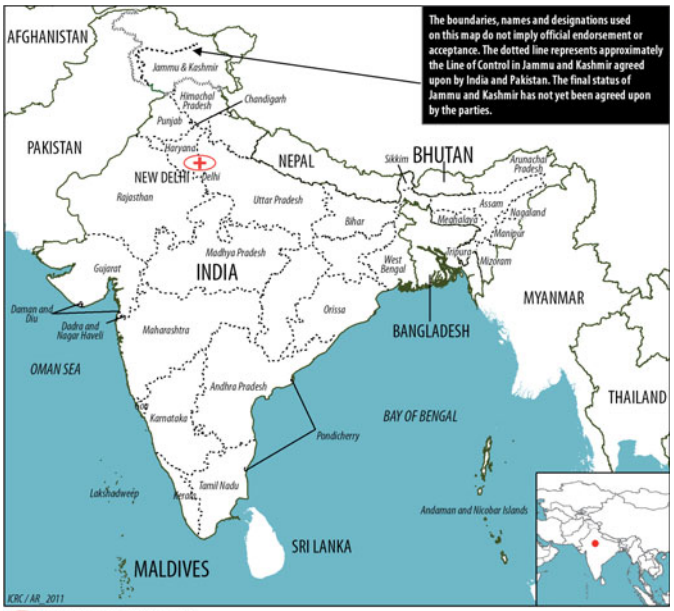
NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC regional delegation

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 people detained in Bhutan. With the Indian Red Cross Society, 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, although there were fewer confrontations between security forces and militants in Jammu and Kashmir than in 2010. There were frequent attacks by Naxalite armed groups as the government stepped up counter-insurgency operations, particularly in Chhattisgarh. In north-eastern states, tensions sometimes led to fighting. For example, in January, clashes along the Assam and Meghalaya border reportedly left 11 people dead and 50,000 others displaced.

ICRC ACTION AND RESULTS

Visits to detainees held in connection with the situation in Jammu and Kashmir remained a priority for the delegation. Detainees' treatment and living conditions, including their access to medical care and respect for their judicial guarantees, formed the basis of a confidential dialogue between the ICRC and the detaining authorities. Inmates in India and Bhutan used the RCM service to keep in touch with relatives, and the ICRC continued to support the family visits programme enabling family members to visit relatives in detention. If detainees or their families were experiencing particular hardship, they received basic material assistance, such as food and non-food items. Newly released detainees were given essential household items or livelihood grants to help them settle back into civilian life. The social and health needs (mental and physical) of some former detainees in Jammu and Kashmir were addressed through a new ICRC project, which provided access to professional health care and to cash grants to help them kick-start livelihood activities, thus easing their social reintegration. Meanwhile, in Bhutan, detention visits were suspended amidst ongoing discussions between the authorities and the ICRC aimed at reaching a common understanding of the organization's standard working procedures for visits to detainees.

The ICRC and the Indian Red Cross Society worked together to address the urgent needs of people affected by violence, providing food, water and medical attention when needed. For example, after clashes along the Assam-Meghalaya border, some 10,000 individuals received basic household items to help them cope with their circumstances. Some of the families also benefited from livelihood initiatives. The ICRC offered technical and financial support to boost the National Society's capacity at institutional level. Advice, training and material donations helped improve its emergency preparedness and ability to provide health care to vulnerable communities.

In Chhattisgarh, the ICRC pursued efforts to formalize its presence through the signing of a memorandum of understanding with the central authorities and to obtain the necessary visas for

EXPENDITURE (IN KCHF)	
Protection	3,165
Assistance	4,254
Prevention	2,365
Cooperation with National Societies	1,330
General	-
	11,113
of which: Overheads	**678**

IMPLEMENTATION RATE	
Expenditure/yearly budget	74%

PERSONNEL	
Expatriates	28
National staff (daily workers not included)	152

KEY POINTS

In 2011, the ICRC:

- individually visited 640 detainees held in Jammu and Kashmir, monitoring their treatment, living conditions and access to medical care and reporting the findings confidentially to the authorities
- enhanced the physical and mental health of former detainees in Jammu and Kashmir by facilitating their access to professional care and to cash grants to kick-start livelihood activities
- boosted access to potentially life-saving care for patients wounded in incidents in Chhattisgarh and Jammu and Kashmir by training more than 250 people in first aid
- increased access to health services for more than 23,000 people by supporting health centres, mobile health units and referral systems
- improved the health and well-being of some 6,700 people, including some 2,300 IDPs, by rehabilitating water points and training community members to manage them
- celebrated the Movement's recognition of the Maldivian Red Crescent Society, which became the 187th National Society

Main figures and indicators PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	15		
RCMs distributed	37		
Tracing requests, including cases of missing persons		Women	Minors
Tracing cases still being handled at 31 December 2011 (people)	8		
Documents			
People to whom travel documents were issued	567		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)[1]			
ICRC visits		Women	Minors
Detainees visited	713		
Detainees visited and monitored individually	640	6	12
Detainees newly registered	311	4	10
Number of visits carried out	21		
Number of places of detention visited	17		
Restoring family links[1]			
RCMs collected	25		
RCMs distributed	43		
Detainees visited by their relatives with ICRC/National Society support	227		
People to whom a detention attestation was issued	3		

* Unaccompanied minors/separated children **1.** Bhutan, India

Main figures and indicators ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Essential household items	Beneficiaries	10,166	40%	30%
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	4,152	40%	30%
Water and habitat activities	Beneficiaries	6,741	35%	30%
of whom IDPs	Beneficiaries	2,360		
Health				
Health centres supported	Structures	11		
Average catchment population		23,833		
Consultations	Patients	27,495		
of which curative	Patients		5,494	10,561
of which ante/post-natal	Patients		1,421	
Immunizations	Doses	495		
of which for children aged five or under	Doses	492		
of which for women of childbearing age	Doses	3		
Referrals to a second level of care	Patients	143		
Health education	Sessions	549		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)[2]				
Economic security, water and habitat				
Essential household items	Beneficiaries	4,431		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	102		
WOUNDED AND SICK[2]				
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	923	183	232
New patients fitted with prostheses	Patients	85	10	4
Prostheses delivered	Units	123	22	8
of which for victims of mines or explosive remnants of war	Units	10		
New patients fitted with orthoses	Patients	150	27	76
Orthoses delivered	Units	168	29	89
of which for victims of mines or explosive remnants of war	Units	4		
Crutches delivered	Units	160		
Wheelchairs delivered	Units	112		

2. India

expatriate delegates specializing in water and health. While difficulties in this respect limited ICRC operations in the state, people accessed preventive and curative health care at the ICRC-rehabilitated and -managed Kutru primary health centre and through a mobile health unit. An ICRC-supported National Society mobile health clinic in Maharashtra and health camps in Nagaland and Kashmir provided similar care to vulnerable communities. Health education sessions helped people protect themselves against diseases, as did ICRC-installed water and sanitation infrastructure. To ensure such infrastructure's sustainability, local communities were trained to manage them. Meanwhile, people wounded in incidents in Chhattisgarh and Jammu and Kashmir were more likely to receive timely treatment after more than 250 people were trained in first aid. Some people trained as instructors to help expand the first-aid network further. Amputees in Jammu and Kashmir continued to receive limb-fitting and gait-training and other physiotherapy services at three National Society/ICRC-supported physical rehabilitation centres. Having reached

an agreement with the authorities in May, the ICRC began work to establish, renovate, equip and manage a similar centre in Raipur in order to provide these services to patients in Chhattisgarh.

Whenever possible, ICRC delegates worked 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, including the Third South Asian Conference on IHL, held in Male, and the 19th South Asia Teaching Session on IHL, held in Bangalore, sought to increase interest in IHL implementation and ensure that the relevant authorities had the requisite knowledge and skills. In India, seminars, workshops and competitions were held for journalists, academics and students to promote greater understanding of IHL and humanitarian issues among key members of civil society. The ICRC continued to encourage partner universities to integrate IHL courses into their curricula and to create independent IHL centres for the benefit of students and researchers. In November, the Maldivian Red Crescent Society became a full member of the Movement and the 187th National Society.

CIVILIANS

In India, unrest in some places (see *Context*) restricted people's access to basic services or uprooted them from their homes, leading to loss of property, assets and livelihood. During limited dialogue with weapon bearers, the ICRC reminded them of the importance of respecting medical personnel, vehicles and facilities during tense situations.

Such incidents, along with natural disaster and migration, caused people to lose contact with family members. With a view to identifying and meeting the needs of such families, efforts to extend the National Society's family-links services continued, including by briefing and equipping personnel deployed to assist family members separated during the Sikkim earthquake. To prevent people becoming unaccounted for in the case of death, a representative of the National Disaster Management Authority enhanced his, and thus the authorities', knowledge of human remains management at an international course in Geneva, Switzerland. Embassy representatives from the European Union, Switzerland and the United States of America involved in establishing procedures to protect their nationals in India learnt more about the emergency response capacities of such national bodies and the Movement at an ICRC-facilitated meeting.

Meanwhile, 567 refugees in India who had been accepted for resettlement in third countries but lacked the necessary identification papers for their journey received travel documents issued by the ICRC in coordination with UNHCR.

Violence-affected communities access health care

People continued to be injured during fighting and natural disasters. Such incidents affected the provision of health care, either directly, owing to damaged infrastructure, limited physical access and disrupted supply chains, or indirectly, because of lack of investment and insufficient qualified staff in the area.

Despite ongoing delays in Chhattisgarh (see *ICRC action and results*), patients accessed curative and preventive care at the ICRC-rehabilitated and -managed Kutru primary health centre, with those requiring more specialist treatment referred to district hospitals. On-site health education sessions helped patients avoid future illness. Those unable to reach the centre accessed similar care through a mobile health unit. Meanwhile, 6,741 people affected by a cholera-like outbreak of acute watery diarrhoea in Bijapur reduced their risk of re-infection by attending hygiene-promotion sessions and accessing safe drinking water through ICRC-distributed water-treatment and safe-storage devices or rehabilitated hand pumps. To ensure the sustainability of ICRC-installed water points, community volunteers learnt how to manage them. A cholera contingency plan included the pre-positioning of medical, water and sanitation materials and bolstered local response capabilities. However, cases of acute watery diarrhoea in 2011 were too sporadic and scattered to justify its activation.

In neighbouring Maharashtra, where state health services had limited access, patients in 21 villages were attended to at an ICRC-supported National Society mobile clinic, staffed by a doctor and a nurse, which also vaccinated children against polio and advised local communities on ways to safeguard against illness. Similar services were provided to communities by the National Society/ICRC at six health camps in Nagaland and two in Kashmir, run in cooperation with the local authorities.

To support the Health Ministry in delivering services to communities in Mokokchung district, Nagaland, where malaria remained an acute public health issue, the National Society/ICRC assisted in the rehabilitation and extension of the Tzurangkong primary health centre, including developing on-site staff accommodation to ensure the permanent availability of services, and helped develop its water and sanitation systems.

People better able to cope with unrest

Some 2,000 families displaced by clashes on the Assam-Meghalaya border in January (see *Context*) were better able to cope with their immediate losses thanks to essential household items, including blankets, tarpaulins and jerry cans, provided by the ICRC and distributed by the National Society.

Meanwhile, 674 families (some 4,000 people) from 27 communities hardest hit by violence in Assam in 2008 and from 12 communities near the Assam-Meghalaya border affected by violence in January 2011 began livelihood activities with the help of local authorities, the National Society and the ICRC. They used handlooms, sewing machines, tool kits, trading carts and cycle rickshaws provided by the ICRC to kick-start income generation. With the support of local banks, mobilized by the National Society, the families were able to open savings accounts and access credit. They shared their experiences at self-help groups funded by local authorities.

The monitoring of 100 families in the Gadchiroli district in Maharashtra who had previously received seed and tools revealed that 82 of them had successfully cultivated vegetables for their own consumption and for sale at the local market.

In Jammu and Kashmir, 18 women were equipped to begin generating income for their families (benefiting 108 people) after 14 were trained in tailoring and 4 received wool supplies. In addition, 7 fire-affected families received essential household items.

PEOPLE DEPRIVED OF THEIR FREEDOM

Among those detained in India were people held in connection with the situation in Jammu and Kashmir, some outside the state. As a priority, the ICRC continued to visit them, reporting confidentially to the authorities on its 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 urged the authorities to notify it of arrests, transfers and releases so it could follow up accordingly. Particular attention was paid to those inmates deemed vulnerable, such as foreigners, minors and the mentally ill. Following the submission of a confidential ICRC report, delegates met with the home secretary to discuss the findings and the possibility of gaining access to all detainees. Both parties agreed to continue the discussions with the relevant bodies.

Meanwhile, ICRC-facilitated visits from family members, including those abroad, helped raise the spirits of inmates and their relatives. RCMs enabled others to stay in touch. Some 2,900 inmates benefited from medical consultations, and, when necessary, follow-up care from ICRC doctors, whilst the authorities continued discussing ways to develop the prison health system (physical and mental) with the ICRC. Inmates of one Kashmiri prison benefited from fortnightly visits from a mental health professional.

While the authorities were encouraged to continue meeting their responsibilities towards people in their custody, 340 inmates used stationery kits provided by the ICRC to stave off the monotony of incarceration. The families of 382 particularly vulnerable detainees (2,327 people) received essential household items such as blankets, clothing and children's school bags. Upon their release, 288 detainees took home such items to ease their return to their families (1,714 people) and communities. They also received home visits from delegates, who checked their physical and mental health. Where necessary, the National Society/ICRC covered their medical expenses. In Srinagar, 17 former detainees used cash grants to kick-start livelihood activities for themselves and their families (102 people), easing their social reintegration. Plans to provide such support to significantly more former detainees were hindered by visa issues (see *ICRC action and results*).

In Bhutan, detention visits were suspended amidst ongoing discussions between the authorities and the ICRC aimed at reaching a common understanding of the organization's standard working procedures for visits to detainees. Meanwhile, inmates in Bhutan maintained contact with family members, including with those abroad, by means of RCMs and received ICRC-facilitated visits from relatives who lived far away, such as Bhutanese living in refugee camps in Nepal.

In the Maldives, the government strove to enhance the detaining authorities' knowledge of penitentiary management, backed by ICRC expertise.

WOUNDED AND SICK

People were injured during fighting and security incidents. In Maharashtra, an ICRC-trained National Society team provided first aid to people wounded in three bomb blasts in Mumbai, as well as supplying blood, dressings and body bags to local hospitals. Following training, an additional 200 first-aiders in Jammu and Kashmir and another 61 in Chhattisgarh were equipped to treat people wounded in incidents in those states. Some people trained as instructors to help expand the first-aid network.

Ambulance services also received a boost. In Jammu and Kashmir, National Society staff were in a better position to respond to outbreaks of violence after receiving two ambulances and recruiting and training more first-aiders. Patients in Chhattisgarh were transferred to hospital in two fully equipped ICRC-run ambulances.

Difficulties in Chhattisgarh (see *ICRC action and results*), however, led to the cancellation of a planned war-surgery workshop and prevented the organization from supporting the Health Ministry in managing wards at Dantewada Hospital. There was no mass casualty influx during the year that necessitated the provision of additional supplies to other hospitals in the state.

Meanwhile, physically disabled people received limb-fitting, gait-training and other physiotherapy services at three National Society/ICRC-supported centres: the Government Medical College in Jammu; the Bone and Joint Hospital in Srinagar; and the fully equipped District Disability Rehabilitation Centre in Nagaland. Vulnerable patients visiting these centres had their transport, food and accommodation costs covered by the National Society/ICRC. 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 quality and sustainability of services. At all three centres, technicians and physiotherapists continued to benefit from on-the-job coaching both for the production and fitting of devices. A two-year ICRC plan for phasing out support was handed over to the Government Medical College in Jammu.

PEOPLE DEPRIVED OF THEIR FREEDOM	BHUTAN	INDIA
ICRC visits		
Detainees visited		713
Detainees visited and monitored individually		640
of whom women		6
of whom minors		12
Detainees newly registered		311
of whom women		4
of whom minors		10
Number of visits carried out		21
Number of places of detention visited		17
Restoring family links		
RCMs collected	0	25
RCMs distributed	37	6
Phone calls made to families to inform them of the whereabouts of a detained relative	0	0
Detainees visited by their relatives with ICRC/National Society support	28	199
Detainees released and transferred/repatriated by/via the ICRC	0	0
People to whom a detention attestation was issued	1	2

In May, an agreement was reached with the Chhattisgarh authorities on the establishment of a new physical rehabilitation referral centre to treat disabled patients. The centre would be set up in Raipur, rather than Jagdalpur, and serve as a hub for the entire state.

AUTHORITIES

Meetings with the Indian authorities provided opportunities to discuss humanitarian issues in the event of armed violence. The ICRC also pursued discussions on formalizing its presence in Chhattisgarh and on detention-related matters. In addition, authorities at state and central level benefited from dissemination sessions aimed at increasing their understanding of the ICRC and its activities.

The region's governments continued to work towards domestic IHL implementation, with the Maldives acceding to the Rome Statute. Government officials from the region attended a number of meetings and events that encouraged further progress. For example, with ICRC support, the Maldives Foreign Affairs Ministry organized the Third South Asian Conference on IHL and India's University of Bangalore hosted the 19th South Asia Teaching Session on IHL, attended by government officials from nine and eight countries respectively, including, each time, all three countries covered by the delegation.

Meanwhile, the New Delhi-based Asian-African Legal Consultative Organization (AALCO) and the ICRC continued to work together, jointly producing a publication on IHL implementation measures for the 47 member States. AALCO officials, as well as diplomats and law teachers, enhanced their IHL knowledge at basic training courses.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Limited contact with Indian armed forces prevented systematic dialogue with them on the integration of IHL into their doctrine, training and operations. Nonetheless, air force instructors honed their teaching skills at a train-the-trainer course and a senior armed forces officer shared experiences with other military personnel at a high-level course in Geneva, Switzerland. During ICRC presentations, officers from the air force, Army Training Command, the military police and Provost Marshal's Office also improved their knowledge of the organization's mandate and IHL. In addition, troops departing on peacekeeping missions, including in Sudan, attended pre-deployment briefings.

Although planned activities to increase knowledge of humanitarian principles among Indian police officers were shelved pending a formal agreement with the central authorities, senior police officials from Chhattisgarh and Jammu and Kashmir regularly attended operational briefings and held meetings with ICRC delegates. Meanwhile, officers at the National Police Academy and at state academies and training centres and police personnel in the field benefited from ICRC-run sessions on human rights, detention-related matters and the Movement. For the first time, officers from the Arunachal Pradesh State Police attended such a session. The ICRC maintained contact with the Bureau of Police Research and Development to offer its support, but to no avail.

CIVIL SOCIETY

With unrest persisting in parts of India, increasing awareness of the National Society/ICRC's specific mandates and activities remained important. Various audiences thus received leaflets in local languages, while key members of civil society learnt more during bilateral meetings with the ICRC, including in Chhattisgarh and Jammu and Kashmir.

Media representatives used ICRC briefings and workshops to produce articles and features on humanitarian issues and learnt about their rights and obligations when covering conflicts and situations of violence within and outside of India. For example, journalists from rural Jharkhand state took part in a media workshop on women in violence-affected regions organized with the Women's Feature Service. Others were encouraged to produce articles for a Press Institute of India/ICRC competition focusing on responsible humanitarian reporting during unrest.

Students broadened their knowledge of IHL at national and international competitions such as moot courts and essay writing. They also took part in workshops at ICRC partner establishments, such as the Indian Society of International Law. Indira Gandhi National Open University began to work on a Hindi version of the six-month IHL course launched in 2010, with a view to making the course accessible to more people. Three universities in Assam, Chhattisgarh and Gujarat decided to establish self-sustaining IHL centres to improve understanding of the subject in their establishments. ICRC-provided reference materials helped them in their endeavours. Meanwhile, university lecturers improved their IHL teaching skills at advanced ICRC courses.

As the committee charged with reviewing the pilot phase of the Exploring Humanitarian Law school programme in Jammu and Kashmir made no progress, the ICRC shelved plans to encourage its inclusion in the curriculum.

RED CROSS AND RED CRESCENT MOVEMENT

The Indian Red Cross worked with the ICRC to help meet the needs of vulnerable communities (see *Civilians* and *Wounded and sick*). All Movement partners in India coordinated their efforts. Although there was no substantive dialogue on constitutional change, the National Society drew on ICRC financial, technical and material support to build its administrative, institutional and operational capacities. The National Society headquarters upgraded its office set-up and installed a videoconferencing system with International Federation/ICRC help, enabling it to improve data storage and volunteers from state branches to participate in online training sessions and meetings.

National Society branches in violence-affected areas developed their emergency response capacities, focusing on the Safer Access approach and, in Assam for example, enhanced contingency planning for bomb attacks. In Jammu and Kashmir, ICRC-trained National Society staff (see *Wounded and sick*) passed on first-aid skills to an extensive network of volunteers. The state branch also established a pharmacy to serve those affected by unrest in 2010, as advocated by the ICRC, with the authorities pledging support for more.

Meanwhile, the Maldivian Red Crescent Society was formally recognized as a full member of the Movement, becoming the 187th National Society. During a seasonal dengue fever epidemic, with Movement support, it led a nationwide campaign with local authorities to combat the disease.