aid				
First-aid training				
Sessions		28		
Participants (aggregated monthly data)		785		
Water and habitat				
Water and habitat activities	Structures	10		
Physical rehabilitation				
Projects supported		12		
<i>of which physical rehabilitation centres supported regularly</i>		5		
People who benefited from ICRC-supported projects	Aggregated monthly data	11,213		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		10,338	2,274	5,219
<i>of whom participants in social inclusion projects not linked to PRCs</i>		875		
<i>of whom victims of mines or explosive remnants of war</i>		23		
<i>of whom weapon-wounded</i>		40		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	513		
Orthoses delivered	Units	326		
Physiotherapy sessions		12,605		
Walking aids delivered	Units	289		
Wheelchairs or postural support devices delivered	Units	*		
Mental health and psychosocial support				
People who received mental-health support		744		
People who attended information sessions on mental health		4,244		

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

MAURITANIA

The ICRC has worked in Mauritania since 1970, and opened a delegation there in 2013. It visited detainees and helped improve their living conditions, particularly their access to health care. It offered them and other people in need, including refugees, family-links services. It worked to meet the basic needs of refugees who fled conflict and vulnerable residents in communities hosting them. It promoted IHL and humanitarian principles among the armed and security forces, authorities and civil society, and supported the development of the Mauritanian Red Crescent. It concluded its activities in the country in 2023.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2023

- Water became more readily available to refugees, residents and returnees after the ICRC renovated or built infrastructure such as solar-powered irrigation systems and water-supply systems for communities.
- Herding and farming households maintained their productivity with the ICRC's support, which included campaigns to vaccinate livestock and help for cultivating market gardens.
- Members of families separated by displacement, migration, detention or other circumstances reconnected through family-links services provided by the Mauritanian Red Crescent and the ICRC.
- Military personnel, including troops bound for peacekeeping missions elsewhere, learnt more about IHL and other norms applicable to their duties through training organized by the ICRC for Mauritanian training institutions.

EXPENDITURE IN KCHF

Protection	697
Assistance	1,988
Prevention	778
Cooperation with National Societies	256
General	133
Total	3,851
<i>Of which: Overheads</i>	<i>235</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	104%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	25



PROTECTION

CIVILIANS

Protection of family links

RCMs collected	35
RCMs distributed	31
Phone calls facilitated between family members	100
Tracing cases closed positively (subject located or fate established)	32

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	5
Detainees in places of detention visited	1,557
<i>of whom visited and monitored individually</i>	24
Visits carried out	7

Protection of family links

RCMs collected	1
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ASSISTANCE

CIVILIANS

Economic security

Food production	People	37,500	48,306
Income support	People	600	480
Capacity-building	People	22	35

Water and habitat

Water and habitat activities	People	4,300	4,095
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CONTEXT

Mauritania continued to endure the spillover effects of insecurity in the Sahel region, particularly in the neighbouring country of Mali (see *Mali*). Tens of thousands of Malian refugees were still in the Bassikounou department of south-eastern Mauritania, either at the UNHCR camp in M'bera or among host communities. Fighting in Mali continued to drive more people into this part of Mauritania and prevented most of them from returning home.

Drought, prolonged and exacerbated by climate change, continued to dry up water sources. In host communities, the scarcity of water, pastureland and other resources, caused tensions between refugees and the communities hosting them. Herders struggled to preserve the health and productivity of their livestock. Farmers found it difficult to cultivate their land. Water infrastructure was inadequate or dilapidated.

Major migration routes ran through Mauritania. Some 150,000 migrants were either temporarily living in the country or passing through it on their way to northern Africa or to Europe via dangerous sea routes. Some migrants – including newly arrived or especially vulnerable refugees – and foreign detainees found it difficult to contact their families.

Resource constraints constricted the authorities' ability to provide essential services for detainees.

Mauritania continued to contribute military and security forces personnel to international missions in other countries. It remained a member of the G5 Sahel joint military force and hosted the G5 Sahel defence college in its capital, Nouakchott.

ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of Malian refugees, host communities, returnees, migrants and others, in order to understand and respond more fully to their needs and concerns. However, because of financial constraints, it decided to close its delegation in Mauritania by the end of 2023 and wrap up its programmes in the country; this meant that it was unable to carry out certain activities in support of the authorities, such as helping them to improve their management of human remains, mitigate the threat of mines and explosive remnants of war (ERW), and prevent disease outbreaks in detention facilities. Support for the Mauritanian Red Crescent, although limited by resource constraints, aimed to build its capacities to carry out humanitarian activities after the delegation's closure. The ICRC turned some of its programmes over to the authorities or other humanitarian actors.

Violence-affected refugees, host communities and returnees, such as those living in Bassikounou, broadened their access to water thanks to ICRC initiatives carried out with the local authorities, such as construction of infrastructure to facilitate water supply and irrigation systems for farming.

The ICRC helped refugees, residents and returnees to strengthen their economic capacities and become more resilient to the effects of violence. Herding and farming households maintained their productivity with the ICRC's support,

which included campaigns to vaccinate livestock and help for cultivating market gardens. Animal-health workers also conducted such vaccination campaigns with support from the ICRC. Some farming households supplemented their income with cash grants from the ICRC.

The ICRC visited detainees, in accordance with its standard procedures, paying particular attention to women, minors, foreigners and others particularly at risk. Findings and recommendations from these visits were communicated confidentially to the pertinent authorities and to the National Guard, whose personnel also served as prison guards, to help them improve detainees' treatment and living conditions. The ICRC presented some of these recommendations at the meetings of a technical steering committee that was set up by the authorities last year. Notably, it urged – during these meetings and on other occasions – improvement of the availability and quality of health care for detainees.

The Mauritanian Red Crescent and the ICRC continued to provide family-links services, including for refugees in the M'bera camp and migrants in Nouadhibou and elsewhere. People living in Bassikounou learnt more about the Movement's programmes for separated families during information sessions organized by the ICRC. The ICRC covered the salary of the National Society staff member in charge of family-links services.

In all its interaction with local and national authorities, armed forces personnel and members of civil society, the ICRC sought to foster understanding of and support for IHL and other applicable norms, and for the ICRC and the wider Movement. It organized information sessions, workshops and other activities and events for these actors. It also continued to organize IHL sessions for military personnel attending Mauritanian training institutions.

CIVILIANS

The ICRC monitored the situation of Malian refugees, members of host communities, Mauritanian returnees, migrants and others. It used this information to make a more effective response to their needs and concerns. However, because of financial constraints, the ICRC decided to close its delegation in Mauritania by the end of 2023. It gradually wound down or cancelled its programmes and turned some of them over to authorities or other humanitarian actors.

Households are helped to build their resilience to the effects of violence

Herding households developed their ability to preserve the health and productivity of their livestock – their main source of food and income – and farming households cultivated crops, with various kinds of support from the ICRC. Cattle and goats belonging to roughly 7,650 herding households (45,906 people) were protected against disease through vaccination campaigns carried out by the authorities and the ICRC. Some 400 farming households (2,400 people) cultivated their market gardens with help from the ICRC and local authorities. The ICRC and the authorities visited these market gardeners regularly to give them technical support and expert guidance;

the ICRC also provided them with seed and other supplies, and tools.

The ICRC took steps to help farming households cope with the potential loss of income caused by the destruction of their crops due to overgrazing and other similar circumstances that made it difficult for them to cultivate their land. Some 80 market-gardening households (480 people) received cash from the ICRC to help them cover their expenses.

With a view to preserving the health of livestock, the ICRC organized livestock-vaccination campaigns. They were carried out by 35 community-based animal-health workers equipped with veterinary kits from the ICRC; the kits included antibiotics, antiparasitics, antiseptics and other supplies and equipment.

The ICRC planned to work with the authorities to tackle weapon contamination in Mauritania and mitigate its effects on violence-affected communities. However, owing to financial constraints, it was unable to conduct training sessions for mine-action personnel in charge of dealing with blast trauma. A project to map areas heavily contaminated by mines and ERW also had to be cancelled.

Refugees and returnees have broader access to safe water

Refugees, host communities and returnees, including in rural areas, had broader access to water after the ICRC renovated or constructed water and sanitation facilities. Some farming households (around 2,980 people) used solar-powered irrigation systems built by the ICRC to cultivate their market gardens. Around 1,100 people living in rural areas benefited from ICRC-built water infrastructure that used hybrid energy systems compatible with either electrical generators or solar power, to help limit power outages. In Bassikounou, the ICRC helped to assess the city's water-supply network. It made its expertise available to local water authorities throughout the year, and also donated hydraulic equipment to help them maintain the network mentioned above.

Members of separated families reconnect

Aided by the Mauritanian Red Crescent, the ICRC provided family-links services in Nouadhibou and elsewhere. Some refugees at the M'bera camp stayed in touch with their families in Mali through RCMs and phone calls. More people became aware of the Movement's family-links services through information sessions organized by the ICRC in Bassikounou. The ICRC sought to support the National Society's efforts to develop its capacities in restoring family links, but financial constraints, however, limited its ability to do so (see *Red Cross and Red Crescent Movement*). These also impeded its projects to assess family-links needs in communities, support missing people's families and improve data-protection practices.

The ICRC planned to assist the authorities in charge of managing human remains, by helping them to improve coordination with other pertinent institutions in the medico-legal system and by developing local capacities in forensics. However, owing to financial constraints, these plans, too, could not be realized.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees held at five places of detention. It paid particular attention to certain detainees: women, minors, foreigners and others especially at risk. Findings and recommendations from these visits were communicated confidentially to the penitentiary and other authorities concerned and the National Guard – whose personnel also served as prison guards – to help them improve detainees' treatment and living conditions.

Penitentiary authorities and the ICRC discuss systemic issues in prisons

The ICRC presented some of the recommendations mentioned above – particularly in connection with systemic issues in prisons – at the meetings of a technical steering committee that was set up by the authorities last year, with the ICRC's encouragement. Some of these recommendations were aimed at improving the availability and quality of health care for detainees. The ICRC met with the pertinent authorities regularly and shared its expertise in health-information systems and other areas of pertinence to health care in prisons. It also provided support for various health initiatives undertaken by the authorities.

The ICRC had also planned to support the authorities' efforts to prevent outbreaks of disease among detainees, but these plans could not be realized owing to financial constraints. It was able to meet with the authorities to discuss certain aspects of prison maintenance, but other activities (e.g. workshops for staff) had to be cancelled.

ACTORS OF INFLUENCE

Authorities and other influential actors increase their understanding and acceptance of IHL

In all its interaction with local and national authorities, armed forces personnel and members of civil society, the ICRC sought to foster understanding of and support for IHL and other applicable norms, and for the ICRC and the wider Movement. It urged the pertinent authorities to continue to advance the domestic implementation of IHL. To these ends, the ICRC organized meetings and other events with pertinent actors. For instance, it organized an online session on IHL and protection of the environment during armed conflict, that was attended by various government officials. It also conducted workshops for religious groups and female leaders on IHL and the points of correspondence between Islamic law and IHL. Participants in these workshops also learnt about the Movement's activities and the emblems protected under IHL. The ICRC continued to work with universities and academics in Mauritania: it sponsored an academic to attend an IHL course in Morocco, with a view to enabling them to instruct others in IHL; and it donated textbooks on IHL to national libraries.

The ICRC continued to support IHL-related legal instruction at Mauritanian training institutions for military and security forces personnel, including the G5 Sahel defence college in Nouakchott. Some 40 officers attended training organized by the ICRC and strengthened their grasp of IHL and its applicability to their military operations.

The ICRC gave the Mauritanian Red Crescent advice and other support for its public communication.

RED CROSS AND RED CRESCENT MOVEMENT

The Mauritanian Red Crescent continued to assist Malian refugees and the communities hosting them. Support for the National Society, although limited by resource constraints,

aimed to build its capacities to carry out humanitarian activities after the delegation's closure. The ICRC's support consisted of advice and technical support in areas of joint activity, such as public communication and restoring family links. It also covered the salary of the National Society staff member in charge of family-links services, until the end of the year.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	35			
RCMs distributed	31			
Phone calls facilitated between family members	100			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	24	1	4	1
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	32			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	5			
Detainees in places of detention visited	1,557		66	
Visits carried out	7			
		Women	Girls	Boys
Detainees visited and monitored individually	24			
<i>of whom newly registered</i>	12			
RCMs and other means of family contact				
RCMs collected	1			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	People	48,306	15,336	18,473
Income support	People	480	192	168
Capacity-building	People	35	11	13
Water and habitat				
Water and habitat activities	People	4,095	1,290	1,679
<i>of whom IDPs</i>		2	1	

MOZAMBIQUE

Present in Mozambique since 1976, the ICRC established a delegation in the country in 2021. It focuses on responding to the consequences of armed conflict in the northern part of the country. It promotes respect for IHL, other applicable norms and humanitarian principles, particularly in relation to the protection of people affected by conflict and violence. With the Mozambique Red Cross, it enables people to restore contact with their families and ensures that they have access to water, health care and other essential services, and provides livelihood and emergency support. It visits detainees to monitor their treatment and living conditions.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH



KEY RESULTS/CONSTRAINTS IN 2023

- In Cabo Delgado, activities to increase access to clean water benefited over 90,000 conflict-affected people, which was more than initially planned.
- In response to outbreaks of cholera in Cabo Delgado, the ICRC provided health authorities with two vehicles and fuel, water tanks, water purifiers, and other supplies and equipment that helped mitigate the spread of the disease.
- IDPs, returnees and vulnerable families from host communities – tens of thousands of people – built their resilience to the effects of conflict, with cash grants or material support from the ICRC.
- The ICRC documented allegations of IHL violations and brought these up bilaterally and confidentially with weapon bearers; several victims/survivors of sexual violence were referred for psychosocial and/or other support.
- Hundreds of thousands of people obtained preventive, curative and antenatal/postnatal care, and other services, at several health centres, including a mobile clinic, that benefited from comprehensive ICRC support.
- Families separated by violence, migration, detention or natural disasters reconnected or reunited using the Movement's family-links services.

EXPENDITURE IN KCHF

Protection	2,014
Assistance	9,259
Prevention	2,276
Cooperation with National Societies	1,575
General	128
Total	15,252
<i>Of which: Overheads</i>	<i>931</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	26
Resident staff (daily workers not included)	117

PROTECTION

CIVILIANS

Protection of family links

RCMs collected	37
RCMs distributed	25
Phone calls facilitated between family members	104
Tracing cases closed positively (subject located or fate established)	336
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	14
Detainees in places of detention visited	6,248
<i>of whom visited and monitored individually</i>	<i>283</i>
Visits carried out	32

Protection of family links

RCMs collected	34
RCMs distributed	55
Phone calls made to families to inform them of the whereabouts of a detained relative	189

ASSISTANCE

CIVILIANS

Economic security

Food production	People	34,000	29,200
Income support	People	20,085	22,805
Living conditions	People	25,000	27,620

Water and habitat

Water and habitat activities	People	32,755	90,250
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Health

Health centres supported	Structures	13	12
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PEOPLE DEPRIVED OF THEIR FREEDOM

Water and habitat

Water and habitat activities	People	50	346
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	3	3
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Water and habitat

Water and habitat activities	Structures	1	1
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CONTEXT

Mozambican forces – supported by foreign troops, including personnel from the Rwanda Defence Force and the South African Development Community Mission in Mozambique – continued to conduct operations in response to violent attacks by an armed group in the province of Cabo Delgado in northern Mozambique.

In the course of the year, owing to reduced attacks, over half a million returned to their districts of origin; they found abandoned villages, damaged infrastructure and no opportunities for livelihood upon their return. Another 670,000 people were still displaced at year's end, majority of them women and children, with humanitarian needs remaining high. Access to essential services, such as clean water and health care remained challenging, leaving many at risk of communicable diseases such as cholera. IDPs and host communities remained highly vulnerable; women and children, in particular, were at risk of sexual violence and other abuse.

Migrants, including those who were fleeing armed conflict and other situations of violence elsewhere in the region, occasionally faced detention for irregular entry while passing through Mozambique on their way to other countries.

Families separated by conflict, migration, natural disasters, detention or other circumstances were often unable to maintain contact. Some of them had no news of missing relatives.

In central Mozambique, the government and the opposition party, the Mozambican National Resistance, continued to implement a peace agreement that they signed in 2019.

ICRC ACTION AND RESULTS

In May, the ICRC opened an office in Mueda to provide support to people affected by the armed conflict in northern Cabo Delgado and to cultivate its dialogue with weapon bearers in the area. It reminded authorities and weapon bearers of their obligation under IHL and other applicable norms to protect civilians from violence and abuse, including sexual violence, and ensure their safe and unhindered access to humanitarian aid and essential services such as health care. Weapon bearers learnt about IHL and/or other norms applicable to their duties through training and disseminations organized by the ICRC. The ICRC documented allegations of IHL violations, including instances of sexual violence, and discussed them confidentially with the parties concerned.

IDPs, returnees and vulnerable families in host communities coped with the effects of conflict, or built their resilience to it, with the ICRC's assistance. Tens of thousands of them covered their basic expenses, improved their living conditions or produced more food with cash grants or material support from the ICRC.

Health authorities responding to outbreaks of cholera in Cabo Delgado were given support by the ICRC: two vehicles and fuel, water tanks, water purifiers, soap and other supplies

and equipment. At health centres it supported, and for health committees in communities, the ICRC conducted training in preventing and controlling infections.

The ICRC made repairs to critical infrastructure in places hosting large numbers of displaced people, benefiting tens of thousands of conflict-affected people, which was more than initially planned. To protect people from resorting to unsafe water sources and decrease the risk of water-borne disease, such as cholera, the ICRC and a local water provider expanded a centralized and sustainable source of safe water in Montepuez. In Mocímboa da Praia, the ICRC upgraded a water-intake structure, drilled boreholes and installed solar-powered water systems, including a drip-irrigation system for propagating cassava.

Comprehensive support from the ICRC enabled health centres, including a mobile clinic, to carry out hundreds of thousands of medical consultations. ICRC support aimed to improve services at these centres and develop the authorities' ability to run the centres unassisted.

Wounded and sick people received first aid by ICRC-trained personnel; they were also given surgical and other care at hospitals stocked by the ICRC with wound-dressing kits, medicine and other consumables, and the necessary medical equipment. People traumatized by violence, including victims/survivors of sexual violence, were given psychosocial support, and/or other assistance, by ICRC-trained health workers and staff from the Mozambique Red Cross Society.

People in conflict-affected communities learnt about the Movement's work, and the services available to them, at information sessions and from radio spots and social-media posts produced by the ICRC and the National Society.

Members of families dispersed by violence, migration, detention or natural disasters used the Movement's family-links services to reconnect or reunite.

The ICRC visited, in accordance with its standard procedures, detainees at several places of detention, including people held in connection with the conflict in Cabo Delgado. It communicated its findings and recommendations confidentially to the authorities concerned, in order to help improve detainees' treatment and living conditions. Detainees and staff at one prison grew vegetables with tools, seed and other support from the ICRC aimed at diversifying detainees' diet.

The authorities submitted the Treaty on the Prohibition of Nuclear Weapons to the parliament for ratification and approved a national policy for protecting and assisting IDPs, in line with the African Union Convention on IDPs; the ICRC provided expert assistance.

The National Society, the ICRC and other Movement components met regularly to coordinate their activities in several areas, such as health, protection and emergency response.

CIVILIANS

In May, the ICRC set up an office in Mueda to help people affected by the armed conflict in northern Cabo Delgado. It also aimed to cultivate its dialogue with weapon bearers in the area. It engaged closely with IDP and returnee communities – via dissemination sessions and interactions with community leaders – to understand their safety concerns more fully and tackle them more effectively. It reminded authorities and weapon bearers of their obligation under IHL and other norms to protect civilians from violence and abuse, including sexual violence, and ensure their safe and unhindered access to humanitarian aid and essential services such as health care. Armed forces personnel and other weapon bearers learnt about their duties in this regard at ICRC information sessions and training (see *Actors of influence*).

The ICRC also recommended measures to provide safe passage for IDPs willing to return to their places of origin. It discussed, with the authorities and UNICEF, the situation of minors previously associated with armed groups and being held in administrative detention, with a view to having them transferred to more suitable facilities or reuniting them with their families.

The ICRC documented allegations of IHL violations, including incidents of sexual violence, and discussed them confidentially with the parties concerned.

People in conflict-affected communities learnt about the Movement's work, and the services available to them, through the ICRC's information sessions, radio spots and other means, an ICRC helpline and, to a lesser extent, social-media posts.

Conflict-affected people secure basic necessities

The ICRC continued to respond to the needs of IDPs, returnees, and at-risk families in host communities. Around 5,500 households (27,620 people) improved their living conditions with shelter materials and household essentials, such as cooking utensils, from the National Society and the ICRC. National Society volunteers learnt to carry out such aid distributions themselves, with on-the-job training from the ICRC. Some 4,560 households (22,805 people) paid for basic necessities with cash from the ICRC. Approximately 5,840 farming and fishing households (29,200 people) produced food with tools and supplies, such as seed and fishing kits, from the ICRC.

People obtained preventive, curative, antenatal/postnatal care, and other services at 11 primary-health-care centres and one mobile health clinic that benefited from ICRC support. This support aimed to enhance services at these centres and develop the authorities' ability to independently manage the centres. The ICRC provided expert guidance to the centres and supplied the necessary equipment and supplies for their daily operations, including furniture, medicines, and fuel for vehicles used to transport patients requiring specialized care. The centres carried out over 500,000 consultations, including curative consultations, pre- and postnatal care, family-planning services, and growth and monitoring consultations for children under five years old. When it visited the centres, the ICRC conducted coaching sessions wherein health staff

learnt about their rights and the protection due to them and their patients, under applicable law.

The ICRC renovated one health centre and one medical warehouse in Pemba, bringing the total number of renovated health centres since 2020 to eight in Cabo Delgado. Additionally, waste management systems were installed at two centres to enhance safety and improve working conditions for health staff. The ICRC also upgraded the Ibo health centre, which was originally planned and designed as a hospital but was designated as a health centre by provincial health authorities.

A total of 13 community health committees, which oversee local health services, received material and technical support from the ICRC to help ensure that medical emergencies, such as cholera outbreaks, are managed in line with international standards. Health authorities responding to outbreaks of cholera in Cabo Delgado were given ICRC support: two vehicles and fuel, water tanks, water purifiers, soap and other supplies and equipment. At health centres it supported, and for health committees in communities, the ICRC conducted training in preventing and controlling infections.

People traumatized by violence, including victims/survivors of sexual violence, were given psychosocial support, and/or other assistance for coping with emotional distress, by ICRC-trained health workers and National Society staff. Some 15,000 people attended ICRC information sessions to learn about mental-health issues affecting people with experience of armed conflict and forced displacement. At the end of September, because of resource limitations, the ICRC wrapped up its projects for people needing or providing psychosocial care. To ensure that such services would continue to be available, the ICRC trained 267 health workers and National Society staff in psychosocial care.

Conflict-affected communities have access to safe water

Around 90,000 conflict-affected people – more than planned – benefited from the ICRC's repairs to vital infrastructure in places hosting large numbers of displaced people. To protect people from having to use unsafe water sources and decrease the risk of water-borne disease, such as cholera, the ICRC and a local water provider expanded a centralized and sustainable source of safe water in Montepuez. In Mocímboa da Praia, the ICRC installed and upgraded the pumping system of a water-intake structure, the main water source of the town; drilled boreholes; and installed autonomous solar-powered water systems, including a drip-irrigation system for propagating cassava. National Society volunteers and some 200 people from local water committees operated and maintained these water systems, after receiving training conducted jointly by the National Society and the ICRC.

Members of dispersed families reconnect

Members of families dispersed by violence, migration, detention or natural disasters used the Movement's family-links services to reconnect or reunite. Notably, two people, including one minor, were reunited with their families through these services; 104 phone calls between family members were arranged. Detained foreigners were helped by the

ICRC to notify their consular representatives of their arrest (see *People deprived of their freedom*). People learnt about family-links services through ICRC information sessions, from community leaders who attended such sessions, and from an ICRC helpline where they could also comment on these services.

Aided by the ICRC, the National Society expanded its capacities in restoring family links. National Society volunteers learnt how to carry out family-links activities through training and on-the-job guidance from the ICRC.

The ICRC impressed upon authorities, forensic professionals and others the importance of handling human remains in line with international standards. Some of them learnt more about carrying out or facilitating forensic investigations by studying guidance documents from the ICRC or by attending, with the ICRC's support, a conference on the subject. Local authorities and health workers were trained to register deaths, with a view to ensuring an accurate record of deaths in Cabo Delgado. The ICRC helped personnel from a DNA laboratory to attend training courses where they learnt how to expand capacities at their laboratory.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities work to ensure detainees' well-being

The ICRC visited, in accordance with its standard procedures, detainees at 14 places of detention, including some places of temporary detention holding people in connection with the conflict in Cabo Delgado. Detainees with specific vulnerabilities – sick or malnourished people, women, children and people whose detention was linked to armed conflict – were monitored individually. The ICRC continued to seek access to all detainees within its purview.

Findings and recommendations from these visits were communicated confidentially to the authorities concerned. The ICRC gave them expert advice for improving detainees' treatment and living conditions, including respecting judicial guarantees and providing enough food. Women and their children were referred for legal assistance; some of them were given clothes, hygiene kits and other essentials by the ICRC, to ease their living conditions. Other detainees received food and essential items bought by their relatives and delivered by the ICRC.

The ICRC provided tools, seed, fertilizer, training and other support for a farming project. Under the project, detainees and staff grew 10 tonnes of vegetables to add to some 700 detainees' meals, with a view to diversifying their diet. The ICRC assessed nutrition at five places of detention it visited regularly, in order to learn detainees' dietary needs.

Some 300 detainees improved their physical well-being after the ICRC distributed hygiene kits and made minor repairs to a prison's irrigation system for a farming project. The ICRC constructed a kitchen and a storage area, and made improvements to the roof, at one prison, which benefited over 40 detainees. Penitentiary authorities learnt about maintaining prison infrastructure, and exchanged experiences with their counterparts from other countries, at an ICRC workshop abroad that the ICRC enabled them to attend.

Detainees used RCMs and other Movement family-links services to contact their relatives. Aided by the ICRC, some foreign detainees notified their consular representatives of their arrest. The ICRC gave 48 detainees financial support to return home after their release; it also gave them hygiene items and/or cash for food.

WOUNDED AND SICK

Wounded and sick people receive medical care

Health services in Cabo Delgado used support from the Mozambique Red Cross Society and the ICRC to build up their operational capacities and ensure that wounded and other violence-affected people had access to life-saving first aid and timely hospital care.

Wounded and sick people were given first aid by people trained by the ICRC; 328 people – National Society volunteers, health workers and members of the community, such as teachers and religious leaders – attended ICRC training in first aid.

Roughly 1,000 people – including IDPs and wounded people – were stabilized and/or transported to hospitals by ambulance services that were given fuel and motorcycle ambulances by the ICRC. They were also given surgical and other care at three hospitals stocked by the ICRC with wound-dressing kits, medicines and other consumables, and medical equipment. With the ICRC's support, the health ministry carried out blood-donation drives at the hospitals.

The ICRC finished making renovations to the operating room and the courtyard, and installed a new transformer, at the Mueda hospital. Doctors attended an ICRC workshop where they were trained in the use of ultrasound machines. One doctor attended the ICRC war-surgery course held abroad.

ACTORS OF INFLUENCE

The ICRC maintained contact with the armed forces and the security forces, with a view to furthering their understanding of IHL, international human rights law and other norms applicable to their duties. Weapon bearers added to their knowledge of these norms through training and information sessions organized by the ICRC; some of them were also trained to instruct others in these norms. Military and security forces officers were given expert advice for integrating pertinent norms into their training, doctrine and operations. Some of them attended workshops in other countries, including a workshop on international rules governing military operations that was held in Nairobi, Kenya (see *Headquarters – Protection and Essential Services*).

Authorities work to implement IHL and related treaties

The ICRC urged the authorities to advance the implementation of key IHL and IHL-related treaties, and advocated the inclusion of humanitarian exemptions in counter-terrorism legislation. Guided by the ICRC, the authorities submitted the Treaty on the Prohibition of Nuclear Weapons to the parliament for ratification. They also approved a national policy for protecting and assisting IDPs, in line with the African Union Convention on IDPs; efforts were under way to draft regulations for enforcing this policy. The national IHL committee

– composed of representatives from key government ministries, and created partly at the ICRC's urging – strengthened their capacity to implement their mandate; for instance, the committee's representatives attended a regional ICRC seminar in Pretoria, South Africa (see *Pretoria*) to exchange lessons learnt on implementing IHL.

Members of civil society learn more about IHL and the ICRC's work

The ICRC sought to secure acceptance for its neutral, impartial and independent humanitarian action, and influence discussion of humanitarian issues, by promoting humanitarian principles, IHL, and its own mandate and activities among religious and community leaders, journalists and other key members of civil society. Lawmakers deepened their understanding of the ICRC's positions, in discussions with the ICRC. Media coverage of the ICRC's work helped to keep the public abreast of developments in these areas. Members of the public also learnt about the ICRC's work, and the services available to them, from radio spots and through other means (see also *Civilians*).

Religious leaders and Islamic scholars – capable potentially of influencing communities and weapon bearers – learnt about

the points of correspondence between IHL and Islamic law at meetings, seminars and other events organized by the ICRC.

Aided by the ICRC, the Mozambique Red Cross Society publicized its work, including activities that it had carried out with the ICRC. It developed its capacities in public communication with help from the ICRC. The ICRC provided it with financial support, expert guidance and training for its staff.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC reinforced its partnership with the Mozambique Red Cross Society, and provided it with support for advancing its organizational development and strengthening its operational capacities in conflict-affected areas. For example, financial and material support, including vehicles, from the ICRC helped the National Society to promote good hygiene in communities after cholera outbreaks (see *Civilians*). ICRC training enabled National Society volunteers to learn first aid and measures for self-protection in line with the Safer Access Framework.

The National Society, the ICRC and other Movement components met regularly to coordinate their work in such areas as health, protection and emergency response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	37			
RCMs distributed	25			
Phone calls facilitated between family members	104			
Reunifications, transfers and repatriations				
People reunited with their families	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	412	47	96	60
Tracing cases closed positively (subject located or fate established)	336			
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at the end of the reporting period (people)	6,415	1,763	1,763	1,372
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	35	17		
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	59	24		
Documents				
People to whom official documents were delivered across borders/front lines	6			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	6,248	242	61	
Visits carried out	32			
		Women	Girls	Boys
Detainees visited and monitored individually	283	42	1	3
<i>of whom newly registered</i>	119	11	1	3
RCMs and other means of family contact				
RCMs collected	34			
RCMs distributed	55			
Phone calls made to families to inform them of the whereabouts of a detained relative	189			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food production	People		29,200	10,881	9,129
	<i>of whom IDPs</i>		4,500	1,677	1,407
Income support	People		22,805	7,989	7,998
	<i>of whom IDPs</i>		20,454	7,165	7,173
Living conditions	People		27,620	11,207	7,544
	<i>of whom IDPs</i>		6,025	2,445	1,646
Water and habitat					
Water and habitat activities	People		90,250	36,126	33,100
	<i>of whom IDPs</i>		12,348	4,918	4,492
Primary health care					
Health centres supported	Structures		12		
	<i>of which health centres supported regularly</i>		12		
Average catchment population			401,446		
Services at health centres supported regularly					
Consultations			557,929		
	<i>of which curative</i>		496,870	97,498	312,978
	<i>of which antenatal</i>		61,059		
Vaccines provided	Doses		108,230		
	<i>of which polio vaccines for children under 5 years of age</i>		44,481		
Referrals to a second level of care	Patients		1,679		
	<i>of whom gynaecological/obstetric cases</i>		797		
Mental health and psychosocial support					
People who received mental-health support			102		
People who attended information sessions on mental health			15,015		
People trained in mental-health care and psychosocial support			267		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Water and habitat					
Water and habitat activities	People		346	53	5
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		3		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		3		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions			1,967		
	<i>of which weapon-wound surgical admissions</i>		47	*	
	<i>of which non-weapon-wound surgical admissions</i>		1,898	122	178
	Operations performed		3,070	1,550	24
Medical (non-surgical) admissions			91		
Gynaecological/obstetric admissions			295	294	*
Consultations			66,081		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			525		
First aid					
First-aid training					
	Sessions		17		
	Participants (aggregated monthly data)		328		
Water and habitat					
Water and habitat activities	Structures		1		

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

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania

The ICRC's regional delegation in Nairobi was set up in 1974. In the countries covered, it works to promote IHL, and carries out various activities aimed at protecting and assisting people injured, displaced or otherwise affected by armed conflict. Its operations also include restoring contact between refugees and their families, visiting detainees of concern to the ICRC and supporting the development of the National Societies. As a regional hub, the delegation also hosts a resource network and logistics centre that provides support for ICRC operations in central and eastern Africa, and further afield.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Vulnerable people in Kenya met their basic needs and had access to health care with support from the ICRC and the Kenya Red Cross Society; others were helped to increase their income, reaching more than planned.
- Refugees, asylum seekers and other migrants in Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania) reconnected with relatives through the Movement's family-links services, making over 207,000 calls.
- In Kenya, the ICRC helped penitentiary authorities improve detainees' treatment and living conditions. Aided by the ICRC, prison health staff continued to develop their ability to provide medical care for detainees.
- In Tanzania, people with disabilities participated in sports events at a community-based physical rehabilitation centre supported by the ICRC.
- Authorities, weapon bearers, religious leaders, academics and the general public learnt more about IHL, humanitarian issues and the ICRC's activities, through workshops organized or supported by the ICRC.
- Violence-affected people had better access to potable water thanks to some infrastructure projects that the ICRC was able to undertake, though a few of them were postponed because of flooding in some areas.

EXPENDITURE IN KCHF

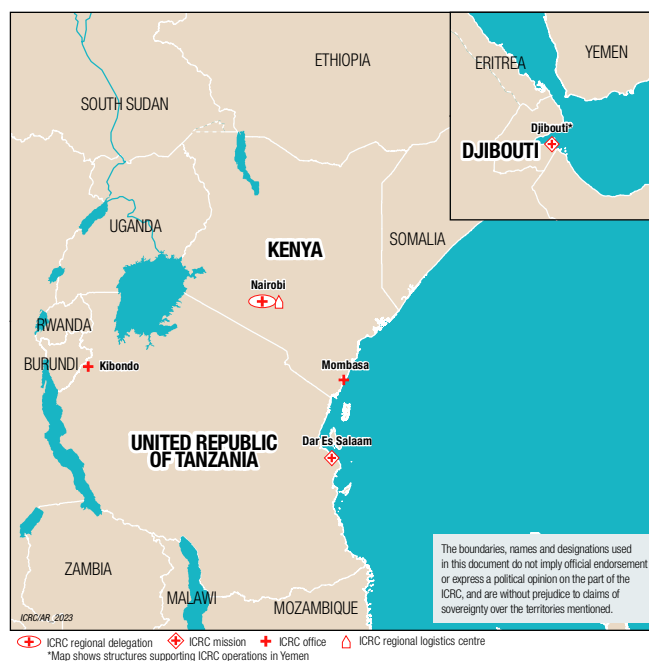
Protection	4,373
Assistance	3,692
Prevention	2,737
Cooperation with National Societies	2,331
General	2,434
Total	15,567
<i>Of which: Overheads</i>	<i>950</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	80
Resident staff (daily workers not included)	468



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	5,796
RCMs distributed	5,337
Phone calls facilitated between family members	207,565
Tracing cases closed positively (subject located or fate established)	165
People reunited with their families	39
<i>of whom unaccompanied minors/separated children</i>	<i>37</i>
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	6
Detainees in places of detention visited	8,482
Visits carried out	10
Protection of family links	
RCMs collected	74
RCMs distributed	11

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 6,000	8,574
Food production	People 1,920	1,920
Income support	People 804	21,600
Living conditions	People 39,000	19,278
Water and habitat		
Water and habitat activities	People 35,864	10,542
Health		
Health centres supported	Structures 1	1
PEOPLE DEPRIVED OF THEIR FREEDOM		
Water and habitat		
Water and habitat activities	People 2,548	1,462
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 1	
Physical rehabilitation		
Projects supported	Projects 2	2

CONTEXT

Military and security forces in Kenya continued to conduct security operations in the north-east in response to attacks by the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab); this is an extension of the armed conflict in Somalia (see *Somalia*). Military and security forces also responded to communal violence and/or banditry in the north-west and elsewhere in Kenya.

Violence-affected communities suffered injuries and deaths, displacement and disrupted livelihoods – the consequences of the armed groups' activities and the security operations carried out in response. Climatic emergencies – such as severe droughts over the last five years and the 2023 El Niño season, which caused extensive flooding – also added to people's difficulties.

Owing to the fighting in Somalia, displaced Somali families looked for temporary or long-term refuge in north-eastern Kenya. Djibouti, Kenya and Tanzania hosted refugees, asylum seekers and other migrants, and displaced people, from the wider region. Some refugees lived in camps and others settled in urban areas. Members of families separated by migration and other circumstances, particularly in Kenya, often struggled to stay in touch.

Kenya – particularly the capital city of Nairobi – was a hub for diplomacy and humanitarian action, including for the UN. The country hosted many NGOs and other civil-society organizations.

Tanzanian forces continued to carry out security operations along the country's southern border. These were linked with the conflict in northern Mozambique (see *Mozambique*).

As in the past, Kenya and Djibouti continued to contribute troops to a number of peacekeeping missions in other parts of Africa.

ICRC ACTION AND RESULTS

The ICRC monitored the protection-related concerns of violence-affected people, including migrants, who discussed their needs with the ICRC and gave their views on its activities. Migrants and others separated from their relatives used the Movement's family-links services to reconnect with their families.

In Kenya, the ICRC sought to help people become more resilient to the overlapping effects of conflict and climatic emergencies. It gave the Kenya Red Cross Society support for developing its ability to jointly implement aid activities, particularly in the coastal and north-eastern part of Kenya. Because of the efforts of the ICRC and the National Society, people were able to cover their basic expenses, meet their immediate needs, add to their income, and obtain potable water and/or health care.

The ICRC also supported health services in Kenya and other parts of the region. Surgeons and doctors from Kenya, for example, honed their skills at ICRC-organized courses on war surgery and basic emergency care. A hospital in Mombasa,

Kenya was given technical support to develop its capacities in mass-casualty management. In Tanzania, people with physical disabilities had access to rehabilitation services at an ICRC-supported centre.

The ICRC visited detainees held under restrictive regimes at several Kenyan prisons. It supported penitentiary authorities' efforts to improve detainees' living conditions, ensure family contact and make health care more readily available. Penitentiary authorities learnt more about prison management practices at workshops organized by the ICRC, and they drew on ICRC expertise to design and manage prisons in line with international standards.

The ICRC endeavoured to advance understanding of IHL and the Movement's work among authorities and weapon bearers. It used both traditional and digital media to broaden public awareness of its mission and work and issues of humanitarian concern. It also helped the National Societies in the countries covered to develop the capacities necessary to explain the Movement's work to the wider public. It interacted with religious scholars and organized events for academics, with a view to developing local interest and expertise in IHL.

Support from the ICRC and other Movement components helped the National Society in Djibouti assist migrants and others affected by violence and climate shocks.

Owing to resource constraints, some activities were scaled down and/or postponed. They included assistance for the Djiboutian National Society's family-links services, and support for forensic services in Djibouti. In Kenya, other activities – including the repair of some water systems, and training for hospital staff – were postponed due to limited access to areas affected by flooding.

The regional delegation in Nairobi remained vital for the ICRC's operations in central and eastern Africa. It worked to provide support during emergency situations within the region. Whenever possible, it also sought to influence regional discussions and policies affecting humanitarian action. As in past years, ICRC delegations in neighbouring countries received supplies through the regional logistics centre in Nairobi, and staff at the Djibouti mission provided administrative and logistical support for the ICRC's operations in Yemen. A centre of expertise, housed in the regional delegation, helped several ICRC delegations implement the findings of preliminary studies towards the use of cleaner energy on their premises; this work was supported through the ICRC's Climate and Environment Transition Fund.

CIVILIANS

Promoting protection for people affected by violence

The regional delegation in Nairobi, together with delegations in neighbouring countries and in partnership with the pertinent National Societies, monitored the protection-related concerns of people affected by violence – particularly refugees, asylum seekers and other migrants – and people in areas where security operations were taking place.

Owing to resource constraints, the scale of certain activities in Kenya and Tanzania were reduced or modified: for example, people received cash instead of food parcels, to help them meet their immediate needs. Others were cancelled, such as support for the provision of family-links services in Djibouti and assistance to help ease living conditions for violence-affected people in Tanzania.

Communities in Kenya build their resilience

The ICRC and the Kenya Red Cross Society focused on helping violence-affected communities, particularly in the coastal and north-eastern parts of Kenya.

Roughly 19,200 people (3,200 households), including those living in host communities, received cash grants to help them cover their household expenses (e.g. rent, food). In Garissa and Lamu, financial or material support from the ICRC helped 3,600 households (21,600 people) fortify their livelihoods: some of them received environmentally-friendly fishing nets and beekeeping equipment and others learnt vocation skills through ICRC-organized training and received cash grants to start their own businesses; thousands benefited from campaigns to vaccinate livestock that were carried out with the ICRC's support, reaching more than planned. About 320 households (1,920 people) in Kenya started growing corn, cassava and other crops with seed from the ICRC.

Amid floods that hampered access to some areas in Kenya during the latter part of the year, the ICRC worked to help violence-affected people in Garissa and Lamu have better access to potable water and essential services. Working together with the Kenyan Red Cross and other local partners, the ICRC installed solar-powered electrical and/or water systems, benefiting 10,542 people in all. The ICRC and the Kenyan Red Cross also promoted good hygiene in communities, to help prevent the spread of disease.

Until the end of June, the ICRC gave the Djiboutian National Society support for providing drinking water to people passing through Djibouti. The National Society, on behalf of the ICRC, also distributed food rations to vulnerable migrants, reaching 8,574 people in all.

The ICRC, in partnership with the Kenyan Red Cross and the health ministry, continued to support medical outreach for residents and displaced households. People were given medical consultations, vaccinations and/or referred to ICRC-supported health facilities for secondary care. Medical staff and National Society volunteers were trained to conduct health-promotion sessions and mitigate risks to their safety in the field.

Minors are reunited with their families

Migrants and others restored contact with relatives from whom they had become separated. They did so through RCMs, internet connectivity and other family-links services provided by the National Societies in Kenya and Tanzania; the ICRC arranged more than 207,500 phone calls for them. People also lodged tracing requests with the ICRC, and about 165 missing-persons cases were closed successfully, and the families informed. The Burundi Red Cross, the Tanzania

Red Cross Society and the ICRC helped 37 unaccompanied minors in Tanzanian camps to join their families in Burundi (see *Kampala*).

The ICRC provided the National Societies with equipment, training and guidance for strengthening their family-links services. Together, they coordinated their activities with those of other organizations assisting migrants. The National Societies set up a hotline that people could use to comment on and/or learn more about the Movement's family-links services. Information gathered from these enquiries was used to adapt activities to match people's needs more closely.

Together with the National Society, the ICRC provided the Djiboutian authorities guidance to develop forensic guidelines for search-and-rescue operations at sea.

In Djibouti, the ICRC had to end its support for the National Society to provide family-links services and cancelled other activities planned for forensic services, owing to resource constraints. Whenever possible, the ICRC helped the Djiboutian National Society find alternative sources for support, for its family-links services, among other Movement components.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees restore contact with their families

The ICRC visited – in accordance with its standard procedures – detainees within its purview at six prisons in Kenya, including people held under restrictive regimes. Findings and recommendations from these visits were communicated confidentially to the pertinent authorities, to help them bring detainees' treatment and living conditions in line with internationally recognized standards. Discussions with the detaining authorities also covered such issues as the importance of family visits and addressing the instances of disappearances among inmates. The ICRC paid particular attention to people with specific needs: it distributed recreational and household items to people held in places of detention – including security detainees and women – to help ease their living conditions.

Penitentiary authorities learnt more about prison management, addressing overcrowding in prisons and addressing detainees' needs, at workshops organized by the ICRC.

Over 107,000 phone calls between detainees and their families were made through the Kenya Red Cross Society and the ICRC's family-links services.

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

The ICRC continued to work with penitentiary authorities, the health ministry and the Kenya Red Cross Society on establishing a centralized database for the medical records of detainees. The ICRC donated computers, office supplies and equipment to several places of detention, and organized training and workshops for prison health staff, in managing health-care data and providing health services in detention settings. The ICRC also continued to support the streamlining of medical records at other prisons. It donated laptops, and medicine and other supplies, to six prison clinics.

The ICRC and the penitentiary authorities continued to work together to improve water and other essential infrastructure at places of detention; government engineers conducted assessments at various prisons and drew on the ICRC's expertise to design detention facilities.

Floods hampered access to certain areas in Kenya, impeding the delivery of supplies and materials for some infrastructure projects. Nevertheless, the ICRC was able to install water pumps at a prison holding 1,462 detainees. It also began construction work under a pilot project to make the kitchen at a Kenyan prison more energy-efficient.

WOUNDED AND SICK

Surgeons improve their ability to perform life-saving surgery

The ICRC continued to provide the emergency department at a hospital in Mombasa with support to develop their capacities in treating wounded people. After the hospital developed a contingency plan for mass-casualty emergencies, the ICRC provided technical support, in coordination with the health ministry and the Kenya Red Cross Society, to ensure effective implementation of the plan.

The ICRC organized a course in war surgery for 27 surgeons and resident doctors from civilian and military hospitals in violence-affected areas of Kenya and Somalia. Several doctors and medical personnel from various hospitals throughout Kenya were given training in basic emergency care; some of them also learnt how to pass on to others the knowledge and skills they had acquired. Other training courses in basic emergency care, planned for later in the year, were postponed because the sites of these courses had been made inaccessible by floods.

Together with the National Societies in Djibouti, Kenya and Tanzania, the ICRC organized first-aid training for Hajj guides, religious leaders and others.

People with physical disabilities in Tanzania participate in social inclusion activities

The ICRC scaled down its support for rehabilitative services and focused on assisting a community-based centre in Tanzania. It worked with the centre's staff and management to help them become capable of working unassisted by the end of the year. During the period before its withdrawal, the ICRC provided the centre with comprehensive support that made it possible for 418 people with disabilities to train for various sports events and participate in them, with wheelchairs and prostheses they obtained with the ICRC's help.

The centre also organized training in the use of innovative materials to make assistive devices; the ICRC provided material and technical support for the training. The director of the training centre was sponsored to visit a school for prosthetics and orthotics in another country, to learn about best practices in developing training programmes in prosthetics and orthotics.

ACTORS OF INFLUENCE

The authorities and other influential actors deepen their understanding of IHL and the Movement

National authorities, weapon bearers, representatives of the international community, academics, community and religious leaders, and others broadened their understanding of IHL, humanitarian issues, and the Movement's role and its activities, through various forums and other events organized by the ICRC – together with the National Societies in the countries covered, whenever possible. Members of the Kenya Police Service, officers from the Tanzania People's Defence Force and the Tanzania Police Force, members of the Djibouti National Gendarmerie and the Djibouti National Police and others – including officers bound for peacekeeping missions abroad – also learnt more about IHL and other applicable norms, and the Movement's work, at ICRC briefings, dissemination sessions and workshops in Kenya or elsewhere. The ICRC organized a workshop on partnered military operations, jointly with the Kenya Defence Forces, for military commanders from various countries.

The people in Kenya learnt about IHL and the Movement's activities through public campaigns and communication materials published by the ICRC and the National Society through both traditional and digital media (e.g. radio spots, flyers, news releases, social-media posts). Journalists in Kenya also kept the public abreast of the Movement's activities; they drew on materials from the ICRC and an ICRC workshop on the Movement. The ICRC continued to give the National Societies training and other support to expand their capacities in public communication.

The ICRC maintained contact with academics in Djibouti, Kenya and Tanzania, with a view to developing local interest and expertise in IHL. A Kenyan university – drawing on its partnership with the ICRC, in effect since 2021 – published the second issue of its online IHL journal. Students and lecturers, including some who were also policymakers, participated in IHL training and competitions and attended IHL courses, respectively. University students demonstrated their grasp of IHL at the All Africa moot court competition in Tanzania, hosted by the ICRC.

Religious scholars in the countries covered continued to engage with the ICRC, online and in person. Various scholars and clerics in Kenya and Tanzania were given books on IHL and Islam in Arabic or Kiswahili. Some of them discussed the points of correspondence between Islam and IHL at seminars and other events organized by the ICRC.

The ICRC continued to urge the authorities in the countries covered to incorporate key IHL provisions and IHL-related treaties in domestic law. It continued to provide guidance for the national IHL committees in the countries covered, and conducted a regional seminar on IHL implementation for government officials from eight East African countries.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Djibouti, Kenya and Tanzania continued to strive to develop their ability to assist people affected by violence; the ICRC and other Movement components provided support in this regard. Resource constraints forced the ICRC to scale down some of its plans, such as training for National Society personnel and providing financial support to cover staff salaries. The ICRC sought to mobilize other Movement components to gather additional support for the National Societies, whenever possible.

The ICRC provided National Society staff in Kenya with training in first aid and the necessary supplies (e.g. first-aid kits); some of them attended ICRC workshops to learn how to do their work safely. The National Societies continued to strengthen their operational capacities, with support from the ICRC: a National Society office in Kenya received ICT equipment; the National Society in Tanzania drew on technical support from the ICRC to streamline its financial management.

The National Societies met regularly to coordinate their activities with those of the ICRC and other Movement components working in the region.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	5,796	45		
RCMs distributed	5,337	20		
Phone calls facilitated between family members	207,565			
Reunifications, transfers and repatriations				
People reunited with their families	39			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	219	70	32	31
<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases closed positively (subject located or fate established)	165			
<i>including people for whom tracing requests were registered by another delegation</i>	13			
Tracing cases still being handled at the end of the reporting period (people)	1,589	389	373	354
<i>including people for whom tracing requests were registered by another delegation</i>	543			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	14	7		
UAMs/SC reunited with their families by the ICRC/National Society	37	15		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	138	53		
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	6			
Detainees in places of detention visited	8,482			
Visits carried out	10			
RCMs and other means of family contact				
RCMs collected	74			
RCMs distributed	11			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	8,574	2,572	2,572
Food production	People	1,920	426	428
Income support	People	21,600	7,168	6,444
Living conditions	People	19,278	5,948	3,832
Water and habitat				
Water and habitat activities	People	10,542	4,301	2,057
Primary health care				
Health centres supported	Structures	1		
<i>of which health centres supported regularly</i>		1		
Services at health centres supported regularly				
Consultations		121		
<i>of which antenatal</i>		121		
Vaccines provided	Doses	225		
<i>of which polio vaccines for children under 5 years of age</i>		70		
Referrals to a second level of care	Patients	3		
<i>of whom gynaecological/obstetric cases</i>		*		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	1,462		
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		2		
People who benefited from ICRC-supported projects	Aggregated monthly data	418		
<i>of whom participants in social inclusion projects not linked to PRCs</i>		418		

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

NIGER

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, those affected by communal violence, and vulnerable migrants. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. The ICRC works closely with the Red Cross Society of Niger and helps it develop its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Amid increased violence and political decisions that affected humanitarian access, the ICRC sustained its access to people in hard-to-reach areas through strong local partnerships and its dialogue with influential parties.
- Violence-affected people met their needs with assistance from the Red Cross Society of Niger and the ICRC. More people than planned benefited from projects to help farmers and herders build their resilience against climate change.
- Communities, injured people or people with disabilities obtained suitable care – at times, free of charge – at primary-health-care facilities, hospitals and/or physical rehabilitation centres that received substantial support from the ICRC.
- Detainees, including those held in connection with armed conflict, were visited by the ICRC. The ICRC continued to support prison authorities in providing detainees' basic needs, including health care.
- Members of families separated by conflict, or for other reasons, reconnected through the Movement's family-links services. The ICRC proposed to the authorities to draft a law to prevent and address the issue of missing people.
- Authorities and weapon bearers were urged to uphold IHL and other pertinent norms. The ICRC and the National Society cultivated support for IHL and for principled humanitarian action among influential actors in civil society.

EXPENDITURE IN KCHF

Protection	6,150
Assistance	27,311
Prevention	3,354
Cooperation with National Societies	1,157
General	252
Total	38,223
<i>Of which: Overheads</i>	<i>2,319</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	64
Resident staff (daily workers not included)	274



✚ ICRC delegation ✚ ICRC sub-delegation

PROTECTION CIVILIANS

Protection of family links		Total
RCMs collected		85
RCMs distributed		68
Phone calls facilitated between family members		24,332
Tracing cases closed positively (subject located or fate established)		68

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits		Total
Places of detention visited		12
Detainees in places of detention visited		6,325
<i>of whom visited and monitored individually</i>		468
Visits carried out		58

Protection of family links		Total
RCMs collected		31
RCMs distributed		18
Phone calls made to families to inform them of the whereabouts of a detained relative		178

ASSISTANCE CIVILIANS

Economic security		2023 Targets (up to)	Achieved
Food consumption	People	234,157	209,118
Food production	People	564,900	818,593
Income support	People	17,500	8,260
Living conditions	People	49,000	56,392
Capacity-building	People	2,440	740

Water and habitat		2023 Targets (up to)	Achieved
Water and habitat activities	People	204,920	148,489

Health		2023 Targets (up to)	Achieved
Health centres supported	Structures	18	19

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security		2023 Targets (up to)	Achieved
Food consumption	People	900	4,720
Living conditions	People	3,900	5,434

Water and habitat		2023 Targets (up to)	Achieved
Water and habitat activities	People	5,400	5,918

WOUNDED AND SICK

Medical care		2023 Targets (up to)	Achieved
Hospitals supported	Structures	12	13

Physical rehabilitation		2023 Targets (up to)	Achieved
Projects supported	Projects	12	12

Water and habitat		2023 Targets (up to)	Achieved
Water and habitat activities	Structures	6	5

CONTEXT

Armed groups active in nearby countries (see *Burkina Faso* and *Mali*) were also active in the Tillabery and Tahoua regions of Niger. Other armed groups fought over territory in the Diffa region of Niger and elsewhere in the Lake Chad area (see *Chad*, *Nigeria* and *Yaoundé*). These fighters often carried out offensive operations, resulting in multiple injuries and deaths. Military and security forces increased their use of remotely piloted aircraft and resorted to more arrest operations.

The violence intensified throughout the year, and its consequences were exacerbated by communal tensions and criminality. Civilians continued to suffer, with hundreds of thousands of people displaced within Niger or to neighbouring countries. The government's efforts to facilitate the safe return of IDPs home were affected by the volatile situation.

Food insecurity, caused by the combined effects of armed conflict, other situations of violence and climate change, was widespread, and remained a source of great concern. Health care and other essential services were not readily available to many displaced people and residents, and to detainees.

After a coup d'état in July, the Economic Community of West African States (ECOWAS) and other members of the international community imposed economic sanctions on Niger. This, and the decision of Niger to close its borders, notably with Benin and Nigeria, resulted in higher food prices and the loss of livelihoods, causing even more difficulties for people in the country.

Migrants, including asylum seekers and refugees, passed through or stayed in Niger.

ICRC ACTION AND RESULTS

The ICRC, together with the Red Cross Society of Niger and other local partners, strove to protect and assist people dealing with the combined effects of conflict, other violence and climate risks. The sanctions imposed on Niger and some measures taken by Niger itself (see *Context*) limited access for humanitarian actors, including the ICRC, and hampered the implementation of some of the ICRC's activities.

In view of the prevailing situation, the ICRC strengthened its dialogue with authorities, weapon bearers and other actors capable of facilitating its safe access to communities in need, with a view also to securing their acceptance for principled humanitarian action and IHL. It endeavoured to adapt to security and access constraints by reinforcing its local partnerships. These efforts enabled it, at times, to assist more people than planned, particularly those that few or no other organizations could reach. The ICRC also continued to document allegations of violations of IHL and other pertinent norms, and relayed them to the parties concerned, with a view to ending or preventing such violations. It continued to give military and security forces expert advice for integrating IHL and international human rights law into their doctrine, training and operations.

IDPs, residents, returnees and refugees drew on aid from the ICRC, which it often provided with the National Society, to meet their immediate needs and work towards becoming more self-sufficient. Households struggling with food insecurity were given food rations or cash to purchase this, while people affected by violence or natural disasters were given household essentials. Farmers and herders received seed, tools, fodder and/or veterinary services from the ICRC, which were meant to help them produce more food. Thanks to the ICRC's strong local partnerships, more people than planned benefited from a multi-year project aimed at helping more farmers and herders build their resilience against the effects of conflict and climate change. Women, people with disabilities and other bread-winners pursued livelihoods with ICRC cash grants and/or other support, or earned money through ICRC cash-for-work projects.

Communities had better access to clean water for household and livelihood use. This was made possible by ICRC projects – sometimes carried out by local partners – to improve water-supply systems in rural areas and to build pastoral wells for herders; some projects were not realized as planned, because of security or access constraints. Together with the National Society, the ICRC built latrines, distributed hygiene items and/or conducted hygiene-promotion sessions, including in some Koranic schools, which helped to create more sanitary living conditions.

The ICRC provided health facilities in violence-affected areas with medical supplies, infrastructural upgrades and technical and other support. People were able to obtain curative and antenatal consultations, referrals for further care, and vaccinations at primary-health-care centres, while those who were wounded and sick received care at hospitals in Diffa, Maradi, Niamey, Tahoua and Tillabery. ICRC-supported physical rehabilitation centres gave people with disabilities assistive devices and suitable care, free of charge. Financial constraints forced the ICRC to cancel activities for first aid, pre-hospital care, and mental-health and psychosocial support, and the planned closure of its office in Maradi in 2023 limited its support for health services there.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to detainees with specific needs, such as those held in connection with conflict. It continued to support prison authorities' efforts to meet detainees' basic needs; for example, it supported prison clinics in dispensing health care to detainees. The ICRC also provided material assistance (e.g. food, hygiene items, basic medical equipment) and made infrastructural upgrades at prisons, to ease detainees' living conditions.

Members of families separated by conflict or other violence, detention, or migration used the Movement's family-links services to reconnect. The ICRC trained first responders in managing human remains, with a view to identifying people killed during clashes.

The National Society was given support to do its work in safety, expand its capacities, and coordinate its activities with those of other Movement components.

CIVILIANS

The ICRC maintained regular dialogue with authorities, weapon bearers and other influential actors capable of facilitating its safe access to communities in need, particularly those that few or no other organizations could reach. As it strengthened its partnerships with local partners, it was able, at times, to support more people than planned. However, security and access constraints (see *Context*) limited the implementation of some of its activities.

To better understand their safety and other needs and help them develop a suitable response, the ICRC sought to maintain its proximity to crisis-stricken communities through various means, including through its community contact centre in Niamey.

Authorities and weapon bearers are reminded to respect IHL and other pertinent norms

The ICRC monitored the situation of violence-affected people, including migrants and others with specific needs. It documented allegations of violations of IHL and other applicable norms, including sexual violence and attacks against health services. With a view to preventing or ending such violations, it communicated these allegations confidentially to the parties concerned. It discussed the conduct of military and security operations – particularly in Diffa, northern Tahoua and Tillabery – with the pertinent Nigerien officials (see *Actors of influence*). It also engaged the authorities in dialogue on ensuring the safe and voluntary return of IDPs to their homes.

People in violence-affected areas meet their immediate needs and strengthen their resilience

IDPs, residents, returnees and refugees in violence-affected areas drew on ICRC aid, often provided with the Red Cross Society of Niger, to meet their basic needs and become more self-sufficient.

Around 27,200 food-insecure households (190,778 people) received food rations or cash for buying this. The rations included a nutrient-enriched cereal blend to help avert malnutrition among children and pregnant or lactating women. Some farming households received food rations so that they would not have to consume seed meant for planting. Material, technical and financial support from the ICRC enabled cereal banks to offer roughly 2,600 other households (18,340 people) millet at lower prices. Meanwhile, some 8,000 households (56,392 people) affected by violence, fires or floods were given clothes, blankets, mosquito nets, cooking equipment, and/or other household essentials, to help ease their living conditions.

The ICRC provided farmers and herders in Diffa, Tahoua and Tillabery with various kinds of support for producing more food and building their resilience to the effects of climate change. It donated seed, tools, and/or cash to buy these, to enable 10,000 farming households (70,000 people) to plant staple crops and vegetables. Animal-health workers – trained and equipped by the ICRC – vaccinated, dewormed and/or treated livestock belonging to roughly 85,700 herding households (599,795 people). Thanks to ICRC-provided seed and/or training for fodder banks and for households that wanted to

grow their own fodder, 3,400 households (23,800 people) had more affordable livestock fodder.

About 17,800 households (124,998 people) practising the seasonal movement of livestock between grazing areas, received support for sustaining the health and safety of their herds. Members of these households were given training in milk processing and were employed by the ICRC in cash-for-work projects to build firebreaks against bush fires; the ICRC also built livestock-vaccination parks and vaccinated the households' livestock against lumpy skin disease. More people than planned were reached because of the ICRC's partnerships with local authorities and other key community members.

Around 1,180 women, people with disabilities and other breadwinners (supporting 8,260 people) raised goats, produced flour, processed dried pepper and tomato powder, or engaged in other income-earning activities with cash grants and/or other support from the ICRC, or earned money through ICRC cash-for-work projects.

About 740 people – from the communities and local service providers mentioned above – honed their capacities during ICRC-organized training sessions. Community-based animal-health workers, for example, were trained in vaccinating livestock, and in preventing and treating livestock disease. Breadwinners, including women and people with disabilities, learnt more about financial planning and other skills that could boost their efforts to earn an income. Market gardeners also learnt sustainable practices for growing vegetables and fruit, and irrigating and fertilizing their gardens, which could help them increase their yields. Mothers, meanwhile, received guidance in treating their malnourished children.

Water and sanitation are more readily available to violence-affected people

Improvements to water-supply systems in Diffa, Tahoua and Tillabery made clean water available to 99,197 IDPs and residents. To ensure that these projects were implemented despite access constraints caused by sanctions, the ICRC strengthened its partnerships with the National Society and local water authorities. Similar activities in urban areas in other parts of Diffa and in N'Guigmi got under way during the year. Meanwhile, the construction and renovation of pastoral wells in Diffa improved the livelihoods of 1,820 herders.

Together with the National Society, the ICRC built latrines, distributed hygiene and dignity kits, and/or conducted hygiene-promotion sessions in Diffa, Maradi, Tillabery and Zinder. Thus, some 24,000 people – including students and teachers at Koranic schools – had more sanitary conditions. The ICRC also began building the capacities of teachers at Koranic schools, to enable them to carry out these hygiene-promotion activities unassisted.

In Diffa and Tillabery, 25,123 people affected by displacement or floods were given water-storage containers, cleaning materials and other items for creating more sanitary living conditions.

Communities in conflict-affected areas have access to adequate health care

Violence-affected people in Diffa, Maradi, Tahoua and Tillabery received preventive and curative care at 17 primary-health-care centres run by the health ministry and given regular and substantial support – supplies and equipment, staff training, infrastructural improvements – by the ICRC. Such support, which was sometimes channelled through local partners, helped the centres manage patient influxes linked to intensified violence. The ICRC provided two other primary-health-care centres in Tillabery dealing with such influxes with wound-dressing kits and other supplies for treating people who were injured or wounded.

People requiring secondary care were referred to hospitals (see *Wounded and sick*); the ICRC covered their expenses for treatment and transport. Victims/survivors of sexual violence were given post-exposure prophylactic treatment within 72 hours of the incident. Health workers, community leaders and others familiarized themselves with the Health Care in Danger initiative at information sessions organized by the National Society and/or the ICRC.

The ICRC helped build biomedical facilities, and facilities for managing organic waste, at one primary-health-care centre in Diffa, to help improve its sanitation services.

The planned closure of the ICRC's office in Maradi in 2023 meant that fewer activities were undertaken in support of health centres in the area. Financial constraints also prevented the ICRC from providing some of the mental-health and psychosocial support that it had planned.

Members of dispersed families reconnect

Members of families separated by conflict or other violence, detention or migration – including unaccompanied minors – used the Movement's family-links services, such as phone calls and RCMs, to reconnect. Through dialogue and various events – including IHL workshops for judges, police officers and security forces – the ICRC continued to draw attention to the issue of missing people and the plight of their families, and to impress upon the authorities the necessity of preventing disappearances along migration routes. To supplement local legislation on the subject, the ICRC proposed to the authorities the adoption of a national law based on the ICRC model law on the missing.

The ICRC strove to help ensure that the bodies or remains of people killed during clashes could be identified and their families notified. Health workers, military and security forces personnel and other first responders learnt more about managing human remains at ICRC training sessions, including train-the-trainer sessions; a medical examiner participated in an international conference outside Niger (see *Kampala*). Organizations of first responders were given body bags to aid them in their work. The ICRC also provided technical and logistical support to an interministerial committee that had begun to oversee the management and identification of human remains recovered in Niger.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited detainees at 12 places of detention to check on their treatment and living conditions, including respect for judicial guarantees and the principle of *non-refoulement*. It paid close attention to the situation of security detainees, people held by military forces and counter-terrorism services, and detainees with specific needs, such as minors and people held far from their families, including foreigners. After these visits, the ICRC communicated its findings and recommendations confidentially to the authorities concerned. It urged them to address systemic issues in detention, particularly to alleviate overcrowding. The authorities renewed the ICRC's access to detainees on a quarterly basis; discussions between the authorities and the ICRC, on further formalizing this access, continued.

Detainees and their families kept in touch using the ICRC's family-links services, such as RCMs, phone or video calls, and family visits. Foreigners were assisted in notifying their consular representatives or the UNHCR of their detention. Hundreds of released detainees received transport and other support for returning home.

Detainees obtain basic health care and improve their living conditions

The ICRC continued to give the authorities material and technical support for improving health care and living conditions for detainees. It also urged the health, justice and interior ministries to work more closely together in this regard.

Detainees at four prisons benefited from the ICRC's provision of medicine and other supplies, with the ICRC increasing such donations to address shortages of medicine in some prisons. The ICRC also assisted authorities at certain prisons to deal with outbreaks of pediculosis, measles, chickenpox, diphtheria and dermatosis. It gave the authorities support to carry out a vaccination campaign against measles and a campaign to eradicate pediculosis. As a result of the ICRC's recommendations to prison authorities, a card for recording the findings of clinical examinations was created.

More people than planned – about 4,700 detainees suffering malnutrition or at risk of it – received donations of therapeutic food or supplementary rations, as part of the ICRC's emergency response to some places of detention in Diffa and Kollo which were dealing with food shortages. To supplement and improve the diet of detainees, seven prisons were given seed and tools for planting vegetable gardens, and the ICRC advised prison staff on preparing, distributing and storing meals; it also gave them kitchen utensils and equipment. The ICRC also trained prison staff in various aspects of public health and in best practices in managing the food supply.

Some detainees benefited from ICRC-led infrastructural improvements, including the construction of a natural lagoon system in one prison and renovation of electrical installations at another. Prison staff were trained to maintain the natural lagoon system, to help ensure its long-term functioning.

Detainees were less at risk of water-borne disease as a result of ICRC activities to improve ventilation in cells and the treatment of organic waste. The ICRC helped organize refresher sessions for hygiene committees in prisons and distributed hygiene items, which helped nearly 6,000 detainees have more sanitary living conditions.

Some 5,000 detainees were given sleeping mats and blankets by the ICRC, to help ease the conditions of their confinement.

WOUNDED AND SICK

Wounded and sick people have access to suitable care

Ailing and wounded people in Diffa, Niamey, Tahoua and Tillabery – including casualties of the violence along Niger's borders with Burkina Faso and Mali, and patients referred from primary-health-care centres – obtained free treatment at ICRC-supported health facilities; patients and their caregivers also had their food, accommodation and transportation costs covered by the ICRC. Eleven hospitals sustained their services with medical supplies, equipment, expert advice, staff training and/or other support provided by the ICRC. Two hospitals received ad hoc donations of medicines and other supplies to treat burn victims. Financial constraints led the ICRC to scale down its support for pre-hospital care and first aid, and to cancel planned training sessions for surgeons and other health professionals.

Care settings at one hospital were improved, following some infrastructure work on its radiology room. Morgues at two hospitals were successfully renovated, while renovation of a third was postponed.

People with disabilities receive rehabilitative care and support for advancing their social inclusion

At the ICRC-supported national hospitals in Niamey and Zinder, 636 people¹ with disabilities obtained rehabilitative care and/or assistive devices free of charge; patients with limited means also had their food, accommodation and/or transportation expenses covered. At ICRC-supported facilities, including mobile clinics, people with disabilities were assessed, treated or referred for further care. Physical rehabilitation professionals underwent training, with ICRC support, in amputee care. Associations of people with disabilities and the ICRC strove to improve rehabilitative services by organizing training sessions on integrating quality standards into physiotherapy services with the participation of public hospitals in the country.

The ICRC worked to advance the social inclusion of people with disabilities. It helped the national sports federation organize a tournament for people with disabilities. Four athletes were able to prepare for the qualifying tournament of the 2024 Paralympic Games, with financial support from the ICRC. It also sought to create livelihood opportunities for people with disabilities, by advocating their employment in the rehabilitation sector, organizing a career-development programme, and other means (see *Civilians*); nine children received educational assistance. The ICRC assisted in completing the construction of the

headquarters of a local association of people with disabilities, which will serve as a workshop for producing tricycles and a venue for people with disabilities to undertake income-earning activities and other initiatives to advance their social inclusion. The ICRC supported local associations in finalizing plans to relocate to Niamey a workshop for producing prostheses and orthoses.

ACTORS OF INFLUENCE

Given the security situation, safe access to people in hard-to-reach and violent areas was one of the highest priorities for the ICRC and the Red Cross Society of Niger. The ICRC strove to cultivate acceptance for IHL and the Movement among a broad range of key actors at central and local levels, through dialogue and other means (see also *Civilians*). It sought security guarantees from authorities and weapon bearers, so that it can carry out its work.

Weapon bearers and civilian authorities advance their understanding of IHL and other applicable norms

Armed forces and security forces personnel – including trainees and troops bound for peace-support operations in other countries – strengthened their grasp of IHL and other pertinent norms and standards applicable to their duties, during dialogue with the ICRC and at briefings and workshops conducted by it. They also familiarized themselves with the ICRC's mandate and activities. Some military officers were sponsored to attend events abroad, such as: an IHL course organized by Sanremo and the Senior Workshop on International Rules governing Military Operations (see *Headquarters – Protection and Essential Services*).

The ICRC continued to give military and security forces expert advice for integrating IHL and international human rights law into their doctrine, training and operations. The revision of a military manual on IHL, for which the ICRC provided expert advice, was being finalized at the end of the year.

The ICRC also contributed to the integration of IHL into the training of judicial actors through an agreement with a local educational institute for the judiciary and the organization of an IHL training session with future magistrates.

Aided by the ICRC, the authorities took steps to support the ratification of and/or accession to IHL treaties and advance the domestic implementation of IHL. The national IHL committee advanced its understanding of and commitment to IHL, including provisions pertinent to judicial guarantees and alternatives to detention. Together with the committee, the ICRC provided guidance and support to lawmakers and policymakers, for instance, in preventing and addressing the issue of missing people and the needs of their families (see *Civilians*). The ICRC continued to provide expert assistance to officials involved in revising the penal code, particularly on the punishment of war crimes, the protection of children associated with armed forces and groups, and the safeguard of humanitarian access and the integrity of IHL in the context of the repression of acts of terrorism.

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

Members of civil society learn more about IHL and the ICRC's principled humanitarian work

The National Society and the ICRC cultivated support for IHL and for principled humanitarian action – and broadened awareness of humanitarian issues, such as those associated with the Health Care in Danger initiative – among community leaders and other influential figures in civil society. Journalists learnt more about these matters at workshops and press conferences that the ICRC organized to facilitate accurate reporting of these issues and of its activities. The ICRC also held meetings and workshops where it discussed, with religious leaders and scholars, the common ground between Islamic jurisprudence and IHL. In January, at an international conference in Niamey on the overlapping crises in the Lake Chad region, the ICRC's vice-president emphasized the need to protect civilians and called for urgent action to address food insecurity.

Law students demonstrated their grasp of IHL during a national moot court competition on IHL co-organized by the ICRC, which also enabled them to participate in an international IHL competition abroad.

To help ensure that violence-affected people knew of the humanitarian services available to them, and to gather their feedback on the ICRC's activities, the ICRC conducted information sessions during aid distributions, answered calls at its community contact centre in Niamey, and produced radio

spots, social-media posts and other public-communication materials in local languages.

The National Society developed its own public-communication initiatives to promote awareness of humanitarian issues and the Movement; the ICRC provided it with training and equipment, and covered the salaries of its communication staff.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger and the ICRC worked together in various areas to assist people affected by violence or other crises (see *Civilians*). ICRC training helped National Society staff and volunteers expand their capacities in such fields as first aid, delivery of family-links services, providing economic-security support, and public communication (see *Actors of influence*). They also learnt more about applying the Safer Access Framework.

The National Society developed its managerial capacities with financial and technical support from Movement components. Several branches of the National Society benefited from ICRC support in capacity building and organizational development. The National Society, the ICRC and other Movement components in the region organized regular meetings to improve and strengthen coordination and collaboration and avoid duplication of effort, particularly in connection with emergency response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	85	11		
RCMs distributed	68	1		
Phone calls facilitated between family members	24,332			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	129	18	11	8
<i>including people for whom tracing requests were registered by another delegation</i>	26			
Tracing cases closed positively (subject located or fate established)	68			
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases still being handled at the end of the reporting period (people)	707	56	73	103
<i>including people for whom tracing requests were registered by another delegation</i>	171			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	24	6		10
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	48	12		11
Documents				
People to whom travel documents were issued	1			
Forensics				
Training sessions on the recovery, identification and protection of human remains	4			
People trained	113			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	12			
Detainees in places of detention visited	6,325	134	278	
Visits carried out	58			
		Women	Girls	Boys
Detainees visited and monitored individually	468	9	2	43
<i>of whom newly registered</i>	239	8	2	39
RCMs and other means of family contact				
RCMs collected	31			
RCMs distributed	18			
Phone calls made to families to inform them of the whereabouts of a detained relative	178			
Detainees visited by their relatives with ICRC/National Society support	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	209,118	52,039	105,547
	<i>of whom IDPs</i>	71,487	17,784	36,106
Food production	People	818,593	207,594	406,950
	<i>of whom IDPs</i>	114,199	29,177	56,643
Income support	People	8,260	2,088	4,150
	<i>of whom IDPs</i>	1,458	369	733
Living conditions	People	56,392	13,633	29,318
	<i>of whom IDPs</i>	30,992	7,492	16,113
Capacity-building	People	740	238	48
	<i>of whom IDPs</i>	123	36	10
Water and habitat				
Water and habitat activities	People	148,489	33,789	73,809
	<i>of whom IDPs</i>	34,509	7,858	17,139
Primary health care				
Health centres supported	Structures	19		
	<i>of which health centres supported regularly</i>	17		
Average catchment population		415,984		
Services at health centres supported regularly				
Consultations		246,024		
	<i>of which curative</i>	202,685	20,871	163,204
	<i>of which antenatal</i>	43,339		
Vaccines provided	Doses	123,343		
	<i>of which polio vaccines for children under 5 years of age</i>	50,393		
Referrals to a second level of care	Patients	1,855		
	<i>of whom gynaecological/obstetric cases</i>	491		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	4,720	89	28
Living conditions	People	5,434	131	155
Capacity-building	People	80	13	
Water and habitat				
Water and habitat activities	People	5,918	150	167
Health care in detention				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	13		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	11		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions		3,775		
	<i>of which weapon-wound surgical admissions</i>	532	44	43
	<i>(including those related to mines or explosive remnants of war)</i>	25	*	
	<i>of which non-weapon-wound surgical admissions</i>	2,781	53	342
Operations performed		2,092	424	19
Medical (non-surgical) admissions		2,922	659	224
Gynaecological/obstetric admissions		3,869	3,717	148
Consultations		7,808		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		*		
Patients whose hospital treatment was paid for by the ICRC		1,358		
Water and habitat				
Water and habitat activities	Structures	5		
Physical rehabilitation				
Projects supported		12		
	<i>of which physical rehabilitation centres supported regularly</i>	7		
People who benefited from ICRC-supported projects	Aggregated monthly data	965		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	636	156	216
	<i>of whom participants in social inclusion projects not linked to PRCs</i>	329		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	176		
Orthoses delivered	Units	217		
Walking aids delivered	Units	92		
Wheelchairs or postural support devices delivered	Units	151		

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

NIGERIA

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to respond to the needs of people affected by armed conflict and other violence throughout the country, particularly the conflict in the north-east. It visits detainees. It works closely with the Nigerian Red Cross Society and supports its capacity-building efforts in restoring family links and delivering other assistance. Working with the authorities, the armed forces, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- ICRC distributions of food, essential items and cash enabled IDPs, members of host communities and others to meet their immediate needs.
- Primary-health-care centres and hospitals drew on ICRC support to provide preventive, curative and surgical care of good quality. Some health facilities were given the supplies necessary to treat malnutrition.
- Victims/survivors of sexual violence, missing peoples' families and other violence-affected people obtained mental-health and psychosocial assistance from health workers and others trained or supported by the ICRC.
- The ICRC continued to advocate the implementation of IHL and IHL-related treaties among the authorities. After years of advocacy by the ICRC, Nigeria ratified the Convention on Cluster Munitions.
- The ICRC gave detaining authorities and prison staff material and technical support for improving detainees' treatment and living conditions. ICRC infrastructural projects improved the water supply and other prison facilities.
- The authorities, members of the military and other weapon bearers were reminded by the ICRC to respect IHL provisions and humanitarian principles, such as those pertinent to the protection of health services.

EXPENDITURE IN KCHF

Protection	10,335
Assistance	44,755
Prevention	7,884
Cooperation with National Societies	3,941
General	113
Total	67,028
<i>Of which: Overheads</i>	<i>4,091</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	110
Resident staff (daily workers not included)	479



ICRC delegation ICRC sub-delegation ICRC office/presence

PROTECTION

CIVILIANS	Total
Protection of family links	
RCMs collected	546
RCMs distributed	687
Phone calls facilitated between family members	200
Tracing cases closed positively (subject located or fate established)	1,462
People reunited with their families	15
<i>of whom unaccompanied minors/separated children</i>	<i>13</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	15
Detainees in places of detention visited	10,844
<i>of whom visited and monitored individually</i>	<i>759</i>
Visits carried out	53
Protection of family links	
RCMs collected	733
RCMs distributed	638
Phone calls made to families to inform them of the whereabouts of a detained relative	17

ASSISTANCE

Economic security			
Food consumption	People	90,118	143,580
Food production	People	560,620	581,694
Income support	People	135,348	173,850
Living conditions	People	36,000	71,118
Capacity-building	People		60

Water and habitat			
Water and habitat activities	People	540.000	436.216

Health			
Health centres supported	Structures	14	13

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security			
Food consumption	People	2,250	2,588
Living conditions	People	12,800	11,633

Water and habitat			
Water and habitat activities	People	11,500	9,313

WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	12	9

Physical rehabilitation			
Projects supported	Projects	2	2

Water and habitat			
Water and habitat activities	Structures	2	4

CONTEXT

In north-eastern Nigeria, the protracted armed conflicts between government forces – including members of the Multinational Joint Task Force – and armed groups persisted, as did the fighting between the groups themselves. Armed conflicts also continued in the wider Lake Chad region (see *Chad, Niger and Yaoundé*).

In the North Central and North Western regions of Nigeria, communal violence – mainly over resources that have become scarcer because of climate change – spiked. Elsewhere, violence related to crime, secessionist movements or clashes between armed groups and security forces continued.

The fighting caused large numbers of civilians to be displaced, wounded or killed. Sexual violence and attacks on health facilities were reported. People continued to be detained in connection with armed conflict or other situations of violence.

Resources were dwindling in places that received IDPs. Returnees went home to destroyed property and the absence of essential services. Food insecurity and high rates of malnutrition were widespread. Harvests were damaged by the fighting and low rainfall. Prices of essential goods rose by some 20% in early 2023.

Many people were separated from their families. These included IDPs and refugees from Cameroon who lost contact with their families while fleeing their homes. Tens of thousands of people also remained missing, particularly in connection with the conflict in the north-east.

Presidential elections took place in February.

ICRC ACTION AND RESULTS

The ICRC mounted a multidisciplinary response to the needs of violence-affected people in north-eastern and north-western Nigeria, including people in hard-to-reach areas. It worked with the Nigerian Red Cross Society, whenever possible, and provided it with training and material, technical, financial and/or other support for developing its ability to respond to humanitarian needs in the country and incorporating the Safer Access Framework more fully in its activities. Owing to financial constraints, it accelerated the planned reduction of its activities in North Central and southern Nigeria, where other humanitarian actors are present and where local service providers have developed their capacities through support provided by the ICRC in previous years, and prioritized responding to the humanitarian needs of people affected by conflict in the north-east. The ICRC sought to maximize its impact by prioritizing areas where the ICRC's response could be multidisciplinary while remaining focused on the protection of civilians and areas where its activities were distinct from other humanitarian actors present or where no or few other humanitarian organizations work. In line with this, it closed its sub-delegation in Port Harcourt.

The authorities, members of the military and other weapon bearers were reminded by the ICRC to respect IHL provisions and humanitarian principles, such as those pertinent to prevention of sexual violence and protection of health

services and the rights of minors, including those previously associated with armed groups. The ICRC met with IDPs, victims/survivors of sexual violence, families of missing people and other violence-affected people, and documented their protection-related concerns, with a view to helping them cope with their situation. It gave some of them financial, medical or other assistance, or referred them to pertinent service providers. Community members continued to convey to the ICRC their needs and their views on its activities through group discussions, surveys and the ICRC's community contact centre. The centre enabled community members to contact the ICRC, make enquiries about ICRC services and/or share their views and suggestions.

The ICRC helped IDPs, members of host communities, returnees and residents to meet their basic needs and bolster their resilience to the effects of violence, climate change and economic shocks. Violence-affected households received food rations and/or benefited from training to detect, prevent and treat malnutrition provided to caregivers attending to their households. Essential household items were also distributed among those in need. More people than planned were provided with support for improving their food consumption and living conditions because the ICRC was able to purchase more goods for conflict-affected people than planned. Farmers planted crops and protected their livestock against disease with supplies or other assistance from the ICRC or ICRC-supported service providers. Households, including IDPs, victims/survivors of sexual violence and people with disabilities, were given cash to meet their daily needs or supplement their income. Hundreds of thousands of IDPs and other violence-affected people had broader access to water, shelter and sanitation, and were able to maintain good hygiene, as a result of the ICRC's water-and-habitat activities.

Wounded and sick people, malnourished children and others obtained the necessary care at primary-health-care centres and hospitals supported by the ICRC. The ICRC continued to involve victims/survivors of sexual violence in developing a holistic response to their needs. Besides bringing their concerns to the attention of pertinent parties, it also helped them to obtain mental-health and psychosocial support and meet their other needs through referral mechanisms it had set up. People also continued to receive treatment at the State Specialist Hospital in Maiduguri (SSH-M), where an ICRC surgical team was in attendance; the ICRC trained SSH-M staff and gave the hospital other support as well. In the fourth quarter of 2023, the ICRC scaled down the support provided by the ICRC surgical team, and focused on helping the SSH-M to become more self-sufficient and ensure the sustainability of its services. People with physical disabilities received rehabilitative care at the National Orthopaedic Hospital in Kano and at the physical rehabilitation centre at the University of Maiduguri Teaching Hospital (UMTH). ICRC support for the centres included the provision of supplies, equipment and on-the-job mentoring.

The ICRC visited detainees in accordance with its standard procedures. It gave the authorities material, technical and infrastructural support for ensuring that detainees' treatment and living conditions met internationally recognized standards.

Members of families separated by the prevailing violence or other circumstances reconnected with the help of the National Society and the ICRC. The ICRC continued to urge the authorities and relevant stakeholders to prevent people from going missing and clarify the fate of missing people. It engaged officials within the health ministry and other pertinent stakeholders in dialogue on the adoption of laws and mechanisms to ensure that human remains were handled properly, and not only during emergencies.

CIVILIANS

The ICRC mounted a multidisciplinary response to the needs of violence-affected people in north-eastern and north-western Nigeria, including people in hard-to-reach areas. It worked with the Nigerian Red Cross Society, whenever possible, and provided it with training, on-the-job mentoring, and other support for restoring family links, in line with the Movement's data-protection standards, and implementing economic-security, water, shelter and sanitation projects. Owing to financial constraints, it scaled back or cancelled activities with longer-term objectives, such as the construction of permanent shelters and provision of forensic expertise. It also accelerated the planned reduction of its activities in North Central and southern Nigeria, where other humanitarian actors were present and where local service providers have developed their capacities through support provided by the ICRC in previous years, and prioritized responding to the humanitarian needs of people affected by conflict in the north-east. The ICRC sought to maximize its impact by focusing on areas where the ICRC's response could be multidisciplinary while remaining focused on the protection of civilians and areas where its activities were distinct from other humanitarian actors present or where no or few other humanitarian organizations work.

The authorities, members of the military and other weapon bearers were reminded by the ICRC to respect IHL provisions and humanitarian principles, such as those pertinent to prevention of sexual violence and protection of health services and the rights of minors, including those previously associated with armed groups. It reminded weapon bearers of their obligations under IHL and other applicable law, particularly in connection with the conduct of hostilities and the use of force in law enforcement operations. It met with IDPs, victims/survivors of sexual violence and other violence-affected people, and documented their protection-related concerns, with a view to helping them cope with their situation. It provided some of them with financial, medical or other assistance, helped them implement community-based projects or referred them to the pertinent service providers. It did all this to help them meet their distinct needs, mitigate risks to their safety and/or reduce their dependence on harmful coping mechanisms. The ICRC continued to involve victims/survivors of sexual violence in developing a holistic response to their needs. Besides bringing their concerns to the attention of pertinent parties, it also helped them to obtain mental-health and psychosocial support (see below) and meet their other needs through referral mechanisms it had set up.

Community members continued to convey to the ICRC their needs and their views on its activities through group discussions, surveys and the ICRC's community contact centre. The

centre enabled community members to contact the ICRC, make enquiries about its services or share their suggestions. People also learnt about the ICRC's services – and about measures against cholera, safe practices around mines and explosive remnants of war, preventing loss of family contact and addressing sexual violence – from leaflets, at briefing sessions and/or from radio broadcasts to people in remote areas.

Violence-affected people meet their urgent needs

The ICRC continued to help IDPs, members of host communities, returnees and residents to meet their basic needs and build their resilience to the effects of violence, climate change and economic shocks. More people than planned were provided with support for improving their food consumption and living conditions because the ICRC was able to purchase more goods for conflict-affected people than planned. Around 23,930 households (143,580 people) benefited from food rations and/or training to detect, prevent and treat malnutrition provided to caregivers attending to their households. Essential household items were given to 11,851 households (71,118 people).

Around 96,940 households (581,694 people) produced food with the ICRC's support. Of these, around 41,880 households (251,334 people) planted crops with seed and/or other supplies and tools from the ICRC and 55,060 households (330,360 people) had their livestock vaccinated through vaccination campaigns carried out by the local authorities and the ICRC. Some 28,950 households (173,724 people, including households with IDPs, victims/survivors of sexual violence, people with disabilities, and former detainees) were able to meet their daily needs, or supplement their income, with cash from the ICRC. Under a programme run jointly by the ICRC and a Lagos-based non-profit organization, 21 entrepreneurs (supporting 126 people) were given seed money to set up small businesses that could also benefit their communities. More people were provided with income support than planned because economic conditions enabled the ICRC to provide additional cash grants. The ICRC helped train 60 farmers and workers under local institutions in the use of drip and solar-powered irrigation systems, and/or gave them material support (for instance, seed for seed-multiplication programmes) to provide livelihood assistance to communities.

Some 436,200 IDPs and other violence-affected people had better access to water, shelter and sanitation and/or maintained good hygiene through the ICRC's water-and-habitat activities. Tens of thousands of them benefited from more than one such activity. These projects included the repair or renovation of irrigation systems by the ICRC, which enabled 6,288 people to have access to water. Temporary shelters for IDPs, and houses for returnees or residents, were repaired or built by the ICRC or by community members themselves, with materials donated by the ICRC; 15,930 people benefited. Boreholes, water tanks, and latrines and other sanitation facilities were repaired or built. These and other activities carried out by the ICRC enabled 302,376 people to obtain clean water and maintain good hygiene. The ICRC, together with National Society and community volunteers, distributed hygiene items, water-treatment tablets and other supplies, and conducted hygiene-promotion sessions. This helped 199,465 people

affected by large-scale displacement or other emergencies to protect themselves against disease. The ICRC provided the Yola Water Treatment Plant with hydraulic material and equipment, and constructed water points in Mubi; this benefited 50,018 people. It also trained personnel from the water board in Mubi to operate and maintain water-supply systems.

People obtain good-quality primary health care

Violence-affected people – including victims/survivors of sexual violence – obtained reproductive care, treatment for malnutrition, vaccinations against childhood illnesses and/or other services at 13 ICRC-supported health facilities in the north-east. These facilities received ICRC support, such as: supplies; training, on-the-job mentoring and incentives for staff; guidance, including in managing pharmacies or preventing infections; and infrastructural improvements. Some of these facilities received ready-to-use therapeutic food or other assistance for treating malnutrition. Women attending these health centres participated in ICRC-organized information sessions on reproductive-health care. Men also learnt about sexual and reproductive health issues and the role they could play in supporting women's needs in relation to these issues at training held by the ICRC. Patients needing advanced care were transferred or referred to an ICRC surgical team in Maiduguri or to secondary-care facilities (see *Wounded and sick*). Several nursing students registered for a midwifery course or completed one, with sponsorship from the ICRC. Health staff at the facilities mentioned above, National Society volunteers and other community members familiarized themselves with the basic principles of the Health Care in Danger Initiative, such as those pertinent to defusing violent incidents, during ICRC information sessions. The ICRC constructed a health centre in Monguno, with a view to making health services more accessible to the surrounding community.

Together with a Swiss institute, the ICRC gave health authorities in Adamawa support for ensuring continued use of the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses), an application for improving preventive and curative care for children. The ICRC helped train health staff in five states in the use of the ALMANACH, and gave the authorities tablet computers and financial support for maintaining the application. By the end of the year, the ICRC had handed over management of the ALMANACH project to the Adamawa health authorities.

Around 3,080 IDPs, victims/survivors of sexual violence, missing peoples' families and other violence-affected people, and patients at the SSH-M and UMTH, obtained mental-health and psychosocial assistance from health workers, 'accompaniers' and other community members trained or supported by the ICRC. National Society volunteers, health staff and others who provide psychosocial support also benefited from such assistance. The ICRC conducted information sessions in communities on the mental-health needs of violence-affected people, and on the availability of services in this regard.

Together with the Norwegian Red Cross, the ICRC provided National Society staff and volunteers with training, supplies

and/or other support for their community health activities in the north-east, particularly their efforts to detect and deal with malnutrition and other health issues, respond to outbreaks of communicable diseases, promote good hygiene and mitigate the risk of sexual violence and attacks against health workers and facilities.

Missing persons-cases are resolved and members of separated families are reunited

Members of families separated by the prevailing violence or other circumstances were able to reconnect, with the help of the National Society and the ICRC. A total of 546 RCMs were collected and 687 distributed; 200 phone calls were facilitated. The fate of 1,462 missing people was ascertained – in some cases, as a result of broadcasting their names on the radio and disseminating photos of people searching for their missing relatives. A total of 15 people, including minors, were reunited with their families. People in communities in Adamawa, Borno and Yobe – including students and teachers – attended ICRC information sessions and learnt how to prevent family separation.

Under an accompaniment programme in the north-east, ICRC-trained volunteers provided missing people's families with psychosocial, administrative, legal or other support. The ICRC began extending mental-health support to minors separated from their families.

The ICRC continued to urge the authorities and relevant stakeholders to prevent people from going missing and to clarify the fate of missing people. It engaged health ministry officials and other pertinent stakeholders in dialogue on the adoption of laws and mechanisms to ensure that human remains were handled properly, and not only during emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees held by the military, the police and the Nigerian Correctional Service (NCS). It communicated its findings and recommendations confidentially to the authorities, to help them ensure that the treatment and living conditions of detainees – including those with specific vulnerabilities – met internationally recognized standards. Visits to detainees held by the NCS were suspended in the first half of 2023, as the ICRC refocused its response to places of temporary detention under the police and military.

The ICRC continued to urge detaining authorities to address various issues of concern and/or gave them advice, training or other support for doing so. These issues included: measures to prevent sexual violence; the needs of detainees with specific vulnerabilities (e.g. pregnant women, minors, foreigners); respect for judicial guarantees; prison management and maintenance and ensuring that detainees' relatives were informed of their arrest and/or transfer. The ICRC helped detainees to resume or maintain contact with their families. It also advocated for the authorities to facilitate detainees' contact with their families and offered them support in this regard. It helped foreigners notify their consular representatives of their detention.

The ICRC supports authorities' efforts to ensure detainees' well-being

A total of 11,633 detainees received hygiene items and other essentials for easing their living conditions; some detainees were given educational and other materials conducive to their mental well-being. The ICRC provided food, including for malnourished detainees: as a result, 2,588 detainees had more nutritious meals. Personnel at detention facilities learnt more about managing the food supply and monitoring and managing cases of acute malnutrition through ICRC training.

The ICRC offered detaining authorities advice and/or other support for the provision of health care. It participated in the meetings of an NCS working group concerned with the health and nutrition of detainees. They discussed the development of a health-assessment tool for detainees, among other subjects. The ICRC enabled the chairman of the working group to attend a course at the Swiss Tropical and Public Health Institute on health care in detention.

Detainees at several places of detention continued to have access to treatment for common ailments or infectious diseases such as TB, HIV/AIDS, and for malnutrition. This was provided by prison health staff who received training and/or technical and material support, including regular donations of medicines and ready-to-use therapeutic food, from the ICRC. Following outbreaks of scabies and conjunctivitis among detainees, the ICRC gave prison health staff technical support for campaigns to tackle such public-health emergencies and/or material assistance. It also conducted health-education sessions for detainees and gave health personnel technical guidance for diagnosing and managing cases of scabies and conjunctivitis.

Some 6,330 detainees were able to maintain good hygiene with soap, and disinfectants and other cleaning materials, from the ICRC. Around 2,970 detainees had access to water and benefited from improvements to kitchens and other facilities, as a result of infrastructural projects carried out by the ICRC. The ICRC enabled two representatives of the NCS to attend a regional workshop on prison infrastructure held in Uganda (see *Kampala*). NCS staff attended an ICRC workshop on operating and maintaining prison infrastructure.

WOUNDED AND SICK

Violence-affected people obtain surgical and other services at ICRC-supported hospitals

Various ICRC initiatives sought to make life-saving care more readily available to people in violence-affected areas. Severely malnourished children, and others needing advanced care, were referred from ICRC-supported primary-health-care centres to seven hospitals that received technical and material support (e.g. drugs and other medical consumables) from the ICRC; the ICRC paid for their transport and treatment, and covered other related expenses as well. One other hospital was given the supplies necessary to respond to an influx of wounded people. Wounded and sick people also continued to receive treatment at the SSH-M in Maiduguri, where an ICRC surgical team was in attendance; the ICRC trained SSH-M staff and gave the hospital other support, such as supplies and equipment (e.g. X-ray and ultrasound machines). In the fourth

quarter of 2023, the ICRC scaled down the support provided by the ICRC surgical team, and focused on helping the SSH-M to become more self-sufficient and on assisting it to ensure the sustainability of its services. The ICRC met regularly with senior members of the emergency department to discuss how to improve the quality of services. It conducted surveys among SSH-M patients to learn about their needs and gather views and suggestions from them, with a view to improving the hospital's services.

Weapon bearers, journalists and others learnt first aid at ICRC training sessions; at a number of these sessions, the ICRC also made presentations on preventing sexual violence and, in line with the Health Care in Danger Initiative, on ensuring respect for those seeking or providing health services. Health workers developed their capacities in basic emergency care through nine courses and three train-the-trainer programmes supported by the ICRC. The ICRC gave health authorities technical guidance and/or other support to expand the provision of courses in basic emergency care in the north-east. Personnel from tertiary hospitals across Nigeria learnt more about emergency-room trauma care at a course organized by the ICRC. At an ICRC seminar in Kano, 22 surgeons enriched their skills in wound management and amputations.

People with physical disabilities receive comprehensive care

Around 300 people¹ with physical disabilities received rehabilitative care at the National Orthopaedic Hospital in Kano and the physical rehabilitation centre at the UMTH. ICRC support for the centres included the provision of supplies, equipment and on-the-job mentoring. The ICRC covered transport, food, accommodation and treatment costs for patients most in need of financial assistance. Fewer people than planned benefited from rehabilitation services owing to financial and other constraints.

Some staff at the ICRC-supported centres were trained in prosthetics and orthotics by the ICRC, or sponsored to study the subject in other countries. The aim was to help ensure that the centres could continue providing services of good quality in the long run.

People with physical disabilities obtained mental-health and psychosocial assistance from health workers and other community members trained or supported by the ICRC (see *Civilians*).

The ICRC pursued efforts to advance the social inclusion of people with physical disabilities. A total of 35 people with physical disabilities were given financial or other assistance for pursuing livelihoods (see *Civilians*).

Infrastructural improvements or maintenance work carried out by the ICRC helped ensure that three hospitals, including the SSH-M, and one physical rehabilitation centre, had electricity and water, and other services critical to their functioning.

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

ACTORS OF INFLUENCE

The ICRC pursued various forms of engagement with weapon bearers, authorities and communities to clarify its humanitarian aims and neutral, impartial and independent approach. Its aim was to increase acceptance for its work and gain safe access to communities in need. However, some planned activities to engage influential actors could not be fully implemented owing to the presidential elections and internal constraints. Military and police officers, government officials, religious and community leaders and other key stakeholders learnt more about the ICRC's work through more than 100 information sessions conducted by the ICRC. In September, the ICRC's director of operations discussed the ICRC's activities, and a broad range of humanitarian issues, with senior officials and other influential actors in Nigeria.

The ICRC's public communication – through both traditional and social media – broadened awareness of humanitarian issues in Nigeria, particularly in connection with missing people, food insecurity and the ICRC's physical rehabilitation programme. Local, national and international media reported on the ICRC's work and other related matters, using information from news releases and briefings by the ICRC. The ICRC often coordinated its public communication with the Nigerian Red Cross Society. The ICRC gave the National Society expert advice, training and/or other support for reinforcing its public communication, promoting respect for the emblems protected under IHL, raising awareness of the threat of mines and improvised explosive devices in communities at risk, and improving data collection and management with regard to weapon contamination. National Society volunteers attended safety training organized by the ICRC in weapon-contaminated areas. Around 40,000 people learnt more about safer behaviour around mines during risk-education sessions conducted by the National Society with ICRC support.

The Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development and the National Human Rights Commission organized a meeting for representatives of government ministries and agencies and other key stakeholders involved in addressing the issue of missing people. The ICRC provided technical support for the event. The meeting resulted in a consensus about the steps necessary to create a national mechanism with a mandate to work on the issue of missing people and the provision of support for missing people's families.

Nigeria ratifies the Convention on Cluster Munitions

Promoting IHL among various stakeholders continued to be a priority for the ICRC. It engaged with authorities from Nigeria and the Economic Community of West African States (ECOWAS) on the ratification and/or implementation of IHL and IHL-related treaties. The ICRC and ECOWAS officials held a meeting on IHL implementation in Abuja. During the meeting, ECOWAS member states reported on progress achieved with regard to IHL implementation and participation in related treaties, and identified priorities for 2024. The ICRC also met

with officials from the justice, defence and humanitarian affairs ministries, and other authorities, to follow up efforts to implement the 1949 Geneva Conventions and their 1977 Additional Protocols, the African Union Convention on IDPs and the Anti-Personnel Mine Ban Convention. Following years of advocacy by the ICRC, Nigeria ratified the Convention on Cluster Munitions. After over three years without any formal meetings, the national IHL committee organized two, with the ICRC's help.

Events organized by the ICRC helped stimulate interest in IHL and/or develop local expertise in it. These included meetings and discussions with Islamic leaders on the points of correspondence between Islamic law and IHL, an IHL moot court competition for students, and a workshop on IHL for academics.

ICRC training sessions or workshops – in the field or at training institutions – enabled troops from the Nigerian army to advance their understanding of IHL and police forces to learn more about international human rights law and/or international standards governing the use of force and firearms. The ICRC conducted a three-day training session for squadron commanders in the police. It covered such topics as the use of force and firearms (with specific reference to the police's standard operating procedures, which had been reviewed by the ICRC) and protection of health services.

The ICRC continued to engage with weapon bearers, medical professionals, local and national authorities, and the National Society to devise and implement means to monitor, respond to and prevent violence against health services. Activities included conducting research on violence against health services, organizing information sessions on the Health Care in Danger initiative and helping finalize standard operating procedures for the safe and timely delivery of health care when there are restrictions on movement.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided the Nigerian Red Cross Society with training and material, technical, financial and/or other support for developing its ability to respond to humanitarian needs in the country and incorporating the Safer Access Framework more fully in its activities. The National Society and the ICRC strove to strengthen their operational partnership and work more closely together in restoring family links, supporting livelihoods and raising awareness of the consequences of weapon contamination (see *Civilians* and *Actors of influence*). The National Society also received technical and other support for strengthening its capacities in emergency response – for instance, by drafting contingency plans for responding to potential violence during elections – and for managing its volunteers and financial resources more efficiently.

The ICRC coordinated its activities with those of other Movement components, in order to mount a coherent and effective humanitarian response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		546	4	
RCMs distributed		687	1	
Phone calls facilitated between family members		200		
Names published in the media		140		
Reunifications, transfers and repatriations				
People reunited with their families		15		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		715	118	152
<i>including people for whom tracing requests were registered by another delegation</i>		50		
Tracing cases closed positively (subject located or fate established)		1,462		
<i>including people for whom tracing requests were registered by another delegation</i>		70		
Tracing cases still being handled at the end of the reporting period (people)		24,075	3,371	6,231
<i>including people for whom tracing requests were registered by another delegation</i>		704		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		47	20	8
UAMs/SC reunited with their families by the ICRC/National Society		13	4	4
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		521	233	14
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		15		
Detainees in places of detention visited		10,844	204	123
Visits carried out		53		
			Women	Girls
Detainees visited and monitored individually		759	6	16
<i>of whom newly registered</i>		216	5	13
RCMs and other means of family contact				
RCMs collected		733		
RCMs distributed		638		
Phone calls made to families to inform them of the whereabouts of a detained relative		17		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	143,580	93,957	19,934
<i>of whom IDPs</i>		53,909	35,277	7,484
Food production	People	581,694	151,601	105,270
<i>of whom IDPs</i>		140,432	36,891	25,237
Income support	People	173,850	79,877	53,086
<i>of whom IDPs</i>		46,320	21,298	14,044
Living conditions	People	71,118	33,757	16,318
<i>of whom IDPs</i>		54,118	25,688	12,417
Capacity-building	People	60	18	22
<i>of whom IDPs</i>		16	5	6
Water and habitat				
Water and habitat activities	People	436,216	164,229	131,667
<i>of whom IDPs</i>		192,591	71,890	57,409
Primary health care				
Health centres supported	Structures	13		
<i>of which health centres supported regularly</i>		13		
Average catchment population		662,871		
Services at health centres supported regularly				
Consultations		414,261		
<i>of which curative</i>		332,199	64,068	229,483
<i>of which antenatal</i>		82,062		
Vaccines provided	Doses	111,052		
<i>of which polio vaccines for children under 5 years of age</i>		46,408		
Referrals to a second level of care	Patients	1,935		
<i>of whom gynaecological/obstetric cases</i>		615		

CIVILIANS		Total	Women	Children
Mental health and psychosocial support				
People who received mental-health support		3,083		
People who attended information sessions on mental health		18,075		
People trained in mental-health care and psychosocial support		263		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	2,588	39	
Living conditions	People	11,633	144	
Water and habitat				
Water and habitat activities	People	9,313	93	
Health care in detention				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	9		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions		844		
<i>of which weapon-wound surgical admissions</i>		191	29	64
<i>(including those related to mines or explosive remnants of war)</i>		*	*	
<i>of which non-weapon-wound surgical admissions</i>		653	80	457
Operations performed		980	91	27
Medical (non-surgical) admissions		2,728	321	2,183
Gynaecological/obstetric admissions		6,118	5,660	450
Consultations		6,781		
Patients whose hospital treatment was paid for by the ICRC		1,712		
First aid				
First-aid training				
Sessions		54		
Participants (aggregated monthly data)		1,258		
Water and habitat				
Water and habitat activities	Structures	4		
Physical rehabilitation				
Projects supported		2		
<i>of which physical rehabilitation centres supported regularly</i>		2		
People who benefited from ICRC-supported projects	Aggregated monthly data	344		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		309	67	71
<i>of whom participants in social inclusion projects not linked to PRCs</i>		35		
<i>of whom victims of mines or explosive remnants of war</i>		*		
<i>of whom weapon-wounded</i>		66		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	219		
Orthoses delivered	Units	27		
Physiotherapy sessions		3,807		
Walking aids delivered	Units	94		
Mental health and psychosocial support				
People who received mental-health support		78		
People who attended information sessions on mental health		454		

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

PRETORIA (regional)

COVERING: Angola, Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia, Zimbabwe

The ICRC has been present in parts of the region since the Second World War, and opened a regional delegation in Pretoria in 1978. It promotes IHL and supports the incorporation of the law in military training and university curricula across the region. It helps vulnerable migrants restore contact with relatives, facilitates efforts to clarify the fate of missing migrants, and works to ensure that migrants and the families of the missing have access to appropriate assistance. It supports the region's National Societies in building their capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	480
Assistance	-
Prevention	1,295
Cooperation with National Societies	1,691
General	111
Total	3,578
<i>Of which: Overheads</i>	<i>218</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	21

PROTECTION

Total

CIVILIANS

Protection of family links

RCMs collected	296
RCMs distributed	155
Phone calls facilitated between family members	91,608
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>3</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	1
Detainees in places of detention visited	926
Visits carried out	10

Protection of family links

Phone calls made to families to inform them of the whereabouts of a detained relative	1
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CONTEXT

South Africa remained involved in major global diplomatic initiatives; notably, it endeavoured to lead a process to end the international armed conflict between the Russian Federation and Ukraine. It also played a key role in BRICS – an intergovernmental organisation originally made up of Brazil, the Russian Federation, India, China and South Africa, and expanded in 2023 to include Argentina, Egypt, Ethiopia, Iran, Saudi Arabia and the UAE – and hosted the Pan-African Parliament and other regional organizations, as well as 152 embassies and high commissions, several UN regional offices, and various humanitarian agencies, think tanks and media organizations.

States in the region contributed troops to peacekeeping missions, including in Mozambique and the Democratic Republic of the Congo. Some of them did so as members of the South African Development Community (SADC).

Communal and/or political tensions, particularly in Eswatini, South Africa and Zimbabwe, led to violence sometimes. People killed in fighting were not always identified or, therefore, accounted for.

Migrants in the region – including people displaced by natural disasters or fleeing their countries because of armed conflict or other situations of violence – were often unable to maintain contact with their relatives. Some were at risk of deportation or abuse.

The South African government was in the process of establishing a mechanism for coordinating efforts with other countries to identify the remains of dead migrants in South Africa. A number of families in Zimbabwe were still without news of relatives whom they had reported missing.

ICRC ACTION AND RESULTS

The ICRC supports authorities' efforts in implementing IHL and related treaties

The ICRC urged authorities, and the national IHL committees in their countries, to advance the ratification and/or implementation of key IHL and IHL-related treaties. It organized meetings and other events in support of their efforts. Working with academic researchers, it also continued to develop resources for the Tool on African Traditions and the Preservation of Humanity during War – a collection of educational resources, printed and digitalized, for weapon bearers and others – that highlights and reinforces the relevance of IHL on the African continent.

The ICRC sought to secure support for humanitarian principles and for its own work among authorities throughout the region, think tanks, organizations such as the SADC and others. It discussed issues of common concern with them, such as migration and the plight of missing people's families. Members of the public learnt about these issues from the ICRC's public communication, conducted through both traditional and digital media.

Academic scholars and students added to their knowledge of IHL at ICRC lectures; some students took part in a regional IHL moot court competition organized by the ICRC.

Owing to resource constraints, some workshops and information sessions discussing rights and duties of health workers under the Health Care in Danger initiative were postponed. Nevertheless, the ICRC continued to provide support for ongoing studies in South Africa regarding the distinctive use of the red cross and red crescent emblems to protect health care.

Armed forces and security forces in the region – including troops deployed to other countries – maintained their efforts to integrate IHL, international human rights law and other pertinent norms more fully into their doctrine, operations and training; the ICRC provided guidance and training support, including during pre- and post- deployment briefings for troops sent abroad for peacekeeping missions. Some senior officers, sponsored by the ICRC, took part in round tables and other forums on contemporary issues in IHL.

Migrants restore contact with their families

Members of families separated by conflict or other violence, migration, detention or natural disasters reconnected through the Movement's family-links services. Trace the Face, an online Movement tracing service, enabled people looking for their relatives to post photos of themselves on a website. The National Societies of Angola, Malawi, South Africa, Zambia and Zimbabwe – with training, and material and other support, from the ICRC – sustained their family-links services at IDP and refugee camps and other places frequented by migrants.

Migrants and their families learnt about the Movement's family-links services from printed posters, leaflets and flyers put up or distributed by National Societies and the ICRC, and from the mobile app RedSafe. They also used the app to securely store important documents and the contact details of their loved ones; a geo-mapping feature enabled people to learn about the services closest to them, including along migration routes.

People at a migrant holding facility in South Africa contacted their families through a phone-call service supported by the ICRC; the ICRC donated additional phone credit to the facility. In coordination with the pertinent authorities and National Societies involved, the ICRC helped reunite three unaccompanied minors with their families.

Medico-legal specialists add to their knowledge of forensics

The ICRC continued to work with the South African and Zimbabwean authorities – at meetings, conferences and other events – to resolve missing-persons cases linked to migration, and supported the authorities' efforts in addressing the needs of missing people's families. At ICRC-organized workshops and training sessions, the authorities drew on the ICRC's expertise to help strengthen the capacities of forensic actors in the identification and management of human remains.

The African Centre for Medicolegal Systems, a network of African policymakers and professionals that aimed to promote humanitarian forensics and medico-legal expertise throughout the region and globally, worked – with the ICRC's support – to foster closer coordination between government bodies, military professionals, and forensic specialists and institutions. Through the centre, the ICRC sponsored forensic professionals to attend local and international conferences on such subjects as the management and identification of human remains and the use of isotope analysis to identify the dead. Mortuary staff and other local forensic specialists advanced their understanding of medico-legal practices and forensic procedures at workshops and training sessions organized by the ICRC and the centre. First responders took part in an ICRC webinar on disaster management and on handling large sets of human remains in line with international standards.

The ICRC provided mortuaries in South Africa with the equipment necessary (e.g. autopsy tables) to help ensure their capacities for dealing with mass-casualty incidents.

National Societies expand their operational capacities

The National Societies in Angola, Eswatini, Malawi, South Africa, Zambia and Zimbabwe strengthened their organizational and operational capacities with support from the ICRC and other Movement components. The ICRC and the National Societies in the countries covered coordinated closely to ensure the continuity of their planned activities. They responded to people in need and broadened awareness of the Movement. The ICRC helped to enable these activities by contributing its expertise and providing supplies and equipment. National Society personnel attended ICRC training in restoring family links, public communication, contingency planning and other areas.

Whenever possible, the ICRC coordinated its response with the National Societies in the countries covered and with other Movement components in the region.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	296	2		
RCMs distributed	155			
Phone calls facilitated between family members	91,608			
Names published on the ICRC family-links website	1			
Reunifications, transfers and repatriations				
People reunited with their families	3			
<i>including people registered by another delegation</i>	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	3	1	1	1
Tracing cases still being handled at the end of the reporting period (people)	9	2		1
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	3	2		
<i>including UAMs/SC registered by another delegation</i>	3			
Documents				
People to whom travel documents were issued	109			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	1			
Detainees in places of detention visited	926	35		
Visits carried out	10			
RCMs and other means of family contact				
Phone calls made to families to inform them of the whereabouts of a detained relative	1			

SOMALIA

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It provides emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health-care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It also supports the National Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Despite security risks and access constraints, which limited its staff members' movements, the ICRC was able to assist people in certain areas accessible to only a few humanitarian organizations, and sometimes only the ICRC.
- People in conflict-affected areas were able to cope with the immediate effects of conflict and climate shocks after the ICRC facilitated access to water, and donated food and cash, through the Somali Red Crescent Society.
- Households affected by violence or natural disasters were supported by the ICRC to pursue livelihoods, by carrying out farming, fishing or beekeeping activities, or by operating small businesses.
- Malnourished people regained their health through ICRC-supported therapeutic nutrition programmes. Women obtained antenatal/postnatal care, and children were immunized, at clinics supported by the ICRC.
- Detainees' living conditions improved after the ICRC renovated prison facilities and sponsored fumigation campaigns. Malnourished detainees recovered their health through ICRC-implemented nutrition programmes.
- Authorities and weapon bearers learnt more about IHL and the Movement's work through various interactions with the ICRC. The ICRC reminded them of their duty to protect civilians and facilitate their access to humanitarian aid.

EXPENDITURE IN KCHF

Protection	7,617
Assistance	63,591
Prevention	4,421
Cooperation with National Societies	3,916
General	246
Total	79,792
<i>Of which: Overheads</i>	<i>4,867</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	59
Resident staff (daily workers not included)	282



PROTECTION

CIVILIANS

Protection of family links	Total
RCMs collected	45,547
RCMs distributed	40,124
Phone calls facilitated between family members	161,537
Tracing cases closed positively (subject located or fate established)	541

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	15
Detainees in places of detention visited	4,495
<i>of whom visited and monitored individually</i>	535
Visits carried out	31

Protection of family links

RCMs collected	8
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	40

ASSISTANCE

CIVILIANS

Economic security		2023 Targets (up to)	Achieved
Food consumption	People	255,600	326,244
Food production	People	33,160	36,345
Income support	People	18,100	12,405
Capacity-building	People	426	154

Water and habitat

Water and habitat activities	People	438,444	1,316,173
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Health

Health centres supported	Structures	26	30
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security			
Food consumption	People	5,100	5,415
Living conditions	People	4,300	900

Water and habitat

Water and habitat activities	People	4,342	4,624
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WOUNDED AND SICK

Medical care			
Hospitals supported	Structures	4	4

Physical rehabilitation

Projects supported	Projects	4	3
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Water and habitat

Water and habitat activities	Structures	4	5
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CONTEXT

Clashes between Somali forces – supported by the African Union Transition Mission in Somalia (ATMIS) and other foreign forces – and Harakat Al-Shabaab al-Mujahideen (better known as Al-Shabaab) intensified. Certain clan militias, backed by the government, also fought against Al-Shabaab. In February, violence between troops of the self-declared Republic of Somaliland and local clan militias erupted in the disputed city of Las Anod. Hundreds of civilians were reportedly wounded or killed and hundreds of thousands, displaced.

Widespread drought continued to exacerbate the effects of protracted conflict and other persistent violence for millions of people. Many people had no access to food or livelihoods owing to failed harvests and weak livestock production. The El Niño phenomenon caused torrential rains and heavy floods between October and December 2023, reportedly affecting 2.4 million people.

While the number of people facing food insecurity has decreased – from 6.7 million people at the peak of the drought in late 2023 – 4.3 million people were reported to remain acutely food insecure. In addition, floods damaged health, water and sanitation facilities in some regions, limiting the availability of health care and clean water significantly and increasing the risk of disease. All this, and the extended impact of drought on the availability of milk and other food, resulted in over 1 million children suffering acute malnutrition.

Approximately 3.8 million people were displaced within Somalia. The country also hosted people who had fled violence in Ethiopia. Somali refugees from Kenya and Yemen continued to return.

Volatile security conditions complicated the delivery of humanitarian aid, particularly in areas controlled by armed groups.

ICRC ACTION AND RESULTS

The ICRC pursued discussions with authorities and weapon bearers, with a view to helping them understand more fully, and gaining their acceptance of, its mission and activities. These discussions enabled the ICRC, together with the Somali Red Crescent Society, to assist communities accessible to only a few other organizations.

The National Society and the ICRC worked together to respond to emergencies, address health-related needs and build people's resilience to the effects of armed conflict and other situations of violence, which were compounded by climatic shocks. The ICRC distributed, mainly through the National Society, food and cash to vulnerable communities, enabling them to meet their immediate needs; recipients of this aid included people affected by violence and/or natural disasters and households of malnourished children and pregnant women. The ICRC repaired and/or constructed water systems, making clean water available to over 1 million people. It gave households in impoverished communities financial, material and other support for producing food and earning an income, and thus for working towards self-sufficiency. It helped people

to pursue fishing, beekeeping and agriculture, run small businesses and take part in cash-for-work projects. The ICRC strengthened agricultural and veterinary services by building capacities among them.

Primary-health-care clinics run by the National Society, and facilities offering specialized treatment for malnutrition, received ICRC support. At these clinics, pregnant women obtained antenatal/postnatal care, children were immunized against measles and other diseases, and victims/survivors of sexual violence received suitable care from ICRC-trained health staff. Malnourished people recovered their health through ICRC-supported therapeutic nutrition programmes. The ICRC also continued to provide four hospitals with regular support for making improvements to infrastructure, developing staff capacities and responding to emergencies. In communities served by these clinics and in areas where water-borne disease was prevalent, the National Society and the ICRC held information sessions on good hygiene and checking the spread of disease.

The ICRC gave three National Society-run physical rehabilitation centres comprehensive support. It also provided and/or sponsored training for staff, including National Society health personnel. It covered the expenses of some clubfoot patients and treatment costs for some others receiving rehabilitative care. Because of financial constraints, some activities to advance the social inclusion of people with disabilities were not carried out; instead, the ICRC referred several patients to an ICRC programme providing economic support.

The ICRC visited – in accordance with its standard procedures – detainees at several places of detention. It communicated its findings and its recommendations for improving detention conditions confidentially to the authorities. It helped check malnutrition among detainees at two prisons and implemented therapeutic nutrition programmes for malnourished detainees. To help prevent the spread of disease, the ICRC conducted information sessions and distributed hygiene items at 15 places of detention across Somalia. It sponsored fumigation campaigns at two prisons, to get rid of bedbugs and lice and prevent a scabies outbreak. It renovated the facilities in several prisons and distributed household essentials to hundreds of detainees.

Members of families separated by conflict or other violence, migration, detention or natural disasters restored or maintained contact through the Movement's family-links services. The ICRC's community contact centre informed callers about the humanitarian services available to them. The ICRC conveyed this information, and key messages on IHL and its own work, to a broader audience through dissemination sessions, briefings and communication campaigns.

The National Society received comprehensive support for developing its ability to assist vulnerable communities, provide health care, first aid and physical rehabilitation, and deliver family-links services. The ICRC continued to help coordinate Movement activities in Somalia.

CIVILIANS

The ICRC made confidential representations – based on documented allegations of IHL violations – to the authorities and weapon bearers and reminded them of their obligation to respect and protect medical facilities and people who were not or were no longer involved in the fighting, and to ensure the delivery of health care and humanitarian aid.

The ICRC and the National Society sought closer engagement with communities affected by violence and/or climate shocks – including migrants and victims/survivors of sexual violence – and documented their concerns about their safety and other matters. This included engaging with people in areas controlled by armed groups or under their influence. The ICRC continued to broaden awareness among authorities of the humanitarian needs of migrants, and worked more closely together with other key actors to respond effectively to these needs.

Authorities, weapon bearers, community leaders and members of civil society strengthened their grasp of IHL and learnt more about the ICRC's work through their interaction with the ICRC (see *Actors of influence*). At meetings and information sessions, the ICRC drew the attention of authorities, weapon bearers, health workers and the general public to the necessity of protecting the provision of health care. The subject of sexual violence, and the ways to reduce risks and/or address its consequences, was also discussed on these occasions. The ICRC referred victims/survivors of such violence to other humanitarian actors providing mental-health and psychosocial support.

People affected by violence or disasters meet their immediate needs and work towards self-sufficiency

Supplementary food or multi-purpose cash assistance – in both cases, provided by the ICRC and distributed by the National Society – was given to 383,532 people. They included people displaced or affected by violence, households affected by floods or drought, and the families of malnourished children and pregnant or lactating women who were admitted to therapeutic feeding programmes supported by the ICRC.

A total of 12,473 people in impoverished communities were better placed to recover their livelihoods and supplement their income after receiving ICRC support: fishing households were given equipment (e.g. boats and boat engines, and solar-powered freezers), fishing kits (e.g. nets and hooks) and training; beekeeping households received training and tools for producing more honey (e.g. modern beehives and protective suits) and equipment for extracting honey. Households in impoverished urban areas, including those headed by female breadwinners, were given cash grants and skills training, to enable them to start small businesses. Several of those who finished their training received starter kits for their chosen livelihood.

The ICRC gave farming and herding households (42,078 people) – who had lost their crops and their livestock to violence or disaster – support to produce food. The support took the form of cash grants or employment in cash-for-work projects to clean or restore irrigation canals and conduct road repairs. The ICRC provided sandbags – distributed by the

National Society on some occasions – to people in riverine areas, to protect their crops or herds against floods.

The ICRC helped build capacities among those providing agricultural and veterinary services (154 people), enabling them to improve their crop yields and protect their livestock against disease. Hermetic bags donated by the ICRC enabled agricultural cooperatives to store treated seed properly. Several farmers from each cooperative were trained in seed processing. Community-based animal-health workers were given training, and cash grants for procuring veterinary supplies. The livestock ministry in Garowe received tools, drugs and other supplies.

Communities have access to water and better protection against disease

Water for consumption by households or livestock, or for irrigating crops, was more readily available to people after the ICRC completed 52 water projects. For instance, some households were able to use rainwater collected and stored in *berkads* – or cement tanks – built by the ICRC. The ICRC also repaired boreholes and wells, constructed elevated water tanks, and upgraded boreholes in two locations to be able to run on solar power.

Local water authorities built their capacities with support from the ICRC. For instance, 40 borehole operators from a water agency in Puntland received training, tools and equipment for carrying out maintenance work and repairs; other personnel from the agency were also trained to operate equipment donated by the ICRC.

The ICRC distributed hygiene items and chlorine tablets to people in areas most at risk of cholera and diarrhoea, and donated fuel for boreholes in drought-stricken areas. At information sessions conducted by the National Society, people learnt about good hygiene and measures against water-borne disease. In flood-prone areas, the ICRC protected main water sources; it provided the National Society with water-treatment kits and dewatering pumps, and training in their use.

To ensure the availability of safe water for people displaced by clashes, the ICRC trucked in water to a village for six weeks, donated fuel for boreholes in two other villages, and provided operators of several other boreholes with electromechanical equipment. Together with the National Society, the ICRC distributed hygiene items in several displaced communities.

These activities benefited over 1.3 million people.

Local clinics provide life-saving care

People obtained basic curative and preventive health care at 30 National Society-run clinics that received comprehensive support – supplies, financial assistance and staff training – from the ICRC regularly. Communities served by these clinics, including IDPs and people in rural areas, learnt how to reduce their risk of diarrhoea and other diseases through information sessions led by ICRC-trained community volunteers and National Society staff.

Women obtained antenatal/postnatal care at these clinics. Many of them gave birth with the help of ICRC-trained health

staff. A number of midwives from the National Society-run clinics were trained in reproductive-health care for women; some were trained to identify cases of fistula. When necessary, they referred women to other health facilities for further care. Victims/survivors of sexual violence obtained medical services at these clinics, including post-exposure prophylaxis within 72 hours of the incident.

Health staff at National Society-run clinics continued to use the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses), an application that can be installed on smartphones or tablet computers for use in preventive and curative care for children under the age of five. Together with a Swiss institute, the ICRC gave the National Society support for ensuring the continued implementation of the ALMANACH, and trained health staff in its use.

Some 81,360 children were vaccinated against polio, and many others against measles and other diseases; 25,318 pregnant women were vaccinated against tetanus. The ICRC maintained its support for the inpatient malnutrition treatment centres in Baidoa and Kismayo, where therapeutic nutrition programmes enabled 2,924 malnourished children to recover their health.

The ICRC made improvements to health infrastructure in several areas: for instance, it renovated National Society-run clinics in Berdale, Belet Xaawo and Ragacelle.

People learn the fate and whereabouts of missing relatives

Members of families separated by conflict or other violence, migration, detention or natural disasters reconnected with relatives in Somalia and elsewhere through the Movement's family-links services. They also used digital tools such as Trace the Face, an ICRC-managed website (tracetheface.org) that features a photo gallery of people looking for lost relatives. Those who benefited from family-links services included IDPs in settlements; IDPs seeking treatment at four hospitals in Garowe and another in Las Anod; migrants; and detainees (see *People deprived of their freedom*). The ICRC facilitated 161,535 phone calls between family members, and nine video calls between detainees in the US detention facility at the Guantanamo Bay Naval Station in Cuba and their families in Somalia. Hundreds of migrants who used the Movement's family-links services were also given supplementary food and water by the ICRC. Families had the names of their missing relatives (548 names) broadcast by an ICRC-sponsored radio programme on the BBC's Somali service, until the termination of the programme in March. The ICRC ascertained the whereabouts of 541 people and informed their families. It gave the National Society training and technical support to expand its family-links capacities. It continued to look for ways to enable the Movement to do more to trace missing people and provide answers to the families concerned.

Doctors, weapon bearers and first responders – including staff and volunteers at the National Society – learnt how to manage and identify human remains properly through training conducted by the ICRC. The ICRC gave the National Society technical support (e.g. guidelines for handling dead bodies were translated into Somali and given to the National Society) to develop its ability to manage human remains during emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and contact their families

The ICRC visited detainees at 15 places of detention, in accordance with its standard procedures. Findings from these visits, and recommendations, were communicated confidentially to the authorities, to help them bring detainees' treatment and living conditions up to internationally recognized standards. The ICRC explained its activities and basic provisions of IHL to prison staff and people involved in making arrests; it also raised concerns about various aspects of detention conditions.

Detainees contacted their families through RCMs and brief oral messages relayed by ICRC delegates. With the ICRC's help, 35 foreign detainees notified their embassies of their detention.

Detainees benefit from therapeutic nutrition programmes and improved living conditions

Detainees at six places of detention had access to health care at prison clinics that received medical supplies from the ICRC; those who required further treatment were transferred to facilities that could provide it. The ICRC distributed hygiene items, and discussed measures against communicable diseases, at 15 prisons collectively holding 4,624 detainees. It notified the authorities of several preventable deaths at one prison, and recommended preventive measures.

At the Garowe and Mandera prisons, the ICRC helped screen detainees – including new arrivals – for malnutrition, and implemented therapeutic nutrition regimens for those who needed them; therapeutic nutrition enabled 5,415 detainees to recover their health. The ICRC supplied multivitamin tablets to prison health staff at another prison: they were distributed to detainees diagnosed with dry beriberi.

Clothes, bedding and cooking utensils were given to 900 detainees at the prisons in Baidoa, Las Anod and Mogadishu to help improve their living conditions.

The ICRC sponsored fumigation campaigns at two prisons, to eliminate bedbugs and lice and reduce the likelihood of a scabies outbreak. It carried out infrastructural work at several prisons: for instance, it constructed a storage room at the Garowe prison, made repairs to wastewater-treatment facilities at the Hargeisa and Kismayo prisons, and renovated the kitchen, latrines and sewage facility at the Baidoa prison.

WOUNDED AND SICK

Hospitals and emergency responders develop their capacities and receive comprehensive support

Thousands of people obtained surgical or other medical treatment at four hospitals supported and monitored regularly by the ICRC – two in Baidoa and Kismayo, and two in Mogadishu (Keysaney and Medina). The ICRC covered running costs and provided medical supplies and equipment, and training for staff, at the four hospitals; it also helped to recruit new hospital personnel. It provided technical support and monitoring for a fistula treatment-programme at the Keysaney hospital. At all four hospitals, teaching nurses trained other nurses and health personnel in a number of different areas, such as treating patients with malaria and tetanus, responding to cholera outbreaks, caring for unconscious or comatose patients, and

preoperative and post-operative care. Several staff members at the Medina hospital learnt about weapon contamination at ICRC training sessions.

The ICRC completed renovations to the surgical ward at the Kismayo hospital (250 beds), the latrines at the Baidoa hospital (100 beds), the laundry and mortuary rooms at the Keysaney hospital (90 beds), and the perimeter wall at the Medina hospital (250 beds). It also helped improve the water-supply system at a stabilization centre in Oog (12 beds) to boost its capacity to accommodate patients, especially people wounded by clashes.

Wounded patients and others were treated by ICRC-trained first-aiders before being transferred to hospitals. The ICRC gave the National Society technical support for developing its capacities in first aid and for training its personnel to deal with mass-casualty and other emergencies. Community-based volunteers and emergency responders, including weapon bearers, were trained in first aid.

People with disabilities obtain physical rehabilitation

A total of 7,934 people¹ with physical disabilities obtained physiotherapy or assistive devices at three physical rehabilitation centres in Galkayo, Hargeisa and Mogadishu. The National Society operated these centres with technical and material support, and staff training, from the ICRC; the Norwegian Red Cross funded the centres' running costs. The ICRC covered the expenses for food, lodging and transport of some clubfoot patients and their carers, under a programme for treating clubfoot at the centres; 258 children with clubfoot were able to walk again after undergoing treatment. An ICRC-supported programme provided rehabilitative services for 121 patients with multiple pathologies. The ICRC referred hundreds of mobility-impaired people to facilities providing secondary care.

Staff members at the physical rehabilitation centres – physiotherapists, prosthetists/orthotists and others – were sponsored by the ICRC to attend advanced training or undertake further studies. Some of them attended courses in the rehabilitation of amputees and treatment of diabetic foot and clubfoot.

Several activities to advance the social inclusion of people with disabilities – such as renovation of basketball courts for wheelchair sports – were not carried out because of financial constraints. However, eight people were referred to an ICRC pilot programme for economic support.

ACTORS OF INFLUENCE

Various groups familiarize themselves with IHL and the Movement's work

The ICRC sought dialogue with authorities, weapon bearers, community leaders, and members of civil society, with a view to strengthening their knowledge of IHL and the ICRC's mandate. Briefings, meetings, workshops and dissemination sessions enabled 605 weapon bearers to learn more about

IHL, the National Society and the ICRC; these weapon bearers included members of the Somali national army, the Jubaland security forces personnel, Somaliland authorities, ATMIS officers, and other parties to conflict. Whenever possible, the ICRC drew their attention to these matters: the importance of integrating IHL into their standard operating procedures and operational planning; the lawful conduct of hostilities; international standards for law enforcement; and internationally recognized standards for detention. When authorities in Puntland reviewed their law on counter-terrorism, the ICRC gave them its recommendations and emphasized the necessity of including a humanitarian-exemption clause in the law.

The ICRC and the National Society communicated humanitarian messages to the general public, with a view to advancing their understanding of the Movement's work in Somalia. A broad range of people, including weapon bearers and Somalis living abroad, had access to informational materials produced by the ICRC – on IHL, the humanitarian situation in Somalia, and the National Society and ICRC's activities – via traditional or web-based channels (news articles, interviews, social-media posts and blog updates). University students, professors, and religious scholars added to their knowledge of these matters at information sessions or workshops conducted by the ICRC.

The ICRC used its community contact centre in Mogadishu to assess needs and tell people who called its toll-free hotline about the humanitarian services available to them; callers also used the line to give their views on the assistance they had received and suggest changes or improvements.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society remained the ICRC's main partner in addressing the immediate and long-term needs of vulnerable people in Somalia. The ICRC provided it with support to help enable it to deliver emergency assistance, provide health care and restore family links – in line with the Safer Access Framework – and promote the Movement's work.

The ICRC helped strengthen the operational capacities of the National Society by covering running costs, staff salaries and benefits, and by providing staff and volunteers with training, technical guidance and material and logistical support. To help the National Society become more capable of responding effectively to natural disasters, the ICRC provided stocks of essential household items and hygiene kits to National Society branches in disaster-prone areas. It also donated three ambulances to the National Society branches in Galkayo and Mogadishu.

The National Society and ICRC signed operational agreements in the areas of physical rehabilitation and economic security and concerning support for the Keysaney hospital. The ICRC contributed funds for the second phase of construction of the National Society's office in Mogadishu.

The National Society and the ICRC coordinated their activities with those of other Movement components, to ensure a coherent response to emergencies, develop operational partnerships and make the most effective use of their resources.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	45,547			
RCMs distributed	40,124			
Phone calls facilitated between family members	161,537			
Names published in the media	548			
Names published on the ICRC family-links website	14			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	547	106	127	78
<i>including people for whom tracing requests were registered by another delegation</i>	74			
Tracing cases closed positively (subject located or fate established)	541			
<i>including people for whom tracing requests were registered by another delegation</i>	20			
Tracing cases still being handled at the end of the reporting period (people)	9,543	2,011	2,440	285
<i>including people for whom tracing requests were registered by another delegation</i>	526			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered 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	4	3		
Forensics				
Training sessions on the recovery, identification and protection of human remains	7			
<i>People trained</i>	133			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	15			
Detainees in places of detention visited	4,495	56	228	
Visits carried out	31			
		Women	Girls	Boys
Detainees visited and monitored individually	535	10	3	22
<i>of whom newly registered</i>	466	9	3	16
RCMs and other means of family contact				
RCMs collected	8			
RCMs distributed	5			
Phone calls made to families to inform them of the whereabouts of a detained relative	40			
Detainees released and transferred/repatriated by/via the ICRC	4			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		326,244	89,492	167,552
	<i>of whom IDPs</i>		236,320	64,825	121,369
Food production	People		36,345	6,763	21,734
	<i>of whom IDPs</i>		899	167	538
Income support	People		12,405	3,815	5,888
	<i>of whom IDPs</i>		857	264	407
Capacity-building	People		154	12	
	<i>of whom IDPs</i>		1		
Water and habitat					
Water and habitat activities	People		1,316,173	282,666	765,862
	<i>of whom IDPs</i>		268,842	57,738	156,434
Primary health care					
Health centres supported	Structures		30		
	<i>of which health centres supported regularly</i>		30		
Average catchment population			494,795		
Services at health centres supported regularly					
Consultations			495,789		
	<i>of which curative</i>		402,078		
	<i>of which antenatal</i>		93,711		
Vaccines provided	Doses		298,203		
	<i>of which polio vaccines for children under 5 years of age</i>		81,364		
Referrals to a second level of care	Patients		3,334		
	<i>of whom gynaecological/obstetric cases</i>		896		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Food consumption	People		5,415	94	54
Living conditions	People		900	19	
Water and habitat					
Water and habitat activities	People		4,624	159	116
Health care in detention					
Places of detention visited by health staff	Structures		6		
Health facilities supported in places of detention visited by health staff	Structures		5		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		4		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		4		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions			4,284		
	<i>of which weapon-wound surgical admissions</i>		1,691	210	175
	<i>(including those related to mines or explosive remnants of war)</i>		59	*	*
	<i>of which non-weapon-wound surgical admissions</i>		2,593	297	334
	Operations performed		8,507	575	31
Consultations			27,668		
First aid					
First-aid training					
	Sessions		200		
	Participants (aggregated monthly data)		6,905		
Water and habitat					
Water and habitat activities	Structures		5		
Physical rehabilitation					
Projects supported			3		
	<i>of which physical rehabilitation centres supported regularly</i>		3		
People who benefited from ICRC-supported projects	Aggregated monthly data		7,934		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>		7,916	1,860	3,175
	<i>of whom participants in social inclusion projects not linked to PRCs</i>		*		
	<i>of whom victims of mines or explosive remnants of war</i>		152		
	<i>of whom weapon-wounded</i>		235		
Services at physical rehabilitation centres supported regularly					
Prostheses delivered	Units		650		
Orthoses delivered	Units		2,028		
Physiotherapy sessions			38,540		
Walking aids delivered	Units		1,878		
Wheelchairs or postural support devices delivered	Units		369		

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

SOUTH SUDAN

Present in Juba since 1980, the ICRC opened a delegation in South Sudan in 2011. It works to ensure that people affected by armed conflicts and other situations of violence are protected in accordance with IHL and other applicable norms, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities and weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Aided by the ICRC, violence-affected households produced food and protected their livelihoods. Displaced and other vulnerable people met their basic needs with emergency assistance from the ICRC and the South Sudan Red Cross.
- Violence-affected and underserved communities had clean water and better sanitation after the ICRC and the National Society repaired or constructed water-supply infrastructure.
- ICRC-supported health-care centres provided vaccinations and other basic health services for children, pregnant women and others. Wounded and sick people were treated by ICRC surgical teams or by ICRC-trained hospital staff.
- People with physical disabilities received rehabilitative care at ICRC-supported centres. To advance their social inclusion, the ICRC helped some of them take part in sports, start small businesses or get an education.
- Malnourished and sick detainees received treatment at ICRC-supported prison clinics. Some detainees had better living conditions as a result of the ICRC's assistance.
- The ICRC reminded authorities of their obligations under IHL, international human rights law and other applicable norms. Weapon bearers learnt more about these norms and were urged to integrate them into their operations.

EXPENDITURE IN KCHF

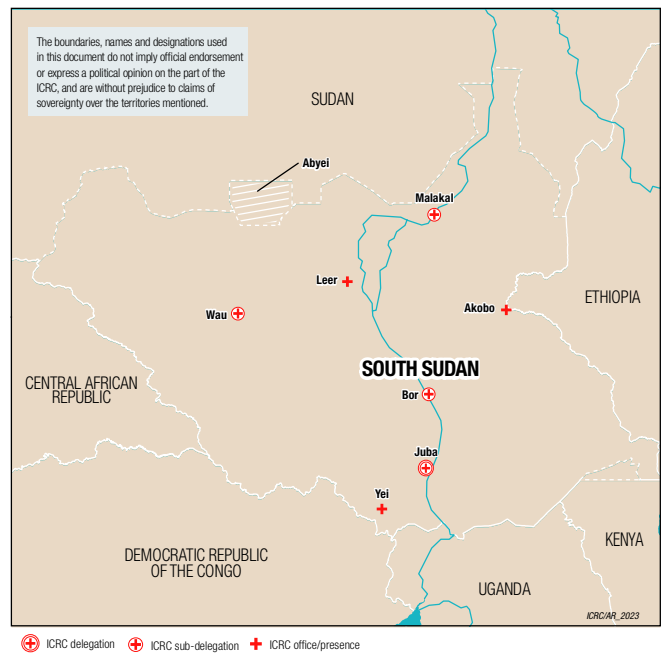
Protection	14,373
Assistance	66,015
Prevention	6,438
Cooperation with National Societies	3,490
General	295
Total	90,611
<i>Of which: Overheads</i>	<i>5,525</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	112
Resident staff (daily workers not included)	505



PROTECTION

Total

CIVILIANS

Protection of family links

RCMs collected	1,284
RCMs distributed	833
Phone calls facilitated between family members	40,553
Tracing cases closed positively (subject located or fate established)	618
People reunited with their families	7
<i>of whom unaccompanied minors/separated children</i>	3

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	20
Detainees in places of detention visited	6,551
<i>of whom visited and monitored individually</i>	283
Visits carried out	80

Protection of family links

RCMs collected	100
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	11

ASSISTANCE

2023 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	People	227,718	198,066
Food production	People	382,038	353,898
Income support	People	5,130	2,076
Living conditions	People	102,000	68,640
Capacity-building	People	1,682	1,036

Water and habitat

Water and habitat activities	People	265,036	174,987
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Health

Health centres supported	Structures	13	15
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Food consumption	People	2,800	3,150
Living conditions	People	5,000	6,081

Water and habitat

Water and habitat activities	People	4,585	5,019
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	4	6
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Physical rehabilitation

Projects supported	Projects	6	5
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Water and habitat

Water and habitat activities	Structures	5	6
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CONTEXT

A transitional unity government – formed in 2020, in line with a 2018 peace agreement between the government and the opposition – remained in place.

Fighting between government forces and an armed group that did not sign the peace agreement continued sporadically in the Equatoria region. Communal violence – arising from ethnic tensions and disputes over cattle and scarce resources, and worsened by the proliferation of small arms and light weapons – persisted in many parts of the country, particularly in Abyei, Central and Eastern Equatoria, the Greater Pibor Administrative Area and Warrap.

Hostilities occurred less frequently in 2023 than in past years. However, civilians continued to suffer the consequences of the protracted conflict and other situations of violence: people were injured or killed; property was destroyed; and communities were displaced. According to OCHA, there were around 2 million IDPs in South Sudan and some 2.25 million South Sudanese refugees in neighbouring countries by the end of 2023. Some 476,000 people had reportedly crossed into South Sudan to flee armed conflict in Sudan (see *Sudan*). Many people had lost contact with their relatives. Violence-related detention continued; many detainees were malnourished.

Attacks against health-care providers, occupation of schools, sexual violence and other unlawful conduct by weapon bearers continued to take place.

The combined effects of violence and climate shocks, including years of heavy floods, compounded the difficulties of people already suffering from a chronic lack of food, clean water, and health care and other basic services.

ICRC ACTION AND RESULTS

The ICRC strove to respond to the needs of violence-affected people despite various constraints, including the uncertain security conditions and the impact of recurring floods. Because of financial constraints, it closed its offices in Bentiu, Maiwut, Pibor and Rumbek, and scaled down the scope of some of its activities or cancelled them entirely.

The ICRC interacted with affected communities and discussed their concerns with the pertinent parties. Authorities and weapon bearers on all sides were urged, through confidential dialogue, to fulfil their obligations under IHL and other applicable norms.

Farming, fishing and herding households in violence-affected areas received material, technical and other support from the ICRC for producing more food, protecting their livelihoods and earning an income. Emergency aid from the ICRC and the South Sudan Red Cross helped people displaced by conflict or other violence – including refugees and returnees from Sudan – to meet their immediate needs.

The ICRC strove to make essential services more readily available. Together with the National Society, it repaired or built water structures in rural areas, enabling people to have clean water

and more protection against disease. Construction of an urban water system in Juba progressed. To strengthen the continuum of care for sick and wounded people, the ICRC developed local capacities in first aid and gave primary-health-care facilities, hospitals and physical rehabilitation centres comprehensive support. It also renovated or constructed essential infrastructure at some of these facilities, for the benefit of both patients and staff. Wounded people, some of whom had been airlifted by the ICRC from sites of violence, were treated by ICRC surgical teams. People with disabilities had opportunities for social inclusion that the ICRC helped create. Victims of violence, including victims/survivors of sexual violence, and others in psychological distress received mental-health and psychosocial support from ICRC-trained counsellors.

The ICRC visited places of detention to which it had been granted access. It gave the detaining authorities recommendations for addressing systemic issues and for ensuring that the treatment of detainees complied with IHL and/or met internationally recognized standards. Sick and malnourished detainees were treated at ICRC-supported prison clinics. Material support from the ICRC helped to improve the diet and living conditions of some detainees. The ICRC also renovated facilities at some prisons.

Members of families dispersed by violence, detention, floods or other circumstances reconnected – and in some cases were reunited – through the Movement's family-links services. The ICRC gave the authorities technical support for ascertaining the fate of missing people and urged them to address the needs of the families concerned. It gave local forensic professionals technical and other support for managing human remains properly.

The ICRC helped authorities, weapon bearers and other influential actors to advance their understanding of its work and of IHL and other norms. Through ICRC training and other means, the military and the police learnt more about integrating provisions of IHL and international human rights law, respectively, into their doctrine, training and operations. The ICRC gave authorities technical support for the domestic implementation of IHL-related treaties, and worked with universities to develop academic interest in IHL.

The ICRC and the National Society used information sessions, radio programmes, social media and other means to broaden public awareness of humanitarian issues and the Movement's work. As the ICRC's main partner, the National Society received comprehensive support for strengthening its operational and organizational capacities.

CIVILIANS

The ICRC promotes protection for violence-affected people

The ICRC visited and spoke with people affected by armed conflict and/or communal violence to assess the humanitarian situation in the country. It documented the concerns of the people affected and made oral and written representations to the authorities and weapon bearers regarding these, especially in connection with allegations of unlawful conduct, with a view to securing or advancing protection for violence-affected people.

The ICRC urged authorities and weapon bearers to meet their obligations under IHL, international human rights law and other applicable norms, particularly their duty to: protect medical services and civilians, including refugees, IDPs and returnees; facilitate people's access to humanitarian aid and essential services; ascertain the fate of missing people; and prevent and address sexual violence, the recruitment of children into fighting forces, and other unlawful conduct. ICRC training helped weapon bearers learn about these issues and about IHL and other norms (see also *Actors of influence*).

The ICRC discussed the issue of sexual violence with authorities, the military and the police, and other actors. It continued to urge them to implement recommendations from its studies: one on male perceptions of sexual violence, and another about the consequences of requiring health facilities to report cases of sexual violence to the police before treating victims/survivors. Police officers, hospital staff, volunteers and staff of the South Sudan Red Cross, and community leaders attended ICRC training in tackling sexual violence. The ICRC and the National Society also discussed the issue of sexual and gender-based violence, and the necessity of seeking suitable care, with communities. Victims/survivors of sexual violence were referred to the relevant service providers.

At ICRC-organized sessions, members of violence-affected communities discussed their experiences and coping mechanisms. Missing people's families, people with disabilities and other victims of violence, including victims/survivors of sexual violence, were given support for starting small businesses or meeting their basic needs (see below), or referred to other organizations for further assistance.

In areas where violence had disrupted the functioning of schools, the ICRC helped children to stay in or go back to school. It provided training for parent-teacher associations in schools that it had constructed or renovated in the past, so that they could take greater responsibility for maintaining the facilities; at some schools, these associations organized back-to-school campaigns. The ICRC donated educational kits and hygiene supplies to children, including those in IDP camps. Some children with specific vulnerabilities were also given financial assistance to attend school. Because of financial constraints, the ICRC concluded the above-mentioned educational assistance activities in June 2023. It handed over to the community and other organizations the schools that it had helped to build or renovate.

People reconnect through the Movement's family-links services

Members of families separated by violence, detention, migration, floods or other circumstances – including refugees and returnees from Sudan – reconnected through the Movement's family-links services. The National Society and the ICRC arranged some 40,500 phone calls between family members. The ICRC gave around 2,300 people, including people in remote areas, phone credit for calling relatives. It collected some 1,300 RCMs and delivered around 800.

The ICRC spoke with communities to inform them of the Movement's family-links services, gather their views on

these services, and alert them to means of preventing family separation and disappearances. It also engaged selected community members to provide family-links services to more people; it gave them phone credit to assist them in their work.

The National Society and the ICRC helped the families of 618 people learn the fate or whereabouts of missing relatives. They also helped reunite seven people, including children, with their families. The ICRC later visited them, and other people it had helped locate, to assess their needs. It gave some of them material and financial support to cover their needs.

The ICRC maintained its dialogue with the authorities on their obligation, under international law, to establish the fate of missing people and prevent disappearances. It gave a government technical working group expert advice for creating a national mechanism to resolve missing-persons cases and assist the families concerned; a draft bill for this purpose was reviewed by key stakeholders at an ICRC workshop.

Relatives of missing people, trained by the ICRC, provided mental-health and psychosocial support to other missing people's families. This was done under an ICRC initiative to bring similarly situated families together for mutual support. The ICRC gave some of these families financial assistance to start small businesses or send their children to school. The ICRC organized round tables for the authorities to discuss the needs of missing people's families with them, and to remind them of their role in addressing these needs.

The National Society was given training and material support for providing family-links services – and for strengthening data protection while doing so – during emergencies and at other times.

Violence-affected people meet their basic needs and work towards self-sufficiency

Together with the National Society, the ICRC helped violence-affected people, including refugees and returnees from Sudan, meet their immediate needs. It gave food, or cash for buying food, to some 198,000 people, including members of farming households, so that they would not have to consume seed meant for planting. The ICRC also gave 11,440 households (68,640 people) buckets, cooking supplies, hygiene kits and other household essentials to help ease their living conditions.

Violence-affected households – some 354,000 people in all – produced more food and protected their livelihoods with the ICRC's help: of these people, roughly 43,600 households (261,800 people) received seed and farming tools, and around 8,200 households (49,200 people) received fishing kits and/or canoes. The livestock and fisheries ministry, community-based animal-health workers and the ICRC vaccinated livestock belonging to about 7,160 households (43,000 people).

The ICRC also helped people to earn an income: 346 bread-winners (supporting 2,076 people), including people with disabilities (see *Wounded and sick*) and those with protection-related concerns, started beekeeping businesses, planted vegetable gardens or pursued other livelihoods with ICRC cash grants.

At ICRC training sessions, community-based animal-health workers refreshed their skills in vaccinating and treating livestock for disease; butchers learnt more about hygienic meat handling; and other community members picked up basic business skills. These sessions reached around 1,000 people.

Fewer people than planned benefited from the ICRC's economic-security activities, partly because of financial constraints, which limited the reach of some of its activities; and partly because less emergency aid was needed amid an improvement in security conditions in many areas.

Displaced and underserved communities have clean water and better infrastructure

Clean water and functioning public facilities were made available to around 175,000 people in total through the ICRC's water-and-sanitation and community-based infrastructure projects. Water projects, often undertaken with the National Society, were also intended to help limit people's risk of contracting diseases caused by poor sanitation. Because of financial and staffing constraints, the ICRC cancelled some of its planned projects, resulting in fewer people than planned benefiting from water-and-habitat initiatives. The lingering effects of floods also delayed some of its activities.

Of the people mentioned above, around 114,000 people were from rural areas who had clean water after the ICRC and the National Society repaired or installed hand pumps and water yards. Some water-supply structures were placed closer to communities to make it safer for women and children to fetch water. The ICRC strove to ensure that its water projects were climate-adaptive: for example, it renovated a *haffir*, an earthen water reservoir, to help a community collect and store rainwater.

The ICRC also provided the National Society with technical and material support so that it could carry out water projects, often together with the ICRC, such as repairing hand pumps. Some National Society staff and volunteers attended ICRC training to learn more about implementing water-and-sanitation projects.

The ICRC-funded construction of an urban water system in the Gumbo district of Juba progressed: notably, an extensive distribution pipeline was laid. The water system was not yet operational at year's end.

To make safe water available to people displaced from Sudan, the ICRC donated water-treatment chemicals to the National Society, which then distributed these to 36,000 people staying in the border town of Renk.

The ICRC constructed several classrooms and other facilities at a primary school for around 600 children. Other communal structures, including veterinary facilities for livestock, were built with ICRC support.

The ICRC made improvements to water, sanitation and waste-management systems and other facilities at six health-care centres (see below) and renovated an isolation centre for Ebola patients in Yei.

Vulnerable communities obtain primary health care

Violence-affected people obtained primary health care at ICRC-supported facilities. Working with health authorities and the National Society, the ICRC regularly provided 11 primary-health-care centres with various forms of support to help them provide vaccinations and treatment for common diseases, antenatal check-ups and other basic health services. Ad hoc material support from the ICRC helped four other health centres to deal with emergencies, such as outbreaks of cholera and measles.

Medical supplies and equipment, and financial incentives and training for staff, helped the health centres treat their patients and refer them for secondary health care whenever necessary. The ICRC supplied health centres with post-exposure prophylactics and trained staff in administering them to victims/survivors of sexual violence. Some centres also benefited from infrastructural improvements made by the ICRC (see above). At information sessions conducted by the ICRC, health workers learnt about the protection due to people seeking or providing health care.

The ICRC paid close attention to women and children: for example, it helped health centres conduct outreach to vaccinate pregnant women and young children against common diseases. Pregnant women were given hygiene items and mosquito nets; and some of them were referred to the centres or to hospitals by ICRC-trained traditional birth attendants, who were supplied with the items they needed. Children learnt about good health practices at ICRC information sessions in schools.

ICRC-trained counsellors provided mental-health and psychosocial support to some 1,500 people, including victims/survivors of sexual violence and families of missing people. Around 9,700 people attended ICRC information sessions on mental health.

As it shifted the focus of its programme for primary-health-care to community outreach, the ICRC gradually wound down its support for the health centres mentioned above. To ease this transition, it spoke with health authorities and communities and provided the centres with additional medical supplies. By year's end, it had concluded its support for the centres.

Local professionals receive help for managing human remains

The ICRC strove to impress upon authorities, weapon bearers and other actors the importance of managing dead bodies properly. It trained military and police officers, medical and mortuary personnel, and local government officials in managing human remains. Members of some armed groups were also given training in recovering and identifying human remains. The ICRC offered the local authorities technical, financial and other support for an operation in Jonglei to recover dead bodies.

The ICRC provided hospitals, mortuaries, and various branches of the police service's criminal investigation department with body bags, personal protective equipment and other supplies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC discussed its working procedures with detaining authorities, with a view to gaining access to everyone deprived of their freedom in connection with armed conflict or for security reasons. It visited detainees in civilian and military prisons and communicated its findings and recommendations confidentially to the pertinent authorities, to help them ensure that the treatment and living conditions of detainees complied with IHL and/or met internationally recognized standards. It also maintained its dialogue with armed groups, in order to advocate humane treatment of people in their custody.

The ICRC reminded authorities of the importance of respecting and safeguarding judicial guarantees and properly managing prison records so that detainees are accounted for at all times. It also trained prison staff in detainee registration and sentence management. It paid particular attention to the needs of detainees with specific vulnerabilities: for example, it provided school supplies to minors held at the juvenile reformatory in Juba and gave their teachers training and financial incentives. It also helped foreign detainees notify their embassies and/or the UNHCR of their detention. Acting as a neutral intermediary, the ICRC facilitated the safe transfer of some 40 people to the authorities after they were released by an armed group. The ICRC and other organizations helped them reunite with their families.

Detainees restored or maintained contact with their families through the ICRC's family-links services. The ICRC facilitated some 11,500 calls between detainees and their relatives; it also collected 100 RCMs from detainees and distributed five. It also urged the authorities to increase the time allowed for family visits and to prohibit the collection of fees for such visits. Newly released detainees were given financial support to reunite with their families and cover their basic needs.

Detainees have health care and better living conditions

The ICRC worked closely with the health and interior ministries, and the National Prisons Service (NPS), to ensure that detainees received adequate health care; it met with them regularly to discuss health-related issues in prisons. It visited prisons to assess detainees' access to health care. Through training and material support (e.g. therapeutic food and basic medical equipment), it strengthened prison health staff's ability to provide treatment for malnutrition and common diseases, referrals to hospitals and other services. The ICRC's training for prison staff also covered the management of cases of TB, cholera and hepatitis, record-keeping and medical ethics.

The ICRC helped prison authorities to strengthen preventive measures against disease outbreaks by restoring handwashing stations that had fallen into disuse, and by reminding detainees of good hygiene practices and giving them the necessary supplies. It also persuaded authorities to include detainees in the health ministry's vaccination programme; as a result, almost 700 detainees were vaccinated against COVID-19 in 2023.

To help address high rates of malnutrition in places of detention, the ICRC provided 3,150 detainees with supplementary or

therapeutic food, and trained prison staff in managing nutrition programmes and the food supply. It also strove to ease living conditions for almost 6,100 detainees by giving them sleeping mats, blankets, mosquito nets, hygiene supplies and other essentials. More detainees than planned benefited from these donations.

Some 5,000 detainees had better access to water, sanitation, and/or lighting and more secure roofing, as a result of the ICRC's infrastructural work at eight places of detention. At some prisons, the ICRC provided support for the maintenance of critical facilities. The ICRC trained NPS staff members in construction, plumbing, electrical installation and other areas, with a view to helping them become more self-sufficient.

WOUNDED AND SICK

Wounded and sick people obtain suitable care

To increase the likelihood of wounded people receiving timely care, the ICRC and the South Sudan Red Cross trained about 3,600 people – National Society volunteers, community members, weapon bearers and others – in first aid. These people also familiarized themselves with key messages of the Health Care in Danger initiative.

Sick and wounded people obtained treatment at the Akobo County Hospital (ACH) – which the ICRC managed, together with local health authorities – and at the Juba Military Hospital (JMH), where it ran a surgical ward. The ICRC gave both hospitals technical support – including comprehensive training for medical staff – and essential supplies and equipment for providing surgical, paediatric, obstetric/gynaecological and other medical care. At ICRC information sessions, hospital staff, patients and their carers, and community leaders learnt about the protection due to people seeking or providing health care.

ICRC surgical teams at the ACH and the JMH performed around 2,300 operations, including surgery on almost 350 weapon-wounded people, some of whom had been airlifted by the ICRC from sites of violence. Some patients received physiotherapy or were referred to ICRC-supported physical rehabilitation centres (see below). Medical personnel at the hospitals conducted 77,600 outpatient and emergency-room consultations; they kept their emergency rooms open round the clock. At the ACH, a phone provided by the ICRC helped to improve communication and referrals to and from the emergency department. With the ICRC's help, the hospitals managed emergencies, such as disease outbreaks, in line with existing contingency plans.

Around 1,000 people – including wounded people, victims/survivors of sexual violence, and others in psychological distress – received mental-health and psychosocial support at the two hospitals. Counsellors attended ICRC training to develop their ability to respond to patients' specific needs. Some 4,900 people learnt more about mental health at ICRC information sessions.

The ICRC provided ad hoc material support (e.g. weapon-wound surgery kits) to four other hospitals – more than planned – for responding to emergencies, such as outbreaks of violence and influxes of wounded refugees and returnees from Sudan.

Despite financial constraints, which resulted in the cancellation of some infrastructural work and training for hospital maintenance teams, the ICRC renovated or built offices and other facilities at the ACH, the JMH and the Wau Teaching Hospital. Notably, the ICRC completed construction of an operating theatre at the JMH. It provided general maintenance at the hospitals and gave JMH staff materials for basic repairs.

People with disabilities gain access to rehabilitative care

To increase the availability of rehabilitative services for people with physical disabilities, the ICRC maintained its comprehensive support for three physical rehabilitation centres in Juba, Rumbek and Wau. The support included training and financial incentives for the centres' staff; components, tools and equipment for producing prostheses/orthoses, wheelchairs and other assistive devices; and infrastructural improvements (see below). The ICRC also helped the centres to conduct outreach to remote communities.

Poor road conditions, especially during the rainy season, sometimes made the ICRC-supported centres hard to reach; nonetheless, 2,900 people¹ with disabilities obtained rehabilitative care from these facilities. The ICRC covered food, accommodation and transportation costs for some 300 patients and their carers. Around 600 people who used the centres' services were given mental-health and psychosocial support by ICRC-trained staff.

The ICRC constructed new facilities – such as an accessible playground for children – and helped maintain or renovate water and electrical infrastructure at the centres. Training for the centres' maintenance staff was cancelled because of financial constraints.

The ICRC sought to advance the social inclusion of 221 people with disabilities: it donated sports equipment to the amputee-football and wheelchair-basketball associations, provided people with cash grants for starting small businesses, and supported children's schooling.

Four students on ICRC scholarships continued their studies in prosthetics/orthotics or physiotherapy. A national oversight board for the physical rehabilitation sector, which the ICRC had been urging the authorities to establish, had not yet taken shape by year's end.

ACTORS OF INFLUENCE

Authorities, weapon bearers, community members and others learn about the ICRC's activities

The ICRC strove to broaden awareness of – and gather acceptance and support for – its efforts to help violence-affected people. To that end, it met with authorities and weapon bearers and discussed its mandate and activities with them. The ICRC also interacted with communities: at information sessions, they learnt about the ICRC's activities for them and, where pertinent, about the conclusion of certain ICRC activities or the closure of its offices (see above).

The ICRC endeavoured to draw public attention to its activities and to humanitarian issues: for instance, it launched social-media campaigns on mental health and disability, used radio programmes to raise public awareness of sexual violence, and organized events to explain its work to journalists.

The South Sudan Red Cross enhanced its public communication, and interacted with the authorities and other key actors, with technical and material support from the ICRC.

Influential actors broaden their knowledge of IHL

The ICRC made efforts to help weapon bearers strengthen their grasp of IHL, international human rights law and other applicable norms, with a view to increasing their compliance with these norms. It organized training sessions for military and law enforcement personnel and members of armed groups. Around 1,660 people attended these sessions, including military and police instructors who also attended train-the-trainer sessions so that they could better conduct IHL training among their ranks. At an ICRC workshop, police commissioners discussed incorporating IHL provisions in domestic law; addressing sexual violence; and responding to the arrival of refugees and returnees from Sudan.

The ICRC helped the military and the police to integrate IHL into their doctrine, training and operations. Specifically, it gave officials technical support for reviewing the training curricula for South Sudan's unified armed forces. It also enabled a few military and police officials to attend training in IHL and international human rights law in Italy (see *Headquarters – International Law, Policy and Humanitarian Diplomacy*).

The ICRC continued to advocate, among the authorities, the domestic implementation of IHL-related treaties such as the African Union Convention on IDPs and the Arms Trade Treaty. It also organized a workshop where technical and legal experts from government institutions discussed a draft bill on the issue of missing people (see *Civilians*).

The ICRC sought to develop local interest in IHL by interacting with academic institutions, students and members of the media. Together with two universities, it organized a moot court competition for university students; it then enabled the winning team to travel to Tanzania to compete in its regional IHL competition (see *Nairobi*). It conducted an information session on IHL at a workshop it organized for journalists and academics.

The ICRC gave the National Society support for discussing IHL-related matters with the authorities: for instance, it helped the National Society hire a legal adviser to strengthen its capacity to engage with legislative and executive bodies of the government in the implementation of the South Sudan Red Cross Society Act and regulations on the use of emblems protected under IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components working in the country provided the South Sudan Red Cross with various forms of support for maintaining its access to communities

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

affected by conflict and other violence, and/or climate shocks, and to develop its ability to deliver family-links services; conduct first-aid training; and carry out water-and-sanitation, economic-security and emergency response projects, particularly in relation to the influx of refugees and returnees from Sudan – all in line with the Safer Access Framework.

To help expand the National Society's capacities, the ICRC provided training for its officials, staff, and volunteers; covered the salaries of some of its staff; donated vehicles, office equipment, material aid for distribution to communities,

and other items; and offered technical support for drafting contingency plans and improving its organizational capacities, particularly in financial management.

The ICRC met regularly with the South Sudan Red Cross, other National Societies working in the country and the International Federation to coordinate their activities. The aim was to strengthen the impact of the Movement's humanitarian response in the country. Movement components working in the country were given security briefings by the ICRC before carrying out field visits and other activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,284	9		
RCMs distributed	833	9		
Phone calls facilitated between family members	40,553			
Reunifications, transfers and repatriations				
People reunited with their families	7			
People transferred or repatriated	44			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	635	177	112	103
<i>including people for whom tracing requests were registered by another delegation</i>	59			
Tracing cases closed positively (subject located or fate established)	618			
<i>including people for whom tracing requests were registered by another delegation</i>	188			
Tracing cases still being handled at the end of the reporting period (people)	5,856	1,752	737	818
<i>including people for whom tracing requests were registered by another delegation</i>	2,317			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	26	10		
UAMs/SC reunited with their families by the ICRC/National Society	3	2		1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	229	92		24
Forensics				
Training sessions on the recovery, identification and protection of human remains	8			
People trained	173			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	6,551	227	648	
Visits carried out	80			
		Women	Girls	Boys
Detainees visited and monitored individually	283	3		19
<i>of whom newly registered</i>	269	2		19
RCMs and other means of family contact				
RCMs collected	100			
RCMs distributed	5			
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	4			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		198,066	90,448	63,001
	<i>of whom IDPs</i>		42,092	19,222	13,389
Food production	People		353,898	158,519	103,014
	<i>of whom IDPs</i>		67,700	30,298	19,581
Income support	People		2,076	683	698
	<i>of whom IDPs</i>		462	152	155
Living conditions	People		68,640	31,938	19,050
	<i>of whom IDPs</i>		9,961	4,620	2,756
Capacity-building	People		1,036	480	191
	<i>of whom IDPs</i>		161	75	30
Water and habitat					
Water and habitat activities	People		174,987	76,098	45,508
	<i>of whom IDPs</i>		21,212	9,224	5,515
Primary health care					
Health centres supported	Structures		15		
	<i>of which health centres supported regularly</i>		11		
Average catchment population			198,618		
Services at health centres supported regularly					
Consultations			151,532		
	<i>of which curative</i>		140,656	26,662	93,914
	<i>of which antenatal</i>		10,876		
Vaccines provided	Doses		31,968		
	<i>of which polio vaccines for children under 5 years of age</i>		12,443		
Referrals to a second level of care	Patients		3,143		
	<i>of whom gynaecological/obstetric cases</i>		379		
Mental health and psychosocial support					
People who received mental-health support			1,513		
People who attended information sessions on mental health			9,655		
People trained in mental-health care and psychosocial support			26		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Food consumption	People		3,150	169	305
Living conditions	People		6,081	299	327
Capacity-building	People		18	3	
Water and habitat					
Water and habitat activities	People		5,019	256	451
Health care in detention					
Places of detention visited by health staff	Structures		7		
Health facilities supported in places of detention visited by health staff	Structures		1		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		6		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		2		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions			733		
	<i>of which weapon-wound surgical admissions</i>		348	24	30
	<i>of which non-weapon-wound surgical admissions</i>		385	59	79
Operations performed			2,326	221	319
Medical (non-surgical) admissions			569	327	23
Gynaecological/obstetric admissions			1,182	1,166	*
Consultations			77,600		
Patients whose hospital treatment was paid for by the ICRC			124		
First aid					
First-aid training					
	Sessions		189		
	Participants (aggregated monthly data)		3,629		
Water and habitat					
Water and habitat activities	Structures		6		

WOUNDED AND SICK		Total	Women	Children
Physical rehabilitation				
Projects supported		5		
<i>of which physical rehabilitation centres supported regularly</i>		3		
People who benefited from ICRC-supported projects	Aggregated monthly data	3,159		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		2,938	619	389
<i>of whom participants in social inclusion projects not linked to PRCs</i>		221		
<i>of whom victims of mines or explosive remnants of war</i>		88		
<i>of whom weapon-wounded</i>		559		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	493		
Orthoses delivered	Units	282		
Physiotherapy sessions		17,918		
Walking aids delivered	Units	1,575		
Wheelchairs or postural support devices delivered	Units	442		
Mental health and psychosocial support				
People who received mental-health support		1,009		
People who attended information sessions on mental health		4,926		

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

SUDAN

The ICRC has been present in Sudan since 1978 to address the consequences of armed conflict. While pursuing dialogue with the authorities on increasing its direct access to violence-affected people, it focuses on activities aiming to promote respect for IHL; help people access medical care, physical rehabilitation and other essential services; provide people their basic needs; re-establish links between separated family members; and ensure the well-being of detainees held in connection with conflict. The ICRC works with and supports the Sudanese Red Crescent.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2023

- Despite security constraints, the ICRC delivered life-saving aid to conflict-affected people. Thousands obtained essentials, or material support for sustaining livelihoods or food production. Millions gained access to clean water.
- Hundreds of children and their carers were evacuated from an orphanage in Khartoum to less insecure areas by the ICRC, after it secured guarantees for safe passage from the parties concerned.
- Families separated by violence and/or migration reconnected using family-links services provided by the ICRC and the Sudanese Red Crescent. People learnt of their missing relatives' fate through the ICRC's efforts.
- At the request of the parties concerned, hundreds of people held in connection with the conflict were transferred and/or released under the ICRC's auspices. Some of them received financial assistance to cover their needs.
- National Society staff and other first responders used ICRC-donated supplies to collect the remains of victims of conflict. Forensic actors learnt best practices in managing human remains with guidance from the ICRC.
- The National Society built its capacity to respond to emergencies, using technical and material support from the ICRC. It continued to provide humanitarian assistance to IDPs and other violence-affected people.

EXPENDITURE IN KCHF

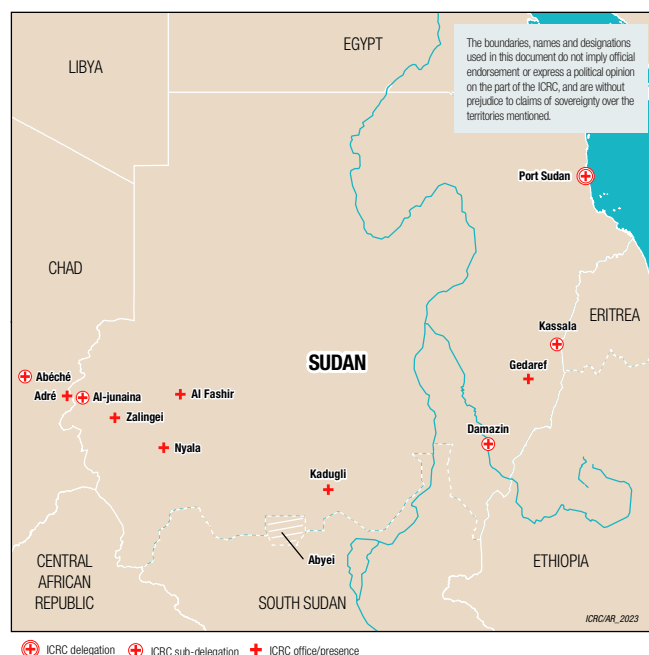
Protection	6,104
Assistance	26,663
Prevention	3,365
Cooperation with National Societies	2,600
General	163
Total	38,896
<i>Of which: Overheads</i>	<i>2,374</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	55
Resident staff (daily workers not included)	278



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	324
RCMs distributed	488
Phone calls facilitated between family members	66,567
Tracing cases closed positively (subject located or fate established)	794
People reunited with their families	33
<i>of whom unaccompanied minors/separated children</i>	32
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	9,659
<i>of whom visited and monitored individually</i>	655
Visits carried out	24
Protection of family links	
RCMs collected	15
RCMs distributed	8
Phone calls made to families to inform them of the whereabouts of a detained relative	352

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food consumption	People 150,000	42,012
Food production	People 60,000	85,932
Income support	People 81,000	100,988
Living conditions	People 222,000	20,703
Capacity-building	People 107	56
Water and habitat		
Water and habitat activities	People 611,040	2,106,566
Health		
Health centres supported	Structures 6	6
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Food consumption	People 3,000	
Living conditions	People 3,000	
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 11	25
Physical rehabilitation		
Projects supported	Projects 10	10
Water and habitat		
Water and habitat activities	Structures	3

CONTEXT

Armed conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) broke out in April 2023. The fighting occurred in densely populated areas of Khartoum and in Darfur and other places. Clashes continued amid calls for ceasefire.

This violence wounded or killed thousands of people. Human remains were often left uncollected in the streets. The people displaced by the latest round of violence joined the millions already displaced internally by past conflicts and political instability. Hundreds of thousands of people – including refugees who had been living in Sudan – fled to nearby countries (see *Central African Republic, Chad, Ethiopia and South Sudan*). Many of them lost contact with their families. Access to essential goods and services was limited. Food insecurity – exacerbated by inflation and climate shocks – was widespread. Critical infrastructure suffered extensive damage. In September, the authorities announced an outbreak of cholera, which further strained health services already struggling to cope with the surge of wounded people. Hundreds of people were reportedly detained in connection with the latest conflict.

Elsewhere, communal violence linked to ethnic tensions persisted. In some areas of Darfur, relations between government forces and armed groups were still tense, and occasionally turned violent.

Security and logistical constraints made it difficult for the ICRC and other humanitarian organizations to reach violence-affected communities. In December, an ICRC convoy on its way to evacuate civilians was attacked; two people were killed in the incident.

ICRC ACTION AND RESULTS

The ICRC redirected its efforts towards responding to the humanitarian consequences of the conflict.¹ It addressed the most urgent needs and safety concerns of violence-affected people in Sudan amid security, logistical and other constraints. Some activities that the ICRC had been carrying out before the conflict had to be suspended, or postponed until security conditions became more favourable. Whenever possible, the ICRC worked with the Sudanese Red Crescent. In order to respond to the needs of people who have sought refuge in eastern Chad, the ICRC also opened a new sub-delegation in Abéché and an office in Adré. Because of the insecurity arising from the conflict, it relocated its delegation from Khartoum to Port Sudan and closed its office in Wadi Madani.

The ICRC continued to explain its neutral, impartial and independent humanitarian work to the authorities and parties to the conflict, in order to secure access to people in need. It urged them to comply with IHL and humanitarian principles. Children from an orphanage in Khartoum were evacuated to safety by the ICRC, after it secured safety guarantees from the parties concerned. The ICRC used hotlines and other channels to gather information on the concerns of violence-affected people, with a view to addressing them. It also sought to

raise these concerns with the pertinent authorities and other humanitarian organizations working in Sudan.

The ICRC adapted its economic-security activities in order to address the most urgent needs created by the conflict. It began to distribute food rations. IDPs and other violence-affected people were given the items necessary to ease their living conditions. The ICRC gave households cash to help them start earning an income; it set up community kitchens in some places to spare households from spending money on food. It also enabled households to produce more food by giving them seedlings or vaccinating their livestock against disease. The ICRC assisted local veterinary and agricultural services to become more capable of giving farmers and herders the services they needed. It helped repair critical infrastructure or donated supplies and equipment to local water authorities for maintaining the supply of clean water.

Members of families separated by violence, migration or other circumstances reconnected through the Movement's family-links services. The ICRC searched for people reported missing or arrested and relayed news of their fate to their relatives. It provided the National Society and other first responders, and the authorities, with various kinds of support to manage human remains in a manner conducive to their future identification.

The ICRC continued to seek permission from the pertinent parties to visit detainees in accordance with its standard procedures. When such permission was granted, the ICRC enabled detainees to contact their families or renovated infrastructure. At the request of the parties concerned, the ICRC served as a neutral intermediary to facilitate the release and/or transfer of detainees.

IDPs, refugees and violence-affected residents obtained primary health care or life-saving treatment at primary-health-care facilities and the Kassala Teaching Hospital; all these facilities received material, technical and/or infrastructural support from the ICRC. By the end of July, the ICRC had withdrawn its regular support for these facilities in order to focus on bolstering capacities at hospitals dealing with influxes of wounded people. Physical rehabilitation centres were given support to sustain provision of their services. However, all these efforts – including activities aimed at advancing the social inclusion of people with disabilities – had to be put on hold when the conflict broke out.

The National Society was given support for responding safely to the consequences of the conflict. The ICRC worked with the National Society to coordinate the activities of Movement components present in Sudan.

CIVILIANS

Violence-affected people discuss their concerns with the ICRC

The ICRC – including its delegations working in countries where people from Sudan had sought refuge from the conflict (see *Chad*) – documented allegations of the violation of IHL and relayed them to the pertinent parties. Its aim was to end or prevent such unlawful conduct. It impressed upon the parties the importance of complying with IHL and humanitarian principles, particularly to protect civilians – including from sexual violence – and grant

1. See [budget extension appeal](#) on the ICRC Extranet for Donors.

them safe passage to areas of relative calm, refrain from harming health and other essential services, and enable humanitarian actors to deliver life-saving aid safely.

The ICRC expanded its direct engagement with violence-affected communities, particularly those affected by the latest conflict, in order to gain a fuller understanding of their needs and address them accordingly (see *Actors of influence*). People were able to communicate their protection and other concerns through the family-links hotline (see below) and other communication channels set up by the ICRC. Victims/survivors of sexual violence were given cash or referred to the ICRC's income-support programmes (see below) to help them cope with their situation. People requiring further assistance were referred by the ICRC to other humanitarian organizations.

At the request of the actors concerned, the ICRC served as a neutral intermediary in evacuating particularly vulnerable people to safety or in facilitating the release and/or transfer of people held in connection with the conflict (see *People deprived of their freedom*). For example, after securing guarantees of safe passage from the parties to the conflict, the ICRC evacuated 310 children and 71 carers from an orphanage in Khartoum to a safer location. The ICRC also gave these children and their carers material support for easing their living conditions (see below).

Households affected by conflict cover their immediate needs

The ICRC carried out its economic-security activities jointly with the Sudanese Red Crescent. Owing to security and other constraints created by the conflict, it had to postpone some of its assistance to violence-affected communities until conditions became more favourable.

The ICRC adapted its relief aid to cover the growing humanitarian needs created by the conflict. It began distributing food rations, which benefited roughly 42,000 people (7,000 households). Around 20,700 people (3,450 households), including IDPs and those who were evacuated by the ICRC from an orphanage in Khartoum, improved their living conditions with essential items from the ICRC. Access and logistical constraints prevented the ICRC from helping more people to meet their urgent needs; wherever possible, the ICRC provided households with cash instead (see below).

More than 14,160 households (85,900 people) obtained various assistance from the ICRC for boosting their food production. With financial support from the ICRC, an agricultural research centre in Nyala implemented projects to grow seed of good quality and distribute it to around 680 farming households (4,100 people). Livestock belonging to roughly 13,610 households (81,700 people) were vaccinated against common diseases during vaccination campaigns organized jointly by the ICRC and the authorities, who also received ICRC donations of vaccines and veterinary equipment.

Around 16,810 households (100,900 people), including some who were covered by livelihood initiatives that began in 2022, were able to protect or add to their income with the ICRC's assistance. Some of them were given cash to sustain their livelihoods; among them were people from Sudan who had

sought refuge in eastern Chad (see *Chad*). At areas where its delivery of assistance ran into various difficulties, the ICRC adapted its income-support initiatives. In North Darfur, for instance, together with the local authorities and the National Society, the ICRC set up community kitchens to spare households from having to spend their money on food.

Local service providers, assisted by the ICRC, developed their ability to provide livelihood support for farmers and herders. The ICRC – together with the National Society, the authorities and a university – trained 56 veterinary technicians in vaccinating livestock and treating them for disease.

The ICRC gave the National Society technical support for improving its economic-security activities.

The ICRC undertook measures to ensure that its staff were able to assist people in safety, particularly from the dangers associated with weapon contamination. Owing to access- and security-related constraints, the ICRC was unable to help communities understand the threat of mines and to mitigate risks to their safety.

IDPs and violence-affected residents have access to clean water and health services

More than 2.1 million people, including IDPs, obtained access to clean water and took measures to protect themselves from disease, thanks to the ICRC's water-and-habitat initiatives. Water-supply systems in violence-affected areas – including those at selected health facilities – were repaired or constructed with the ICRC's assistance. At the authorities' request, the ICRC helped local power technicians travel safely to Khartoum to repair damaged infrastructure. At ICRC training sessions, local water technicians learnt about best practices in maintaining critical facilities; they also received equipment (e.g. generators) and water-purification agents (e.g. chlorine). Around 68,800 people of those mentioned above restored their access to water following the ICRC's emergency donations of jerrycans, deployment of mobile water treatment units, and other ad hoc initiatives. Communities hosting large numbers of IDPs learnt about cholera, and measures against it, at hygiene-promotion sessions conducted jointly by the ICRC and the National Society. The ICRC's water-and-habitat activities benefited more people than planned as it scaled up efforts to meet the needs of conflict-affected people.

Pregnant women, children, victims/survivors of sexual violence and others had access to various services at six primary-health-care centres supported by the ICRC together with the National Society. These facilities provided curative, preventive and reproductive-health care; screening for malnutrition and infectious disease; immunization against COVID-19 and other diseases; and referrals for further care. They received regular supplies of personal protective equipment (PPE), wound-dressing kits and other medical items and equipment, and fuel; and financial incentives for staff. By the end of July, the ICRC had concluded its regular support for primary-health-care facilities in order to focus on helping hospitals treat people wounded by the latest conflict (see *Wounded and sick*). The ICRC's plan to deploy mobile health units did not materialize because of unfavourable security conditions.

Members of dispersed families reconnect

Families separated by conflict, migration or other circumstances were able to reconnect through the family-links services provided by the National Society and the ICRC. Approximately 300 RCMs were collected and 500 distributed, and around 66,600 phone calls between family members were facilitated. People used the family-links hotlines set up by the ICRC to send requests to locate their missing relatives. The fate or whereabouts of more than 700 people was ascertained. The ICRC also endeavoured to establish the whereabouts of people alleged to have been arrested in connection with the conflict (see *People deprived of their freedom*).

People were reunited with their families, in Sudan or elsewhere, through the ICRC's efforts. Among them were 32 minors; some of these minors had been held by the SAF (see *People deprived of their freedom*). The ICRC gave their families cash to cover the expenses of their reunification. Other people in Sudan awaiting reunion with their families abroad were assisted by the ICRC to obtain travel permits and other pertinent documents.

The ICRC continued to give the National Society support for responding to the family-links needs of conflict-affected people. At ICRC training sessions, National Society volunteers learnt how to collect tracing requests and other best practices in restoring family links. Volunteers were able to help members of dispersed families to reconnect by using mobile phones and mobile credit, and other communications equipment donated by the ICRC.

Authorities and first responders collect human remains

The ICRC impressed upon the parties to the conflict, and other pertinent actors, the importance of managing the remains of people – particularly of those killed in connection with the conflict – in line with IHL, in a manner conducive to their identification. National Society volunteers and other first responders safely collected human remains from front lines, with technical and material support from the ICRC. They learnt best practices in managing casualties during emergencies, in line with applicable data-protection standards, and obtained vehicles, body bags, PPE, financial incentives, mobile phones and credit, and instructional materials that the ICRC had translated into Arabic. National Society staff were given expert advice for collecting and storing data vital to the identification of human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to seek permission from the authorities and the pertinent parties to visit detainees within its purview, particularly those held in connection with the latest conflict. Wherever possible, the ICRC visited detainees and assessed their treatment and living conditions. It communicated its findings confidentially to the detaining authorities and reminded them to uphold detainees' rights and improve their living conditions, such as their access to food and other necessities. Detainees at some places of detention were able to reconnect with their families through the family-links services provided by the ICRC. The ICRC also submitted allegations of arrest to the authorities, with a view to passing on to the families concerned the information it was able to collect.

Detainees at one prison had a more sanitary environment after the ICRC repaired waste-management facilities. Owing to access restrictions, the ICRC was unable to distribute items for easing detainees' living conditions and improving their food consumption.

People detained in connection with the conflict are released

At the request of the SAF, or the RSF, the ICRC served as a neutral intermediary in the release of hundreds of detainees held in connection with the conflict. They included 27 Egyptian soldiers held by the SAF, who had been in Sudan for military exercises when the fighting broke out; the ICRC interviewed them before they were transferred to the Egyptian embassy, in order to confirm their well-being. Minors who had also been part of the release operations were reunited with their families or transferred by the ICRC to the care of UNICEF or other pertinent humanitarian organizations. Some released detainees received cash from the ICRC to cover the expenses of their journey home, or to meet other needs; those who had been wounded in conflict were referred to the pertinent health services.

WOUNDED AND SICK

Hospitals bolster their capacities in emergency care

Wounded and sick people were able to obtain life-saving care from the Kassala Teaching Hospital, which received ICRC support in the form of infrastructural repairs, cash incentives and training for staff, and wound-dressing kits. This support was concluded by the end of July, when the ICRC began to redirect resources towards bolstering the capacities of other hospitals and first responders to deal with conflict-related emergencies.

The ICRC gave the Sudanese Red Crescent and health authorities first-aid kits, vehicles, and/or other equipment to fortify their emergency responses. Several inhabitants of an IDP camp learnt how to administer first aid at an ICRC-led training session; access constraints prevented the ICRC from organizing such sessions for weapon bearers. Twenty-four other hospitals dealt with influxes of wounded people thanks to anaesthetics, wound-dressing kits, sutures and other supplies, or infrastructural repairs, provided by the ICRC with the help of the National Society. One of these hospitals, and the health ministry, used medical supplies from the ICRC to treat cholera patients. Medical staff at selected facilities were given guidance by the ICRC in providing basic emergency care. The ICRC also strove to meet the needs of wounded people who had fled Sudan, by helping some hospitals in eastern Chad to deal with an influx of wounded Sudanese refugees (see *Chad*).

People with physical disabilities obtain mobility aids

The ICRC continued to help ensure the sustainability of physical rehabilitation services in Sudan. Roughly 1,100 people² with physical disabilities obtained rehabilitative treatment (e.g. physiotherapy, provision of assistive devices), free of charge or at a discount, at eight centres run by the National Authority for Prosthetics and Orthotics (NAPO), which received material support from the ICRC. The ICRC also

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

provided technical support for NAPO and a local university to organize courses in prosthetics and orthotics. However, it had to suspend all these activities when the conflict disrupted the work of NAPO and the university. It also put on hold the initiatives to advance the social inclusion of people with physical disabilities.

Guided by the ICRC, staff at other health facilities became more capable of assisting people with physical disabilities: for instance, nurses and physiotherapists at selected hospitals learnt how to give new amputees the necessary care. IDPs with physical disabilities obtained mobility aids from the ICRC. The ICRC also gave such devices to the health ministry, for distribution to other facilities treating people with physical disabilities.

The ICRC constructed water-supply and waste-management systems and other essential facilities at three hospitals.

ACTORS OF INFLUENCE

Broadening acceptance for IHL and the ICRC

The ICRC continued to make its neutral, impartial and independent humanitarian work more fully understood among authorities, parties to the conflict and other weapon bearers, community leaders, journalists, NGOs and the general public. Its objective was to foster acceptance for its activities and secure safe access to violence-affected people, particularly those bearing the brunt of the latest armed conflict. The ICRC did so by engaging the relevant actors in dialogue during meetings and through other means. It also produced content – for traditional and digital media – about the humanitarian situation in Sudan and its response. The ICRC was aided in publicizing these matters by the National Society, which continued to receive ICRC support, technical and financial, for enhancing its own public communication (see *Red Cross and Red Crescent Movement*).

The ICRC endeavoured to promote compliance with IHL among the parties to the conflict, members of the police, and other weapon bearers. During dissemination sessions, it urged them to comply with IHL and abide by humanitarian principles, in particular by upholding the rights of civilians and detainees, preventing sexual violence and doing no harm to health and other essential services.

The ICRC continued to broaden the scope of its direct interaction with conflict-affected people. It did so in order to gain a fuller understanding of their needs. For example, collecting people's views during economic-security activities helped the ICRC to adapt its activities to match their needs more closely. People learnt about the humanitarian services available to them, and acquired other potentially life-saving information, from the ICRC's social-media accounts and other channels.

RED CROSS AND RED CRESCENT MOVEMENT

Despite the security and other constraints created by the conflict, the Sudanese Red Crescent, with ICRC support, continued to provide humanitarian assistance to communities affected by violence. Guided by the ICRC, the National Society incorporated the Safer Access Framework in its operations, so that its staff and volunteers could do their work in safety. The ICRC also provided material support for its emergency response teams. When fighting broke out, material support (e.g. generators, furniture, laptops) and infrastructural repairs provided by the ICRC enabled the National Society to evacuate its staff from Khartoum and set up offices in Port Sudan and other places where security conditions were more favourable.

The ICRC and the National Society worked to align their responses to the consequences of the conflict, in various activities such as first aid, restoration of family links, emergency response, and management of human remains. To enable the National Society to expand its capacities in these areas the ICRC provided training, expert guidance, financial assistance – including for covering running costs, staff salaries and insurance policies – and material support (e.g. vehicles, first-aid kits, body bags, PPE).

Together with the National Society, the ICRC arranged regular meetings of Movement components in the country, in order to coordinate activities in response to the conflict. The ICRC continued to conduct briefings on the security situation in Sudan for Movement components working in the country. All parties involved continued to discuss the drafting of a Movement coordination agreement, with a view to strengthening their collective humanitarian response.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	324			
RCMs distributed	488	24		
Phone calls facilitated between family members	66,567			
Reunifications, transfers and repatriations				
People reunited with their families	33			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,648	274	206	190
<i>including people for whom tracing requests were registered by another delegation</i>	843			
Tracing cases closed positively (subject located or fate established)	794			
<i>including people for whom tracing requests were registered by another delegation</i>	247			
Tracing cases still being handled at the end of the reporting period (people)	5,104	1,303	530	660
<i>including people for whom tracing requests were registered by another delegation</i>	1,672			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	39	2		30
UAMs/SC reunited with their families by the ICRC/National Society	32	2		19
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	286	117		1
Documents				
People to whom official documents were delivered across borders/front lines	5			
Forensics				
Training sessions on the recovery, identification and protection of human remains	10			
People trained	200			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	16			
Detainees in places of detention visited	9,659	562	218	
Visits carried out	24			
		Women	Girls	Boys
Detainees visited and monitored individually	655			92
<i>of whom newly registered</i>	655			92
RCMs and other means of family contact				
RCMs collected	15			
RCMs distributed	8			
Phone calls made to families to inform them of the whereabouts of a detained relative	352			
Detainees released and transferred/repatriated by/via the ICRC	566			
People to whom a detention attestation was issued	141			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		42,012	8,958	24,757
	<i>of whom IDPs</i>		32,412	6,911	19,100
Food production	People		85,932	33,426	20,139
	<i>of whom IDPs</i>		8,151	3,306	1,834
Income support	People		100,988	21,475	60,061
	<i>of whom IDPs</i>		53,606	11,399	31,881
Living conditions	People		20,703	5,466	11,026
	<i>of whom IDPs</i>		20,383	5,382	10,856
Capacity-building	People		56	23	
Water and habitat					
Water and habitat activities	People		2,106,566	947,955	315,985
	<i>of whom IDPs</i>		68,842	30,979	10,326
Primary health care					
Health centres supported	Structures		6		
	<i>of which health centres supported regularly</i>		6		
Services at health centres supported regularly					
Consultations			22,905		
	<i>of which curative</i>		20,310	5,347	10,353
	<i>of which antenatal</i>		2,595		
Vaccines provided	Doses		4,045		
	<i>of which polio vaccines for children under 5 years of age</i>		1,698		
Referrals to a second level of care	Patients		127		
	<i>of whom gynaecological/obstetric cases</i>		47		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Water and habitat					
Water and habitat activities	People		300	18	12
Health care in detention					
Places of detention visited by health staff	Structures				
Health facilities supported in places of detention visited by health staff	Structures				
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		25		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		1		
Services at hospitals reinforced with or monitored by ICRC staff					
Consultations			4,672		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			1,179		
Weapon-wound admissions (surgical and non-surgical admissions)			715	70	61
Weapon-wound surgeries performed			184		
Patients whose hospital treatment was paid for by the ICRC			3,745		
First aid					
First-aid training					
	Sessions		2		
	Participants (aggregated monthly data)		40		
Water and habitat					
Water and habitat activities	Structures		3		
Physical rehabilitation					
Projects supported			10		
	<i>of which physical rehabilitation centres supported regularly</i>		8		
People who benefited from ICRC-supported projects	Aggregated monthly data		1,163		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>		1,145	257	222
	<i>of whom participants in social inclusion projects not linked to PRCs</i>		*		
	<i>of whom weapon-wounded</i>		*		
Services at physical rehabilitation centres supported regularly					
Prostheses delivered	Units		493		
Orthoses delivered	Units		280		
Physiotherapy sessions			1,272		
Walking aids delivered	Units		83		
Wheelchairs or postural support devices delivered	Units		*		

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

TUNIS (regional)

COVERING: Morocco, Tunisia and Tindouf (Algeria)

The ICRC's regional delegation in Tunis has been operating since 1987. It monitors the treatment and living conditions of detainees in Tunisia and promotes awareness of IHL among the authorities and weapon bearers, and implementation of that law. It helps respond to humanitarian issues linked to the 1975–1991 Western Sahara conflict: the presence of mines and explosive remnants of war on both sides of the berm; the plight of physically disabled Sahrawi refugees; and the unknown fate of people who had gone missing during that conflict. With the National Societies, the ICRC reconnects families separated by armed conflict, detention and migration.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2023

- Families contacted their relatives – including those detained – in conflict-affected countries, with the ICRC's help. In Tunisia, migrants – notably people who had fled fighting in Sudan – were able to call their families back home.
- In Morocco, schoolchildren learnt safe practices around mines and explosive remnants of war (ERW). In Tindouf, Sahrawi refugees obtained physical rehabilitation services at ICRC-supported facilities.
- As agreed with the government, the ICRC intensified its efforts to promote IHL in Morocco. It organized various IHL-themed events for senior government officials, weapon bearers and members of civil society.
- In Tunisia, detainees were visited by the ICRC. Findings from these visits were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including their contact with family.

EXPENDITURE IN KCHF

Protection	2,558
Assistance	1,735
Prevention	802
Cooperation with National Societies	338
General	34
Total	5,468
<i>Of which: Overheads</i>	<i>334</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	27

PROTECTION

CIVILIANS

Protection of family links	Total
RCMs collected	54
RCMs distributed	124
Phone calls facilitated between family members	5,248
Tracing cases closed positively (subject located or fate established)	71

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	25
Detainees in places of detention visited	26,102
<i>of whom visited and monitored individually</i>	244
Visits carried out	63

Protection of family links

RCMs collected	145
RCMs distributed	23
Phone calls made to families to inform them of the whereabouts of a detained relative	115

ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM

Water and habitat			
Water and habitat activities	People	1,350	450

WOUNDED AND SICK

Physical rehabilitation			
Projects supported	Projects	5	5

CONTEXT

In Tunisia, the government arrested people it alleged to be threats to national security. People continued to be detained under anti-terrorism legislation or for having been involved, allegedly, in fighting in other countries. Moroccans and Tunisians returning from conflict-affected countries (see, for example, *Libya* or *Syrian Arab Republic*), including women and children, faced various obstacles in re-integrating into society.

Migrants continued to take dangerous desert or sea routes to Morocco or Tunisia, and cross these countries to reach Europe. When accidents took place, some migrants were rescued by Moroccan and Tunisian government agencies or organizations; others died, and their remains were found along the coast or in the desert. In Tunisia, there were protests against the growing influx of migrants; the government took more steps to detain, deport and prevent the entry of migrants. Some of the migrants in Tunisia were fleeing countries gripped by armed conflict; notably, there were thousands from Sudan (see *Sudan*).

People living near the berm, and tens of thousands of Sahrawi refugees in camps in the Tindouf province of Algeria – for instance, the Rabouni camp – were at risk from mines/ERW. Tensions in the area occasionally led to incidents of violence, which sometimes caused civilian casualties.

In September, Morocco was hit by an earthquake, which killed and injured thousands.

ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of Moroccans, Tunisians and others affected by conflict or other violence, in other countries or their own. In Tunisia, the ICRC closely followed the situation of children of Tunisian parentage who were born in conflict-affected countries, and advocated registration of their birth. Together with the Moroccan and Tunisian National Societies, the ICRC helped families separated by armed conflict, detention or migration to restore or maintain contact. In Tunisia, migrants rescued at sea or in the desert, or who had fled Sudan or other conflict-affected countries, were enabled to make phone calls or send messages to their relatives. In Morocco, the National Society addressed most of the family-links needs, with the ICRC's help.

In Tunisia, the ICRC gave forensic services support to manage and identify large numbers of sets of human remains; these were mainly the remains of migrants who had died at sea or in the desert. ICRC support focused on strengthening forensic capacities; some material assistance was provided as well. Some missing-persons cases were resolved, as a result of the ICRC helping families, including some living in countries other than their own, to make visual confirmation of their dead relatives' identity and/or their belongings.

ICRC-trained volunteers at the Moroccan Red Crescent taught thousands of schoolchildren how to protect themselves against mines/ERW. They also mapped mine/ERW-related incidents. Sahrawi refugees, including mine victims, obtained physical rehabilitation and/or assistive devices free of charge at an ICRC-supported centre in the Rabouni hospital or at other

facilities in refugee camps. Together with some local institutions, the ICRC organized events that promoted the social inclusion of people with physical disabilities.

The ICRC continued to advance understanding of IHL, and support for it and for the Movement, in Morocco and Tunisia. It did this through communication campaigns conducted with the Moroccan and Tunisian National Societies, training and other means. As agreed with the government, the ICRC intensified its efforts to promote IHL in Morocco: it conducted training for senior government officials, prospective diplomats at the diplomatic academy and members of civil society; it also participated in IHL-related conferences. The ICRC continued to guide Tunisian military forces in IHL-related matters, focusing on raising the quality of IHL instruction. It reminded the Moroccan government and the Polisario Front of their obligation under IHL to respect civilians and civilian property.

In Tunisia, the ICRC visited, in accordance with its standard procedures, detainees at 25 places of detention. Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment. Detainees, notably foreigners and returnees, phoned their families or sent/received RCMs or short oral messages with the help of the ICRC. The ICRC gave the penitentiary and health authorities expert recommendations for increasing the availability of health care for detainees. It also made some improvements to prison infrastructure.

Owing to financial constraints, the ICRC gradually scaled down its activities and presence in the region throughout the year. It concluded its activities for migrants, detainees and people with disabilities by the end of the year, and continued to concentrate on meeting the needs of people affected by armed conflict and other violence. The ICRC coordinated the scaling down of its activities in the region with its Movement partners.

CIVILIANS

The ICRC continued to monitor the situation of migrants, including foreigners who had fled their conflict-affected countries; Moroccans or Tunisians returning from conflict-affected countries; others affected by violence; and people living in areas contaminated by mines/ERW. It gave the authorities, organizations and others advice for responding effectively to these people's needs and concerns, and when relevant, reminded authorities of their obligation under IHL to respect civilians and civilian property.

In Tunisia, the ICRC closely followed the situation of children of Tunisian parentage who were born in conflict-affected countries. It worked with the Tunisian child-protection bureau and UNICEF to facilitate the civil registration of these children's birth, which would give them access to schools and other state services. Some Tunisian families who took in unregistered children related to them were given cash support for meeting their increased living expenses.

Owing to financial constraints, the ICRC gradually scaled down its activities and presence in the region throughout the year. By year's end, it was focusing on improving the situation of

people affected by armed conflict and other violence and on addressing the needs for which the ICRC's response had an added value.

Families contact relatives in other countries

Members of families separated by armed conflict, detention or migration reconnected through the Movement's family links services. In Tunisia, migrants – notably those rescued at sea or in the desert, or who had fled Sudan or other conflict-affected countries – made roughly 5,200 calls to their families from phone sites set up by the ICRC and the Tunisian Red Crescent at shelters and retention, quarantine or transit centres. Families exchanged RCMs or safe-and-well messages with relatives – including detainees – in other countries (see *Iraq and Syrian Arab Republic*). The ICRC arranged video calls between a detainee in the US detention facility at the Guantanamo Bay Naval Station in Cuba and his family. It resolved 71 missing-persons cases and informed the families concerned, some of whom were in countries other than theirs.

The ICRC began scaling down its family-links activities in the region – by year's end, it focused on handling cases of families separated by armed conflict – and adjusted its involvement with its Movement partners accordingly. In Morocco, the Moroccan Red Crescent re-opened its family-links sites that had been closed since 2020 because of the COVID-19 pandemic. In line with the Moroccan National Society's increased capacities for providing family-links services, the ICRC gave it support to do its work: the ICRC guided it in drafting working procedures, protecting data and using the Movement's case-management software; and trained its volunteers to respond to family-links emergencies during the earthquake in September. The ICRC continued to track developments in the search for people who went missing during the 1975–1991 Western Sahara conflict.

The authorities, humanitarian organizations, local associations of missing people and the ICRC discussed how to provide more effective support for the families of missing migrants. Moroccan and Tunisian families of missing people participated virtually in an international conference on missing people organized by the ICRC (see *Headquarters – Protection and Essential Services*).

Forensic experts work to identify human remains

Embassies, migrant-welfare organizations and the ICRC met regularly to coordinate efforts to identify the bodies of dead migrants.

In Tunisia, the ICRC gave forensic services support to manage and identify large numbers of sets of human remains; these were mainly the remains of migrants who had died at sea or in the desert. As the ICRC planned to end its forensic activities in the region by the end of the year, it focused on strengthening capacities, notably by organizing courses in the protection aspects of forensic work, for medical professionals in the coastal city of Sfax; the proper management of human remains during emergencies, for 10 forensic workers from three countries; and the basic principles of forensic work, for security forces officers. One medical professional was sponsored to attend a forensics course in Kigali (see *Kampala*). The ICRC also donated some 550 body bags, thousands of

sets of personal protective equipment and other supplies to forensic authorities in the cities of Ben Arous, Sfax and Tunis. It continued to follow up cases of dead migrants. Some missing-persons cases were resolved, as a result of the ICRC helping families, including some living in countries other than their own, to make visual confirmation of their dead relatives' identity and/or their belongings.

After the earthquake in Morocco, the ICRC helped train Moroccan Red Crescent volunteers in the basic principles of managing the dead and worked with the forensic authorities.

Communities are alerted to the hazardousness of mines/ERW

ICRC-trained Moroccan Red Crescent volunteers taught 10,455 schoolchildren how to protect themselves against mines/ERW. These volunteers were also trained to collect and manage information on mine-related incidents; they used what they had learnt to map mine/ERW-related incidents.

The ICRC met with the UN Mine Action Service and Sahrawi mine-action organizations to discuss possibilities for working together to improve the situation of mine/ERW-affected people.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visits detainees in Tunisia

The ICRC visited, in accordance with its standard procedures, detainees at 25 places of detention; among these were prisons under the justice ministry, one place of temporary detention and a holding centre for migrants run by the interior ministry. Close attention was paid to people held on security-related charges, people who had returned to Tunisia from other countries, hunger strikers, foreigners, women and children.

Findings and recommendations were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. The ICRC raised a number of issues with them, such as reducing overcrowding by finding alternatives to detention and facilitating family contact for detainees, especially foreigners. Aided by the ICRC, detainees, notably foreigners and returnees, phoned their families or exchanged RCMs or short oral messages with them.

Detainees in Tunisia have better access to health care

The ICRC gave the penitentiary and health authorities expert recommendations for increasing the availability of health care for detainees, with a view to wrapping up its activities for detainees by the end of the year. It drew on findings from the visits it made to clinics at several prisons. It therefore funded the expansion of a referral hospital, so that it could accommodate detainees from nearby prisons who might need hospital-level, including psychiatric, care. It also made improvements to prison infrastructure: re-waterproofing work was completed at one prison (holding 450 people), but administrative constraints pushed back the completion of ongoing projects to 2024.

In agreement and coordination with the authorities, the ICRC ended all its detention-related activities – other than the infrastructural work that remained to be done – in the country.

WOUNDED AND SICK

Sahrawi mine victims and other people with physical disabilities regain some mobility

Some 740 Sahrawi refugees,¹ including mine victims, obtained physical rehabilitation and/or assistive devices free of charge at an ICRC-supported centre in the Rabouni hospital or at four other facilities in refugee camps, financed by the ICRC and run by local health services since June. The ICRC covered transport costs for 59 patients who were destitute or from camps far from the hospital. Local physical therapists/technicians received training conducted by the Spanish Red Cross with some financial/logistical support from the ICRC.

Together with local institutions, the ICRC organized the Sahara Marathon and tournaments in wheelchair basketball and sitting volleyball, events that gave momentum to the social inclusion of people with physical disabilities.

Owing to financial constraints, the ICRC concluded its activities in this area in coordination with local health services and other humanitarian organizations.

ACTORS OF INFLUENCE

Moroccan and Tunisian authorities, weapon bearers and academics strengthen their grasp of IHL

As agreed with the Moroccan government, the ICRC intensified its efforts to promote IHL in the country. It organized IHL courses for senior government officials, prospective diplomats at the diplomatic academy and members of civil society. It also held a regional conference in Rabat that aimed to help participants become more capable of instructing their peers in IHL; a member of the national human rights council attended the conference. The ICRC participated in a conference on the protection of cultural property and another on the strengthening of mechanisms for preventing torture in Africa.

In Tunisia, the ICRC continued to guide the Tunisian military's efforts to integrate IHL and other pertinent norms more fully into their doctrine, training and operations. It supported military training institutions by advising them in the use of the military's newly finalized IHL manual; organizing a moot court competition for cadet officers; and holding dissemination sessions for cadets. Six senior officers – serving as legal advisers – were sponsored to attend the regional conference in Rabat mentioned above. Officers from the security forces learnt more about international human rights law and the ICRC's forensic and detention-related work. Efforts to advance the incorporation of IHL in domestic legislation continued, but its progress was stalled by political developments.

Senior military officers, one from Morocco and another from Tunisia, were sponsored to attend an international workshop on the application of IHL in military operations (see *Headquarters – Protection and Essential Services*). Members of the Polisario Front learnt more about IHL, and the Movement's activities, at ICRC information sessions.

Academics – political advisers and potential decision makers – added to their knowledge of IHL at ICRC seminars. A number of students consulted the ICRC for their research on IHL-related subjects.

Authorities and members of civil society are urged to support humanitarian action

The ICRC strove to broaden support for the Movement's neutral, impartial and independent humanitarian activities in the region. Together with the Moroccan and Tunisian National Societies, it produced audiovisual materials and carried out communication campaigns on humanitarian issues in the region, notably on the issue of missing people and the plight of migrants and people with disabilities; the Movement's response, such as provision of family-links services, was also publicized. The ICRC organized several events, notably a conference on missing people's families and the Sahara Marathon (see *Wounded and sick*).

The ICRC continued to discuss its activities with the authorities and other humanitarian organizations. Throughout the year, it focused on coordinating the scaling down of its activities with them.

RED CROSS AND RED CRESCENT MOVEMENT

Moroccan Red Crescent volunteers develop their capacity to work safely

Both the Moroccan and Tunisian National Societies received support from the ICRC to expand their operational capacities, notably in restoring family links. The ICRC helped the Moroccan Red Crescent to strengthen its position as an independent humanitarian actor in Morocco, providing it with expert guidance, mainly for training volunteers in the Safer Access Framework and for developing guidelines for managing risks and using the Movement's emblems. The ICRC continued to partially cover the salaries of a financial officer and of staff in charge of teaching the Safer Access Framework. The Tunisian Red Crescent was given advice for developing guidelines for handling migrants.

Movement components in the region met regularly to coordinate their activities. The ICRC coordinated the scaling down of its activities in the region with its Movement partners.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		54			
RCMs distributed		124			
Phone calls facilitated between family members		5,248			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		396	78	39	53
<i>including people for whom tracing requests were registered by another delegation</i>		32			
Tracing cases closed positively (subject located or fate established)		71			
<i>including people for whom tracing requests were registered by another delegation</i>		13			
Tracing cases still being handled at the end of the reporting period (people)		337	44	43	37
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4	1		
Forensics					
Training sessions on the recovery, identification and protection of human remains		1			
People trained		10			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		25			
Detainees in places of detention visited		26,102	924	51	
Visits carried out		63			
			Women	Girls	Boys
Detainees visited and monitored individually		244	21		
<i>of whom newly registered</i>		19	4		
RCMs and other means of family contact					
RCMs collected		145			
RCMs distributed		23			
Phone calls made to families to inform them of the whereabouts of a detained relative		115			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Water and habitat				
Water and habitat activities	People	450		
Health care in detention				
Places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported		5		
<i>of which physical rehabilitation centres supported regularly</i>		1		
People who benefited from ICRC-supported projects	Aggregated monthly data	776		
<i>of whom service users at physical rehabilitation centres (PRCs)</i>		746	281	142
<i>of whom participants in social inclusion projects not linked to PRCs</i>		30		
<i>of whom victims of mines or explosive remnants of war</i>		*		
<i>of whom weapon-wounded</i>		*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	28		
Orthoses delivered	Units	73		
Physiotherapy sessions		2,417		
Walking aids delivered	Units	210		
Wheelchairs or postural support devices delivered	Units	29		

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

YAOUNDÉ (regional)

COVERING: Cameroon, Equatorial Guinea, Gabon, São Tomé and Príncipe

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered. In Cameroon, it responds to the needs of people affected by armed conflict and other situations of violence, including IDPs and refugees; visits detainees; and helps members of separated families restore contact. It pursues longstanding programmes to spread knowledge of IHL among the region's authorities, armed forces and civil society, and supports the development of the National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Owing to increased humanitarian needs in Cameroon, notably in the North-West and South-West regions, the ICRC worked to step up its response, despite volatile security conditions that affected the implementation of some activities.
- IDPs, refugees and residents in Cameroon met their basic needs and worked to build their resilience to the effects of armed conflict and other situations of violence, with the help of relief aid or livelihood assistance from the ICRC.
- Communities in Cameroon had improved access to clean water via ICRC-upgraded water systems. Emergency activities by the National Society and the ICRC facilitated such access in the immediate aftermath of armed clashes.
- People in violence-affected areas of Cameroon obtained good-quality care at ICRC-supported primary-health-care centres, hospitals and physical rehabilitation centres. Victims of violence had access to psychosocial support.
- The National Societies in Cameroon, Gabon, and São Tomé and Príncipe broadened awareness of humanitarian principles and the Movement, and drew attention to humanitarian issues, with support from the ICRC.
- Detainees in Cameroon were visited by the ICRC. It discussed its standard procedures for such visits with the pertinent authorities, to help ensure that they could be carried out in full, particularly in places of permanent detention.

EXPENDITURE IN KCHF

Protection	4,294
Assistance	14,892
Prevention	1,982
Cooperation with National Societies	1,182
General	241
Total	22,591
<i>Of which: Overheads</i>	<i>1,379</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	47
Resident staff (daily workers not included)	213



PROTECTION

Total

CIVILIANS

Protection of family links

RCMs collected	97
RCMs distributed	40
Phone calls facilitated between family members	1
Tracing cases closed positively (subject located or fate established)	204
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>3</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	19
Detainees in places of detention visited	10,170
<i>of whom visited and monitored individually</i>	<i>81</i>
Visits carried out	21

Protection of family links

RCMs collected	16
Phone calls made to families to inform them of the whereabouts of a detained relative	9

ASSISTANCE

2023 Targets (up to)

Achieved

CIVILIANS

Economic security

Food consumption	People	81,360	110,675
Food production	People	489,300	548,388
Income support	People	20,136	11,934
Living conditions	People	24,000	17,196
Capacity-building	People	33	262

Water and habitat

Water and habitat activities	People	87,250	72,533
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Health

Health centres supported	Structures	16	15
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	10	12
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Physical rehabilitation

Projects supported	Projects	2	2
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CONTEXT

In the Far North region of Cameroon, armed conflict continued between government forces and factions of armed groups that were also active in the wider Lake Chad region (see *Chad, Niger and Nigeria*). In the North-West and South-West regions of Cameroon, clashes between government forces and the armed opposition intensified. Arrests and allegations of unlawful conduct were made in connection with the violence.

People in Cameroon were killed or injured during attacks or by improvised explosive devices. Hundreds of thousands of others remained displaced, straining host communities' already meagre resources; some sought refuge in neighbouring countries. The availability of essential services like water and health care was limited. The ongoing violence hampered access to livelihood sources and led to price inflation of basic goods. All these factors, along with climate risks, contributed to food insecurity and malnutrition. Volatile security conditions and other constraints affected humanitarian access to violence-affected people.

In Gabon, a coup d'état followed general elections in August, and the country was placed under transitional military rule.

Socio-economic and political tensions persisted in the countries covered and throughout the wider region.

ICRC ACTION AND RESULTS

The ICRC monitored the humanitarian situation in the countries covered and promoted compliance with IHL, international human rights law and other pertinent bodies of law. In Cameroon, it urged authorities and weapon bearers to respect these norms and reminded them to ensure protection for civilians, facilitate unimpeded access to essential services, and prevent unlawful conduct. Such dialogue was supported by efforts – in Cameroon and elsewhere – to foster acceptance for humanitarian principles and the ICRC and the wider Movement; advance the integration of IHL into the doctrine, training and operations of military and security forces personnel; and/or incorporate key IHL and IHL-related provisions into domestic law.

Together with the Cameroon Red Cross Society, the ICRC assisted people grappling with the consequences of armed conflict and other situations of violence, particularly in the Far North, North-West and South-West regions of Cameroon. Owing to increased humanitarian needs, notably in the North-West and South-West, the ICRC worked to step up its response. Its regular contact with authorities, weapon bearers and other influential actors capable of facilitating its safe access to communities in need enabled the ICRC, in some cases, to reach more people than planned. Volatile security conditions affected the implementation of some activities.

IDPs, refugees and residents of host communities in Cameroon were helped to meet their immediate and longer-term needs. Households that were affected by the early onset of the lean season, or that included people who were malnourished or had

other specific needs, were provided with food aid. Households with limited means were given hygiene items and other essentials for easing their living conditions. People produced more food, thanks to animal-vaccination campaigns for livestock herders and poultry raisers, and seed and tools for farmers. Thousands of households covered basic expenses, set up small businesses or strengthened their livelihoods with cash grants, supplies and equipment, and/or training from the ICRC. The ICRC renovated and built water systems, and trained and equipped local technicians and water-point management committees to repair and maintain them; this broadened access to clean water in rural and urban areas. Emergency activities by the Cameroon Red Cross and the ICRC facilitated such access in the immediate aftermath of armed clashes. People in violence-affected areas obtained good-quality care at ICRC-supported primary-health-care centres, hospitals and physical rehabilitation centres. Victims of violence, including victims/survivors of sexual violence and missing people's families, obtained psychosocial support from health staff trained or supervised by the ICRC.

In Cameroon, members of families separated by conflict, migration, detention and other circumstances used the Movement's family-links services to reconnect. The fate and whereabouts of scores of people reported missing were established. A few minors were reunited with their families. The ICRC maintained contact with missing people's families to understand their needs more fully. As necessary, it referred them for economic, psychosocial and/or other support, or provided such support.

The ICRC visited detainees in Cameroon to monitor their treatment and living conditions, and communicated its findings and recommendations confidentially to the authorities concerned. It discussed its standard procedures for such visits with the pertinent authorities, to help ensure that they could be carried out in full, particularly in places of permanent detention. It continued to seek access to all detainees within its purview.

The ICRC continued to give National Societies in the countries covered, particularly the Cameroon Red Cross, various forms of support to expand their operational and administrative capacities. Movement components, especially those working in the Lake Chad region, met regularly to coordinate their activities.

CIVILIANS

The ICRC monitored the humanitarian situation in all the countries covered by the regional delegation. Owing to the scale of humanitarian needs in Cameroon, notably in the North-West and South-West regions, the ICRC worked to step up its assistance to conflict-affected people. Its regular contact with authorities, weapon bearers and other influential actors capable of facilitating its safe access to communities in need – particularly in the Far North, North-West and South-West – enabled the ICRC, in some cases, to reach more people than planned. Volatile security conditions affected the implementation of some activities.

Weapon bearers in Cameroon are reminded to respect civilians

The ICRC urged authorities and various weapon bearers – during dialogue and other interaction with them (see also *Actors of influence*) – to respect IHL, international human rights law and/or other norms applicable to their operations, especially in connection with the conduct of hostilities and/or the use of force in law enforcement. It reminded them to ensure protection for civilians, notably IDPs and refugees; facilitate unimpeded access to health care, education and other essential services; and prevent unlawful conduct, such as sexual violence.

The ICRC strove to maintain proximity to violence-affected people, to understand their needs more fully, raise their awareness of the services available to them and help them in addressing their concerns. Staff at ICRC-supported primary-health-care centres added to their knowledge of the protection due to them and their patients, during training courses (see also below). Community leaders, traditional birth attendants and health-care workers learnt more about how to provide victims of violence, including victims/survivors of sexual violence, with suitable support, during ICRC-organized information sessions.

In Cameroon, members of families separated by conflict, migration, detention and other circumstances used the Movement's family-links services to reconnect. Those seeking information on their relatives opened tracing cases with the ICRC; the fate and/or whereabouts of 204 people reported missing were established. Three minors were reunited with their families. The ICRC maintained contact with missing people's families to understand their needs more fully. As necessary, it referred them for economic, psychosocial and/or other support or provided such support (see below). Discussions between the authorities and the ICRC covered the plight of missing people's families and measures to prevent loss of family contact (see also *Actors of influence*). The Cameroon Red Cross Society reinforced its capacities in restoring family links, and in publicizing family-links services, with the ICRC's material, technical and financial assistance.

Violence-affected people cover their immediate needs and build their resilience

In Cameroon, IDPs, refugees and residents of host communities drew on ICRC support to meet their basic needs and work to build their resilience to the cumulative effects of conflict, other violence and food insecurity.

Around 8,700 households (52,590 people) – including people affected by the early onset of the lean season, which depleted food supplies in communities – were given rations, with some obtaining a second round of such aid. Roughly 9,680 households (58,085 people) with pregnant or lactating women, young children and/or children being treated for malnutrition at ICRC-supported health centres (see below) were provided with supplementary food; the mothers among them were trained to detect and prevent malnutrition. About 2,870 households (17,196 people) with limited means – many of them newly displaced – received hygiene items and other

essentials for easing their living conditions; some were also given food or cash (see below).

Over 77,390 livestock-herding or poultry-raising households (464,364 people) benefited from animal-vaccination campaigns carried out by the livestock ministry, with the help of training, equipment and motorcycles from the ICRC. Approximately 13,000 farming households (78,024 people) grew crops using seed and tools from the ICRC, and/or cash for purchasing them. Cereal-producing associations, consisting of around 1,000 households (6,000 people), were given threshing machines and trained in their use. The agriculture ministry and an agricultural research institute bolstered their ability to ensure the availability of good-quality seed for farmers in the Far North and elsewhere, including through seed certification and control; the ICRC provided technical advice, office, laboratory and other equipment, and other support (see below).

Roughly 2,000 households (11,934 people) covered basic expenses, set up small businesses or strengthened their livelihoods with cash grants, supplies and equipment, and/or training from the ICRC. They included newly displaced people, breadwinners with physical disabilities, missing people's families, and market gardeners.

ICRC training helped National Society staff to develop their ability to implement economic-security activities.

Communities in Cameroon have broader access to clean water

A total of 68,810 people in rural and urban areas had improved access to clean water after boreholes, water-supply networks and related facilities were renovated or built. The ICRC carried out such work itself or contributed to it, in coordination with the pertinent authorities. Whenever possible, the ICRC installed solar-powered systems. About 280 local technicians and members of water-point management committees were trained and equipped to maintain and repair these facilities. Selected volunteers of the Cameroon Red Cross received similar support.

In one community, the ICRC completed a vaccination park and a solar-powered water-supply system, helping some 1,500 herders keep their livestock healthy. Farmers stood to benefit from the ICRC's construction of a seed laboratory for the agriculture ministry; work began in October and was ongoing as at the end of 2023.

In the immediate aftermath of violence in the Far North, the Cameroon Red Cross and the ICRC carried out emergency activities to help the communities affected maintain their access to safe water and sanitation; they set up latrine blocks, showers and/or standpipes. The ICRC also donated water-purification tablets and jerrycans to some of these communities.

Patients at ICRC-supported primary-health-care centres had better care settings after the ICRC carried out repairs or upgrades to water, waste-management and other systems, including by adapting some of them to use solar power; certain projects were still in progress as at the end of the year.

People obtain good-quality health care

Thirteen primary-health-care centres in the Far North, North-West and South-West regions of Cameroon provided good-quality preventive and curative care. They were helped with regular support from the ICRC: essential drugs, supplies and equipment, facility repairs or upgrades (see above), and staff training, for instance, in medication management and waste management. Children were screened and treated for malnutrition; they, pregnant women and others were also vaccinated against infectious diseases, including through community outreach. Victims/survivors of sexual violence were treated within 72 hours of the incident. Patients requiring higher-level care were referred to hospital (see *Wounded and sick*).

In response to influxes of wounded people following attacks and to measles outbreaks, the ICRC provided the above-mentioned and two other centres with funding, medicines and/or other ad hoc assistance – for example, to enable vaccination campaigns to reach remote communities.

Over 1,500 victims of violence, including victims/survivors of sexual violence and missing people's families, obtained psychosocial support with the ICRC's help. Staff at ICRC-supported health facilities (see also *Wounded and sick*) were trained to provide such care and supervised by the ICRC. The ICRC assisted missing people's families to attend group-support sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Cameroon are visited by the ICRC

The ICRC visited people confined in 19 places of detention under the justice ministry and the *gendarmerie*. During its visits, it paid close attention to people with specific needs: security detainees, women, minors and foreigners; it monitored 81 detainees individually. Findings and recommendations were communicated confidentially to the authorities, towards aligning detainees' treatment and living conditions with internationally recognized standards, including in connection with detainees' access to health care. The ICRC discussed its standard procedures for such visits with the pertinent authorities, to help ensure that they could be carried out in full, particularly in places of permanent detention. It continued to seek access to all detainees within its purview.

Whenever possible, it passed on key messages to armed groups, on ensuring the safety of people held in their custody.

Some detainees contacted their family members through short oral messages relayed by ICRC delegates and RCMs. The ICRC made nine phone calls to inform families of the whereabouts of their detained relatives. It followed up allegations of arrest and detention with the authorities, and emphasized the need to notify the families concerned whenever people were arrested, detained or transferred to other detention facilities.

WOUNDED AND SICK

Wounded people are provided with surgical care

In Cameroon, people requiring surgical or other specialized care, such as those wounded during armed violence, were treated at 12 regional and other hospitals that sustained their

services with material and technical assistance from the ICRC. It facilitated the transfer of patients from primary-health-care centres and, on an ad hoc basis, scaled up its donations of medical supplies and equipment to the hospitals, to help them cope with emergencies. The ICRC covered the treatment costs for approximately 1,000 patients. Staff at three of the hospitals learnt more about the goals of the Health Care in Danger initiative, during training sessions; planned training in other areas was cancelled, because of budgetary constraints.

A total of 34 people¹ with physical disabilities obtained suitable care at two physical rehabilitation centres. The ICRC provided the centres with financial and technical assistance for manufacturing or repairing mobility devices; it also covered transportation and other expenses incurred by the patients during their treatment. Some patients received income support (see *Civilians*).

ACTORS OF INFLUENCE

Armed and security forces personnel strengthen their grasp of IHL

In Cameroon, military, *gendarmerie* and police personnel added to their knowledge of IHL, international human rights law, and other norms and standards applicable to their duties at briefings and other events facilitated by the ICRC. Selected officers from among these personnel were trained as instructors in IHL and international human rights law. Two senior military officers participated in an advanced IHL course at Sanremo, with ICRC support. Discussions at senior level with the military and the *gendarmerie* continued, on furthering the integration of pertinent norms and standards into their doctrine, training and operations; the ICRC provided expert advice for the ongoing revision of the military's manual for IHL instructors. Dialogue in this regard was also pursued with the defence ministry, which entered into an agreement with the ICRC to jointly develop a plan to reinforce respect for IHL among military troops.

Armed forces and security forces personnel in Gabon added to their knowledge of IHL and the ICRC's mission and activities during ICRC-led seminars at a military school and a school for military medicine, both in Libreville. One seminar also covered international human rights law, as requested by the chief of staff of the armed forces. In view of the coup d'état, the ICRC relayed key messages on humanitarian principles to these weapon bearers.

The ICRC urged the authorities in Cameroon to ratify IHL and IHL-related treaties, adopt related legislative measures and set up a national IHL committee. The government hosted a regional workshop aimed at promoting adoption and implementation of the Convention on Cluster Munitions among countries in francophone Africa. The justice ministry took steps towards the domestic implementation of the African Union Convention on IDPs, with the help of a committee of stakeholders that included UNHCR and the ICRC. Representatives from the health ministry and the military participated in a

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

round table on the issues covered by the Health Care in Danger initiative. The ICRC provided input to the social-affairs and the women's empowerment ministries, for their ongoing study on the country's legal framework on disappearances in light of international law.

In Gabon, the Economic Community of Central African States, headquartered in Libreville, sought the ICRC's advice in developing its humanitarian strategy. The ICRC maintained contact with the Gabonese Red Cross Society, notably in connection with its efforts to promote the establishment of legislation regulating the use of the red cross emblem.

Members of civil society learn more about humanitarian issues

Students and teachers in Cameroon advanced their understanding of IHL and the Movement by attending ICRC-organized or -supported events. These included information sessions on IHL and domestic counter-terrorism measures, and on the protection due to civilians during conflict; a moot court competition; and a workshop on teaching IHL. A local university drew on the ICRC's IHL expertise to review its law curriculum.

Together with the National Societies in Cameroon, Gabon and São Tomé and Príncipe, the ICRC strove to broaden awareness of humanitarian issues, and make humanitarian principles and the Movement more widely known. It carried out regional and national communication campaigns in local languages, using radio broadcasts, social-media posts and other means. Briefings, press releases and reference materials from the

ICRC helped to give members of the local and the international media a fuller picture of humanitarian work during conflict and other violence, and enabled them to cover the ICRC and other Movement components' activities more accurately. In Cameroon, the ICRC also elicited feedback from people whom it was assisting (see *Civilians*).

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC, along with other Movement components, provided the Cameroon Red Cross Society, the Equatorial Guinea Red Cross Society, the Gabonese Red Cross Society, and the São Tomé and Príncipe Red Cross with material, technical and/or financial support to strengthen their operational and administrative capacities (see, for example, *Actors of influence*). It also facilitated training in such fields as first aid and/or the Safer Access Framework for them.

The Cameroon Red Cross assisted people affected by conflict and other violence (see *Civilians*) and continued to develop its relations with the Red Cross of Chad, through meetings and workshops in Cameroon and Chad.

The ICRC gave the Gabonese Red Cross technical advice to help it ensure its access to people in need and the safety of its volunteers in connection with the elections.

Movement components, especially those working in the Lake Chad region, coordinated their activities to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	97	13		
RCMs distributed	40	2		
Phone calls facilitated between family members	1			
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	349	48	39	36
<i>including people for whom tracing requests were registered by another delegation</i>	10			
Tracing cases closed positively (subject located or fate established)	204			
<i>including people for whom tracing requests were registered by another delegation</i>	31			
Tracing cases still being handled at the end of the reporting period (people)	2,227	207	227	344
<i>including people for whom tracing requests were registered by another delegation</i>	378			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	14	6		
UAMs/SC reunited with their families by the ICRC/National Society	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	76	28		3
Documents				
People to whom official documents were delivered across borders/front lines	6			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	10,170	397	189	
Visits carried out	21			
		Women	Girls	Boys
Detainees visited and monitored individually	81	1		
<i>of whom newly registered</i>	5	1		
RCMs and other means of family contact				
RCMs collected	16			
Phone calls made to families to inform them of the whereabouts of a detained relative	9			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		110,675	35,474	47,038
	<i>of whom IDPs</i>		35,406	11,396	14,980
Food production	People		548,388	123,865	311,465
	<i>of whom IDPs</i>		136,692	30,848	77,696
Income support	People		11,934	3,603	4,826
	<i>of whom IDPs</i>		3,496	1,087	1,350
Living conditions	People		17,196	5,458	7,665
	<i>of whom IDPs</i>		8,120	2,577	3,619
Capacity-building	People		262	56	157
	<i>of whom IDPs</i>		67	14	40
Water and habitat					
Water and habitat activities	People		72,533	23,458	26,887
	<i>of whom IDPs</i>		20,475	6,622	7,588
Primary health care					
Health centres supported	Structures		15		
	<i>of which health centres supported regularly</i>		13		
Average catchment population			151,486		
Services at health centres supported regularly					
Consultations			206,300		
	<i>of which curative</i>		170,949	42,041	105,664
	<i>of which antenatal</i>		35,351		
Vaccines provided	Doses		171,874		
	<i>of which polio vaccines for children under 5 years of age</i>		39,689		
Referrals to a second level of care	Patients		2,068		
	<i>of whom gynaecological/obstetric cases</i>		589		
Mental health and psychosocial support					
People who received mental-health support			1,574		
People who attended information sessions on mental health			40,904		
People trained in mental-health care and psychosocial support			57		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		12		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			2,974		
Weapon-wound admissions (surgical and non-surgical admissions)			195	22	*
Weapon-wound surgeries performed			101		
Patients whose hospital treatment was paid for by the ICRC			1,019		
Physical rehabilitation					
Projects supported			2		
	<i>of which physical rehabilitation centres supported regularly</i>		2		
People who benefited from ICRC-supported projects	Aggregated monthly data		34		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>		34	*	*
Services at physical rehabilitation centres supported regularly					
Prostheses delivered	Units		35		

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

AMERICAS

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	928
RCMs distributed	99
Phone calls facilitated between family members	165,156
Tracing cases closed positively (subject located or fate established)	445
People reunited with their families	9
<i>of whom unaccompanied minors/separated children</i>	7
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	108
Detainees in places of detention visited	248,024
<i>of whom visited and monitored individually</i>	1,182
Visits carried out	291
Protection of family links	
RCMs collected	601
RCMs distributed	375
Phone calls made to families to inform them of the whereabouts of a detained relative	180

EXPENDITURE IN KCHF	
Protection	41,954
Assistance	39,697
Prevention	21,046
Cooperation with National Societies	9,023
General	1,740
Total	113,459
<i>Of which: Overheads</i>	<i>6,925</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%
PERSONNEL	
Mobile staff	206
Resident staff (daily workers not included)	930

ASSISTANCE		2023 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	People	9,100	15,987
Food production	People	8,600	13,339
Income support	People	4,910	6,554
Living conditions	People	4,500	9,963
Capacity-building	People		81
Water and habitat			
Water and habitat activities	People	386,514	297,005
Health			
Health centres supported	Structures	22	22
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	People	4,000	4,887
Living conditions	People	7,800	12,906
Water and habitat			
Water and habitat activities	People	39,990	24,499
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	21	20
Physical rehabilitation			
Projects supported	Projects	17	17
Water and habitat			
Water and habitat activities	Structures	7	6

DELEGATIONS

Brasilia (regional)
 Caracas (regional)
 Colombia
 Lima (regional)
 Mexico City (regional)
 New York
 Panama City (regional)
 Washington (regional)



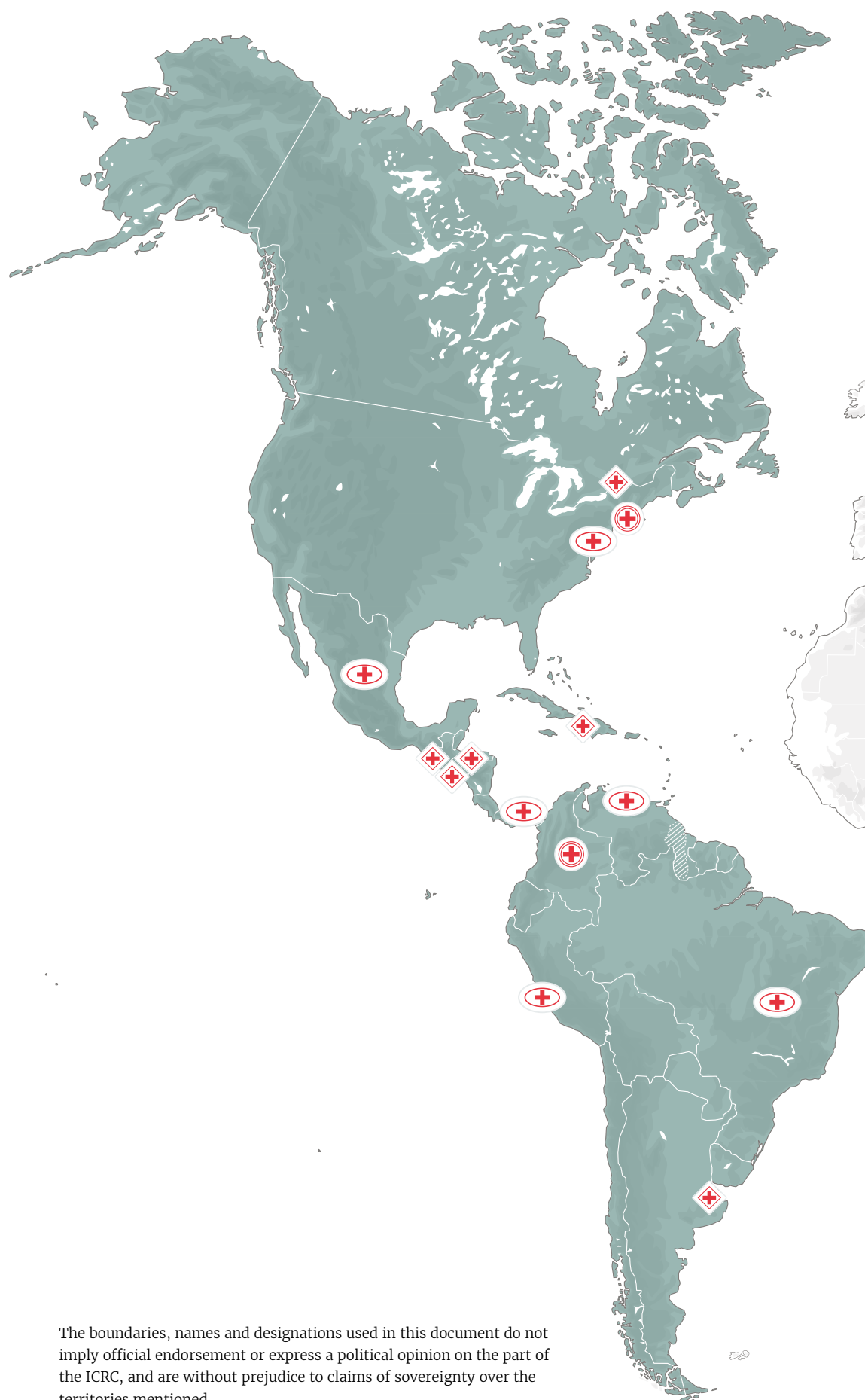
ICRC delegation



ICRC regional delegation



ICRC mission



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BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay

The ICRC has been present in the region since 1975. It helps address the needs of violence-affected people in Brazil and elsewhere in the region, including missing people's families and vulnerable migrants. It supports the authorities in addressing systemic issues in places of detention. It works with the region's National Societies, and supports them in strengthening their capacities. The ICRC seeks to strengthen support for IHL and for its work. It promotes the incorporation of IHL and/or international human rights law in national legislation, and their integration into the doctrine, training and operations of armed and security forces.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF	
Protection	5,463
Assistance	386
Prevention	1,924
Cooperation with National Societies	1,158
General	92
Total	9,024
<i>Of which: Overheads</i>	<i>551</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	98%
PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	78

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	6
RCMs distributed	4
Phone calls facilitated between family members	69,588
Tracing cases closed positively (subject located or fate established)	12
People reunited with their families	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	10
Detainees in places of detention visited	10,350
<i>of whom visited and monitored individually</i>	43
Visits carried out	34
Protection of family links	
RCMs collected	1

CONTEXT

Armed violence was pervasive in the region. The activities of criminal groups – mainly drug trafficking and territorial disputes – were sources of violence in Brazilian communities, as were the operations conducted by security forces against these groups. Political and socio-economic protests took place throughout the region. The authorities were reported to have used excessive force in responding to some of these protests. Communal tensions persisted in southern Chile. Violence in the region caused injuries, deaths and disappearances, displaced people and disrupted essential services, often traumatizing those affected.

Migrants from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*), including unaccompanied children, travelled to northern Brazil and usually remained there. During their journey, they were at risk of abuse and losing touch with their relatives. The Brazilian government resettled thousands of Venezuelans in the state of Roraima and elsewhere in the country. Many migrants from other Latin American countries or elsewhere passed through or settled in the region.

In Brazil, the processes of searching for and identifying missing people were not closely coordinated. Families in the region awaited news of relatives missing in connection with past conflict or armed violence and other recent events.

ICRC ACTION AND RESULTS

The ICRC worked with the National Societies and local authorities to address the needs of violence-affected people in Brazil and elsewhere in the region. Owing to financial constraints, it closed its structures in Boa Vista and in Rio de Janeiro; activities in these areas were handed over to the Brazilian Red Cross and taken over by its delegation in Brasilia, respectively.

Authorities address the impact of armed violence in Brazil

The ICRC worked with the Brazilian authorities to ensure that violence-affected people's rights were respected and their needs addressed. It gave them technical support for implementing measures to protect people providing or seeking essential services and for incorporating them in public policies. ICRC-developed digital platforms helped authorities collect data on the impact of armed violence on essential services, which they used to develop public-order protocols for security forces and foster respect among them for international human rights law and other norms. The ICRC assessed the effectiveness of these measures and shared its findings with the authorities. Thousands of health workers, teachers and other professionals completed an ICRC-developed e-learning course on safe behaviours. The ICRC provided emergency financial assistance for 63 victims of armed violence.

In the Brazilian state of Ceará, the ICRC discussed documented instances of armed violence with the authorities and police/security forces, and drew their attention to the situation of IDPs and minors. To help broaden legal protection for IDPs, the recommendations of an ICRC study on existing legal frameworks were presented to the authorities. The ICRC held workshops in violence-affected communities to help them develop more effective means of self-protection. It facilitated meetings and provided support for a women's collective that assisted victims of the use of excessive force by the police.

The ICRC conducted information sessions for the Brazilian authorities and others on the psychosocial needs of violence-affected people and missing people's families. Providers of essential services for violence-affected people learnt from ICRC-trained professionals how to manage the psychological consequences of their stressful jobs. Community and government workers attended ICRC training in mental-health and psychosocial support for violence-affected people and missing people's families. When necessary, the ICRC provided care itself.

The ICRC strove to incorporate the following in all its activities: gaining a fuller understanding of people's needs, including those of victims/survivors of sexual violence; telling people about the ICRC's work and the humanitarian support available to them; and collecting their views and suggestions, to adapt its activities accordingly.

Efforts to protect family links and ascertain the fate of missing people continue

The ICRC gave Brazilian authorities – in Ceará, Roraima, São Paulo, and at the federal level – expert advice, technical support and training for strengthening the implementation of laws and mechanisms concerning missing people, including

migrants, and for preventing disappearances. It impressed upon these authorities the importance of respecting families' right to know the fate of missing relatives, and addressing these families' needs. The justice ministry published the first national reference document on the search for missing people in Brazil; these incorporated suggestions made by the ICRC. The ICRC reiterated to the authorities the importance of managing human remains properly, and gave them guidance, training and equipment to this end. Aided by the ICRC, the authorities worked to establish reference centres for assisting missing people's families. Associations of missing people's families received comprehensive support from the ICRC.

The Movement responded to the humanitarian concerns of migrants throughout the region. Together with the International Federation, the ICRC provided National Societies technical support for refining their strategies in this regard (see below). Members of families dispersed by migration, or by armed violence and other emergencies, used the Movement's family-links services, in line with pertinent data-protection standards; a total of 69,588 phone calls were facilitated.

Before year's end, the ICRC turned over to the Brazilian Red Cross its connectivity services, at family-links posts in northern Brazil, for Venezuelan migrants, including unaccompanied children. The process of turning over these services to the National Society began in 2021. In Roraima, the ICRC monitored the situation of unaccompanied children and authorities' efforts to reunite them with their families.

Authorities improve prison management and design

The ICRC visited detainees in Ceará, in accordance with its standard procedures, and assessed their treatment and living conditions. It paid close attention to detainees with specific needs. Findings and recommendations from these visits were communicated confidentially to the authorities. It enabled these authorities to visit their counterparts in Chile to exchange best practices.

The ICRC gave the authorities and staff technical support and training for improving prison management, ensuring respect for judicial guarantees, addressing instances of ill-treatment and/or facilitating family contact. It helped the authorities construct a tactile floor for visually impaired detainees at one prison.

Argentinian, Brazilian and Chilean penitentiary authorities, and their counterparts from other Latin American countries, attended an ICRC workshop in Costa Rica (see *Mexico City*) to finalize a technical guide to prison management and design.

The ICRC fosters support for IHL and related treaties

Armed forces and police/security forces in the region – particularly those conducting operations to maintain or restore public order and peacekeepers deployed outside their countries – strengthened their grasp of IHL and/or other pertinent norms at ICRC-organized meetings and workshops. In Brazil, Chile and Paraguay, these personnel drew on the ICRC's guidance to adapt their training and refine their reference materials and law-enforcement protocols.

Government officials added to their knowledge of IHL and related treaties at meetings organized by national IHL committees and the ICRC. Representatives from Argentina, Brazil, Chile, Uruguay and 11 other countries attended a regional meeting of national IHL committees, and similar organizations in the Americas, held in Argentina and organized by the ICRC and Argentinian authorities. With ICRC technical support, the Brazilian government reinstated the national IHL committee, which was deactivated in 2018.

Actors of influence learn more about IHL and humanitarian issues

Brazil's two-year term as a non-permanent member of the UN Security Council began in 2022. The ICRC took this opportunity to discuss IHL and matters of universal humanitarian concern with the Brazilian authorities.

The ICRC helped authorities, and journalists, academics and other influential actors, learn more about IHL, humanitarian issues and the Movement's activities – for instance, by enabling some of them to attend regional and international forums. ICRC-organized communication campaigns and events drew attention to the plight of missing people's families and violence-affected people, and to the ICRC's response, such as its forensic work in the Falkland Islands (Malvinas).¹

Aided by the ICRC, National Societies in the region strengthened their organizational and operational capacities, particularly their ability to respond to emergencies and ensure protection for migrants.

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MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	6			
RCMs distributed	4			
Phone calls facilitated between family members	69,588			
Reunifications, transfers and repatriations				
People reunited with their families	2			
Human remains transferred or repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	37	18	3	2
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	12			
<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)	277	55	28	14
<i>including people for whom tracing requests were registered by another delegation</i>	15			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	12	9		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	45	21		
Documents				
People to whom official documents were delivered across borders/front lines	2			
Forensics				
Training sessions on the recovery, identification and protection of human remains	2			
People trained	37			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	10			
Detainees in places of detention visited	10,350	1,254	8	
Visits carried out	34			
		Women	Girls	Boys
Detainees visited and monitored individually	43	21		
<i>of whom newly registered</i>	40	18		
RCMs and other means of family contact				
RCMs collected	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS	Total		
Mental health and psychosocial support			
People who received mental-health support	52		
People who attended information sessions on mental health	373		
People trained in mental-health care and psychosocial support	40		

CARACAS (regional)

COVERING: Bolivarian Republic of Venezuela, Trinidad and Tobago, Aruba, Bonaire, Curaçao

The ICRC has been active in the Bolivarian Republic of Venezuela since 1966; it established a regional delegation in Caracas in 1971. It seeks to protect and assist people affected by violence in Venezuela. It reconnects families separated by different circumstances in the region. It visits people detained in Venezuela and helps the authorities to improve detainees' treatment and living conditions. It reinforces National Society capacities and supports the incorporation of IHL and international human rights law in military and police procedures, respectively.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2023

- The ICRC continued to engage in dialogue with the authorities in Venezuela on the protection due to people affected by violence; one of the main topics was the joint efforts to facilitate access to health care and other services.
- People in priority areas of Venezuela obtained health care and water from ICRC-supported providers, who were given training in maintenance before the ICRC wound down its support because of financial constraints.
- In priority communities in Venezuela, people produced food and pursued livelihoods (e.g. by growing cacao or other crops, or by raising poultry) with the ICRC's help, which included the necessary supplies and training.
- The Venezuelan Red Cross, which received support for developing its capabilities, worked with the ICRC to reconnect separated families.
- Working jointly with the ICRC, the Venezuelan penitentiary authorities strove to improve detainees' living conditions; the ICRC provided them with training after it reduced its assistance.

EXPENDITURE IN KCHF

Protection	5,680
Assistance	16,169
Prevention	2,080
Cooperation with National Societies	1,313
General	117
Total	25,358
<i>Of which: Overheads</i>	<i>1,548</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	50
Resident staff (daily workers not included)	156



PROTECTION

CIVILIANS

Protection of family links

RCMs collected	836
RCMs distributed	15
Phone calls facilitated between family members	3,457
Tracing cases closed positively (subject located or fate established)	62
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	<i>6</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	12
Detainees in places of detention visited	9,657
<i>of whom visited and monitored individually</i>	<i>145</i>
Visits carried out	31

Protection of family links

RCMs collected	47
RCMs distributed	46
Phone calls made to families to inform them of the whereabouts of a detained relative	43

ASSISTANCE

CIVILIANS

Economic security

		2023 Targets (up to)	Achieved
Food consumption	People	1,100	1,691
Food production	People	600	3,768
Income support	People	1,100	2,642
Living conditions	People	500	3,387
Capacity-building	People		81

Water and habitat

Water and habitat activities	People	356,114	247,438
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Health

Health centres supported	Structures	12	12
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PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Food consumption	People	4,000	4,887
Living conditions	People	7,800	12,906

Water and habitat

Water and habitat activities	People	5,150	5,270
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	10	5
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Water and habitat

Water and habitat activities	Structures	6	6
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CONTEXT

In the Bolivarian Republic of Venezuela (hereafter Venezuela), various regions were affected by violence, with armed groups fighting one another or with security forces. These regions included those bordering Colombia and Brazil, and Caracas and its surroundings. People were detained for security reasons. Tensions between Venezuela and Guyana arose from a dispute over Essequibo, which is claimed by both countries.

Communities in or around those border areas were affected: hundreds of people were displaced, and access to basic services and livelihoods was lacking. The consequences of the economic crisis in Venezuela – in particular, inflation, power cuts and shortages of essential goods – exacerbated people's difficulties.

Many Venezuelans had left for neighbouring countries such as Brazil and Colombia, or for nearby Caribbean islands, in search of better economic opportunities and safety; they faced several risks during their journey, such as losing touch with their families or going missing.

ICRC ACTION AND RESULTS

The ICRC sought to ensure the protection of violence-affected people, and to meet some of their needs. It scaled down and/or concluded some of its assistance activities; this was mainly because of, or accelerated by, financial constraints. The ICRC sought to ensure a responsible handover to its local partners by bolstering their capacities and/or providing other longer-term support before withdrawing, or before shifting its focus to urging the authorities and other actors to help address people's needs.

Discussions with pertinent authorities – about IHL and other norms protecting civilians – continued. Venezuelan military personnel and police officers strengthened their grasp of these norms through ICRC training and workshops. People in affected areas attended ICRC workshops to learn how to mitigate threats to their safety.

The ICRC backed the provision of medical services by supporting primary-health-care centres and hospitals, and by training and equipping first-aiders. Missing people's families, health workers and others received mental-health or psycho-social support thanks to the ICRC's efforts.

The ICRC also sought to ensure the availability of water in affected communities in Venezuela. To that end, it worked with the authorities to make improvements to infrastructure. It trained personnel in maintenance and repairs, to prepare its local partners for the reduction or conclusion of its support in these fields.

In Venezuela, the ICRC supported or carried out resilience-building projects in affected communities. It provided people with food and household essentials, and assistance for growing crops or running small businesses. One school canteen served hot meals for several months with the ICRC's help. The ICRC also took steps to ensure that this would continue even after

the end of its support: for instance, it made renovations at the canteen and provided supplies and training for planting vegetable gardens.

The ICRC, together with other Movement components, provided family-links services for people in Venezuela who had been separated from their families by various circumstances. This included setting up and maintaining stations where people could access internet and charging services, and thus contact their relatives. However, family-links activities in other countries were put on hold. With a view to ensuring that the dead were identified, and their families notified, the ICRC discussed the issue with authorities, including at the Colombia-Venezuela border. It also renovated forensic infrastructure and provided training, and body bags and other supplies, for forensic professionals and first responders involved in managing human remains in Venezuela.

In Venezuela, the ICRC monitored detainees' treatment and living conditions and communicated its findings and recommendations confidentially to the authorities. The authorities were given support for improving detainees' living conditions; however, several initiatives were scaled down, cancelled, or ended. Wherever possible, the ICRC prepared detaining authorities for the end of its assistance by providing training and technical advice in addition to distributing food and ensuring access to clean water.

The ICRC continued to help the Venezuelan Red Cross to develop its capacities in emergency preparedness and response, restoring family links and broadening acceptance for the Movement's activities.

CIVILIANS

The ICRC sought to ensure protection for violence-affected people, and to meet some of their needs. It scaled down and/or concluded several of its activities within the year; this was because of financial constraints, or accelerated by them. These activities included relief aid, livelihood assistance, support for health facilities (see *Wounded and sick* as well) and repairs to public infrastructure. Whenever possible, the ICRC sought to bolster the capacities of its local partners before withdrawing, or before shifting its focus to urging the authorities and other actors to help address people's needs.

Most of the people who benefited from the ICRC's activities were in states near the border with Colombia (Apure, Tachira and Zulia); Caracas and surrounding areas (particularly Aragua, the Capital district, Miranda and Petare); and states bordering Brazil (Bolivar).

People's protection concerns are raised with the pertinent parties

Through meetings and confidential representations, the ICRC continued to engage in dialogue with the authorities in Venezuela on the protection due to people affected by violence. The focus was on the conduct of military and security forces' operations, the proper use of force, and access to health care and other services. These discussions were complemented

by dissemination sessions for weapon bearers (see *Actors of influence*), which aimed to add to their knowledge of applicable norms, and advance their understanding of the ICRC's humanitarian work and secure their acceptance for it.

People in priority areas attended ICRC workshops to learn how to mitigate threats to their safety. The workshops included train-the-trainer sessions on weapon contamination and other risks. There were also 13 workshops, on safe practices in the event of violence. These were attended by 497 people, 91% of whom said that they knew what to do in an emergency because of the workshops. This was a significant increase from the baseline figure of 66%. A total of 111 people were given cash to help them deal with the consequences of being subjected to unlawful conduct; others were referred for specialized services, including mental-health and psychosocial support.

Vulnerable people in Venezuela gain better access to health care and water

People in priority areas obtained medical services at 12 ICRC-supported primary-health-care centres. The ICRC provided the centres with medical supplies, training for staff and other forms of assistance, like upgrades to infrastructure, which helped them to conduct roughly 329,000 preventive, curative and antenatal/postnatal consultations. Some 210 people – missing people's families, health workers and others – received mental-health or psychosocial support from 182 people trained by ICRC specialists, or from the specialists themselves.

Roughly 247,000 people benefited from the ICRC's water-and-habitat projects, after the ICRC redirected its resources towards repairing essential infrastructure in densely populated areas where needs were greatest. For instance, it renovated several water-supply facilities and public facilities such as the canteen at one school (see below). These projects were carried out with regional water boards and other authorities, who were given guidance in maintaining essential facilities. Volunteers from the Venezuelan Red Cross were also trained and equipped to respond to water and sanitation needs during emergencies.

Communities in priority areas produce food and earn an income

Nearly 1,700 people met some of their dietary needs with the ICRC's help. They included over 1,000 students in Aragua, who were served hot meals at a canteen that received several months of assistance, including equipment and money for supplies, from the ICRC. To help ensure the canteen's continued operation, the ICRC renovated its facilities and gave its staff training and supplies for planting vegetable gardens.

Roughly 3,700 people grew crops, or raised chickens or rabbits, with the ICRC's support, which included the necessary supplies and training. About 2,600 people pursued income-generating activities with the help of the ICRC: for example, cocoa farmers were able to improve their production and identify types of export-quality cocoa with the help of cash for buying equipment, and training, provided by the ICRC. Others drew on business training, advice and other forms of support from

the ICRC in order to develop their business plans and run their micro-economic initiatives.

Nearly 3,400 people were given hygiene supplies and other items, or cash to buy them, to improve their living conditions; in many cases, this was intended to complement other forms of assistance that they had received (see above).

Around 80 people received various forms of capacity-building support, such as train-the-trainer courses in nutrition for teachers and workshops on agricultural methods and business skills.

Members of separated families reconnect with each other

Members of families dispersed by various circumstances made use of the Movement's family-links services. The Venezuelan Red Cross and the ICRC set up connectivity points, mainly in border areas, and thousands of people availed themselves of Wi-Fi and charging services, which enabled them to contact their relatives themselves. As a result of the Movement's efforts, 3,457 phone calls were arranged; the fate or whereabouts of 62 people, who had been reported missing, were ascertained; six people were reunited with their families; and official documents were delivered across borders to 25 people. The ICRC also facilitated the repatriation of migrants' remains and helped the families to cover funeral or transport expenses. Because of financial constraints, however, family-links services in other countries in the region were put on hold.

The ICRC strove to raise awareness among authorities and other stakeholders of the needs of missing people's families, particularly the families of missing migrants. It also reminded them of the necessity of preventing family separation, and disappearances. In addition, it offered them guidance in searching for missing people and urged coordination among stakeholders, as well as more support for families.

Missing people's families received mental-health and psychosocial support (see above) from ICRC-trained personnel. About 100 of them were given help to meet their administrative, legal or other needs, including through referrals for further assistance. The families commemorated the International Day of the Disappeared at events organized by the ICRC. Representatives of missing persons' families in Venezuela also shared their experiences at an online conference, organized by the ICRC in November, that brought together more than 700 families from around the world, giving them a platform to support each other and share their expertise, with a view to helping them address their common challenges.

The ICRC's regular support for missing people's families ended by the third quarter of the year, but it continued to provide advice on an ad hoc basis.

Forensic services in Venezuela develop their ability to manage human remains

The ICRC endeavoured to bolster local capacities in forensics to help ensure that the dead were identified and their families

notified. It met with various authorities – including military/security forces at the Colombia-Venezuela border – and convened round-table discussions to persuade them to move the issue higher up on their agenda; advocate closer coordination and drafting of legal frameworks and policies, including contingency plans for emergencies; and follow up and advise them on cross-border cases. The ICRC also made its technical expertise available for identifying the bodies of dead migrants.

Forensic professionals and first responders (e.g. from the military/security forces) attended ICRC training and learnt more about best practices in managing human remains. They were given body bags, personal protective equipment and other supplies, but the provision of such support was gradually cut back because of financial constraints. Renovations were made at two morgues, improving working conditions for forensic professionals.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, 12 places of detention in Venezuela that collectively held around 9,600 detainees. Through these visits, it monitored detainees' treatment and living conditions, including respect for their judicial guarantees, and communicated the findings confidentially to the authorities.

Detainees and their families learnt more about legal processes through posters, produced by the ICRC, containing information on the different stages of criminal proceedings.

Detainees contacted their families through the Movement's family-links services. Where appropriate, the ICRC helped foreigners notify their consular representatives of their detention.

Prison authorities are given some support for improving detainees' living conditions

The authorities were given support for improving detainees' living conditions and nutrition, but several initiatives were cancelled; they included assistance for prison management, health care, cultivation of vegetable gardens, vocational training and penitentiary authorities' participation in regional workshops for developing standards for prison management and design. Other activities were scaled down or concluded because of financial constraints.

Roughly 4,800 people were given rations or in some cases, therapeutic food; 12,900 people were given hygiene kits and other essentials, such as utensils for preparing and distributing food. Prison staff also received training in monitoring the nutritional status of detainees.

Around 5,300 people benefited from the ICRC's water-and-habitat initiatives: chlorine tablets were donated to help ensure that clean water was available for cooking at two prisons, and a sewage-collection system was installed at another prison. In that same facility, staff were trained in the operation and maintenance of a solar-powered water-pumping system installed by the ICRC in 2022.

WOUNDED AND SICK

Responders receive first-aid training

A total of 485 first responders learnt how to stabilize wounded patients through training from the Venezuelan Red Cross and the ICRC. At these sessions, the obstruction of access to health care was a subject of discussion. Wounded and ailing patients received first aid and/or were transported to health facilities, some of them by ambulance services that were operating with technical and material support from the ICRC. The ICRC also helped to set up clinical simulation centres at four schools of medicine, which aided their efforts to train students in first aid and other emergency-response skills.

In light of the withdrawal of its assistance by the end of the year, the ICRC gave five hospitals various kinds of support, including training in maintaining and repairing equipment. Facilities at six hospitals (including some of the hospitals mentioned above) were renovated; improvements to their water and electrical systems helped them to ensure the continuity of their services.

ACTORS OF INFLUENCE

The general public learns more about the Movement's work in Venezuela

The ICRC sought to broaden awareness of and support for its activities in Venezuela, and to be a reliable source of information on the humanitarian situation, as well as "information as aid" (e.g. on safer behaviours in the event of emergencies). To this end, it conducted information sessions for the authorities and members of civil society, including journalists and people in affected communities; it also produced audio-visual materials, printed matter and radio spots on the safer behaviours mentioned above, and posted updates on social media. Many of its public-communication initiatives, particularly to broaden awareness of its family-links services, were carried out jointly with the Venezuelan Red Cross, which also received support – equipment, funding and expert advice – for strengthening its own capacities in public communication.

The community contact centre that the ICRC had set up last year continued to give people information about the ICRC's services and enabled them to communicate their views and suggestions; affected people made roughly 900 calls, during which the ICRC answered their questions and addressed concerns about its work.

Venezuelan police and military personnel strengthen their grasp of IHL and other pertinent norms

Members of the military and security forces added to their knowledge of IHL and other pertinent norms at high-level meetings, round tables and workshops organized by the ICRC. Little progress was made in dialogue with national authorities on IHL implementation, and with police forces on integrating these norms into their training, as various other matters (see *Context*) took up most of their attention.

Two universities expressed their intent to formalize relations with the ICRC and to include IHL programmes in their curriculum, with a view to reaching prospective decision makers.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC continued to give the Venezuelan Red Cross comprehensive support for developing its ability to respond to humanitarian needs in Venezuela, including through joint activities to restore family links, and facilitate access to health care and water. Over 80 volunteers also received training in the provision of livelihood support, and participated in such initiatives.

To help them do their work in safety, National Society volunteers were trained in the Safer Access Framework, given uniforms to identify them as Red Cross personnel, and provided with support for maintaining their vehicles. More than 30 National Society branches were better placed to

respond to emergencies at the national level because of the ICRC's support in kind, which included first-aid supplies and office equipment.

The ICRC gave support, channelled through the International Federation, to the Venezuelan Red Cross for the latter's plan for organizational development; however, this support and the capacity-building assistance mentioned above were all temporarily delayed by the reorganization of the National Society.

Movement components throughout the region continued to meet regularly to coordinate their activities and explore possibilities for cooperation.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	836			
RCMs distributed	15			
Phone calls facilitated between family members	3,457			
Reunifications, transfers and repatriations				
People reunited with their families	6			
<i>including people registered by another delegation</i>	6			
Human remains transferred or repatriated	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	145	37	9	10
<i>including people for whom tracing requests were registered by another delegation</i>	24			
Tracing cases closed positively (subject located or fate established)	62			
<i>including people for whom tracing requests were registered by another delegation</i>	28			
Tracing cases still being handled at the end of the reporting period (people)	382	82	17	28
<i>including people for whom tracing requests were registered by another delegation</i>	102			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	6	1		
<i>including UAMs/SC registered by another delegation</i>	6			
Documents				
People to whom official documents were delivered across borders/front lines	25			
Forensics				
Training sessions on the recovery, identification and protection of human remains	15			
People trained	508			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	12			
Detainees in places of detention visited	9,657	1,525		
Visits carried out	31			
		Women	Girls	Boys
Detainees visited and monitored individually	145	26		
<i>of whom newly registered</i>	28	6		
RCMs and other means of family contact				
RCMs collected	47			
RCMs distributed	46			
Phone calls made to families to inform them of the whereabouts of a detained relative	43			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	People	1,691	281	1,174
Food production	People	3,768	1,096	1,575
	<i>of whom IDPs</i>	125	36	52
Income support	People	2,642	1,249	660
	<i>of whom IDPs</i>	5	2	1
Living conditions	People	3,387	1,146	1,442
Capacity-building	People	81	68	
Water and habitat				
Water and habitat activities	People	247,438	98,391	27,766
	<i>of whom IDPs</i>	48	19	5
Primary health care				
Health centres supported	Structures	12		
	<i>of which health centres supported regularly</i>	12		
Average catchment population		220,703		
Services at health centres supported regularly				
Consultations		495,215		
	<i>of which curative</i>	491,269	203,299	132,379
	<i>of which antenatal</i>	3,946		
Vaccines provided	Doses	27,730		
	<i>of which polio vaccines for children under 5 years of age</i>	11,262		
Referrals to a second level of care	Patients	7,927		
	<i>of whom gynaecological/obstetric cases</i>	346		
Mental health and psychosocial support				
People who received mental-health support		212		
People who attended information sessions on mental health		316		
People trained in mental-health care and psychosocial support		182		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	People	4,887	766	
Living conditions	People	12,906	1,211	
Capacity-building	People	29	9	
Water and habitat				
Water and habitat activities	People	5,270	617	
Health care in detention				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions		2,028		
	<i>of which weapon-wound surgical admissions</i>	*	*	
	<i>of which non-weapon-wound surgical admissions</i>	2,018	737	556
Consultations		89,624		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		*		
Weapon-wound admissions (surgical and non-surgical admissions)		184	34	
Weapon-wound surgeries performed		*		
First aid				
First-aid training				
	Sessions	28		
	Participants (aggregated monthly data)	485		
Water and habitat				
Water and habitat activities	Structures	6		

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

COLOMBIA

In Colombia since 1969, the ICRC strives to protect and assist victims of armed conflicts and other situations of violence and promotes compliance with IHL and other pertinent norms among the authorities and weapon bearers. It visits detainees and assists the authorities in addressing systemic issues affecting the penitentiary system. It supports efforts to ascertain the fate of missing people. It provides relief aid and other forms of support to violence-affected people, including migrants, and missing people's families, and reinforces their access to health services. It runs a comprehensive mine-action programme. The ICRC works closely with the Colombian Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- Authorities and weapon bearers were reminded by the ICRC of their obligations under IHL and other pertinent norms. As a source of reference on IHL, the ICRC facilitated discussions about IHL and its relevance in peace negotiations.
- At the request of the pertinent parties, the ICRC acted as a neutral intermediary in the release and safe transfer of 66 people held by armed groups and in the recovery and/or handover of human remains to the families concerned.
- Thousands of people in conflict-affected rural areas, inaccessible to state and other actors, met their urgent needs and built their resilience with relief aid and other support from the ICRC and the Colombian Red Cross.
- Detainees in various places of detention, including military facilities, were visited by the ICRC. Pertinent authorities received ICRC technical support for finding alternatives to incarceration and strengthening the prison health system.
- Wounded and sick people obtained life-saving care from health workers trained and supported by the ICRC. People with physical disabilities received rehabilitation services, went to school or earned an income with the ICRC's help.
- Medico-legal and forensic agencies updated Colombia's minimum forensic standards with the ICRC's support. Migrants in violence-affected areas reconnected with their relatives through the Movement's family-links services.

EXPENDITURE IN KCHF

Protection	13,510
Assistance	12,667
Prevention	3,328
Cooperation with National Societies	1,908
General	1,103
Total	32,516
<i>Of which: Overheads</i>	<i>1,985</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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PERSONNEL

Mobile staff	79
Resident staff (daily workers not included)	385



PROTECTION CIVILIANS

Protection of family links

RCMs collected	30
RCMs distributed	13
Phone calls facilitated between family members	27,690
Tracing cases closed positively (subject located or fate established)	206
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	6

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	16
Detainees in places of detention visited	34,400
<i>of whom visited and monitored individually</i>	73
Visits carried out	43

Protection of family links

RCMs collected	1
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	48

ASSISTANCE

CIVILIANS

Economic security

		2023 Targets (up to)	Achieved
Food consumption	People	8,000	14,296
Food production	People	8,000	9,571
Income support	People	3,450	3,566
Living conditions	People	4,000	6,576

Water and habitat

Water and habitat activities	People	23,100	23,215
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PEOPLE DEPRIVED OF THEIR FREEDOM

Water and habitat

Water and habitat activities	People	140	300
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	6	8
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Physical rehabilitation

Projects supported	Projects	13	13
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Water and habitat

Water and habitat activities	Structures	1	
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CONTEXT

Armed conflicts – between government forces and armed groups, and among armed groups seeking to expand and preserve territorial and social control – and other situations of violence intensified throughout Colombia. These caused mass displacement, injuries and deaths. Allegations of unlawful conduct, including sexual violence, and disappearances were reported.

The consequences of hostilities, present and past, made it more difficult for people to obtain essential services and pursue livelihoods. People were unable to move freely, and the delivery of humanitarian aid was often impeded, because of the presence of mines and explosive remnants of war (ERW) and of armed groups. Attacks against health services intensified, disrupting the provision of life-saving care. The state had a limited presence and emergency-response capacity in conflict-affected rural areas.

Roughly 100,000 families still had no news of relatives missing in connection with past and ongoing conflicts.

Migrants, including refugees, passing through or living in violence-affected areas endured or were at risk of loss of family contact, sexual exploitation or recruitment into armed groups. These migrants were mainly from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) and other neighbouring states.

The Colombian government and the Fuerza Alternativa Revolucionaria del Común (Comunes, or Common People's Party, the political successor to the Revolutionary Armed Forces of Colombia – People's Army, or FARC-EP) continued to implement the terms of their 2016 peace agreement.

The government continued to seek peace talks with all armed groups.

ICRC ACTION AND RESULTS

The ICRC worked with state agencies, local partners and other Movement components – notably, the Colombian Red Cross. It streamlined its operational set-up to focus on the regions most affected by armed conflict and other situations of violence, moving its office in Montería to Apartadó. Owing to financial constraints, it closed its office in Villavicencio; other ICRC structures took over the office's activities.

The ICRC sustained its protection-related dialogue with authorities, weapon bearers and others. It urged them to fulfil their obligations, under IHL and other pertinent norms, to protect civilians and facilitate their access to essential services. The ICRC acted as a neutral intermediary in the release and safe transfer of people held by armed groups, and in the recovery and/or handover of human remains.

People used the ICRC's community contact centre and other means to describe their needs, learn about the available humanitarian services and share their views on ICRC activities. Communities worked to strengthen their resilience to the

effects of violence and their means of self-protection, notably through the ICRC's comprehensive mine-action programme. The ICRC provided the state's victim assistance unit, and other government agencies and local organizations, with support to make humanitarian services more accessible to victims of violence.

The ICRC sustained its multidisciplinary response to the needs of violence-affected communities beyond the reach of state services. It distributed cash, food and/or essential household items to IDPs and others. People secured jobs, or started or strengthened small businesses; rural communities grew their own food and sold the surplus, helping them become more self-sufficient. These were made possible by cash, material support and training provided by the ICRC and its partners. The ICRC's infrastructural projects helped people access water and other essential services safely; conflict-affected communities and displaced people benefited from ICRC emergency material support, to improve shelter conditions and repair communal infrastructure.

The ICRC helped improve access to health care for violence-affected communities. People affected by violence, including sexual violence, and missing people's families, received mental-health and psychosocial support from the ICRC or ICRC-trained community/health workers. The health ministry adopted a programme to prevent violence against health staff, with ICRC support. The ICRC trained volunteers and medical professionals in first aid and various clinical areas, increasing the likelihood of saving lives. People with physical disabilities were treated at ICRC-supported centres; some of them went to school or earned an income with the ICRC's help.

The ICRC provided the Missing Persons Search Unit (UBPD) with technical support for ascertaining the fate of missing people and assisting their families. It discussed standards for humanitarian forensics, and for the management of human remains, with forensic authorities and others. Community members, first responders and weapon bearers were trained in these standards and given the supplies necessary. The ICRC renovated and fenced off an informal burial site for unidentified victims of violence. Migrants and others reconnected with their relatives through family-links services provided by the National Society and other local partners with ICRC support.

The ICRC visited detainees in accordance with its standard procedures. It gave authorities technical support for addressing structural issues and ensuring adequate health care and living conditions for detainees. It maintained support for a region-wide project in which authorities contributed to developing a technical guide for improving prison management and design.

Authorities, weapon bearers and others added to their knowledge of IHL and other norms at ICRC conferences and other events. Academics, journalists and the general public learnt more about IHL and pressing humanitarian issues in Colombia through various ICRC initiatives.

CIVILIANS

The ICRC engaged authorities and weapon bearers in dialogue on their obligations under IHL and other applicable law, to protect civilians and facilitate their access to essential services and humanitarian aid. It raised documented allegations of IHL violations, and other abuses, to them confidentially. It also drew their attention to protection-related concerns – in connection with the conduct of hostilities, sexual violence, recruitment and use of children, and weapon contamination. The ICRC conducted workshops for security forces personnel on international policing standards for the use of force (see *Actors of influence*).

At the request of the pertinent parties, the ICRC acted as a neutral intermediary in the release and safe transfer of 66 people, including 23 minors, held by armed groups, and in the recovery and/or handover of human remains (see below).

People used the ICRC's community contact centre, social media and surveys to describe their needs, learn about the humanitarian services available to them, and share their views on ICRC activities (see *Actors of influence*).

Affected communities strengthen their self-protection measures

Communities affected by armed conflict and other violence identified threats to their safety and developed measures for self-protection at community-based workshops and other means devised by the ICRC. The ICRC worked with affected communities in rural areas to provide a safe environment for schoolchildren and prevent their recruitment by armed groups. It made improvements at school facilities; donated school supplies; and supported food-security projects (see below).

Around 15,000 people learnt safer practices around mines/ERW, and/or developed contingency plans to mitigate their risk exposure, at sessions led by ICRC-trained community members or the ICRC. Radio spots produced by the ICRC and the National Society broadened public awareness in this regard. About 250 victims of mines/ERW received financial assistance and guidance from the ICRC to access medical and other basic services (see below and *Wounded and sick*).

People affected by mass displacement meet their immediate needs

Vulnerable people – such as victims/survivors of sexual violence; migrants; missing people's families; people with physical disabilities; and victims of mines/ERW – learnt about the humanitarian services available to them. This was a result of efforts made by the ICRC, together with the government's victim assistance unit and local organizations – who also strove to make these services more accessible. It supported victim assistance unit offices to ensure volunteers were present during large-scale displacements, helping thousands of families obtain state assistance. Where necessary, the ICRC and the National Society provided aid directly to people who were ineligible for government benefits – or who had not yet received them.

Communities recently affected by mass displacements and confinements – because of renewed fighting – or whose livelihoods had been disrupted by violence, met their

immediate needs with the ICRC's help. Some 14,000 people (3,574 households) were given food or cash to buy food, or employed in cash-for-work projects. Around 7,000 people (1,644 households) were given cash – as payment for helping repair a water system, among other tasks (see below), or as a grant, to buy household items or pay for shelters.

Around 300 particularly vulnerable households (1,253 people) who were recently displaced or affected by other emergencies – including those of missing people's families and victims/survivors of sexual violence – were given cash by the ICRC to supplement their income and meet their needs. This enabled more than half of them to reduce their debts.

Households in conflict-affected rural areas work towards self-sufficiency

The ICRC and local partners helped around 600 heads of households (2,313 people) – including victims/survivors of sexual violence and relatives of missing people – increase their income. Breadwinners completed training in soft skills provided by the ICRC's local partners. This helped some of them find jobs; the ICRC covered at least 30% of their wages for six months. Others learnt basic business skills and were given expert advice and/or cash by the ICRC to start or strengthen their small businesses. Members of producers' associations were guided by ICRC-supported consultants in increasing the production and sales of their goods.

Roughly 2,400 households (9,571 people) in rural areas received seed, livestock, farming tools and other supplies, and training in agroecological practices, from local institutions and the ICRC. This helped them produce their own food on land free of mines/ERW and sell the surplus. Notably, 11 rural schools – with the participation of over 4,000 students mentioned above – grew vegetables and raised pigs.

Violence-affected communities have access to essential services and safe community spaces

People in conflict-affected rural areas, and in urban neighbourhoods affected by armed violence, had better access to clean water and essential services, and safe community spaces, because of infrastructural projects implemented by the ICRC with local authorities, the National Society and other partners. The ICRC upgraded water systems, donated water filters for domestic use, and renovated or built schools, health centres and other communal infrastructure. All these activities helped around 20,000 people.

Another 3,000 people received ICRC emergency material support, which enabled roughly 690 people among them – who had been recently displaced and were living in shelters – to have clean water and sanitary conditions. Communal infrastructure, houses and rural aqueducts damaged during hostilities were also repaired.

Some 1,000 people struggling with the consequences of violence – such as relatives of missing people and victims/survivors of sexual violence – had access to mental-health and psychosocial support through individual or group sessions at counselling centres and health facilities. The support was provided by ICRC psychologists or by health/community

workers and local professionals trained or supported by the ICRC. Health personnel working in violence-affected areas learnt psychological self-care and stress management at ICRC information sessions.

Families ascertain the fate of their missing relatives

The ICRC facilitated dialogue and coordination among the UBPB and other state agencies, weapon bearers, academics and civil-society organizations, to help ascertain the fate of missing people, address the needs of their families and prevent disappearances. It worked to expand these actors' capacities, for instance, by organizing events on humanitarian forensics; coordinating a study visit to forensic institutions abroad; and providing technical support to update the minimum forensic standards for searching for missing people.

Community members, first responders and weapon bearers learnt how to manage human remains in violence-affected areas at ICRC workshops. Affected communities received body bags and basic tools for recovering bodies. The ICRC renovated and fenced off an informal burial site for unidentified victims of violence to help ensure their future identification.

The ICRC facilitated the recovery of 31 sets of remains – of people killed in clashes or of migrants who died in border areas. They were forwarded to the authorities for identification. It also facilitated the handover of eight sets of remains to the families concerned and accompanied the handover of another 19 sets of remains to the families concerned.

Some families met their financial and/or psychosocial needs with ICRC support (see above); others were referred to the appropriate institutions. The ICRC supported associations of missing people's families and legal clinics assisting them, and commemorative events – for instance, to mark the International Day of the Disappeared – to draw attention to the issue of missing people.

Members of families dispersed by migration and other circumstances restore contact

Migrants, including separated and/or unaccompanied minors, and others in violence-affected areas reconnected or reunited with their relatives through family-links services – such as tracing, internet connectivity and mobile-phone charging stations – offered by the National Society and other local partners; some 28,000 phone calls were arranged. The ICRC provided comprehensive support for these service providers and coordinated with other ICRC delegations working along the migration route.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at 16 places of detention, including military detention facilities. It assessed their treatment and living conditions and communicated its findings and recommendations confidentially to the authorities concerned. It paid close attention to people detained in connection with armed conflict and to women, members of indigenous groups and other vulnerable detainees.

Authorities work to address structural issues in Colombia's penitentiary system

The ICRC gave the authorities expert advice on preventing ill-treatment and respecting judicial guarantees. It organized meetings and events for them to discuss reducing overcrowding by finding alternatives to incarceration – particularly for detainees with severe illnesses – and other reforms to Colombia's criminal-justice system. It provided the justice ministry with technical assistance for ensuring that women linked to armed conflict would also be covered by a new law that offered female breadwinners community service instead of imprisonment. Prison staff attended an ICRC workshop on addressing detainees' needs in line with their gender identity.

The ICRC discussed the prison health system with the authorities and provided them with technical support. A new protocol on managing isolation wards – developed through ICRC-supported pilot projects – was published by the penitentiary authorities. This was complemented by a draft protocol on the role of health staff caring for detainees in isolation. Modules for a virtual course in health care in detention, including psychosocial first aid, continued to be developed and implemented by the National Training Service, penitentiary authorities and the ICRC. Reference was made to medical ethics in all these activities.

As part of a region-wide project, the Colombian penitentiary authorities shared their views on the final draft of the technical guide on prison management and design, which was presented to them at an ICRC workshop in Costa Rica (see *Mexico City*).

Detainees' living conditions are improved

The ICRC gave the authorities technical support for improving detainees' access to water, and sanitation and other facilities. It continued to help them design a prison maintenance programme, through which selected detainees would learn maintenance skills to ease their socio-economic reintegration post-detention.

The ICRC adapted facilities at one prison to make them more accessible to some 300 detainees with physical disabilities.

WOUNDED AND SICK

Wounded people in conflict-affected areas receive life-saving care

Over 300 victims of violence, including victims of mines/ERW, received financial support from the ICRC to access health services. Critically wounded people were evacuated to hospitals by the ICRC or referred to health facilities.

The ICRC and the Colombian Red Cross trained over 900 community members, weapon bearers and health workers in first aid. They also organized – for these people, and for the authorities and thousands of others – information sessions on the Health Care in Danger initiative and on providing timely assistance for victims/survivors of sexual violence.

The health ministry adopted a programme on security management for health staff, which the ICRC had developed and pilot-tested at two hospitals. The ICRC donated materials to enable health facilities to be marked with the protective emblem of the country's medical services.

People obtained emergency care at eight hospitals regularly supported by the ICRC. Some of these hospitals, and other health facilities, received expert advice, medical supplies and equipment, and training, from the ICRC in various clinical areas, such as treating victims/survivors of sexual violence and providing advanced pre-hospital trauma care; 186 health professionals learnt basic wound management. In response to conflict-related emergencies, the ICRC donated wound-dressing kits to 58 first-aid posts.

The ICRC cancelled plans to renovate a health facility owing to financial constraints.

The ICRC strengthens capacities in the physical rehabilitation sector

Five orthopaedic centres received regular ICRC support; they served 294 people with disabilities, including 48 women and 54 children. The ICRC covered expenses for transport, accommodation and/or food for 84 of these patients. Other people were given guidance in obtaining services covered by the public health insurance scheme.

Material and technical support, and training from the ICRC helped five additional institutions, including professional associations and a university, further develop their capacities in rehabilitative care – such as wheelchair services and tending to children with cerebral palsy – or in training professionals in these areas. The ICRC sponsored certain professionals to attend courses in Colombia and abroad.

The ICRC, together with the sports ministry and two other institutions, sought to advance the social inclusion of people with disabilities – for instance, by providing educational opportunities for children. Some were referred for ICRC livelihood support (see *Civilians*).

ACTORS OF INFLUENCE

Authorities, weapon bearers and others strengthen their grasp of IHL

The ICRC helped authorities – including those involved in the administration's peace negotiations – judicial officials, military legal advisers, and representatives of civil-society organizations strengthen their grasp of IHL. It held meetings and other events with and for members of the UBPD and the Special Jurisdiction for Peace – a transitional-justice mechanism established under the peace agreement between the Colombian government and the FARC-EP. These ICRC events also served to reiterate the enduring pertinence of IHL, for instance, to such issues as missing people and the conduct of hostilities. The ICRC and the National Society organized conferences and courses for government officials, lawmakers and academics on the domestic implementation of IHL and other legal frameworks applicable to vulnerable people.

Military and police personnel expanded their knowledge of IHL and other norms through ICRC conferences and training sessions. At their request, the ICRC provided expert advice for integrating these norms into their doctrine, training and operations. Meetings and round tables with senior military and police officials included discussion of such matters as regulating the use of force, protecting medical services and preventing sexual and gender-based violence.

In its discussions with weapon bearers, particularly members of armed groups, the ICRC emphasized the necessity of ensuring civilians' safe access to humanitarian aid (see *Civilians*).

Affected communities and others learn about the ICRC's work

Reports, news releases and interviews helped broaden public awareness of the ICRC's work and humanitarian priorities. The ICRC produced informational materials on various issues (e.g. sexual violence, weapon contamination) and translated them into local languages or made other adjustments. For instance, it created videos on the government's search services for relatives of missing people who could not read.

The ICRC met with members of the local and the international media, drew their attention to the plight of violence-affected people, including migrants, and missing people's families, and told them about the ICRC's response. To promote accurate media coverage of these and other humanitarian issues, the ICRC organized workshops and/or field trips for hundreds of journalists.

Together with various Colombian universities, the ICRC organized conferences and moot court competitions for students, to help them – leaders and decision makers, potentially – learn about the challenges facing IHL. It supported the publication of scholarly articles on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC's main partner in responding to the humanitarian needs of communities affected by armed conflict or other violence (see *Civilians* and *Wounded and sick*). Comprehensive support from the ICRC enabled the National Society to advance its organizational development and expand its operational capacities.

The ICRC supported the National Society's efforts to incorporate the Safer Access Framework in its activities. It organized meetings and workshops on the subject.

The National Society, the International Federation and the ICRC met regularly to discuss security management, ensure uniformity of views on key protection-related issues and coordinate assistance activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	30	3		
RCMs distributed	13			
Phone calls facilitated between family members	27,690			
Reunifications, transfers and repatriations				
People reunited with their families	6			
People transferred or repatriated	32			
Human remains transferred or repatriated	39			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	475	49	40	55
<i>including people for whom tracing requests were registered by another delegation</i>	27			
Tracing cases closed positively (subject located or fate established)	206			
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases still being handled at the end of the reporting period (people)	3,325	318	281	555
<i>including people for whom tracing requests were registered by another delegation</i>	101			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	40	17		6
UAMs/SC reunited with their families by the ICRC/National Society	6	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	69	30		9
Documents				
People to whom travel documents were issued	1			
Forensics				
Training sessions on the recovery, identification and protection of human remains	8			
People trained	146			
Sets of human remains recovered with ICRC support	39			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	16			
Detainees in places of detention visited	34,400	3,122		
Visits carried out	43			
		Women	Girls	Boys
Detainees visited and monitored individually	73	10		
<i>of whom newly registered</i>	71	10		
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	3			
Phone calls made to families to inform them of the whereabouts of a detained relative	48			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	People		14,296	4,793	5,227
	<i>of whom IDPs</i>		1,297	435	474
Food production	People		9,571	2,184	5,280
Income support	People		3,566	1,182	1,420
	<i>of whom IDPs</i>		1,205	318	582
Living conditions	People		6,576	2,220	2,345
	<i>of whom IDPs</i>		148	50	53
Water and habitat					
Water and habitat activities	People		23,215	6,677	11,096
	<i>of whom IDPs</i>		227	65	108
Mental health and psychosocial support					
People who received mental-health support			1,074		
People who attended information sessions on mental health			1,623		
People trained in mental-health care and psychosocial support			377		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Water and habitat					
Water and habitat activities	People		300	60	
Health care in detention					
Places of detention visited by health staff	Structures		8		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		8		
Services at hospitals not monitored directly by ICRC staff					
Surgical admissions (weapon-wound and non-weapon-wound admissions)			1,189		
Weapon-wound admissions (surgical and non-surgical admissions)			239		
First aid					
First-aid training					
	Sessions		38		
	Participants (aggregated monthly data)		921		
Physical rehabilitation					
Projects supported			13		
	<i>of which physical rehabilitation centres supported regularly</i>		5		
People who benefited from ICRC-supported projects	Aggregated monthly data		316		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>		294	48	54
	<i>of whom participants in social inclusion projects not linked to PRCs</i>		22		
	<i>of whom victims of mines or explosive remnants of war</i>		46		
	<i>of whom weapon-wounded</i>		97		
Services at physical rehabilitation centres supported regularly					
Prostheses delivered	Units		60		
Orthoses delivered	Units		22		
Physiotherapy sessions			215		
Walking aids delivered	Units		47		
Wheelchairs or postural support devices delivered	Units		64		

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru

The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons and the needs of violence-affected people, particularly in the Apurímac, Ene and Mantaro Valley in Peru, and of vulnerable migrants. The ICRC supports the integration of IHL and international principles on the use of force in law enforcement operations into the military and security forces' doctrine, training and operations; it promotes adherence to IHL treaties and the incorporation of IHL in national legislation. The ICRC helps the National Societies reinforce their capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2023

- The ICRC reminded authorities and weapon bearers to ensure that people affected by violence in the Apurímac, Ene and Mantaro Valley (VRAEM) and during social protests in Peru were protected and had access to essential services.
- People in the VRAEM had access to clean water, and first aid and psychological care, after the ICRC renovated or constructed water infrastructure with local stakeholders and trained community-based health workers, respectively.
- Violence-affected people, including demonstrators injured during social protests, were given financial support and/or were referred by the ICRC to public services or other organizations, to help them address their immediate needs.
- Missing people's families received psychosocial care, and cash from the ICRC to participate in the search for their relatives. Migrants throughout the region used the Movement's family-links services to reconnect with their relatives.
- Aided by the ICRC, penitentiary authorities worked to improve the treatment and living conditions of security detainees and other detainees at risk, including their access to family contact and to legal and health services.
- National IHL committees and the authorities, together with the National Societies concerned, drew on the ICRC's expertise to advance IHL implementation. The Peruvian legislature enacted a law protecting the red cross emblem.

EXPENDITURE IN KCHF

Protection	2,649
Assistance	729
Prevention	1,339
Cooperation with National Societies	758
General	83
Total	5,557
<i>Of which: Overheads</i>	339

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	42



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	2
RCMs distributed	11
Phone calls facilitated between family members	9,518
Tracing cases closed positively (subject located or fate established)	100
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	44
Detainees in places of detention visited	77,293
<i>of whom visited and monitored individually</i>	246
Visits carried out	94
Protection of family links	
RCMs collected	5
RCMs distributed	1

ASSISTANCE		2023 Targets (up to)	Achieved
CIVILIANS			
Water and habitat			
Water and habitat activities	People	1,230	1,292
PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	People		529

CONTEXT

In Peru, government forces continued to carry out military operations against the Militarized Communist Party of Peru (PCP-M), and against drug trafficking, in the VRAEM. Armed violence originating in organized crime was on the rise throughout the region. Socio-economic and political protests took place frequently in Ecuador and Peru. All this led to casualties, arrests, disappearances and displacement, and damaged infrastructure; it also had serious consequences for people's mental health. People in remote violence-affected areas had no access to emergency aid, basic services or livelihood opportunities.

Throughout the region, military forces sometimes joined the police to restore public order or maintain security.

Many Peruvian families still had no news of relatives who went missing during the 1980–2000 armed conflict in Peru. There were some 22,000 of these missing-persons cases, but Peruvian authorities' efforts to resolve them were hindered by their lack of resources.

Despite their limited resources, prison authorities in all three countries strove to curb overcrowding – caused partly by delays in judicial processes and long prison terms – and mitigate its effects on detainees' living conditions. In Ecuador, despite the authorities' efforts, there was a surge in gang-related violence, including within prisons.

Migrants, including refugees, from the Bolivarian Republic of Venezuela (hereafter Venezuela; see *Caracas*) and elsewhere passed through the Plurinational State of Bolivia (hereafter Bolivia), Ecuador and Peru, or settled in these countries. Some of them lost touch with their relatives and had to endure various kinds of unlawful conduct.

ICRC ACTION AND RESULTS

The ICRC continued to protect and assist vulnerable people throughout the region, particularly violence-affected communities in the VRAEM. It worked with the National Societies in Bolivia and Ecuador – which received support from the International Federation and the ICRC to strengthen their organizational and operational capacities – and to a lesser extent with the Peruvian Red Cross and other ICRC-supported partners.

The ICRC engaged in dialogue with the authorities and weapon bearers, reminding them to ensure that vulnerable people, particularly people affected by violence in the VRAEM and during social protests, were protected and had safe access to essential services, in line with applicable law. Armed forces and security forces personnel, especially those deployed to violence-prone areas, furthered their understanding of IHL and other norms, and international law enforcement standards, at courses organized or supported by the ICRC.

In the VRAEM, people had clean water after the ICRC renovated or constructed water infrastructure in collaboration with community members, municipal authorities and health

workers. Community-based health workers were trained in first aid and psychological care by the ICRC, which increased the likelihood of people receiving suitable care during emergencies. Through ICRC workshops, community members learnt about the protection afforded to them by IHL. Children were given school supplies and hygiene kits from the ICRC at information sessions to promote safe behaviour and good health practices. Violence-affected people, including demonstrators injured during social protests in Peru, were given financial support and/or were referred by the ICRC to public services or other organizations, to help them address their immediate needs.

The ICRC continued to assist the Peruvian authorities in ascertaining the fate of people missing in connection with the 1980–2000 conflict and addressing the needs of their families. It also helped the authorities to improve an accompaniment programme through which missing people's families were given psychosocial and other support. It provided missing people's families with financial and/or logistical support to search for their relatives, and helped organize initiatives to draw attention to their plight. Associations of missing people's families carried out various projects, with ICRC financial and technical support. In connection with efforts to resolve cases of missing people, the ICRC made recommendations to the Peruvian authorities for restructuring the institute of forensic medicine in Peru. Most of its direct support for forensic activities was cancelled, mainly because of the ICRC's financial constraints.

The National Societies and the ICRC helped members of families separated by migration or other circumstances to reconnect.

The ICRC visited detainees in Bolivia, Ecuador and Peru, in accordance with its standard procedures. It maintained its support for authorities' efforts to improve prison management and living conditions by addressing systemic issues such as overcrowding and unavailability of health care. Detainees stayed in touch with their families through family-links services provided by the ICRC; some families were given ICRC financial assistance to visit their detained relatives.

The ICRC provided national IHL committees and the authorities, and the National Societies concerned, with expert advice to advance IHL implementation. The Peruvian legislature enacted a law protecting the red cross emblem that had been drafted with the ICRC's help. Bolivian, Ecuadorean and Peruvian officials drew on the ICRC's expertise to adopt or update manuals and protocols on the use of force and other subjects.

Academic scholars and students added to their knowledge of IHL and humanitarian issues at events organized or supported by the ICRC. Journalists were kept abreast of the ICRC's work through meetings and field trips. These and other media-related initiatives helped broaden awareness of IHL, humanitarian issues, including the plight of missing people's families, and the Movement's activities.

CIVILIANS

The ICRC engaged in dialogue with the authorities and weapon bearers, reminding them that they must protect vulnerable people and safeguard their access to essential services, in line with applicable law. It monitored the situation of people affected by violence in the VRAEM and during social protests in Peru, and elsewhere in the region. It documented protection-related concerns and allegations of unlawful conduct and raised them confidentially with the parties concerned, and urged them to end or prevent such misconduct.

Aided by the ICRC, armed forces and security forces personnel, in areas susceptible to violence, strengthened their grasp of IHL and international standards for law enforcement, particularly in connection with the use of force (see *Actors of influence*).

The National Societies and the ICRC carried out communication campaigns and conducted information sessions to alert violence-affected people, including migrants and missing people's families, to the humanitarian services available to them, and to tell them how to prevent loss of family contact. These groups of people used online channels and other means to express their views on the ICRC's activities (see *Actors of influence*).

People strengthen their resilience to the effects of violence in Peru

The ICRC sought to strengthen protection for communities in the VRAEM and build their resilience against violence. Hundreds of community members, including women and children, learnt about the protection afforded to them by IHL at ICRC workshops. Community-based health workers were trained in first aid and psychological care by the ICRC, which increased the likelihood of people receiving suitable care during emergencies. In consultation with the affected community, the ICRC gave children school supplies and hygiene kits during information sessions aimed at helping them learn safe behaviour and good health practices.

Around 1,300 people, living in remote areas of the VRAEM where the PCP-M was active, had a reliable supply of clean water – for household consumption, sanitation in schools and health centres, and livelihood-related purposes (e.g. agriculture, livestock farming). This was owing to water-supply systems being renovated or constructed by the ICRC in collaboration with community members, municipal authorities and local health workers.

Violence-affected people were given financial support from the ICRC. As a result, nine victims of violence in the VRAEM were able to meet their immediate needs, and 16 severely wounded demonstrators were able to pay for their medical expenses, transport and food. Others were referred by the ICRC to public services or other organizations that could assist them.

Relatives of missing people in Peru receive support from local actors

The Peruvian authorities continued to implement a mechanism – established by a law enacted in 2016 – to search for people missing in connection with the 1980–2000 conflict and more recent events, and address their families' needs. Following

the ICRC's recommendations, they sought to improve the search process by collecting genetic samples from relatives of missing people, for instance. They drew on the ICRC's expertise to enhance an accompaniment programme, offering families psychosocial support and other assistance throughout the search process. Five government personnel involved in the programme attended ICRC training sessions on emotional self-care. Families of missing people were able to travel to or establish burial sites for their relatives, thanks to financial and other support from the ICRC.

Throughout Peru, associations of missing people's families continued to receive support from the ICRC. The ICRC initiated contact with smaller associations in regions with limited state support, aiming to connect them with previously supported associations to facilitate an exchange of best practices. It provided these associations with the tools, training, and technical and financial assistance needed to strengthen their organizational capacities, offer livelihood support, and contribute to projects commemorating missing people. This included initiatives such as presenting portraits to families without photographs of their missing loved ones. Notably, 26 families from various regions of Peru convened at hubs in Ayacucho and Lima for the 3rd International Conference for Families of Missing Persons, which was organized by the ICRC.

To draw more attention to the plight of missing people and their families, the ICRC launched communication campaigns to publicize the International Day of the Disappeared and shared related content across its social-media platforms. Additionally, it provided hundreds of missing people's relatives with guidance on navigating the search process, delivering this information to them in local languages.

In connection with efforts to resolve cases of missing people, the ICRC submitted its detailed assessment of Peru's institute of forensic medicine. It had undertaken the assessment in 2022 at the request of the Peruvian authorities, to assist them in restructuring the institute. The ICRC recommended, among other things, making improvements to staff, genetic laboratories and information-management systems, to facilitate the identification of human remains linked to past conflict and more recent circumstances. Most of the ICRC's direct technical and material support for forensic activities, however, was cancelled because medico-legal offices were focused on responding to social protests and related violence in Peru during the first quarter of the year, and also because of the ICRC's financial constraints.

National Societies develop their ability to restore family links

People separated from their families by migration, detention, natural disasters or other circumstances used the Movement's family-links services (e.g. phone calls, internet connectivity, charging stations) to reconnect with their relatives. These services were made available in Bolivia and Ecuador by the National Societies concerned; in Peru, the ICRC provided these services because the Peruvian Red Cross continued to be suspended (see *Red Cross and Red Crescent Movement*). Technical and financial support, and training, from the ICRC enabled National Society personnel to publicize these services and provide them in line with data-protection standards. The ICRC

continued to train Ecuadorean Red Cross personnel to respond to the protection-related and other distinct concerns of migrants, with a view to ultimately enabling them to take the lead in handling these matters.

The ICRC participated in meetings and conferences to exchange information on the state of migration in the Americas, and to prevent family separation and respond to the needs of migrants and their families. Together with the Bolivian Red Cross and the Ecuadorean Red Cross, the ICRC participated in a regional meeting at which other National Societies, the International Federation and other ICRC delegations discussed how to advance the development of family-links services and foster cooperation throughout the region.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Bolivia, Ecuador and Peru, in accordance with its standard procedures. It assessed their treatment and living conditions, paying close attention to security detainees and women, foreigners, older detainees, ailing detainees, and detainees with physical disabilities. Findings and recommendations were communicated confidentially to the pertinent authorities, and several issues – respect for judicial guarantees, prevention of ill-treatment and access to health care – discussed.

Given the situation in Ecuadorean prisons, the ICRC continued to discuss the use of force in detention, and the impact of overcrowding, with penitentiary authorities. It donated stretchers for detainees injured in riots at the most violent prisons.

Detainees in all three countries stayed in touch with their families through family-links services provided by the ICRC; in Ecuador, it provided these services jointly with the Ecuadorean Red Cross. In Ecuador and Peru, financial support from the ICRC enabled people to travel long distances to visit their detained relatives.

Prison authorities address systemic issues

At the Peruvian authorities' request, the ICRC made recommendations to high-level working groups in the justice ministry and the legislature that were involved in reforming the national penitentiary system.

The ICRC worked with judicial and penitentiary authorities on early-release measures to alleviate overcrowding in prisons. In Bolivia, judicial authorities and the ICRC offered law students internships to prepare legal documents for detainees. In Peru, the ICRC piloted a project at four prisons to identify detainees eligible for early release. It also gave the public defender's office computers, and trained 60 public defenders in legal argumentation regarding early release and other penitentiary benefits.

In Peru, the authorities worked to implement a directive – drafted with the ICRC's guidance – requiring comprehensive care for particularly vulnerable detainees. The ICRC held workshops in this connection for hundreds of prison directors, staff and guards. It also helped the authorities implement pilot projects designed by detainees with specific needs, such as classes in creative writing and making bathrooms

more accessible to older detainees. The ICRC supported the Ecuadorean penitentiary authorities in developing a similar directive.

In Ecuador, the ICRC met with 23 prison guards to assess the training they conducted for over 1,000 new recruits in 2022, and to bring them up to date on developments in such areas as prison management and the use of force in detention.

Detainees have better living conditions and access to health care

The ICRC sponsored senior prison officials in Ecuador and Peru to attend a regional ICRC workshop in Costa Rica, to enable them to contribute to the final draft of a technical guide on prison management and design (see *Mexico City*). In Peru, it organized a national workshop on renovating old prisons and constructing new ones in line with the criteria set out in the technical guide.

Detainees in Bolivia, Ecuador and Peru received ad hoc material support – art supplies, board games, books and hygiene kits – from the ICRC. Around 500 detainees at several prisons in Bolivia had better access to safe water and sanitation after the completion of water projects carried out by the authorities, with the ICRC's support.

The ICRC gave penitentiary and health authorities in Bolivia, Ecuador and Peru recommendations and support for making health care more readily available and responding to health-related emergencies at places of detention. In Peru, it monitored the national programme for the provision of tele-health at detention facilities, and worked with the national institute of mental health to design the first survey of mental health among detainees and prison staff. When requested, the ICRC provided support for medical visits and psychological consultations for detainees in need.

ACTORS OF INFLUENCE

State weapon bearers integrate IHL and other norms into their doctrine and operations

Military and security forces in Bolivia, Ecuador and Peru – notably, those conducting operations in the VRAEM and deployed during protests – took steps to integrate IHL and international human rights law, and international standards for law enforcement into their doctrine, training and operations; the ICRC provided expert advice and other support. Senior officials drew on the ICRC's expertise to adopt or update manuals and protocols on the use of force and other subjects. Thousands of armed forces and police personnel, including senior officers and legal advisers, strengthened their grasp of these norms and standards at courses organized or supported by the ICRC, often in tandem with the National Societies; some participants were also trained to instruct others in the subjects covered.

The ICRC fosters support for IHL and related treaties

National IHL committees and the authorities, together with the National Societies concerned, drew on the ICRC's expertise to advance implementation of IHL-related treaties or legislation: in Bolivia, this meant amendments to the Rome Statute; and in Peru, incorporating penalties for war crimes in the criminal

code. The ICRC helped the Bolivian authorities implement the law protecting the red cross emblem. In Ecuador, it provided technical advice on the regulation of a law adopted in 2022 that governs the legitimate use of force, by police and armed forces, and security personnel in prisons, to maintain public order. The Peruvian legislature enacted a law on the red cross emblem that had been drafted with the ICRC's help.

Government officials, the National Societies and others developed their understanding of IHL and related matters through courses and events organized or supported by the ICRC. Representatives from Bolivia, Ecuador and Peru attended a regional meeting of national IHL committees and similar bodies in Buenos Aires, in Argentina (see *Brasilia*). In Bolivia, Ecuador and Peru, officials from the foreign ministry, judiciary, armed forces and national police, and academic scholars, attended the yearly IHL course organized by their national IHL committees with support from the ICRC. The ICRC gave the Ecuadorean and Peruvian national IHL committees support to broaden awareness among the authorities of the applicability of IHL to new technologies, autonomous weapon systems, the protection of violence-affected people, particularly missing people, and the management of human remains.

In Bolivia and Ecuador, the ICRC helped the National Societies to develop their ability to discuss IHL and related matters, such as the proper use of the emblems protected under IHL, with the authorities and state weapon bearers.

The general public learns about IHL, humanitarian issues and the Movement's work

The public learnt about IHL, humanitarian issues and the Movement's activities through communication campaigns and other media initiatives organized or supported by the National Societies and the ICRC. For instance, the ICRC made radio broadcasts, in local languages, urging protection for medical services against violence during social protests in Peru. The National Societies developed their capacities in public communication and community engagement with training and guidance from the ICRC and the International Federation.

Academic scholars and students in Bolivia, Ecuador and Peru broadened their knowledge of IHL and other relevant norms, and humanitarian issues, at workshops, seminars and other events organized or supported by the ICRC. In Quito, in Ecuador, the ICRC, the Ecuadorean Red Cross and the Centre for Research and Promotion of Humanitarian Studies organized an IHL competition for students from six universities and two military academies from Ecuador and Peru.

Journalists were kept abreast of the ICRC's activities in the region through meetings, field trips and social media; this helped them provide more accurate coverage of humanitarian matters.

RED CROSS AND RED CRESCENT MOVEMENT

The Bolivian and Ecuadorean National Societies strove to strengthen their organizational and operational capacities, with financial and technical support from the International Federation and the ICRC. They expanded their capacities in restoring family links and in emergency response (see *Civilians and Actors of influence*).

Given the suspension of the Peruvian Red Cross's membership in the International Federation in August 2022, the ICRC and the International Federation continued to coordinate their support for the Peruvian Red Cross's efforts to address and resolve its internal governance issues. The ICRC supported the operational response of three National Society branches during social protests and related violence in Peru.

Training and other support from the ICRC enabled National Society personnel in the countries covered to work in accordance with the Safer Access Framework.

Movement components in the region met regularly to discuss security management and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	2			
RCMs distributed	11			
Phone calls facilitated between family members	9,518			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	37	4	1	2
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases closed positively (subject located or fate established)	100			
<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)	1,229	270	64	7
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	3			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	44			
Detainees in places of detention visited	77,293	4,929	23	
Visits carried out	94			
		Women	Girls	Boys
Detainees visited and monitored individually	246	44		
<i>of whom newly registered</i>	59	12		
RCMs and other means of family contact				
RCMs collected	5			
RCMs distributed	1			
Detainees visited by their relatives with ICRC/National Society support	52			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	People	1,292	323	581
Mental health and psychosocial support				
People who received mental-health support		147		
People who attended information sessions on mental health		110		
People trained in mental-health care and psychosocial support		5		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	529	254	
Health care in detention				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	1		

MEXICO CITY (regional)

COVERING: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of migrants, IDPs and other people affected by organized armed violence. It endeavours to clarify the fate of missing persons and helps address their families' needs, and monitors detainees' conditions. It encourages the integration of IHL and other pertinent laws into legislation and into universities' curricula, and human rights norms applicable to the use of force into the doctrine, training and operations of security forces.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2023

- Displaced households in El Salvador, Guatemala and Honduras met their basic needs and pursued livelihoods with cash, training and/or other ICRC assistance. Thousands of victims of violence received ICRC psychosocial support.
- Violence-affected communities and migrants had better access to water and/or other basic necessities after ICRC infrastructural work. Fewer people than planned benefited from such support owing to the ICRC's financial constraints.
- The ICRC handed over responsibility for a Honduran hospital, and support for three health facilities in Guatemala and Honduras, to the relevant actors. It ended its physical rehabilitation programme in the countries concerned.
- Thousands of migrants and others restored or maintained contact with their families through the Movement's family-links services. The ICRC helped authorities develop mechanisms for ascertaining the fate of missing people.
- The ICRC visited detainees in El Salvador, Honduras, Mexico and, until the closure of its mission in June, Nicaragua. Fewer detainees than planned benefited from ICRC water projects because of financial and/or access constraints.
- Lawmakers drafted laws to address the issue of missing people and assist IDPs, and military and security forces revised their doctrine, training and operations in line with international law; the ICRC provided legal expertise.

EXPENDITURE IN KCHF

Protection	9,936
Assistance	7,199
Prevention	2,611
Cooperation with National Societies	1,279
General	107
Total	21,131
<i>Of which: Overheads</i>	<i>1,290</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	30
Resident staff (daily workers not included)	172



PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	52
RCMs distributed	50
Phone calls facilitated between family members	28,378
Tracing cases closed positively (subject located or fate established)	39
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	24
Detainees in places of detention visited	112,540
<i>of whom visited and monitored individually</i>	635
Visits carried out	80
Protection of family links	
RCMs collected	143
RCMs distributed	36
Phone calls made to families to inform them of the whereabouts of a detained relative	89

ASSISTANCE	2023 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	People 360	346
Water and habitat		
Water and habitat activities	People 6,070	1,010
Health		
Health centres supported	Structures 10	10
PEOPLE DEPRIVED OF THEIR FREEDOM		
Water and habitat		
Water and habitat activities	People 30,700	14,400
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 1	1
Physical rehabilitation		
Projects supported	Projects 4	4

CONTEXT

Organized armed violence continued throughout the region, particularly in El Salvador, Guatemala, Honduras and Mexico; in El Salvador, the government extended its state of emergency. People in violence-affected areas were displaced, wounded, killed or subjected to abuse, including harassment, abduction and sexual violence. Because of the security situation, they struggled to meet their basic needs and obtain essential services.

The violence and the dearth of economic opportunities drove more people than in previous years to seek safety and better prospects in other countries. Restrictive migration policies in destination countries caused many migrants to take dangerous routes – including through areas susceptible to violence.

People struggled to contact relatives separated from them by migration, ongoing violence or past armed conflict. Many remained without news of relatives reported missing.

In the countries most affected by violence, the military took part in law-enforcement operations and, with the police, enforced domestic migration policies. People were often arrested and detained for migration-related reasons in Mexico. Throughout the region, charges linked to organized armed violence and drug-related offences were among the main reasons for detention.

In Guatemala, protests against the government were widespread and frequent, including in connection with the general elections in June.

ICRC ACTION AND RESULTS

The ICRC scaled down its operations in El Salvador, Guatemala and Mexico, and as requested by the authorities, closed its mission in Nicaragua at the beginning of June. Because of financial and/or access constraints, several assistance activities were adjusted or cancelled. The ICRC carried out projects together with the National Societies and other local partners, and worked to strengthen capacities among them.

The ICRC promoted protection for migrants, IDPs and other violence-affected communities in the region, and – together with the National Societies and other local partners – endeavoured to broaden their access to essential services. It strove to expand its dialogue and other engagement with authorities, military and security forces, the general public and other influential people and organizations, to promote humanitarian principles and applicable international law and foster acceptance for its work. Lawmakers drew on the ICRC's expertise to draft laws to address the issue of missing people and assist IDPs.

The ICRC strove to deepen its engagement with violence-affected communities, to understand their concerns and coping mechanisms more fully and help them develop or strengthen community-based methods of self-protection. It gave displaced households in El Salvador, Guatemala and Honduras cash, training and/or other assistance to help them meet their basic needs and/or pursue livelihoods. In violence-affected areas, the ICRC made improvements to a

health centre in El Salvador and, together with local actors, developed a flood-mitigation project in Honduras; fewer people benefited from infrastructural support owing to the ICRC's financial constraints.

Migrants obtained information – on their rights, the risks to their safety, methods of self-protection and the services available to them – through ICRC communication channels and other means. They had better access to water and other basic necessities after the ICRC implemented infrastructural projects along migration routes. Migrants in Guatemala, Honduras and Mexico obtained curative and preventive care at ICRC-supported health facilities. Owing to financial constraints, the ICRC ended its support for three health facilities in Guatemala and Honduras; it handed these over to the relevant stakeholders.

In El Salvador, Guatemala, Honduras and Mexico, victims of violence received mental-health and psychosocial support from personnel trained or otherwise assisted by the ICRC. Health workers and other first responders in these countries attended ICRC training in first aid. In Honduras, wounded and sick people received life-saving care at an ICRC-supported hospital. As planned, the ICRC handed over responsibility for the hospital – for all activities and provision of support – to the authorities. People with disabilities in Guatemala, Honduras and Mexico obtained rehabilitative care at ICRC-supported physical rehabilitation centres; the ICRC ended its physical rehabilitation programme in these countries because of its financial constraints.

Members of families separated by migration or other circumstances restored or maintained contact through the Movement's family-links services. The ICRC strove to broaden awareness of the plight of missing people's families, and also of the services available to them. It provided support to associations of missing people's families. It offered the authorities technical guidance to develop mechanisms for ascertaining the fate of missing people and assisting their families. Authorities and forensic workers used ICRC training and other support to develop their capacities, including in managing human remains.

The ICRC visited detainees, including detained migrants, in accordance with its standard procedures in El Salvador, Honduras, Mexico and, until the closure of its mission in June, Nicaragua. In Guatemala, financial constraints led the ICRC to end its detention activities by year's end. The ICRC helped the authorities ensure that detainees' treatment and living conditions met internationally recognized standards.

Comprehensive support from the ICRC and other Movement components helped the National Societies concerned become more capable of preparing for and responding to the protection-related concerns and humanitarian needs arising from migration, violence and other emergencies.

CIVILIANS

The ICRC promoted protection for migrants, IDPs and other violence-affected communities in the region. Together with the National Societies in the countries covered and other local

partners, it endeavoured to broaden their access to essential services. It strengthened its dialogue with the authorities, the armed forces and/or the police, to promote humanitarian principles and applicable international law. The ICRC drew attention to issues such as the needs and rights of migrants and IDPs and the importance of abiding by international standards for the use of force in law enforcement. It reminded the authorities that migrant returns must be conducted in compliance with international law and in conditions of safety and dignity.

Lawmakers, judicial officials and other authorities drew on the ICRC's expertise to develop national mechanisms and/or laws to address the issue of missing people, assist IDPs and regulate the use of force in law enforcement operations. In Honduras, the ICRC and other international organizations urged the authorities to implement a law – passed by the legislature in 2022 – to protect and assist IDPs.

Violence-affected people meet their basic needs

The ICRC pursued efforts to deepen its engagement with violence-affected communities, to understand their concerns and coping mechanisms more fully and help them develop or strengthen community-based methods of self-protection. For example, it conducted workshops on community-based protection for community leaders in Honduras.

The ICRC sought to improve infrastructure in areas affected by outbreaks of violence and other emergencies; owing to its financial constraints, fewer projects were implemented, and fewer people than planned benefited. Improvements were made to the triage facilities at a health centre in El Salvador. Together with the Honduran Red Cross, local authorities and community leaders, it also developed a flood-mitigation project in Honduras. After a hurricane in Mexico, the ICRC donated 3,000 water-purification tablets to the Mexican Red Cross.

Around 60 displaced households (346 people) in El Salvador, Guatemala and Honduras met their basic needs and/or pursued livelihoods with cash, vocational training and other assistance from the ICRC. Because of the ICRC's financial constraints, fewer people than planned were supported.

In El Salvador, Guatemala, Honduras and Mexico, some 1,200 victims of violence received mental-health and psychosocial support from personnel trained or otherwise assisted by the ICRC. They included migrants, IDPs, victims/survivors of sexual violence, and members of missing people's families and/or those supporting them (e.g. health staff, forensic professionals). The ICRC gave the Honduran health ministry expert advice to draft guidelines for attending to the psychological needs of health personnel exposed to violence. It also helped the national migration institute in Mexico draft a protocol for referring migrants with mental-health conditions to appropriate service providers.

In El Salvador and Honduras, the ICRC covered consultation and treatment costs for IDPs who were seriously injured or ill, and/or referred them to appropriate service providers.

With the pertinent National Societies, the ICRC pursued discussions with health and other authorities and key actors in the region on: ensuring protection for health services; identifying and addressing the barriers to health care; and restoring health services and medical referrals for violence-affected people. It offered expert advice or conducted round tables on these topics.

People obtain essential services along migration routes

Around 60,000 migrants in Guatemala, Honduras and Mexico, including unaccompanied minors, obtained curative and preventive care at 10 ICRC-supported health facilities. These facilities also referred victims/survivors of sexual violence for further treatment. Support for these facilities included staff training, medical supply donations and other assistance. Owing to financial constraints, the ICRC ended its support for two health facilities in Guatemala and one in Honduras; it handed these over to the National Societies and civil-society stakeholders. Plans to hand over the seven remaining health facilities in Honduras and Mexico by the end of 2024 were underway.

Some 1,000 migrants in Mexico had better access to basic services after the ICRC and the Mexican Red Cross completed infrastructural projects along migration routes; this included renovating a water point and dormitories at migrant shelters. Improvements were also made at branch offices of the Guatemalan Red Cross and Honduran Red Cross that were assisting migrants.

People travelling along migration routes obtained information – on their rights, the risks to their safety, methods of self-protection and the services available to them – through ICRC communication channels and other means. Thousands of self-care messages in Creole, English, French and Spanish were printed and provided to migrants. In Honduras and Mexico, the ICRC piloted RedSafe, an ICRC digital platform that provides people with humanitarian services, such as secure digital storage for personal documents and a geo-mapping service that helps them locate sources of assistance.

Members of dispersed families reconnect

Members of families separated by migration, ongoing violence or other circumstances restored or maintained contact through the Movement's family-links services (e.g. RCMs, phone-charging stations, tracing services). A total of 28,378 phone calls were facilitated between family members. Training, expert guidance and other support from the ICRC enabled the National Societies and other local partners to reinforce their family-links services and incorporate data-protection standards in their work. Representatives of National Societies in the region exchanged best practices with their counterparts during a meeting in Honduras co-organized by the ICRC to strengthen family-links services among Movement components in Central and North America, and online, in the Caribbean.

The ICRC continued to discuss with the pertinent authorities the issue of formal recognition for emergency travel documents issued for humanitarian purposes by the ICRC.

Authorities work towards ascertaining the fate of missing people

Through public communication and engagement with authorities and others, and by supporting associations of missing people's families, the ICRC strove to broaden awareness of the plight of missing people's families, and also of the services available to them. It offered the authorities technical guidance to develop mechanisms and protocols for ascertaining the fate of missing people and addressing the needs of their families, and for drafting and/or implementing legal frameworks concerning missing people and the prevention of disappearances. The first Guatemalan migration policy aiming at ensuring the protection of human rights and vulnerable groups, with specific measures on searching for missing migrants and supporting their families, was published; the ICRC made recommendations on its draft.

In El Salvador, Guatemala, Honduras and Mexico, missing people's families obtained psychosocial and other support, financial assistance for funerals or repatriations, and/or help to organize commemorative events from the ICRC or ICRC-supported NGOs.

Training, and material, technical and/or infrastructural support, from the ICRC enabled the authorities, and local forensic institutions and professionals, in El Salvador, Guatemala, Honduras and Mexico to expand their forensic capacities. This helped ensure that the bodies or remains of people who died during violence or disasters, or along migration routes, could be identified and handed over to the families concerned. The ICRC engaged authorities in dialogue on developing medico-legal frameworks and standard procedures for managing human remains.

The ICRC renovated a prosecutor's office in Mexico, to ensure privacy for people reporting their relatives missing. It constructed, at the General Directorate for the Protection of Honduran Migrants, a space for attending to missing people's families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, including detained migrants, in accordance with its standard procedures in El Salvador, Honduras, Mexico and, until the closure of its mission in June, Nicaragua. It assessed their treatment and living conditions and communicated its findings and recommendations confidentially to the authorities. It discussed several issues with the authorities, such as ensuring respect for judicial guarantees; employing a gender-sensitive approach to prison management; and the specific needs of particularly vulnerable groups. Prison authorities and staff also learnt more about these matters during ICRC-organized events.

In Guatemala, financial constraints led the ICRC to end its detention activities in the country by the end of the year.

The ICRC continued to support a pan-Latin American project to develop a technical guide for improving prison management and design. At a regional ICRC workshop in Costa Rica, prison authorities from Costa Rica, Honduras, Mexico and 11 other countries shared their views on the final draft of the guide.

Detainees reconnected with their relatives through RCMs, video calls and/or family visits facilitated by the ICRC.

Detainees have better access to water and other basic services

Around 14,400 detainees in El Salvador had safer access to drinking water after the ICRC disinfected a water-distribution network and donated to the authorities water-storage containers and a pumping system. Some water-and-habitat projects in El Salvador and Honduras were postponed to 2024 or were not implemented because of financial and/or access constraints. The ICRC organized workshops on maintaining prison infrastructure for penitentiary authorities and staff in El Salvador and Honduras.

The ICRC visited health facilities at selected places of detention in El Salvador, Honduras and Mexico. It followed up detainees' medical treatment and provided the authorities and staff with guidance, training and/or other support for medically screening new detainees; arranging medical referrals; improving detainees' nutrition; and managing TB and HIV/AIDS cases. It provided expert advice for drafting a law in Honduras to release severely ill detainees on humanitarian grounds; in Mexico, it provided such advice to draft a protocol for referring migrants with mental-health conditions for specialized care. In Guatemala, the ICRC provided expert guidance and other support for health services when necessary.

In El Salvador, 3,780 detainees were given hygiene kits donated by the ICRC.

WOUNDED AND SICK

Bolstering the continuum of care

Aided by the ICRC, health-care providers made emergency care, including transport to referral health facilities, available to people in violence-affected areas. Health workers, security forces personnel, community members and other first responders in El Salvador, Guatemala, Honduras and Mexico attended training, and train-the-trainer, sessions on first aid and basic emergency care. The ICRC coordinated this training with the health ministries and the National Societies concerned.

In El Salvador, Honduras and Mexico, the ICRC assessed health needs and barriers to health services in violence-affected communities; systems for providing pre-hospital emergency care; and the impact of violence on these systems. Following these assessments, it made recommendations to the authorities. In Mexico, the ICRC helped health ministry staff develop a strategy for protecting health services.

In Honduras, life-saving care at the ICRC-supported Tegucigalpa Teaching Hospital remained available to everyone, including victims of violence and detainees. The ICRC's support for the hospital included staff training, material support, and guidance in improving the triage system and standard emergency-room operating procedures. As planned, in May, the ICRC handed over responsibility for the hospital – for all activities and provision of support – to hospital staff and the health authorities after seven years of support.

Some 1,200 people¹ with physical disabilities, including migrants and other violence-affected people, obtained rehabilitative care at four ICRC-supported centres in Guatemala, Honduras and Mexico. The ICRC provided the centres with financial, material and/or technical support, and training for their staff, regularly. It covered transport, accommodation and treatment costs for some patients.

The ICRC made its expertise available to the authorities and pertinent institutions, to improve physical rehabilitation services. It discussed with Guatemalan health authorities the barriers to obtaining these services and urged them to take the necessary action. It sponsored a physical rehabilitation professional from Mexico to attend the 19th World Congress of the International Society for Prosthetics and Orthotics in Mexico.

Because of financial constraints, the ICRC ended its physical rehabilitation programme in Guatemala, Honduras and Mexico by the end of the year. It held meetings with stakeholders with a view to promoting sustainability of these services.

ACTORS OF INFLUENCE

The ICRC engaged with government officials, armed forces and security forces personnel, the general public and other influential people and organizations in the countries covered. It did so to gather support for the Movement and for its own work on behalf of missing people and their families, migrants, detainees, IDPs and other violence-affected people, and to broaden understanding of humanitarian principles, international human rights law, IHL and other applicable norms.

The ICRC broadens awareness of humanitarian issues and cultivates support for the Movement's work

The ICRC strove to broaden public awareness of humanitarian issues – missing people, armed violence and migration – using traditional and social media, engagement with journalists and other means. It provided National Societies in the region with training and guidance in public communication.

Armed forces – including those that supported or took part in law enforcement operations – and police in the region were given guidance and other support by the ICRC. This helped ensure that their doctrine, training and operations complied with international human rights law – and where applicable, IHL – and followed international standards for law

enforcement. Armed forces and security forces personnel in El Salvador, Guatemala, Honduras and Mexico furthered their understanding of IHL, and/or other pertinent norms, at ICRC workshops.

The ICRC provided the authorities and national IHL committees – particularly in Costa Rica, El Salvador, Guatemala, Honduras and Mexico – with advice and other support for implementing or ratifying IHL-related treaties. The ICRC made its positions – on urban warfare, the use of explosive weapons in populated areas, and nuclear weapons – known to foreign ministries and other authorities. Notably, Costa Rica adopted a national position on IHL and cyber operations, drawing on ICRC expertise to do so. Authorities in the region were also given advice for developing national mechanisms concerning missing people and their families, migration and internal displacement (see *Civilians*).

Judges, diplomats, academics and others learnt more about IHL and issues of humanitarian concern at ICRC events. In Costa Rica, the ICRC and judicial training centres for Central America and for the Caribbean organized a seminar on the basic provisions of IHL, and the protection of migrants, for 50 judicial officials from Costa Rica, Guatemala, Honduras and Nicaragua.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the countries covered strengthened their capacities in preparing for and responding to the protection-related concerns and humanitarian needs arising from migration and from violence, natural disasters and other emergencies. They improved their organizational capacities, security management and operational communication, with training and technical, financial or other assistance from the ICRC, the International Federation and other Movement components. These organizations also met regularly to coordinate their activities.

The ICRC signed partnership agreements with some National Societies, and discussions about such agreements continued with others. Partnership agreements sought to enable the ICRC and the National Societies to decide the scope and working procedures of their activities, with a view to mounting an effective humanitarian response together. In May, the Nicaraguan authorities dissolved the Nicaraguan Red Cross.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	52	2		
RCMs distributed	50			
Phone calls facilitated between family members	28,378			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	110	15	1	3
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)	39			
<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)	659	135	70	30
<i>including people for whom tracing requests were registered by another delegation</i>	13			
Forensics				
Training sessions on the recovery, identification and protection of human remains	59			
People trained	1,245			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	24			
Detainees in places of detention visited	112,540	14,118	34	
Visits carried out	80			
		Women	Girls	Boys
Detainees visited and monitored individually	635	139	1	
<i>of whom newly registered</i>	597	136	1	
RCMs and other means of family contact				
RCMs collected	143			
RCMs distributed	36			
Phone calls made to families to inform them of the whereabouts of a detained relative	89			
Detainees visited by their relatives with ICRC/National Society support	55			
People to whom a detention attestation was issued	10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	People	346	138	107
	<i>of whom IDPs</i>	342	136	106
Water and habitat				
Water and habitat activities	People	1,010	394	220
	<i>of whom IDPs</i>	761	551	18
Primary health care				
Health centres supported	Structures	10		
	<i>of which health centres supported regularly</i>	10		
Average catchment population		23,348		
Services at health centres supported regularly				
Consultations		54,703		
	<i>of which curative</i>	54,640	12,705	11,181
	<i>of which antenatal</i>	63		
Referrals to a second level of care	Patients	133		
	<i>of whom gynaecological/obstetric cases</i>	29		
Mental health and psychosocial support				
People who received mental-health support		1,181		
People who attended information sessions on mental health		2,164		
People trained in mental-health care and psychosocial support		309		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	14,400	11,015	
Health care in detention				
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		66,452		
First aid				
First-aid training				
	Sessions	36		
	Participants (aggregated monthly data)	564		
Physical rehabilitation				
Projects supported		4		
	<i>of which physical rehabilitation centres supported regularly</i>	4		
People who benefited from ICRC-supported projects	Aggregated monthly data	1,200		
	<i>of whom service users at physical rehabilitation centres (PRCs)</i>	1,200	41	54
	<i>of whom weapon-wounded</i>	*		
Services at physical rehabilitation centres supported regularly				
Prostheses delivered	Units	273		
Orthoses delivered	Units	746		
Physiotherapy sessions		22,419		
Walking aids delivered	Units	93		
Wheelchairs or postural support devices delivered	Units	*		

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

NEW YORK

New York is home to the UN headquarters, as well as the Security Council and General Assembly, all of whose work affect humanitarian and related developments. Operating since 1983 and granted observer status by the General Assembly in 1990, the ICRC delegation to the UN in New York elevates the concerns of conflict-affected people to governments and other policymakers and develops relationships important to the ICRC's credibility with parties to conflict. The delegation enhances the ICRC's ability to influence actors that can facilitate access to vulnerable communities or determine how conflicts are fought. It fosters recognition of the ICRC as the reference organization for IHL and principled humanitarian action.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	-
Assistance	-
Prevention	3,713
Cooperation with National Societies	-
General	5
Total	3,719
<i>Of which: Overheads</i>	227

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	12

CONTEXT

The UN continued to play a key role in developing, promoting and implementing IHL. The Security Council, General Assembly and the UN Secretariat formulated and implemented policies and decisions that had a bearing on humanitarian affairs around the world. In light of shifting global power dynamics and the increasing difficulty of consensus-based decision-making, UN member states committed themselves to intensifying their efforts to assert the role of international cooperation in tackling global issues. Challenges related to armed conflict, development and poverty, global health and pandemics, weapons, "terrorism", climate change, gender and digital threats featured prominently in world leaders' discussions at UN events.

Think tanks, the media, academic institutions and NGOs in New York influenced opinion and policymaking on humanitarian issues, and were also able to mobilize UN member states and the UN Secretariat to address these issues.

ICRC ACTION AND RESULTS

The ICRC continues to promote the humanitarian perspective at the UN

The ICRC continued to participate as a Permanent Observer in high-level meetings, debates, negotiations and other events held by the UN's principal organs and its member states, with a view to ensuring that humanitarian concerns, principled humanitarian action and IHL were taken into account in their discussions and decision-making. It drew on its long-standing presence in contexts affected by armed conflict and other situations of violence, its expertise in IHL and related bodies of law, and its own published work. It followed international debates and shifts in global policy to emphasize its humanitarian perspective and elaborate its institutional positions on

such matters as the protection of civilians and provision of essential services, counter-terrorism and sanctions regimes, urban warfare and cyber operations, autonomous weapon systems – including in connection with nuclear weapons – sexual violence, and the issue of missing people and the plight of their families.

At high-level UN meetings and other forums, the ICRC discussed, with representatives of member states, the humanitarian situation in Afghanistan, Israel and the occupied territories, Sudan, Ukraine and other contexts. It urged support for the ICRC's neutral, impartial and independent humanitarian action, and its role as neutral intermediary. Whenever possible, the ICRC appealed to states – including those that were parties to conflict or capable of influencing such parties – to uphold IHL and facilitate principled humanitarian action.

Visits from the ICRC's senior leadership and briefings by heads of delegations reinforced the ICRC's engagement with UN officials and representatives of member states. In March and October, the ICRC's president spoke to the UN Security Council on the subject of women, peace and security, emphasizing the impact of armed conflict on women and girls before, during and after conflict. The ICRC's president also stressed the critical need for the protection of civilians as a precondition for stability, peace and recovery. The ICRC's director-general addressed the UN Security Council with a statement on the protection of water services and infrastructure, while the 2023 UN Water Conference provided an opportunity for the ICRC to present its priorities within the context of the provision of essential services during armed conflict. The head of the ICRC's delegation in New York addressed a Security Council Open Debate to address threats posed by the diversion, illicit trafficking, and misuse of small arms and light weapons.

UN member states draw on the ICRC's expertise in IHL and related legal matters

The ICRC continued to influence resolutions and other outcomes of UN processes to seek their alignment with IHL. Member states were made aware of the ICRC's views – through lectures, position papers and other means – on various matters related to IHL, such as the applicability of the principles of distinction, proportionality and precaution to the use of information and communications technology by states in armed conflict. Member states also drew on the ICRC's expertise in IHL, particularly in connection with autonomous weapons, cluster munitions, nuclear weapons, counter-terrorism and the protection of medical services and humanitarian personnel. Resolutions adopted by the UN Security Council and General Assembly during the year often contained references to IHL that were in line with the ICRC's interpretation. The ICRC participated in the second meeting of states party to the Treaty on the Prohibition of Nuclear Weapons and served as the reference organization on IHL and humanitarian perspectives for the states parties.

The ICRC followed legal developments and shifts in policy related to issues that arose in conflict zones. It monitored developments in: the General Assembly's adoption of IHL-related resolutions during its fall session; the UN's review of its global counter-terrorism strategy; a resolution of the ECOSOC (United Nations Economic and Social Council) Humanitarian Affairs Segment; and several resolutions related to global health. The ICRC participated in and organized events

to discuss the implementation and impact of UN Security Council Resolution 2664 concerning humanitarian exemptions in sanctions regimes.

Diplomats and other influential actors add to their knowledge of IHL

The ICRC continued to cultivate bilateral and multilateral relationships with the diplomatic community and other influential stakeholders in New York through ICRC-led events, briefings by ICRC representatives on specific contexts or issues, annual meetings and seminars on IHL, and other events on the sidelines of UN occasions. About 100 diplomats, representing roughly 60 states and UN agencies, learnt more about IHL during the 40th annual IHL seminar organized by New York University and the ICRC. Numerous permanent missions to the UN deepened their understanding of IHL through bilateral briefings and training provided by the ICRC.

The ICRC's public communication – particularly its engagement with the press and the general public, and its social-media posts – focused on promoting its activities throughout the world; conveying humanitarian messages to a broader audience; and developing its working relationship with members of the media. The ICRC maintained regular contact with the International Federation and other Movement components, and with other organizations working in the humanitarian or development sector. It sought to help present coherent and consistent Movement positions on different issues of humanitarian concern.

PANAMA CITY (regional)

COVERING: Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Panama, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname

Having worked intermittently in Panama since 1989, the ICRC has been in the country since 2010. It works with the region's National Societies to help violence-affected people, including vulnerable migrants, and helps build the National Societies' capacities. It aims to raise awareness of and mobilize support for humanitarian principles, IHL and the ICRC's activities through regular contact with multilateral and international organizations, governments and the military and police. It helps to improve the treatment and living conditions of detainees. By the end of 2023, the regional delegation in Panama City closed, but a mission (under the regional delegation in Mexico City in 2024) remains in the country.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2023

- The ICRC engaged authorities and weapon bearers in dialogue on access to health care and other issues faced by violence-affected communities in Haiti, and on the protection-related concerns of migrants in Panama.
- People in violence-affected communities in Haiti received medical attention after clashes, and were better protected against cholera, because of the ICRC's support for the efforts of first responders, health workers and hospitals.
- Migrants passing through Panama contacted their relatives using the services of the Red Cross Society of Panama and the ICRC, which were extended to a new site near the border with Costa Rica.
- In Haiti, the ICRC visited selected security detainees to monitor their treatment and living conditions, and helped to prevent the spread of cholera in prisons throughout the country. Both activities came to an end by April.
- The ICRC engaged governments and multilateral and international organizations in the region on matters related to IHL and international human rights law, particularly in connection with migration and missing people.

EXPENDITURE IN KCHF

Protection	2,082
Assistance	1,713
Prevention	1,704
Cooperation with National Societies	2,324
General	98
Total	7,920
<i>Of which: Overheads</i>	<i>483</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	46



PROTECTION

Total

CIVILIANS

Protection of family links

Phone calls facilitated between family members	26,280
Tracing cases closed positively (subject located or fate established)	59

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	1
Detainees in places of detention visited	3,749
<i>of whom visited and monitored individually</i>	13
Visits carried out	5

Protection of family links

RCMs collected	12
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ASSISTANCE

2023 Targets (up to)

Achieved

CIVILIANS

Water and habitat

Water and habitat activities	People		14,050
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PEOPLE DEPRIVED OF THEIR FREEDOM

Water and habitat

Water and habitat activities	People		4,000
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	4	6
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CONTEXT

Armed violence, or the potential for it, remained an issue in some of the countries covered by the ICRC's regional delegation in Panama City. In Haiti, armed violence continued to intensify, particularly in Port-au-Prince, leading to injuries, kidnappings, and deaths. Armed groups expanded their control over several areas, and some people formed self-defence groups. Cholera cases, which had surged in late 2022, continued to be reported: violence-affected communities – already without sufficient access to health care – and detainees in prisons were particularly vulnerable. Logistical and security challenges further complicated matters, as shortages of fuel and other goods led to spikes in the prices of necessities. All this took place within a context of political instability, dire economic conditions, and rising crime.

Migrants passed through or remained in some of the countries covered by the delegation. Many had fled their countries of origin because of armed conflict and other situations of violence and/or dire socio-economic and political conditions. More and more people passed through Panama, coming from the Bolivarian Republic of Venezuela, Haiti and elsewhere (e.g. countries in Africa). Most of them tried to go through the border province of Darien, where they risked abuse, such as extortion or sexual violence, and harsh environmental conditions; many of them also needed help to contact their families back home. In this area, and other border regions, migrants had to pass through government-run reception centres before they could move on. Some Haitians also attempted to migrate to the Dominican Republic.

People in several countries sought information about relatives missing in connection with migration, violence or other circumstances.

Panama remained a regional hub for policymaking on humanitarian issues and international affairs. It hosted numerous multilateral and international organizations, donor and cooperation agencies, and diplomatic missions. Guyana hosted the headquarters of the Caribbean Community (CARICOM).

Tensions between Guyana and Venezuela arose from a dispute over Essequibo, which is claimed by both countries.

ICRC ACTION AND RESULTS

The ICRC sought to contribute to the wider humanitarian response to the needs of violence-affected communities in Haiti and migrants passing through Panama. Whenever possible, it worked with the National Societies in the countries covered. It also mobilized other organizations, including other Movement components, and worked with them. Some activities, such as support for managing human remains, were scaled down because of financial constraints.

The ICRC engaged the authorities and weapon bearers in dialogue on access to health care and other issues faced by violence-affected communities in Haiti, and on the protection-related concerns of migrants in Panama. This was supplemented by information sessions for key stakeholders and efforts to publicize these issues among the general

public. These efforts included radio campaigns in Haiti on the protection due to medical services; and in Panama, a workshop for government officials on the issue of missing migrants and one for border guards and others on the proper use of force.

In Haiti, casualties of armed violence were treated by first responders – including personnel from the Haiti Red Cross Society – and by hospitals that received supplies and other support from the ICRC. The authorities, NGOs and others strove to protect violence-affected communities against a cholera outbreak; the ICRC donated soap, chlorine and other supplies, and renovated the facilities at some hospitals.

The ICRC monitored the treatment and living conditions of selected security detainees in Haiti, and helped the authorities and a local NGO to prevent the spread of cholera in prisons throughout the country. Those activities came to an end by April, when cases decreased significantly. The finalization of a manual for regional standards for prison management and design was delayed by administrative constraints.

The ICRC and the pertinent authorities continued to discuss the humanitarian concerns of migrants. Together with the Red Cross Society of Panama, the ICRC extended the Movement's family-links services – phone calls, internet connectivity, and phone-charging stations – to a new site near the border with Costa Rica. Through meetings, events and other means, and especially in Panama, the ICRC also drew attention to the issue of missing people and the plight of their families. It offered expert advice and other forms of assistance to support the relevant authorities in the establishment of mechanisms for identifying the dead and notifying the families concerned.

The ICRC discussed IHL and humanitarian issues of common concern with multilateral and international organizations in the region, including CARICOM. It provided states with support for advancing the domestic implementation of IHL and establishing national IHL committees.

National Societies in the region – particularly in Cuba, the Dominican Republic, Haiti and Panama – were given support for strengthening their operational capacities and organizational development.

The regional delegation in Panama City closed by the end of 2023. The mission in Haiti became a separate delegation, and the Mexico City regional delegation began to cover ICRC activities in Panama; the Caracas regional delegation began to cover activities in the rest of the countries previously under the Panama City regional delegation.

CIVILIANS

The ICRC sought to contribute to the wider humanitarian response to the needs of violence-affected communities in Haiti and migrants passing through Panama. Whenever possible, it worked with the National Societies in the countries covered. It also mobilized other organizations, including other Movement components, and worked with them. Some activities, such as support for managing human remains, were scaled down because of financial constraints.

Authorities and others are urged to protect violence-affected people in Haiti and migrants in Panama

The ICRC endeavoured to uphold the rights, under the pertinent legal frameworks, of migrants and people affected by armed violence in the region – particularly in Panama and Haiti. To that end, it engaged the authorities in dialogue on pressing issues – such as providing support for victims/survivors of sexual violence in Panama, and access to health care for people affected by violence in Haiti – and urged them to address these matters. This was supplemented by information sessions for key stakeholders and communication campaigns to publicize these issues among the general public (see *Actors of influence*).

In Haiti, a focus-group session with health workers was organized, with a view to identifying the main threats to their safety and possible mitigatory measures. However, other related activities were put on hold because of the volatile situation.

In Panama, the ICRC visited the Darien Gap several times in order to learn more about the humanitarian concerns of migrants who were passing through. It shared its findings with the authorities and with international organizations working on the situation. Officials from over ten governments learnt more about the issue of missing migrants from the ICRC's presentation during a regional course on humanitarian action in border areas; the event was organized by Panama in its capacity as president of the Regional Conference on Migration, a multilateral mechanism.

The Red Cross Society of Panama developed its ability to respond to the protection-related concerns of migrants; the ICRC provided it with various forms of support (see *Red Cross and Red Crescent Movement*), including expert advice on referral pathways for family-links services and for services for victims/survivors of sexual violence. The National Society used posters and other means to inform migrants about their rights and the risks to their safety.

Violence-affected communities in Haiti are protected against cholera

More than 14,000 people in the most violence-affected parts of Haiti were less at risk of contracting cholera or other water-borne diseases because of the ICRC's support for the authorities and other humanitarian organizations. Its emergency response plan ran from late 2022 to April 2023, when cases decreased significantly, and also covered detainees (see *People deprived of their freedom*); it included the distribution of supplies (e.g. soap, buckets, jerrycans, oral rehydration salts, tarps for shelters at IDP sites, etc.) and training in water chlorination for volunteers from communities and from the Haitian Red Cross. Four hospitals that received medical supplies (see *Wounded and sick*) were also helped to make improvements to their facilities: the ICRC trucked in water and installed solar-powered lamps to make one hospital's surroundings safer; it also cleaned out septic tanks, and built showers and latrines.

Family-links services for migrants in Panama are extended to new areas

The ICRC brought up with the Panamanian authorities (see above and *Actors of influence*) issues linked to the death or disappearance of migrants, with a view to ensuring that their families learn their fate or whereabouts. After a bus accident that killed 42 migrants, and at the authorities' request, the ICRC offered expert advice on ensuring that the dead are accounted for.

Migrants in Panama reconnected with their relatives through the Movement's family-links services: phone calls, internet connectivity, phone-charging stations and tracing were all provided at reception centres. The Panamanian Red Cross and the ICRC (which provided equipment, technical advice and other support to the former) extended these services to another site in Paso Canoas, near the border with Costa Rica; in all, 26,280 phone calls were arranged at five centres mostly in or near the Darien Gap.

National Societies in the region – mainly in Panama, and to a lesser extent, in Cuba, the Dominican Republic and Haiti – developed their family-links capacities with ICRC support, which included technical guidance and training in data protection and the use of data-management tools shared by the ICRC. Their staff participated in regional and international workshops organized by the ICRC or attended such workshops with the ICRC's assistance.

Officials and forensic specialists in the region learn more about managing human remains

The ICRC, working with other Movement partners where relevant, sought to help clarify the fate of missing persons and address their families' needs through its tracing services (see above), advocacy efforts and other means. Authorities in the region also drew on the ICRC's expertise to strengthen their efforts in this regard. In Panama, personnel from the border guard, national institute of forensics and other government agencies discussed the issue of missing migrants at a workshop organized by the ICRC in September to facilitate discussion and sharing of expertise, to improve coordination and the likelihood of providing answers to families.

The ICRC also sought to develop forensic capacities among the authorities, national and regional forensic institutions, emergency responders and others in the region, to help ensure that the dead could be identified and their families notified. Forensic professionals and others drew on the ICRC's expertise and support (e.g. body bags and equipment) – and its network of delegations in the Americas – to manage and identify the remains of migrants in Panama. Officials and forensic experts exchanged experiences at various events, including at conferences organized by other ICRC delegations, which they attended with the ICRC's help. This also included events held by regional forensics associations. All this also aimed to foster better cross-border coordination.

In Panama, the ICRC supported the construction of burial niches for the unclaimed and unidentified remains of dead migrants. The national institute of forensics maintained two of its facilities with material and technical support from the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Haitian authorities, the ICRC and other actors work to protect detainees against cholera

The ICRC visited, in accordance with its standard procedures, selected security detainees at a prison in Haiti. It monitored their treatment and living conditions, and communicated its findings and recommendations confidentially to the authorities concerned. In the first quarter of the year, an NGO was given technical and financial support for protecting detainees in several prisons against cholera. The NGO's efforts included hygiene-promotion campaigns and implementation of early-warning plans. Some 4,000 detainees also benefited from the ICRC's own initiatives, which included emergency water trucking, garbage collection and distribution of chlorine and soap. An engineer from the NGO trained prison staff and detainees in measures to prevent the spread of diseases, with the help of the ICRC.

The change to ICRC's support for preventing the spread of cholera and improving detainees' access to health care, water and sanitation, came to an end by April, with the substantial reduction of the number of cases. A report on the lessons learnt from the cholera response was shared with the authorities.

Development of regional technical criteria for prison management and design continues

Penitentiary authorities from Panama and the Dominican Republic shared their views on the final draft of the technical guide on prison management and design, which was presented to them at an ICRC workshop in Costa Rica (see *Mexico City*). These criteria aimed to serve as a source of reference for penitentiary systems in developing and implementing related national guidelines or procedures in line with international standards, the ultimate goal being improvement of prison management and detainees' living conditions. The final harmonization process took longer than initially scheduled, and the manual was set to be finalised in 2024.

WOUNDED AND SICK

In Haiti, the ICRC worked to help ensure that people could get the treatment they needed. It also documented instances of ambulances being obstructed, and other instances of access to health care being impeded, and then raised these issues with the actors concerned (see *Civilians*), with a view to preventing their recurrence. It also communicated to the general public on the necessity of ensuring safe passage for people seeking or providing health care (see *Actors of influence*). These matters were incorporated in first-aid training for weapon bearers and others (see below). Staff from three health facilities were trained in methods of de-escalating potentially violent situations.

People wounded in clashes are tended to by ICRC-supported first responders and hospitals

Health workers and community members in Port-au-Prince, and weapon bearers and volunteers from the Haitian Red Cross

– were given training in first aid and the necessary supplies. Casualties in need of immediate medical attention were taken to hospitals by National Society personnel and other local actors that received equipment, funds and supplies from the ICRC.

Wounded people, including people in areas controlled by armed groups, were treated at six hospitals run by the authorities or facilities that all received medical supplies and other ad hoc support from the ICRC. The ICRC also arranged for wounded people to be referred, free of charge, to ICRC-supported facilities.

Plans to offer mental-health and psychosocial support to selected health workers or leaders of violence-affected communities were put on hold because of financial constraints.

ACTORS OF INFLUENCE

Key stakeholders and the general public support the Movement's work in Haiti and Panama

The ICRC sought to broaden awareness of key humanitarian issues among the public and gather support for the Movement's response. To these ends, it worked with the pertinent National Societies to create posts, videos and other content for traditional and social media, and to organize communication campaigns and events, for instance, to mark World Red Cross and Red Crescent Day (8 May).

In Haiti, the ICRC, the National Society and the International Federation issued joint statements on the protection due, under IHL and other pertinent norms, to those seeking or providing medical care. Radio spots on this subject – and on other important issues, such as measures against the spread of cholera – were produced and broadcast. Weapon bearers, community members, journalists and others learnt more about the Movement's work at information sessions organized by the National Society and the ICRC.

In Panama, the ICRC discussed IHL and international human rights law with the authorities, particularly the provisions protecting migrants and missing people; it also brought up the issue of family separation (see also *Civilians*). Participants in a course on the use of force in law enforcement, organized by the National Aeronaval Service branch of the security forces, also enhanced their knowledge of the pertinent norms thanks to presentations made by the ICRC. A few other activities in this area, such as train-the-trainer workshops, were put on hold.

The ICRC provided military and security forces with support for integrating IHL and international human rights law in their decision-making. Senior military officers from Cuba and the Dominican Republic were sponsored to attend a workshop on international rules governing military operations (see *Headquarters – Protection and essential services*). In the Dominican Republic, authorities stationed at the border with Haiti – government officials and army and border guard officers – learnt more about international standards for law enforcement at a workshop organized jointly by the ICRC and the Dominican military.

CARICOM declaration closely reflects the ICRC's positions on autonomous weapon systems

The ICRC strove to reinforce its humanitarian diplomacy among the CARICOM secretariat and other multilateral and international organizations, with a view to serving as a source of reference in IHL and other areas of common interest. Some related activities were cancelled because of financial constraints, but the ICRC maintained contact with CARICOM; for instance, it participated in their events. Maintaining this relationship helped to ensure that the ICRC's position on autonomous weapon systems was taken into consideration in a CARICOM declaration on the subject that was adopted in September.

States are urged to advance domestic implementation of IHL

The ICRC urged national authorities in the countries covered to ratify IHL-related instruments and implement them domestically. It also made its technical expertise available to this end: the Dominican Republic's IHL committee, which was reactivated last year, was provided with technical input for a draft law protecting cultural property during armed conflict. At an ICRC workshop, the Dominican authorities also learnt more about voluntary reporting on domestic IHL implementation. High-level talks with Cuba covered a number of subjects: IHL implementation; the applicability of IHL to autonomous weapon systems, cyber warfare and outer space; and the creation of a digital emblem.

The ICRC sponsored a Panamanian official to attend a regional meeting of IHL committees, with a view to initiating discussions about reactivating the IHL committee in Panama. The ICRC's advocacy led a local university to create an IHL course for undergraduates. The Panamanian National Society was given training and other forms of support for its efforts to promote IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region were given financial, material and technical support to respond to emergencies and develop their operational capacities. They also drew on the ICRC's support for their organizational development and for strengthening their legal bases, governance and public communication (see *Actors of influence*). However, some of this support was scaled down or delayed because of financial constraints; this included support for the Haitian Red Cross's family-links services.

In Panama, the National Society drew on the ICRC's support to provide family-links services to migrants in Darien (see *Civilians*); work in accordance with the Safer Access Framework; and begin establishing safe referral pathways for victims/survivors of sexual violence. It also provided first aid during protests in November.

In Haiti, the National Society responded to the threat of cholera and to the intensified violence (see *Civilians* and *Wounded and sick*): for instance, volunteers funded and trained by the ICRC chlorinated water, and promoted hygiene and sanitation, to check the spread of cholera.

In Cuba, the ICRC and the Cuban Red Cross, together with the Escuela Nacional de Salud Pública, organized a course on health emergencies in large populations for 21 people – medical professionals and others – from over ten countries. The Dominican Red Cross engaged in some peer exchanges with the Panama Red Cross in the fields of restoring family links, promoting IHL, and working in accordance with the Safer Access Framework.

As several Movement partners were present in the region, the ICRC sought to ensure coherence in the Movement's positions on matters of common concern and coordinate activities and security management.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact				
Phone calls facilitated between family members	26,280			
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	106	Women	Girls	Boys
<i>including people for whom tracing requests were registered by another delegation</i>	20	27	18	11
Tracing cases closed positively (subject located or fate established)	59			
<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)	77	19	9	7
<i>including people for whom tracing requests were registered by another delegation</i>	30			
Documents				
People to whom official documents were delivered across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits				
Places of detention visited	1	Women	Minors	
Detainees in places of detention visited	3,749			
Visits carried out	5			
		Women	Girls	Boys
Detainees visited and monitored individually	13			
RCMs and other means of family contact				
RCMs collected	12			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	People	14,050	6,042	2,529
	<i>of whom IDPs</i>	5,620	2,417	1,012
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	People	4,000		
Health care in detention				
Places of detention visited by health staff	Structures	1		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,645		
Weapon-wound admissions (surgical and non-surgical admissions)		2,180	962	195
Weapon-wound surgeries performed		482		
First aid				
First-aid training				
	Sessions	23		
	Participants (aggregated monthly data)	393		

WASHINGTON (regional)

COVERING: Canada, United States of America, Organization of American States (OAS)

Established in 1995, the Washington regional delegation regularly engages in dialogue on IHL and issues of humanitarian concern, with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America, as well as with multilateral institutions, such as the OAS, and international financial institutions based in the two countries. It mobilizes support for ICRC activities and encourages IHL implementation. It visits people held at the US detention facility at the Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF	
Protection	2,634
Assistance	835
Prevention	4,347
Cooperation with National Societies	283
General	135
Total	8,233
<i>Of which: Overheads</i>	<i>503</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	99%
PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	39

PROTECTION	Total
CIVILIANS	
Protection of family links	
RCMs collected	2
RCMs distributed	6
Phone calls facilitated between family members ¹	245
Tracing cases closed positively (subject located or fate established)	11
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	1
Detainees in places of detention visited	35
<i>of whom visited and monitored individually</i>	<i>27</i>
Visits carried out	4
Protection of family links	
RCMs collected	392
RCMs distributed	289

CONTEXT

The United States of America (hereafter US) remained influential – militarily, diplomatically and economically – in international affairs, particularly in the Middle East, Africa, Europe and Asia. It is also a permanent member of the UN Security Council.

The US detention facility at the Guantanamo Bay Naval Station in Cuba remained in operation.

Canada maintained its international profile. Canadian military personnel were present in Africa, central and eastern Europe, and the Middle East; they were there mainly to train and provide technical guidance for their partners' military forces. They provided military support for Ukraine from certain central and eastern European countries where they had a presence.

Migrants continued to try to enter the US through its southern border with Mexico (see *Mexico City*). They remained at risk, throughout their journey, of losing contact with their families, detention, deportation, injury and death.

ICRC ACTION AND RESULTS

Guantanamo Bay detainees are followed up

The ICRC continued to visit people held at the Guantanamo Bay detention facility to check on their treatment and living conditions, including access to means of family contact and health care. Detainees shared their concerns, regarding their detention or transfer, with the ICRC. The ICRC communicated its findings confidentially to US authorities.

During its confidential dialogue with US authorities, the ICRC emphasized the necessity of upholding procedural safeguards – for instance, by facilitating the transfer of detainees deemed eligible and by respecting the principle of *non-refoulement*; and by enabling detainees to contact their families. It reiterated the importance of addressing the health-related needs of detainees, particularly of ageing detainees, in line with international standards and medical ethics. The ICRC also drew the authorities' attention to humanitarian issues that may arise in detention related to large-scale military operations (see below).

1. Phone or video calls arranged for people held at the Guantanamo Bay detention facility and their families abroad.

Detainees at the Guantanamo Bay detention facility used the Movement's family-links services – RCMs and phone or video calls – to contact their families. The ICRC followed up with the authorities the situation of detainees formerly held at the Guantanamo Bay detention facility and resettled elsewhere.

Conflict-related humanitarian issues are discussed with the authorities

The ICRC continued to discuss with Canadian and US authorities the humanitarian impact of their military operations. It urged them to ensure that their military personnel, and/or those of the countries they supported militarily, adopted measures to mitigate civilian harm and ensure respect for IHL. It also drew their attention to the potential humanitarian consequences of large-scale military operations in the future, and urged them to mitigate such risks, for instance, in connection with conditions of detention and the management of human remains. Canadian and US military personnel learnt about IHL and humanitarian principles during lectures, military exercises and pre-deployment briefings at which the ICRC was invited to speak. The ICRC also briefed US and Canadian authorities on the humanitarian situation throughout the world, particularly in Africa and the Middle East. It urged Canadian authorities to allow carve-outs to safeguard humanitarian activities in contexts on which it has imposed counter-terrorism measures and sanctions.

The ICRC maintained its dialogue with US authorities on issues related to detention in armed-conflict settings, particularly in connection with health care for detainees. It made recommendations to them concerning detainees' living conditions and treatment, particularly in connection with procedural safeguards for people in conflict-related detention, including people being held in countries where the US was conducting military operations. The situation of people alleged to have been involved in fighting in foreign countries, and that of their families, was also a subject of these discussions.

Members of separated families reconnect using the Movement's family-links services

Members of families separated by migration, conflict or other circumstances were able to reconnect through the Movement's family-links services (e.g. RCMs). The ICRC registered tracing requests from people seeking to locate relatives reported missing in conflict-affected countries and supported family reunifications (see, for instance, *Israel and the occupied territories*, *Ukraine* and *Afghanistan*). The ICRC and the Canadian and US National Societies discussed how to restore family links more effectively, particularly in connection with families dispersed by migration.

Efforts to address migration-related issues continue

The ICRC continued to monitor the situation at the US–Mexico border and along the Central American migration route, and relayed its findings to the US authorities. In particular,

it brought up the issue of missing migrants in its discussions with the authorities. The ICRC urged authorities and forensic professionals to improve mechanisms for documenting migration-related deaths along the US–Mexico border. It organized meetings to enable authorities and forensic actors from the US and Mexico to discuss possibilities for more efficient exchange of information vital to clarifying the fate and/or whereabouts of migrants reported missing.

The ICRC gave US authorities, forensic professionals and others expert guidance and material support for identifying the remains of migrants found near the US–Mexico border. For example, aided by the ICRC, forensic actors exhumed the remains of migrants with a view to identifying these. In addition, local authorities in Texas learnt about best practices in managing human remains at training sessions organized jointly by the ICRC and local forensic actors; they were also given technical advice in the use of a national database for information about people reported missing.

Influential actors reaffirm their support for IHL and humanitarian action

The ICRC kept up its efforts to promote IHL and support for its work among national authorities, multilateral bodies, NGOs and other influential actors. It drew the attention of US authorities to humanitarian concerns in contexts where they can have a positive influence, such as in Haiti, Israel and the occupied territories, Sudan and Ukraine. Through conferences, meetings and other means, the ICRC maintained dialogue with the authorities and armed forces of Canada and the US, and with the OAS, and shared its views on various matters of humanitarian concern, such as: large-scale military operations; urban warfare; arms transfers; support relationships in armed conflict; cyber warfare; protracted conflict; and global challenges in connection with the climate crisis, armed violence and migration.

The ICRC, often in conjunction with the American and Canadian National Societies, strove to broaden awareness of pressing humanitarian issues among members of the media and the general public. It produced podcasts and gave interviews to highlight issues of humanitarian concern in conflict-affected contexts.

The ICRC's delegation in Washington maintained its support for the activities of other ICRC delegations – in more than 20 countries – to advance the social inclusion of people with physical disabilities through disability sport and career-development programmes.

MAIN FIGURES AND INDICATORS: PROTECTION




CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	2			
RCMs distributed	6			
Phone calls facilitated between family members	245			
Reunifications, transfers and repatriations				
People reunited with their families	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	15	2	2	1
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	11			
<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)	47	5	11	5
<i>including people for whom tracing requests were registered by another delegation</i>	22			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	1			
Documents				
People to whom travel documents were issued	2			
Forensics				
Training sessions on the recovery, identification and protection of human remains	1			
People trained	46			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	1			
Detainees in places of detention visited	35			
Visits carried out	4			
		Women	Girls	Boys
Detainees visited and monitored individually	27			
RCMs and other means of family contact				
RCMs collected	392			
RCMs distributed	289			
People to whom a detention attestation was issued	24			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM	Total		
Health care in detention			
Places of detention visited by health staff	Structures	1	
Health facilities supported in places of detention visited by health staff	Structures	1	

Mission

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.

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