



DELEGATIONS

Afghanistan
Myanmar
Nepal
Pakistan
Philippines
Sri Lanka

REGIONAL DELEGATIONS

Bangkok
Beijing
Jakarta
Kuala Lumpur
New Delhi
Suva

EXPENDITURE (IN KCHF)

Protection
39,103

Assistance
191,824

Prevention
30,527

Cooperation with National Societies
19,148

General
-

280,602 of which: Overheads **17,285**

Implementation rate
89%

ASIA AND THE PACIFIC



 ICRC delegation  ICRC regional delegation  ICRC mission

ASIA AND THE PACIFIC

In 2010, the Asia and the Pacific region was the theatre of the ICRC's two largest operations worldwide – Pakistan, followed by Afghanistan. The operational environment in both countries remained challenging in terms of the scale and scope of humanitarian needs and access restrictions resulting from the fighting and insecurity. In Pakistan, this was compounded by devastating flooding that severely affected millions of people in more than a third of the country, including many violence-affected regions. This led the ICRC to appeal for additional funding for its operation there.

Across the region, including in Bangladesh, where it signed an agreement with the government formalizing its presence in the country, the ICRC continued to respond to the needs of people affected by armed conflict and/or other situations of violence and natural disasters, focusing on addressing issues by means of its specific expertise, neutrality and independence. Where IHL applied, the ICRC reminded the parties to conflicts of their obligation to protect those not or no longer taking part in the fighting. In all contexts, in dialogue with the authorities and weapon bearers at all levels, the ICRC sought to raise awareness of its neutral, impartial and independent approach with a view to ensuring safe access to victims for its staff. Nevertheless, access to those affected by violence was often hampered by the fighting itself or by related government restrictions and security measures, the latter being particularly pronounced in Pakistan. Whenever access restrictions compelled it to operate via “remote management”, the ICRC put in place procedures and control mechanisms to ensure its activities could be properly monitored. These mechanisms had to be constantly adapted in response to the challenges posed by the size of the operation.

Despite security constraints, the ICRC ran major assistance operations in Afghanistan, Pakistan and the Philippines, even managing to extend its activities in Afghanistan to parts of 31 of the country's 34 provinces. Operational partnerships with the region's National Societies were pivotal in increasing the coverage or effectiveness of operations, particularly in Afghanistan, Bangladesh, India, Nepal, Pakistan and the Philippines. Many National Societies received specific training to that end. In parallel, the ICRC provided them with technical, financial and material support to develop their own profiles and activities and to strengthen their capacity to respond to armed conflicts, other situations of violence and natural disasters in accordance with the Movement's Fundamental Principles. As in the past, ICRC activities were also coordinated with other Movement partners, UN agencies and other humanitarian players in fields of common interest, to maximize impact and avoid gaps or duplication.

The situations in Afghanistan and Pakistan resulted in rising numbers of civilian casualties and weapon-wounded patients. In these countries, as well as in India, Nepal, the Philippines and Thailand, which also received people wounded over the border from Myanmar, the ICRC sought to improve access to adequate first-aid and surgical care. It did so by, as needed, acting as a neutral intermediary, financing or carrying out evacuations, supporting ambulance services, training medical staff and first-responders, supplying and maintaining existing first-aid posts and hospitals, and financing

patients' treatment costs. In Afghanistan, it maintained its support to Kandahar's Mirwais Hospital, supplying all departments with drugs and consumables, working alongside and training local medical staff, and improving infrastructure. In Pakistan, it ran its own field hospital in Peshawar, staffed by some 20 expatriates and 200 national staff.

Fighting and unrest in these and other contexts affected hundreds of thousands of people, some of whom had been displaced multiple times. Together with National Societies, the ICRC endeavoured to meet the immediate needs of IDPs in camps and affected resident communities, including those hosting IDPs, tailoring its relief to the differing requirements. Thus, some 3.2 million violence- and disaster-affected people received essential household items, often accompanied by emergency food rations, mostly in Pakistan, which accounted for over 2 million beneficiaries, in Afghanistan and the Philippines. Over 1 million saw conflict-damaged and overstretched water and sanitation facilities improved. In Pakistan, the ICRC supported the National Society and other organizations running services in IDP camps by installing water facilities and constructing latrines and bathing and kitchen facilities.

Livelihood-support projects were implemented in several contexts, helping some 112,000 families (742,000 people) restore their traditional sources of income or find new ones. People affected by ongoing fighting, such as residents, returnees and the long-term displaced in Afghanistan, Pakistan, the Philippines and Sri Lanka, as well as those still suffering the consequences of past conflicts, as in Nepal, benefited from agricultural and micro-economic initiatives. These ranged from seed and tool distributions to agricultural training and cash grants, for example to set up shops or rent tractor services.

Ensuring access to quality preventive and curative health care for affected people also remained a priority. Primary health centres in Afghanistan, Pakistan, Papua New Guinea and the Philippines, and National Society fixed and mobile health clinics in Afghanistan, India and Pakistan, received supplies, training and maintenance support from the ICRC. In Pakistan, diarrhoea treatment centres were established after the floods to treat people with water-borne diseases.

Delegates visited detainees, particularly those held in connection with an armed conflict, another situation of violence or for reasons of State security, in Bhutan, Cambodia, Fiji, Jammu and Kashmir (India), the Maldives, Nepal, Pakistan, the Philippines, the Solomon Islands, Sri Lanka, Thailand and Timor-Leste. After conducting private interviews with the detainees, the ICRC submitted confidential reports to the authorities containing, where necessary, recommendations for improving their treatment or living conditions.

In Afghanistan, the ICRC visited detainees/internees in Afghan, US and NATO/International Security Assistance Force (ISAF) custody. Together with the ICRC's delegation in Washington, United States of America, the delegation in Afghanistan discussed with the US authorities their humanitarian obligations towards individual detainees/internees, ensuring they were held under an adequate legal framework and were provided with the relevant procedural safeguards, also in view of the planned transfer of detainees to Afghan authority. There and, for example, in Cambodia, the Philippines and

Pakistan, the ICRC worked together with the authorities notably to improve sanitation conditions in the most problematic detention facilities, to strengthen health care, including with regard to tuberculosis and HIV, to find practical means of speeding up the judicial process for inmates or to boost the technical and managerial capacities of prison administrations. Similarly, it organized: a regional workshop where representatives from the Justice Ministries and Central Prison Administrations of eight Association of Southeast Asian Nations (ASEAN) countries shared experiences and discussed topics such as national standards for prison infrastructure; two seminars in China on infectious diseases in places of detention; and two study tours to Swiss prisons for Chinese officials from the Ministries of Justice and of Public Security. To support its offer of services to the relevant authorities, the ICRC assessed the treatment and living conditions of migrants in detention centres and detainees in prisons in Malaysia and Papua New Guinea, respectively.

The ICRC continued its endeavour to regain access to detainees in Pakistan and to discuss the possibility of reinitiating some activities in Myanmar prisons, more specifically in the areas of water and energy supply.

All delegations pursued the ICRC's core activity of restoring and maintaining contact between family members separated by an armed conflict or other situation of violence. The ICRC offered RCM, tracing and sometimes telephone/videoconference services to people seeking to contact relatives, including those who were detained. It continued to impress upon the governments and the National Societies of the Korean peninsula the importance of finding a solution to the prolonged anguish endured by family members split up by the 1950–53 Korean War, considering in particular the age of those concerned. It also kept up efforts to improve the capacities of governments and local players in Afghanistan, Nepal, the Philippines, Sri Lanka and Timor-Leste to address the issue of missing persons. This included psychological, social, economic and legal support, provided directly or indirectly to families of missing persons, and training in the correct handling of human remains to help ensure people could be accounted for. In Afghanistan the ICRC acted as a neutral intermediary in facilitating the handover of the remains of fallen fighters between the parties to the conflict.

The ICRC remained a leading player in the provision of physical rehabilitation services, running or supporting centres in Afghanistan, Cambodia, China, the Democratic People's Republic of Korea, India, Myanmar, Nepal, Pakistan, the Philippines and Sri Lanka. Over 108,000 people received services at ICRC-supported centres. In some countries, the ICRC, with the National Society, ran outreach programmes to identify, transport and accommodate vulnerable amputees, particularly those from remote areas, to enable them to obtain prosthetic/orthotic services.

The ICRC pursued its discussions with the Indonesian authorities with a view to redefining the basis and scope of its action in the country and reaching an agreement formalizing its presence and activities, including for people deprived of their freedom, which had been suspended since 2009. In Sri Lanka, ICRC access to former conflict areas remained limited throughout the year,

hindering the implementation of most of its planned assistance activities. By the end of 2010, as a result of meetings with high-ranking government officials, the implementation of a plan to reduce the organization's scope of humanitarian action and operational set-up had started. Meanwhile, the government restrictions imposed on the ICRC in Myanmar remained in place and continued to prevent the organization from discharging its mission in accordance with its internationally recognized working methods. The ICRC spared no effort to re-establish dialogue with the authorities with the aim of resuming meaningful activities in the country.

A large part of the ICRC's activities in the region consisted of promoting IHL, humanitarian principles and humanitarian issues and enhancing understanding of its work and mandate. The ICRC office in Tokyo, Japan, engaged in dialogue on humanitarian issues with the Japanese authorities. Throughout the region, the ICRC offered technical support and advice to governments on acceding to IHL instruments and enacting national legislation. It organized major regional events such as the 16th and 17th South Asia Teaching Sessions on IHL with universities in India and Nepal respectively, a seminar for representatives of 10 Pacific islands on Additional Protocols I-III and, together with the ASEAN secretariat and Australia's Victorian Institute of Forensic Medicine, a workshop on the management of human remains during disasters causing mass fatalities.

The ICRC also worked with armed and security forces to advance the integration of IHL and humanitarian principles into their doctrine, training and operations. As several countries in the region were contributing to international peacekeeping missions, the ICRC gave pre-deployment IHL briefings for many of their troops. It held dissemination sessions for all kinds of weapon bearers, including members of armed groups, to heighten their awareness of IHL and the ICRC's mandate and to ensure the security of its staff.

The ICRC promoted IHL among influential members of civil society, notably the media, NGOs and religious leaders, to enhance their understanding of and respect for IHL and to gain their support for ICRC activities. Young people, as future leaders, were another key target group. The ICRC worked with the authorities to incorporate IHL and humanitarian principles into curricula, not only in university law schools but also in international relations and journalism faculties. The Exploring Humanitarian Law programme continued in China, Japan, the Republic of Korea, Malaysia and Singapore, where Education Ministries or National Societies received support for its implementation in Indonesia, Thailand and Timor-Leste, where the programme was under study or being pilot-tested; and in Mongolia, where the Education Ministry and the National Society have taken over full responsibility for the programme.

The regional resource centre attached to the regional delegation in Kuala Lumpur, Malaysia, again offered expertise and other support to individual delegations in East and South-East Asia and in the Pacific, helping them promote IHL implementation and humanitarian principles and raise awareness of the ICRC's mandate, activities and capacities to provide humanitarian services. This included participation in meetings of Asian regional organizations, particularly bodies related to ASEAN.

AFGHANISTAN



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office/presence
 + ICRC-supported hospital
△ ICRC regional logistics centre
 ▽ ICRC-supported prosthetic/orthotic centre

* Hospital run fully by the ICRC ** Map shows structures supporting ICRC operations in Afghanistan

EXPENDITURE (IN KCHF)

Protection	10,176
Assistance	59,765
Prevention	3,149
Cooperation with National Societies	3,368
General	-

▶ **76,458**

of which: Overheads 4,666

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
---------------------------	------------

PERSONNEL

Expatriates	136
National staff (daily workers not included)	1,478

KEY POINTS

In 2010, the ICRC:

- ▶ intensified its dialogue with US and Afghan authorities on the challenges of transferring detention operations from international to national hands while observing IHL
- ▶ visited 5 members of the Afghan security forces held by an armed group and monitored individually 2,506 people held by the Afghan authorities, US forces and the NATO-led International Security Assistance Force
- ▶ provided some 142,700 people affected by conflict or natural disaster, including IDPs, with food, some 108,800 with essential household items and some 63,800 with various support to improve their livelihood
- ▶ re-established water supplies where systems had been destroyed by the conflict, improving the quality of water consumed by affected populations, both in urban and rural areas
- ▶ opened a new physical rehabilitation centre for amputees/disabled people in Lashkar Gah, Helmand province
- ▶ acted as a neutral intermediary between parties to the conflict to facilitate the provision of medical care and the evacuation of the bodies of fallen fighters and their handover to their families

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations focus on: protecting detainees and helping them keep in contact with their families; monitoring the conduct of hostilities and acting to prevent IHL violations; assisting the wounded and disabled; supporting hospital care; improving water and sanitation services; promoting accession to and implementation of IHL treaties and compliance with IHL by military forces; and strengthening the Afghan Red Crescent Society.

CONTEXT

The conflict in Afghanistan intensified and expanded geographically during 2010, resulting in a growing number of civilian casualties. The fragmentation of parties to the conflict – including the formation of local militias and more armed groups – posed new challenges for both the population and aid workers, who faced problems reaching victims. Drone attacks continued in the border areas with Pakistan, fighting spread in most provinces and explosions caused by bombs, mines and improvised explosive devices increased.

US authorities and NATO partners agreed to a gradual withdrawal of combat troops from Afghanistan and the transfer of security to the Afghan authorities by the end of 2014. Meanwhile, the US armed forces continued to transfer to Afghan authority internees previously held in the former Bagram Theater Internment Facility, the new US Parwan detention facility at Bagram airbase, and the US internment facility at Guantanamo Bay Naval Station in Cuba, as did several countries in the NATO-led International Security Assistance Force (ISAF) holding internees in field detention sites.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	3,868		
RCMs distributed	5,645		
Phone calls facilitated between family members	3,037		
Reunifications, transfers and repatriations	Total		
Human remains transferred/repatriated	293		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	1,404		507
People located (tracing cases closed positively)	264		
<i>including people for whom tracing requests were registered by another delegation</i>	265		
Tracing cases still being handled at 31 December 2010 (people)	1,068	141	357
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits	Total	Women	Minors
Detainees visited ¹	21,416		
Detainees visited and monitored individually	2,511	17	83
Detainees newly registered	916	3	60
Number of visits carried out	285		
Number of places of detention visited	113		
Restoring family links	Total		
RCMs collected	4,821		
RCMs distributed	2,638		
Phone calls made to families to inform them of the whereabouts of a detained relative	588		
Detainees visited by their relatives with ICRC/National Society support	385		
Detainees released and transferred/repatriated by/via the ICRC	4		
People to whom a detention attestation was issued	16		

* Unaccompanied minors/separated children

1. For people in US custody: all detainees known through the authorities' notifications and followed up by the ICRC

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat			Total	Women	Children
Food	Beneficiaries	232,877	40%	30%	
	<i>of whom IDPs</i>	91,725			
Essential household items	Beneficiaries	108,807	40%	30%	
	<i>of whom IDPs</i>	69,129			
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	63,825	40%	29%	
Water and habitat activities	Beneficiaries	334,583	30%	40%	
	<i>of whom IDPs</i>	33,458			
Health					
Health centres supported	Structures	11			
Average catchment population		229,433			
Consultations	Patients	162,369			
	<i>of which curative</i>		53,009	76,893	
	<i>of which ante/post-natal</i>		663		
Immunizations	Doses	128,486			
	<i>of which for children aged five or under</i>	119,062			
	<i>of which for women of childbearing age</i>	9,424			
Referrals to a second level of care	Patients	1,263			
Health education	Sessions	4,119			

MAIN FIGURES AND INDICATORS

ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
		Total	Women	Children
Essential household items	Beneficiaries	26,708		
Water and habitat activities	Beneficiaries	17,318		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
	<i>of which provided data</i>	2		
Admissions	Patients	40,194	21,373	9,281
	<i>of whom weapon-wounded</i>	2,664	107	352
	<i>(including by mines or explosive remnants of war)</i>	1,380		
	<i>of whom other surgical cases</i>	11,969		
	<i>of whom medical cases</i>	10,622		
	<i>of whom gynaecological/obstetric cases</i>	14,939		
Operations	Operations performed	13,096		
Outpatient consultations	Patients	232,959		
	<i>of which surgical</i>	100,825		
	<i>of which medical</i>	95,807		
	<i>of which gynaecological/obstetric</i>	36,327		
First aid				
First-aid posts supported	Structures	9		
	<i>of which provided data</i>	8		
Wounded patients treated	Patients	6,427		
Water and habitat				
Water and habitat activities	Number of beds	540		
Physical rehabilitation				
Centres supported	Structures	8		
Patients receiving services	Patients	75,297	13,144	16,066
New patients fitted with prostheses	Patients	954	85	65
Prostheses delivered	Units	3,790	304	171
	<i>of which for victims of mines or explosive remnants of war</i>	2,383		
New patients fitted with orthoses	Patients	4,512	887	1,994
Orthoses delivered	Units	9,975	1,649	4,814
	<i>of which for victims of mines or explosive remnants of war</i>	34		
Crutches delivered	Units	10,382		
Wheelchairs delivered	Units	985		

ICRC ACTION AND RESULTS

Against a background of intensifying conflict and insecurity, much of the country remained off-limits for the ICRC. Nevertheless, thanks to its contact with all parties to the conflict and their acceptance of its neutral, impartial and independent approach, the ICRC extended its activities, accessing parts of 31 of Afghanistan's 34 provinces. To assist as many conflict-affected people as possible, it relied on an extensive network of Afghan Red Crescent Society volunteers active in all provinces and provided financial, material and technical support and training to help build the National Society's capacity.

ICRC delegates collected specific allegations of IHL violations and made confidential representations to the parties concerned with a view to ending such abuses. They reminded the authorities and weapon bearers, at all levels, of their general obligations under IHL, particularly regarding the conduct of hostilities and their duty to protect people not or no longer participating in the fighting. This included in-depth dialogue with the US armed forces on the conduct of hostilities. The ICRC also supported the Afghan National Army in integrating IHL into its doctrine, training and operations and familiarized army and police personnel in the field

with the basic rules of IHL and international human rights law applicable to their functions.

The ICRC acted as a neutral intermediary, collecting fallen fighters from the battlefield and handing over their bodies to their families. Efforts were made to prevent people from being unaccounted for by disseminating information on the management of human remains to all conflict parties and enhancing local capacities to handle unidentified and unclaimed bodies correctly.

ICRC delegates visited people held by the Afghan authorities, the US authorities, NATO/ISAF and armed groups, to monitor their treatment and living conditions, including respect for their judicial guarantees. Detainees/internees maintained contact with their families by means of RCMs and/or video calls. Following visits, delegates' findings, along with any recommendations, were shared confidentially with the relevant authorities. The US armed forces, NATO/ISAF and the ICRC continued to discuss detention matters, including the transfer of detainees to Afghan custody. ICRC expertise in prison infrastructure helped the Afghan authorities use their limited resources to rehabilitate prisons and improve inmates' health and hygiene conditions.

Through a comprehensive approach to medical assistance, the ICRC and the National Society endeavoured to meet the needs of the growing number of conflict casualties, while complying with Ministry of Public Health policies. ICRC first-aid posts, ICRC-supported National Society primary health care centres and National Society/ICRC-trained first-aiders treated weapon-wounded people and referred them for further treatment when necessary. The ICRC gave ad hoc supplies to hospitals treating the wounded and continued to provide substantial and systematic support to two government hospitals, Mirwais and Shiberghan. ICRC-run or supplied physical rehabilitation centres provided services to the disabled, with a new satellite centre opened in Lashkar Gah.

Civilians' basic material needs were frequently unmet because of violence, poverty or lack of investment caused by years of conflict. The Afghan Red Crescent and the ICRC distributed food and essential household items to families displaced by conflict or natural disaster. Communities were provided with different livelihood-support programmes to enable them to protect their assets and generate income. Rehabilitation of irrigation infrastructure through food-for-work schemes helped to increase food production and improve the food security situation at community level. Water quality and sanitation in rural areas and cities improved thanks to ICRC support.

Movement components in Afghanistan coordinated their activities. While preserving its independence, the ICRC maintained close contact with other humanitarian actors to coordinate its activities with theirs, thus maximizing impact, identifying unmet needs and avoiding duplication. It also provided financial, material and technical support and training to the Afghan Red Crescent – with additional support from the German, Norwegian and Swedish Red Cross Societies – to help the National Society boost its capacity to meet the needs of conflict-affected people.

CIVILIANS

Civilians continued to bear the brunt of the fighting. They reported IHL violations to the ICRC, which systematically followed up these allegations, confidentially, with the relevant parties, although the fragmentation of armed groups sometimes made this difficult. Parties were encouraged to take corrective action to prevent the recurrence of such incidents and to ensure hostilities were conducted in accordance with IHL, including the obligation to protect those not or no longer participating in the fighting.

Acceptance of the ICRC by all main parties to the conflict meant it was frequently requested to act as a neutral intermediary during hostage releases and the handover of human remains to the families. The ICRC used its contacts and credibility to facilitate the work of others with purely humanitarian aims, such as medical NGOs.

Family members stay in touch

People used the National Society/ICRC's services to restore and maintain contact, mainly through RCMs, with separated or

detained relatives (see *People deprived of their freedom*). Families of Afghans held in the Guantanamo Bay internment facility spoke to their relatives by telephone and in person to ICRC delegates who had visited them. The National Society developed its capacity to restore family links with support from the ICRC and the German and Swedish Red Cross Societies.

Given the many people killed, conflict parties received guidelines on handling human remains, including on preserving data for future identification to ensure people were accounted for and on how to preserve gravesites. Morgues were rehabilitated, their capacities were strengthened and they received materials.

Civilians strengthen their economic security

Despite security constraints limiting field access, the National Society and the ICRC ran a large-scale assistance operation for conflict-affected communities, for which the Afghan Red Crescent received training. Some 108,807 people displaced by the conflict or flooding used tarpaulins and essential household items to establish temporary homes. Food distributions (one-off food rations) helped 142,687 people meet their emergency nutritional needs.

Throughout the country, 82,882 conflict-affected villagers worked on community projects in return for food for themselves and their families. Some rehabilitated irrigation networks to improve farmland and water availability for livestock while others built terraces for pistachio and almond plantations. Some pilot projects that began in 2009 were expanded to provide long-term livelihood security to vulnerable communities. Farmers were given pistachio and almond saplings, plus training, to plant orchards – often on the terracing prepared in ICRC food-for-work programmes – which achieved an 85% success rate. Some 19 villages which had received sesame and flax seed and equipment to produce oil reported a good harvest. These initiatives – along with saffron-seed multiplication, animal husbandry and community-managed micro-credit schemes for small businesses – helped kick-start income generation for 54,614 people. Particularly vulnerable farmers received one-off food rations to help meet their families' immediate needs (7,308 total beneficiaries) and some 2,365 disabled patients benefited from schooling, vocational training and micro-credit schemes enabling them to open small businesses and generate income for their households (9,211 beneficiaries).

In districts outside government control, 200 basic veterinary workers learnt animal husbandry, and 65,000 animals were treated in a deworming campaign, helping to preserve the assets of residents in remote conflict-affected areas.

Communities enjoy a reliable water supply

More than 330,000 people accessed safe drinking water and learnt good hygiene practices thanks to rehabilitated water facilities and a nationwide hygiene-promotion programme, both supported by the ICRC. In cities, people enjoyed safe drinking water following repairs to pumping stations and supply systems. In rural areas, water distribution improved life for villagers after hand pumps were installed on wells and they were shown how to maintain them.

Civilians have access to vital health care

People in conflict-affected areas relied on 10 ICRC-supported Afghan Red Crescent primary health care centres for low-cost care, in accordance with the country's Basic Package of Health Services. Staff learnt about data collection and analysis through ICRC-supported training to detect and respond quickly to any deterioration in public health. The National Society's remaining 37 centres were supported by the International Federation.

The community at Qalaygal, in east Afghanistan, gained access to basic health care at one ICRC health post. Plans to establish other posts were dropped in favour of expanding a network of mobile health providers. The ICRC, with support from the Norwegian Red Cross, focused on training and equipping community-based first-aiders, who also referred patients to secondary care providers, provided ante/post-natal care and taught good hygiene practices.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees in Afghanistan received ICRC visits, carried out in accordance with the organization's standard procedures. Delegates monitored inmates' treatment and living conditions, including respect for judicial guarantees. Confidential reports, containing recommendations where necessary, were submitted to the authorities concerned following visits to: people in US custody in the new Parwan detention facility and field sites; people in NATO/ISAF custody prior to their transfer to Afghan custody; and people held by the Afghan authorities, including security detainees, foreign detainees, and Afghan nationals previously held at the Bagram Theater Internment Facility, the Parwan detention facility and the Guantanamo Bay internment facility.

Detainees/internees maintained contact with their families through RCMs. Those in the Parwan detention facility benefited

from face-to-face visits, video conference calls and telephone calls facilitated by the US authorities and the ICRC. The US authorities continued to inform the ICRC of new arrests, transfers and releases. Upon release, 140 vulnerable detainees/internees received clothing and funds to cover their transport home.

Before their release, five Afghan security force members detained by an armed group were visited by ICRC delegates, who shared their findings and recommendations with the captors and relayed oral greetings to the detainees' families.

The US authorities and the ICRC pursued discussions on defining the rights of individual detainees/internees, ensuring they fitted an adequate legal framework and were provided with the relevant procedural safeguards (see *Washington*). The planned transfer of detainees and detention facilities from US to Afghan authority and related challenges, involving both a legal framework and detention conditions, featured heavily in dialogue with both US and Afghan authorities. The ICRC continued to work with NATO/ISAF on humanitarian matters, including the length of detention and family links.

Respect for judicial guarantees and the provisions of IHL and international human rights law applicable to detention were discussed in bilateral meetings with the Afghan authorities. New recruits at the National Security Directorate, Afghanistan's domestic intelligence agency, were familiarized with the provisions relevant to their future functions during ICRC-run sessions (see *Authorities and Armed forces and other bearers of weapons*).

The Afghan prison authorities received help in improving detention conditions, including in seeking extra financing for infrastructure development. More than 17,300 detainees benefited from better living conditions following repair or construction work carried out by the ICRC and ICRC-trained maintenance staff. Inmates kept warm with ICRC-donated blankets and clothing.

PEOPLE DEPRIVED OF THEIR FREEDOM	HELD BY THE AFGHAN GOVERNMENT	HELD BY ARMED GROUPS	HELD BY US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits				
Detainees visited ^{1,2}	19,905	5	1,506	117
Detainees visited and monitored individually ²	1,471	5	1,035	11
<i>of whom women²</i>	17			
<i>of whom minors²</i>	40		43	3
Detainees newly registered	322	5	589	11
<i>of whom women²</i>	3		0	
<i>of whom minors²</i>	25		35	3
Number of visits carried out	249	1	12	23
Number of places of detention visited	99	1	2	11
Restoring family links				
RCMs collected	803		4,018	
RCMs distributed	464		2,174	
Phone calls made to families to inform them of the whereabouts of a detained relative	534		54	
Detainees visited by their relatives with ICRC/National Society support	23		362	
Detainees released and transferred/repatriated by/via the ICRC	4			
People to whom a detention attestation was issued	13		3	

1. For people in US custody: all detainees known through the authorities' notifications and followed up by the ICRC

2. For people in Afghan custody: all figures include those visited in NATO/ISAF custody prior to their transfer to Afghan custody

In accordance with the 2008 agreement between the Health and Justice Ministries to provide the Basic Package of Health Services to all detainees, health and hygiene conditions in places of detention received a boost. Drugs, consumables and equipment were supplied to prison clinics and sick detainees were transferred to referral hospitals. Inmates at 49 detention centres learnt better hygiene practices from ICRC-trained prison staff and peer educators and received hygiene kits. In addition to receiving leisure articles, some detainees attended vocational training, including six as bakers at Badghis provincial prison.

WOUNDED AND SICK

While fighters were often treated or evacuated by their own, wounded and sick civilians needed support, particularly those in pre-hospital care. Weapon-wounded patients in 29 conflict-affected provinces were stabilized at first-aid posts before being evacuated to hospital, including some 6,420 at ICRC first-aid posts. Others were treated at the 10 National Society primary health centres supported by the ICRC or by community health workers (see *Civilians*), army and police personnel and other weapon bearers trained in pre-hospital care by the National Society/ICRC. Patients were evacuated to health care facilities in ICRC-funded transport, organized in agreement with local health providers and parties to the conflict.

Wounded and sick people in the Kandahar region relied on the 380-bed Mirwais Hospital, where more than 20 ICRC expatriate staff worked alongside, and trained, Afghan staff to improve the most critical services, including surgery, obstetrics and paediatrics, in line with the Health Ministry's secondary health care policy, the Essential Package of Hospital Services. The supply of drugs and consumables to all hospital departments and improvements to infrastructure in the paediatric, obstetric and general medical wards enabled better care provision to more people. Hospital maintenance staff received training and equipment to repair infrastructure. When Lashkar Gah hospital closed owing to insecurity, ICRC-funded taxis transferred numerous wounded to Mirwais. Patients in north-western Afghanistan attended the 200-bed Shiberghan Hospital, which received supplies and surgical and management training from the ICRC. Blood banks at both hospitals received year-round support. Four other hospitals received ad hoc supplies to ensure readiness for mass-casualty influxes. More than 40 surgeons in Afghanistan perfected their skills at a three-day seminar on war surgery, and medical doctors attended an emergency room trauma course.

Disabled people improve their mobility and social reintegration

At seven ICRC-run physical rehabilitation centres, including the one newly opened in Lashkar Gah, 75,297 disabled Afghans benefited from physiotherapy and prosthetic/orthotic devices. The existing centres and the component production centre were managed by 600 disabled employees. Staff received on-the-job training and professional development through ICRC/Health Ministry and distance-learning courses. Some 2,600 disabled people were

empowered by access to vocational training, micro-credit schemes (see *Civilians*), schooling and employment programmes. Staff at four non-ICRC centres were given training, and raw materials were supplied by an ICRC-managed component factory.

For people with spinal cord injuries, children with cerebral palsy, and their carers, a home visit programme, along with counselling services and the donation of medical appliances, increased their quality of life and mental well-being.

AUTHORITIES

As the fighting intensified, it was important that the authorities fulfilled their obligations under IHL, understood the ICRC's distinct identity and allowed it to reach people in conflict-affected areas. Through frequent bilateral meetings, prominent members of the Afghan authorities at State and provincial level throughout the country maintained a systematic dialogue with the ICRC on such issues. Meetings were backed up by ICRC-produced written materials in English, Dari and Pashto. Diplomats and representatives of international organizations also received such publications and attended briefings aimed at garnering their support for ICRC activities.

Following Afghanistan's accession to the 1977 Additional Protocols in 2009, the government began considering becoming party to other humanitarian treaties. Members of parliament and of various government ministries discussed the ratification of, among others, the Hague Convention on Cultural Property, the Convention on Cluster Munitions and the Convention on Certain Conventional Weapons at an ICRC-led seminar, using Dari and Pashto translations of the instruments prepared by the ICRC, as well as during meetings with ICRC delegates. IHL implementation was also discussed by officials and their regional counterparts at courses abroad, such as the Second South Asian Conference on IHL in Dhaka, Bangladesh (see *New Delhi*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Through dialogue with the ICRC, weapon bearers in Afghanistan reacquainted themselves with their obligations under IHL, including those relating to the conduct of hostilities and the protection of those not or no longer taking part in the fighting. ICRC delegates raised specific allegations of IHL violations confidentially with the forces or groups concerned. By explaining the ICRC's neutrality, impartiality and independence, they also sought to ensure safe and unhindered access to victims.

The Afghan National Army continued to implement the Defence Ministry's 2009 policy on integrating IHL into its doctrine, training and operating procedures, setting favourable conditions for greater compliance with IHL and enhancing their understanding of the ICRC's mandate and activities. Some 180 army instructors honed their skills at ICRC-run IHL training courses. Senior army officers gained greater knowledge of IHL at ICRC-run dissemina-

tion and education sessions, with several participating in overseas training. Other army officers and police personnel brushed up on their knowledge of IHL provisions applicable to their functions at ICRC presentations held at their training establishments, supported by written materials in local languages.

Regular reports and bilateral meetings between the ICRC and US armed forces fostered a systematic dialogue on the conduct of hostilities and detention matters, while NATO/ISAF and the ICRC continued to discuss the transfer of detainees to Afghan forces. At pre-deployment training exercises, troops assigned to Afghanistan in the United States of America, Canada and Europe were briefed by the ICRC on its activities and IHL.

Members of armed groups met with the ICRC and participated in training enabling them to provide first aid to weapon-wounded people and stabilize their condition before their possible transfer to hospital. This also helped to ensure safe access to victims and enhanced weapon bearers' understanding of the ICRC's activities.

CIVIL SOCIETY

Influential community leaders, such as elders, teachers at religious schools, members of local *shura* councils, and representatives of NGOs, learnt more about the basic rules of IHL and the ICRC's neutral, impartial and independent humanitarian action during bilateral meetings and presentations. They also received ICRC publications in local languages.

Media correspondents produced articles accurately portraying humanitarian issues and ICRC activities following briefings and press releases. Journalists of print, television and radio regularly sought interviews with ICRC delegates, and more than 50 participated in workshops on their rights and obligations when working in armed conflicts. Contacts with Pashto- and Dari-speaking media were expanded and contributed to the ICRC's acceptance nationwide.

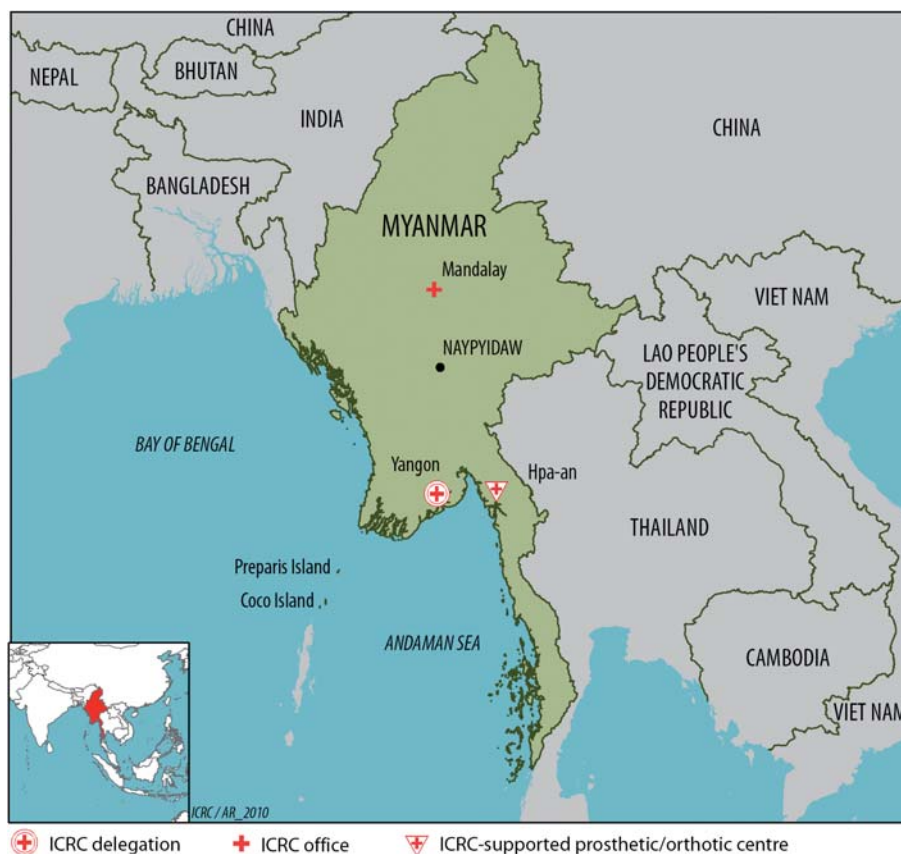
To stimulate interest in IHL in universities, lecturers received IHL teaching resources, including texts translated into local languages, and two law lecturers took the online postgraduate IHL diploma course run by NALSAR University, India. Balkh University began teaching IHL as an optional subject.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main operational partner in providing conflict victims with relief and health care (see *Civilians*) and first aid (see *Wounded and sick*). It received ICRC financial, technical and material support for these and other activities, such as mine action and medical care for sick children. ICRC-donated vehicles, including motorcycles, facilitated the National Society's distribution of RCMs and additional support aided its promotion of IHL among a variety of target audiences as part of its Safer Access approach. Volunteer management programmes were boosted by a Swedish Red Cross/ICRC project and National Society tracing staff received training and material support through a joint German Red Cross/ICRC initiative.

Movement partners present in Afghanistan and the ICRC met regularly to coordinate their activities.

MYANMAR



+ ICRC delegation
 + ICRC office
 + ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	1,317
Assistance	972
Prevention	583
Cooperation with National Societies	756
General	-

▶ **3,628**

of which: Overheads 221

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
---------------------------	------------

PERSONNEL

Expatriates	5
National staff (daily workers not included)	107

KEY POINTS

In 2010, the ICRC:

- ▶ facilitated family visits for 673 detainees
- ▶ assessed ways of improving water and power supply in 3 prisons and submitted proposals for infrastructure rehabilitation to the authorities
- ▶ with the Myanmar Red Cross Society, provided services to 5,515 patients at the Hpa-an Orthopaedic Rehabilitation Centre
- ▶ organized 36 dissemination sessions with the National Society for over 3,000 government and local authority officials, members of social organizations, teachers, students and Red Cross volunteers
- ▶ arranged for 11 government officials and 4 Myanmar Red Cross representatives to attend training events abroad
- ▶ facilitated the discharge of 8 minors from the Myanmar Army and their reunification with their families

The ICRC began working in Myanmar in 1986, providing physical rehabilitation for mine victims and other disabled people. Between 1999 and 2005, delegates visited detainees, assisted and protected civilians in conflict areas, and provided supplies to hospitals treating the wounded. By the end of 2005, restrictions imposed on the ICRC's ability to work according to its standard procedures had led to a progressive downsizing of activities. The ICRC actively seeks dialogue with government authorities with a view to resuming priority activities. It also works with the International Federation to enhance the effectiveness of the Myanmar Red Cross Society.

CONTEXT

The first general elections in Myanmar in 20 years took place on 7 November in a relatively calm environment. The government-backed Union Solidarity and Development Party won 76% of seats in the two-chamber national parliament and 14 regional assemblies. The opposition National League for Democracy had decided not to participate and been dissolved in accordance with new election laws. The party's leader, Aung San Suu Kyi, was released from house arrest on 13 November.

The population in areas of Kayin and Shan States and eastern Bago Division continued to suffer the effects of low-intensity armed conflict between government forces and various armed groups. Apart from the Democratic Kayin Buddhist Army (DKBA), the main groups that had accepted a ceasefire continued to reject government ultimatums to transform into a border guard force under army control. A faction that had broken away from the DKBA

over the border guard issue clashed with government forces in Kayin State. There were also armed clashes between government troops and the Shan State Army (North).

During the dry season, months of extreme heat led to reduced energy supply and shortages of drinking water countrywide, causing a rise in chronic illnesses and morbidity among the population.

Recovery and reconstruction efforts continued in the areas hit by Cyclone Nargis in May 2008. In October 2010, Cyclone Giri struck Rakhine State, leaving at least 45 people dead or missing and over 100,000 homeless, according to official reports.

Myanmar maintained relations with a range of countries, particularly member States of the Association of Southeast Asian Nations (ASEAN) and its neighbours India and China. It also received delegations from the United States of America and the UN to discuss bilateral engagements and human rights issues.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	59	9	
People located (tracing cases closed positively)	69		
Tracing cases still being handled at 31 December 2010 (people)	28	5	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
Restoring family links	Total		
Detainees visited by their relatives with ICRC/National Society support	673		
People to whom a detention attestation was issued	20		

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat		Total	Women	Children
Water and habitat activities	Beneficiaries	10	40%	
WOUNDED AND SICK				
Hospitals		Total	Women	Children
Hospitals supported	Structures	22		
Water and habitat				
Water and habitat activities	Number of beds	35		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	5,515	730	397
New patients fitted with prostheses	Patients	806	75	17
Prostheses delivered	Units	1,454	118	57
	<i>of which for victims of mines or explosive remnants of war</i>	869		
New patients fitted with orthoses	Patients	635	219	168
Orthoses delivered	Units	1,325	352	559
	<i>of which for victims of mines or explosive remnants of war</i>	17		
Crutches delivered	Units	2,133		
Wheelchairs delivered	Units	11		

ICRC ACTION AND RESULTS

Government restrictions imposed on the ICRC remained in place and continued to prevent the organization from fully discharging its mandate in accordance with its internationally recognized working methods, which the Myanmar authorities had accepted until the end of 2005. Despite sustained efforts to re-establish a dialogue

with the authorities on issues of humanitarian concern, no tangible progress was made in obtaining access to vulnerable civilians living in violence-affected border areas or in resuming visits to detainees.

A number of ongoing programmes could nonetheless continue, primarily family visits for detainees and support to the Orthopaedic Rehabilitation Centre run by the Myanmar Red

Cross Society in Hpa-an. Additional government representatives attended ICRC conferences and teaching sessions abroad, with ICRC sponsorship, to strengthen their knowledge of IHL and the organization's role and mandate.

A first ICRC technical survey was conducted in three Nargis-affected places of detention, focusing on power- and water-related structural problems. Discussions ensued with the authorities on possible ICRC support, and proposals for projects to rehabilitate prison infrastructure were submitted, which were still pending approval at year-end.

Medical consumables were provided to health structures in Yangon and southern Shan State found to have urgent basic medical needs.

The Myanmar Red Cross and the ICRC conducted joint dissemination sessions on IHL and basic humanitarian principles for various target audiences across the country. In addition, both partners put particular emphasis on improving emergency response and coordination capacities in the cities of Yangon and Mandalay as well as in the Thai-Myanmar border areas of southern and eastern Shan State. These activities led to an ICRC presence in some of the most conflict/tension-prone areas for the first time since 2005–6.

The National Society and the International Federation received ICRC logistics support for their joint Nargis recovery operation.

CIVILIANS

Owing to the existing government restrictions (see *ICRC action and results*), civilians in sensitive areas along the Thai-Myanmar border did not benefit from any direct ICRC activities. The ICRC sought to re-establish a substantive dialogue with the central Myanmar authorities on humanitarian issues, without much success.

Meanwhile, people affected by armed conflict continued to approach the ICRC for help in locating relatives who were unaccounted for. Written representations were submitted to the authorities regarding an additional 12 minors who had allegedly been recruited into the armed forces. By year-end, eight of them had been reunited with their families, while seven remaining cases were still being handled.

To boost national capacity to respond to emergencies, 24 water and sanitation engineers and technicians and Red Cross volunteers received ICRC training in operating and maintaining water purification units during an International Federation/Myanmar Red Cross emergency preparedness course. A representative of the Defence Ministry and one National Society staff member took part in a regional workshop on disaster-victim identification in Indonesia (see *Jakarta*), while 12 national NGOs attended ICRC briefings on human-remains management.

Joint Myanmar Red Cross/ICRC assessment missions and dissemination sessions across the country led to an ICRC presence in some of the most conflict/tension-prone areas for the first time since 2005–6 (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees had not received ICRC visits, aimed at assessing their treatment and living conditions, since December 2005, as the authorities would no longer allow the organization to carry out visits in accordance with its standard procedures. Nonetheless, 673 detainees benefited from ICRC-supported visits from their families, often in remote areas of the country. Upon their release, 39 former inmates had the cost of their journey home covered by the ICRC.

The Prisons Department and the ICRC pursued dialogue on possible improvements to water and sanitation infrastructure in places of detention. In May, a preliminary technical survey conducted in three Nargis-affected prisons in Ayeyarwady, Mon and Kayin States found acute power and water supply problems owing to weak infrastructure compounded by decreasing rainfall. Proposals for rehabilitation projects were submitted to the Ministry of Home Affairs and were still pending approval at year-end.

The Director General of the Prisons Department and one other staff member learnt more about international water and habitat standards in places of detention at an ICRC regional seminar in Indonesia (see *Jakarta*). As much of the authorities' energies were absorbed elsewhere in the build-up to the elections, ICRC plans to support training for prison health staff in Myanmar could not be realized. Similarly, the recently reactivated Joint Working Group, comprising the Prison Department, the Ministry of Health and the ICRC, did not meet.

WOUNDED AND SICK

A joint assessment carried out with the National Society in southern Shan State (see *Red Cross and Red Crescent Movement*) led to the identification, with the local authorities, of some urgent basic medical needs in hospitals. As a result, 21 township hospitals increased their capacities to treat the wounded and sick following the distribution, via the local Myanmar Red Cross branch, of ICRC dressing kits for 4,000 patients and surgical material with infusions for 1,000 hospitalized patients.

A general public hospital in Yangon also received sufficient medical consumables for 1,500 hospitalized patients.

Some 5,500 physically disabled people, mainly from south-eastern Myanmar, continued to receive services at the Hpa-an Orthopaedic Rehabilitation Centre, run by the Myanmar Red Cross with ICRC managerial, technical, financial and training support. In addition to the annual delivery of raw materials for the production of prostheses, orthoses and walking aids, the construction of a new outdoor gait-training area (capacity: 35 patients) improved conditions for patients learning to use their new devices. New user guides, translated and adapted to the local context, instructed patients on caring for their stumps and prostheses. Victims of landmines were the recipients of 64% of the prostheses produced.

One physiotherapist and one prosthetist enhanced their expertise at the Special Fund for the Disabled training centre in Addis Ababa, Ethiopia, while two other of the centre's employees enrolled in a three-year course at the Cambodian School of Prosthetics and Orthotics. Prosthetic/orthotic technicians from the Ministries of Health and Defence for the first time shared their experiences during a two-day workshop funded by the ICRC.

A total of 162 patients were referred to the Hpa-an centre thanks to the National Society/ICRC outreach prosthetic programme. Joint assessments were conducted in Kayah State, Thanintharyi Division and eastern Bago Division with a view to extending the outreach programme.

A survey was conducted to determine the efficiency of the ICRC-supported physical rehabilitation programme, although the small sample of patients polled made for inconclusive results. Planned follow-up visits to three prosthetic units run by the Ministries of Health and Defence in Mandalay Division to monitor the continuity of services since the end of ICRC support in 2007, could not take place owing to the government restrictions. The ICRC could however visit the National Rehabilitation Hospital in Yangon.

AUTHORITIES

Every opportunity was sought to engage the Myanmar government in a substantive dialogue in order to overcome differences and clarify possible misunderstandings. Two high-ranking officials were met to explain and promote the ICRC's mandate and activities.

Eight officials from various government ministries, the Supreme Court and the Attorney-General's Office, as well as three National Society representatives, took part in ICRC regional IHL conferences and teaching sessions held in Bangladesh and India (see *New Delhi*) and in Malaysia (see *Kuala Lumpur*).

In addition, national and local government officials learnt more about IHL, humanitarian principles and the Movement at dissemination sessions run by the Myanmar Red Cross with ICRC support (see *Red Cross and Red Crescent Movement*).

Following discussions on the integration of IHL into the training of the Myanmar Armed Forces, the Office of the Judge Advocate-General received a standard IHL library kit.

Despite these efforts, however, there was no resumption of meaningful exchange with the authorities.

Representatives of ASEAN and the wider international community regularly received public information about the ICRC and humanitarian concerns in Myanmar to bolster support for the organization's work.

CIVIL SOCIETY

The media in Myanmar picked up ICRC press releases, relaying information on the organization's humanitarian activities in Myanmar and worldwide to the general public. In their contacts with the ICRC, civil society groups, such as NGO networks and think-tanks, learnt more about IHL, the Movement, the Fundamental Principles and the emblem. Some 48 journalists and 25 members of local NGOs improved their knowledge of similar topics during, respectively, a media workshop organized by the Myanmar Red Cross and an ICRC dissemination day.

Dissemination sessions for members of the public and Red Cross volunteers were enlivened by a documentary on IHL translated into Myanmar language.

Undergraduate law students and military officers doing post-graduate degrees in international law made a total of 140 visits to the ICRC's resource centres in Yangon and Mandalay, which were kept stocked with the latest IHL literature. Student access to such material was further increased by the provision of reference works to university law libraries. One lecturer attended a regional IHL teaching session in India (see *New Delhi*). However, further dialogue on IHL promotion in Myanmar did not take place with the Ministry of Education at central level.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross remained mostly engaged in recovery activities in Nargis-affected areas, with the support of the International Federation and other Movement partners. At the same time, it pursued its efforts to define a transition plan from Nargis-related operations to strategic and organizational development.

From October on, the National Society prepared for and responded swiftly to the destruction caused by Cyclone Giri, with the support of the International Federation.

In order to enhance the National Society's preparedness for crisis situations and to support branch development, joint ICRC/Myanmar Red Cross teams conducted assessments in conflict/tension-prone areas. Infrastructure support and volunteer training strengthened coordination and emergency response capacities.

- ▶ 86 Red Cross volunteers in southern Shan State trained in leading a Red Cross branch and in vulnerability and capacity assessment
- ▶ Red Cross branches in Yangon, Mandalay and southern Shan State repaired their ambulances and renovated their office buildings with ICRC support

The Yangon branch provided emergency medical services to people injured during bomb explosions in April.

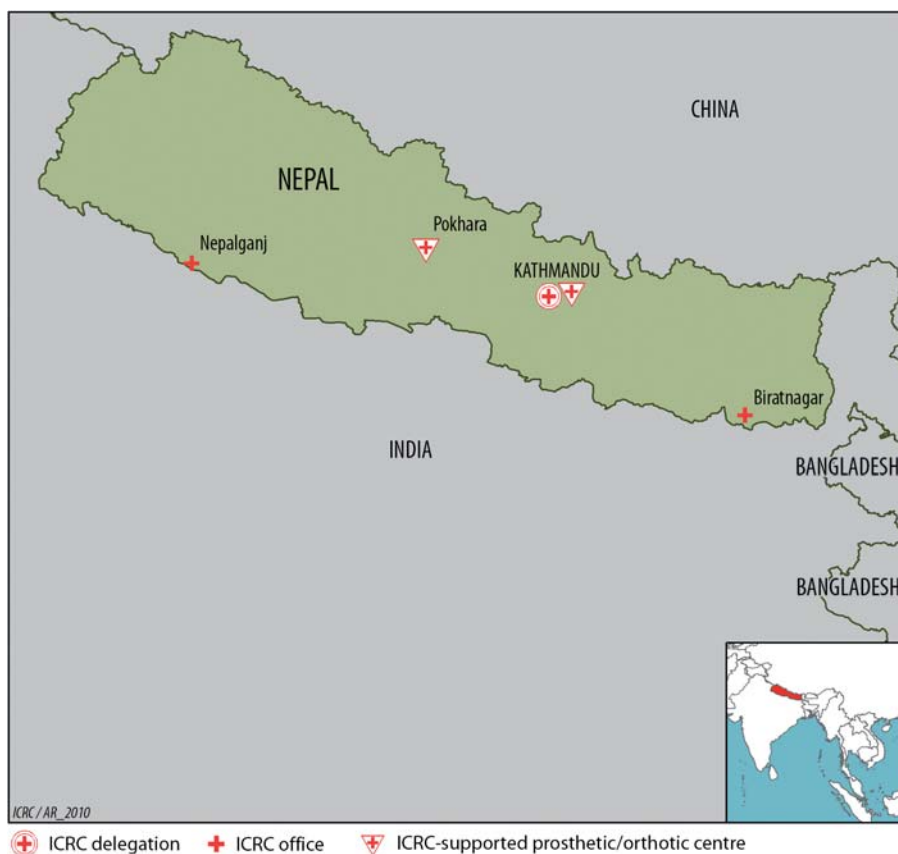
With ICRC technical, financial and logistical support, the Myanmar Red Cross conducted 36 dissemination sessions across the country and produced Red Cross literature for distribution. These sessions enabled a total of 3,023 government and local authority officials, members of social organizations, teachers, students and Red Cross volunteers to better understand the basic rules of IHL and humanitarian principles, the Movement, the Fundamental Principles and the emblem.

The National Society improved the capacity of its family-links service within the framework of an Australian Red Cross-supported project, with the ICRC providing technical advice. Dissemination sessions conducted by the National Society included briefings on this service.

Two ICRC second-hand vehicles were donated to the Myanmar Red Cross to enhance national coordination.

The National Society, the International Federation and the ICRC held regular meetings to strengthen Movement coordination. However, no progress was made in revising the Red Cross Act, as the focus of the government for most of the year was on the elections.

NEPAL



EXPENDITURE (IN KCHF)

Protection	1,629
Assistance	943
Prevention	1,351
Cooperation with National Societies	934
General	-

► **4,857**

of which: Overheads 296

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
---------------------------	-----

PERSONNEL

Expatriates	12
National staff (daily workers not included)	75

KEY POINTS

In 2010, the ICRC:

- provided psychological, social, economic and legal support to families of missing persons, in partnership with local and international NGOs
- helped the Nepal Red Cross Society's first-aid and ambulance services to assist more than 6,100 people wounded in unrest
- with the National Society, supported the treatment of patients at 2 physical rehabilitation centres
- organized, for the first time in Nepal, the South Asia Teaching Session on IHL, attended by 45 officials from the South Asian Association for Regional Cooperation and the Islamic Republic of Iran

The ICRC initially worked in Nepal out of its regional delegation in New Delhi, opening a delegation in Kathmandu in 2001. Since the May 2006 agreement between the government and the Communist Party of Nepal-Maoist, the ICRC has focused on: clarifying the fate of missing persons and supporting their families; taking action on behalf of people deprived of their freedom; promoting full compliance with IHL; and improving medical care for the wounded. It works closely with the Nepal Red Cross Society.

CONTEXT

Little progress was made in Nepal's peace process in 2010. Power struggles between political parties persisted, hampering the government's efforts to fulfil its basic obligations. Major initiatives foreseen in the peace agreement and interim constitution, including the establishment of a truth and reconciliation commission and a commission on missing persons, did not materialize. The integration of members of the Maoist People's Liberation Army (PLA) into the Nepalese Army and other security forces did not happen, and the drafting of a new constitution remained stalled owing to major differences on some of its core elements. Dissatisfaction led to confrontations between youth groups and student unions

affiliated to the various political parties and nationwide strikes. A week-long strike at the beginning of May caused serious disruption to public life.

On 28 May, the expiry date of the interim constitution and of the Constituent Assembly's tenure, the parties agreed to extend both by one year on the condition that a new government of national unity be formed. The UN Security Council extended the mandate of the UN Mission in Nepal for the final time, until 15 January 2011.

In the Terai region, a number of political and sometimes armed groups continued to demand more rights, and violent clashes erupted periodically.

MAIN FIGURES AND INDICATORS			
PROTECTION			
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	71		
RCMs distributed	111		
Names published on the ICRC family-links website	1,369		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	31	2	8
People located (tracing cases closed positively)	13		
Tracing cases still being handled at 31 December 2010 (people)	1,376	90	156
Documents			
People to whom travel documents were issued	12		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits	Total	Women	Minors
Detainees visited	38		
Detainees visited and monitored individually	1		1
Detainees newly registered	1		1
Number of visits carried out	28		
Number of places of detention visited	20		
Restoring family links	Total		
RCMs collected	19		
RCMs distributed	6		
People to whom a detention attestation was issued	3		

* Unaccompanied minors/separated children

ASSISTANCE				
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat		Total	Women	Children
Essential household items	Beneficiaries	2,021	38%	36%
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	1,775	34%	39%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	600		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	17		
	<i>of which provided data</i>	Structures		
Admissions	Patients	98	14	21
	<i>of whom weapon-wounded</i>	Patients	14	21
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
First aid				
First-aid posts supported	Structures	37		
	<i>of which provided data</i>	Structures		
Wounded patients treated	Patients	6,139		

MAIN FIGURES AND INDICATORS

ASSISTANCE

Physical rehabilitation		Total	Women	Children
Centres supported	Structures	2		
Patients receiving services	Patients	1,629	415	102
New patients fitted with prostheses	Patients	194	50	10
Prostheses delivered	Units	204	54	10
	<i>of which for victims of mines or explosive remnants of war</i>	Units	15	
New patients fitted with orthoses	Patients	105	25	37
Orthoses delivered	Units	124	25	50
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2	
Crutches delivered	Units	206		
Wheelchairs delivered	Units	173		

ICRC ACTION AND RESULTS

Given the uncertainty about the peace process and the frequent internal disturbances, the ICRC maintained a flexible approach in Nepal, continuing to deal with the residual effects of the past armed conflict while responding to the needs of people affected by ongoing unrest. Most activities were conducted with the Nepal Red Cross Society, whose capacities were boosted by ICRC financial, technical and material support and training.

The ICRC kept up comprehensive efforts to help more than 1,300 families clarify the fate or whereabouts of relatives still unaccounted for in connection with the past conflict. Delegates made representations in this regard to the former conflict parties and submitted proposals to the government for further amendments to draft legislation to ensure that the primary needs of the families were addressed, including their right to know the fate of their relatives and, if they had died, to take possession of their remains. An ICRC study identified the psychological, social, economic and legal needs of the families of the missing, enabling it to respond better to these needs, in partnership with local and international actors. Trained National Society staff and volunteers began to take over responsibility for interaction with the families, helping the latter benefit from the education and financial relief packages they were entitled to. To increase the likelihood of bodies being identified, efforts continued to build the capacities of several institutions involved in exhumation and forensic work.

Meanwhile, to ensure that victims of the current violence received the necessary medical attention, the ICRC supported National Society first-aid activities and ambulance services and provided hospitals with supplies. A series of discussions involving a range of stakeholders at district level sought to prevent the obstruction and vandalism of ambulances during civil unrest. Those arrested in relation to various disturbances were visited by ICRC delegates, who checked on their treatment and living conditions.

Support to the Green Pastures Hospital and Rehabilitation Centre and the new Aerahiti National Rehabilitation Centre was maintained through the training of prosthetic/orthotic technicians and physiotherapists and the provision of materials. Amputees and

other disabled people from across the country were referred to these centres for treatment and fitting and, in a bid to reduce the risk of future mine accidents, the National Society continued to educate people on the dangers of mines, with ICRC support.

The ratification and implementation of IHL gained some momentum, with the national IHL committee conducting a study on the state of implementation of treaties to which Nepal was already party. As a result, a sub-committee proposed a draft bill incorporating the 1949 Geneva Conventions into domestic law and recommended Nepal's accession to the Hague Convention on Cultural Property and its Second Protocol, as well as the adoption of a stand-alone Red Cross Act aimed at strengthening the National Society's legal base. Furthermore, Nepal hosted the South Asia Teaching Session on IHL for the first time, at which 45 officials from the region shared their experiences of IHL implementation.

The armed and security forces received support in raising awareness of IHL and/or international human rights law among their troops, while influential members of civil society, including journalists and university students and lecturers, attended ICRC events aimed at improving their knowledge of and respect for humanitarian principles.

The ICRC continued to coordinate its activities with Movement partners, other humanitarian agencies operating in the country and local human rights organizations, thereby maximizing impact, identifying unmet needs and avoiding duplication.

CIVILIANS

While the conflict ended in 2006, civil unrest and violent disturbances during the year prompted the ICRC to remind the authorities, security forces and prominent members of society, whenever possible, of their obligations to respect civilians and international human rights law, including the right of access to medical care and the importance of respecting ambulances and medical structures and staff (see *Wounded and sick*). Over 2,000 people affected by unrest received essential household items from National Society/ICRC teams.

Families of missing persons supported in their search for answers

More than 1,300 families were still seeking missing relatives as a result of the past conflict. On the basis of information collected from the families by the National Society or the ICRC, cases of missing persons were submitted to the former parties (the Nepalese Army, the Armed Police Force, the Police and the PLA) with the aim of clarifying their fate. In all, 31 new cases were registered and the fate of 13 people was ascertained. An updated list was also published on the website www.familylinks.icrc.org.

Given the slow rate of progress on this issue, the ICRC encouraged the government to create an independent body tasked with supervising activities to clarify the fate of missing persons, adopting relevant legal provisions and reparation policies, and ensuring that families had access to appropriate assistance (see *Authorities*). The government's decision to consider families of missing persons as conflict victims – something the ICRC had advocated – meant that the majority of families had access to support mechanisms and interim relief. During 2010, the ICRC asked 1,083 families if they had received such payments. Any that had not applied were advised on how to do so, and any rejected applications were referred to the government for follow-up. Some 388 families of the missing were able to access advice quickly when 87 prior-trained National Society staff and volunteers were appointed as their focal contacts. The ICRC also recommended that the wives of missing persons receive the same financial assistance granted to the widows of people killed during the conflict. Following the authorities' decision in 2009 to provide scholarships to the children of the missing, it suggested that official instructions be disseminated to ensure that all eligible families could benefit.

Meanwhile, an ICRC study into the needs of mothers and wives of missing persons led to the launch of a pilot project to provide more than 260 women in one district with psychological support and financial advice via group meetings and social activities carried out by ICRC-trained National Society staff and a local NGO partner. Some 21 community members, most of whom had missing relatives themselves, were also trained to provide peer support. In parallel, the ICRC partnered with the NGO Heifer International to provide particularly vulnerable women (e.g. those rejected by their families) with the necessary training and input to start income-generating activities. With training on animal management, fodder management and vegetable production provided by the NGO and livestock provided by the ICRC, 260 women and their families started becoming self-sufficient (1,775 beneficiaries).

At a second meeting of the Ministry of Peace and Reconstruction and the national network of families of the missing, which was formed after a first regional meeting between families and the ministry in 2009, participants nationwide shared their concerns and suggestions. To mobilize more widespread support for these families, the community learnt about their plight through events such as street theatre and school art productions, organized by the National Society and family associations with ICRC support.

Knowledge of human remains management and identification boosted

An ICRC forensic training course in 2009 led to the creation in 2010 of two task forces, chaired by the National Human Rights Commission (NHRC): the first was to mobilize and coordinate various experts for the drafting of a legal framework for exhumations related to the past conflict in Nepal, and the second was to merge the lists of missing persons registered by the government, the NHRC and the ICRC. Both task forces drew on ICRC technical expertise and resources, including in the adoption of a standard form for the collection of ante-mortem data – information that was then used during the exhumation of remains believed to be of missing persons.

Some 16 national experts and professionals likely to be involved in exhumations and identification of human remains completed advanced technical training in forensic anthropology. Relevant government and medical staff, as well as members of the NHRC, also gained knowledge of human remains management at seminars and conferences, for example the Second World Congress on Psychosocial Work in Exhumation Processes, Forced Disappearance, Justice and Truth, held in Colombia with ICRC support.

Relatives stay in touch

Bhutanese refugees in Nepal maintained contact with relatives detained in Bhutan by means of RCMs; some made the journey to see 18 of them in person (see *New Delhi*). To help improve services, National Society staff received training in all aspects of restoring family links, including dealing with tracing requests and the issue of missing persons.

PEOPLE DEPRIVED OF THEIR FREEDOM

While all those held in relation to the past conflict had been released, the authorities made new arrests during situations of violence and unrest, particularly of alleged armed group members from the Terai and eastern regions. Detainees held in district police offices, police stations and prisons, including those considered vulnerable, such as foreigners and minors, received visits from the ICRC according to its standard procedures. Delegates assessed detainees' treatment and living conditions and shared their findings and recommendations in confidential reports to the relevant authorities. Given a lack of donor backing for an International Centre for Prison Studies project to improve the training of prison staff, there was no need for ICRC input.

Some detainees used RCMs to keep in touch with family members. Books donated by the ICRC helped relieve the monotony of detention. Female detainees received hygiene kits and one detained amputee received a pair of crutches, improving his mobility. Meanwhile, environmentally friendly biogas plants, installed by the ICRC in 2008 and 2009, continued to improve the general living conditions of detainees, providing a solution to human excreta disposal while also improving cooking facilities, reducing firewood consumption and lowering fuel costs. ICRC engineers

visited two prisons to check that the plants were functioning and made recommendations to the Prison Management Department regarding any necessary maintenance or minor modifications.

WOUNDED AND SICK

Victims of violence and unrest required urgent medical attention. National Society first-aid instructors underwent training to upgrade their skills and went on to train more than 500 police officers, journalists and National Society action teams. During the week-long strike in May, 60 such volunteer teams were mobilized in 29 districts, treating in 37 first-aid posts more than 6,100 wounded people. With ICRC technical support, the National Society revised its first-aid training curriculum to incorporate psychological support – for both victims and volunteers – and major trauma treatment.

Ambulances continued to encounter obstruction and suffer damage during strikes and demonstrations. The ICRC took care of their maintenance and repair. At an ICRC-organized round-table, the authorities, representatives of political parties and ethnic groups, the traffic police, ambulance providers and National Society volunteers discussed the use and misuse of ambulances. Bilateral contact with individuals and relevant groups helped increase awareness of the obligation to allow free movement of ambulances, and jingles aired in three languages on seven local and national radio stations reinforced the message. The Ministry of Health and Population also drew on National Society/ICRC expertise when drafting its new ambulance policy.

While 17 hospitals received medical supplies to help them cope with an influx of patients following unrest, following ICRC intercession, 98 people were treated free of charge or with ICRC financial support. Some 40 trauma-room specialists working at 29 hospitals were better able to treat such cases having honed their skills during two ICRC-run courses.

Disabled people improve their mobility

For amputees (including mine victims) at the Nepalese Army's Aerahiti National Rehabilitation Centre, artificial limbs produced using ICRC-donated materials and fitted by technicians coached full-time by an ICRC expatriate led to increased mobility. In accordance with the 2009 agreement signed by the army and the ICRC, all Nepalese people, irrespective of their class, community or political affiliation, had equal access to physical rehabilitation there.

Disabled patients at the Green Pastures Hospital and Rehabilitation Centre in Pokhara also benefited from the skills of technicians trained by ICRC specialists during a series of stints at the hospital. People disabled as a result of the conflict were treated free of charge. Patients enjoyed an improved referral system between district and ICRC-supported centres after the National Society received an ICRC procedure manual. Both centres received advice on publicizing their services and developing follow-up services, and amputees' travel and accommodation costs were covered by the ICRC.

AUTHORITIES

Ongoing changes in government made IHL implementation difficult. However, the national IHL committee took up the ICRC's suggestion of conducting a study on the extent to which IHL had been incorporated into domestic law. It formed a sub-committee for that purpose and submitted a draft bill to implement the provisions of the 1949 Geneva Conventions. It also recommended Nepal's accession to the Hague Convention on Cultural Property and its Second Protocol and the passing of a stand-alone Red Cross Act to strengthen the Nepalese Red Cross's legal status, as advocated by the National Society/ICRC.

In 2009, the cabinet had considered a draft bill on establishing a commission for the investigation of disappearances that had included a first round of ICRC proposals. In 2010, after meetings with representatives of the government, the Constituent Assembly and the main political parties, the ICRC submitted a proposal for more detailed amendments to the bill to some 70 members of the parliament's legislative committee, aimed at enlisting their support. The amendments included a definition of "the missing", provision for the systematic exhumation, identification and hand-over of human remains to families, and the future commission's obligation to share investigation results with the families.

To stimulate further support for IHL implementation, key officials were sponsored to attend seminars and courses within the country and abroad. Furthermore, Nepal hosted the 17th South Asia Teaching Session on IHL, at which 45 participants from the South Asian Association for Regional Cooperation and the Islamic Republic of Iran, including government officials, NGO representatives and military officers, increased their IHL understanding. The Judicial Service Training Centre included IHL in the training of government legal officers, with ICRC support, signalling a more systematic approach to teaching the application of fundamental rules during armed conflict.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The Nepalese Army's IHL Core Group, co-chaired by the adjutant general and the ICRC, continued to oversee IHL integration into the force's doctrine, training and operations. Senior army instructors learnt advanced IHL training techniques during ICRC-run seminars, including at the first International Course for Senior Law Enforcement Officers, held in Geneva, Switzerland. The knowledge and techniques they acquired were then used in their own instruction sessions. Other officers brushed up on their IHL knowledge at ICRC-run seminars or benefited from ICRC participation in courses at the Nepalese Army Command and Staff College, backed up with a commanders' handbook on IHL, published by the Nepalese Army with ICRC support.

Following an ICRC assessment of its training capabilities, the Armed Police Force drew up plans to improve the integration of IHL and international human rights law into its doctrine and training system, with ICRC support.

Army and police troops in the field and other weapon bearers in the Terai attended presentations on IHL, international human rights law and the Movement, as did senior PLA commanders from seven quartering areas. Troops departing on peacekeeping missions received similar briefings prior to deployment.

CIVIL SOCIETY

Given the potential for unrest, it remained vital that influential citizens were aware of the ICRC's neutral, impartial and independent nature and of humanitarian issues in general. Human rights organizations, politically affiliated youth groups and indigenous communities enhanced their understanding of such topics during National Society/ICRC presentations, backed up with written materials. On the basis of ICRC briefings and press releases, journalists produced articles on humanitarian themes.

Law lecturers, including those at Kathmandu Law School and Tribhuvan University, continued teaching IHL with ICRC support. To keep up to date, three lecturers participated in a three-day advanced IHL course in Goa, India (see *New Delhi*), and two teachers attended the South Asia Teaching Session on IHL. Students from a number of universities, including the College of Journalism and Mass Communication, attended ICRC seminars and used ICRC-donated IHL reference books. They also tested their skills in a national moot court competition.

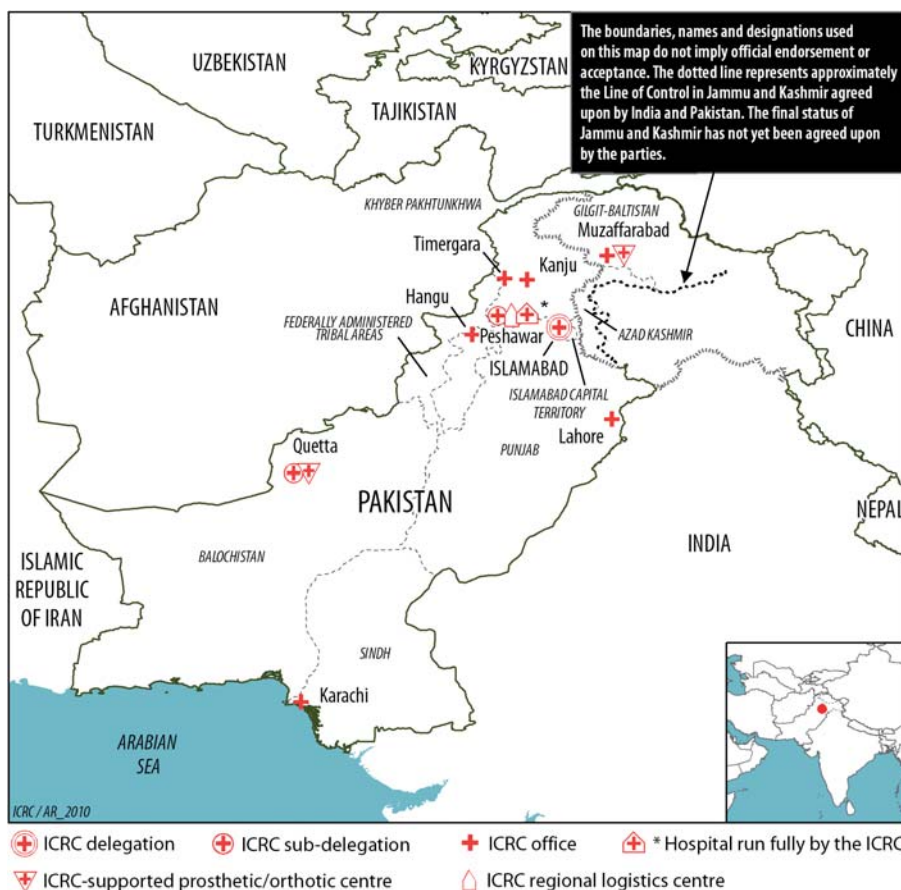
The National Society drew on ICRC resources in its efforts to promote humanitarian values, which included increasing its radio coverage in the Terai. An ICRC-produced documentary film on missing persons and the repercussions for their families fostered greater understanding of the issue among the wider community.

RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross remained the ICRC's key operational partner in providing first-aid services, supporting the families of missing persons and promoting IHL (see above). It drew on ICRC technical, training and material support to strengthen its legal base and capacities in the fields of mine-risk education and emergency preparedness. A workshop held in August, for example, saw 30 of the 36 district chapters review their progress in implementing the Safer Access approach.

Movement components in Nepal exchanged information and gave activity updates at regular coordination meetings. The National Society, with ICRC funding, was able to exchange best practices with other National Societies at regional events, such as the 8th Asia Pacific Conference of Red Cross and Red Crescent Societies held in Jordan (see *Jordan*).

PAKISTAN



EXPENDITURE (IN KCHF)

Protection	5,211
Assistance	106,925
Prevention	6,317
Cooperation with National Societies	4,040
General	-

► **122,494**

of which: Overheads 7,635

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
---------------------------	-----

PERSONNEL

Expatriates	112
National staff (daily workers not included)	922

KEY POINTS

In 2010, the ICRC:

- with the National Society, distributed at least 1 four-week food ration to some 2,168,000 violence- and flood-affected civilians
- with the National Society and authorities, enabled more than 554,000 people to resume income generation
- supported the Sindh authorities' prison reform programme, including by improving living and health conditions for 7,000 inmates through water and sanitation rehabilitation projects
- contributed to the treatment of 1,146 weapon-wounded patients in its hospital in Peshawar or through support provided to other hospitals, in particular in Quetta
- provided supplies and other support to 13 primary health care facilities, which treated 152,783 patients, and 4 diarrhoea treatment centres, which treated 3,352 patients
- enabled 11,719 disabled patients to receive physical rehabilitation services

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Its current operations focus on: visiting security detainees; assisting residents and displaced victims of armed violence and natural disaster; supporting the Pakistan Red Crescent Society; ensuring care of the weapon-wounded and the disabled; promoting compliance with IHL among officials and military forces; and fostering dialogue with religious leaders, academic institutions and the media on IHL-related issues, the conduct of hostilities and neutral and independent humanitarian action.

CONTEXT

Fighting between the Pakistani armed forces and armed groups continued in Khyber Pakhtunkhwa (KP, formerly North-West Frontier Province) and the Federally Administered Tribal Areas (FATA). Although the return of people displaced to Bajaur and FATA in 2009 was completed in June 2010, ongoing security operations in FATA caused further large-scale displacements. In Balochistan, low-level insurgency took the form of targeted attacks, mainly on infrastructure and central government representatives. There were reports of increased civilian casualties and new arrests. Attacks by armed elements against army and police personnel persisted, and suicide and bomb attacks continued

to kill civilians in KP, FATA and Punjab. Sectarian violence, in particular against Shia communities, continued.

Torrential monsoon rains mid-year caused devastating flooding across more than a third of the country, affecting 20 million people. Homes and possessions were swept away, livestock was lost, and damage to infrastructure and agricultural land severely jeopardized food production. Crops that were not washed away died. Damage to or destruction of infrastructure complicated efforts to assist the victims. Some of the worst-affected populations, including those living in Balochistan and KP, also bore the brunt of military operations and attacks by armed elements and were difficult for humanitarian workers to reach.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages		Total	UAMs/SCs*	
RCMs collected		504		
RCMs distributed		563		
Phone calls facilitated between family members		1,470		
Reunifications, transfers and repatriations		Total		
People reunited with their families		2		
	<i>including people registered by another delegation</i>	1		
People transferred/repatriated		1		
Tracing requests, including cases of missing persons		Total	Women	Minors
People for whom a tracing request was newly registered		120	18	40
People located (tracing cases closed positively)		54		
	<i>including people for whom tracing requests were registered by another delegation</i>	1		
Tracing cases still being handled at 31 December 2010 (people)		166	14	31
UAMs/SCs,* including unaccompanied demobilized child soldiers		Total	Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1		
UAMs/SCs reunited with their families by the ICRC/National Society		1		
Documents				
People to whom travel documents were issued		11		
Official documents relayed between family members across borders/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Total	Women	Minors
Detainees visited		30,591		
Detainees visited and monitored individually		139	1	6
Detainees newly registered		110	1	6
Number of visits carried out		69		
Number of places of detention visited		41		
Restoring family links		Total		
RCMs collected		52		
RCMs distributed		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		3		
People to whom a detention attestation was issued		2		

* Unaccompanied minors/separated children

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat			Total	Women	Children
Food		Beneficiaries	2,167,858	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	310,303		
Essential household items		Beneficiaries	2,744,567	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	548,464		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	554,449	28%	32%
	<i>of whom IDPs</i>	Beneficiaries	16,177		
Water and habitat activities		Beneficiaries	569,603	28%	44%
	<i>of whom IDPs</i>	Beneficiaries	20,956		

MAIN FIGURES AND INDICATORS				
ASSISTANCE				
Health		Total	Women	Children
Health centres supported	Structures	13		
Average catchment population		222,418		
Consultations	Patients	152,783		
	<i>of which curative</i>		47,871	69,203
	<i>of which ante/post-natal</i>		2,650	
Immunizations	Doses	25,697		
	<i>of which for children aged five or under</i>	24,209		
	<i>of which for women of childbearing age</i>	1,488		
Referrals to a second level of care	Patients	1,419		
Health education	Sessions	14,392		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Water and habitat activities	Beneficiaries	7,000		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	24		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
	<i>of which provided data</i>	5		
Admissions	Patients	1,146	80	168
	<i>of whom weapon-wounded</i>	1,146	80	168
	<i>(including by mines or explosive remnants of war)</i>	67		
Operations	Operations performed	3,488		
Outpatient consultations	Patients	6,191		
	<i>of which surgical</i>	6,191		
Water and habitat				
Water and habitat activities	Number of beds	120		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	11,719	1,712	2,746
New patients fitted with prostheses	Patients	1,130	140	85
Prostheses delivered	Units	1,386	169	87
	<i>of which for victims of mines or explosive remnants of war</i>	517		
New patients fitted with orthoses	Patients	1,530	226	685
Orthoses delivered	Units	2,397	316	1,168
	<i>of which for victims of mines or explosive remnants of war</i>	262		
Crutches delivered	Units	1,894		
Wheelchairs delivered	Units	206		

ICRC ACTION AND RESULTS

Given the ongoing fighting and prolonged displacement, the needs of Pakistan's violence-affected populations in 2010 were substantially greater than predicted – a situation further exacerbated by the floods, which affected many in already volatile areas. To meet the population's growing needs, the ICRC appealed for additional funding in August.

In KP and FATA, military operations, government security restrictions and attacks by armed elements continued to hamper humanitarian access to victims. Flood damage to infrastructure also hindered access, and security concerns led to some ICRC activities being placed on hold, causing delays in their implementation or necessitating their cancellation. Nevertheless, the ICRC and the Pakistan Red Crescent Society, through an extensive network of volunteers, were able to conduct a large-scale relief operation, including in Balochistan. Often having to operate via "remote management", the ICRC put in place procedures and control mechanisms

to ensure its activities could be properly monitored. These mechanisms required constant adaptation in order to respond to the challenges posed by the size of the operation. The National Society received financial, technical and material support to boost its capacities to carry out joint operations with the ICRC, to run and expand its own programmes and to lead Movement coordination for the response to the needs arising from the floods, according to the Movement's Fundamental Principles.

As the ability to deliver aid relied on safe and unimpeded access to the victims, the ICRC raised awareness of the National Society/ICRC's neutral, impartial and independent approach during all contact with military and civilian authorities, armed elements and traditional leaders, to obtain the necessary assurances of respect for Movement activities.

The distribution of food rations and essential household items contributed to the survival of over 2.1 million people, including IDPs and returnees in violence-prone areas and flood-affected people

in districts of Balochistan, FATA, KP, Pakistan-administered Kashmir, northern Sindh and southern Punjab. Livelihood-support projects, including the provision of cows to widows and cash-for-work schemes, although delayed by insecurity and the flood response, were eventually launched in KP and FATA, as was agricultural support to farmers who had lost land, crops and/or cattle. Technical and financial support to the National Society and other organizations running services in IDP camps, as well as to flood-affected communities, contributed to improvements in water supply, sanitation infrastructure and habitat for nearly 570,000 people.

The ICRC helped ensure that displaced people or resident communities affected by the fighting and/or floods had access to adequate primary health care by supplying health centres and supporting National Society-run facilities, both fixed and mobile. Diarrhoea treatment centres were established following the floods to treat people with water-borne diseases, and the ICRC's hospital in Peshawar attended to bomb-blast victims and weapon-wounded people. Plans for a second ICRC hospital in Quetta were cancelled, but support was maintained to private medical facilities there. Local health workers were trained in first aid, and other hospitals received essential supplies. Disabled people were fitted with artificial limbs and mobility devices at ICRC-supported physical rehabilitation centres, and patients at the Muzaffarabad centre received training and grants to enable them to run small businesses.

ICRC delegates continued to visit people held under the authority of the Ministry of Interior and shared their findings and recommendations confidentially with the authorities. No progress was made in obtaining access to all individuals held in connection with the ongoing violence. The ICRC also followed the cases of former detainees/internees repatriated from Afghanistan and the US internment facility at Guantanamo Bay Naval Station in Cuba and helped families in Pakistan maintain contact with relatives detained/interned in Pakistan or abroad. In a number of facilities, maintenance work and training of prison staff helped improve inmates' living conditions.

As in previous years, the ICRC worked to promote IHL among members of the government and the armed and security forces and to raise public awareness of humanitarian issues and principles.

While preserving its independence, the ICRC kept in close contact with other actors, including the government, UN agencies and NGOs, to ensure relief activities were coordinated and to contribute to policy development in fields related to its core mandate.

CIVILIANS

Security operations continued to affect civilians, but restricted access to affected areas prevented the ICRC from systematically monitoring their needs. Consequently, dialogue with the authorities and weapon bearers remained general, recalling

their obligations to protect civilians, to allow all wounded to reach medical treatment, to respect medical personnel, equipment and infrastructure, and to ensure that displaced people could return to their homes with dignity, under voluntary and safe conditions.

Civilians assisted in coping with the immediate consequences of fighting and flooding

Structured on-the-job training of National Society staff boosted their ability to conduct relief and livelihood-support programmes and run seven IDP camps in KP.

Fighting and floods saw needs and the number of beneficiaries of National Society/ICRC emergency relief exceed 2009 predictions (see *ICRC action and results*). Mass movements, insecurity and flood damage to infrastructure prevented a systematic approach to relief distributions, particularly of consecutive monthly food rations. However, 2,167,858 people – including 570,108 IDPs and residents in violence-affected areas and 1,320,928 in the worst flood-affected districts of Balochistan, FATA, KP, Pakistan-administered Kashmir, northern Sindh and southern Punjab – received at least one four-week food ration. Similarly, 2,744,567 received essential household items or hygiene kits (including 801,374 and 1,651,618 in violence and flood-affected areas respectively), which helped alleviate the burden on economically disadvantaged host communities. With winter looming, quilts, mattresses, winter clothes, stoves and firewood helped 15,253 people keep warm in violence-affected areas and with homes destroyed or abandoned, emergency shelter kits and tents provided some protection against the elements for 209,895 homeless flood victims.

Public health improved for over 350,000 people, who gained access to clean water. In violence-affected communities, including IDP camps, some 175,000 persons benefited from ICRC-rehabilitated or -constructed boreholes, wells, water tanks, latrines, irrigation systems and a pumping station providing water for household and farming purposes and better sanitation. Following the flooding, water filters, mobile water purification units and water trucking reduced the risk of water-borne illnesses. Insecticide-treated mosquito nets helped protect against malaria.

Civilians access health care

Access to health care remained difficult for violence-affected communities. Those in IDP camps in KP and FATA relied on ICRC-supplied basic health care units and ICRC-supported National Society mobile health units, where staff received training and incentives. The mobile unit in Dera Ismail Khan became a permanent structure and continued to serve IDPs from Waziristan. Residents attended consultations at ICRC-supported National Society basic health care units and at ICRC-assisted Ministry of Health facilities, including Paroa and Tank rural hospitals in KP, which provided preventive and curative care – including child vaccinations and hygiene lessons aimed at reducing disease. In all, 222,418 people attended consultations at 13 ICRC-supported health facilities. Additionally, 3,352 patients suffering from acute watery diarrhoea contracted from contaminated flood water accessed treatment at four specialized centres.

Vulnerable people resume productive activities

While fighting and flooding restricted income generation, with livestock lost or sold and crops damaged or abandoned, various initiatives launched to support/restore livelihoods benefited 18,371 farmers and their families (128,597 beneficiaries). Following initial delays, structural support to Model Farm Service Centres, through the Department of Agriculture and the Department of Livestock and Dairy Development, began to revive agriculture and livestock production – especially in KP and FATA, where farmers in the eight worst-affected districts gained access to ICRC-donated veterinary and farming equipment. Widows in Buner used ICRC-donated cattle to meet their children's nutritional needs and generate income through calf breeding, while people in Upper and Lower Dir rebuilt flood-damaged infrastructure in return for cash to support themselves and their families. Plans to train and equip community animal health workers in Balochistan were suspended owing to access problems.

In addition, a total of 407,260 people (58,180 households), including returnees and flood-affected people in KP and Balochistan, began crop-production activities with ICRC-donated seed, fertilizer and manual tools, aimed at meeting at least half of their annual food needs. Some 276,822 people (39,546 households) who had received agricultural support in 2009 and 2010 received food aid and hygiene kits while their crops grew.

Cash grants and training enabled 345 patients at the ICRC-supported physical rehabilitation centre in Muzaffarabad (see *Wounded and sick*) to establish businesses, including grocery shops. They opened bank accounts and generated up to 50% of their household income, benefiting 2,415 people in total.

People made aware of the dangers of weapon contamination

At National Society/ICRC sessions, nearly 80,000 people in KP and FATA were alerted to the dangers of mines and other unexploded weapons. Hospital staff learnt about weapon contamination and data collection to help them document accidents, and community mobilizers discovered how to educate others about the risks. Leaflets, posters and radio spots backed up safety messages, particularly during the floods, when people were warned that the waters had moved such weapons.

Dispersed family members get back in touch

Large-scale returns improved communications, decreasing demand for ICRC/National Society tracing and RCM services, though they remained available to those separated during fighting or those wanting to contact family in Pakistan or abroad, including refugees, stateless persons and asylum seekers. Relatives also used the services to maintain contact with Pakistanis detained/interned abroad, including in the Guantanamo Bay internment facility. Those with relatives held at the former Bagram Theater Internment Facility – the new US Parwan detention facility at Bagram airbase – visited them or communicated via videoconferencing calls facilitated by the ICRC. During the floods, free emergency phone calls helped 1,470 people, including unaccompanied children, contact relatives.

Against a backdrop of fighting and natural disaster, 30 health and forensic specialists learnt more about the proper handling of human remains and the preservation of data for future identification at an ICRC introductory course. Several government officials participated in two courses abroad with a view to developing a clear national mechanism to deal with the issue of missing persons.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held under the authority of the Ministry of Interior in Sindh, Pakistan-administered Kashmir and Gilgit-Baltistan received visits from delegates, according to standard ICRC procedures, who assessed their treatment and living conditions. Visits focused on vulnerable individuals, including those held for security reasons or sentenced to death, foreigners and children. Delegates confidentially reported their findings to the authorities, making recommendations where necessary. Visits in Punjab, suspended in July 2010 owing to difficulties encountered by the ICRC in following its standard procedures, did not resume. Despite increased networking efforts, a response to the ICRC's 2009 offer to visit all people held in relation to the fighting in KP and FATA, regardless of the detaining authority, had yet to be received. The ICRC was also awaiting a response to a similar offer made in 2010 to visit individuals held in Pakistan in relation to the conflict in Afghanistan.

Detainees used RCMs and phone calls to maintain contact with relatives, and foreign embassies were notified of the detention of their nationals. Former detainees/internees repatriated from abroad (including Afghanistan or the Guantanamo Bay internment facility), who were visited by the ICRC while in custody, received follow-up home visits, and 24 former detainees/internees were given ICRC assistance upon their release.

Following a request from the Sindh home secretary for assistance in monitoring the province's prison reform process, the ICRC compiled a comprehensive report on 22 prisons, containing recommendations. To enhance prison personnel's knowledge of their duties, the National Academy for Prison Administration received reference books for use in training. Before the suspension of ICRC visits, staff at Lahore Central Jail discussed internationally recognized standards for the treatment of detainees during an ICRC-organized seminar.

Detainees see conditions improve

Some 7,000 inmates at Sindh prisons enjoyed better health and hygiene conditions thanks to ICRC-supplied medical stocks, hygiene kits and anti-scabies treatment and to ICRC technical expertise in infrastructure repair and management, including of sanitation systems. Before the suspension of visits in Punjab, prison health experts attended an ICRC-organized seminar aimed at improving the province's prison health care system.

The planned provision of seed and tools to detainees and wardens, and the start of vocational training for young detainees in the three

central prisons of Balochistan, KP and Punjab, were hampered by access problems. However, books were distributed to prisons to set up libraries.

WOUNDED AND SICK

The weapon-wounded from Pakistan and Afghanistan accessed high-quality surgical care at the ICRC field hospital in Peshawar, provided by the Finnish Red Cross and supplied and managed by the ICRC. The hospital's capacity doubled in 2010 from 60 to 120 beds. Although administrative difficulties prevented the ICRC establishing a hospital in Quetta, shelving plans to establish a systematic referral system for women with pregnancy complications, the wounded received emergency treatment at ICRC-supported hospitals and clinics in the town. Patients were transferred, when necessary, to the ICRC surgical hospital in Peshawar using ICRC-supported National Society ambulances, which also responded to emergencies, such as bomb blasts.

The ICRC continued supporting local hospitals through rehabilitation work and the provision of equipment, regular supplies of consumables and, when necessary, staff incentives, and local health workers received first-aid training. In KP, agreements between hospitals and the ICRC were signed towards the end of 2010 to further develop cooperation.

Some 180 Pakistani surgeons honed their skills at war-surgery seminars in Karachi, Lahore and Peshawar and nurses received on-the-job training, including in pain- and infection-control.

Disabled people undergo physical rehabilitation

The disabled and amputees, including patients from Afghanistan, were fitted with artificial limbs or other mobility devices through the ICRC's comprehensive referral system. More than 11,700 patients received services at ICRC-supported centres, including the Muzaffarabad Physical Rehabilitation Centre, the Pakistan Institute of Prosthetic and Orthotic Sciences in Peshawar and the Christian Hospital Rehabilitation Centre in Quetta. Discussions regarding the handover of the running of the Muzaffarabad centre to the Ministry of Health continued, while its patients applied for livelihood support through an ICRC-run programme (see *Civilians*). Staff at the centres underwent on-the-job training or studied at the Tanzania Training Centre for Orthopaedic Technologists to obtain a Bachelor's degree in prosthetics and orthotics.

Patients with spinal cord injuries received home visits before activities were suspended in late June owing to insecurity.

AUTHORITIES

Dialogue with the authorities at all levels remained essential to ensuring the protection of civilians and access to victims of the fighting and floods. Meetings with the Foreign Affairs, Law and Justice, and Human Rights Ministries provided opportunities to

raise awareness of the ICRC/National Society, neutral, impartial and independent humanitarian action, and the importance of IHL implementation. Such a meeting took place for the first time with representatives of the Defence Ministry. Various embassies and donor agencies were kept abreast of ICRC/National Society activities through regular meetings with delegates.

Despite other priorities, such as dealing with the widespread flooding, the Pakistani authorities pursued efforts to implement IHL. A national conference helped identify IHL treaties Pakistan could accede to, such as the 1977 Additional Protocols, or implement, such as the Biological Weapons Convention and the Hague Convention on Cultural Property. Representatives of the Foreign Affairs and Human Rights Ministries attended the South Asian Teaching Session on IHL in Kathmandu (see *Nepal*), further strengthening IHL understanding within government circles. To ensure long-term support on these issues, future high-level government employees learnt more about the ICRC, Pakistani Red Crescent and IHL implementation at training sessions held at the Foreign Service Academy in Islamabad and the Civil Service Academy in Lahore.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

At meetings with representatives of the armed and security forces, and during limited contact with armed groups, the ICRC reminded them of the need to protect civilians, to respect medical staff and infrastructure and humanitarian workers, and to allow the ICRC and Pakistani Red Crescent, as neutral, impartial and independent organizations, access to people affected by the fighting.

With the focus on operational deployment – particularly during the floods – the integration of IHL into the doctrine, training and operations of the armed forces remained relatively slow. Nevertheless, high-ranking officers from all three forces attended ICRC-run training sessions in which they learnt more about IHL and discussed its application. Those involved in UN peacekeeping missions were briefed on IHL and the ICRC prior to their deployment.

Through bilateral meetings and regular ICRC visits to police stations (see *People deprived of their freedom*), federal and provincial command teams became familiar with the organization's mandate, its activities for detainees, and best practices in arrest, interrogation and detention. Such activities led the Punjab police to conduct a doctrine review, which assisted the provincial government's taskforce on prisons in drafting new legislation.

Senior police officers shared their experiences with counterparts at regional events, such as the first International Conference for Senior Law Enforcement Officials in Geneva, Switzerland, attended by the inspector general of KP. A pocket guide for supervisory officers was written by the National Police Academy, with ICRC support, to serve as a handy best practice reference. In Balochistan, inspectors and superintendents from every police division learnt more about mass-casualty first aid and disaster-victim identification.

CIVIL SOCIETY

Given the ongoing violence, it remained imperative that the general public understood and supported the National Society/ICRC's work. Drawing on ICRC news releases, interviews and briefings in English and Urdu, the Pakistani and international media covered humanitarian issues and National Society/ICRC activities. During ICRC-run seminars, journalists in KP, Sindh, Punjab and Balochistan learnt first aid and explored humanitarian issues, along with their rights and obligations when reporting in armed conflict and other situations of violence.

Traditional and religious leaders and scholars gained a better understanding of the National Society/ICRC and its neutral, impartial and independent humanitarian action through bilateral meetings, seminars on IHL and Islamic law, or participation in IHL courses abroad.

Academic institutions continued to promote IHL using ICRC-supplied teaching materials. At its request, the Islamic Studies Department of Abdul Wali Khan University, Mardan, for example, received two sets of reference books and copies of the 1949 Geneva Conventions. Students of law, international relations and political science from the University of Balochistan and Lahore University of Management Sciences attended ICRC presentations on IHL. Owing to visa difficulties, several students and lecturers were unable to attend such events abroad.

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistani Red Crescent remained the ICRC's main operational partner in joint activities to provide essential relief and services to people affected by fighting and flooding (see *Civilians*). Given the size of the emergency operation and the expanded partnership with the ICRC, in addition to training in relief, livelihood support and camp management, the National Society received increased material, financial and technical support to boost its overall emergency response capacity. This included office and IT equipment, support for vehicle fleet management, and training in the Safer Access approach. Such support also allowed the National Society to run its own programmes, including emergency first-aid and ambulance services, after bomb blasts throughout the country. With ICRC support, it also enhanced its ability to restore contact between separated family members and to spread awareness of IHL and the Fundamental Principles.

Under the leadership of the Pakistani Red Crescent, coordination between Movement partners was strengthened to ensure the most effective and timely response to the humanitarian needs of those affected by the floods.

PHILIPPINES



In the Philippines, where the ICRC has worked since 1982, the delegation assists and protects civilians displaced or otherwise affected by armed clashes between the government and insurgent groups, primarily on the southern islands of Mindanao. It acts as a neutral intermediary between opposing forces in humanitarian matters. It visits security detainees and, with the authorities, aims to improve conditions in prisons, through direct interventions and prison reform. It also works with the Philippine Red Cross, through its network of regional chapters, local branches and volunteers, to assist displaced people and vulnerable communities and promote compliance with IHL.

EXPENDITURE (IN KCHF)

Protection	3,155
Assistance	10,520
Prevention	2,468
Cooperation with National Societies	1,117
General	-

► **17,260**

of which: Overheads **1,053**

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
---------------------------	------------

PERSONNEL

Expatriates	35
National staff (daily workers not included)	143

KEY POINTS

In 2010, the ICRC:

- with the Philippine Red Cross, conducted a final relief distribution for nearly 180,000 IDPs in Central Mindanao before redirecting assistance to livelihood support for some 56,000 vulnerable people
- improved access to safe water and sanitation for nearly 108,000 residents and IDPs in conflict-affected areas
- provided material and technical support to 6 primary health care centres, 15 hospitals and 1 physical rehabilitation centre
- visited 166 places of detention holding over 72,000 detainees, following up some 700 inmates individually
- supported the authorities' efforts to improve living conditions in prisons and reduce overcrowding, including through measures to address delays in the criminal justice system and implementation of the national tuberculosis-control programme in pilot sites
- supported the publication and distribution of the Soldier's Handbook on Human Rights and IHL

CONTEXT

The transfer of power from President Gloria Macapagal Arroyo to Senator Benigno “Noynoy” Aquino III, elected president of the Philippines in a landslide victory in May 2010, put an end to months of pre-election turmoil and instability.

The July 2009 ceasefire between the government of the Philippines and the Moro Islamic Liberation Front (MILF) and the return of the Malaysian-led international monitoring team in March 2010 led to an improvement in the humanitarian situation in Central Mindanao. Several hundred thousand IDPs had returned to their home villages (leaving fewer than 30,000 displaced), even though the aftermath of the 2008–09 conflict had put a heavy strain on local infrastructure, basic services and individual livelihoods, and violence persisted, notably around land issues. However, and despite agreements reached under the aegis of the Organization of the Islamic Conference between the government of the Philippines and the Moro National Liberation Front (MNLF) in April 2010

and between the MNLF and the MILF the following May, the long-term outlook of the peace process remained uncertain.

The low-intensity conflict between the Armed Forces of the Philippines (AFP) and the New People’s Army (NPA) continued to affect people living mainly in Eastern Mindanao, North Luzon (Cordillera region), South Luzon (Bicol region) and the Visayas (Northern Samar and Negros), also causing significant losses among the armed forces and police. Both parties nevertheless agreed for the first time since 2005 to resume peace talks in January 2011 under Norwegian auspices.

Throughout the year, confrontations between the security forces and armed elements took place on Sulu island.

In October, Super Typhoon Megi caused massive destruction and affected over 1.3 million people in North Luzon. The Philippine Red Cross played a key role in assisting the victims.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	1		
RCMs distributed	5		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	7		
People located (tracing cases closed positively)	3		
Tracing cases still being handled at 31 December 2010 (people)	28	2	2
Documents			
People to whom travel documents were issued	3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits	Total	Women	Minors
Detainees visited	72,544		
Detainees visited and monitored individually	691	65	5
Detainees newly registered	218	42	5
Number of visits carried out	276		
Number of places of detention visited	166		
Restoring family links	Total		
RCMs collected	11		
RCMs distributed	4		
Detainees visited by their relatives with ICRC/National Society support	295		
People to whom a detention attestation was issued	1		

* Unaccompanied minors/separated children

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
		Total	Women	Children
Food	Beneficiaries	252,698	15%	70%
	<i>of whom IDPs</i>	252,698		
Essential household items	Beneficiaries	257,726	15%	70%
	<i>of whom IDPs</i>	257,726		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	72,108	15%	70%
	<i>of whom IDPs</i>	72,108		
Water and habitat activities	Beneficiaries	107,748	17%	67%
	<i>of whom IDPs</i>	102,680		

MAIN FIGURES AND INDICATORS				
ASSISTANCE				
Health		Total	Women	Children
Health centres supported	Structures	6		
Average catchment population		131,779		
Consultations	Patients	28,624		
	<i>of which curative</i>		7,641	11,601
	<i>of which ante/post-natal</i>		4,748	
Immunizations	Doses	35,728		
	<i>of which for children aged five or under</i>	33,471		
	<i>of which for women of childbearing age</i>	2,257		
Referrals to a second level of care	Patients	227		
Health education	Sessions	372		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	11,242		
Water and habitat activities	Beneficiaries	12,064		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	15		
	<i>of which provided data</i>	10		
Admissions	Patients	70,456	33,390	21,784
	<i>of whom weapon-wounded</i>	925	58	50
	<i>(including by mines or explosive remnants of war)</i>	26		
	<i>of whom other surgical cases</i>	7,154		
	<i>of whom medical cases</i>	40,621		
	<i>of whom gynaecological/obstetric cases</i>	21,756		
Operations	Operations performed	10,510		
Outpatient consultations	Patients	152,437		
	<i>of which surgical</i>	29,035		
	<i>of which medical</i>	96,034		
	<i>of which gynaecological/obstetric</i>	27,368		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	47	5	2
New patients fitted with prostheses	Patients	16	3	2
Prostheses delivered	Units	43	4	2
Crutches delivered	Units	86		
Wheelchairs delivered	Units	4		

ICRC ACTION AND RESULTS

The ICRC worked to promote the protection of and respect for people affected by armed conflicts and other situations of violence in the Philippines through monitoring of IHL violations and other misconduct, dialogue with the conflict parties, and dissemination of IHL and humanitarian principles among weapon bearers and the civilian population.

The large-scale emergency operation carried out jointly by the Philippine Red Cross and the ICRC in Central Mindanao since 2008 ended in March. After reassessing the needs of communities affected by the 2008–09 fighting, assistance was redirected to some 56,000 people left vulnerable by loss of land and assets or high levels of individual debt, to help them recover their livelihoods. In other violence-affected areas of the country, people struggling to cope because of failed harvests or the remoteness of their communities also received food, seed and tools.

Mainly in Central Mindanao, the general health of resident and displaced populations improved thanks to the construction of

water supply and sanitation facilities and support to six primary health care centres in violence-affected areas. Sick civilians and wounded weapon bearers received medical care boosted by ICRC support to hospitals, and some weapon-wounded patients had the costs of their treatment covered.

Visits to people deprived of their freedom continued, with confidential reports containing the ICRC's findings and recommendations shared with the detaining authorities. Within the framework of the "Call for Action" process, launched in 2007, the government and the ICRC continued to mobilize the authorities and relevant government agencies at central and local level to support the allocation of more resources to improve prison facilities and tackle overcrowding in prisons. The ICRC helped organize working group sessions bringing together key actors involved in preventing and treating tuberculosis (TB) among detainees, improving sanitation conditions in poorly served detention facilities and finding practical solutions to speed up the judicial process. At a national conference convened by the ICRC, the authorities reaffirmed the need and their willingness to pursue efforts already made in these regards. The process expanded in 2010 with the extension of the

national TB programme to all prisons in three regions and the launch of local initiatives to deal with procedural delays affecting the legal cases of inmates in two prisons in Manila and Tacloban.

Building on the momentum created by the adoption of an IHL Act in late 2009, the ICRC continued to promote national implementation of IHL, its integration into the doctrine, training and operations of the AFP, and knowledge of the subject among academics. Following publication, with ICRC support, of the Soldier's Handbook on Human Rights and IHL, the AFP chief of staff issued a directive to strengthen knowledge of and respect for IHL among troops.

Targeting future decision-makers, the ICRC and National Society invited law students and lecturers to participate in IHL events, such as a national moot court competition.

The Philippine Red Cross, which played a central role in many of the above activities, strengthened its capacity to assist people affected by natural disaster, armed conflict or other situations of violence, with ICRC training and material support.

CIVILIANS

Civilians continued to suffer the consequences of the various armed conflicts and other situations of violence in the Philippines. Wherever fighting took place, they faced casualties, loss of livelihoods and short-term displacements in regions often lacking infrastructure and essential services.

The presence of ICRC delegates in violence-affected areas and dialogue with the parties concerned and weapon bearers helped to promote protection of and respect for the civilian population. Contacts with affected people and residents, the military, armed groups, local authorities, and religious and other community leaders enabled the ICRC to gain a better understanding of humanitarian issues in those areas. Whenever possible, the relevant parties were made aware of allegations of IHL violations and other concerns so that corrective action could be taken. Dissemination sessions on IHL and humanitarian principles for weapon bearers and the civilian population, including on the risks posed by weapon contamination, contributed to these efforts.

National actors involved in the management of human remains attended the third ICRC course on Managing the Dead in Armed Conflicts and Catastrophes, held in Geneva, Switzerland. Two medico-legal officers from the National Bureau of Investigation and the Philippine National Police (PNP) benefited from practical forensic knowledge enhancing their future operational capacities.

Vulnerable families assisted in recovering a means of livelihood

In the first quarter of 2010, some 179,000 IDPs (29,900 households) in Central Mindanao received a final round of food distributions and sufficient basic household items to improve their living conditions whether they remained displaced, returned to their places of origin or resettled elsewhere.

Thereafter, after jointly reassessing the needs of affected communities in Central Mindanao and finding that most IDPs had returned to their places of origin or were moving back and forth between their villages and their current safer location, the ICRC and the Philippine Red Cross redirected assistance to the remaining IDPs and struggling resident populations, left vulnerable because of loss of land and assets or high levels of individual debt, to help them recover their means of livelihood. By year-end, some 56,000 people (9,300 households) had received agricultural or fishing inputs and equipment, of whom 36,000 (5,100 households) also received food (usually a one-off ration) and 35,000 received essential household items, thus enabling them to increase their income and improve their daily living conditions.

Vulnerable people in other areas of the Philippines also coped better with adverse conditions following ICRC assistance. In North Luzon, 42,600 people (7,100 households) in communities that had suffered three consecutive failed harvests as a result of typhoons in 2009 and drought in early 2010 were helped to pull through by the distribution of food and laundry soap, while the 14,400 most affected (2,400 households) also received maize seed and fertilizer. In the Visayas, 1,620 individuals (270 households) in two isolated conflict-prone barangays in Northern Samar received vegetable seed, tools and agro training.

Some 1,000 undocumented migrant workers deported from Malaysia and housed at a processing centre in Zamboanga and 100 minors at a centre for trafficked children received hygiene parcels. The ICRC prepared to undertake basic rehabilitation work to improve living conditions at the migrant centre in 2011.

Civilians have better access to health care, water and sanitation

In Central Mindanao, a catchment population of some 131,779 people, including 1,700 IDPs at year-end, had access to improved primary health care at six facilities supported by the ICRC for a second and final year. Regular donations of essential drugs, consumables and equipment and ongoing technical support, including supervisory visits and training when security conditions permitted, helped enhance the quality of the care given. In particular, local health professionals strengthened their skills in drug management, data collection, the use of clinical protocols and good immunization practices. Five of the facilities were rehabilitated, while the sixth, a damaged health post serving some 6,000 people, was rebuilt.

Access to safe drinking water and adequate sanitation facilities remained a major concern for remote rural communities and IDPs in violence-affected areas. The construction of permanent infrastructure, such as toilets, septic tanks, deep wells, reservoirs and small-scale rural water supply systems, helped improve the situation for around 108,000 residents and IDPs in Mindanao and the Visayas. One project in Indanan (Sulu), carried out with a local NGO, covered the needs of the rural population and helped residents of the nearby city of Jolo during the dry season. The projects, conducted by the ICRC in coordination with the local authorities, were community-based, and beneficiaries provided the manpower.

PEOPLE DEPRIVED OF THEIR FREEDOM

On receiving allegations of conflict and violence-related arrests or learning of them from media reports, the ICRC requested immediate access to those arrested in order to ensure they were being treated with full respect for their dignity and essential judicial guarantees.

Over 166 places of detention, holding 72,500 detainees, under the responsibility of the Bureau of Jail Management and Penology (BJMP), the Bureau of Corrections, the provincial authorities, the armed forces and the police received ICRC visits to monitor their treatment and living conditions. Vulnerable detainees, such as minors, women, the elderly and the mentally ill, were given particular attention. Over 11,000 detainees in 18 jails received hygiene kits and recreational materials. Following the visits, which were carried out in accordance with the ICRC's standard procedures, the authorities received confidential reports containing delegates' findings and recommendations.

Nearly 300 detainees had visits from relatives facilitated by the Philippine Red Cross and funded by the ICRC.

Detainees in 21 prisons benefited from ICRC monitoring of their general health and access to medical care. Places of detention with permanent health staff received basic medical items, potentially benefiting some 21,000 inmates.

Causes of jail congestion addressed

The authorities and key government agencies at central and local level pursued efforts to improve prison facilities and tackle overcrowding through the allocation of more resources, mobilized within the framework of the "Call for Action" process. Three working groups, set up in 2008 as part of the process, continued to address the issues of prison infrastructure, TB in places of detention, and shortcomings, in particular procedural delays, in the criminal justice system, seen as one of the major causes of overcrowding in jails. In addition, a pilot working group, created in late 2009 with implementing agencies of the criminal justice system at the local level, met regularly to discuss, and resolve, urgent concerns stemming from procedural delays affecting the legal cases of inmates at Manila City Jail. At end-2010, a similar initiative was launched to deal with overcrowding at Tacloban City Jail in Eastern Visayas.

National stakeholders met to discuss the achievements so far and next steps at two conferences organized by the ICRC and the Supreme Court respectively. In late 2010, a BJMP-convened national summit adopted a declaration strongly calling for a more "restorative" criminal justice system and improved coordination among the agencies concerned.

Conditions of detention improve

Some 12,000 detainees benefited from improved living conditions, in particular water and sanitation, ventilation, health infrastructure, sleeping areas and cooking facilities, thanks to projects conducted in 27 BJMP-run and 4 provincial jails with ICRC material support and expertise. In addition, 47 BJMP engineers were trained in the application of international technical standards relating to living conditions in prisons. The BJMP published a manual on national standards in prisons officially setting minimum technical standards for its detention facilities.

Detainees receive treatment under the national TB programme

The implementation phase of the national TB programme started in seven pilot prisons, based on technical and operational guidelines adopted in 2009 with ICRC support. Monitoring by the technical working group found good adherence to the guidelines and improved management of TB cases. A year after data collection had started, the working group issued the final report on a TB-prevalence survey, which found that the disease was up to five times more frequent in detention facilities than among the general population.

After nine detention health staff received ICRC training in direct sputum smear microscopy as a diagnostic tool, four of the country's largest prisons were ready to provide directly observed treatment, short-course (DOTS) services.

Given the acceptance of the programme in the seven pilot jails, the authorities decided to expand it to all prisons within the National Capital, Central Visayas and Davao regions, thus extending access to systematic TB treatment to 50% of the total prison population. Two weeks of training in DOTS, attended by 78 health providers from 38 places of detention, initiated the process.

WOUNDED AND SICK

Conflict victims, including 30 weapon-wounded people, benefited throughout the year from ICRC financial support to ensure they received appropriate medical and surgical care. In addition, 15 hospitals increased their capacities to care for weapon-wounded and IDP emergency cases thanks to regular ICRC assistance. Ten of these hospitals, those that provided data, were considered to be the main referral centres for cases related to violence. Using ICRC surgical and dressing materials, they performed 10,510 operations and treated 925 weapon-wounded patients over the year.

In addition, 47 amputees received specialized services at the ICRC-supported Jubilee physical rehabilitation centre in Davao, which benefited from the construction of a new gait training area and sponsorship of staff training abroad. The centre conducted outreach activities to inform people in the region about the services available.

The Philippine Red Cross, as the main provider of first aid to victims of violence, continued to treat the weapon-wounded following ICRC-supported training, the supply of first-aid kits and a review of its materials and methods. Four National Society chapters received dressing materials in case of election-related violence.

A surgeon from the AFP attended an ICRC war-surgery seminar in Geneva, Switzerland.

AUTHORITIES

National and local authorities in the Philippines and the ICRC maintained regular contact on operational matters, helping ensure that all concerned knew about and supported the ICRC and its neutral, impartial and independent humanitarian action.

The adoption in December 2009 of an IHL Act, defining and penalizing war crimes, genocide and other crimes against humanity, delivered a major boost to interest and training in the subject. The Philippine Judicial Academy, the Supreme Court, the Commission on Human Rights and other stakeholders worked with ICRC support to broaden knowledge of IHL among members of the judiciary, State officials and academics.

The new government was encouraged to make progress in acceding to and implementing other IHL instruments, in particular to ratify Additional Protocol I and enact pending bills on protection of the emblems and IDPs. No headway was made in replacing the national IHL committee with a higher-level interministerial body. Planned ICRC seminars on IHL implementation were postponed until 2011, once the new government was more firmly established.

Eight government representatives increased their knowledge of IHL at five ICRC-supported events abroad, including the third Universal Meeting of National IHL Committees, held in Geneva, Switzerland (see *International Law and Cooperation*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

During field dissemination sessions, members of the armed forces, the police and armed groups were reminded of the need to respect civilians and their property and to ensure the security of humanitarian workers in accordance with IHL and other international standards.

Military instructors expanded their knowledge of IHL by attending workshops organized by key military training institutions with ICRC support. The AFP Human Rights Office published the Soldier's Handbook on Human Rights and IHL, with ICRC input, and distributed it nationwide. The chief of staff issued a directive to strengthen knowledge of and respect for IHL within the armed forces using the handbook.

Four high-ranking army and police officers attended training events abroad, including the fourth Senior Workshop on International Rules governing Military Operations, held in Lucerne, Switzerland (see *International Law and Cooperation*).

Senior police officers discussed policing concepts and law enforcement practices at ICRC-supported workshops. Pocket cards and stickers for police cars containing the basic rules of law enforcement were printed and distributed by the ICRC in cooperation with the PNP Human Rights Affairs Office. Police stations countrywide received posters spelling out the rights of arrested persons.

CIVIL SOCIETY

National and local media used ICRC materials to raise public awareness of the humanitarian effects of armed conflict and the organization's activities in the country. Around 150 journalists increased their knowledge of IHL, conflict reporting and safety in the field at five ICRC workshops held in conflict-affected areas. A nationwide Red Cross award for humanitarian reporting was launched, with the results to be announced in 2011.

In their contacts with the ICRC, members of selected think-tanks and NGOs gained greater understanding of the organization and its humanitarian concerns. Two experts from the Philippines took part in a workshop on the protection of civilians, held in Singapore (see *Kuala Lumpur*).

Political science and law students learnt more about IHL at ICRC-supported moot court and debating competitions, photo exhibitions and lectures. Academics and other experts had access to specialist material on IHL following distribution of the third volume of the *Asia-Pacific Yearbook of International Humanitarian Law* via the largest network of national bookstores.

A study aimed at analysing cultural acceptance and perceptions of the ICRC was launched in collaboration with the University of the Philippines.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross remained a key operational partner for the ICRC, and cooperation between the two organizations enhanced both the ICRC's ability to assist conflict and violence-affected people and the National Society's emergency response capacity (see *Civilians, People deprived of their freedom and Wounded and sick*).

Joint relief operations in Central Mindanao combined with training provided opportunities to strengthen the capacities of local staff and volunteers in economic security techniques and the use and maintenance of emergency water and sanitation equipment. In addition, four water supply kits were donated for rapid deployment after natural disasters and new vehicles and VHF radios were given to chapters in violence-affected areas. Some 108 first-aiders

received training, and first-aid kits were donated. All first-aiders were prepared to respond to any conflict incidents or violence related to May's elections.

The Philippine Red Cross and ICRC worked together to review family-links needs, capacity and strategy. After nationwide staff training, the National Society was better equipped to scale up its family-links response during disasters.

As security remained a priority, National Society management, staff and volunteers attended ICRC briefings on the Safer Access approach. Disseminators, as well as members of the boards of directors at chapter level, took part in training to improve their own knowledge of the Movement and its Fundamental Principles.

Regular senior management meetings between the ICRC, International Federation and Philippine Red Cross helped ensure a common understanding of Movement coordination in emergencies and large-scale disasters.

SRI LANKA



ICRC / AR_2010

- ⊕ ICRC delegation
- ⊕ ICRC sub-delegation
- + ICRC office
- ⊖ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	7,747
Assistance	4,347
Prevention	1,685
Cooperation with National Societies	1,468
General	-

► **15,247**

of which: Overheads 931

IMPLEMENTATION RATE

Expenditure/yearly budget	73%
---------------------------	------------

PERSONNEL

Expatriates	35
National staff (daily workers not included)	326

KEY POINTS

In 2010, the ICRC:

- visited 26,318 detainees, monitoring 3,575 of them individually, in 123 places of detention
- facilitated family visits for more than 9,000 people detained by the authorities, including those held in rehabilitation centres
- with the local authorities, provided farmers and fishermen who had returned to or resettled in the Vanni with the means, including tractors, seed, canoes and fishing kits, to re-establish livelihood activities
- distributed shelter materials to 760 of the most vulnerable families returning to or resettling on the Jaffna peninsula, enabling them to build temporary homes
- closed its Vavuniya and Jaffna offices, at the government's request
- increased its support to the National Society's ongoing structural reform and its island-wide capacity-building efforts, in cooperation with Movement partners

The ICRC has worked in Sri Lanka since 1989. Operations focus on: protecting and assisting civilians affected by the past armed conflict; visiting detainees and enabling family members to remain in touch; providing adequate water supply and economic security for IDPs, returnees and resident communities; improving access to physical rehabilitation facilities; and supporting military training in IHL.

CONTEXT

During 2010, Sri Lanka's ruling coalition consolidated its position. The incumbent, Mahinda Rajapaksa, won January's presidential election, and pro-government coalition parties secured a comfortable majority in April's parliamentary elections. A cabinet reshuffle followed the president's swearing-in.

With the end of the armed conflict in 2009, the country entered the early recovery phase; most of the 280,000 displaced civilians who had

hitherto been accommodated in government camps resettled in their areas of origin, mainly in the north. The resettlement process proved complex, however, as full security and access to resources, infrastructure and sustainable income-generating activities was reportedly not guaranteed in the areas of return, particularly in the Vanni.

Despite waves of releases in 2010, several thousand people suspected by the government of being formerly associated with the Liberation Tigers of Tamil Eelam (LTTE) were still being held in so-called rehabilitation centres.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	1,102	6	
RCMs distributed	1,449		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	490	57	16
People located (tracing cases closed positively)	581		
Tracing cases still being handled at 31 December 2010 (people)	13,474	490	1,158
UAMs/SCs,* including unaccompanied demobilized child soldiers	Total	Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2010	47	17	
Documents			
People to whom travel documents were issued	28		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits	Total	Women	Minors
Detainees visited	26,318		
Detainees visited and monitored individually	3,575	313	10
Detainees newly registered	505	15	5
Number of visits carried out	287		
Number of places of detention visited	123		
Restoring family links	Total		
RCMs collected	2,102		
RCMs distributed	659		
Detainees visited by their relatives with ICRC/National Society support	9,059		
People to whom a detention attestation was issued	3,223		

* Unaccompanied minors/separated children

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat			Total	Women	Children
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	45,956	40%	20%	
	<i>of whom IDPs</i>	45,956			
Water and habitat activities	Beneficiaries	20,445	33%	23%	
	<i>of whom IDPs</i>	20,445			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat					
Essential household items	Beneficiaries	19,253			
Water and habitat activities	Beneficiaries	6,687			
WOUNDED AND SICK					
Physical rehabilitation					
Centres supported	Structures	1			
Patients receiving services	Patients	1,280	327	63	
New patients fitted with prostheses	Patients	309	88	2	
Prostheses delivered	Units	416	122	5	
	<i>of which for victims of mines or explosive remnants of war</i>	143			
New patients fitted with orthoses	Patients	104	45	18	
Orthoses delivered	Units	154	63	26	
	<i>of which for victims of mines or explosive remnants of war</i>	9			
Crutches delivered	Units	232			
Wheelchairs delivered	Units	53			

ICRC ACTION AND RESULTS

The ICRC pursued discussions with the Sri Lankan government on the future of ICRC activities in the country and on the organization's role in the new post-conflict environment. A series of meetings took place between high-ranking government officials and the ICRC to review the organization's operational set-up and its proposals for a range of humanitarian activities. The year ended with a governmental order to close ICRC sub-delegations in Vavuniya and Jaffna and to cease its assistance activities in the northern regions.

As a consequence of these developments, most of the ICRC's proposed programmes to assist resettling or returning populations did not take place – including cash grants for the most vulnerable to invest in improving their livelihoods, vocational training for people who had surrendered, and the rehabilitation of urban water supply systems and health care facilities.

However, across the country the ICRC visited more than 26,000 people, including those arrested and detained in relation to the former armed conflict, with a focus on those held under the Emergency Regulations or suspected of affiliation with the LTTE. Delegates checked on inmates' treatment and living conditions and reported their findings and recommendations confidentially to the detaining authorities. Efforts to obtain access to people held in rehabilitation centres proved unsuccessful. Working with the Sri Lanka Red Cross Society, the ICRC also continued, albeit in a limited way, to enable IDPs separated from relatives by the former conflict to restore and maintain contact. More than 9,000 detainees received visits from family members thanks to the ICRC's reimbursement of their transport costs.

As the National Society was able to continue its assistance to returning and resettling populations, it distributed pre-positioned emergency ICRC stocks to cover water supply, sanitation and temporary shelter needs. These supplies, as well as water tanks donated to the local water authority in Jaffna, helped protect the health of more than 20,000 people. The provision of motorbikes and mopeds to Health Ministry staff and local authorities in the Vanni facilitated better access to patients in remote rural areas, and mobile clinics, run by the National Society with ICRC support, provided health care to people resettling in areas with inadequate health infrastructure. In the Jaffna peninsula, the ICRC continued to provide technical and material support to the Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR).

In the second half of the year, and in cooperation with various ministries, a one-off ICRC donation of equipment to farmers and fishermen in the Vanni, including tractors for land preparation and canoes for fishing, helped the recipients kick-start livelihood activities, as well as food production for both them and their families, benefiting nearly 46,000 people.

While IHL promotion continued among influential members of civil society, such as the media and academics, the pace of activities targeting government institutions was slow. Support to the armed

forces in instructing troops in IHL was similarly slow, adversely affected by the ICRC's limited access to the parts of the country in which they were deployed. Nevertheless, some presentations did take place and, at the request of the Sri Lankan army, the ICRC conducted pre-deployment briefings for troops departing on UN peacekeeping missions.

As the ICRC scaled down its activities in Sri Lanka, its cooperation with the National Society became even more important for reaching returnees. The ICRC therefore continued to provide financial and technical support to build the Sri Lankan Red Cross's capacities at an institutional level, aiming to improve the services available to victims of the former conflict. With ICRC support, the National Society also continued its traditional countrywide activities, such as first-aid training and dissemination of the Fundamental Principles.

The ICRC coordinated its activities with those of the UN and other humanitarian actors in the country.

CIVILIANS

Family members get back in touch

More than 13,000 cases of conflict-induced family separation reported to the ICRC remained unresolved. While reliable postal networks and phone coverage allowed people to restore contact with relatives they had lost touch with during the former conflict, numerous families remained without news of relatives, many of whom had been the main breadwinners. Thanks to the combined efforts of the National Society and the ICRC, however, separated family members exchanged more than 1,000 RCMs. The National Society received specific ICRC training in all aspects of restoring family links and support in upgrading its database. Families with detained relatives, including those held in rehabilitation camps, visited them with ICRC financial support (see *People deprived of their freedom*), thus saving some of their meagre resources for other essentials such as health care or education.

In 2010, more families approached the ICRC for help in searching for relatives, including children, with whom they had lost contact during the fighting. Restrictions on the ICRC's access to most of the displaced population, the rehabilitation centres and designated resettlement areas limited its ability to help these people, but 581 people were still located. During contact with law enforcement officials (see *People deprived of their freedom*), the ICRC reminded them of their obligation to observe relevant international norms and standards, particularly in relation to arrests, with a view to preventing people becoming unaccounted for.

Given the number of people still missing, Health Ministry representatives and the ICRC continued to discuss the proper management and identification of human remains, although no progress was made on the formulation of a national strategy. To build momentum, a forensic specialist was sponsored to attend a conference organized by the American Academy of Forensic Sciences in Seattle, United States of America, to share his experiences and learn

from counterparts. In addition, four forensic practitioners shared experiences and knowledge with counterparts at the 10th Indo-Pacific Congress of Law, Medicine and Science, held in India.

Communities resettling in the north receive support

Agriculture- and fishing-reliant communities returning to or resettling in northern districts had lost their equipment and stocks during the former conflict, hampering their ability to generate an income or provide food for themselves and their families.

Despite ongoing discussions with the authorities regarding the ICRC's role, a lack of access to some areas and people prevented the organization from carrying out most of the assistance projects it had planned for the returning/resettling IDP population during 2010 (see *ICRC action and results*). However, as the Sri Lankan Red Cross was able to continue its activities, it distributed pre-positioned ICRC emergency stocks, covering water supply, sanitation and temporary shelter needs, to help ease the resettlement process for affected communities. These stocks, along with ad hoc donations to the National Water Supply and Drainage Board (NWSDB) in Jaffna, helped protect the health of 20,445 people in return areas. For example, the most vulnerable 760 families of the thousands who arrived in the Point Pedro area of Jaffna used ICRC-donated materials to build semi-permanent shelter, and some 2,500 people had access to a minimum of 15 litres of drinking water a day following the donation of 11 water tanks to the NWSDB. Those living in rural villages in the Vanni could access primary health care through ICRC-supported National Society mobile clinics, and Ministry of Health mobile clinics also provided health care, supported by ICRC donations of motorbikes and mopeds.

In the second half of the year, the authorities approved a one-off ICRC project to help farmers, fishermen and their families (45,956 people) living in the Vanni to restart income-generating activities. Farmers belonging to 278 farmers' organizations received 360 two-wheeled tractors, water pumps for irrigation, and seed and tools to prepare land for the Maha planting season, which began in September. Fishermen returned to the water after receiving fishing kits and canoes, along with bicycles and boxes for taking the catch to market. Tanks were also restocked with baby fish. This assistance, provided in coordination with the relevant ministries, helped the recipients to become self-sufficient and kick-started food production for the wider community. National Society staff and volunteers increased their capacities to implement such projects by attending ICRC-supported workshops.

In parallel, the authorities were reminded of their responsibilities to respect the rights of the people held in government IDP camps and to ensure that the return home of the displaced was voluntary.

PEOPLE DEPRIVED OF THEIR FREEDOM

Thousands of people were held in relation to the former armed conflict in many places of permanent and temporary detention around the country, and arrests continued to take place under the Emergency Regulations and the Prevention of Terrorism Act.

More than 26,000, among them those detained for conflict-related reasons, including in special police units, received visits from the ICRC according to its standard procedures. Following all visits, delegates made confidential reports to the relevant detaining authorities containing their findings and any recommendations with regard to detainees' treatment, living conditions and judicial guarantees. ICRC access to the 5,000 people who remained in rehabilitation centres on suspicion of being formerly associated with the LTTE, had yet to be granted. However, the authorities were reminded, when possible, of the legal provisions governing their treatment and of the procedural safeguards to which they were entitled.

RCMs and/or ICRC-funded visits, including to those in rehabilitation centres, allowed more than 9,000 detainees to maintain contact with their relatives. An evaluation of the family-visit programme found that the detention of a family's main breadwinner reduced overall household income generation by between 50% and 85%. With their transport costs covered, families did not have to reduce the number of times they visited or pawn their belongings in order to fund visits themselves.

During ICRC visits, detainees were given clothing and hygiene kits, as well as recreational materials such as games and books to keep them occupied. For the disabled, simple mobility aids such as crutches were provided, and 18 detained amputees at Boosa detention centre gained greater independence within six weeks of the launch of a prosthetic/orthotic service, run by a local NGO with ICRC support.

With a view to supporting the authorities in improving the general living conditions of detainees, the ICRC completed an assessment of places of detention initiated in 2009 and submitted the recommendations to the authorities. More than 6,500 inmates benefited from ICRC-constructed and rehabilitated toilet blocks in Welikada prison in Colombo and from the provision of hygiene kits and materials to, and the cleaning of a well at, Omanthai temporary prison in Vavuniya.

WOUNDED AND SICK

The final months of the conflict resulted in high numbers of injuries and placed a heavy demand on health facilities. There was a shortage of health personnel, especially in terms of physical rehabilitation. During 2010, however, public services began to resume as people resettled, and, having reopened, health facilities no longer required planned ICRC support.

Some of the people wounded as a result of the past conflict, either during the fighting or afterwards by explosive remnants of war, had had limbs amputated. The resettlement process increased the ability of such people to seek treatment, and 1,280 patients received services at the only longstanding centre in the north, the JJCDR, which continued to enjoy ICRC technical and material support, including the continuous training of local staff by two ICRC specialists. Those unable to reach the centre benefited from

its outreach programme. To meet the increased demand, staff worked longer days and stepped up production in order to deliver 416 prostheses and 104 orthoses to patients.

Plans to construct a similar centre in Anuradhapura in early 2010 were cancelled after long delays in obtaining the necessary government authorization. Moreover, the opening in the meantime of several prosthetic/orthotic workshops that appeared capable of meeting the needs of the country's amputees, had rendered it redundant. Limited access to the Vanni prevented the ICRC from helping provide treatment or mobility devices to the weapon-wounded and disabled IDPs in camps.

AUTHORITIES

The 2010 elections and subsequent cabinet reshuffle meant that many of the ICRC's key contacts changed. Nonetheless, meetings with high-level government ministers and officials – including the prime minister, the presidential secretary/minister of economic development, and the secretaries of defence and foreign affairs – continued to take place to redefine the ICRC's role in post-conflict Sri Lanka (see *ICRC action and results*). These officials, along with newly appointed key ministers, received ICRC publications and operational updates in local languages, to keep them abreast of activities.

Representatives of the UN, NGOs and diplomatic missions met frequently with the ICRC and received ICRC publications aimed at maximizing the impact of aid, fostering a better understanding of the organization's mandate and boosting support for its activities.

Sri Lanka was party to several IHL treaties, including the 1949 Geneva Conventions, but had not fully incorporated them into domestic law. Despite other priorities, such as the resettlement of IDPs (see *Context*), two senior officials from the Ministries of Justice and External Affairs exchanged experiences and ideas at the third Universal Meeting of National IHL Committees held in Geneva, Switzerland (see *International Law and Cooperation*). Senior officials from the Attorney General's Office and the Ministries of Defence and Human Rights discussed IHL implementation with regional counterparts at the South Asian Regional IHL Conference in Bangladesh (see *New Delhi*), while a High Court judge was among those who learnt about basic IHL at the 17th South Asia Teaching Session in Kathmandu (see *Nepal*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The Sri Lankan armed forces continued to conduct most of their own IHL training, with regular ICRC support enabling them to reach more than 1,600 officers during the year. In order to maintain the quality of the courses, 22 military instructors brushed up on their IHL teaching techniques at an ICRC-run course and 18 officers who had previously attended international ICRC courses refreshed their knowledge at ICRC seminars. Meanwhile a senior officer better understood the law applicable to his work

after attending the Senior Workshop on International Rules governing Military Operations, held in Lucerne, Switzerland (see *International Law and Cooperation*).

Discussions with top-level commanders of the army, security forces and the police included possible ICRC support in raising IHL awareness, as well as its post-conflict role, with a view to securing unhindered access to people in need. Operational updates and ICRC publications were also provided to them to support these efforts. No progress was made in the implementation of the 2008 agreement between the ICRC and the Special Task Force, the Sri Lankan police's elite paramilitary force.

Meanwhile, more than 2,400 personnel taking part in UN peace-keeping missions in Haiti and Lebanon gained knowledge of their legal obligations and the role of the ICRC during briefings carried out in those countries.

CIVIL SOCIETY

Public awareness of the Movement's specific mandate, particularly in the post-conflict situation, remained important in fostering acceptance of and support for its activities. The media contributed to raising awareness by drawing on National Society/ICRC briefings and press releases to produce articles on humanitarian issues and ICRC operations in Sri Lanka. Religious leaders and NGO staff learnt more about IHL and ICRC activities during bilateral meetings.

Universities teaching IHL received reference materials in support of their efforts. Students attended National Society/ICRC presentations, and, after winning a national moot court competition, a team of students from the Open University of Sri Lanka competed in a regional moot court competition in India (see *New Delhi*).

Academics engaged in IHL teaching and research attended training abroad, including at the Advanced Training Course in IHL for University Teachers, in Geneva, Switzerland.

RED CROSS AND RED CRESCENT MOVEMENT

Despite its own access difficulties, the National Society remained an invaluable operational partner for the ICRC, including in restoring family links, assisting people in the Vanni and raising awareness of IHL and humanitarian principles (see above). It received financial, technical and material support and training from the ICRC for these, and its own, programmes.

At an institutional level, the ICRC supported the National Society's pursuit of structural reform, including the re-establishment of its branches in the Vanni. To strengthen its IHL-promotion efforts, it received written materials and devised a new internal training curriculum with ICRC technical support. The National Society's headquarters received two generators to support its day-to-day running and rented out ICRC-donated steel shelters to generate income.

The National Society's ability to deliver first-aid and medical services was boosted by ICRC-donated dressing materials, which were used, for example, by staff treating festival-goers in Jaffna. The National Society also ran mobile health clinics with ICRC financial support and, during the elections, deployed first-aid teams at polling and counting stations. Its disaster response capacity was bolstered by ICRC-donated materials and stocks – including tents, tarpaulins, pumps for well-cleaning, and hygiene kits, as well as by the funding of volunteer costs and fleet maintenance.

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam



⊕ ICRC regional delegation
 + ICRC office
 ⚠ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	2,776
Assistance	2,987
Prevention	2,352
Cooperation with National Societies	1,360
General	-

▶ **9,476**

of which: Overheads 578

IMPLEMENTATION RATE

Expenditure/yearly budget	104%
---------------------------	-------------

PERSONNEL

Expatriates	32
National staff (daily workers not included)	74

KEY POINTS

In 2010, the ICRC:

- ▶ during unrest in Bangkok, stood ready to act as a neutral and independent intermediary and to facilitate the provision of medical care
- ▶ strengthened dialogue with representatives of the Royal Thai Armed Forces and Royal Thai Police on the consequences for the civilian population of the ongoing violence in southern Thailand
- ▶ visited persons held in 12 prisons in Cambodia and detainees arrested in relation to the situation in southern Thailand in 36 places of detention, including 23 police stations and 1 police interrogation centre
- ▶ with the Thai Red Cross and civil authorities, provided 30,000 civilians and 8,000 detainees affected by floods in southern Thailand with water, food, stoves and hygiene articles
- ▶ discussed the findings of an assessment of the causes of prison overcrowding with the Cambodian detention authorities
- ▶ sent a high-level delegation to the first meeting of States Parties to the Convention on Cluster Munitions in Vientiane, Lao People's Democratic Republic

Having first established a presence in Bangkok in 1975 to support its operation in Cambodia, the Lao People's Democratic Republic and Viet Nam, the ICRC now works to promote the ratification and implementation of humanitarian treaties and the integration of IHL into military training in all the countries covered. It strives to raise awareness of humanitarian issues and supports National Societies in developing their IHL promotion and tracing activities. The ICRC visits detainees in Cambodia and Thailand and works to protect and assist vulnerable populations. Its prosthetic/orthotic project in Cambodia contributes to meeting the need for affordable, good-quality prostheses.

CONTEXT

Political instability continued to plague Thailand. Between March and May 2010, mass demonstrations followed by clashes between anti-government protesters and security forces paralysed central Bangkok and led to the deaths of a reported 90 people, while at least 1,400 others were injured. Over 400 people were reportedly arrested. The authorities took steps to implement a reconciliation plan, including a roadmap for general elections in 2011, but the potential for further unrest in the capital and parts of northern and north-eastern Thailand remained.

Meanwhile, in Thailand's three southern border provinces, violent incidents, in particular drive-by shootings and bombings in public places, continued to occur frequently, causing deaths and injuries among civilians. The extension of emergency law gave the security forces exceptional powers.

Torrential rains in Thailand caused the worst nationwide flooding in decades, including in the far south and in border areas of

Cambodia, affecting hundreds of thousands of people. Central Viet Nam was also devastated by repeated floods.

The conflict in Myanmar continued to have a spillover effect in border areas of Thailand, with civilians seeking refuge in camps located along the border as well as outside these camps. During and after the general elections in Myanmar, some 20,000 civilians fled to Thailand owing to a renewal of fighting between Karen armed groups and the Myanmar army.

Calm prevailed in the contested Thai-Cambodian border area, apart from one skirmish between troops of both sides.

The more than 4,500 ethnic Lao Hmong who had to return from Thailand to the Lao People's Democratic Republic (Lao PDR) in late 2009 were resettled in their country of origin.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages		Total	UAMs/SCs*
RCMs distributed		36	
Documents			
People to whom travel documents were issued		176	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹			
ICRC visits		Total	Women
Detainees visited		8,782	
Detainees visited and monitored individually		718	3
Detainees newly registered		139	1
Number of visits carried out		73	
Number of places of detention visited		48	
Restoring family links		Total	
RCMs collected		34	
Detainees visited by their relatives with ICRC/National Society support		44	

* Unaccompanied minors/separated children

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat		Total	Women	Children
Food ²	Beneficiaries	30,000		
Essential household items ²	Beneficiaries	30,000		
Agricultural, veterinary and other micro-economic initiatives ²	Beneficiaries	30	66%	34%
Water and habitat activities ³	Beneficiaries	557	52%	30%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Food ²	Beneficiaries	8,000		
Essential household items ¹	Beneficiaries	18,689		
Water and habitat activities ⁴	Beneficiaries	7,947		

1. Cambodia and Thailand

2. Thailand only

3. Lao PDR only

4. Cambodia only

MAIN FIGURES AND INDICATORS

ASSISTANCE

WOUNDED AND SICK ⁴				
Water and habitat				
		Total	Women	Children
Water and habitat activities	Number of beds	141		
Physical rehabilitation				
Centres supported	Structures	3		
Patients receiving services	Patients	10,662	1,144	743
New patients fitted with prostheses	Patients	238	31	8
Prostheses delivered	Units	1,806	153	45
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		1,554		
New patients fitted with orthoses	Patients	349	61	136
Orthoses delivered	Units	1,264	253	416
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		13		
Crutches delivered	Units	1,564		
Wheelchairs delivered	Units	398		

4. Cambodia only

ICRC ACTION AND RESULTS

During the violent demonstrations in Bangkok, the ICRC called on all sides to observe humanitarian standards and to show respect for human life and dignity. It stood ready to facilitate the provision of medical care and to act as a neutral and independent intermediary, and maintained regular contacts with the Thai Red Cross Society, as the main emergency responder.

ICRC delegates monitored the violence in Thailand's three southern-most provinces and its consequences for the population. First-hand information on the humanitarian situation was collected during numerous field trips and brought to the attention of the relevant authorities for follow-up. Contacts were established with the leaders of political groups in Bangkok and the north/north-east, and broadened with Thai military and security forces, government representatives and community leaders in southern Thailand, to familiarize them with the ICRC's mandate and activities and to work with them to promote respect for civilians' lives and dignity.

On the Thai-Myanmarese border, the ICRC continued to monitor the situation of civilians seeking refuge in Thailand and the spillover effects of the armed conflict and violence in Myanmar. In Thai hospitals, the ICRC paid for the surgical treatment of patients with weapon-related injuries who could not be treated in Myanmar.

Within the framework of its visits to people arrested in relation to the situation in southern Thailand and those held in prisons in Cambodia, the ICRC encouraged prison authorities in both countries to share experiences. In Thailand, alongside visits to detainees held under the responsibility of the Thai Ministry of Justice and the Royal Thai Police, the ICRC pursued efforts to gain access to people held in all other places of temporary detention under emergency laws or in army camps. In Cambodia, the ICRC increased its cooperation with and support to the General Department of Prisons, providing guidance on issues related to prison management, health, water and sanitation, in order to help it improve detainees' living conditions and health care. The results of an assessment of the causes of the worsening prison overcrowding in Cambodia were

endorsed by the authorities. Coordination among the authorities and with other actors involved in health in detention increased, including through bi-monthly meetings facilitated by the ICRC.

In close cooperation with the relevant authorities, the ICRC continued to support the provision of physical rehabilitation services in Cambodia through two regional rehabilitation centres, their outreach programmes and the factory supplying prosthetic/orthotic components to all centres in the country.

In order to promote the ratification of further IHL treaties, their national implementation and the integration of IHL into military doctrine, training and operating procedures, the ICRC worked with government representatives in all four countries covered, including staff of the national secretariats of the Association of Southeast Asian Nations (ASEAN). This included cooperation with the Royal Thai Police regarding training in internationally recognized standards relating to policing.

National Societies in the region, with ICRC support, strengthened their capacities in the core fields of family links, mine action and promotion of the Fundamental Principles, IHL and humanitarian principles.

CIVILIANS

During the unrest in Bangkok, the various parties were reminded of the need to respect human life and dignity, medical services and the red cross emblem. The Thai Red Cross, as the main emergency responder, and the ICRC kept in regular contact (see *Red Cross and Red Crescent Movement*). The ICRC stood ready to facilitate the provision of medical care and to act as a neutral and independent intermediary if needed. Seven wounded civilians were evacuated from a temple during an ICRC-arranged ceasefire.

In southern Thailand, the civilian population continued to bear the brunt of the ongoing violence. Following regular ICRC field trips and assessments in the affected areas, observations and

issues of concern were raised with the relevant authorities and other entities, including religious and community leaders, who were also briefed on the ICRC's mandate and activities. Follow-up included strengthened dialogue with representatives of the Royal Thai Armed Forces (RTARF) and Royal Thai Police on the consequences of the violence for the population.

Violence-affected communities benefited from small-scale ICRC economic assistance, ranging from individual income-generating projects, such as sewing classes or the provision of livestock, to a bakery project for women who had lost their means of livelihood. An ICRC assessment of the effects of the violence on civilians' access to health care found that needs were mostly structural and were on the whole being tackled by the authorities.

In addition, over 30,000 civilians affected by the floods in southern Thailand received food, clean water, hygiene articles and stoves provided by Thai Red Cross/ICRC teams, in close cooperation with the civil authorities.

In the Lao PDR, following a National Society/ICRC assessment of the situation of vulnerable minorities in eight remote villages, 557 Hmong villagers gained access to sufficient water for household and livestock needs, thanks to the construction of a new water-supply system. They also benefited from new latrines in conjunction with a hygiene-promotion programme conducted by the Lao Red Cross. The ICRC did not yet have access to the Hmong, returned from Thailand in December 2009, to assess their situation and needs.

On the Thai-Myanmarese border, Myanmarese civilians who had sought refuge outside established camps voiced any concerns to ICRC delegates, who in turn communicated them to the relevant authorities. Myanmarese community leaders in Thailand, the Thai authorities and the police were made aware of the ICRC's mandate and activities, humanitarian principles and IHL. The ICRC participated in coordination meetings with other humanitarian actors operating in the area.

Civilians in the region were able to restore and maintain contact with relatives through the tracing and RCM services. Using ICRC-issued travel documents, 176 refugees, mainly Lao Hmong and Myanmarese, resettled abroad under UNHCR auspices.

PEOPLE DEPRIVED OF THEIR FREEDOM

People arrested in relation to the situation in southern Thailand and those held in prisons in Cambodia received ICRC visits, carried out in accordance with the organization's standard procedures. The findings and any recommendations on detainees'

treatment and living conditions were shared confidentially with the detaining authorities through meetings and reports.

To promote the sharing of expertise and experiences between prison authorities, exchange visits between the Thai Department of Corrections and Ministry of Public Health and their counterparts in Cambodia took place with ICRC support, focusing on health care practices in prisons, and a health specialist from the Thai Department of Corrections attended a seminar in Phnom Penh (see below).

Water and sanitation specialists from the prison departments of all four countries participated in a regional seminar in Indonesia (see *Jakarta*). The Vietnamese General Department of Criminal Sentence Execution and the ICRC held several meetings in order to identify areas of potential cooperation.

More detainees in Thailand visited by the ICRC

Detainees in 36 places of detention, including 23 police stations and 1 police interrogation centre in southern Thailand, received visits from ICRC delegates. Efforts to gain access to detainees held in all other places of temporary detention under emergency laws or in army camps continued.

Vulnerable detainees such as migrants and women were paid particular attention during prison visits. Whenever necessary, detainees contacted relatives via RCMs and received visits from them with the ICRC's help. Detainees, in particular migrants and women, benefited from hygiene articles, books and sports items. Sanitation conditions in three prisons improved following the provision of kitchen and water/sanitation equipment. Some 8,000 detainees affected by flooding in southern Thailand received emergency assistance from Thai Red Cross/ICRC teams.

Former security detainees were visited by ICRC delegates to assess their well-being after release.

At year-end, the ICRC had not yet received a final answer to its offer of services made to the Thai authorities to visit persons arrested in relation to the unrest in May 2010.

Detainees in Cambodia obtain improved living conditions

The General Department of Prisons in Cambodia pursued efforts to cope with the increasing number of detainees accommodated in old and overcrowded prisons. To support this process, an ICRC-recruited consultant carried out an assessment of the causes of the overcrowding, the final report of which was endorsed by the authorities. Plans were made to bring together relevant stakeholders to address the issues identified in 2011 with ICRC technical support. Meanwhile, ICRC delegates continued to regularly visit people held in prisons throughout Cambodia.

CIVILIANS		LAO PDR	THAILAND
Economic security, water and habitat			
Food	Beneficiaries		30,000
Essential household items	Beneficiaries		30,000
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries		30
Water and habitat activities	Beneficiaries	557	

Following an ICRC-organized seminar on health care in prisons in 2009, the General Department of Prisons health office, the Ministry of Health and NGOs working in prisons strengthened their cooperation, including through bi-monthly meetings facilitated by the ICRC. In a significant step forward, the Ministries of Health and Interior signed a letter of agreement defining their respective responsibilities on health in prisons. Subsequently, health staff from all prisons attended a training course on tuberculosis (TB) supported by the ICRC. Several NGOs extended their support to other prisons, especially in the fields of HIV/AIDS and TB. At a second national seminar, facilitated by the ICRC in Phnom Penh, high-level representatives of the Health and Interior Ministries, prison directors and health staff discussed the year's achievements in combating TB in prisons and the steps ahead.

Some 8,000 detainees in 12 prisons enjoyed better living conditions, water supply and sanitation thanks to the upgrade and maintenance of infrastructure by engineers from the General Department of Prisons in cooperation with the ICRC. Salient projects included the equipping of a new prison with a solar water-pumping system and the installation of a biogas system in another prison. In addition, 9,200 detainees received ICRC hygiene items; nearly 2,700 of them were given anti-scabies treatment, conducted by prison health staff equipped and trained by the ICRC. In addition, anti-fungal treatment was carried out in one prison and other help was provided following cholera outbreaks and flooding.

The setting up of small-scale economic security projects in selected prisons was postponed, pending a full needs assessment by specialist ICRC staff in early 2011.

WOUNDED AND SICK

A total of 79 weapon-wounded patients from Myanmar seeking treatment in Thai hospitals, including 49 civilians injured by anti-personnel mines or shelling, had their medical costs covered by the ICRC.

The Thai authorities, medical NGOs and the ICRC initiated coordination efforts with a view to streamlining access to adequate rehabilitation services for war-wounded patients in need of artificial limbs.

Around 100 Thai surgeons, health personnel from various hospitals situated along the border with Myanmar, and medical staff from Karen areas of Myanmar received training in treating violence-related injuries at a seminar on weapon-wound management at Mae Sot Hospital, organized by the ICRC with the Thai Red Cross.

Physical rehabilitation services in Cambodia receive support

Despite longstanding mine-clearance and mine-risk education activities, in 2010 Cambodia registered its first increase in casualties resulting from landmines and explosive remnants of war (ERW) since 2005, with nearly 20% more people either killed or injured than in 2009. Many survivors among the 60,000 recorded mine/ERW casualties and other physically disabled persons still required regular rehabilitative and/or medical care.

Some 10,660 people in need of treatment had access to adequate services at the two ICRC-supported regional physical rehabilitation centres in Battambang and Kampong Speu. The national component factory in Phnom Penh ensured the production and supply of necessary components for the manufacture of prostheses, orthoses and walking aids to all physical rehabilitation service providers in Cambodia, including the Cambodian School of Prosthetics and Orthotics. Rehabilitation centre and factory staff strengthened their technical and managerial skills thanks to ICRC mentoring and training opportunities.

The Ministry of Social Affairs, Veterans and Youth Rehabilitation continued gradually to take over increased financial and managerial responsibilities for running the two centres and the component factory, developing new tools for coordinating and leading the rehabilitation sector with ICRC support.

In cooperation with the ministry and the ICRC, Cambodian Red Cross Society branches played an active role in referring physically

PEOPLE DEPRIVED OF THEIR FREEDOM		CAMBODIA	THAILAND
ICRC visits			
Detainees visited		8,122	660
Detainees visited and monitored individually		58	660
	<i>of whom women</i>	2	1
Detainees newly registered		5	134
	<i>of whom women</i>		1
Number of visits carried out		19	54
Number of places of detention visited		12	36
Restoring family links			
RCMs collected		1	33
Detainees visited by their relatives with ICRC/National Society support			44

PEOPLE DEPRIVED OF THEIR FREEDOM		CAMBODIA	THAILAND
Economic security, water and habitat			
Food	Beneficiaries		8,000
Essential household items	Beneficiaries	9,209	9,480
Water and habitat activities	Beneficiaries	7,947	

disabled persons living in remote areas to the two centres. In addition, outreach teams comprising prosthetists, orthotists and physiotherapists carried out 176 field trips from Battambang and 116 trips from Kampong Speu, during which:

- ▶ 8,465 patients' conditions and needs were assessed
- ▶ 4,636 prostheses/orthoses and 654 wheelchairs were repaired
- ▶ 856 crutches and 171 wheelchairs were delivered
- ▶ 132 appointments were arranged for patients at the 2 centres

Sixty patients who had received services in ICRC-supported physical rehabilitation centres were referred to NGOs working in the field of socio-economic reintegration and inclusion. The two centres benefited from general maintenance and renovation work conducted with ICRC technical support.

AUTHORITIES

During the violence in Bangkok, the Thai authorities and the ICRC had contacts regarding the organization's mandate and possible role in situations of violence, protection of the medical mission, and respect for and use of the red cross emblem. At the end of the demonstrations, meetings with the Thai prime minister, the foreign minister and other high-ranking officials strengthened this dialogue.

In their contacts with the ICRC, government representatives in all four countries covered, including staff of ASEAN national secretariats, were encouraged to take steps to accede to major IHL treaties not yet ratified and familiarized with ICRC activities, humanitarian principles and IHL, with a view to gaining their support.

Representatives of various Thai ministries learnt more about the legal and technical aspects of the Convention on Cluster Munitions at a round-table discussion, co-organized by the Thai Foreign Ministry and the ICRC in order to promote ratification by Thailand of the treaty.

The first meeting of States Parties to the Convention on Cluster Munitions was held in Vientiane, attended by representatives of 121 governments. The ICRC was represented by a delegation led by Vice-President Christine Beerli.

Government officials and academics in Cambodia and the Lao PDR had access to more information on customary IHL after a summary article on the subject was translated into the national languages with ICRC support.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

After introducing a new IHL curriculum in key military educational and training establishments, the Thai Defence Ministry worked to ensure sufficient teaching capacity. To back up these efforts, the ICRC supplied translated IHL texts and other materials and facilitated four officers' participation in the Senior Workshop on International Rules governing Military Operations, held in

Lucerne, Switzerland (see *International Law and Cooperation*); IHL courses in San Remo; and the Annual Senior Officers' Security and Law Conference at the Geneva Centre for Security Policy. RTARF troops preparing for UN peacekeeping missions attended ICRC pre-deployment briefings.

Cambodian military personnel participating in a US-sponsored exercise attended briefings on the ICRC and IHL. The ICRC was prepared to support the National Society in reviving a programme to assist IHL instructors in delivering their courses, once it was ready.

Senior military representatives from ASEAN member States learnt more about the ICRC's support to military training and educational facilities during a symposium at the National Defence Studies Institute of Thailand.

The Royal Thai Police Education Bureau and the ICRC worked together to raise awareness of international human rights law and internationally recognized standards of policing. Over 20 senior police officers attended an ICRC workshop on the subject, while an experienced instructor took part in an international conference for senior law enforcement officials in Geneva. Police officers from several Asian countries attended an ICRC module on policing and human rights standards at a regional conference organized by the International Law Enforcement Academy in Bangkok.

Leaders of armed groups from Myanmar were periodically briefed on the ICRC's activities and the need to respect and promote respect for IHL, with emphasis on the issues of child soldiers and anti-personnel mines.

CIVIL SOCIETY

A broad spectrum of civil society – the media, NGOs, think-tanks, and, in Thailand, political parties, professional associations and community leaders – gained greater knowledge of humanitarian issues and understanding of the ICRC's neutral, impartial and independent mandate and humanitarian activities through presentations and briefings, backed up by publications and audiovisual materials in local languages.

A team of students from Thailand's Chulalongkorn University tested their skills at the regional IHL moot court competition in Hong Kong (see *Beijing*), while a first-ever national moot court competition was held in Cambodia, co-organized by the Royal University of Law and Economics and the ICRC.

Some 60 students and lecturers from the National University of Laos learnt more about IHL at a seminar, while Thai students and lecturers visiting the ICRC delegation in Bangkok were familiarized with the organization and its work.

The Thai Red Cross Youth Bureau, in cooperation with the Ministry of Education, monitored pilot lessons given by teachers using Exploring Humanitarian Law materials in 15 schools in

Bangkok and eight provinces. Selected programme materials in Thai were revised accordingly, in preparation for integration into the Red Cross Youth curriculum in secondary schools from 2011.

RED CROSS AND RED CRESCENT MOVEMENT

During the unrest in Bangkok, the Thai Red Cross and the ICRC remained in regular contact. Leaflets on the emblem were handed over to the National Society for distribution. Other support, offered on several occasions, was not required.

In Thailand and Viet Nam, the National Societies provided flood victims with food, clothing and shelter items, with significant local funding and Movement support.

Staff from all four National Societies participated in a workshop on human remains management in Indonesia (see *Jakarta*).

The Cambodian Red Cross assessed current needs for family-links services, paying special attention to migrants and human-trafficking victims. It provided such services to the families of victims of a stampede in Phnom Penh and handled over 300 tracing requests. The Red Cross of Viet Nam held a workshop to raise government officials' awareness of family-links services and discuss coordination in case of natural disaster. Representatives of all four National Societies honed their skills at an ICRC/Cambodian Red Cross regional family-links meeting in Phnom Penh and at a workshop on restoring family links in disasters in Malaysia (see *Kuala Lumpur*).

All four National Societies received ICRC financial support for their communication programmes. An International Federation/ICRC initiative to train Thai Red Cross trainers in basic Movement matters continued.

The Cambodian Red Cross pursued its mine-risk reduction and education programme, with the support of the Australian Red Cross, the Norwegian Red Cross and the ICRC. The pilot project with the Red Cross of Viet Nam aimed at reducing the impact of ERW ended successfully in central Viet Nam and was extended to two other districts. Six first-aid courses for community representatives and volunteers were completed in Quang Tri province.

The Cambodian Red Cross revised its statutes with guidance from the ICRC/International Federation Joint Statutory Commission.

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea (DPRK), Republic of Korea (ROK), Mongolia



⊕ ICRC regional delegation ⊕ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	497
Assistance	1,749
Prevention	3,853
Cooperation with National Societies	961
General	-

► **7,060**

of which: Overheads 431

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
---------------------------	-----

PERSONNEL

Expatriates	14
National staff (daily workers not included)	32

KEY POINTS

In 2010, the ICRC:

- strengthened dialogue with the Chinese authorities during 2 high-level ICRC missions to Beijing and in meetings with senior Foreign Affairs Ministry officials
- organized 2 study tours to prisons in Switzerland and, together with the ministries concerned, 2 seminars on health in detention for Chinese government officials, prison managers and medical personnel
- supported physical rehabilitation centres in China and the Democratic People's Republic of Korea in providing services to 1,543 people
- submitted studies on the compatibility of domestic legislation with IHL to the authorities in China and the Republic of Korea
- organized a second course on Health Emergencies in Large Populations with Peking University School of Public Health and the Red Cross Society of China
- contributed to the International Red Cross and Red Crescent Pavilion at the World Expo 2010 in Shanghai

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support among governments, experts and National Societies for humanitarian principles, IHL and ICRC activities in the region and worldwide. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It also supports the region's National Societies in developing their dissemination and tracing activities. ICRC/National Society prosthetic/orthotic projects in China and the DPRK contribute to meeting the need for affordable, good-quality prostheses.

CONTEXT

Tensions escalated between the Republic of Korea (ROK) and the Democratic People's Republic of Korea (DPRK) following an exchange of artillery fire at Yeonpyeong Island in November, in which two marines and two civilians from the ROK were killed. Inter-Korean relations had already been tense in March after a ROK navy warship sank, allegedly due to a suspected DPRK torpedo.

Sino-Japanese relations were strained after a Chinese fishing vessel was detained by Japan near disputed islands in September.

Severe flooding in the DPRK in August left an estimated 15,000 families homeless and over 98,000 lacking clean drinking water. In November, the ROK National Red Cross sent the first government-financed rice aid to the DPRK in more than two and

a half years. The WFP warned that much of the DPRK's population was facing hunger following an exceptionally poor harvest.

At least 2,200 people died and over 100,000 were left homeless when a 7.1-magnitude earthquake struck the Chinese province of Qinghai in April. In addition, the country was hit by a series of floods and landslides causing mass evacuations and affecting millions of people. The authorities did not request international assistance.

Mongolia had to cope with the consequences of its worst winter in 50 years, during which large numbers of livestock, vital to the country's economy, were wiped out.

China held the World Expo 2010 in Shanghai from May to October, drawing a record 73 million visitors, while the ROK became the first Asian country to host a G-20 summit.

MAIN FIGURES AND INDICATORS

ASSISTANCE

WOUNDED AND SICK				
Hospitals ¹		Total	Women	Children
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Admissions	Patients	124	14	1
	<i>of whom other surgical cases</i>	124		
Operations	Operations performed	124		
Physical rehabilitation ²				
Centres supported	Structures	5		
Patients receiving services	Patients	1,543	270	45
New patients fitted with prostheses	Patients	582	95	6
Prostheses delivered	Units	1,279	199	39
	<i>of which for victims of mines or explosive remnants of war</i>	34		
New patients fitted with orthoses	Patients	3	1	0
Orthoses delivered	Units	11	4	3
Crutches delivered	Units	969		
Wheelchairs delivered	Units	28		

1. DPRK only

2. China and DPRK

ICRC ACTION AND RESULTS

Promoting IHL and humanitarian principles and securing support for ICRC operations in the region and beyond remained an important focus of the Beijing regional delegation. In China, dialogue was strengthened with the authorities at various levels, notably through two high-level ICRC missions to Beijing, which led to an exchange of views on current IHL issues and the need for neutral, impartial and independent humanitarian action.

The ICRC continued to encourage the authorities in China, the ROK and Mongolia to ratify and implement key IHL treaties. In Mongolia, the national IHL committee held its first official meeting, with ICRC technical support. China and the ROK provided feedback on ICRC studies assessing the compatibility of their domestic legislation with IHL obligations. China ratified Protocol V to the Convention on Certain Conventional Weapons on Explosive Remnants of War. To support

the development of relations with armed and police forces in the region, the ICRC organized with the ROK Army Judge Advocate General's Office in Seoul a regional conference on the regulation of weapons under IHL, attended by 11 East and South-East Asian countries.

Dialogue and cooperation on detention issues, in particular detainee health, developed with the Chinese Ministries of Justice and Public Security. In this respect, the ICRC organized two study tours to its headquarters and to Swiss prisons for officials from both ministries, including prison managers, and two seminars in China on infectious diseases in places of detention.

The ICRC raised its concerns about the plight of separated family members on the Korean peninsula with the respective governments and National Societies. No real progress was made in resolving this issue owing to deteriorating inter-Korean relations, despite a meeting of families in November at Mount Kumgang.

Together, the National Societies and the ICRC continued to play a key role in the provision of physical rehabilitation services in China and the DPRK. In the latter country, ICRC support to the Songrim centre ended on expiry of the existing cooperation agreement in July, while a two-year extension of support was decided for the Rakrang centre. Following an assessment of surgical and structural rehabilitation needs in three provincial hospitals, a new cooperation programme was under discussion with the DPRK Ministry of Public Health at year-end.

Raising awareness of IHL, ICRC activities and humanitarian issues among specific audiences and the wider public included the production of additional documentation in Chinese and Korean and the posting of information in Korean on the National Society's website. Together with the Red Cross Society of China and the International Federation, the ICRC was actively involved in setting up the International Red Cross and Red Crescent Pavilion at the World Expo 2010 in Shanghai.

The ICRC continued to promote the teaching of IHL in major universities in China and the ROK, co-organizing moot court competitions for students and IHL events for academics and delivering lectures on the subject.

Integration of the Exploring Humanitarian Law programme into the Mongolian national secondary school curriculum was completed and the programme handed over to the Ministry of Education and the Mongolian Red Cross Society. With ICRC technical support, the Chinese Red Cross started using materials adapted from the programme in Shanghai and Tianjin. The ROK Red Cross made plans to introduce the programme in schools in 2011.

Cooperation with the region's National Societies focused on the promotion of IHL and the Fundamental Principles and on building their family-links and first-aid capacities. The Red Cross Society of the DPRK completed its Korean translation of the ICRC manual on first aid in armed conflict and other situations of violence.

CIVILIANS

In November, the DPRK and the ROK Red Cross Societies organized a round of meetings at Mount Kumgang for family members separated since the 1950–53 Korean War. A total of 313 people from the North met 573 relatives from the South. Nearly 18,000 people had benefited from these encounters since they began in 2000, although they had been sporadic since 2007 owing to strained inter-Korean relations.

More than 87,000 people wishing to have contact with family members across the border, most now over 70 years old, had been registered by the ROK Red Cross.

Throughout the year, the ICRC stood ready to assist in finding a long-term solution to the plight of these families and systematically

raised its concerns with the respective governments and National Societies and key representatives of the international community whenever the opportunity arose.

No Koreans residing in third countries made use of ICRC tracing and RCM services to re-establish or maintain contact with their families at home.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue between the Chinese authorities and the ICRC on detention conditions in prisons developed, in particular regarding health services for detainees.

In March, 112 prison directors and health personnel from the Ministries of Justice and Public Security attended 2 seminars on infectious diseases in places of detention, co-organized with the ICRC in Kunming and Tianjin. Specific problems related to the prevention, control and treatment of tuberculosis and HIV/AIDS and to prison management and overcrowding were addressed.

Ministry of Justice representatives and prison managers from five different provinces travelled to Switzerland in January to discuss health and prison-management issues at ICRC headquarters and to visit a number of Swiss prisons. In November, a similar visit by Public Security Ministry officials, focusing on remand prisons and a secure psychiatric prison, led to further positive exchanges.

Both ministries expressed the wish to cooperate further with the ICRC on these issues, including through additional study tours and through training events.

In Mongolia, where most people arrested in relation to unrest in 2008 had been released, a meeting with the human rights adviser to the president enabled the ICRC to pursue its dialogue with the authorities on its role in detention-related matters and its standard procedures during visits to detainees.

WOUNDED AND SICK

Disabled people in China have access to physical rehabilitation services

Disabled people living in China's south-western Yunnan province continued to access the rehabilitation services provided in Kunming by the Yunnan branch of the Chinese Red Cross. The majority of patients had their worn-out prostheses replaced at the physical rehabilitation centre, while others had their appliances repaired or adjusted at workshops in Kaiyuan and Malipo, near the Vietnamese border. In addition to the provision of prosthetic/orthotic components, raw materials, wheelchairs and walking aids, ICRC monitoring of production and fittings helped the centre further strengthen its capacity to deliver high-quality devices and services to patients.

In December, a new cooperation agreement was concluded between the Chinese Red Cross, its Yunnan branch and the ICRC, allowing for the continuation of the existing cooperation agreement until December 2011.

DPRK physical rehabilitation centre staff enhance their skills

Disabled people in the DPRK received appropriate treatment at the Songrim and Rakrang physical rehabilitation centres, with support from the ICRC and the DPRK Red Cross.

The centres continued to enhance their capacities and grow more autonomous and sustainable, boosted by ICRC training support. Staff at both centres received on-the-job training in the manufacture and fitting of lower-limb orthoses and in gait training for people with prosthetic/orthotic devices, as well as ongoing mentoring of daily patient-fitting and management activities. Four rehabilitation therapy assistants completed a one-year course at the Mobility India Rehabilitation Research and Training Centre in Bangalore, India, while five orthopaedic technologists finished their three-year training course at the Cambodian School of Prosthetics and Orthotics.

In addition to producing high-quality prostheses and orthoses, the Rakrang centre carried out 124 stump revisions for both military and civilian amputees, using essential equipment and consumables provided by the ICRC. However, the planned review of the stump-revision programme could not be conducted, as visa delays led to time constraints during ICRC technical missions to the DPRK.

After the existing cooperation agreement ended in July, the DPRK authorities declared that the Songrim centre, after eight years of ICRC support, had reached a satisfactory level of self-sufficiency and would therefore no longer require the organization's assistance. However, the DPRK authorities asked the ICRC to extend its support to the centre in Rakrang for two more years. To this end, a memorandum of understanding defining the objectives and responsibilities of each party was signed in January 2011.

As agreed with the authorities, the ICRC, together with the DPRK Red Cross, conducted an assessment of surgical and structural rehabilitation needs at three provincial hospitals (Hamhung, Pyongsong and Sariwon) in July. Subsequently, the Ministry of Health, the DPRK Red Cross and the ICRC examined the support to be provided to orthopaedic surgery and related departments in these hospitals on the basis of a draft memorandum of understanding, still under discussion at year-end.

AUTHORITIES

Missions to Beijing by the ICRC's director of operations and director-general strengthened dialogue with Chinese political decision-makers. In addition to briefings on ICRC operations and concerns worldwide, discussions with high-ranking Foreign Ministry officials centred on neutral, impartial and independent

humanitarian action, the benefit of greater exchange between Chinese embassies and ICRC delegations, and the results of a recent ICRC study on the current state of IHL.

The Chinese IHL committee and the ROK Ministry of Foreign Affairs analysed the findings of ICRC studies on the compatibility of domestic law with IHL obligations, respectively discussing the findings with the ICRC in a working session and providing written comments.

China ratified Protocol V to the Convention on Certain Conventional Weapons on Explosive Remnants of War, at the prompting of the national IHL committee.

During its first formal session, held with ICRC guidance, Mongolia's IHL committee clarified basic organizational issues and identified priorities.

China, the ROK and Mongolia participated in the third Universal Meeting of National IHL Committees held in Geneva, Switzerland (see *International Law and Cooperation*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Military operational decision-makers in the region and the ICRC maintained contact, not least in view of recurring tensions on the Korean peninsula. Working relations between the Chinese and the ROK armed forces and the ICRC developed. Military lawyers discussed current IHL issues, including the notion of direct participation by civilians in hostilities, the legal review of new weapons and a future arms trade treaty.

Experts reviewing Chinese doctrine on the handling of detainees gained new insight on this issue at an ICRC workshop. During a first official visit, a high-level delegation of the Chinese People's Liberation Army learnt more about the organization and discussed future cooperation at ICRC headquarters in Geneva. The Military Law Centre of the China University of Political Science and Law taught a new master's degree in military law, with ICRC participation.

Military officers and diplomats from 11 East and South-East Asian countries enhanced their knowledge of the rules governing means and methods of warfare and IHL implementation during a regional seminar organized by the ROK Army Judge Advocate General's Office and the ICRC.

Two senior officers from China and two from the ROK took part in the fourth Senior Workshop on International Rules governing Military Operations held in Switzerland (see *International Law and Cooperation*). Both countries also sent participants to a conference at the Geneva Centre for Security Policy.

At lectures and presentations, members of the armed forces of China, Mongolia and the ROK gained greater understanding of IHL and the ICRC.

Police personnel from China and military personnel from the ROK attended ICRC briefings before their deployment on overseas missions. The Chinese People's Armed Police and the ICRC established first contacts outside the field of peacekeeping.

CIVIL SOCIETY

General and specialist audiences in China and the ROK enjoyed increased access to ICRC multimedia material on IHL, humanitarian principles and other humanitarian issues in their own languages, including through the ICRC's Chinese-language website and sub-site within the ROK Red Cross site. Journalists worked with the ICRC to cover topical humanitarian themes and received help in contacting ICRC delegations worldwide.

Over 1 million visitors to the World Expo 2010 in Shanghai gained a vivid picture of the suffering of victims of conflict and natural disaster at the International Red Cross and Red Crescent Pavilion, set up by the Chinese Red Cross with the International Federation and the ICRC.

To strengthen its teaching of IHL, Ewha Women's University in Seoul signed a memorandum of understanding with the ICRC. Academics, practitioners and researchers discussed IHL issues, including provisions on the protection of civilians, and teaching challenges at workshops organized jointly by academic institutions and the ICRC in Beijing and Seoul and at regional events in Malaysia and Singapore (see *Kuala Lumpur*). Students improved their IHL knowledge during ICRC-supported regional and national moot court competitions organized by universities and National Societies in Beijing, Hong Kong, Seoul and Taipei.

In Mongolia, following the integration of the Exploring Humanitarian Law programme into the official school curriculum, the Ministry of Education and the Mongolian Red Cross took over full responsibility for the programme. In China, with material adapted from the programme, the National Society and education authorities organized a teacher-training course in Tianjin and a symposium in Shanghai. Young people were introduced to the materials at a Red Cross summer camp in Nanjing. The ROK Red Cross planned to introduce the programme in schools in 2011.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region, with ICRC financial and technical support, worked to promote IHL and the Fundamental Principles and to improve their capacities to meet humanitarian needs in the event of emergencies.

Following a review of its dissemination programme in 2009, the Chinese Red Cross developed new communication strategies and capacity building in specific areas and enlarged its network through regional training seminars.

At a first China/Association of Southeast Asian Nations Red Cross and Red Crescent symposium on disaster management, participants included in their final statement a reference to family-links activities in disaster response. The Chinese and ROK Red Cross Societies received further related training at an ICRC workshop (see *Kuala Lumpur*).

Some 30 volunteers honed their first-aid skills at a Chinese Red Cross/ICRC workshop and 28 health professionals from the National Society, government and armed forces shared their experiences at the second Health Emergencies in Large Populations course organized with the Peking University School of Public Health and the Chinese Red Cross.

The Chinese Red Cross and the ICRC conducted joint missions to the Tibet and Xinjiang Uyghur Autonomous Regions, identifying branch needs and discussing possible future support.

The DPRK Red Cross translated and printed the ICRC manual on first aid in armed conflict and other situations of violence. Together with the International Federation, it provided emergency relief to flood victims, which included the distribution of over 1 million ICRC-supplied water purification tablets. A cooperation agreement strategy meeting with the DPRK Red Cross and its Movement partners was held in Sweden.

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste



EXPENDITURE (IN KCHF)

Protection	2,204
Assistance	347
Prevention	1,846
Cooperation with National Societies	1,121
General	-

► **5,517**

of which: Overheads 337

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
---------------------------	-----

PERSONNEL

Expatriates	10
National staff (daily workers not included)	56

KEY POINTS

In 2010, the ICRC:

- held high-level meetings with the Indonesian authorities with a view to drafting a new agreement formalizing the ICRC's presence and activities in the country
- handed to the Indonesian and Timor-Leste authorities a first list of minors who were unaccounted for and published a special report on the needs of families of missing persons
- held a seminar on water, sanitation and habitat in detention for prison officials from 8 South-East Asian countries
- supported the Indonesian Red Cross Society's response to 3 major natural disasters in the fields of water and sanitation and restoring family links
- co-organized a regional seminar on disaster-victim identification and human-remains management with the Association of Southeast Asian Nations secretariat and Australia's Victorian Institute of Forensic Medicine
- signed a memorandum of understanding with the Ministry of Education of Timor-Leste and the Timor-Leste Red Cross launching the pilot phase of the Exploring Humanitarian Law programme in secondary schools

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. In each country, the ICRC supports the National Society in boosting its emergency response capacities. The ICRC cooperates with the authorities to improve penitentiary standards, while seeking to visit detainees and monitor conditions. It works with the armed forces (and the police in Indonesia) to promote the inclusion of IHL in their training. It maintains dialogue with regional bodies and conducts activities with universities to further the study of IHL and humanitarian principles. In Timor-Leste, it provides support to the families of missing persons.

CONTEXT

Politically stable and economically strong, Indonesia continued to develop its influence in regional affairs, including within the Association of Southeast Asian Nations (ASEAN), and on the international scene.

The Indonesian security forces pursued their fight against “terrorism”, reportedly arresting several hundred suspects, mostly in Java and Sumatra. Security incidents, involving the armed and police forces, affected isolated areas of Papua province. The government called on Papuan pro-independence movements to reject all use of violence as a pre-condition for starting negotiations on the status of the province.

Hundreds of thousands of people were affected by major natural disasters in Indonesia, most notably a volcano eruption in Central

Java, an earthquake and tsunami in West Sumatra, and flash floods in West Papua.

The Timor-Leste authorities continued to reform all spheres of public administration, including education, the judiciary and the security forces. Most of the humanitarian problems linked to past conflicts had been solved and the last IDP camps were closed in March. However, thousands of families were still seeking the truth about what happened to relatives who went missing during the conflict.

With its secretariat in Jakarta, ASEAN focused on boosting regional cooperation, including in the field of defence, and on strengthening its role in multilateral diplomacy. It worked to implement its Community Blueprints notably with respect to dispute resolution and conflict management.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	189		
RCMs distributed	160		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	53	10	19
People located (tracing cases closed positively)	172		
Tracing cases still being handled at 31 December 2010 (people)	2,220	214	397
Documents			
People to whom travel documents were issued	13		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹			
ICRC visits	Total	Women	Minors
Detainees visited and monitored individually	28		1
Detainees newly registered	2		1
Number of visits carried out	5		
Number of places of detention visited	2		
Restoring family links	Total		
RCMs collected	73		
RCMs distributed	57		
Detainees visited by their relatives with ICRC/National Society support	1		
People to whom a detention attestation was issued	24		

* Unaccompanied minors/separated children

1. Timor-Leste only

ICRC ACTION AND RESULTS

The ICRC pursued discussions with the Indonesian authorities with a view to redefining the basis and scope of its action in the country and to reaching an agreement formalizing its presence and activities, including on behalf of people deprived of their freedom, suspended since 2009. In high-level meetings, the ministers of foreign affairs and of law and human rights expressed their support for the drafting of such an agreement.

The ICRC kept the issue of people who went missing during past conflicts in East Timor on the agendas of the Indonesian and Timor-Leste authorities. It provided them with a consolidated list

of minors who were unaccounted for, published a report on the needs of the families of missing persons, and liaised with Timorese officials involved in preparing a law supporting the establishment of a mechanism to assist the families. Working with the Timor-Leste Red Cross, the ICRC contacted the families of 961 persons unaccounted for across the country to check and update the information in its possession before submitting any further cases to the authorities. During a visit to ICRC headquarters in Geneva, Switzerland, the president of Timor-Leste expressed support for the organization's efforts to address the issue of missing persons.

The Indonesian and Timor-Leste authorities pursued efforts to promote IHL among officials and to implement IHL instruments,

with ICRC technical back-up. Indonesian government and military officials gathered to discuss implementation of the Convention on Cluster Munitions and the results of an ICRC study on strengthening the legal protection of victims of armed conflict.

Dissemination of IHL and international human rights law among the armed and police forces, including peacekeepers, continued, with the delegation providing support for the conduct of training courses and specialized seminars. Various presentations and competitions were held in order to increase knowledge of IHL among university lecturers and students, including from Islamic universities, to gain support for its inclusion as a compulsory subject in relevant curricula. The Ministry of Education of Timor-Leste and the Timor-Leste Red Cross signed a memorandum of understanding with the ICRC, launching the pilot phase of the Exploring Humanitarian Law programme in secondary schools.

To support these efforts, the ICRC opened an IHL documentation centre at its premises in Jakarta.

Cooperation with ASEAN was strengthened. Members of its Committee of Permanent Representatives and the Indonesian national secretariat became more familiar with the ICRC's different areas of expertise through high-level meetings and briefings, leading to expectations that the two institutions would develop a more structured relationship. Together they organized a workshop on human-remains management and disaster-victim identification.

Both the Indonesian and the Timor-Leste Red Cross Societies remained key ICRC operational partners. They continued to strengthen their capacities in emergency preparedness, restoring family links and the promotion of IHL and humanitarian principles, with ICRC technical and material support. In Timor-Leste, the National Society assisted the ICRC in assessing water and sanitation facilities for rehabilitation projects. The Indonesian Red Cross, together with a local hospital, facilitated a series of cataract operations for people in remote areas of Papua, with ICRC support.

While maintaining its usual programmes, the Indonesian Red Cross launched major relief programmes, mostly self-financed, for over a hundred thousand victims of natural disasters. The ICRC provided financial and human resources to help with restoring family links and water and sanitation programmes.

CIVILIANS

Pending the conclusion of a new agreement formalizing the ICRC's presence and activities in Indonesia, almost all activities on behalf of civilians affected by violence or past conflicts were on hold.

Thousands of families continued to suffer the anguish of not knowing the fate of loved ones who became unaccounted for between 1975 and 1999 in relation to the situation in East Timor. As the Indonesian and Timor-Leste governments had expressed the political will to tackle the issue of missing minors,

they received a first list of 43 cases from the ICRC, which strove to ensure that both parties understood its humanitarian approach and its readiness to give all the necessary support. By year-end, no concrete outcome had yet followed the submission of the list, despite repeated ICRC attempts to keep the issue on the agenda of bilateral discussions between the Indonesian and Timor-Leste delegations to the Joint Ministerial Commission.

During a visit to ICRC headquarters in Geneva, Switzerland, the president of Timor-Leste expressed support for the organization's efforts to address the issue of missing persons.

The authorities in Timor-Leste pursued efforts to establish a follow-up entity to implement the recommendations of the 2008 report of the Commission for Truth and Friendship, drafting legislation to that effect. Following ICRC input, the draft law contained articles on the establishment of a central database of missing persons, a reference to a law on missing persons to be adopted later, clauses on data protection and confidentiality, and a reference to forensic activities. However, the parliament postponed the discussion of the law to February 2011, to allow time for more preparatory work.

The Timor-Leste authorities gained a deeper understanding of the needs of the families of missing persons following the publication of an ICRC report in English, Bahasa Indonesia, Portuguese and Tetum summarizing the findings of an assessment conducted in 2009 and making recommendations. The public launch in Dili was attended in particular by Timor-Leste government officials and members of parliament, the media, NGOs and relatives of missing persons.

In the meantime, the families of 961 missing persons, over half of whom had been minors at the time of disappearance, received visits from ICRC/Timor-Leste Red Cross teams to check and update information before submission of any further cases to the authorities. Needy families received basic material assistance to help them hold proper burial ceremonies for loved ones whose remains had been exhumed and identified.

In a combined effort by the ICRC and the two National Societies, three brothers who had been minors at the time of their disappearance were located in Indonesia. Two of them were helped to visit their family in Timor-Leste.

After an ICRC assessment confirmed the need to strengthen the forensic capacities of local actors in Timor-Leste and coordination among them, a planning exercise was undertaken to determine how the ICRC could best support this process. The scheduled workshop on the management of human remains was postponed, however, until 2011, in light of the delay in adoption of the law establishing a follow-up entity to implement the recommendations of the 2008 report of the Commission for Truth and Friendship.

People in Indonesia and Timor-Leste continued to use National Society/ICRC tracing and RCM services to restore or maintain contact with relatives from whom they had become separated,

either within the country or abroad. One family in Sulawesi and two in Java received the first news in years from their sons, currently detained in the Philippines, thanks to RCMs. The direct transmission of RCMs across the border between Indonesia and Timor-Leste was still difficult, despite ICRC efforts to work out a sustainable solution with the National Societies of both countries.

Thirteen Sri Lankan asylum seekers held in the Tanjung Pinang holding facility in Sumatra travelled to third countries using ICRC travel documents issued at the request of UNHCR.

A total of 136 patients in isolated areas in the Papua highlands underwent cataract surgery organized by the Indonesian Red Cross and the local health authorities with ICRC support. Some 800 patients were examined.

At regional level, to build the capacities of countries at risk of mass-fatality disasters to manage and identify human remains, senior officials from the police, health authorities, disaster-management agencies and the National Societies from nine ASEAN member States took part in a workshop on the subject in Jakarta, co-organized with the ASEAN secretariat and Australia's Victorian Institute of Forensic Medicine.

PEOPLE DEPRIVED OF THEIR FREEDOM

People deprived of their freedom in Indonesia received no visits from the ICRC, given the suspension of the organization's work in this field pending the renegotiation and signing of a new agreement formalizing its presence and activities in the country.

Nonetheless, the Directorate General of Correctional Services and the ICRC maintained a minimum level of technical cooperation, primarily in the fields of water, sanitation and health. With ICRC support, the Directorate General drafted and published new national guidelines on environmental health in prisons, disseminated them during observation visits to two places of detention, and held a four-day workshop on health in detention for prison directors and doctors. No ICRC rehabilitation work was conducted in prisons in 2010.

Meanwhile, 17 representatives from the Justice Ministries and Central Prison Administrations of eight ASEAN countries, attending a four-day ICRC water and habitat seminar in Jakarta, discussed topics such as national standards for prison infrastructure and lessons learnt from joint projects with the ICRC and visited a local prison.

In Timor-Leste, 28 detainees in two out of the three existing detention facilities were visited by ICRC delegates, during which some wrote to or received RCMs from their families. Detainees in both places were given recreational materials. Following the visits, conducted according to standard ICRC procedures, the authorities received confidential reports on the delegates' findings along with any recommendations regarding inmates' treatment and living conditions.

AUTHORITIES

The Indonesian Ministries of Foreign Affairs and of Law and Human Rights and the ICRC held several meetings with a view to initiating the drafting of a new agreement formalizing the organization's presence and activities in the country.

The Indonesian authorities pursued efforts to promote IHL among officials and to implement IHL instruments, with ICRC technical back-up. The National Law Development Agency drafted a revised law on the Human Rights Court, including provisions related to war crimes, conducted a study to support a draft law on the Movement's emblems discussed in parliament, and hosted a meeting in which representatives of national institutions discussed the conclusions of an ICRC study on strengthening the legal protection of victims of armed conflict.

Several hundred Indonesian officials improved their knowledge of IHL, humanitarian principles and the ICRC in a variety of fora. Diplomats attended training sessions, including a first-ever IHL moot court exercise; local government members followed courses; and government and military officials and academics discussed implementation of the Convention on Cluster Munitions. Information sessions and briefings were boosted by the publication of a book on basic IHL in Bahasa Indonesia.

ASEAN and its related bodies became more familiar with the ICRC's different areas of expertise and concerns as a result of high-level meetings with and briefings of members of its Committee of Permanent Representatives and the Indonesian national secretariat. Dialogue on topics of common interest was strengthened with a view to developing a more structured relationship between the two organizations.

Members of the Indonesian authorities and armed forces, academics, journalists and ASEAN officials had access to reference works and publications on IHL and humanitarian issues contained in the new ICRC documentation centre in Jakarta.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Military establishments in Indonesia representing all three armed forces worked to include IHL in their training curricula, with the support of their Permanent Working Group on IHL. At various ICRC-backed courses, field exercises and briefings, some 1,000 officers, including 50 instructors, learnt more about their obligations under IHL and about the ICRC in sessions tailored to the depth of knowledge required for their functions. In addition, 1,600 military personnel receiving pre-deployment training for UN peacekeeping missions attended ICRC briefings on the basic provisions of IHL, with particular emphasis on the protection of women and children in armed conflict. A senior Indonesian officer took part in the fourth Senior Workshop on International Rules governing Military Operations held in Switzerland (see *International Law and Cooperation*).

Some 30 senior officers from the Mobile Brigade studied international human rights law and international policing standards at a national workshop organized with the Indonesian police. Some 150 Mobile Brigade officers and police in the provinces of Papua, Maluku and Nanggroe Aceh Darussalam were briefed on similar subjects. In addition, 150 police officers about to be deployed with the UN overseas attended a briefing on the ICRC and international standards applicable to law enforcement.

The Timor-Leste armed forces continued to train troops with support from the International Stabilization Force, Australia, Portugal and the United States of America. All those involved met regularly with the ICRC to discuss IHL-related matters.

CIVIL SOCIETY

Opinion-makers, including media professionals, in Indonesia and Timor-Leste were kept up to date on the ICRC's activities and humanitarian concerns through regular contacts. The media seized the opportunity of the launch of a report on the needs of the families of missing persons (see *Civilians*) and a book on basic IHL (see *Authorities*) to report more widely on the work of the ICRC/National Societies.

Leading law, political science and international relations faculties continued to integrate IHL into their curricula, with the ICRC's help. At two workshops, over 80 lecturers from different academic institutions discussed the opportunities and challenges of teaching IHL, resulting, in one case, in the drafting of a model international law syllabus containing IHL elements. Similarly, at a workshop on the provisions of IHL and Islamic law, over 30 lecturers from Islamic universities shared methods of disseminating IHL among their students and communities.

Students tested their knowledge of IHL during a national moot court competition in Yogyakarta, a regional competition in Hong Kong (see *Beijing*) and a national IHL debate in Sumatra, and by attending ICRC presentations.

The Ministry of Education of Timor-Leste signed a memorandum of understanding with the Timor-Leste Red Cross and the ICRC launching the pilot phase of the Exploring Humanitarian Law programme in secondary schools. The Indonesian Ministry of Education held several meetings with the ICRC to discuss the initiation of a similar project.

RED CROSS AND RED CRESCENT MOVEMENT

Guided by new five-year strategic plans, the National Societies of Indonesia and Timor-Leste pursued their activities with support from the ICRC and other Movement partners working in the region. They strengthened their capacities through training staff and volunteers in emergency assessment in violence-prone areas, human-remains management, first aid, water and sanitation, youth and volunteer management, and promotion of IHL and humanitarian principles. The Indonesian Red Cross worked on revising its guidelines and manuals for disaster management, health, communication and resource development. Six of its branches, four in Papua and two in Central Sulawesi, benefited from ICRC training, material and financial assistance.

Indonesian Red Cross emergency response teams responded effectively to the various natural disasters that affected the country, providing relief and health assistance to over 100,000 victims. Primarily financed by locally collected funds, they received targeted support from Movement partners, including the ICRC in the fields of water and sanitation and restoring family links.

The Timor-Leste Red Cross worked with the ICRC to identify previously supported water and sanitation facilities needing repairs to remain functional. It rehabilitated one of its buildings formerly belonging to the Portuguese Red Cross and put it at the ICRC's disposal. The Indonesian Red Cross purchased an office block in Jakarta, primarily for income-generation purposes, with financial back-up from Movement partners. The Papua branch started renovating and expanding its premises, with financial and technical support from the ICRC.

The Indonesian Red Cross hosted the Southeast Asia Red Cross/Red Crescent Leadership Meeting, which adopted the Jakarta Declaration calling for increased cooperation among the region's National Societies.

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



⊕ ICRC regional delegation ⊕ ICRC office

EXPENDITURE (IN KCHF)

Protection	173
Assistance	-
Prevention	1,877
Cooperation with National Societies	416
General	-

▶ **2,467**
of which: Overheads 151

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
---------------------------	-----

PERSONNEL

Expatriates	10
National staff (daily workers not included)	19

KEY POINTS

In 2010, the ICRC:

- ▶ assessed health, water and sanitation facilities in 3 Malaysian immigration detention centres holding around 3,000 foreign migrants
- ▶ conducted a seminar on the notion of direct participation by civilians in hostilities for 25 senior Malaysian army officers
- ▶ held a pre-deployment briefing for the Singaporean police force and, with the Royal Malaysia Police, organized a workshop on international policing standards for 31 senior officers
- ▶ with the Malaysian Attorney-General's Chambers, organized a workshop for government officials on the protection of cultural property in armed conflict
- ▶ strengthened its dialogue with the Japanese authorities through a series of meetings with high-ranking officials, notably from the Ministries of Foreign Affairs and Economy, Trade and Industry
- ▶ together with the Rajaratnam School of International Studies in Singapore, organized a workshop on the protection of civilians for 28 representatives of think-tanks from East and South-East Asia

Having worked in Malaysia since 1972, the ICRC opened its regional delegation in Kuala Lumpur in 2001 and an office in Japan in 2009. It works with governments, regional bodies, experts and National Societies to promote humanitarian issues and gain their support for its activities. It encourages the ratification and implementation of IHL treaties and the incorporation of IHL into military training and academic curricula. The delegation hosts the ICRC's regional resource centre, which supports delegations in East and South-East Asia and the Pacific in promoting IHL and strengthening support for the ICRC's humanitarian action and cooperation within the Movement.

CONTEXT

Japan, Malaysia and Singapore remained politically and economically stable and influential within Asia and globally.

The presence of large numbers of migrants, both documented and irregular, gave rise to increased public and political debate in Malaysia and Singapore. The Malaysian authorities announced their intention to reduce the number of documented migrant workers by a quarter over the next three years and launched a

five-year national action plan to combat people trafficking. At the same time, they took steps to improve management of and security in immigration detention centres, including setting up a new department within the Home Affairs Ministry to address the humanitarian needs of detained migrants.

Internationally, Japan was one of the largest donors to relief efforts in earthquake-stricken countries such as Haiti and Chile and continued to aid nations affected by conflict. Both Malaysia and Singapore contributed forces to UN peacekeeping missions.

MAIN FIGURES AND INDICATORS			
PROTECTION			
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	34		
RCMs distributed	173		
Documents			
People to whom travel documents were issued	87		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹			
ICRC visits	Total	Women	Minors
Number of visits carried out	3		
Number of places of detention visited	3		
Restoring family links	Total		
RCMs collected	2		
RCMs distributed	2		

* Unaccompanied minors/separated children

1. Malaysia only

ICRC ACTION AND RESULTS

The Kuala Lumpur regional delegation continued to focus on promoting IHL and humanitarian principles in the countries covered and enhancing understanding of and support for the ICRC's humanitarian action in the region and worldwide.

Regular contacts with the Malaysian Immigration Department and first-ever meetings with top officials from the Home Affairs Ministry gave rise to nascent dialogue on the situation of detained foreign migrants in Malaysia. The ICRC assessed health, water and sanitation conditions in three immigration detention centres, sharing the findings and recommendations confidentially with the authorities. This led to government-financed structural improvements in the centres, planned ICRC assessments in more centres in 2011, and a pilot project proposal, drawn up with the Malaysian Red Crescent Society, to help detainees in one centre restore contact with their families. In meetings at the end of the year, the Malaysian Prisons Department expressed its willingness to see the ICRC start visiting, according to its standard procedures, people held in prisons and to hold joint training seminars for prison staff in 2011.

Cooperation with the Malaysian Home Affairs Ministry was further expanded through a workshop on the management of human remains held jointly with the Civil Defence Department.

Thanks to the opening of an ICRC office in Japan in February 2009, ties with the authorities, the military, academia and the media

were strengthened, including through a visit of the ICRC director of operations at the beginning of 2010. This helped to enhance the profile of the organization in the country and consolidate cooperation with the Japanese Red Cross Society. Several workshops, seminars and symposia organized with partner institutions led to increased understanding of the ICRC's mandate and work, as well as of humanitarian action in general.

Following an ICRC mission to Brunei Darussalam, the Ministry of Foreign Affairs and the ICRC organized a workshop for ministry officials on the 2007 Geneva Conventions Act.

The region's armed forces continued to work with the ICRC to further the integration of IHL into their doctrine, training and operations. The ICRC also nurtured media and civil society contacts, while pursuing efforts to promote IHL in schools and universities as a means of raising awareness of humanitarian issues among future decision-makers.

As in past years, the ICRC worked with the National Societies of Japan, Malaysia and Singapore to promote IHL through capacity building and joint dissemination activities. In all three countries, the National Societies received support in using the Exploring Humanitarian Law programme.

Families in Malaysia restored or maintained contact with relatives detained/interned abroad via the ICRC/Malaysian Red Crescent RCM network, while the ICRC continued to help the National

Society build its tracing and family-links capacities, including in the areas of human remains management and restoring family links in disasters.

Cooperation with the International Federation's Asia Pacific Zone office was maintained through regular meetings.

The delegation's regional resource centre, established in 2003, continued to support the efforts of ICRC delegations in East and South-East Asia and the Pacific to enhance their prevention activities. These included promoting IHL and other humanitarian standards in the region, networking with think-tanks and other stakeholders in the diplomatic arena, and participating in meetings of Asian regional organizations, particularly the Association of Southeast Asian Nations (ASEAN) (see *Jakarta*).

CIVILIANS

People made use of the Red Cross and Red Crescent family-links network to re-establish and maintain contact with relatives detained/interned or residing abroad, mainly in countries affected by conflict or other situations of violence. This included families of Malaysian nationals held in the US internment facility at Guantanamo Bay Naval Station in Cuba, who stayed in touch with their relatives by means of RCMs. With ICRC-issued travel documents, 87 refugees were able to travel to countries that had accepted them for resettlement. Three former detainees obtained copies of detention certificates through the ICRC, which they needed to support their applications for asylum-seeker status with UNHCR.

To strengthen its capacity to provide family-links services, including for migrants and refugees and in case of natural disaster, the Malaysian Red Crescent held training courses for members of its branches in Kuala Lumpur, Sabah and Sarawak and promoted the RCM service among the general public, with ICRC support. At an ICRC-supported workshop, members of the Malaysian Civil Defence enhanced their knowledge of the management of human remains in emergencies so as to be able to inform families of the deaths of relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

Following discussions between the Malaysian Immigration Department, the Ministry of Health and the ICRC at the end of 2009 on the management of health issues in custodial settings, the ICRC conducted assessments of living conditions, in particular health, water and sanitation facilities, in three immigration detention centres in western Malaysia holding around 3,000 foreign migrants. The findings and recommendations, shared confidentially with the Immigration Department and the newly established Department for Depot Administration, provided a basis for dialogue with the authorities at various levels on further action necessary to improve conditions of detention and treatment. As a first step, the government provided additional

financial resources for training, equipment and repairs to the 13 centres nationwide, in particular with respect to water and sanitation. ICRC assessments of other immigration detention centres and projects to help improve health services, water supply and general living conditions for detained migrants were discussed for 2011.

During the assessments, a number of inmates in all three immigration detention centres expressed the wish to contact relatives. One case was referred to the Malaysian Red Crescent for follow-up, while, after tracing them successfully, the ICRC enabled three children to exchange news with their detained parent. Together, the Malaysian Red Crescent and the ICRC developed a pilot project proposal to help detainees in one centre re-establish and maintain contact with their families, with the aim of expanding the service to other centres in due course. The proposal was accepted by the relevant authorities and implementation was set to begin in January 2011.

Two senior prison officials gained new expertise on the management of prison infrastructure at an ICRC regional workshop in Indonesia (see *Jakarta*). Seventy senior prison officers attending an ICRC presentation learnt about the organization's work on behalf of people deprived of their freedom.

In meetings at the end of the year, the Malaysian Prisons Department expressed its willingness to see the ICRC start visiting, according to its standard procedures, people held in prisons and to hold joint training seminars for prison staff in 2011. The last ICRC visits had been conducted in 1994.

AUTHORITIES

The countries of the region pursued efforts to implement IHL, with ICRC technical support. Malaysian government officials reviewed the protection of cultural property in armed conflict at a workshop organized by the Attorney-General's Chambers to promote ratification of the Second Protocol to the Hague Convention on Cultural Property. In Brunei Darussalam, the Ministry of Foreign Affairs and the ICRC held a workshop on the 2007 Geneva Conventions Act. Malaysia and Singapore sent representatives to the third Universal Meeting of National IHL Committees held in Geneva, Switzerland (see *International Law and Cooperation*).

Government officials, as well as staff of ASEAN national secretariats, became more aware of humanitarian issues and the relevance of IHL and humanitarian principles through regular dialogue with the ICRC and by attending ICRC-supported events. These included: training sessions for diplomats from 20 countries at the Malaysian Institute of Diplomacy and Foreign Relations, for Malaysian judges at the Judicial and Legal Training Institute, and for members of the national IHL committee's new secretariat; a presentation on the notion of direct participation by civilians in hostilities at the Singaporean Foreign Affairs Ministry; and a symposium on humanitarian assistance, focusing on Afghanistan, co-organized with the Japanese Foreign Affairs Ministry.

In Japan, relations were strengthened with the authorities, notably the Ministries of Foreign Affairs and Economy, Trade and Industry, in particular during a visit by the ICRC director of operations. Dialogue was also developed with members of parliament.

Discussions continued between the Singaporean authorities and the ICRC on the potential signing of an agreement on the use of logistics facilities in the country in the event of a humanitarian emergency in the region.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

With ICRC support, the Japanese Self-Defense Forces and the Malaysian armed forces started assessments of the status of IHL integration into military doctrine, training and operations with a view to boosting this process.

Members of the region's armed forces attending command and staff colleges and training centres or participating in various multilateral military events and exercises learnt more about their obligations under IHL and the ICRC's mandate and activities during briefings and events. In Malaysia, 25 senior army officers discussed IHL and the notion of direct participation by civilians in hostilities during a seminar organized by army headquarters. At a symposium convened by the Japanese National Institute for Defence Studies, a wide audience discussed peace operations, new weapons and the protection of civilians.

Malaysian and Singaporean police officers preparing for UN peacekeeping missions attended ICRC pre-deployment briefings.

As part of the ongoing operational dialogue with the Royal Malaysia Police, the ICRC conducted a briefing for senior police officers on IHL and international standards for law enforcement. Subsequently, 31 high-ranking police officers from across the country attended a workshop on the same topics organized with ICRC support.

Three senior officers from Japan, Malaysia and Singapore took part in the fourth Senior Workshop on International Rules governing Military Operations held in Lucerne, Switzerland (see *International Law and Cooperation*).

CIVIL SOCIETY

The general public in Japan and Malaysia enjoyed access to multimedia material on IHL and humanitarian issues in local languages. Journalists worked with the ICRC to cover topical subjects and received help in contacting ICRC delegations worldwide. Malaysian media professionals learnt about IHL at a training workshop.

Think-tanks and NGO networks in Japan and Islamic organizations in Malaysia developed dialogue with the ICRC on topics of common interest. Some 28 representatives of leading

think-tanks from East and South-East Asia reviewed and discussed the protection of civilians and related issues of current concern in the region at a workshop organized with the Rajaratnam School of International Studies in Singapore.

In Malaysia, although the Exploring Humanitarian Law programme had been formally handed over to the Ministry of Education and the Malaysian Red Crescent in June 2009, both partners continued to receive ICRC advice and training support. In Japan, the National Society completed classroom trials of the translated modules and trained teachers. Instructors from the Singapore Red Cross Society, which planned to incorporate the programme into its revised youth syllabus, were familiarized with the methodology at an ICRC workshop.

Leading universities in Japan, Malaysia and Singapore continued to integrate IHL teaching. Japanese academics received ICRC input towards developing an intensive course for postgraduate students. Academics, researchers, and government and military officials from 11 countries enhanced their expertise at the fifth South-East and East Asian Teaching Session on IHL, held at the National University of Malaysia. Students increased their understanding of IHL at ICRC-supported moot court and debating competitions, workshops and lectures.

RED CROSS AND RED CRESCENT MOVEMENT

The Malaysian Red Crescent strengthened its capacity to provide tracing and family-links services (see *Civilians*), including for detained migrants (see *People deprived of their freedom*). It participated in an ICRC/Cambodian Red Cross Society regional meeting on the subject in Phnom Penh, Cambodia (see *Bangkok*) and, with other National Society representatives from across Asia, learnt more about tools and techniques for restoring family links in disasters and emergencies at an ICRC workshop in Kuala Lumpur.

The Malaysian Red Crescent built up its IHL resource centre, receiving publications and other material support from the ICRC. Strengthened ties between the Japanese Red Cross and the ICRC were reflected in joint public communication on humanitarian issues and the setting up of an ICRC sub-site within the National Society website.

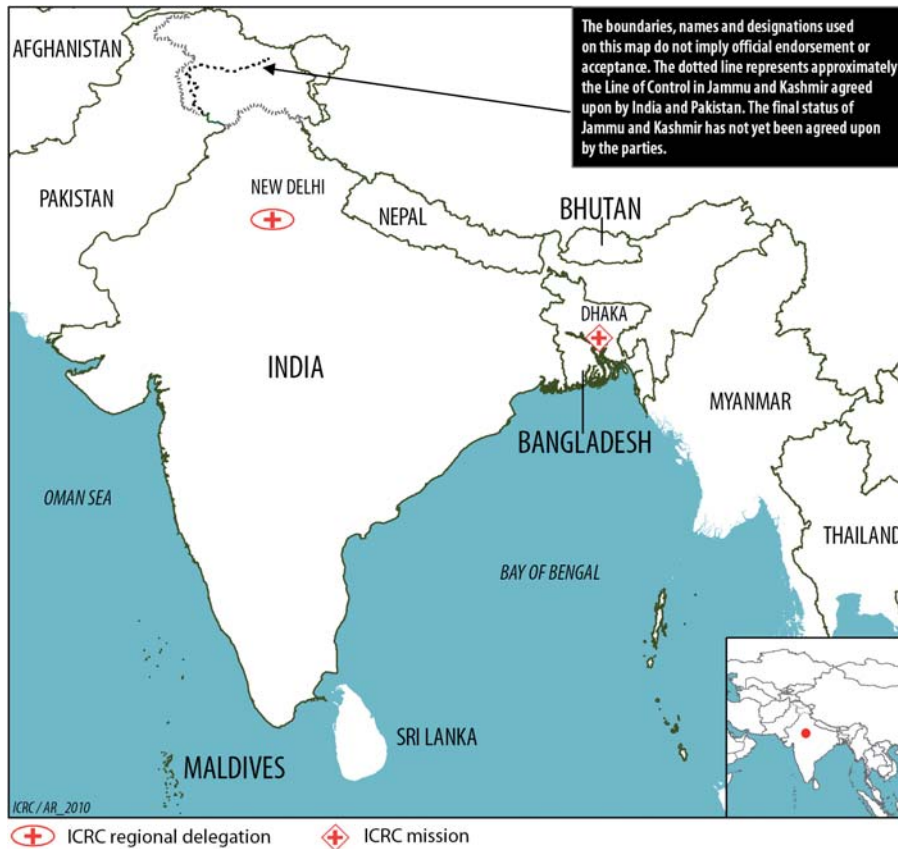
The Japanese Red Cross contributed to relief operations following the earthquake in Haiti, dispatching nine staff members to take part in medical assistance efforts.

The region's National Societies, the International Federation and the ICRC discussed issues of humanitarian concern, including migration and natural disaster, at the 2010 Southeast Asia Organizational Development Forum, hosted by the Brunei Darussalam Red Crescent Society. Movement coordination was ensured through regular meetings between the ICRC and the International Federation's Asia Pacific Zone office.

The Malaysian Red Crescent reviewed its statutes, with support from the International Federation and the ICRC.

NEW DELHI (regional)

COVERING: Bangladesh, Bhutan, India, Maldives



EXPENDITURE (IN KCHF)

Protection	3,706
Assistance	3,268
Prevention	3,502
Cooperation with National Societies	2,562
General	-

► **13,039**

of which: Overheads 796

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
---------------------------	-----

PERSONNEL

Expatriates	34
National staff (daily workers not included)	122

KEY POINTS

In 2010, the ICRC:

- visited detainees in Bhutan, India and the Maldives, to monitor their treatment and living conditions
- signed a headquarters agreement with the government of Bangladesh
- with the Indian Red Cross Society, provided 18 hospitals with drugs and medical equipment to help treat people injured during violent demonstrations in Srinagar
- with the Indian Red Cross, improved access to health care for people in remote areas of Chhattisgarh, Maharashtra and Nagaland states
- with the Indian Red Cross, established a physical rehabilitation centre in Nagaland to treat disabled people in the north-east
- helped organize several major national and regional events to promote IHL implementation, including the first Advanced IHL South Asia Academics Training

The regional delegation in New Delhi opened in 1982. It works with the armed forces, universities, civil society and the media in the region to promote broader understanding and implementation of IHL and to encourage respect for humanitarian rules and principles. The ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir (India), as well as in Bhutan and the Maldives. With the Indian Red Cross, it seeks to assist civilians affected by violence. It also supports the development of the region's Red Cross and Red Crescent Societies.

CONTEXT

Violent incidents persisted in some parts of India. In Jammu and Kashmir, in addition to periodic armed confrontations between the security forces and militants, violent demonstrations against the government and clashes between protestors and police occurred mid-year, leading to the imposition of a curfew in Srinagar. In states such as Chhattisgarh, attacks by Naxalite armed groups increased in frequency, prompting the government to step

up counter-insurgency operations. In north-eastern states, such as Manipur and Nagaland, ongoing ethnic tensions often led to outbreaks of fighting.

Clashes between indigenous people and Bengali settlers erupted in February in the Chittagong Hill Tracts, in the People's Republic of Bangladesh (Bangladesh). According to reports, hundreds of houses were set on fire, some 1,500 people displaced and 7 killed.

MAIN FIGURES AND INDICATORS			
PROTECTION			
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	32		
RCMs distributed	105		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	8		1
People located (tracing cases closed positively)	2		
Tracing cases still being handled at 31 December 2010 (people)	11		1
Documents			
People to whom travel documents were issued	730		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹			
ICRC visits	Total	Women	Minors
Detainees visited	909		
Detainees visited and monitored individually	870	7	22
Detainees newly registered	360	2	19
Number of visits carried out	38		
Number of places of detention visited	25		
Restoring family links	Total		
RCMs collected	231		
RCMs distributed	159		
Detainees visited by their relatives with ICRC/National Society support	184		
People to whom a detention attestation was issued	6		

* Unaccompanied minors/separated children

1. Bhutan, India, Maldives

ASSISTANCE					
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat			Total	Women	Children
Food ²	Beneficiaries		4,100		
	<i>of whom IDPs</i>	Beneficiaries	3,500		
Essential household items ³	Beneficiaries		5,465		
	<i>of whom IDPs</i>	Beneficiaries	3,500		
Water and habitat activities ⁴	Beneficiaries		1,240	30%	
Health⁴					
Health centres supported	Structures		1		
Average catchment population			12,667		
Consultations	Patients		9,754		
	<i>of which curative</i>	Patients		1,940	4,451
	<i>of which ante/post-natal</i>	Patients		979	
Immunizations	Doses		743		
	<i>of which for children aged five or under</i>	Doses	237		
	<i>of which for women of childbearing age</i>	Doses	506		
Referrals to a second level of care	Patients		38		
Health education	Sessions		444		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat ³					
Essential household items	Beneficiaries		3,976		

2. Bangladesh only

3. Bangladesh and India

4. India only

MAIN FIGURES AND INDICATORS

ASSISTANCE

WOUNDED AND SICK				
Hospitals		Total	Women	Children
Hospitals supported	Structures	18		
Physical rehabilitation ⁴				
Centres supported	Structures	2		
Patients receiving services	Patients	412	88	49
New patients fitted with prostheses	Patients	42	7	
Prostheses delivered	Units	55	9	2
	<i>of which for victims of mines or explosive remnants of war</i>	Units	5	
New patients fitted with orthoses	Patients	64	23	20
Orthoses delivered	Units	66	24	21
	<i>of which for victims of mines or explosive remnants of war</i>	Units	0	
Crutches delivered	Units	73		
Wheelchairs delivered	Units	23		

4. India only

ICRC ACTION AND RESULTS

ICRC visits to detainees held in connection with the situation in Jammu and Kashmir, both in that state and in others, continued. Detainees' treatment and living conditions, including access to medical care, formed the basis of a confidential dialogue between the ICRC and the detaining authorities. If detainees or their families were experiencing particular hardship, they received basic material assistance, such as clothing or hygiene items, or school books for their children. Newly released detainees were given essential household items to help them settle back into civilian life and were visited by ICRC delegates to check on their well-being. Security detainees in Bhutan and the Maldives also received visits from ICRC delegates, whose findings and recommendations were reported confidentially to the respective authorities. Detainees in India and Bhutan, and Bangladeshi detainees being held overseas, used the RCM service to keep in touch with relatives and received ICRC-facilitated visits from family members living far from the places in which they were held. Bangladeshi detainees who received ICRC visits during incarceration overseas were checked on following their release and return to Bangladesh.

The ICRC worked with the National Societies of Bangladesh and India to meet the urgent needs of people affected by violence, providing them with food, water and medical attention, as necessary. It also offered technical and financial support to boost the National Societies' capacities at an institutional level. Advice and training helped improve their emergency preparedness and their ability to restore contact between separated family members.

Preparations for the further expansion of the ICRC's operational partnership with the Indian Red Cross Society and state authorities in violence-prone areas continued in the form of assessments and planning meetings, with a view to providing health services and clean water to vulnerable communities in the southern districts of Chhattisgarh. However, delays in concluding a mutually acceptable agreement formalizing the ICRC's presence and intentions in the state, as well as delays in obtaining visas for expatriate

delegates, prevented the implementation of any livelihood projects and hampered the implementation of health projects.

Despite these difficulties, however, the ICRC's cooperation with the Chhattisgarh health authorities resulted in the ICRC taking on an active role in supporting the Kutru Public Health Centre. ICRC-supported Indian Red Cross teams also ran a mobile health unit and organized health camps that dispensed vital preventive and curative health care services to people in remote areas of Maharashtra and Nagaland states respectively. ICRC-trained National Society staff passed on first-aid skills to the extensive volunteer network, enabling them to respond effectively to emergencies, including demonstrations. Amputees in Jammu and Kashmir continued to receive limb-fitting and gait-training and other physiotherapy services at two National Society/ICRC-supported physical rehabilitation centres. The establishment, with the National Society, of a similar centre in Nagaland toward year-end was set to provide these services for amputees in the north-east of India.

Throughout the region, the ICRC pursued efforts at government level to promote ratification of IHL treaties and to encourage the integration of IHL and international human rights law into the doctrine, training and operations of the armed and police forces respectively. Technical support, presentations and ICRC-organized events, such as the second regional IHL conference, held in Dhaka, sought to increase interest in IHL implementation and ensure that the relevant authorities had the requisite knowledge and skills. Seminars and competitions were held for journalists, academics, students and schoolchildren to promote greater understanding of IHL and humanitarian issues among key members of civil society. For example, the ICRC launched a new event, the Advanced IHL South Asia Academics Training, with a view to taking IHL research and development in South Asia to the next level.

In November, the government of Bangladesh and the ICRC signed a headquarters agreement formalizing their cooperation and paving the way for the establishment of an ICRC delegation in the capital, Dhaka.

CIVILIANS

Violence in India's Naxalite-affected areas and north-eastern states and in Bangladesh continued to restrict people's access to basic services or to uproot them from their homes, leading to loss of property, assets and livelihoods. During dialogue with weapon bearers, the ICRC reminded them of the importance of respecting medical personnel, vehicles and facilities during tense situations.

People affected by violence better able to cope

Violence-affected communities in parts of India, people displaced in Bangladesh from the Indian enclave of Panchagar, and victims of violence in Bangladesh's Chittagong Hill Tracts used one-month food rations, essential household items and hygiene products from the relevant National Society/ICRC to cope with the immediate losses caused by displacement or looting.

Residents in 48 communities of India's Assam state affected by interethnic violence learnt better coping mechanisms and engaged in community development activities with psychological support from ICRC-trained National Society staff and community volunteers.

Elsewhere in India, the wounded were stabilized before being evacuated to hospital, when necessary, by a network of National Society volunteers using ICRC-supplied first-aid kits and following ICRC-supported training (see *Red Cross and Red Crescent Movement*). In Srinagar, victims of road traffic accidents and explosions and people injured in violent demonstrations accessed blood transfusions and medical care thanks to these volunteers, whose help was often requested by the authorities during large public gatherings (see *Wounded and sick*).

Violence-affected communities access health care

The violence in India affected the provision of health care, either directly, owing to damaged infrastructure, limited physical access and disrupted supply chains, or indirectly, because of a lack of investment and insufficient qualified staff in the area.

ICRC teams undertook several assessments in Chhattisgarh and met key stakeholders in the fields of health, water and sanitation. However, difficulties in obtaining visas for ICRC personnel and the lack of an official agreement meant that plans to support two mobile clinics in Chhattisgarh, along with the training of surgeons in the management and treatment of weapon wounds and the organization of first-aid courses for community health workers and the security forces, were delayed.

Nonetheless, patients attended consultations at the ICRC-managed Kutru Public Health Centre in Chhattisgarh from October. Within the first three weeks of ICRC involvement, the number of consultations increased from an average of 10 to 50 per day. A total of 38 patients were evacuated to referral hospitals.

Following a cholera outbreak in the Bijapur district of Chhattisgarh, the ICRC mobilized stakeholders and supervised and coached Health Ministry personnel sent to villages to respond to cases and set up treatment centres. It treated the most severely affected itself.

In the rural Dimapur region of Nagaland, 700 people living in communities where access to health care was difficult, sometimes because of their affiliation to local armed groups, received curative and preventive care at two short-term National Society/ICRC health camps. They learnt about good hygiene practices and received mosquito nets and water filters to help prevent disease. After being rehabilitated, two remote health centres in the state were able to provide an average of 1,240 patient consultations per month. Rehabilitation of a third centre was under way.

Villagers in the Gadchiroli district of Maharashtra state, an area affected by Naxalite activity and to which state health services had no access, were served by an ICRC-supported National Society mobile clinic, staffed by a doctor and a nurse, which concentrated on vaccination, malaria control and health promotion. Some 9,754 people received consultations or attended one of 444 health-education sessions that aimed to improve hygiene and reduce the spread of disease.

Refugees travel to resettlement countries with the aid of ICRC documents

Many refugees continued to live in Bangladesh and India, some of whom had been accepted for resettlement in third countries. Thus, 730 people without the necessary identity papers for their journey were issued with ICRC travel documents, in coordination with UNHCR.

Refugees in, and nationals of, the countries covered used the tracing and RCM services to maintain contact with relatives, including those detained/interned either in the same country or abroad.

PEOPLE DEPRIVED OF THEIR FREEDOM

Among the people detained in India were those held in connection with the situation in Jammu and Kashmir, some outside the state. As a priority, the ICRC continued to visit them, including people arrested during disturbances mid-year. Following the visits, ICRC delegates made confidential reports to the authorities outlining their findings in terms of detainees' treatment and living conditions, including access to medical care and respect for judicial guarantees, and making recommendations when necessary. The ICRC continued to urge the authorities to notify it of arrests, transfers and releases so it could follow up accordingly. Particular attention was paid to those deemed vulnerable, such as foreigners, women, minors and the mentally ill.

Police and security forces in Jammu and Kashmir attended presentations to increase their knowledge of the ICRC's mandate, its activities on behalf of detainees and basic international human rights law. Some 195 detainees benefited from ICRC medical consultations. However, a lack of available doctors prevented it from holding seminars for medical personnel working with inmates.

Security detainees in Bhutan and the Maldives also benefited from visits by ICRC delegates, who shared their findings in a confidential dialogue with the respective detaining authorities. The ICRC

informed the Maldivian government that it intended to phase out prison visits there because there were no longer any people being held on security-related charges. The ICRC expressed its readiness to resume visits in the event of new arrests of people of concern to the organization. It also continued to discuss with the Bangladeshi authorities the possibility of visiting certain categories of detainees, particularly following the signing of a headquarters agreement in November (see *ICRC action and results*).

Inmates in India and Bhutan kept in touch with their families, including those abroad, by means of RCMs and received ICRC-facilitated visits from relatives who lived far away, such as Bhutanese living in a refugee camp in Nepal.

While the authorities were encouraged to continue meeting their responsibilities towards people in their custody, 1,400 detainees in India were given dried fruit to supplement their diet, as well as books and stationery to ease the monotony of incarceration. The families of 200 particularly vulnerable detainees (1,095 people) received essential household items, such as clothing, food, hygiene products and school books for their children. Upon their release, 481 detainees took such items home with them to ease their return to their families and communities. They also received home visits from delegates, who paid special attention to their physical and mental health. Where necessary, the National Society/ICRC covered their medical expenses. Meanwhile, the authorities were urged to provide inmates with vocational training to make social reintegration easier.

In Bangladesh, 1,000 foreign detainees received ICRC-supplied hygiene kits and clothing from ICRC-trained National Society volunteers, who also gave warm clothing to the children of foreign detainees in the Cox's Bazaar district.

WOUNDED AND SICK

People continued to be injured during fighting, security incidents and natural disasters. More than 600 wounded patients in Jammu and Kashmir were evacuated to eight Srinagar referral hospitals during several months of violence in the Kashmir valley mid-year

using five ICRC-supported National Society ambulances. Staff at these hospitals, as well as 10 district hospitals, were better able to treat these patients thanks to ad hoc ICRC supplies of drugs and medical equipment. In order to provide low-cost, or free, emergency medicine to patients and distribute medical stocks to health facilities during emergencies, work began on constructing a National Society pharmacy and medical storage facility in Srinagar, with ICRC funding.

Meanwhile, people who had lost limbs or required amputations were provided with limb-fitting and gait-training and other physiotherapy services at the National Society/ICRC-supported Government Medical College in Jammu and at the Bone and Joint Hospital in Srinagar. Vulnerable patients visiting these centres had their transport, food and accommodation costs covered by the ICRC/National Society. Those unable to travel benefited from an outreach referral system. Technicians used ICRC-supplied raw materials and equipment to produce mobility devices, while training aimed to ensure the longer-term sustainability of services. Technicians and physiotherapists benefited from on-the-job coaching, and two student technicians continued their training course on lower-limb prosthetics/orthotics run by Mobility India. A review of services at the centres revealed that, having received material and technical support from the ICRC since 2004, the services had improved. The ICRC began phasing out its support.

In 2011, patients in the north-east of the country would have access to similar services at a new physical rehabilitation centre, opened in Nagaland by the National Society with ICRC support at the end of 2010. Its establishment followed the decision, at the end of 2009, not to proceed with a planned centre at the National Society's Guwahati Hospital owing to the constraints involved.

AUTHORITIES

The region's governments were at different stages of IHL implementation. During the year, Bangladesh acceded to the Rome Statute. The authorities were encouraged to become party to additional treaties and received technical advice to assist them in incorporating

PEOPLE DEPRIVED OF THEIR FREEDOM	BHUTAN	INDIA	MALDIVES
ICRC visits			
Detainees visited	86	814	9
Detainees visited and monitored individually	86	775	9
		<i>of whom women</i>	7
		<i>of whom minors</i>	22
Detainees newly registered	1	359	
		<i>of whom women</i>	2
		<i>of whom minors</i>	19
Number of visits carried out	1	31	6
Number of places of detention visited	1	18	6
Restoring family links			
RCMs collected	118	113	
RCMs distributed	45	114	
Detainees visited by their relatives with ICRC/National Society support	18	166	
People to whom a detention attestation was issued	5	1	

instruments to which they were already party into domestic legislation. Bangladesh hosted the second Annual South Asian Regional IHL Conference in Dhaka, where nearly 30 participants representing various ministries, armed forces, parliaments and national IHL committees from eight countries, including Bangladesh, Bhutan and the Maldives, shared their experiences of IHL implementation. Government officials from the region's four countries also attended the 16th South Asia Teaching Session on IHL (see *Civil society*).

More broadly, the New Delhi-based Asian-African Legal Consultative Organization (AALCO) and the ICRC worked to promote IHL implementation among the organization's 47 member States, particularly at the 49th AALCO Annual Session in the United Republic of Tanzania.

Given the ongoing violence in parts of India and Bangladesh, the authorities were reminded of their obligations to protect and assist violence-affected populations. Meanwhile, the ICRC pursued discussions with the Indian authorities on formalizing its presence in Chhattisgarh.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Weapon bearers, too, were reminded of their obligations to protect civilians and to allow humanitarian assistance to reach them. This dialogue was stepped up during the unrest in Jammu and Kashmir.

The armed forces of Bangladesh and India pursued efforts to integrate IHL into their training and doctrine and to improve knowledge of IHL among their members. Although direct interaction with troops involved in military operations in India remained difficult, the ICRC supported training centres there and in Bangladesh, including by training IHL instructors. Senior officers enhanced their knowledge of IHL at an advanced course in San Remo and during ICRC-run courses, including the Senior Workshop on International Rules governing Military Operations held in Switzerland (see *International Law and Cooperation*). Cadets also attended ICRC presentations. Meanwhile, the armed forces were encouraged to establish IHL training programmes independently.

Officers at police and paramilitary academies learnt about international human rights law applicable to arrest and detention and the management of human remains at ICRC-run sessions. Manuals in Bengali and Urdu, distributed to police personnel, highlighted best practices. Bangladesh's Rapid Action Battalion received first-aid training from the National Society, while the Indian Bureau of Police Research and Development continued to receive ICRC technical support in the police reform process.

Troops departing on peacekeeping missions overseas received predeployment ICRC briefings.

CIVIL SOCIETY

With violence persisting in parts of Bangladesh and India, familiarizing their diverse civil societies with the National Society/ICRC's specific mandate and activities remained important. Various audiences thus received promotional publications and leaflets translated into local languages.

Journalists used ICRC briefings and press releases to produce features on humanitarian themes. They, and journalism students, better understood their rights and obligations when covering situations of violence after attending workshops.

Judges, government and military officials, academics, and NGO and think-tank representatives from eight countries, including those of the region, exchanged views at the 16th South Asia Teaching Session on IHL, organized with India University, Bangalore. Regional representatives then attended the 17th Teaching Session in Kathmandu (see *Nepal*). Building on more than a decade of holding such sessions, Goa University hosted the first Advanced IHL South Asia Academics Training, bringing together participants with previous ICRC training, including from Bangladesh and India, to develop IHL teaching.

Following the pilot-testing of the ICRC's Exploring Humanitarian Law programme in 2009, the Jammu and Kashmir School Education Department established a committee to oversee its integration into secondary education. Officials visited Malaysia, where the programme had been integrated successfully, for advice. Plans to pilot-test the programme in Assam were shelved owing to a lack of interest from potential partners.

To boost IHL knowledge among future opinion-makers, university students and lecturers in Bangladesh and India participated in ICRC-run events. Indira Gandhi National Open University launched a six-month IHL course devised with ICRC input. The winners of national moot court competitions tested their skills at the regional round of the 6th Henry Dunant Memorial Moot Court Competition in New Delhi and in the Asia-Pacific regional competition in Hong Kong (see *Beijing*). The ICRC continued to help finance the Centre for IHL Studies and Research at the Indian Society of International Law.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladeshi Red Crescent and the Indian Red Cross worked with the ICRC to meet the needs of violence-affected people (see *Civilians*). They built their institutional and operational capacities with ICRC financial, technical and material support, including in volunteer management at India's priority branches in volatile areas, in the Safer Access approach and in relief interventions, emergency response and tracing activities. Both National Societies held a series of door-to-door campaigns to stop misuse of the emblems.

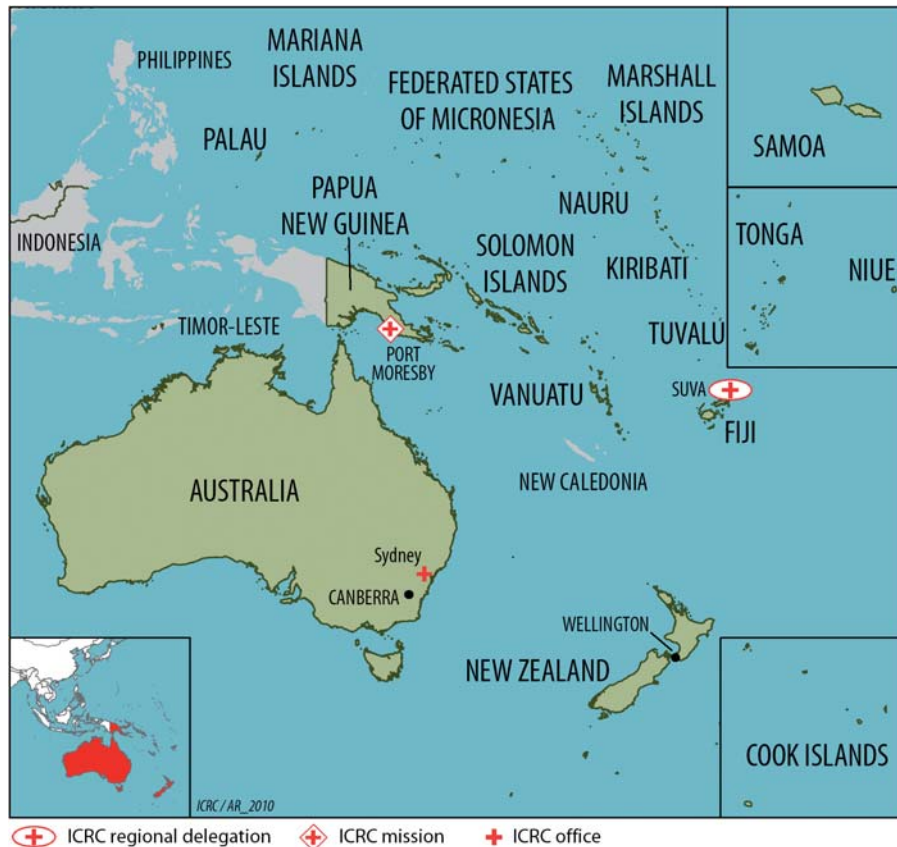
Indian Red Cross staff from priority branches attended two-week first-aid instructor courses before training volunteers, including additional recruits, to provide emergency life-saving care. The Nagaland state branch provided medical assistance, and evacuated where necessary, people affected by clashes on the Manipur/Nagaland state border. In Jammu and Kashmir, the National Society used two ICRC-donated ambulances during the unrest. The Indian Red Cross continued to refer mine victims to physical rehabilitation centres (see *Wounded and sick*).

The family-links services of both National Societies were boosted through training, including in the proper management of human remains and the provision of psychological support to the families. The Indian Red Cross provided feedback to the National Disaster Management Authority on the draft national guidelines on the management of human remains in disasters. During August's flash floods, ICRC-supplied body bags and protective gear enhanced the National Society's response capacity.

Following its recognition by the Maldivian government in 2009, the Maldivian Red Crescent continued working towards recognition by the Movement. With ICRC and International Federation support, it held its second general assembly and worked on developing a sustainable funding base.

SUVA (regional)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and autonomous states, territories and colonies of the Pacific



EXPENDITURE (IN KCHF)

Protection	510
Assistance	-
Prevention	1,544
Cooperation with National Societies	1,045
General	-

► **3,099**

of which: Overheads 189

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
---------------------------	-----

PERSONNEL

Expatriates	3
National staff (daily workers not included)	15

KEY POINTS

In 2010, the ICRC:

- in coordination with Movement partners, helped the region's National Societies strengthen their capacities to respond to emergencies, restore family links and promote humanitarian principles
- with the National Society, provided assistance to over 3,600 people displaced by tribal and intercommunal violence in Papua New Guinea
- visited people deprived of their freedom in Fiji and Solomon Islands and assessed living conditions in 6 places of detention in Papua New Guinea
- advised on and welcomed Fiji's and Samoa's ratification of the Convention on Cluster Munitions
- raised public awareness of the impact of war on civilians and on women in particular and the relevance of IHL in the Pacific and elsewhere through 3 ICRC photo exhibitions shown in Australia and New Zealand
- strengthened its working relationship with the Australian armed forces, including through participation in various military training exercises

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. In cooperation with the National Societies, it assists governments in the ratification and implementation of IHL treaties and promotes respect for and compliance with IHL among the region's armed and security forces. It also promotes IHL and humanitarian issues among academic circles, the media and civil society. The ICRC visits people detained in connection with past unrest in Fiji and Solomon Islands. It also helps build the emergency response capacities of the region's National Societies, particularly in Papua New Guinea.

CONTEXT

The Pacific region remained prone to the effects of climate change, in particular rising sea levels and frequent natural disasters. A series of powerful earthquakes in New Zealand's South Island damaged homes and infrastructure but fortunately spared lives, unlike the unprecedented floods in Australia's Queensland in December.

Interethnic tensions persisted in Papua New Guinea's Highlands region, periodically erupting into violence. Serious clashes and protests occurred in various parts of the country in relation to works to enable large-scale natural gas extraction projects, which were expected to increase the country's existing revenue by up to a third.

Fiji remained suspended from the Pacific Islands Forum and instead devoted its attention to another platform for multilateral diplomacy, the Melanesian Spearhead Group, of which it assumed the chair.

In Solomon Islands, which saw a brief outbreak of renewed riots, the Australian-led Regional Assistance Mission to Solomon Islands remained a stabilizing element. The recently established Truth and Reconciliation Commission investigating the 1998–2003 violence held its first public hearings.

In Tonga, the first democratic parliamentary elections were held, but a state of emergency remained in place in the capital.

Australia and New Zealand continued to be actively engaged in Afghanistan, with troops and diplomatic representation on the ground, and in Solomon Islands with other Pacific Island nations. Both countries maintained a dozen much smaller commitments to bilateral or UN deployments. The first Tongan contingent joined international coalition forces in Afghanistan, and Papua New Guinea ratified a bill enabling the deployment of troops under UN mandate.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Documents	Total		
People to whom travel documents were issued	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹			
ICRC visits	Total	Women	Minors
Detainees visited and monitored individually	39		
Number of visits carried out	18		
Number of places of detention visited	18		

1. Fiji, Papua New Guinea and Solomon Islands

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.) ²				
Economic security, water and habitat		Total	Women	Children
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	3,690		
Health				
Health centres supported	Structures	1		
Average catchment population		30,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items ³	Beneficiaries	230		

2. Papua New Guinea only

3. Solomon Islands only

ICRC ACTION AND RESULTS

Cooperation with the region's National Societies and the International Federation remained a priority for the Suva delegation. It focused its financial and technical support on the Red Cross Societies of Cook Islands, Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu in order to boost their capacities in the fields of emergency preparedness, restoring family links in disaster situations and the promotion of humanitarian principles. Partnership meetings were held with the Australian Red Cross, the International Federation and the Papua New Guinea Red Cross Society in order to consolidate the Movement's strategy for strengthening the Papua New Guinea Red Cross's capacities.

The ICRC visited people detained in connection with past unrest in Fiji and in Solomon Islands, as well as former inmates of the US internment facility at Guantanamo Bay Naval Station in Cuba resettled in Palau. With a view to initiating similar work in Papua New Guinea, it assessed the general living conditions in six prisons.

People displaced by tribal disputes in Papua New Guinea received assistance, delivered by the National Society with ICRC financial and technical support. A health centre in violence-affected Bougainville received medical supplies.

The region's governments benefited from ICRC technical advice, including model laws, compatibility reviews of existing legislation and training, to help them ratify and implement IHL

treaties. Major progress was achieved in several countries, with, for example, the ratification by Fiji and Samoa of the Convention on Cluster Munitions, and promising steps by Australia, Cook Islands and Palau towards the same goal.

In light of Australia’s substantial troop deployments and increased focus on whole-of-government approaches to disaster response and conflict missions, the ICRC worked to strengthen and broaden its contacts with all relevant stakeholders to better communicate with them on issues of humanitarian importance such as IHL, civil-military interaction, the protection of civilians and the safety of humanitarian workers. The focus of activities moved beyond promotional or educational work to a substantive dialogue on issues of principle, law and practice with both government and non-government audiences. The ICRC office in Australia also sought to draw on Australian expertise on and analysis of issues of relevance to ICRC operations within the wider Asia-Pacific region.

Cooperation with the media in Australia and in New Zealand was consolidated with the organization by the ICRC of a seminar on war reporting held at Auckland University and presentations on IHL and the ICRC’s activities and mandate given at training courses for foreign correspondents organized by the Australian public television broadcaster.

CIVILIANS

In Papua New Guinea, urban and rural populations alike continued to suffer the effects of endemic violence. The heavily populated Highlands region and Bougainville island were most seriously affected by tribal strife and other forms of armed violence. Meanwhile, the main cities witnessed high levels of intercommunal violence, aggravated by the proliferation of weapons.

Given the situation, the Papua New Guinea Red Cross and the ICRC launched joint activities to respond to the needs of the people affected.

Over 3,600 people displaced following tribal disputes near the capital and in the Highlands used emergency shelter, household items and farming inputs to create makeshift homes and start to re-establish a livelihood. Medical material delivered to Arawa health clinic in Bougainville helped boost the facility’s capacity to meet the needs of the 30,000 people within its catchment area. At the same time, ICRC representations reminded the authorities of their obligation to protect civilians from violence, intimidation or harassment and to prevent forced displacements.

As it was engaged in a reorganization process, the National Society slowed down its ICRC-supported work to strengthen its capacity

to assist victims of violence. Therefore, planned training activities did not take place. However, at a disaster-management and discussion forum held by the National Society in Morobe province with ICRC participation, volunteers learnt more about their roles and responsibilities with respect to victims of violence.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held in connection with past unrest in Fiji and Solomon Islands continued to receive ICRC visits, carried out according to the organization’s standard procedures, to monitor their treatment and living conditions. Following the visits, delegates provided confidential feedback to the relevant authorities. Detainees received clothing and hygiene, recreational and educational items as necessary.

In Fiji, the findings and recommendations from ICRC visits to detainees in several places of detention helped the authorities to assess progress made in their efforts to bring the country’s prisons in line with international standards. Detainees held in Honiara, Solomon Islands, received visits from family members living on outlying islands, organized with ICRC/National Society support, although the programme was temporarily suspended by the National Society because of staff management problems.

To support an ICRC offer of services to the relevant Papua New Guinea authorities, the treatment and living conditions of detainees in six prisons in the Highlands were assessed by the ICRC at the end of the year. An emergency supply of clean water was distributed in one prison in response to an acute shortage leading to an outbreak of dysentery. The findings and recommendations of these initial visits were to be shared with the national detaining authorities together with information on standard ICRC procedures for visits to people deprived of their freedom and proposals to initiate longer-term cooperation in this field.

Six former inmates of the US internment facility at Guantanamo Bay who had been accepted for resettlement in Palau in November 2009 were visited by the ICRC to check how they were coping in their new surroundings.

AUTHORITIES

The Pacific States made progress in implementing IHL, with technical support from the ICRC, including through model laws, compatibility reviews of existing legislation and training. Fiji and Samoa ratified and started implementing the Convention on Cluster Munitions, Australia and Cook Islands initiated work towards the same goal and Palau announced its intention to ratify the convention.

PEOPLE DEPRIVED OF THEIR FREEDOM	FIJI	PAPUA NEW GUINEA	SOLOMON ISLANDS
ICRC visits			
Detainees visited and monitored individually	7		32
Number of visits carried out	10	6	2
Number of places of detention visited	10	6	2

Vanuatu took steps to accede to the Rome Statute. The Papua New Guinea parliament approved accession to the 1977 Additional Protocols. The Solomon Islands authorities decided to include the Rome Statute in the law reform agenda. New Zealand undertook preparatory work towards ratifying Additional Protocol III.

Representatives of 10 Pacific Island nations discussed the three Additional Protocols to the Geneva Conventions and related issues at an ICRC seminar. They took home reasons why their countries should accede to and implement these fundamental humanitarian treaties. At the annual meeting of the Pacific Island Law Officers' Network, senior legal professionals from 12 countries gained greater insight into IHL, the humanitarian impact of the proliferation of small arms, and the importance of weapons trade regulation during an ICRC presentation. Representatives from Australia, Cook Islands, New Zealand and Samoa attended the third Universal Meeting of National IHL Committees held in Geneva, Switzerland (see *International Law and Cooperation*).

In Australia and New Zealand, substantive dialogue between relevant government departments and the ICRC, in addition to presentations and events organized with the National Societies, helped strengthen authorities' support for IHL and knowledge of the ICRC's mandate and position within the Movement.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The Australian and New Zealand armed forces and the ICRC strengthened their high-level and operational contacts on topics including detention, the protection of civilians, civil-military-police relations and the independence of humanitarian action. At various discussions, presentations and military exercises in which the ICRC took part, over 860 Australian Defence Force officers gained greater understanding of IHL and the ICRC. A further 220 members of the military and police, as well as representatives of government bodies and NGOs, from Australia and the Asia-Pacific region heard and debated the ICRC's views at civil-military interaction seminars and workshops.

Australian and New Zealand government officials and the ICRC discussed the ICRC's Interpretive Guidance on Direct Participation in Hostilities and the Montreux Document on Private Military and Security Companies. At a seminar, 70 academics and legal advisers debated with the ICRC on IHL training issues and standards for military and security companies.

Some 200 high-level participants from over 30 countries learnt about the ICRC's approach and the legal framework underpinning the protection of civilians at the third International Forum for the Challenges of Peace Operations, held in Australia.

Members of the armed and security forces of Fiji (including those preparing for deployment on peacekeeping missions), Papua New Guinea and Tonga learnt about IHL and the Movement at ICRC briefings. A military legal adviser from Papua New Guinea attended an IHL course in San Remo.

CIVIL SOCIETY

The Australian and New Zealand media used ICRC material to raise public awareness of the impact of conflict. Journalists learnt about IHL, ICRC activities and the importance of accurate reporting on humanitarian themes at a seminar on the challenges of war reporting in New Zealand and at presentations during training courses for foreign correspondents organized by the Australian public television broadcaster. An edition of the *Pacific Journalism Review* focusing on conflict reporting was published.

Some 9,200 visitors viewed the impact of war on women, its long-term effects on civilians and the relevance of IHL in the Pacific and elsewhere at three ICRC photo exhibitions put on display in Australia and New Zealand.

Links forged between selected Australian think-tanks, NGOs and the ICRC helped foster specialist and public debate, including through joint events, on issues such as the protection of civilians and the security risks faced by humanitarian personnel. Initial contacts with Muslim and Pacific community leaders in Australia led to nascent dialogue and the planning of joint events for 2011.

Academics and students in Australia and New Zealand learnt about IHL and humanitarian issues at ICRC presentations and through moot court and essay-writing competitions and up-to-date reference materials. The University of Papua New Guinea consulted the ICRC on the possible inclusion of IHL in an undergraduate law course. Art students produced paintings with humanitarian messages, to be printed on playing cards for people in violence-affected areas.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies continued to strengthen their capacities in core fields of activity, with ICRC technical and financial support. The Red Cross Societies of Cook Islands, Fiji, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu developed their activities to promote knowledge of IHL and the Movement among volunteers and the public. The Fiji and Micronesia Red Cross Societies received draft model laws to establish their legal bases.

In Papua New Guinea, the National Society received support from the Australian Red Cross, the International Federation and the ICRC in its reorganization process. In parallel, a survey on public perception of the National Society was initiated focusing on violence-affected regions, and the first draft of a dissemination handbook for volunteers was produced.

The Australian Red Cross and the ICRC continued to work together to develop the capacities of the Pacific National Societies to restore family links in natural disasters. Fiji Red Cross officers received training, a needs assessment was conducted in Tonga, a new train-the-trainers manual was produced, and a review of the support programme was launched.

The main Movement partners working in the region held coordination meetings to harmonize strategies. They carried out joint missions to nine Pacific Island nations to better understand the National Societies' priorities and define suitable support. Management members from seven National Societies attended a good governance workshop organized by the International Federation with ICRC support.

Cooperation between the Australian and New Zealand Red Cross Societies and the ICRC continued in the areas of IHL, communication and the training of delegates. The Australian Red Cross worked on adapting an IHL handbook for parliamentarians in Samoa and Solomon Islands and organized an IHL course for dissemination officers from the Samoa and Solomon Islands Red Cross Societies. The New Zealand Red Cross trained Solomon Island and Vanuatu Red Cross members in providing first aid in situations of violence.