

ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People affected by an ongoing or past conflict, other situation of violence or natural disaster, notably in Afghanistan, Myanmar, Bangladesh and the Philippines, received relief and livelihood assistance.
- ▶ Wounded and sick people received timely and good-quality evacuation, first aid, preventive and curative health-care and/or physical rehabilitation services from ICRC-supported emergency responders and health facilities.
- ▶ Detainees benefited from ICRC visits and from the authorities' ICRC-supported efforts to improve their treatment and living conditions, notably to reduce procedural delays and ensure access to health care.
- ▶ People separated from their kin by conflict and other violence, migration or natural disaster restored or maintained contact via Movement family-links services, which the Movement's partners took steps to improve.
- ▶ The authorities, weapon bearers and civil society members learnt more about humanitarian principles, IHL and related topics, and the ICRC's work, through dialogue with the ICRC and at local and regional forums and events.
- ▶ In some countries, security and acceptance issues prompted the ICRC to adapt its operations – for instance, by strengthening its partnerships with local agents and National Societies – in order to reach people in need.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,119
RCMs distributed	6,612
Phone calls facilitated between family members	17,989
Tracing cases closed positively (subject located or fate established)	792
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	274,587
Detainees visited and monitored individually	4,672
Number of visits carried out	686
Number of places of detention visited	345
Restoring family links	
RCMs collected	8,795
RCMs distributed	4,306
Phone calls made to families to inform them of the whereabouts of a detained relative	2,292

ASSISTANCE		2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	104,645	282,596
Essential household items	Beneficiaries	256,125	299,402
Productive inputs	Beneficiaries	269,100	96,158
Cash	Beneficiaries	90,550	88,572
Services and training	Beneficiaries	6,175	410,846
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	352,830	534,687
Health			
Health centres supported	Structures	81	61
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	29	68
Water and habitat			
Water and habitat activities	Number of beds	100	3,792
Physical rehabilitation			
Projects supported	Projects	34	53
Patients receiving services	Patients	142,200	224,175

EXPENDITURE IN KCHF	
Protection	41,000
Assistance	131,844
Prevention	33,706
Cooperation with National Societies	13,547
General	2,354
Total	222,451
<i>Of which: Overheads</i>	<i>13,536</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	435
Resident staff (daily workers not included)	3,295



DELEGATIONS

Afghanistan
Bangladesh
Myanmar
Nepal
Pakistan
Philippines
Sri Lanka

REGIONAL DELEGATIONS

Bangkok
Beijing
Jakarta
Kuala Lumpur
New Delhi
Suva

 ICRC delegation  ICRC regional delegation  ICRC mission



Cambodia, Phnom Penh. An ICRC engineer discusses plans for the maintenance of infrastructure with the deputy director of one prison. The ICRC works to ensure that the treatment and living conditions of all detainees are in line with internationally recognized standards.

In 2016, the ICRC pursued its efforts to address the humanitarian needs of people who were affected by ongoing or past armed conflicts and other situations of violence, and whose plight was sometimes aggravated by natural disasters, in Asia and the Pacific. In parts of Afghanistan and Myanmar, security concerns or restrictions imposed by the authorities made it difficult for the ICRC to reach people affected by violence. It remained essential for the ICRC, especially in those areas, to communicate regularly with the authorities and other key parties, so as to enhance their understanding of the ICRC's neutral, impartial and independent humanitarian action and to gain access to communities in need. The ICRC adjusted its activities to these constraints, notably by adapting its operating model, as in Afghanistan, and strengthening its partnerships with local organizations and National Societies, as in Pakistan, to increase its ability to assist vulnerable communities.

In Afghanistan, the Philippines and other contexts where IHL applied, the ICRC reminded the parties to the conflict of their obligation to respect those not or no longer taking part in the fighting and the need to allow medical and humanitarian assistance to reach the victims. The Philippine armed forces and the ICRC established a working group to discuss the protection of civilians in greater depth. Meetings and information campaigns – including those calling for the free passage of medical services during outbreaks of violence in Pakistan and Papua New Guinea – also sought to facilitate the safe and independent delivery of humanitarian aid.

The ICRC tailored its responses to the requirements of people affected by conflict, other forms of violence and disasters, including IDPs and host communities; with the National Societies, it took

steps to meet the most pressing needs. During emergencies, for instance in Afghanistan and the Philippines, people received food and/or essential household items. Water-trucking services and the installation of water and sanitation facilities, such as in evacuation centres in the Philippines, helped reduce health hazards. The ICRC also stepped up its activities following a surge in violence in northern Rakhine in Myanmar.

Resident communities, IDPs and returnees affected by ongoing unrest, as in Bangladesh, the Philippines and southern Thailand, and the consequences of past conflict, as in Sri Lanka, recovered or boosted their resilience to the effects of violence with ICRC assistance. They started or resumed agricultural activities or small businesses, using ICRC-provided supplies, training and cash grants. Some also benefited from animal health-care and other public services that had been improved with ICRC support. They participated in cash-for-work projects to construct or rehabilitate community infrastructure. Other vulnerable people, such as some households headed by women in India, received similar support.

The ICRC helped people obtain better access to water: for instance, thousands benefited from improvements to water and sanitation facilities in one peri-urban community in the Democratic People's Republic of Korea (hereafter DPRK).

Working alongside National Society staff and local health personnel, ICRC health teams sought to improve access to adequate first aid and surgical care for weapon-wounded and other patients. The ICRC provided support for hospitals, particularly in Afghanistan, the DPRK, Myanmar, Pakistan and Thailand. It financed and carried out medical evacuations; covered patients' treatment costs;

and supported ambulance services and first-aid posts. It provided training – in first aid or such topics as responding to large-scale emergencies and complex crises – for health professionals, police personnel, community members and National Society staff, and helped instructors conduct the training sessions themselves. Health agencies and National Societies, for example in India, Malaysia, Nepal and the Philippines, formed or expanded their first-aid teams and activities.

Primary-health-care centres and National Society-run fixed or mobile health clinics, particularly in Afghanistan, Bangladesh and Myanmar, received support enabling them to provide good-quality preventive and curative health care to vulnerable people. In Southern Highlands, Papua New Guinea, some victims of sexual violence received care at two family-support centres; the ICRC provided health workers with training on meeting the victims' specific needs.

Thousands of disabled persons, including amputees and mine-blast victims, benefited from physical rehabilitation services at ICRC-supported centres in 10 countries, including Afghanistan, China, Cambodia, the DPRK (where an additional centre received support) and Myanmar (where two new centres were constructed by the ICRC). In the Lao People's Democratic Republic, the ICRC ended its assistance to three centres to focus instead on strengthening national capacities in managing rehabilitation services. In Pakistan, a private entity set to help improve the supply chain in the national physical rehabilitation sector formally registered with the government. In India, the finalists of the Enable Makeathon contest – launched in 2015 to encourage innovation in the production of assistive devices for persons with disabilities – tested prototypes of their designs. In some countries, the National Societies and the ICRC ran outreach programmes enabling vulnerable patients, particularly those from remote areas, to obtain treatment. Disabled persons also received help to boost their economic self-sufficiency and social inclusion. With the ICRC, the National Societies conducted mine-risk education sessions to help prevent further casualties of mines and explosive remnants of war.

Detainees in 15 countries, including people held in relation to armed conflicts and other situations of violence or for reasons of State security, received visits in accordance with the ICRC's standard procedures. Visits to detainees in prisons in Thailand were suspended starting in November, after the corrections department no longer allowed the ICRC to work in accordance with its standard procedures; discussions with the authorities on the issue were ongoing.

Following such visits, delegates provided the authorities with confidential reports containing, where necessary, recommendations for improving treatment or living conditions. They engaged the authorities in dialogue so as to further their understanding and recognition of the ICRC's neutral and independent stance and experience in the field of detention, to encourage cooperation in addressing detainees' humanitarian needs, and to secure access to those the ICRC had not yet visited.

The dialogue with, and the technical or material assistance offered to, the detaining authorities resulted in improvements in the treatment and living conditions of detainees, including those in the most problematic facilities. With ICRC support, the authorities worked to reduce overcrowding and mitigate its impact, particularly on detainee health. For instance, initiatives with partners in Cambodia

and the Philippines helped resolve legal procedural delays, leading to the sentencing or release of some individuals.

In Afghanistan and Sri Lanka, the authorities took steps to improve medical screening processes. Newly established or upgraded health clinics made care more readily available to detainees in some Afghan prisons and to female and juvenile inmates in one facility in Cambodia. TB-control programmes continued to run in two facilities in the Philippines; in China, the justice ministry, a local hospital, and the ICRC prepared to implement a TB-control project. Inmates at four prisons in India received regular visits from a local psychiatrist, in line with the ICRC's recommendations.

ICRC-supported improvements to water and sanitation facilities and infrastructure benefited some 93,000 detainees, mostly in Afghanistan, Bangladesh, Myanmar and Thailand. On the ICRC's recommendation, detention authorities in Myanmar established a new engineering unit for developing national standards for prison infrastructure.

Prison officials discussed ways to enhance detainee health care and other prison-management issues during local and international seminars and study tours.

The ICRC discussed the humanitarian needs of vulnerable migrants with the authorities and other stakeholders and helped them meet those needs. Over 9,300 migrants returning to the Philippines from Malaysia, and passing through government processing centres, received hygiene kits. ICRC delegates visited migrants detained in Malaysia, Nauru, Papua New Guinea and Thailand, and discussed their plight with the authorities and organizations concerned. At meetings and through regular communication, Movement components in the region coordinated their response to the humanitarian consequences of migration.

Movement services – RCMs, phone and tracing services; family visits for detainees; issuance of travel documents for asylum seekers resettling in host countries – helped family members separated by conflicts or other violence, detention, migration or natural disasters to maintain or restore contact. The efforts of Movement components enabled 25 people of Timorese origin to meet their families for the first time since the 1975–1999 conflict. During regional meetings, Movement components discussed the implementation of the Restoring Family Links Strategy for the Movement, and the Movement's new code of conduct for data protection.

The ICRC continued to support the efforts of governments and local actors in Nepal, Papua New Guinea and Sri Lanka to address the issue of missing persons, adapting its assistance according to existing needs and available mechanisms. It concluded a project providing psychosocial and other support to 1,295 families of missing persons in Nepal, and launched a similar programme in Sri Lanka. The ICRC offered its expertise in the proper handling of human remains to prevent people from becoming unaccounted for, and material and training support, to the authorities and organizations concerned, such as Philippine agencies tasked with revising related national guidelines and forensic professionals from 20 Asia-Pacific countries meeting at a regional workshop. The ICRC continued to act as a neutral intermediary in the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan.

ICRC delegations maintained contact with the authorities, armed and security forces, civil society groups and other key players, such as the Association of Southeast Asian Nations, to gain acceptance and support. During meetings and events, these players deepened their understanding of IHL and of the Movement's work, and exchanged views with the ICRC on topics of mutual concern – for instance, migration and new technologies in warfare. These events included a course and a round-table on the laws governing military operations – the first ICRC-organized events of their kind held in the region – for senior military legal advisers, and workshops on the application of IHL at sea, for senior naval officers.

The ICRC promoted respect for humanitarian principles and IHL among key players, especially in contexts marked by ongoing or past conflicts. It also encouraged cooperation with associations addressing the humanitarian needs arising from these conflicts, such as those of the families of missing persons.

The ICRC continued to offer its expertise and technical support in several areas: to governments, on acceding to IHL instruments, enacting national legislation, maintaining or establishing a national IHL committee and/or following up the outcomes of the 32nd International Conference; to armed and security forces, on incorporating IHL, relevant internationally recognized standards and humanitarian practices into their doctrine, training and operations; and to key universities, on including humanitarian principles and IHL in their curricula. This helped Nepal ratify the Biological Weapons Convention, and Sri Lanka, the Convention on Enforced Disappearance. The Afghan authorities adopted a combined law on the National Society and protection of the red crescent emblem. Representatives of governments in the region shared their views on the Strengthening IHL process during a meeting in Switzerland. Judicial academies across Asia committed to strengthening IHL-related instruction in their training programmes. In Pakistan, the police revised its handbook and the air force completed a draft of its IHL manual, with ICRC support. The ICRC continued to update its database on customary IHL.

Using ICRC-provided material and information gleaned from local or regional media conferences, journalists published IHL-related articles for the wider public; the latter also had access to IHL-related exhibitions, audiovisual products and National Society or ICRC facilities, such as a humanitarian education centre opened by the Hong Kong branch of the Chinese Red Cross. The ICRC explored private-sector fundraising with other Movement partners in the region, notably in Singapore.

The ICRC's partnerships with the region's National Societies extended the coverage or effectiveness of its operations, particularly in Afghanistan, Bangladesh, Myanmar, Pakistan and the Philippines. The ICRC provided National Societies with comprehensive support to help them develop their activities and strengthen their capacities to respond to humanitarian needs in accordance with the Safer Access Framework and the Fundamental Principles. The ICRC coordinated with other Movement partners and other humanitarian players, to maximize impact and avoid gaps or duplication.

In mid-2016, the ICRC's operations in Nepal were integrated into the work of its regional delegation in New Delhi, India, following the completion of core programmes in Nepal.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION

	CIVILIANS														
	RCWs collected	RCWs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAM/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Afghanistan	1,373	2,841	11,793						1,355	410		30,617	658	566	1,683
Bangladesh	114	111	295							1		13,496	554	1	22
Myanmar	1,163	1,397								23		39,682	5,045	696	276
Nepal	21	34		1,334	1,343					6	41				
Pakistan	77	127	1,703			3	3	4		46					
Philippines	9	14								131		86,911	4,355	63	919
Sri Lanka	7	7						15		136	34	15,475	846	36	339
Bangkok (regional)	1,286	1,941	998	35						1	13	55,251	4,595	964	274
Jakarta (regional)	7	33	25							11					
Kuala Lumpur (regional)	60	101	3,157			3				13	5	24,314	2,734	1,537	866
New Delhi (regional)	1	4								4	130	2,913	137	16	202
Suva (regional)	1	2	18		41					10		5,928	300	191	91
Total	4,119	6,612	17,989	1,369	1,384	6	3	19	1,355	792	223	274,587	19,224	4,070	4,672

* Unaccompanied minors/separated children

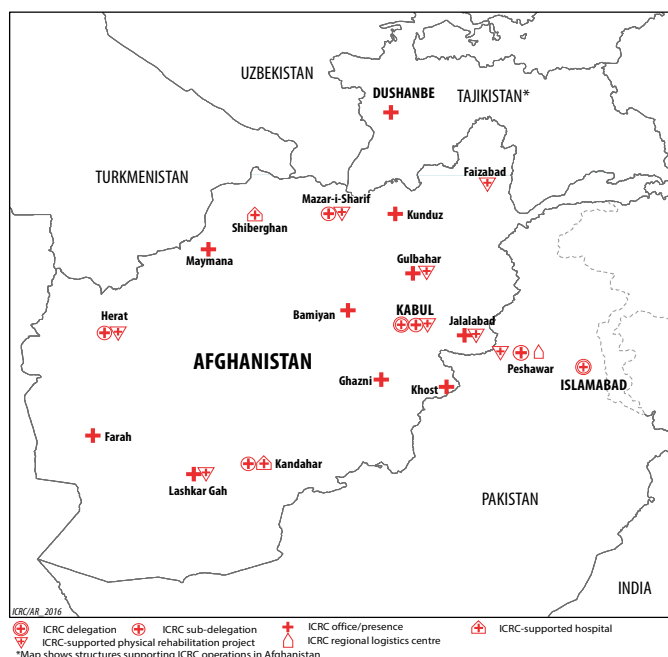
PEOPLE DEPRIVED OF THEIR FREEDOM															
	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	People to whom a detention attestation was issued	
	5	2	114	1,215	5	2	106	130	35	4,806	1,895	1,426	3,495	12	Afghanistan
			1	22			1	12	11	54		2			Bangladesh
	35	3	22	139	11	2	18	46	29	1,499	1,310		1,031		Myanmar
										26	6			5	Nepal
															Pakistan
	53		9	131	18		9	187	118	4	2		408		Philippines
	16		2	116	11		1	96	47	9	2	5	203	134	Sri Lanka
	8	1	3	215	8	1	3	96	43	2,116	1,049	216	212		Bangkok (regional)
															Jakarta (regional)
	72	20	99	843	69	20	97	50	14	272	35	635			Kuala Lumpur (regional)
			3	79			3	13	13	6	3		73	3	New Delhi (regional)
	3			34	1			56	35	3	4	8	100		Suva (regional)
	192	26	253	2,794	123	25	238	686	345	8,795	4,306	2,292	5,522	154	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE													
	CIVILIANS										PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES						HEALTH CENTRES						
	Food commodities	Essential household items	Productive inputs	Cash	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	Food commodities	Essential household items	Water and habitat activities
Afghanistan	170,844	166,081	10,585	12,920	376,741	364,665	48	1,591,120	982,819	557,308		38,009	31,782
Bangladesh	2,953	9,200	2,840	2,974	5,100	523	2	504,235	203,025	114,794		14,316	14,619
Myanmar		37,764	16,192	22,886	28,463	60,642	7	149,003	55,606	43,387		30,632	28,710
Nepal				57									
Pakistan				278			2	54,516	74,384	1,474			
Philippines	108,799	80,014	65,605	39,553	45	61,525					13,132	4,815	532
Sri Lanka				8,946	11	8,052						14,323	4,900
Bangkok (regional)			450	281								11,550	12,435
Beijing (regional)						8,000							
Kuala Lumpur (regional)												1,178	
New Delhi (regional)			486	677	486	27,500							
Suva (regional)		6,343				3,780	2	9,523	10,088	1,328		389	110
Totals	282,596	299,402	96,158	88,572	410,846	534,687	61	2,308,397	1,325,922	718,291	13,132	115,212	93,088
of whom women	86,391	90,382	28,376	26,703	127,870	63,947					842	10,949	7,435
of whom children	102,150	104,339	38,500	35,175	147,275	81,558						1,128	574

WOUNDED AND SICK															
FIRST AID			HOSPITALS				PHYSICAL REHABILITATION								
First-aid posts supported	of which provided data	Wounded persons treated	Hospitals supported	of which provided data	Admissions	of whom weapon-wounded	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy		
			8	2	72,767	1,850	8	136,280	1,068	6,432	4,321	16,134	84,225	Afghanistan	
							2	949	174	551	222	1,321	202	Bangladesh	
			16	1	1,205	12	4	3,370	237	57	764	87	705	Myanmar	
			7				2	2,151	73	252	127	346	1,028	Nepal	
			2	1	88,622		21	27,479	2,657	5,472	3,688	10,725	14,788	Pakistan	
67	4	302	27	12	74,046	1,016	1	424	80	13	120	17	315	Philippines	
														Sri Lanka	
							4	11,369	223	354	1,563	1,147	3,324	Bangkok (regional)	
			4	1	141		4	1,367	447	46	1,108	71	650	Beijing (regional)	
														Kuala Lumpur (regional)	
			4				7	40,786	644	6,044	685	8,484	13,290	New Delhi (regional)	
														Suva (regional)	
67	4	302	68	17	236,781	2,878	53	224,175	5,603	19,221	12,598	38,332	118,527	Totals	
					108,902	178		41,954	743	3,275	1,488	5,771	21,324	of whom women	
		1			65,289	214		67,347	486	9,501	942	21,932	47,442	of whom children	

AFGHANISTAN



KEY RESULTS/CONSTRAINTS IN 2016

- Parties to the conflict and the ICRC discussed protection for civilians and securing their access to health services amid worsening insecurity. Influential figures issued directives calling for compliance with IHL.
- Conflict-affected people coped with their situations with the help of ICRC-provided food and other essentials, or livelihood support. Some of them had better access to potable water after the ICRC repaired water infrastructure.
- Members of families separated by conflict, detention or migration reconnected via family-links services. Families buried the remains of deceased relatives after the ICRC – acting as a neutral intermediary – handed them over.
- The sick and the wounded benefited from health services provided by the ICRC and its partners. Some hospitals expanded their emergency-response capacities after staff underwent training by the ICRC's new mobile surgical team.
- Detainees had better living conditions and access to health services owing to ICRC material, technical and other support for detaining authorities. Inmates in two prisons were treated for scabies.
- Disabled people, including some detainees, improved their mobility through ICRC physical rehabilitation services. Some regained a measure of self-sufficiency by pursuing livelihood activities, with ICRC support.

EXPENDITURE IN KCHF

Protection	12,718
Assistance	65,894
Prevention	4,494
Cooperation with National Societies	1,431
General	680
Total	85,216
<i>Of which: Overheads</i>	<i>5,193</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	130
Resident staff (daily workers not included)	1,785

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 aim at: visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and the disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)

Restoring family links	Total
RCMs collected	1,373
RCMs distributed	2,841
Phone calls facilitated between family members	11,793
Tracing cases closed positively (subject located or fate established)	411

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits	Total
Detainees visited	30,617
Detainees visited and monitored individually	1,683
Number of visits carried out	130
Number of places of detention visited	35
Restoring family links	Total
RCMs collected	4,806
RCMs distributed	1,895
Phone calls made to families to inform them of the whereabouts of a detained relative	1,426

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security¹ (in some cases provided within a protection or cooperation programme)

		2016 Targets (up to)	Achieved
Food commodities	Beneficiaries	54,145	170,844
Essential household items	Beneficiaries	58,625	166,081
Productive inputs	Beneficiaries	220,500	10,585
Cash	Beneficiaries	47,250	12,920
Services and training	Beneficiaries	3,640	376,741

Water and habitat (in some cases provided within a protection or cooperation programme)

Water and habitat activities	Beneficiaries	191,800	364,665
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Health

Health centres supported	Structures	47	48
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	2	8
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Water and habitat

Water and habitat activities	Number of beds		734
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Physical rehabilitation

Projects supported	Projects	8	8
Patients receiving services	Patients	104,500	136,280

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The security situation in Afghanistan continued to deteriorate as fighting between Afghan armed and security forces – backed by NATO and the United States of America (hereafter US) – and armed groups intensified. Civilians bore the brunt of the fighting: many were displaced, wounded or killed, or blocked from obtaining basic services. The economy worsened, marked by a high unemployment rate and the ongoing withdrawal of foreign stakeholders from the country. Over 1 million people were reportedly displaced within Afghanistan. Tens of thousands of Afghans fled the country owing to insecurity and/or economic instability.

International military forces further extended the duration of their technical support to local troops. The mass transfer of detainees to the Parwan detention facility in 2015 continued to affect detainees' means of communicating with their relatives. Fighters and presumed supporters of armed groups continued to be arrested, adding to the congestion in detention facilities and straining the authorities' capacity to meet detainees' needs.

Parliamentary elections, originally planned for the first half of 2015 and rescheduled for October 2016, were postponed.

The volatility of the situation and the fragmentation of the political and the military landscape further restricted humanitarian access. Attacks on humanitarian and medical workers persisted.

ICRC ACTION AND RESULTS

The ICRC strove to address the increasing humanitarian needs arising from the conflict. Some constraints – deteriorating security conditions and the fragmentation of the political and the military landscape – affected the implementation of a number of the ICRC's planned activities, such as those related to protecting civilians, assisting detainees and providing health care. Nevertheless, the ICRC worked closely with the Afghan Red Crescent Society and other partners to increase assistance for vulnerable people. It also provided support for the National Society's development.

The ICRC focused on developing and/or maintaining dialogue with all parties to the conflict, though constraints (see above) sometimes made this difficult. It pursued efforts to help improve conflict-affected people's access to humanitarian aid, and to further the parties' understanding of IHL, humanitarian principles and the Movement. During discussions with these parties, the ICRC drew their attention to alleged IHL violations, and reminded them of their responsibilities to protect civilians, ensure access to health services and allow the safe transfer of human remains.

National authorities were encouraged to ratify IHL and IHL-related instruments and incorporate them in domestic legislation; they adopted a combined law on the National Society and protection of the red crescent emblem. At round-tables, religious leaders discussed the similarities between IHL and Islam, and were encouraged to promote IHL within their communities.

Despite intensified fighting and attacks on medical staff and facilities, the ICRC helped wounded and sick people address their health needs. Injured people received life-saving care from ICRC-trained and -equipped emergency responders, and reached hospital via an ICRC-funded transport system. The ICRC provided regular support to the Mirwais hospital in Kandahar, and the Shiberghan

hospital in Jowzjan. An ICRC mobile surgical team – deployed in July – trained staff at other hospitals, to strengthen their ability to cope with influxes of patients. Support from Movement partners, including the ICRC, helped the National Society to improve the services offered at its clinics; the ICRC provided similar support for one community-run primary-health-care centre. Disabled people benefited from physical rehabilitation services at ICRC-run centres; livelihood initiatives and other support helped them reintegrate into society.

National Society and ICRC teams distributed food and household essentials to displaced people to help them meet their immediate needs. The ICRC gave communities cash for help in repairing vital infrastructure; this enabled people to earn money while increasing their communities' shared resources. The ICRC also helped people resume and/or protect their income-generating food production activities by supporting animal-health services and providing agricultural supplies and training. Victims of IHL violations and/or their families received ICRC assistance, which helped offset the consequences of those violations. Conflict-affected people had access to potable water after the ICRC repaired hand pumps, wells and water-supply systems.

The ICRC visited detainees to monitor their treatment and living conditions, and encouraged the pertinent authorities to ensure that applicable judicial guarantees and procedural safeguards were included in their draft criminal procedure code. The growing number of people arrested strained detaining authorities' ability to address overcrowding and its consequences. With ICRC support, detaining authorities undertook activities to ensure a sanitary environment and help limit disease outbreaks. The ICRC helped restore communication between detainees and their relatives, for example, by organizing video calls for detainees held in the US interment facility at Guantanamo Bay Naval Station in Cuba and for foreign detainees in Afghanistan. With ICRC encouragement, a detaining body established clinics at some of its prisons and implemented medical check-ups upon the entry of new detainees. Some disabled detainees received ICRC physical rehabilitation services.

Movement partners met regularly to discuss how to improve their security and broaden their access to those in need, and to coordinate activities.

CIVILIANS

Families are able to bury their deceased relatives

Parties to the conflict – including those who sometimes imposed restrictions on aid delivery – and the ICRC discussed the protection of civilians and their access to health services, as advocated by the Health Care in Danger project. The ICRC made representations to weapon bearers, based on allegations of abuse, and reminded them of their obligations under IHL, with a view to preventing further abuse. Following regular contact with the ICRC, a high-ranking military officer issued directives to respect IHL and restrict the use of explosive weapons in densely populated areas.

The families of 1,355 deceased civilians and fighters buried their relatives in accordance with their customs after the ICRC – acting as a neutral intermediary, and often with the National Society's help – handed over the remains to them. In parallel, national forensic authorities attended workshops and seminars on the proper management of human remains, with ICRC support; National Society staff received training on the topic.

Members of families separated by conflict, detention or migration reconnected through the Movement's family-links services (see also *People deprived of their freedom*). Afghans, including those outside the country, learnt of these services as a result of the ICRC's public communication efforts, and filed tracing requests for missing relatives. The fate and whereabouts of 411 people were ascertained and their families informed.

Conflict-affected people have access to water and health services

Rural and suburban conflict-affected communities learnt, through ICRC training, to maintain infrastructure, which improved the long-term prospects of these facilities. Nearly 364,700 people gained access to potable water as a result of ICRC repairs to hand pumps, wells and/or water-supply systems.

People benefited from preventive and curative care at 47 National Society clinics throughout Afghanistan, which received material and technical support from Movement partners, including the ICRC. One community-run primary-health-care centre in Korangal received such support from the ICRC. At these clinics, about 982,800 consultations took place, and some 557,300 people received vaccinations. Monitoring these clinics remained a challenge owing to insecurity. Three ICRC-supported clinics used an innovative mobile application, allowing for ill children under five to be accurately diagnosed and treated; plans were made to extend its use to other clinics. The public health ministry and other organizations carried out polio vaccination campaigns; the ICRC facilitated their access to those in need.

Conflict-affected communities develop their income-generating capacities

Around 152,700 people (21,808 households), most of them displaced, met some of their immediate needs with one-month food rations from the National Society and the ICRC; some 145,500 of them (20,784 households) received household essentials.

About 1,150 vulnerable breadwinners supported themselves and their families (8,036 people) by repairing vital infrastructure, including irrigation canals and roads, in exchange for cash. These improvements also enabled their communities to boost their food production. Some 1,100 agricultural and pastoral households (around 7,900 people) increased their income using ICRC-provided supplies and equipment. They included vulnerable households, many headed by women, that increased their income by selling the products from ICRC-provided poultry and livestock. Others (some 140 households/1,000 people) received productive inputs that helped ensure the health of their livestock. Some 24,600 households (172,300 people) had healthier and more productive livestock after ICRC-equipped veterinary workers carried out deworming and treatment programmes.

Victims of IHL violations and/or their families (nearly 290 households/2,800 people) received financial assistance, which helped to offset the financial consequences of these violations and to cover their needs, including food, medical treatment and funeral costs.

Disabled people and their families regained a measure of self-sufficiency with ICRC support. Over 40 people secured employment, and around 390 people attended vocational training. Some 250 breadwinners pursued livelihood activities using microcredits, to the benefit of 1,715 people. About 240 severely disabled children received home tuition; 22 had their university

fees covered; 134 attended various courses; and many others were supplied with school stationery. Some 1,800 housebound people with spinal-cord injuries received medical items and assistance at home; about 650 of them and their families (over 4,500 people) also received food rations and household essentials monthly.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through RCMs and phone and video calls

The ICRC visited detainees, in accordance with its standard procedures. Particular attention was paid to vulnerable groups, including women, minors and foreigners. Findings from these visits – on the treatment and living conditions of detainees – were later discussed with the authorities concerned. The discussions focused on: the ICRC's unimpeded access to detainees; respect for judicial guarantees, and the principle of *non-refoulement*; and existing mechanisms to prevent ill-treatment. The ICRC also engaged armed groups in dialogue, promoting respect for the rights of people held by weapon bearers. Some detainees were released on humanitarian grounds, with the ICRC moderating their release as a neutral and independent humanitarian actor.

Some families learnt the whereabouts of detained relatives through notices furnished by detaining authorities to the ICRC. Detainees benefited from the Movement's family-links services. People being held in the Guantanamo Bay internment facility, people with relatives abroad and foreign detainees reconnected with their relatives via ICRC-organized video calls. Some foreign detainees contacted their consular representatives and received ICRC assistance while awaiting repatriation. Some detainees, notably in the Parwan detention facility, received family visits. Such services helped improve detainees' state of mind and enabled some to receive material support from their families.

Following ICRC dialogue with the weapon bearers, a number of people held by armed groups were able to contact their families via RCMs.

Detainees have better access to health services

The rising prison population strained the authorities' means to address overcrowding and its consequences. The ICRC continued to encourage coordination between all stakeholders involved in prison health, and helped Afghan authorities in mobilizing international stakeholders for support to improve prison infrastructure.

Detainees in some places of detention had better health services, in line with the public health ministry's standards, as the pertinent authorities received medical supplies and equipment, technical advice and/or financial support from the ICRC. With ICRC encouragement, the National Directorate of Security (NDS) set up clinics at certain prisons, which helped improve detainees' access to health services. Discussions led the NDS to enhance medical procedures in its facilities, for instance, by implementing medical check-ups for new detainees. Nearly 300 disabled detainees regained their mobility after being fitted with orthotic devices by ICRC personnel.

Detaining authorities and the ICRC undertook initiatives – including disease- and vector-control programmes – to help ensure good health and hygiene and a more sanitary environment, and thereby limit disease outbreaks. Around 1,000 detainees in the Herat and Sarpoza prisons were treated for scabies; all the detainees in these prisons were given sterilized clothes, as a preventive measure.

Detainees benefited from ICRC repairs to infrastructure. For example, some: 10,000 detainees in Kabul's Pul-i-Charki prison and 1,000 in the Helmand provincial prison had improved cooking facilities; 800 and 500 detainees in the Herat and Khost provincial prisons, respectively, had better access to potable water; and 4,500 detainees in the Parwan detention facility, and those held in the Khost prison, were able to meet their families in renovated visiting areas. Hygiene and maintenance committees were better equipped to tackle sanitation- and infrastructure-related issues after receiving material support and training.

Around 32,000 detainees – and prison staff and children – received hygiene items and winter essentials, which helped improve their living conditions. Plans for activities to supplement or increase detainees' income and diversify their diet were put on hold owing to human resource and other constraints.

WOUNDED AND SICK

Various ICRC-supported health workers and other actors managed to provide suitable medical treatment to some wounded and sick people, amidst insecurity.

Injured people received life-saving care from ICRC-trained and -equipped emergency responders, including National Society volunteers, medical workers, taxi drivers and weapon bearers, including members of armed groups. Over 1,500 weapon-wounded people reached hospital by means of an ICRC-funded transport system of taxis and ICRC vehicles.

Hospitals are better prepared for influxes of patients during emergencies

The health ministry's Mirwais and Shiberghan hospitals admitted almost 72,800 inpatients – including nearly 1,900 wounded people and 28,500 women in need of obstetric or gynaecological care; roughly 429,500 consultations were provided for outpatients. Patients who needed specialized care were referred to other health facilities. Both hospitals received regular ICRC training and material, technical, managerial and financial support. Patients and staff at both hospitals benefited or stood to benefit from infrastructural upgrades by the ICRC. At the Mirwais hospital, these included completion of a laundry building and renovation of a wing marked for the paediatric and neonatal departments. At the Shiberghan hospital, construction of an emergency department began; two ICRC emergency-care specialists provided assistance in this regard, notably by training staff and helping them procure the necessary equipment.

Other State- or armed group-run hospitals received ad hoc support during emergencies. The ICRC assembled a mobile surgical team to help hospitals across Afghanistan strengthen their capacity to handle influxes of patients. Beginning in July, the team helped expand – through three week-long training missions – the emergency-response capacities of the staff of five hospitals in conflict-affected areas.

Disabled people improve their mobility

Some 136,300 disabled people improved their mobility after receiving physical rehabilitation services at seven ICRC-run centres managed by ICRC-trained employees, many of whom were disabled. Some disabled detainees were fitted with orthotic devices (see *People deprived of their freedom*). Mobility devices were produced using parts manufactured at an ICRC component factory in Kabul. Disabled patients from remote areas travelling to the centres,

or elsewhere for specialized care, had their transportation costs partly covered by the ICRC. When necessary, they were referred to hospitals. People with spinal-cord injuries received home visits and other forms of ICRC assistance (see *Civilians*).

Patients and staff at the centres benefited from infrastructural upgrades. These included construction of: a physiotherapy room in the women's section of the Gulbahar centre; an outdoors area for female patients, a car service zone and a basketball court at the Faizabad centre; and latrines and drainage systems at the Mazar-i-Sharif centre. Some orthopaedic technicians and physical therapists attended courses and training sessions, with ICRC support, to develop their skills and to help ensure the sustainability of the physical rehabilitation sector in Afghanistan.

Sports events and livelihood initiatives (see *Civilians*) helped patients improve their well-being and regain self-sufficiency. Dissemination sessions informed the public of the physical rehabilitation services available.

ACTORS OF INFLUENCE

Weapon bearers are reminded of the need to protect civilians

Though sometimes hampered by insecurity and the fragmented political and military landscape, the ICRC continued its dialogue on humanitarian issues with the armed and security forces, including international forces. Topics covered included the use of explosive weapons in densely populated areas, and the protection of civilians and medical staff and facilities. Certain influential figures issued directives addressing concerns raised by the ICRC (see, for example, *Civilians*).

Armed forces officers were encouraged to incorporate IHL and other applicable norms in their doctrine, training and operations. With ICRC support, some officers participated in IHL courses and workshops, including one on the rules governing military operations (see *International law and policy*). Instructors from the armed forces participated in train-the-trainer courses, which aimed to equip them to conduct IHL courses unassisted. Armed and security forces personnel furthered their understanding of IHL during dissemination sessions that covered such matters as sexual violence, the use of explosive weapons in densely populated areas and the protection of the civilian population. Members of armed groups also attended dissemination sessions; these were often supplemented by first-aid training and donations of first-aid material, enabling them to treat their wounded peers (see *Wounded and sick*).

Members of civil society further their understanding of humanitarian issues and the Movement

Authorities, weapon bearers, influential community and religious leaders, academics, media professionals and beneficiaries – some 29,000 individuals in all – participated in discussions with the ICRC and furthered their understanding of IHL and the Movement. Religious leaders and scholars refined their understanding of the similarities between Islam and IHL; some learnt about the challenges facing IHL during round-tables and conferences, several of which were held abroad (see, for example, *Iran, Islamic Republic of* and *New Delhi*). They were encouraged to promote IHL in their own communities, so that people could feel free to communicate their concerns to the ICRC.

Public awareness of humanitarian issues, and of the Movement and its activities in Afghanistan, was broadened through dissemination sessions, publications and videos translated into Dari and Pashto,

social media posts, and features on the ICRC's website. Posters with illustrations adapted to the Afghan context helped people understand key messages of the Health Care in Danger project and the ICRC's programme for transferring human remains. Regular dialogue with media organizations strengthened mutual understanding. Journalists drew from ICRC-organized roundtables to improve their coverage of the conflict and of the ICRC's humanitarian activities.

Afghan authorities and the ICRC met regularly to discuss such matters as: incorporation of IHL and IHL-related treaties in domestic legislation; ratification of the Hague Convention on Cultural Property and the Arms Trade Treaty; and possibilities for organizing IHL dissemination sessions for future diplomats. The combined law on the National Society and protection for the red crescent emblem was adopted in October. The pertinent authorities sought the ICRC's views on the drafts of the National Civilian Casualty Prevention and Mitigation Policy and the criminal procedure code. The ICRC recommended including applicable judicial guarantees and procedural safeguards in the latter text.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society expands its emergency-response capacities

The National Society remained the ICRC's main partner in providing material aid and medical care to victims, reconnecting families and transferring human remains (see *Civilians* and *Wounded and sick*). At times, it used the ICRC's help to safely gain access to people in need.

With financial and technical support from Movement partners, including the ICRC, the National Society reinforced its institutional and branch-level capacities. Through an ICRC-organized workshop on the Safer Access Framework, staff and volunteers identified challenges related to acceptance, security and access, and developed plans to reduce risks when carrying out activities in conflict-affected areas. They reinforced their communication and management skills during other workshops.

With Movement partners' support, the Afghan Red Crescent Society hosted a meeting in Doha, Qatar, for some of the region's National Societies to present its strategic plan for 2016–2020, discuss humanitarian needs in Afghanistan, and explore how the National Societies in attendance could contribute to its activities.

National Society representatives attended a meeting on the Health Care in Danger project in Geneva, Switzerland.

Movement partners met regularly to identify measures to improve their security and their access to people in need, and to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected	1,373			
RCMs distributed	2,841			
Phone calls facilitated between family members	11,793			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	1,355			
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered	1,401	200	175	234
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases closed positively (subject located or fate established)	411			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	1,209	217	186	239
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Documents				
Official documents relayed between family members across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited	30,617	658	566	
		Women	Girls	Boys
Detainees visited and monitored individually	1,683	5	2	114
Detainees newly registered	1,215	5	2	106
Number of visits carried out	130			
Number of places of detention visited	35			
RCMs and other means of family contact				
RCMs collected	4,806			
RCMs distributed	1,895			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,426			
Detainees visited by their relatives with ICRC/National Society support	3,495			
People to whom a detention attestation was issued	12			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	170,844	52,894	57,390
	<i>of whom IDPs</i>	143,745	45,694	54,716
Essential household items	Beneficiaries	166,081	51,251	55,277
	<i>of whom IDPs</i>	136,577	43,543	52,029
Productive inputs	Beneficiaries	10,585	3,133	3,029
	<i>of whom IDPs</i>	750	250	266
Cash	Beneficiaries	12,920	3,732	4,122
	<i>of whom IDPs</i>	350	105	124
Services and training	Beneficiaries	376,741	117,847	133,305
	<i>of whom IDPs</i>	168	50	68
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	364,665		
Health				
Health centres supported	Structures	48		
Average catchment population		1,591,120		
Consultations		982,819		
	<i>of which curative</i>	914,461	249,092	128,348
	<i>of which antenatal</i>	68,358		
Immunizations	Patients	557,308		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	222,688		
Referrals to a second level of care	Patients	9,047		
	<i>of whom gynaecological/obstetric cases</i>	553		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	38,009	943	469
Services and training	Beneficiaries	14		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,782		
Health				
Visits carried out by health staff		240		
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
	<i>of which provided data</i>	2		
Patients whose hospital treatment has been paid for by the ICRC		112	28	71
Admissions	Patients	72,767	39,082	16,362
	<i>of whom weapon-wounded</i>	1,850	112	187
	<i>(including by mines or explosive remnants of war)</i>	679	51	109
	<i>of whom surgical cases</i>	17,393	3,236	5,027
	<i>of whom internal medicine and paediatric cases</i>	25,059	7,861	10,556
	<i>of whom gynaecological/obstetric cases</i>	28,465	27,873	592
Operations performed		22,324		
Outpatient consultations	Patients	429,490	201,425	95,435
	<i>of whom surgical cases</i>	174,320	40,354	46,955
	<i>of whom internal medicine and paediatric cases</i>	135,027	45,324	44,084
	<i>of whom gynaecological/obstetric cases</i>	120,143	115,747	4,396
Water and habitat				
Water and habitat activities	Number of beds	734		
Physical rehabilitation				
Projects supported	Projects	8		
Patients receiving services	Patients	136,280	21,987	46,583
New patients fitted with prostheses	Patients	1,068	128	104
Prostheses delivered	Units	4,321	408	273
	<i>of which for victims of mines or explosive remnants of war</i>	2,553	116	63
New patients fitted with orthoses	Patients	6,432	1,281	3,096
Orthoses delivered	Units	16,134	2,677	8,861
	<i>of which for victims of mines or explosive remnants of war</i>	114	3	10
Patients receiving physiotherapy	Patients	84,225	14,911	36,941
Walking aids delivered	Units	18,877	2,027	2,630
Wheelchairs or tricycles delivered	Units	1,428	224	443

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

BANGLADESH



KEY RESULTS/CONSTRAINTS IN 2016

- Vulnerable communities in the Cox's Bazar district obtained health care at two facilities, which improved their services with technical, material and staff support from the Bangladesh Red Crescent Society and the ICRC.
- Detainees at 11 prisons received ICRC visits conducted in accordance with the organization's standard procedures. Feedback and recommendations were conveyed confidentially to the authorities.
- People injured during outbreaks of violence were given first aid by ICRC-supported Bangladeshi Red Crescent teams. Journalists, imams, religious scholars and students affiliated with political parties learnt first aid.
- Disabled people obtained rehabilitative care at two centres that received technical, financial and material support from the ICRC. Thirty-four people on ICRC scholarships pursued physical rehabilitation studies locally or abroad.
- The armed, paramilitary and police forces continued to incorporate IHL and other applicable norms in their training. The national police academy added an ICRC publication on international policing standards to its standard curriculum.

EXPENDITURE IN KCHF

Protection	1,804
Assistance	4,215
Prevention	1,150
Cooperation with National Societies	553
General	63
Total	7,785
<i>Of which: Overheads</i>	<i>475</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	68

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist people affected by tensions and violence; promotes IHL and its implementation among the authorities, armed and security forces and academic circles; helps improve local capacities to provide physical rehabilitation services for the disabled; and supports the Bangladesh Red Crescent Society in building its capacities. It seeks to visit people deprived of their freedom in the country.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	114
RCMs distributed	111
Phone calls facilitated between family members	295
Tracing cases closed positively (subject located or fate established)	1
People reunited with their families	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,496
Detainees visited and monitored individually	22
Number of visits carried out	12
Number of places of detention visited	11
Restoring family links	
RCMs collected	54
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	2,953
Essential household items ¹	Beneficiaries	9,200
Productive inputs	Beneficiaries	2,840
Cash	Beneficiaries	4,000 2,974
Services and training ¹	Beneficiaries	5,100
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,100 523
Health		
Health centres supported	Structures	2 2
WOUNDED AND SICK		
Water and habitat		
Water and habitat activities	Number of beds	100 81
Physical rehabilitation		
Projects supported	Projects	2
Patients receiving services	Patients	949

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

There were outbreaks of violence during local elections, held in several rounds beginning in March, and during general strikes carried out by various groups. Public safety was also threatened by armed attacks; one took place at a commercial establishment in July, and resulted in the death of 17 foreigners. Fires and explosions at factories around Dhaka also led to casualties. Communal tensions persisted in the Chittagong Hill Tracts and other areas. In parts of the Brahmanbarhia and Gaibandha districts, such tensions led to violent incidents.

Vulnerable communities in the Cox's Bazar district required assistance to meet their health-care needs. Beginning in October, intensified violence in Myanmar's Rakhine state (see *Myanmar*) drove tens of thousands of people to the Cox's Bazar district, putting more pressure on already-strained resources.

The dispersal of family members during migration remained a humanitarian concern.

Cyclone Roanu in May caused flooding, destroyed crops and livestock, and claimed some 20 lives.

Bangladesh continued to contribute troops to UN peace-support missions.

ICRC ACTION AND RESULTS

The ICRC continued to work closely with the Bangladesh Red Crescent Society to aid people affected by political or communal violence. It also continued to develop its dialogue and working relations with the authorities, the military, paramilitary and police forces, and other pertinent parties, with a view to fostering cooperation in promoting humanitarian principles and IHL, and in addressing humanitarian concerns.

As the ICRC's main partner, the Bangladeshi Red Crescent received comprehensive support for strengthening its ability to deliver humanitarian services. This support also helped the National Society assess its organizational capacities and identify areas for improvement, provide first-aid training to members of the public as well as to its volunteers, use digital communication more effectively, and mitigate security risks for its personnel.

Regular meetings helped Movement partners coordinate their work.

Financial, technical and material support was maintained for National Society teams administering first aid during outbreaks of violence and other emergencies. Law enforcement officers, journalists, imams, religious scholars and students affiliated with political parties received first-aid training from the National Society and/or the ICRC. A hospital treating victims of factory fires and explosions was provided with supplies. Doctors and nurses from four facilities expanded their capacities in emergency care at an ICRC course.

People affected by tensions in the Chittagong Hill Tracts started livelihood activities with ICRC cash grants. Households that had received similar support in previous years were monitored by the ICRC, and found to have increased their income.

Movement family-links services helped people in Bangladesh reconnect with relatives abroad, including people in detention. The

ICRC continued to help the National Society develop its family-links services.

Vulnerable communities in the Cox's Bazar district continued to obtain health care at two facilities in the Teknaf and Uhkiya sub-districts. The health authorities, aided by the Bangladeshi Red Crescent and the ICRC, worked to improve services at the two facilities and strengthen coordination among the various government and non-government agencies supporting the facilities. ICRC-led infrastructure repairs and renovations helped expand services at both facilities.

In line with an agreement signed in February, the authorities granted the ICRC access to all places of detention in Bangladesh until the end of the year. The ICRC visited detainees at 11 prisons in accordance with its standard procedures, and subsequently conveyed its feedback and recommendations confidentially to the authorities.

Detainees in several prisons had better living conditions after the authorities, with ICRC support, made improvements to infrastructure. The authorities continued to reinforce their capacities in prison management through ICRC training and by attending conferences abroad, with ICRC support.

Referrals and financial support enabled physically disabled people to receive treatment at the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP), where the ICRC provided full-time technical guidance. Thirty-four people on ICRC scholarships pursued physical rehabilitation studies locally or abroad.

As part of its social-inclusion initiatives for disabled people, the ICRC organized training camps for male and female basketball players, and, with the national sports authorities, supported the national cricket team.

The authorities drew on the ICRC's expertise to implement pledges they had made, at the 32nd International Conference, on preventing sexual violence during armed conflict. The national IHL committee continued to receive ICRC support.

The armed forces, paramilitary forces and the police continued, with the ICRC's assistance, to incorporate IHL and other applicable norms in their training and operations. The Bangladesh Police Academy added four ICRC publications to its standard curriculum, including a Bengali translation of one on international policing standards.

CIVILIANS

Dialogue with the authorities drew attention to the humanitarian needs of people affected by violence (see *Actors of influence*). The ICRC provided regular support for the Bangladeshi Red Crescent to develop its capacities, and worked with it to assist vulnerable communities.

People affected by tensions increase their income and have better access to water

In the Chittagong Hill Tracts, communities affected by tensions worked towards economic recovery with ICRC assistance. Some 620 households (2,900 people) started livelihood activities, including agricultural or fishing projects, with ICRC cash grants and/or ICRC-provided seed. The ICRC monitored households that

had received similar assistance in the past two years, and found that they had increased their income by more than 40%.

Some 520 people had more water for their daily needs, and more sanitary conditions, after the Bangladeshi Red Crescent and the ICRC repaired their water-supply facilities and installed latrines. National Society hygiene-promotion activities helped them reduce their risk of illness. These activities reached fewer people than planned because of delays caused by administrative constraints.

People affected by communal violence in the Brahmanbarhia (130 households; 700 individuals) and Gaibandha (450 households; 2,250 individuals) districts met their immediate needs with the help of food and other essentials – and, in some cases, cash – provided by the ICRC.

Members of families separated by migration stay in touch

Movement family-links services helped people in Bangladesh – including new arrivals from Myanmar – restore or maintain contact with their relatives abroad. RCMs, phone calls and/or short oral messages relayed by ICRC delegates enabled people to receive news of relatives in other countries, including people in detention. Some used Bangladeshi Red Crescent and ICRC tracing services to locate family members.

The Ministry of Disaster Management and Relief published a set of national guidelines – drafted with the ICRC's technical advice – for managing human remains during and after disasters. Representatives of government agencies and NGOs involved in disaster response attended an ICRC session on the management of human remains. The ICRC provided two medical colleges in Dhaka with forensic equipment and reference materials.

Vulnerable communities have better access to health care

Vulnerable people in the Cox's Bazar district obtained preventive and/or curative health care at two facilities in Teknaf and Ukhiya, which sought to serve around 504,000 people. Government health officials worked – with technical, material and staff support from the Bangladeshi Red Crescent and the ICRC – to improve services at the two facilities and strengthen coordination among the various government and non-government agencies assisting the facilities.

At the Teknaf facility (31 beds), women gave birth more safely following ICRC repairs to the labour and delivery rooms, and ICRC-constructed storage rooms enabled personnel to manage supplies and equipment more effectively. The ICRC restored the electrical system in the facility's operating theatres, enabling surgeons to perform minor operations for the first time in 12 years; both residents and refugees benefited. At the Ukhiya facility (50 beds), renovation of the women's and the children's wards, including the sanitation infrastructure, helped improve conditions for inpatients. At both facilities, emergency rooms were renovated and equipped, and, in cooperation with the local health authorities, waste-management and infection-control systems were improved, through staff training and other means.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at nine prisons receive ICRC visits

In an agreement signed in February, the authorities granted the ICRC access to all places of detention in the country until the end of the year. Some 13,400 people detained at 11 prisons received

ICRC visits, carried out in accordance with the organization's standard procedures. After these visits, the ICRC communicated its findings and, where necessary, its recommendations for improving conditions of detention, confidentially to the authorities.

Detainees, including foreigners, restored or maintained contact with relatives through RCMs and/or short oral messages relayed by ICRC delegates. At the request of one foreign detainee, the ICRC notified his embassy of his detention.

A total of 9,100 detainees in eight prisons had better living conditions after the authorities made improvements to infrastructure with ICRC technical assistance. Such improvements included roof and kitchen repairs, the construction of areas for family visits, and, in one prison, the installation of a water network for some 4,700 detainees and 2,200 staff. Detainees in charge of maintaining cleanliness at seven prisons were provided with tools and protective equipment, benefiting a total of 8,700 inmates.

Some 13,200 inmates in 10 prisons benefited from ICRC-donated books, games and volleyball sets. More than 1,000 foreign detainees in 86 prisons received hygiene kits and clothes provided by the ICRC and distributed by the Bangladeshi Red Crescent.

The penitentiary authorities received technical recommendations from the ICRC on improving health care for detainees, and two prison infirmaries were provided with medical equipment.

Penitentiary authorities reinforce their ability to address detainees' humanitarian needs

ICRC training enabled 20 senior prison officials to strengthen their project-management skills and design projects to improve conditions at three detention facilities; at the end of the year, the projects were at various stages of implementation.

Officials developed their prison-management capacities with ICRC support. Representatives from the home-affairs ministry and the prisons department attended a regional conference for correctional managers in Sri Lanka (see *Sri Lanka*), where they discussed how to address humanitarian needs in prisons. Penitentiary officials learnt more about planning and designing detention facilities at a conference in the Republic of Korea (see *Beijing*). Representatives from the prisons department participated in a course in Switzerland on health care in detention. Through ICRC training, prison officials reinforced their skills in risk assessment and management.

WOUNDED AND SICK

Injured people receive immediate treatment

In dialogue with security forces and other pertinent parties, the ICRC emphasized the necessity of ensuring that health services are respected and protected during emergencies. People wounded during violence and other emergencies were given first aid by Bangladeshi Red Crescent teams, which received financial, technical and material assistance from the ICRC. Vehicles maintained or rented with ICRC support enabled the teams to transport people requiring more advanced care to hospitals.

Doctors and nurses from four facilities in Rajshahi attended an ICRC course and expanded their capacities in emergency care. Victims of factory fires and explosions were treated at a hospital in Dhaka that received supplies from the ICRC.

Some 100 students affiliated with political parties received first-aid training and supplies from the National Society and the ICRC. Law enforcement personnel (see *Actors of influence*), journalists working in the Chittagong Hill Tracts, imams and religious scholars were also trained in administering first aid.

The National Society, supported by the ICRC, provided medical consultations to some 1,700 people during the Bishwa Ijtema, a congregation of Muslims; 16 disabled people were referred for physical rehabilitation services.

Disabled people benefit from rehabilitative care and activities promoting social inclusion

Some 900 people obtained physical rehabilitation services at two CRP branches; the ICRC covered their expenses for treatment, transport, accommodation and food. The ICRC provided full-time technical guidance at these facilities, as well as financial and material support for improving their services.

Sponsored by the ICRC, 30 people studied for diplomas in prosthetics and orthotics at the CRP-affiliated Bangladesh Health Professions Institute, and four others pursued physical rehabilitation studies abroad. The institute, guided by the ICRC, took steps towards obtaining international accreditation for its prosthetics and orthotics programme.

More than 300 disabled cricketers, from different parts of the country, attended a sports camp organized by the national sports authorities and the ICRC; some of them competed in tournaments in India and the United Arab Emirates with ICRC assistance. Some 30 men and women received wheelchair-basketball training at ICRC-supported camps.

ACTORS OF INFLUENCE

Military, paramilitary and police forces incorporate IHL and other applicable norms in their training

The armed forces, paramilitary forces and the police continued to incorporate IHL and other applicable norms in their training and operations, with technical assistance from the ICRC. Through ICRC dissemination sessions, more than 700 officers from various law enforcement agencies learnt more about IHL, international policing standards and other relevant norms, including those regulating the use of force during arrests and detention; many of these sessions included first-aid training.

The Bangladesh Police Academy added four ICRC publications, including a Bengali translation of one on international law enforcement standards, to its standard curriculum.

ICRC presentations enabled military and paramilitary forces assigned to law enforcement duties in border regions and/or tension-prone areas, and military personnel bound for UN peace-keeping missions abroad, to add to their knowledge of IHL and other applicable norms. Military and police officers attended ICRC train-the-trainer courses. The ICRC organized seminars, with the Bangladesh Institute of Peace Support Operation Training, on the issue of sexual violence during armed conflict; military officials, and government and UN agencies, participated.

Senior military officers attended IHL workshops abroad – including an advanced course in Lucerne, Switzerland (see *International law and policy*) – with ICRC support.

The authorities draw on ICRC expertise to advance IHL implementation

Dialogue with the authorities and members of civil society emphasized the humanitarian needs of violence-affected people (see *Civilians*).

The authorities drew on the ICRC's technical advice to implement pledges they had made, at the 32nd International Conference, to prevent sexual violence during armed conflict. The national IHL committee continued to receive ICRC assistance. Discussions with the foreign affairs ministry and other pertinent authorities, on advancing the domestic implementation of the 1949 Geneva Conventions, the 1977 Additional Protocols, the Anti-Personnel Mine Ban Convention and the Biological Weapons Convention, continued.

Government officials attended IHL-related meetings and seminars abroad – including the fourth universal meeting of national IHL committees – with ICRC support. A regional meeting of such committees in Dhaka was rescheduled by the authorities for 2017.

Journalists draw public attention to the Movement's activities

ICRC briefings helped journalists broaden awareness of humanitarian issues and the work of the Bangladeshi Red Crescent and the ICRC. The National Society and the ICRC kept the authorities and others concerned informed of their humanitarian activities. For example, they promoted their family-links services for migrants at the Global Forum on Migration and Development, which the Bangladeshi government hosted in December.

With a local journalists' association, the ICRC organized a conference for media professionals from 11 countries. Participants discussed such matters as covering emergencies and reporting on humanitarian activities in response to them.

The Bangladeshi Red Crescent carried out, with ICRC assistance, a communication campaign in four districts on the use of the emblems protected under IHL.

The ICRC engaged religious organizations and institutions in discussions on humanitarian issues. With the Islamic studies department of the University of Rajshahi, the ICRC published a Bengali translation of a collection of essays on Islam and IHL. The Iranian embassy in Dhaka and the ICRC organized a round-table on Islam and IHL; it was attended by government officials, diplomats, representatives of inter-faith platforms, and others. The ICRC enabled two Islamic scholars to attend IHL courses in Lebanon and Tunisia.

Sponsored by the ICRC, professors attended IHL-related events abroad, including a conference on Islam and IHL (see *Iran, Islamic Republic of*), and university students learnt more about IHL at a regional moot court competition in Hong Kong (see *Beijing*).

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladeshi Red Crescent continued to work with the ICRC to address the needs of people affected by emergencies (see *Wounded and sick*), and to help vulnerable people obtain health care and family-links services (see *Civilians*). Three branches expanded their first-aid training capacities with ICRC-donated cardiopulmonary resuscitation mannequins and other equipment. The ICRC provided funding to insure some 3,000 volunteers.

Two National Society branches used ICRC-provided generators to cope with power outages. The ICRC renovated a commercial property owned by one branch, enabling it to seek to lease the property. ICRC-provided equipment helped the National Society increase its capacities in digital communication.

National Society personnel learnt more about mitigating security risks and promoting respect for health services during emergencies at an ICRC workshop on the Safer Access Framework and at regional round-tables on the framework and on the Health Care in Danger project in Sri Lanka (see *Sri Lanka*).

With technical and financial support from the ICRC, three National Society branches assessed their organizational capacities and identified areas for improvement.

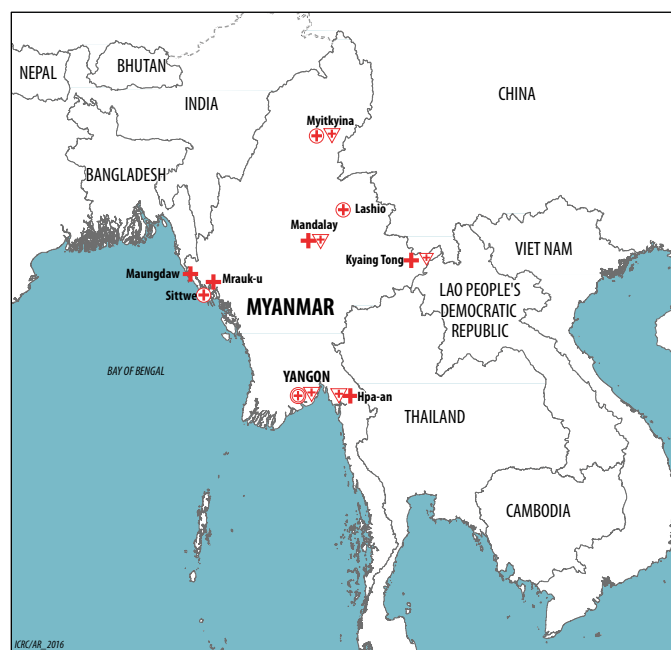
Regular meetings helped Movement partners coordinate their work, including activities to assist people affected by Cyclone Roanu and new arrivals from Myanmar.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		114			
RCMs distributed		111			
Phone calls facilitated between family members		295			
Reunifications, transfers and repatriations					
People reunited with their families		4			
	<i>including people registered by another delegation</i>	4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		5	1	1	1
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)		1			
Tracing cases still being handled at the end of the reporting period (people)		4	1		
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		13,496	554	1	
			Women	Girls	Boys
Detainees visited and monitored individually		22			1
Detainees newly registered		22			1
Number of visits carried out		12			
Number of places of detention visited		11			
RCMs and other means of family contact					
RCMs collected		54			
Phone calls made to families to inform them of the whereabouts of a detained relative		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	2,953	1,181	591
Essential household items ¹	Beneficiaries	9,200	3,650	
Productive inputs	Beneficiaries	2,840	992	853
Cash	Beneficiaries	2,974	1,039	893
Services and training ¹	Beneficiaries	5,100	2,030	20
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	523	173	204
Health				
Health centres supported	Structures	2		
Average catchment population		504,325		
Consultations		203,025		
	<i>of which curative</i>	195,806		
	<i>of which antenatal</i>	7,219		
Immunizations	Patients	114,794		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	114,794		
Referrals to a second level of care	Patients	3,129		
	<i>of whom gynaecological/obstetric cases</i>	309		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	14,316	708	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	14,619	731	
Health				
Visits carried out by health staff		7		
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	81		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	949	65	639
New patients fitted with prostheses	Patients	174	17	11
Prostheses delivered	Units	222	23	21
New patients fitted with orthoses	Patients	551	35	449
Orthoses delivered	Units	1,321	56	1,167
Patients receiving physiotherapy	Patients	202	25	118

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MYANMAR



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Households in Rakhine and in Kachin and Shan – in both government- and armed group-controlled areas – restored or boosted their livelihood activities with ICRC-provided seed and tools, cash grants or training.
- ▶ Following the rise of violence in northern Rakhine, the ICRC reimbursed the cost of each transfer of the health ministry's outpatient referral service, supported two mobile health teams, and provided a hospital with medical supplies.
- ▶ Disabled people improved their mobility with the help of rehabilitative care offered at three ICRC-supported centres, including a new one in Kachin, and with services from mobile workshops and roving repairmen.
- ▶ Some of the ICRC's activities for violence-affected communities were delayed, owing to increased security concerns and restrictions imposed by the authorities.
- ▶ Based on ICRC recommendations, Myanmar's detention authorities established a new engineering unit for developing national standards for prison infrastructure.
- ▶ The Myanmar police and the ICRC strengthened their dialogue on humanitarian concerns. Police officers and trainers and crowd management commanders learnt more about international policing standards at ICRC workshops.

EXPENDITURE IN KCHF

Protection	5,931
Assistance	19,924
Prevention	2,091
Cooperation with National Societies	1,982
General	350
Total	30,278
<i>Of which: Overheads</i>	<i>1,847</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	71
Resident staff (daily workers not included)	427

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary-health-care, hospital and physical rehabilitation services, and repairing water, health and prison infrastructure. It conducts protection activities in favour of affected communities, visits detainees in places of permanent detention and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It works with the Myanmar Red Cross Society in many cases and helps it build its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,163
RCMs distributed	1,397
Tracing cases closed positively (subject located or fate established)	25
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	39,682
Detainees visited and monitored individually	276
Number of visits carried out	46
Number of places of detention visited	29
Restoring family links	
RCMs collected	1,499
RCMs distributed	1,310

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 500	
Essential household items	Beneficiaries 32,500	37,764
Productive inputs	Beneficiaries 20,000	16,192
Cash	Beneficiaries 19,500	22,886
Services and training	Beneficiaries 2,535	28,463
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 91,280	60,642
Health		
Health centres supported	Structures 15	7
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 15	16
Water and habitat		
Water and habitat activities	Number of beds	405
Physical rehabilitation		
Projects supported	Projects 5	4
Patients receiving services	Patients 5,000	3,370

CONTEXT

The Myanmar parliament appointed a president in March 2016. The new round of peace negotiations between the government and various armed groups, at a conference in August 2016, did not yield any concrete agreements; sporadic clashes between the parties continued to displace thousands of people in Kachin and Shan states. Fighting in northern Shan reportedly increased.

In northern Rakhine, attacks carried out by armed elements against police stations in October 2016 brought about bolstered security interventions by government forces. This rise of violence caused thousands of people to flee to Bangladesh. It also further restricted movement in Buddhist and Muslim communities still suffering the effects of the communal violence of 2012.

Security concerns and an increase in restrictions on access imposed by the authorities hampered humanitarian organizations' efforts to reach people affected by the fighting. IDPs and other violence-affected people struggled to maintain or restore their livelihoods and to obtain basic services such as health care.

Mines and explosive remnants of war (ERW) were a source of concern in many areas of the country. Myanmar remained vulnerable to natural disasters; flooding occurred in some states or regions.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the needs of victims of armed conflict and other situations of violence in Myanmar. In its interaction with the authorities, armed groups and members of civil society, it sought continuously to improve its access to violence-affected communities. However, security concerns and restrictions imposed by the authorities made it increasingly difficult for the ICRC to reach people affected by the fighting and carry out some of its planned activities.

ICRC assistance in the form of unconditional cash grants and essential household items helped violence-affected people ease their living conditions. Households in Kachin, Rakhine and Shan started, resumed or boosted livelihood activities with ICRC-provided seed and tools, conditional cash grants or business skills training. Through the ICRC's repair and construction of water and sanitation facilities in camps, displaced people lessened their exposure to health hazards.

In Kachin, Rakhine and northern Shan, the ICRC provided material and technical support for hospitals and health centres, including several satellite posts. People within reach of the centres obtained preventive and curative care. Health-care staff from various communities developed their skills at ICRC-organized training sessions. In central Rakhine, the ICRC supported the health ministry's emergency patient transport system and outpatient referral service; both enabled Buddhist and Muslim communities to have prompt and safe access to the Sittwe general hospital. Following the bolstered security interventions of government forces against armed elements in northern Rakhine, the ICRC expanded its support for the health ministry by: reimbursing the cost of each transfer made by an outpatient referral service in the area; supporting two mobile health teams; and providing a hospital in Maungdaw with medical supplies.

Three ICRC-supported physical rehabilitation centres, including a new centre in Kachin, provided rehabilitative care for disabled people. The referral system operated by the Myanmar Red Cross Society and the ICRC helped inform disabled people of the nearest

centre or service provider. Disabled people who lived far from the supported centres obtained foot-and-strap repair services through mobile workshops and roving repairmen.

Detainees in prisons and labour camps under the authority of the home affairs ministry continued to receive ICRC visits, conducted in accordance with the organization's standard procedures. The ICRC discussed the findings from these visits confidentially with prison authorities, with a view to improving detainees' living conditions, including their access to basic services. The ICRC conducted similar visits to people held by armed groups in Kachin. Senior prison staff attended courses abroad with ICRC support, and learnt more about internationally recognized standards for prison management. Based on ICRC recommendations, the detention authorities established a new engineering unit for developing national standards for prison infrastructure. The organization's upgrading of water and sanitation facilities helped reduce the health risks faced by detainees. ICRC-provided recreational and educational items and family-links services helped inmates cope with their confinement.

Dialogue, dissemination sessions and workshops helped the authorities, including those newly appointed, and members of civil society advance their understanding of the Movement and IHL. For instance, workshops for armed groups and for police forces encouraged respect for the principles of IHL and international policing standards, respectively.

Whenever possible, the ICRC worked with the National Society to provide humanitarian assistance for communities. In Kachin and northern Shan, the ICRC conducted, together with the National Society, risk-education sessions for people in areas affected by mines and ERW. ICRC-supported workshops and training sessions helped the National Society to strengthen its operational capacities. The ICRC worked with Movement partners and other humanitarian actors to coordinate activities and prevent duplication of effort.

CIVILIANS

In areas affected by conflict and other situations of violence, the ICRC maintained dialogue on humanitarian principles and IHL with the authorities, armed groups and members of civil society. During these discussions, the ICRC raised such issues as: sexual violence and forced recruitment allegedly committed by armed groups; the importance of respecting the principle of proportionality in the conduct of hostilities; and other matters related to the protection of civilians. However, restrictions imposed by the authorities and increased security concerns made it more difficult than before for the ICRC to reach violence-affected people. For instance, rural and urban water-supply projects in Laiza, Kachin had to be put on hold.

Members of families dispersed by conflict, other situations of violence, detention, natural disasters or migration maintained contact through the Movement's family-links services; Myanmar Red Cross Society staff strengthened their ability to deliver these services with ICRC assistance. A total of 25 people reconnected with their families after the ICRC traced them.

Violence-affected people in Rakhine and Shan obtain relief

Around 26,400 people (6,134 households) affected by clashes in Rakhine and Shan eased their situation with ICRC aid: for instance, some 17,470 people (3,940 households) from 18 townships covered

their basic needs partly through essential household items and/or clothes usually coupled with unconditional cash grants.

About 23,100 Muslim IDPs in Rakhine covered more than half of their cooking fuel needs with fuel sticks regularly distributed by the ICRC; this meant that they had to collect firewood around camps less frequently, and were therefore less at risk from facing security incidents.

Households in Kachin, Rakhine and Shan restore or boost livelihood activities

A total of 5,682 households (26,823 people) in Rakhine and in Kachin and Shan – in both government- and armed group-controlled areas – started, restored or boosted their livelihood activities, such as handicrafts, trading and agriculture, with ICRC assistance. For example, 3,519 households (16,192 people) resumed or increased their food production with the help of seed and tools. More than 1,460 households (7,136 people) started income-generating activities after obtaining conditional cash grants distributed with business skills training. Community members earned cash by restoring rural infrastructure.

Around 5,800 livestock breeders (28,463 people) – including some of the ICRC beneficiaries mentioned above – in areas affected by the conflict and flooding, had their herds treated by community-based animal health workers trained by the local veterinary services and the ICRC.

Health ministry staff strengthen their capacities in mother-and-child care

In Rakhine, the ICRC provided five health centres and several satellite posts with technical and material support, helping improve people's access to health care. At these facilities, children under the age of five and pregnant women obtained vaccinations against polio and tetanus, respectively. Midwives referred pregnant women with health complications to facilities near them. In Sittwe, patients in need of more advanced treatment were referred to the general hospital (see *Wounded and sick*). The health ministry, with ICRC assistance, conducted training sessions that enabled health staff to improve their ability to provide preventive and curative care, including mother-and-child care, and respond to disasters and other emergencies. To further increase the accessibility of health services, the ICRC provided support for constructing or making repairs at rural health centres. The organization ended its financial support for health-care staff in Rakhine after the health ministry took over the task. Following the rise of violence in northern Rakhine, the ICRC supported two mobile health teams in northern Maungdaw.

In northern Shan, the ICRC provided two health centres and several satellite posts with material aid, and conducted capacity-building training for health staff.

About 60,600 people in Kachin, Rakhine and Shan – including IDPs – lessened their exposure to health hazards after the ICRC repaired and constructed water and sanitation facilities. People affected by violence, drought or fire in Rakhine, including those displaced by the October incident in northern Rakhine, obtained water or shelter assistance from the ICRC.

To help bolster its capacity to respond to the needs of victims of violence and natural disasters, the Myanmar Red Cross Society constructed a new warehouse, with ICRC support, in Rakhine.

People in areas affected by mines and ERW learn safe practices

Some 3,780 IDPs and residents in four states affected by mines and ERW learnt about safe practices at educational sessions, supplemented with informational materials, conducted by the National Society and the ICRC. National Society volunteers developed their ability to conduct mine-risk education sessions through ICRC training.

The ICRC held several meetings with military engineers to discuss humanitarian demining and other areas of cooperation, with a view to protecting mine-affected communities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in prisons and labour camps under the authority of the home affairs ministry received ICRC visits, conducted in accordance with the organization's standard procedures. These visits aimed to monitor detainees' treatment and living conditions. Confidential discussions on the findings of these visits between the detaining authorities and ICRC delegates sought to contribute to improvements in detention conditions and basic services. The ICRC conducted similar visits to people held in three places of detention by armed groups in Kachin.

Inmates maintained contact with their relatives through RCMs; 1,031 detainees received ICRC-sponsored family visits. A total of 1,515 released detainees had their transport costs going home covered by the ICRC. In Rakhine, released detainees who were unable to return home because of movement restrictions, used ICRC provisions to help tide them over while they waited in IDP camps for police-provided transportation.

Detention authorities create new engineering unit for developing standards for prison infrastructure

With ICRC support, senior prison staff learnt more about humanitarian issues and internationally recognized standards related to prison administration at courses abroad (see *Beijing and Sri Lanka*). Based on ICRC recommendations, Myanmar's detention authorities established a new engineering unit for developing national standards for prison infrastructure.

Prison health staff developed treatment protocols and strengthened their ability to respond to detainees' health concerns, with ICRC technical and/or material assistance. The organization supported a skin-disease treatment campaign in two prisons and donated medical supplies to health facilities in four places of detention. Owing to operational constraints, the home affairs ministry and the ICRC were not able to organize a seminar on addressing gaps in prison health services for the pertinent parties.

Over 14,000 inmates in ten places of detention reduced the risks to their health through the ICRC's construction or refurbishing of basic infrastructure. ICRC-donated construction or cleaning materials helped the authorities at other prisons or labour camps enhance facilities serving about 14,500 detainees. A total of 30,632 inmates coped with their situation partly through hygiene, recreational and educational items from the ICRC.

WOUNDED AND SICK

Some 970 people from Buddhist and Muslim communities in central Rakhine used the health ministry's emergency patient transport system, supported by the ICRC, to reach the Sittwe general hospital; the hospital's outpatient referral service enabled 1,460 Buddhist and Muslim IDPs with chronic illnesses to obtain specialized treatment. Following the bolstered security

interventions of government forces against armed elements in northern Rakhine, the ICRC expanded its support for the health ministry by reimbursing the cost of each transfer made by the outpatient referral service connecting health facilities in northern Maungdaw to township hospitals in Buithidaung and Maungdaw. The ICRC also provided a hospital in Maungdaw with medical supplies.

People from remote areas, emergency responders, health workers and other pertinent actors strengthened their first-aid capacities with ICRC training. With the ICRC's help, health personnel in Kachin, Rakhine and Shan bolstered their ability to treat people; for instance, staff at the Laiza hospital benefited from on-site guidance from the ICRC. Several hospitals boosted their services partly through infrastructural upgrades conducted by the ICRC and/or ICRC material aid. Individuals in the three states mentioned above benefited from the enhanced services of these facilities.

New physical rehabilitation centre in Kachin opens

The handover to the health ministry of two ICRC-constructed physical rehabilitation centres, in Kachin and Shan, was completed. The facility in Kachin opened in November while the one in Shan was set to do so in 2017.

At the three ICRC-supported physical rehabilitation centres – the Hpa-an Orthopaedic Rehabilitation Centre (HORC) run by the Myanmar Red Cross Society, the new facility in Kachin and the Yenanthar Leprosy Hospital, both run by the health ministry – around 3,370 disabled people improved their mobility. They obtained assistive devices and physiotherapy and the ICRC covered their treatment costs. Mine victims received 39% of the prostheses delivered. To improve services at the HORC and the Yenanthar Leprosy Hospital, the ICRC upgraded infrastructure at these two centres, and sponsored four HORC staff members' attendance at prosthetic or orthotic courses abroad. The ICRC supported the production of prosthetic feet at one other centre.

Amputees elsewhere in the country learnt about the ICRC-supported physical rehabilitation centres through dissemination sessions, informational materials, and media reports. The referral system operated by the National Society and the ICRC helped inform disabled people of the nearest centre or service provider; for instance, 247 patients from south-eastern Myanmar received referrals to the HORC. The summer prosthetics programme run by the National Society and the ICRC also referred 103 children to the HORC and 14 children to the Yenanthar Leprosy Hospital.

A total of 1,381 disabled people living far from the HORC obtained foot-and-strap repair services through mobile workshops stationed near their communities; 320 people received such services from roving repairmen covering several states or regions. Eight repairmen sharpened their skills through ICRC-sponsored training at the HORC.

To promote the social inclusion of disabled people, the pertinent authorities and organizations put together a sporting event for them in Hpa-an, Kayin state, with ICRC assistance.

ACTORS OF INFLUENCE

The ICRC sought engagement with the authorities, including those newly appointed, and with the military, the police and other weapon bearers in Myanmar; the aim was to foster support for humanitarian principles, IHL, and the Movement, and to persuade

them to ease the restrictions on access to violence-affected communities. However, the appointment of new government officials delayed some of the ICRC's planned activities.

Myanmar police and the ICRC strengthen dialogue on humanitarian concerns

Dialogue between the Myanmar police and the ICRC developed, and included such topics as the situation in Rakhine and the handling of police investigations. The ICRC supplemented these discussions with informational materials, such as handbooks on police conduct and first aid; it also conducted nine workshops on international policing standards for senior police officers, police trainers and crowd management commanders.

With ICRC support, senior army officers attended IHL courses abroad (see *International law and policy*).

A total of 60 officers of two armed groups in eastern Shan and Kayin improved their knowledge of IHL at two ICRC-facilitated workshops.

Law students improve their knowledge of IHL at a moot court competition

Over 3,000 state or regional authorities, members of civil society organizations, and community, religious and IDP camp leaders learnt about humanitarian principles, the ICRC's mandate and activities, IHL, and other related subjects at ICRC-organized dissemination sessions. The Myanmar Red Cross Society and the ICRC conducted briefing sessions about the Movement for 220 parliamentarians in Kachin, Mandalay, Rakhine and Yangon, with a view to broadening humanitarian access to those affected by violence.

Academics learnt more about IHL and established relations with the ICRC during a moot court competition coupled with a seminar on IHL; the event brought together 20 professors and 18 law students from five universities in Mandalay and Yangon. Students from the University of Myitkyina, Kachin, also participated in a similar event.

The ICRC's local-language social media account, and articles written by journalists who attended ICRC-organized briefing sessions, field visits and other events such as a regional media conference (see *Bangladesh*), contributed to broadening public awareness of the Movement's response to humanitarian issues in Myanmar.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society remained the ICRC's primary partner in the country, particularly in northern Shan and Rakhine. It continued, with support from Movement partners, to reform and restructure itself, with a view to conducting its activities in line with the Fundamental Principles. It expanded its capacities through ICRC-organized training and briefing sessions on assessing communities' needs, applying the Safer Access Framework and improving organizational, operational and financial management.

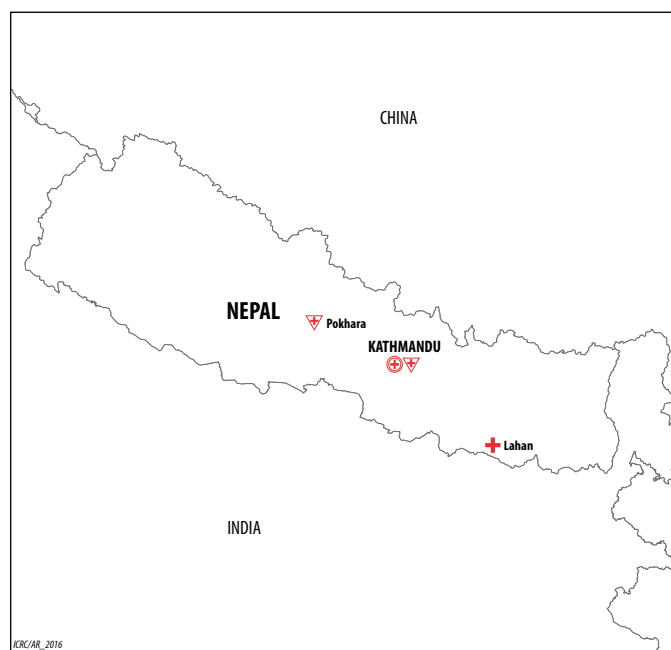
National Society staff and volunteers developed their ability to broaden awareness of IHL and the Movement, at ICRC workshops.

With ICRC guidance, the National Society completed its draft of the emblem law, and began the consultation process with the authorities concerned.

Movement components operating in Myanmar worked closely to improve coordination and their overall emergency response. Through working group sessions and workshops, the ICRC led the drafting of these Movement components' guidelines for civil and military relations, with a focus on addressing their operational challenges in the country. The National Society, the International Federation and the ICRC drew up a plan of action and a joint statement related to the rise of violence resulting from the bolstered security interventions of government forces against armed elements in northern Rakhine.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,163			
RCMs distributed	1,397	1		
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	85	16	7	9
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)	25			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	62	9	4	4
<i>including people for whom tracing requests were registered by another delegation</i>	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	39,682	5,045	696	
		Women	Girls	Boys
Detainees visited and monitored individually	276	35	3	22
Detainees newly registered	139	11	2	18
Number of visits carried out	46			
Number of places of detention visited	29			
RCMs and other means of family contact				
RCMs collected	1,499			
RCMs distributed	1,310			
Detainees visited by their relatives with ICRC/National Society support	1,031			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	37,764	9,834	18,849
	<i>of whom IDPs</i>	36,692	9,554	18,315
Productive inputs	Beneficiaries	16,192	4,217	8,089
	<i>of whom IDPs</i>	14,252	3,711	7,121
Cash	Beneficiaries	22,886	5,956	11,446
	<i>of whom IDPs</i>	18,092	4,711	9,047
Services and training	Beneficiaries	28,463	7,807	13,787
	<i>of whom IDPs</i>	5,290	1,376	2,638
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	60,642	15,161	33,353
	<i>of whom IDPs</i>	12,128	3,032	6,670
Health				
Health centres supported	Structures	7		
Average catchment population		149,003		
Consultations		55,606		
	<i>of which curative</i>	47,650	2,329	3,689
	<i>of which antenatal</i>	7,956		
Immunizations	Patients	43,387		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	32,937		
Referrals to a second level of care	Patients	495		
	<i>of whom gynaecological/obstetric cases</i>	111		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	30,632	5,786	604
Cash	Beneficiaries	1,515	273	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	28,710	4,594	574
Health				
Visits carried out by health staff		21		
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
	<i>of which provided data</i>	1		
Admissions	Patients	1,205	615	284
	<i>of whom weapon-wounded</i>	12		
	<i>(including by mines or explosive remnants of war)</i>	15	1	
	<i>of whom surgical cases</i>	231	57	51
	<i>of whom internal medicine and paediatric cases</i>	555	151	233
	<i>of whom gynaecological/obstetric cases</i>	407	407	
Operations performed		156		
Outpatient consultations	Patients	19,558	7,696	5,660
	<i>of whom surgical cases</i>	2,635	939	570
	<i>of whom internal medicine and paediatric cases</i>	15,498	5,332	5,090
	<i>of whom gynaecological/obstetric cases</i>	1,425	1,425	
Water and habitat				
Water and habitat activities	Number of beds	405		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	3,370	393	239
New patients fitted with prostheses	Patients	237	39	27
Prostheses delivered	Units	764	84	88
	<i>of which for victims of mines or explosive remnants of war</i>	301	7	2
New patients fitted with orthoses	Patients	57	16	21
Orthoses delivered	Units	87	19	42
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	705	83	93
Walking aids delivered	Units	1,827	279	173
Wheelchairs or tricycles delivered	Units	81	12	20



Since the May 2006 agreement between the government and the Communist Party of Nepal-Maoist, which put an end to a 10-year non-international armed conflict, the ICRC has focused on: helping clarify the fate of missing persons and supporting their families; promoting full compliance with IHL; and helping improve local capacities, particularly of the Nepal Red Cross Society, to provide emergency response and physical rehabilitation services. In mid-2016, the ICRC's operations in Nepal were integrated into the work of its regional delegation in New Delhi.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ With the support of the Nepal Red Cross Society and the ICRC, families of missing persons learnt about developments in the search for their relatives and claimed government benefits.
- ▶ Forensic professionals, including officials from the Department of Forensic Medicine, added to their knowledge of forensic anthropology, and became more capable of managing human remains, through ICRC-supported training.
- ▶ Disabled people received physical rehabilitation services and assistive devices at two centres that continued to benefit from various forms of ICRC support.
- ▶ Officers of the Nepalese Army and the Armed Police Force, and peace-support officers bound for missions abroad, learnt more about IHL and other applicable norms through ICRC presentations or training.
- ▶ The National Society, with comprehensive ICRC support, improved its family-links services; it strengthened the ability of its staff and volunteers to train others to provide these services.
- ▶ Nepal ratified the Biological Weapons Convention.

EXPENDITURE IN KCHF	
Protection	799
Assistance	902
Prevention	483
Cooperation with National Societies	241
General	48
Total	2,473
<i>Of which: Overheads</i>	<i>151</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	4
Resident staff (daily workers not included)	38

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	21
RCMs distributed	34
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	26
RCMs distributed	6

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	57
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	7
Physical rehabilitation		
Projects supported	Projects	2
Patients receiving services	Patients	2,151

CONTEXT

Two government commissions formed in 2015 – on disappearances linked to the past conflict and on “truth and reconciliation” – began their work.

People needed assistance to deal with the consequences of the powerful earthquakes that struck central Nepal in 2015 – particularly, physical injuries and damage to vital infrastructure.

Natural disasters, sporadic violence caused by sociopolitical tensions, and issues linked to transitional justice and the past conflict continued to affect people’s lives.

ICRC ACTION AND RESULTS

Together with the Nepal Red Cross Society, the ICRC maintained its efforts to help ascertain the fate of people missing in connection with the past conflict and to support their families.

The ICRC worked with trained National Society volunteers to collect, verify and update information on missing persons. It sustained dialogue with the authorities on addressing the needs of the families of the missing, and provided technical advice to the Commission on Investigation of Enforced Disappeared Persons (CIEDP), the government body dealing with the issue of people missing in relation to the past conflict.

National Society staff and volunteers continued to serve as points of contact with the families of the missing, keeping them informed of developments in the search for their relatives, and helping them claim government benefits.

A comprehensive project providing psychosocial and other support to the families of missing persons – run by a local NGO, the National Society and the ICRC – was completed in March. A total of 7,965 individuals, representing 1,295 families in 46 districts, benefited from the project since its inception in 2010.

Dialogue with forensic professionals and the medico-legal community focused on the importance of proper management of human remains, particularly during and after disasters. The Department of Forensic Medicine (DFM) streamlined its services with technical and material support from the ICRC. ICRC training enabled forensic professionals to add to their knowledge of forensic archaeology and develop their ability to manage human remains.

People with relatives abroad, including foreign detainees, restored or maintained contact with them through National Society family-links services. The National Society continued to strengthen its capacities in this area through ICRC training.

A prison that had been heavily damaged during the 2015 earthquake was renovated with ICRC technical assistance.

National Society teams, which included volunteers trained by the National Society or the ICRC, administered first aid to wounded people and/or referred them, where necessary, for advanced care, during or after episodes of violence. People needing such care were treated at hospitals that received medical supplies from the ICRC.

People with disabilities, including those injured during the 2015 earthquake, received assistive devices and treatment at two physical rehabilitation centres. Both centres strengthened their services with

technical and financial support from the ICRC; the construction of a dormitory, with ICRC assistance, expanded capacity at one centre.

Nepal ratified the Biological Weapons Convention. The national IHL committee, with assistance from the National Society and the ICRC, updated and reprinted an IHL handbook and attended a workshop on legal drafting, with a view to promoting and facilitating domestic implementation of IHL. Its members from judicial academies in Nepal and other Asian countries signed an agreement to strengthen IHL-related instruction in their training programmes.

The ICRC kept up discussions with the Nepalese Army and the Armed Police Force (APF) on incorporating IHL and other applicable norms in their doctrine, training and operations. Military and police officers, including members of peace-support contingents bound for overseas missions, learnt more about IHL and other applicable norms through ICRC presentations and workshops covering such topics as management of public order, the Health Care in Danger project, and sexual violence during armed conflict.

Media coverage of National Society and ICRC activities helped raise awareness of humanitarian issues and the Movement’s work. The National Society, with ICRC support, used its radio programme to broadcast messages on matters of humanitarian concern.

With financial, technical and material support from the ICRC, the National Society continued to boost its operational capacities and pursue organizational development.

In mid-2016, the delegation in Nepal was incorporated in the ICRC’s regional set-up in New Delhi, India, as a mission office. The restructuring came about after the completion of core programmes in Nepal – particularly those concerning psychosocial support for the families of missing persons – and because the ICRC’s partners had begun to assume responsibility for certain initiatives, as the National Society did for first-aid training activities.

CIVILIANS

Refugees and detainees reconnect with their families

People with relatives abroad benefited from Movement family-links services. Notably, families sent RCMs to their relatives detained in Malaysia. The Nepalese Red Cross and the ICRC assisted Bhutanese refugees in Nepal to visit relatives detained in Bhutan (see *New Delhi*).

ICRC travel documents helped 41 people, including one stateless minor, to resettle in third countries.

At an ICRC train-the-trainer workshop, National Society volunteers representing 19 disaster-prone districts strengthened their ability to instruct others on the provision of family-links services during disasters. They subsequently passed on their knowledge to some 650 other volunteers in 20 districts. At orientation sessions, over 430 volunteers learnt how to inform migrant and other vulnerable communities about the Movement’s family-links services. Following ICRC training, staff at National Society headquarters took on the task of managing their database of tracing cases.

At 12 prisons, foreign detainees, and inmates who had no other means of contacting their relatives, made use of National Society family-links services. Authorities at one prison – extensively damaged by the 2015 earthquake – renovated some of their facilities with ICRC support.

Families are kept informed of developments in the search for their missing relatives

Families were still seeking relatives – 1,337 people – missing in relation to the past conflict. To help shed light on this matter, the ICRC completed the process of collecting information from these families; this information was cross-checked against publicly available records. Following ICRC representations to the parties to the past conflict, additional information on the location of 14 possible gravesites was made available. The whereabouts of four persons missing in connection with the past conflict were established, and three new cases opened.

The National Society remained in charge of maintaining contact with the families of the missing. A pool of over 200 trained National Society staff and volunteers visited the families, kept them informed of developments in the search for their relatives, and helped them obtain government benefits (see below).

Government bodies assist the families of missing persons, with ICRC support

With administrative assistance from the National Society and the ICRC, 1,242 of the 1,337 families of missing persons registered by the ICRC had, to date, received financial assistance under the government's interim relief programme. The National Society and the ICRC continued to follow up the applications of 95 families who had not yet received such aid.

The ICRC continued to emphasize to the authorities the importance of ensuring that the needs of the families of people missing in relation to the past conflict were covered through the CIEDP's work. The National Society and the ICRC informed the families of the procedures for referring their missing relatives' cases to the CIEDP.

The ICRC gave the CIEDP technical advice for collecting ante-mortem data and biological reference samples from the families concerned, managing such data in accordance with international principles of data protection, and providing psychosocial support for the families.

The Nepal Society of Families of the Disappeared and Missing (NEFAD) continued to lobby for the creation of legal and administrative mechanisms to address the needs of missing people's families, in line with the findings of an ICRC-supported study in 2015. NEFAD organized two regional meetings of these families, to ensure that they knew about the pertinent government procedures and about NEFAD's advocacy strategy; the results of the regional meetings were communicated to CIEDP members and other key actors at a round-table. NEFAD continued to expand its organizational capacities with technical and financial assistance from the ICRC.

A comprehensive project providing psychosocial and other support to the families of missing persons – run by a local NGO, the National Society and the ICRC – ended in March. A total of 7,965 individuals (1,295 families in 46 districts) benefited from the project since its inception in 2010. Documentaries and reports and other publications on the project's methodology and results, and on areas for improvement, were produced.

Four people whose relatives were missing, and five people who had suffered sexual violence and/or torture during the past conflict, received specialized mental-health support through ICRC-managed referrals. Discussions with the government commission on "truth

and reconciliation", on the needs of people who had suffered sexual violence during the past conflict, continued; the ICRC gave the commission a paper containing its recommendations.

Forensic professionals strengthen their capacities, specifically for clarifying the fate of missing persons

The ICRC focused its dialogue with forensic professionals, the medico-legal community and the National Society on the importance of managing human remains properly, and on the necessity of having action plans ready in advance of disasters. It supported their participation in training sessions, workshops and conferences, in Nepal and elsewhere, to strengthen their capacities in this regard. These events included: forensic archaeology courses for senior DFM medical personnel; training in exhumation techniques and recovery of human remains for four DFM doctors; and an inaugural competition in forensic standards and best practices, in which postgraduate students participated. With the ICRC's guidance, DFM personnel began to establish standard procedures for their work and a centralized data-management system.

The ICRC helped forensic institutions, particularly the DFM and police units, bolster their services by providing them with books on forensic pathology and anthropology, laboratory equipment, and/or supplies for DNA analysis. The DFM drew on ICRC expertise to ensure proper management of human remains from an aircraft crash in February.

An ICRC-facilitated round-table on the CIEDP's work (see above) led to the development of a 12-point agenda by government ministries and others concerned for addressing specific forensic needs associated with clarifying the fate of people who had gone missing during the past conflict.

WOUNDED AND SICK

Injured people receive treatment

Hundreds of people wounded or injured by violence or in accidents received timely first aid from Nepalese Red Cross teams, which included volunteers with National Society or ICRC training. With support from other Movement components, the National Society took on the task of training other responders.

People requiring more than first aid received suitable treatment at six hospitals that the ICRC supplied with medical materials and at one hospital that received equipment. Some of the doctors who treated them drew on what they had learnt at past ICRC trauma-management courses. The Kathmandu University Hospital gave such courses regularly, with ICRC technical support. The ICRC gave the hospital two vehicles for conducting outreach activities in remote communities.

An ambulance that had been vandalized during protests was repaired with ICRC financial assistance.

Disabled people improve their mobility

A total of 2,151 people benefited from physical rehabilitation services at two ICRC-supported facilities: the Green Pastures Hospital and Yerahity National Rehabilitation Centre; 325 patients received free or subsidized services and many others were fitted with prosthetic/orthotic devices. Of these people who received treatment, 45 had sustained injuries in the 2015 earthquake. Some 180 people living far from rehabilitation centres obtained treatment through outreach services organized by the Yerahity centre, partner NGOs, and the ICRC.

The hospital and the centre strengthened the management and the provision of their services; the ICRC provided technical and financial support, for staff training, among other things. The Yerahity centre also received tools, equipment and other material assistance for refurbishing some of its facilities; ICRC-financed construction of a dormitory increased its bed capacity. The two centres continued to make preparations for sustaining their services as ICRC support tails off.

With financial assistance from the ICRC, the Prosthetics Orthotics Society of Nepal organized a workshop for representatives of the health and social-welfare ministries, physical rehabilitation service providers, and other government and non-government parties concerned. The legal and administrative difficulties of the physical rehabilitation sector were discussed during the workshop.

ACTORS OF INFLUENCE

Nepal ratifies the Biological Weapons Convention

The ICRC engaged the authorities, and community leaders and other members of civil society – for instance, associations of conflict victims and their families – in dialogue on humanitarian issues and possibilities for cooperation in addressing them. Its interaction with government focused on the concerns of the families of missing persons (see *Civilians*).

Government officials, including staff and members of the CIEDP and the commission on “truth and reconciliation”, learnt more about IHL at information sessions and at a regional workshop (see *New Delhi*).

Nepal ratified the Biological Weapons Convention. A draft bill for implementing the 1949 Geneva Conventions awaited review by the defence ministry. With technical assistance from the Nepalese Red Cross and the ICRC, the national IHL committee updated and reprinted a reference handbook on IHL implementation for parliamentarians, civilian authorities and other policy-makers. Committee members and other government officials learnt more about drafting laws to implement IHL at a meeting in Switzerland for national IHL committees (see *International law and policy*) and at a workshop for legal draftsmen (see *Sri Lanka*). The National Society continued to lobby for a draft law to strengthen its legal status.

Military and peace-support personnel add to their knowledge of IHL

Dialogue with the Nepalese Army and the APF, on incorporating IHL and other applicable norms in their doctrine, training and operations, continued. The Nepalese army, with ICRC technical support, trained 24 officers to teach their troops IHL. Senior military officers learnt more about complying with IHL while planning operations at courses and workshops in San Remo and Switzerland, respectively (see *International law and policy*).

Several dozen army, police and APF officers added to their knowledge of IHL and other applicable norms during ICRC presentations or workshops. These included: a five-day module for police and APF personnel; a workshop on management of public order for police, APF and home affairs ministry staff; and a forensic workshop for police units (see *Civilians*).

In a new two-day module conducted by the ICRC as part of their predeployment training, some 140 army officers bound for peace-keeping missions in the Democratic Republic of the Congo, South

Sudan and Sudan learnt more about IHL and humanitarian issues such as sexual violence during armed conflict and the protection of medical services.

Judicial officials in the region make a commitment to improve IHL-related training for their agencies

Twenty-five judges in Nepal developed their expertise in IHL through a workshop organized by the National Judicial Academy and the ICRC.

At a conference held in Kathmandu, Nepal, 17 officials representing national judicial academies and similar bodies from eight Asian countries signed an agreement to improve IHL instruction in their training programmes.

During their annual conference, in Kathmandu, members of the South Asian Association for Regional Cooperation in Law had a panel discussion with the ICRC on laws and policies related to the issue of sexual violence during armed conflict.

Law students keep up with humanitarian affairs

Lecturers from law faculties familiarized themselves with recent developments in IHL at a regional training event (see *New Delhi*). Law students tested their knowledge of IHL at moot court competitions, including a regional round held in Nepal. Students from seven institutions, including five law schools, kept abreast of humanitarian issues through materials donated to their libraries by the ICRC.

Journalists were briefed regularly and invited to ICRC events; their coverage of National Society and ICRC activities helped inform the general public about humanitarian issues and the Movement's work. The National Society, with ICRC support, used its radio programme to broadcast messages on matters of humanitarian concern, such as the necessity of respecting medical services and ensuring the unobstructed passage of ambulances.

RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross continued – with financial, technical and material support from the ICRC – to work on strengthening its organizational and operational capacities. National Society volunteers underwent ICRC-supported training in restoring family links, managing human remains during emergencies (see *Civilians*), and the Safer Access Framework. After consulting Movement partners, the National Society drafted a plan for organizational development.

Mine-related incidents having declined, the National Society no longer conducted educational sessions on mine risks.

Aided by the International Federation and the ICRC, the National Society kept up efforts to strengthen its legal status (see *Actors of influence*) and its position as an auxiliary to the authorities. ICRC support enabled National Society officials to participate in Movement-wide dialogue and activities to enhance humanitarian action – such as a meeting of National Societies, held in Switzerland, to discuss the Health Care in Danger project, and regional meetings on civil-military relations and application of the Safer Access Framework.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected	21			
RCMs distributed	34			
Names published in the media	1,334			
Names published on the ICRC family-links website	1,343			
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered	4			1
Tracing cases closed positively (subject located or fate established)	6			
Tracing cases still being handled at the end of the reporting period (people)	1,337	107	34	109
Documents				
People to whom travel documents were issued	41			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
RCMs and other means of family contact				
RCMs collected	26			
RCMs distributed	6			
People to whom a detention attestation was issued	5			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	57	20	18
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	2,151	716	123
New patients fitted with prostheses	Patients	73	14	6
Prostheses delivered	Units	127	24	12
	<i>of which for victims of mines or explosive remnants of war</i>	5		
New patients fitted with orthoses	Patients	252	78	64
Orthoses delivered	Units	346	98	110
Patients receiving physiotherapy	Patients	1,028	424	24
Walking aids delivered	Units	127	14	
Wheelchairs or tricycles delivered	Units	72	16	10

PAKISTAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- Violence-affected individuals in Khyber Pakhtunkhwa and the Federally Administered Tribal Areas – particularly women and children – obtained health care at ICRC-supported facilities run by the Pakistan Red Crescent.
- Disabled people accessed physical rehabilitation services at ICRC-supported centres. A private entity set to take over the ICRC's task of distributing raw materials to partner organizations formally registered with the government.
- The National Society expanded its first-aid programme with ICRC guidance. Over 76,000 potential first responders bolstered their capacities at first-aid training sessions organized by the National Society and the ICRC.
- The police revised their handbook to include two chapters on international policing standards, and the air force completed a draft of its IHL manual; they did so in cooperation with a local research institute and the ICRC.

EXPENDITURE IN KCHF

Protection	1,377
Assistance	9,722
Prevention	3,503
Cooperation with National Societies	2,060
General	176
Total	16,837
<i>Of which: Overheads</i>	<i>1,027</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	229

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports rehabilitation services for the disabled and IHL instruction among the armed forces, while working with the Pakistan Red Crescent to provide primary-health-care and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	77
RCMs distributed	127
Phone calls facilitated between family members	1,703
Tracing cases closed positively (subject located or fate established)	46
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>3</i>

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	278
Health		
Health centres supported	Structures	8 2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3 2
Physical rehabilitation		
Projects supported	Projects	8 21
Patients receiving services	Patients	29,700 27,479

CONTEXT

Hundreds of thousands of displaced people returned to their places of origin in North Waziristan, in the Federally Administered Tribal Areas (FATA), after the conclusion of major military operations to address security issues there. Elsewhere in the FATA, and in Khyber Pakhtunkhwa (KP), military operations against armed groups continued. In Balochistan and Karachi, violence between government forces and armed elements persisted. This disrupted health-care and other essential services. Uncertain security conditions prevailed in other parts of the country.

In the FATA, KP and Pakistan-administered Kashmir, mines and explosive remnants of war (ERW) from past conflicts caused casualties among people going about their daily activities.

Tensions along the border with India intensified. Pakistan remained vulnerable to natural disasters.

International humanitarian organizations had little operational presence in Pakistan, owing to security concerns and the government registration process and restrictions in place.

ICRC ACTION AND RESULTS

In Pakistan, to address the needs of violence-affected communities within the limited humanitarian space in which it operated, the ICRC concentrated on the activities listed in the 1994 headquarters agreement and on others mutually agreed upon with the government. It worked closely with the Pakistan Red Crescent and a number of other local actors. The ICRC provided the National Society with various forms of support for strengthening its capacities in such areas as emergency response and family-links services. Cooperation with the National Society and other partners improved the ICRC's access to vulnerable people.

Displaced people in the FATA and KP – particularly women and children – obtained health care from National Society-run facilities supported by the ICRC. The facility in the FATA had more patients to treat each month, as the number of people wounded from the fighting increased. However, access issues owing to hostilities hampered the achievement of health targets, particularly the number of health centres supported. Lady Reading Hospital in Peshawar continued to receive comprehensive assistance for treating violence-affected people; Jamrud Civil Hospital in FATA also obtained ICRC support. Doctors and nurses from hospitals in areas affected by fighting developed their skills at ICRC-organized seminars and courses on weapon-wound surgery and emergency-room trauma care. The ICRC and Isra University implemented a module on the management of weapon-wounded patients.

Disabled people received free specialized care and assistive devices at ICRC-supported physical rehabilitation centres. Selected staff at these centres obtained technical guidance and scholarships. The ICRC sought, with local partners, to help strengthen the national physical rehabilitation sector. For instance, the Chal Foundation, the Indus Hospital, the provincial government of Punjab and the ICRC agreed to support the establishment of physical rehabilitation centres, including one in Lahore that began operations in January.

The ICRC continued to help promote the social reintegration of disabled people. Disabled cricketers competed in tournaments in Pakistan and abroad, with ICRC support. The ICRC provided

financial aid for disabled children from the FATA, KP and Pakistan-administered Kashmir to continue their schooling.

The National Society and the ICRC organized mine-risk education sessions for people in areas affected by mines and ERW in FATA, KP and Pakistan-administered Kashmir.

Members of families separated by the fighting, natural disasters, migration or other reasons, reconnected through family-links services from the National Society and the ICRC. People used a hotline set up by the National Society, with ICRC support, to report or call family members whom they had lost contact with. ICRC-organized phone and video calls enabled families to communicate with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba, the Parwan detention facility in Afghanistan, or in Azerbaijan. At ICRC-organized courses, national and international stakeholders learnt more about managing human remains during emergencies.

During information sessions and other events organized by the ICRC and its partners, the authorities, academics and other local stakeholders learnt more about IHL and the Movement. The ICRC provided scholarships and internship opportunities for law students specializing in IHL. The Research Society of International Law (RSIL) and the ICRC worked together to produce IHL materials for strengthening efforts to integrate IHL in national policies. With RSIL and ICRC support, the police revised their handbook and the air force completed a draft of its IHL manual. ICRC-organized courses helped weapon bearers advance their understanding of humanitarian principles and IHL. The ICRC focused most of its communication activities on broadening awareness of the violence that often affected health-care delivery: a media campaign in Karachi drew attention to the necessity of protecting ambulance services.

The delegation remained a key logistical hub for ICRC operations, thereby contributing to the organization's humanitarian response, especially in Asia.

CIVILIANS

People displaced by fighting obtain basic health care at National Society-run facilities

People driven from their homes by the fighting obtained preventive and curative health care at two facilities: one in the FATA and the other in a camp in KP for people displaced from North Waziristan; the Pakistan Red Crescent ran these facilities with ICRC support. A total of 74,384 medical consultations – for acute respiratory infections, diarrhoea and other illnesses – took place at the facilities; children under the age of five accounted for 30% of these consultations. In all, 1,469 pregnant women had at least one antenatal consultation. The facility in the FATA – the only health facility accessible to Afghan and Pakistani residents along Pakistan's border with Afghanistan – had more patients to treat each month, as the number of people wounded from the fighting increased. Patients at both facilities were referred to Lady Reading Hospital in Peshawar or ICRC-supported physical rehabilitation centres in KP and Pakistan-administered Kashmir for further treatment and specialized care (see *Wounded and sick*). Additional female staff had not yet been hired at either facility, because candidates for the jobs were unavailable.

Poor security conditions prevented the ICRC from supporting additional health centres in the area.

Communities in areas most affected by mines and ERW learn safe practices

Around 99,700 people in the FATA, KP, and Pakistan-administered Kashmir, including displaced persons, learnt safe practices during mine-risk education sessions conducted by the National Society with ICRC support. Informational materials, such as leaflets and posters, supplemented these sessions.

The National Society, in cooperation with the Provincial Disaster Management Authority, selected certain people, such as teachers, to be given further training for helping increase risk awareness in mine-affected communities. Community members and local authorities took part in ceremonies marking the International Day of Mine Awareness and Assistance in Mine Action and the International Day of Persons with Disabilities; their participation helped raise the general public's awareness of the threat from mines.

The KP police and the ICRC signed a memorandum of understanding for safeguarding mine-affected villages. This agreement requires the ICRC to assist the KP police in developing their capacities in such areas as first aid and the handling of explosives. The National Society and the ICRC established a Mine Action Working Group, with a view to bringing all stakeholders together to discuss the provision of comprehensive assistance to mine-affected people.

The National Society referred 165 victims of mines and ERW to ICRC-supported physical rehabilitation centres; 40 of them already obtained services at the centres.

Unaccompanied minors are reunited with their families

People separated from relatives by violence, disasters, migration or other reasons reconnected through National Society and ICRC family-links services, such as RCMs.

ICRC-organized phone and video calls enabled 151 families to communicate with relatives held at the Guantanamo Bay internment facility, the Parwan detention facility (see *Afghanistan*), or in Azerbaijan. More than 70 detainees abroad received books and food, relayed by ICRC delegates, from their families in Pakistan. Seven families from Pakistan visited relatives detained in Afghanistan. Eight families, following the release of their relatives detained abroad, had their situation monitored by the ICRC. Families of 37 detainees abroad eased their situation partly through the ICRC's coverage of some of their expenses for running their households and educating their children.

People lodged requests with the National Society and the ICRC for tracing their missing relatives. Three unaccompanied minors were reunited with their families; others restored or maintained contact with their relatives through phone and video calls. The National Society and the ICRC continued to pursue efforts to repatriate vulnerable persons from Pakistan to Afghanistan and reunite them with their families.

The National Society continued to strengthen its family-links services with ICRC material and technical support. For instance, it established a hotline that people – including patients in public hospitals – could use to report or call family members whom they had lost contact with and obtain appropriate services, such as counselling from ICRC-trained psychologists in hospitals; about 104,000 individuals obtained this service. The National Society conducted dissemination sessions in various communities on preventing loss of family contact and dispersal of families during migration.

Local foundation develops a system for documenting unidentified human remains at mortuaries

Representatives from national agencies, the military, the police, medico-legal and emergency-management services, and volunteer organizations increased their knowledge of and exchanged best practices on the management of human remains during ICRC-organized courses. Six representatives of the provincial and national disaster management authorities participated in a regional workshop on the management of dead bodies during emergencies (see *Sri Lanka*). Emergency responders from various countries attended the ICRC's International Course on the Management of the Dead in Emergencies, which was held in Islamabad. The course focused on new techniques and technologies for identifying and handling human remains, with respect and dignity, and minimizing the traumatizing consequences for the families of victims. Participants also discussed the obstacles to coordination that responders usually encountered after emergencies.

Experts and other stakeholders, together with the ICRC, initiated – through the Centre of Excellence in the Management of the Dead – the development of modules to standardize training in human remains management. The National Disaster Management Authority continued to work with the ICRC to draft national guidelines for managing human remains after disasters. The Edhi Foundation developed, with ICRC assistance, a system for documenting unidentified human remains at mortuaries in Karachi and Lahore.

WOUNDED AND SICK

More people learn first aid

As part of its expanded first-aid programme, the Pakistan Red Crescent conducted ICRC-supported first-aid training sessions for over 76,000 potential first responders, male and female, with a focus on staff and students at universities and other educational institutions in 90 districts.

Local university and the ICRC implement module on the management of weapon-wounded patients

The accident and emergency department of Lady Reading Hospital in Peshawar continued, with ICRC assistance, to treat violence-affected people in the FATA and KP. Such assistance, which was provided in the framework of a memorandum of understanding signed by the hospital and the ICRC in 2015, covered such areas as hospital management, training for health and other staff, repairs to and maintenance of infrastructure, and provision of medical supplies, drugs and equipment. The hospital admitted 18,800 surgical patients and treated about 26,700 gynaecological and obstetric patients. The hospital's board of management approved a manual on nursing drafted by the nursing department and the ICRC. Jamrud Civil Hospital in FATA also obtained ICRC support; for instance, the ICRC upgraded its emergency department.

Some 350 doctors and nurses from Balochistan, FATA, KP, Punjab and Sindh enhanced their capacities at ICRC-organized seminars on weapon-wound surgery and courses on emergency-room trauma care in Pakistan and elsewhere. Isra University and the ICRC implemented a module on the management of weapon-wounded patients; a total of 62 post-graduate students attended.

Disabled people obtain free prosthetic or orthotic devices

A total of 19 physical rehabilitation centres, including satellite centres, and two educational institutes, received comprehensive

ICRC support. Some 27,500 disabled people accessed specialized care at these centres; the ICRC covered transport, food and accommodation costs for 6,000 patients and their attendants. In Peshawar, 121 people with spinal-cord injuries benefited from follow-up visits from the home-care team at the Paraplegic Centre in Hayatabad.

The centres provided 14,413 prosthetic or orthotic devices to disabled people free of charge; the ICRC supplied the raw materials, equipment and other support for producing the devices. Staff from the supported centres, sponsored by the ICRC, went abroad for training; the ICRC also mentored them and/or provided them with technical advice. For instance, around 76 technicians, prosthetists, orthotists, physiotherapists and administration staff furthered their education with ICRC-sponsored scholarships and short courses.

Partnerships between local organizations and the ICRC sought to strengthen the national physical rehabilitation sector, including its supply chain, and to make rehabilitative services more accessible to disabled people. For instance, the Chal Foundation, the Indus Hospital, the provincial government of Punjab and the ICRC agreed to support the establishment of physical rehabilitation centres, including one in Lahore that began operations in January. The FATA administration and the ICRC also agreed to work together to improve patients' access to physical rehabilitation services in Bajaur and surrounding areas. A private entity set to take over the ICRC's distribution of raw materials to partner organizations formally registered with the government.

People with disabilities received ICRC assistance for their social reintegration. Disabled cricketers competed in tournaments in Pakistan and abroad, with ICRC support. One team won in a tournament in Dubai, the United Arab Emirates. A total of 64 disabled children from the FATA, KP and Pakistan-administered Kashmir continued their schooling with ICRC financial aid; 15 of them underwent corrective surgery, for which the ICRC paid. More than 100 disabled children attended ICRC-organized programmes and sporting events.

ACTORS OF INFLUENCE

The air force completes the first draft of its IHL manual

Together with the ICRC, the RSIL strove – through its Centre of Excellence in IHL – to encourage respect for IHL among the pertinent authorities and institutions and facilitate its domestic implementation. It produced policy papers and other materials on various topics, such as a manual for detention authorities and a guide to international law for the judiciary. The police revised their handbook to include two chapters on international policing standards and the leadership of the air force completed the first draft of its IHL manual, both with RSIL and ICRC support.

Weapon bearers in Pakistan participated in ICRC-organized events. For instance, around 850 members of the air force and the navy, including instructors, furthered their understanding of humanitarian principles and IHL at ICRC-facilitated workshops, seminars and dissemination sessions. Representatives from local bodies such as the Judge Advocate General Branch of the Pakistan Armed Forces and the Centre for International Peace and Stability (CIPS) took part in IHL-related round-tables with the ICRC. Military officials attended IHL-related courses abroad, with ICRC support (see *International law and policy* and *Jakarta*). The army drew on ICRC expertise for revising its operational manual.

While the organization itself had no access to troops departing on peacekeeping missions, ICRC-trained staff at CIPS briefed them on the application of IHL to their operations.

The police and the ICRC continued to explore possibilities for cooperation. The staff and students at police training institutions expanded their knowledge of international policing standards through ICRC publications. Police officers improved their knowledge of first aid and/or maintaining public order at ICRC-organized courses.

Sindh University includes IHL in its curriculum

Over 1,400 students and teachers learnt more about IHL and its points of convergence with Islamic law at courses organized by local universities with the ICRC. Law students participated in moot court competitions, and those specializing in IHL received ICRC scholarships and offers of internship opportunities. An IHL resource centre donated to a local university by the ICRC helped stimulate students' interest in IHL. Sindh University included IHL in its curriculum.

Academics and government officials attended IHL-related training and workshops in the country and abroad, with ICRC support. For instance, at a seminar at the Pakistan Institute for Parliamentary Services, government officials, academics and parliamentarians strengthened their grasp of international human rights law and of IHL and its domestic implementation. The National Society and the ICRC followed up pledges made by the government at the 32nd International Conference. The formation of a national IHL committee was under consideration by the authorities concerned.

Media campaign highlights the necessity of respecting ambulance services

The ICRC focused most of its communication activities on broadening awareness of the violence that often hindered health-care delivery. A media campaign was launched in Karachi to foster respect for ambulance services. Local partners and the ICRC developed training manuals for medical officers on preventing violence in hospitals and other health centres. Some 500 health staff attended a training programme on dealing with violence against health-care workers. People participated in a nationwide bilingual essay competition – in Urdu and English – launched by the delegation; the subject was the violence perpetrated by patients' relatives in hospitals and other health centres.

First responders, health personnel, journalists, students and professors familiarized themselves with the work done by the Movement and the ICRC at ICRC-organized dissemination sessions in Islamabad and KP. The public learnt about humanitarian issues and the ICRC's activities through online platforms such as the delegation's social media account, communication materials and events organized by the National Society and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

Despite various internal constraints, the Pakistan Red Crescent remained the ICRC's primary partner in Pakistan. It worked with the ICRC to assist vulnerable communities, conduct first-aid training and promote humanitarian principles and the Movement.

Under new leadership, the National Society consolidated its strategy and strengthened its capacities in such areas as emergency response and family-links services, with various forms of support

from the ICRC and other Movement partners. For instance, the Pakistan Red Crescent conducted a self-assessment, with a view to drafting and implementing a plan of action for incorporating the Safer Access Framework in its procedures. It also kept up efforts to expand its first-aid programme (see *Wounded and sick*), but decided not to go through the process of becoming a first-aid certifying body. Eight National Society branches established disaster-response teams to provide assistance during emergencies.

Based on the findings of a survey it conducted in Punjab, the National Society developed informational and training materials related to the Health Care in Danger project.

The National Society, the International Federation and the ICRC drafted a tripartite agreement to establish coordination mechanisms. Meetings with Movement partners helped maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected		77	2	
RCMs distributed		127		
Phone calls facilitated between family members		1,703		
Reunifications, transfers and repatriations				
People reunited with their families		3		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		132	30	30
<i>including people for whom tracing requests were registered by another delegation</i>		2		
Tracing cases closed positively (subject located or fate established)		46		
Tracing cases still being handled at the end of the reporting period (people)		178	36	39
<i>including people for whom tracing requests were registered by another delegation</i>		5		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6		
UAMs/SC reunited with their families by the ICRC/National Society		3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	278	73	183
Health				
Health centres supported	Structures	2		
Average catchment population		54,516		
Consultations		74,384		
<i>of which curative</i>		72,915	20,110	42,701
<i>of which antenatal</i>		1,469		
Immunizations	Patients	1,474		
Referrals to a second level of care	Patients	129		
<i>of whom gynaecological/obstetric cases</i>		11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
<i>of which provided data</i>		1		
Admissions	Patients	88,622	37,597	28,039
<i>of whom surgical cases</i>		18,800	5,298	4,206
<i>of whom internal medicine and paediatric cases</i>		43,100	7,380	22,030
<i>of whom gynaecological/obstetric cases</i>		26,722	24,919	1,803
Operations performed		2,186		
Physical rehabilitation				
Projects supported	Projects	21		
Patients receiving services	Patients	27,479	3,179	11,204
New patients fitted with prostheses	Patients	2,657	348	272
Prostheses delivered	Units	3,688	498	403
<i>of which for victims of mines or explosive remnants of war</i>		487	60	28
New patients fitted with orthoses	Patients	5,472	726	2,950
Orthoses delivered	Units	10,725	1,027	6,927
<i>of which for victims of mines or explosive remnants of war</i>		147	16	12
Patients receiving physiotherapy	Patients	14,788	2,092	5,443
Walking aids delivered	Units	1,766	218	125
Wheelchairs or tricycles delivered	Units	130	21	36

PHILIPPINES



ICRC delegation ICRC sub-delegation ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People affected by armed conflict or other situations of violence met their immediate needs through material and infrastructural support from the Philippine Red Cross and the ICRC.
- ▶ Detaining authorities pursued their efforts to improve detainees' living conditions, and to address prison overcrowding and its consequences, with ICRC support. ICRC-backed taskforces continued to help expedite some inmates' cases.
- ▶ Farming households generated income through agricultural activities using ICRC-supplied seed, tools and equipment; some of them received cash grants for food, which helped them avoid consuming seed meant for planting.
- ▶ Weapon-wounded people received good-quality care, including physical rehabilitation services, at ICRC-supported facilities in Mindanao. Community members and health staff in conflict-affected rural areas learnt first aid.
- ▶ Weapon bearers learnt more about their responsibilities under IHL and other applicable norms at dissemination sessions. Sustained contact with them, the authorities and members of civil society facilitated humanitarian access.
- ▶ The National Society – particularly through its community-based Red Cross Action Teams – reinforced its capacity, with ICRC support, to provide family-links services, first aid and other assistance for conflict-affected people.

EXPENDITURE IN KCHF

Protection	3,895
Assistance	8,526
Prevention	2,501
Cooperation with National Societies	1,159
General	225

Total 16,305

Of which: Overheads 995

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	33
Resident staff (daily workers not included)	188

In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all actors with bearing on humanitarian matters of their obligations under IHL or other humanitarian norms. It visits people deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons through direct interventions and support for prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	9
RCMs distributed	14
Tracing cases closed positively (subject located or fate established)	132
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	86,911
Detainees visited and monitored individually	919
Number of visits carried out	187
Number of places of detention visited	118
Restoring family links	
RCMs collected	4
RCMs distributed	2

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 50,000	108,799
Essential household items	Beneficiaries 150,000	80,014
Productive inputs	Beneficiaries 25,000	65,605
Cash	Beneficiaries 12,500	39,553
Services and training	Beneficiaries	45
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 33,000	61,525
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 6	27
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients	424

CONTEXT

The Moro Islamic Liberation Front and the Moro National Liberation Front, present in Mindanao, maintained their dialogue with the government on peace and development. The New People's Army, present throughout the country, restarted similar talks with the government.

Fighting continued, however, between government forces and the Abu Sayyaf Group and the Bangsamoro Islamic Freedom Fighters; the Abu Sayyaf Group killed several hostages after its demands for ransom were not met. Clashes between government forces and other non-State armed groups – such as the Maute Group (also known as Islamic State-Ranao) – and among local clans also took place. These clashes led to casualties and displacement and affected communities' livelihoods. A few thousand people displaced by past clashes remained in State-run evacuation centres, where they had limited access to essential services and livelihood opportunities. Natural disasters exacerbated the difficulties of communities affected by armed conflict or other violence.

The new administration, in office since July 2016, took a strong public stance against drug-related crimes. Overcrowding in places of detention remained a pressing concern.

Filipino migrants continued to be deported from Malaysia. Regional tensions over disputed areas in the South China Sea remained.

ICRC ACTION AND RESULTS

The ICRC, together with the Philippine Red Cross, continued to help communities affected by armed conflict or other situations of violence and/or natural disasters. IDPs and residents of host communities maintained their living conditions with the help of food and household essentials – or cash to buy them – from the National Society and the ICRC. Migrants returning from Malaysia and passing through State-run processing centres received hygiene kits from the ICRC. In two evacuation centres in Mindanao, the ICRC provided the authorities with therapeutic food, which they distributed to malnourished children. Improvements to various water and sanitation facilities at other evacuation centres provided longer-term benefits to IDPs and residents. Economically vulnerable farming households used seed, and tools and other equipment, to pursue or restart their livelihoods; some of them received cash grants for food to tide them over the lean season. Others participated in cash-for-work projects or received financial assistance for vocational training.

The ICRC helped forensic authorities prepare for emergencies by helping them revise national guidelines concerning missing persons and the management of human remains.

Health staff, community members, and weapon bearers received first-aid training from the ICRC, often with the National Society's help, which increased their capacity to provide prompt, life-saving care to people injured during clashes; they also learnt key points of the Health Care in Danger project. In Mindanao, people obtained primary- and secondary-health-care services at hospitals and other health facilities supported – regularly or on an ad hoc basis – by the ICRC. Disabled people obtained physical rehabilitation services at the Davao Jubilee Foundation, which continued to receive ICRC financial, infrastructural and technical support.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to security detainees and

other vulnerable people. Afterwards, it discussed its findings and recommendations confidentially with the authorities concerned. It maintained its dialogue with detaining authorities and other parties concerned, and continued to support decongestion initiatives, health programmes and projects to improve, for example, prison infrastructure and management. In two places of detention, TB-control programmes – run by the authorities with ICRC support – enabled timely diagnosis and treatment of detainees; as planned, at the end of the year, the ICRC withdrew its support for this programme in one prison. An ICRC-backed taskforce continued to mobilize courts and prosecutors to expedite the cases of inmates whose length of pre-trial detention had exceeded the legal limit; four other taskforces in Manila and one committee in Cebu did similar work, with ICRC technical support.

The ICRC maintained contact with the authorities, military and police forces and other weapon bearers, civil society figures and community members. Dissemination sessions and other events organized for them helped to broaden acceptance for humanitarian principles and IHL, and to secure safe access to people affected by conflict and other violence. Local media professionals learnt more about their role in raising awareness of humanitarian concerns, and prosecutors and judges strengthened their grasp of IHL and of its pertinence to the ongoing conflicts in the country. The ICRC's dialogue with senior military officers, on the protection of civilians, was enriched by the establishment of a joint working group. Key military and police personnel participated in workshops that promoted the incorporation of IHL and international policing standards, respectively, in their operations and training.

ICRC financial, material and technical support helped the National Society bolster its capacity to assist people in need. All Movement partners maintained close coordination among themselves and with the authorities and other humanitarian actors.

CIVILIANS

The ICRC monitored the humanitarian situation in areas affected by armed conflict or other violence. Dialogue with the authorities and weapon bearers focused on the need to protect civilians; representations to the parties concerned drew their attention to alleged IHL violations, with a view to preventing their recurrence. When necessary, victims of IHL violations and/or their families (40 families/204 people) received ICRC assistance, which helped mitigate the consequences of the violation and cover their needs.

Community members learnt of the assistance available to them through sustained contact with the ICRC. Some beneficiaries expressed their needs and priorities through specific means, enabling the ICRC to adjust its response accordingly.

People separated from their families during natural disasters, such as typhoons, reconnected with their relatives through the Movement's family-links services. Others filed tracing requests for missing relatives; the fate and whereabouts of 132 people were ascertained and relayed to their families.

People affected by armed conflict meet their immediate needs

IDPs and residents of host communities in areas affected by armed conflict or other violence and/or natural disasters coped with help from the National Society and the ICRC. Some 108,800 people (about 21,500 households) received food that helped them meet their nutritional requirements; over 75,500 of them (some 13,600 households) also received household essentials. Around

70 households (some 350 people) used ICRC-provided cash to buy essential household items.

In two evacuation centres in Mindanao – in Tandag and Zamboanga – almost 1,100 malnourished children under the age of five were able to recover their health through a feeding programme conducted by the authorities, using ICRC-supplied therapeutic food.

Some 61,500 people regained access to potable water and/or had better living conditions after the ICRC repaired infrastructure. At 13 evacuation centres in Mindanao – in Lanao del Sur and Maguindanao – some 55,000 IDPs and residents had access to clean water and/or were able to maintain sanitary living conditions after the ICRC built water and sanitation facilities; they also benefited from the authorities taking charge of disposing waste, with ICRC support. At another site, around 2,000 people – displaced since 2015 by clashes between government forces and an armed group – had a daily supply of drinking water after repairs to their water-distribution facilities. Some 4,500 residents of a conflict-affected town in Northern Samar, in the Visayas, regained access to clean water following the ICRC's construction of a water pipeline.

Over 9,300 migrants returning from Malaysia and passing through State-run processing centres received hygiene kits from the ICRC, which were distributed by the National Society or made available at migrants' centres.

People in areas affected by armed conflict and natural disasters improve their livelihoods

Local authorities, the National Society and the ICRC focused on increasing livelihood opportunities for economically vulnerable people, such as IDPs and members of conflict-affected communities also dealing with the effects of the El Niño natural phenomenon and natural disasters. In southern Luzon, Northern Samar and Mindanao, some 13,100 households generated income (benefiting about 65,600 people) through agricultural activities using ICRC-provided vegetable seed, tools and equipment; some of them also received cash grants for food, which helped them avoid consuming seed meant for planting. Roughly 960 households (over 5,200 people) – including some displaced since 2013 in Zamboanga – received cash, which they used for vocational training or to buy supplies and equipment; 3,300 heads of households (benefiting over 16,800 people) took part in cash-for-work projects. Such assistance helped them strengthen their resilience and improve their living conditions.

Authorities strengthen their capacity to manage human remains during emergencies

To prepare for emergencies, forensic authorities revised national guidelines concerning missing persons and the management of human remains, with ICRC technical advice. The Department of Interior and Local Government (DILG) continued, with National Society and ICRC support, to work on a field manual to help local authorities strengthen their ability to handle missing-persons cases and manage human remains after natural disasters. Some of these local authorities, together with National Society staff and volunteers, participated in ICRC-organized courses on the management of human remains during emergencies, within the country and abroad (see *Pakistan*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits in accordance with standard ICRC procedures were made to detainees held in 118 facilities run by various actors, including the Bureau of Jail Management and Penology (BJMP, under the

DILG), the Bureau of Corrections (under the Department of Justice), and military and police forces. Particular attention was paid to vulnerable inmates, such as security detainees. After these visits, the ICRC discussed its findings and recommendations with the authorities concerned, to help them improve the treatment and living conditions of detainees.

Over 400 security detainees received family visits facilitated by the National Society and the ICRC. The ICRC was given information on the whereabouts of 16 people held by non-State actors; in three of the cases, ICRC delegates were able to talk privately to the detained people before their release. The remains of one detainee were handed over to his family; the ICRC provided financial assistance for his burial.

Some detainees' cases are expedited thanks to the work of ICRC-backed taskforces

The ICRC-backed Taskforce Katarungan at Kalayaan (Justice and Freedom) pursued its efforts to ensure that judicial guarantees for detainees in the Manila City Jail were respected. It reviewed cases of inmates whose length of pre-trial detention had exceeded the legal limit, and mobilized courts and prosecutors to take appropriate action; this led to certain cases being expedited and some detainees being sentenced or released. By the end of the year, only 146 out of the 1,036 detainees whose cases the taskforce had taken on – starting in 2014 – remained in jail awaiting trial. ICRC support – for data management, among other things – enabled four other taskforces in Manila and one committee in Cebu to do similar work.

The ICRC undertook other initiatives to help expedite the cases of inmates in prolonged pre-trial detention. These included joint jail visits by the BJMP and the ICRC, during which BJMP paralegals were encouraged to maximize their assistance to detainees.

Detention authorities build their capacities to address detainees' needs more effectively

The BJMP, with ICRC support, worked to address issues concerning detainees' judicial guarantees, health and living conditions, and the status of various projects. It drew on the ICRC's assistance to upgrade the web-based tool used to monitor infrastructure and services in all the jails under its authority. It also sought the ICRC's help for developing an e-learning project to train paralegals, and a mobile application that, based on real-time data, identified jails at risk of any emergency and, thus, in need of the BJMP's immediate attention.

Some detaining authorities learnt more about good prison-management practices during an ICRC-organized course; others compared best practices with their peers, and explored solutions to overcrowding, at conferences abroad (see *Beijing* and *Sri Lanka*). Because of an increase in the budget for building new detention facilities and expanding existing ones, the ICRC facilitated detaining authorities' participation in workshops and other events, some abroad, where they learnt more about prison design.

Detainees with TB receive adequate care

At the request of detaining authorities, the ICRC carried out emergency activities in places of detention to restore detainees' access to health care and clean water, and improve their living conditions.

Some 13,100 detainees in 17 prisons in Mindanao met their dietary needs with ICRC-provided food rations. In six prisons, over 4,800 detainees received hygiene items. About 530 inmates in two jails

had better living conditions after the ICRC upgraded cooking, water-supply and sanitation and other facilities. The installation of energy-efficient gas stoves in some BJMP-run prisons in early 2016 helped reduce fuel expenses; installation of these stoves in other detention facilities was put on hold while a new energy policy awaited the national authorities' approval. Detainees had more opportunities for physical exercise after repairs were made to outdoor recreational areas.

Detainees in selected prisons had better access to health services as the ICRC conducted health-monitoring visits and provided material and technical assistance to the detention authorities and other parties concerned. Regular meetings and events such as those held to mark World TB Day (24 March) helped the prison and health authorities and the ICRC to strengthen their dialogue on ensuring the sustainability of detainees' access to health services.

Inmates at the New Bilibid Prison and the Quezon City Jail benefited from TB-control programmes run by the Bureau of Corrections and the BJMP, respectively, with decreased support from the ICRC. Routine TB screening of all detainees enabled the timely diagnosis of 999 patients, including 114 with multi-drug-resistant TB, who began treatment. As planned, by the end of the reporting period, the ICRC had withdrawn its support to the BJMP in implementing this programme. During a workshop, 65 representatives from these two bureaus and from the health department improved their ability to detect TB cases in places of detention.

WOUNDED AND SICK

Weapon-wounded people receive life-saving care

Weapon bearers, local authorities and National Society staff and volunteers learnt key points of the Health Care in Danger project during ICRC-organized events. Roughly 780 primary-health-care centre staff and 520 community members in conflict-affected parts of Mindanao and Masbate learnt first aid at training sessions organized by local authorities, the National Society and the ICRC; this equipped them to provide prompt, life-saving care to people injured during clashes. Fifty-four weapon bearers received similar training from the ICRC. During the national elections, National Society volunteers, equipped with ICRC-supplied first-aid kits, provided basic assistance to people; they transported 24 people to health facilities for further treatment.

Some 1,000 weapon-wounded people obtained good-quality care at ICRC-supported hospitals in Mindanao; around 90 of them received ICRC financial assistance, 41 were given blood transfusions from the National Society's blood bank, and others were referred to physical rehabilitation services (see below). Seven hospitals received medical supplies regularly; 20 other hospitals – and other health facilities, including 67 first-aid posts and rural health units – were given ad hoc support to cope with influxes of patients. In Basilan, Lanao del Sur and Sulu, medical supplies were also provided, on an ad hoc basis, to the benefit of some 7,000 IDPs.

Two surgeons participated in a war-surgery seminar abroad, with ICRC sponsorship, where they increased their capacity to treat weapon-wounded people. Fourteen National Society medical volunteers, seeking to complete the requirements for deployment to field hospitals during emergencies, attended a course organized by a local school and the ICRC, with support from Movement components. Hospital nurses and midwives – 27 people in all – gained accreditation, with ICRC support, allowing them to administer IV fluids and give blood transfusions.

Disabled people receive physical rehabilitation services

Over 420 disabled people availed themselves of physical rehabilitation services at the ICRC-supported Davao Jubilee Foundation. Almost 60 of them, most of whom were weapon-wounded patients, had their treatment covered by the ICRC. The centre improved the quality of its services with ICRC support, which included payment of key staff's salaries, construction of a new dormitory and technical advice for the centre's managers.

Three amputees participated in vocational training, and two disabled children received financial support for their education, which facilitated their socio-economic integration.

ACTORS OF INFLUENCE

The ICRC maintained contact with the authorities, military and security forces and other weapon bearers, civil society figures and community members, to secure respect for IHL and safe access to conflict-affected people.

The armed forces and the ICRC deepen their dialogue through a joint working group

Through dissemination sessions, over 2,700 weapon bearers learnt more about the applicability of IHL and other norms in armed conflict, and about the ICRC's mandate and activities.

Regular dialogue with high-ranking officers of the armed forces was enriched by the establishment of a working group consisting of military personnel and the ICRC; at their quarterly meetings, they discussed the protection of civilians, the conduct of hostilities in populated areas, and other matters of humanitarian concern.

At ICRC-organized workshops, senior police officials learnt more about international policing standards, and key military officers furthered their understanding of IHL; both groups were encouraged to incorporate these standards and norms in their training and operations.

Journalists and academics learn more about humanitarian issues

Contact with influential religious leaders, first-aid training (see *Wounded and sick*) and information sessions for community members helped broaden understanding of and acceptance for IHL and the ICRC, and facilitated humanitarian activities in areas affected by conflict and other violence. Whenever possible, similarities between IHL and Islamic law were also discussed.

The ICRC used its expanded network of media contacts and online presence, and distributed communication materials to journalists, to stimulate coverage of humanitarian issues. At various meetings, 50 media professionals from various parts of Mindanao learnt more about their role in raising public awareness of humanitarian issues and IHL; they also familiarized themselves with the Movement and the ICRC.

Students tested their knowledge of IHL at national and regional moot-court competitions (see *Beijing*) and other ICRC-organized activities. Diplomats and government officials added to their knowledge of IHL through ICRC-organized IHL workshops and lectures.

Prosecutors and judges attended ICRC workshops where they strengthened their grasp of IHL and of its pertinence to the ongoing conflicts in the Philippines.

The implementing procedures for the law ensuring respect for, and regulating the use of, the emblems protected under IHL – finalized by government officials and by the National Society's IHL office in 2015 with the ICRC's support – remained pending the relevant departments' approval at the end of the reporting period. Other IHL-related legislation remained under consideration.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross carried out activities, with the ICRC and other Movement partners, for communities affected by armed conflict or other violence and/or natural disasters (see *Civilians and Wounded and sick*). National Society personnel, particularly the community-based Red Cross Action Teams, reinforced their capacity – with ICRC financial, material and technical support – to respond to emergencies, administer first aid, restore family links, manage human remains, and promote humanitarian principles and the Movement (see *Actors of influence*) – all in line with the Safer Access Framework.

Movement partners in the country met regularly to coordinate their activities and address security-related matters.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	9			
RCMs distributed	14			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	132	14		3
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	132			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	6			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	86,911	4,355	63	
		Women	Girls	Boys
Detainees visited and monitored individually	919	53		9
Detainees newly registered	131	18		9
Number of visits carried out	187			
Number of places of detention visited	118			
RCMs and other means of family contact				
RCMs collected	4			
RCMs distributed	2			
Detainees visited by their relatives with ICRC/National Society support	408			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	108,799	32,316	44,169
	<i>of whom IDPs</i>	37,800	11,015	15,770
Essential household items	Beneficiaries	80,014	23,999	27,487
	<i>of whom IDPs</i>	39,330	11,802	15,726
Productive inputs	Beneficiaries	65,605	19,686	26,233
	<i>of whom IDPs</i>	600	180	240
Cash	Beneficiaries	39,553	11,872	15,812
	<i>of whom IDPs</i>	7,732	2,319	3,094
Services and training	Beneficiaries	45	14	17
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	61,525	30,763	24,610
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	13,132	842	
Essential household items	Beneficiaries	4,815	96	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	532	11	
Health				
Visits carried out by health staff		34		
Places of detention visited by health staff	Structures	26		
Health facilities supported in places of detention visited by health staff	Structures	11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	27		
	<i>of which provided data</i>	12		
Patients whose hospital treatment has been paid for by the ICRC		100	13	11
Admissions	Patients	74,046	31,595	20,604
	<i>of whom weapon-wounded</i>	1,016	66	27
	<i>(including by mines or explosive remnants of war)</i>	180	55	9
	<i>of whom surgical cases</i>	10,238	3,495	1,706
	<i>of whom internal medicine and paediatric cases</i>	50,831	16,308	18,636
	<i>of whom gynaecological/obstetric cases</i>	11,961	11,726	235
Operations performed		14,543		
Outpatient consultations	Patients	135,293	55,275	37,448
	<i>of whom surgical cases</i>	24,500	7,442	6,538
	<i>of whom internal medicine and paediatric cases</i>	95,615	34,167	29,398
	<i>of whom gynaecological/obstetric cases</i>	15,178	13,666	1,512
First aid				
First-aid posts supported	Structures	67		
	<i>of which provided data</i>	4		
Wounded persons treated	Patients	302		1
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	424	80	116
New patients fitted with prostheses	Patients	80	14	8
Prostheses delivered	Units	120	23	17
	<i>of which for victims of mines or explosive remnants of war</i>	3	1	
New patients fitted with orthoses	Patients	13	2	8
Orthoses delivered	Units	17	3	12
Patients receiving physiotherapy	Patients	315	55	99
Walking aids delivered	Units	84	7	1
Wheelchairs or tricycles delivered	Units	17	4	8

SRI LANKA



The ICRC has worked in Sri Lanka since 1989. Operations focus on: helping clarify the fate of missing persons and supporting their families; visiting detainees and aiding the authorities in improving prison management; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also supports the armed forces' training in IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2016

- Families of missing persons met their economic, psychosocial and legal needs with help from ICRC-trained local partners, through a comprehensive support programme developed by the ICRC in response to the families' concerns.
- Prison authorities, with ICRC support, launched a pilot project aimed at improving medical screening processes and information management. They also drew on ICRC expertise in the design and construction of new prisons.
- The authorities approved national guidelines, drafted with the ICRC's input, on the management of human remains after emergencies. Forensic professionals shared best practices at an ICRC-organized regional conference.
- Conflict-affected households started or resumed livelihood activities using ICRC cash grants and livelihood input. Schoolchildren and vulnerable households had more clean water after ICRC infrastructure improvements.
- Sri Lanka announced its intention to accede to the Anti-Personnel Mine Ban Convention. Troops and police forces bound for missions abroad learnt more about IHL and other applicable law at briefings.

EXPENDITURE IN KCHF

Protection	3,572
Assistance	4,041
Prevention	727
Cooperation with National Societies	270
General	83
Total	8,693
<i>Of which: Overheads</i>	<i>531</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	104

PROTECTION	TOTAL
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	7
RCMs distributed	7
Tracing cases closed positively (subject located or fate established)	136
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	15,475
Detainees visited and monitored individually	339
Number of visits carried out	96
Number of places of detention visited	47
Restoring family links	
RCMs collected	9
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE		2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Cash	Beneficiaries	5,200	8,946
Services and training	Beneficiaries		11
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	5,600	8,052

CONTEXT

People in areas affected by the armed conflict that ended in 2009 continued to feel its effects. Many of them remained without news of relatives who went missing during the conflict, and faced difficulties in meeting their emotional and economic needs, and in going through legal and administrative processes.

The authorities developed a plan for setting up mechanisms to address the needs of conflict-affected people, in line with an October 2015 resolution adopted by the UN Human Rights Council. They established a legal framework to create “certificates of absence” – which attest to the absence of missing persons, and facilitate legal and administrative procedures for their families, including applications for State assistance. They enacted legislation enabling the creation of an Office of Missing Persons, tasked with ascertaining the fate of missing persons and addressing the needs of their families. The authorities also began a consultative process to establish a Truth and Reconciliation Commission, a special court, and an office for reparations.

ICRC ACTION AND RESULTS

In 2016, the ICRC in Sri Lanka worked with and supported the authorities in addressing the humanitarian effects of past conflict. As thousands of people were still unaccounted for after the conflict, the ICRC maintained its dialogue with the authorities and other stakeholders responding to the needs of these persons’ families.

With technical input and encouragement from the ICRC, the authorities drafted and enacted legislation on the establishment of an Office of Missing Persons, tasked to clarify the fate of missing persons, and on the issuance of “certificates of absence” (see *Context*) to help ease the legal and administrative burdens on the families of the missing. The ICRC carried out a support programme for these families, based on the findings of a needs assessment it completed in November 2015. Through the programme, over 1,700 households in six districts obtained assistance for their economic, psychosocial, legal and financial needs from ICRC-trained local partners or local authorities. The ICRC continued to support authorities and forensic professionals in strengthening their capacity to manage and identify human remains: the health ministry published national guidelines on the management of human remains after emergencies, and work to establish a course in forensic anthropology, at a local university, continued.

Households affected by the past conflict, including those headed by women and rehabilitees – people arrested in relation to the past conflict who had been released after being held in rehabilitation centres – received ICRC support to begin or resume livelihood activities. They started small businesses with cash grants or farmed and fished using agricultural equipment and supplies donated by the ICRC. Schoolchildren and vulnerable households had better access to clean water after the ICRC improved facilities in schools and villages.

The ICRC continued to visit detainees, in accordance with its standard procedures, in prisons and places of temporary detention, and discussed its findings and recommendations confidentially with the authorities. To support the authorities’ efforts to improve detainees’ treatment and living conditions, the ICRC organized seminars on prison management and maintenance, renovated prison infrastructure, and donated medical supplies and hygiene items for detainees. Together with the authorities, it launched a pilot project in two prisons aimed at improving medical screening

processes and information management; the authorities also drew on the lessons learnt from an ICRC project to improve prison maintenance that was carried out with a local university. The ICRC provided the authorities with technical input on prison design, in connection with government plans to move some prisons out of urban centres. The national task force on the legal and judicial causes of overcrowding – established in 2015 with ICRC support – discussed how to address these issues.

At ICRC-led workshops, briefings and other events, military personnel, troops and police forces bound for missions abroad, and diplomat trainees learnt more about humanitarian principles and IHL. The ICRC continued to discuss issues of humanitarian concern with the authorities and encouraged them to ratify IHL-related treaties. Sri Lanka announced its intention to accede to the Anti-Personnel Mine Ban Convention; Sri Lanka also ratified the Convention on Enforced Disappearance. With the ICRC’s encouragement, the national IHL committee continued to discuss the ratification of IHL-related treaties and the drafting of legislation to implement treaties already ratified.

The Sri Lanka Red Cross Society and the ICRC offered family-links services, enabling people to restore contact with relatives, including migrants and detainees. The National Society continued to bolster its operational and managerial capacities, particularly in emergency response, with the ICRC’s help.

CIVILIANS

Families of missing persons meet their needs with help from local institutions

The authorities, members of civil society and the ICRC continued to discuss the humanitarian concerns remaining from the conflict, particularly the necessity of ascertaining the fate of missing persons and addressing their families’ concerns. Among those reported as missing were over 16,600 people whose families had lodged tracing requests with the National Society or the ICRC on their behalf.

Sri Lankan authorities took steps to address the needs of the families of missing persons. The government enacted legislation, drafted with technical support from the ICRC, to establish an office tasked to clarify the fate of missing persons, and assist their families. The ICRC also provided some expert advice during the drafting of legislation concerning the issuance of “certificates of absence” (see *Context*), which was passed by the Sri Lankan parliament.

To support government efforts to attend to the families’ needs, the ICRC submitted a confidential report to the authorities containing recommendations based on the findings of an island-wide needs assessment it conducted in 2015. In parallel, it drew from the results of the assessment to expand its comprehensive support programme for the families of the missing to six districts across the country. Thus, 1,713 families received assistance, for meeting their psychosocial and economic needs, from local partners trained or financed by the ICRC, or obtained legal, administrative or financial assistance from local authorities after being referred by the ICRC. Among them, 378 economically vulnerable families also received cash grants under an ICRC livelihood programme (see below).

Authorities approve and publish guidelines on the management of human remains after emergencies

Authorities and forensic professionals worked to establish policies and procedures on the proper management of human remains after

disasters and other emergencies. The health ministry approved and published national guidelines – drafted by the College of Forensic Pathologists of Sri Lanka with ICRC support – on the handling of human remains after natural disasters.

At a regional conference organized by the ICRC, forensic professionals and pertinent authorities in the region shared best practices and discussed ways to improve policies concerning the management of human remains. Local medico-legal officers, and police officers added to their knowledge of crime scene management and forensic archaeology during ICRC-conducted workshops and at a course held at the Sri Lanka National Police Academy.

The University of Colombo designed modules for a programme in forensic anthropology and archaeology, and acquired specialized equipment to furnish its teaching laboratory, with ICRC support.

A committee, established by the justice ministry to recommend legislative reforms related to inquests of death, continued its work. It organized workshops with pertinent government stakeholders, for which the ICRC provided financial support.

Children have improved access to clean water in their schools

Over 400 vulnerable households affected by previous conflict – including returnee and rehabilitee households, and households headed by women and disabled people – began or resumed livelihood activities, such as small businesses, with cash grants provided by the ICRC, sometimes through the National Society. Another 1,658 households (5,895 people) carried out fishing and farming activities using agricultural equipment and supplies from local organizations, which purchased the materials with ICRC cash assistance.

Some 4,752 children had improved access to safe water and sanitation facilities after the ICRC upgraded infrastructure in 13 schools. In five districts, 3,300 people had a better supply of clean water from water points and irrigation systems renovated or constructed by the ICRC.

People reconnect with relatives through family-links services

Members of dispersed families, including migrants, contacted their relatives through family-links services offered by the National Society and the ICRC. Some 11,215 people bound for employment abroad learnt more about these services at National Society dissemination sessions, during which they were also briefed on ways to avoid losing contact with their relatives. Twenty-seven foreigners in Sri Lanka used ICRC travel documents to facilitate their resettlement in third countries.

The National Society reinforced its capacities in providing family-links services, particularly through local workshops and participation in a regional meeting on the humanitarian consequences of migration (see *Kuala Lumpur*) with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

Over 15,000 detainees in prisons and places of temporary detention were visited by the ICRC in accordance with its standard procedures; 339 of them were monitored individually. After these visits, the ICRC discussed its findings and recommendations confidentially with the authorities. In particular, following visits to security detainees, including those detained in relation to past conflict, the ICRC's discussions with the authorities focused on helping ensure

that judicial guarantees were respected and that detainees' families were informed of their relatives' arrest. Subsequent meetings with the authorities followed up on confidential reports shared by the ICRC.

Detainees, including migrants, contacted their families through National Society and ICRC family-links services. Some 200 detainees received family visits; their relatives' transportation costs were covered by the ICRC. Former detainees or their families received certificates attesting to detention (134 in total), helping them facilitate legal processes. Some foreign detainees notified their embassies of their detention, with ICRC assistance.

Prison authorities host a regional conference on best practices in prison management

Prison authorities and staff further developed their knowledge of issues related to improving detainees' treatment and living conditions with ICRC technical and material support. At ICRC briefings and training sessions, prison staff familiarized themselves with internationally recognized standards pertaining to arrest, search and interrogation in detention, and issues related to health care in prisons. Prison authorities hosted a regional conference for correctional managers, at which over 50 participants from 12 countries shared best practices and challenges relating to, *inter alia*, prison design and planning, the specific needs of women, and medical ethics.

A national taskforce – established by the authorities in 2015, with ICRC support – and stakeholders from the criminal justice system met to discuss the legal and judicial causes of overcrowding and ways to address them; the taskforce also began to tackle issues related to prison reform.

Authorities launch pilot project to improve medical screening and information management in prisons

In view of government plans to relocate some prisons out of urban centres, prison officials and architectural teams sought the expertise of the ICRC and attended meetings to discuss its recommendations for improving living conditions in places of detention and enhancing the design of the new prisons. At a workshop organized by the ICRC, prison managers and technical staff discussed how to improve prison maintenance processes, drawing on lessons learnt from a project implemented by the ICRC with a local university. To learn more about prison construction, two engineers and one deputy commissioner attended a conference abroad with ICRC support.

After signing an agreement in July, the health ministry, the prison department and the ICRC launched a pilot project in two prisons to improve medical screening processes and information management, and broaden access to health care. Under the agreement, prison doctors and the authorities drafted standard operating procedures and medical screening forms at workshops, and consultation rooms in the pilot prisons were built and equipped.

More than 4,900 detainees in six prisons had better access to clean water and sanitation facilities after ICRC-backed maintenance and upgrades. Detainees in some prisons also benefited from health care provided by staff that received ICRC-donated medical items. Over 14,300 detainees received hygiene or recreational items, or other material assistance, to help them cope with their circumstances.

ACTORS OF INFLUENCE

Troops bound for deployment abroad learn more about IHL

During workshops, seminars and dissemination sessions, 1,287 military personnel and trainees deepened their understanding of humanitarian principles and IHL. Some 150 police personnel, including senior officers, added to their knowledge – through orientation sessions held at the Sri Lankan police college – of internationally recognized standards pertaining to arrests, detention and the use of force. At predeployment briefings, over 1,900 soldiers bound for peacekeeping missions learnt more about IHL in the context of peace-support operations, and about the role and mandate of the ICRC; around 180 police officers bound for foreign deployment were similarly briefed on IHL, international policing standards and the ICRC.

Thirty-seven naval commanders, 77 trainees and two representatives from the defence ministry added to their knowledge of the laws governing naval warfare; naval officers attended regional events on maritime security. Students from a diplomatic training institute under the foreign ministry attended sessions aimed at familiarizing them with IHL.

At a seminar, over 60 IHL instructors from the military familiarized themselves with new techniques and materials to incorporate in their courses. Four army officers learnt more about incorporating IHL in military doctrine, training and sanctions systems during training, workshops and seminars abroad, which they attended with ICRC support.

Academics added to their knowledge of IHL by participating in overseas trainings and seminars with ICRC support. Law students demonstrated their knowledge of IHL at moot court competition.

Members of the national IHL committee develop their knowledge at training abroad

The authorities continued to engage in dialogue with the ICRC on specific issues and national legislative initiatives, and were urged to ratify and implement IHL-related treaties. In March 2016, Sri Lanka announced its intention to accede to the Anti-Personnel Mine Ban Convention; Sri Lanka ratified the Convention on Enforced Disappearance.

Members of the national IHL committee continued to discuss the ratification of IHL-related treaties, and the development of enabling legislation for treaties that had already been ratified, with ICRC encouragement. The committee translated the Geneva Conventions into national languages, with support from the ICRC, for the use of universities. A member of the committee attended a meeting of national IHL committees, and other government officials participated in IHL workshops and attended training abroad, all with the help of the ICRC.

During a regional workshop on IHL, held by the authorities and the ICRC, officials from pertinent ministries discussed best practices in drafting legislation, and issues and other issues related to the implementation of IHL-related treaties.

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society strengthened its capacities in managing its operations, particularly restoring family links (see *Civilians*), and other emergency response capacities, with ICRC technical, financial and material support. Following floods in May, the National Society received financial and logistical support for its emergency-relief operations.

The National Society sought to strengthen the application of the Safer Access Framework in coordination with its branches across the country. This led to the drafting of action plans at 13 branches, the purchase of additional protective equipment, and more consistent use of uniforms with the red cross emblem. At regional round-tables and workshops, National Society personnel shared best practices in applying the framework. Over 560 volunteers took a basic first-aid certification exam and 58 instructors attended a refresher course. The National Society continued to develop a localized first-aid handbook.

Community members, students, the authorities and National Society volunteers familiarized themselves with the Fundamental Principles and the Movement at dissemination and training sessions conducted by the National Society with ICRC support.

The revised statutes of the National Society and a draft Red Cross Act, prepared with ICRC technical support, awaited approval by the pertinent authorities; the National Society and the ICRC worked towards drafting a preamble to the act with support from the International Federation.

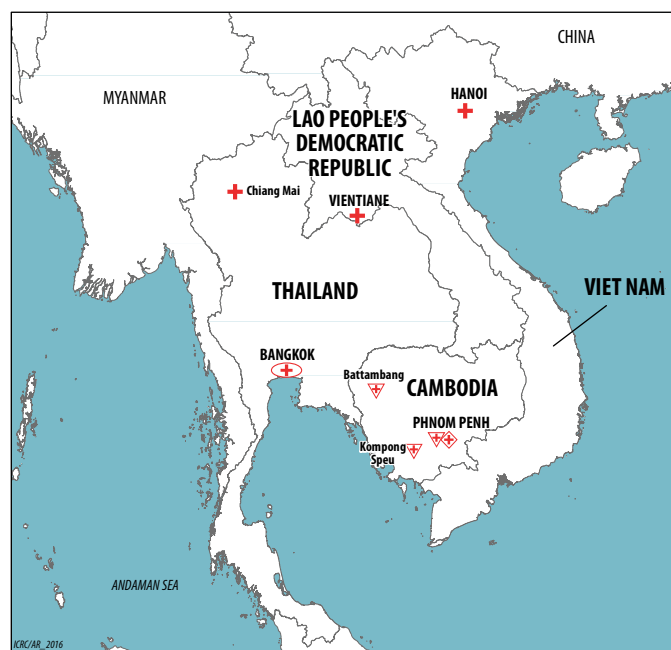
Movement components met regularly to exchange information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		7			
RCMs distributed		7			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		543	60	43	98
including people for whom tracing requests were registered by another delegation		107			
Tracing cases closed positively (subject located or fate established)		136			
Tracing cases still being handled at the end of the reporting period (people)		16,672	847	528	1,509
including people for whom tracing requests were registered by another delegation		107			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		15	7		
Documents					
People to whom travel documents were issued		34			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		15,475	846	36	
			Women	Girls	Boys
Detainees visited and monitored individually		339	16		2
Detainees newly registered		116	11		1
Number of visits carried out		96			
Number of places of detention visited		47			
RCMs and other means of family contact					
RCMs collected		9			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		5			
Detainees visited by their relatives with ICRC/National Society support		203			
People to whom a detention attestation was issued		134			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	8,946	3,748	2,277
Services and training	Beneficiaries	11	2	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	8,052	4,026	4,026
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	14,323	804	10
Cash	Beneficiaries	46		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,900	686	
Health				
Visits carried out by health staff		17		
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	2		

BANGKOK (regional)

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



ICRC/AR_2016
 ICRC regional delegation ICRC mission ICRC office ICRC-supported physical rehabilitation project

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Through a project run by the Cambodian detaining authorities and the ICRC, some 1,000 female and juvenile inmates in one facility obtained health-care services at an upgraded health post and learnt hygiene practices.
- ▶ In November, the Thai Department of Corrections no longer allowed the ICRC to work in accordance with its standard procedures in prisons under the department's authority. The ICRC thus suspended its visits in these places.
- ▶ Disabled people in Cambodia continued to obtain rehabilitative care at two ICRC-backed centres. Lao government officials learnt more about managing such services during an ICRC-facilitated study tour of a Cambodian centre.
- ▶ Some violence-affected households in southern Thailand and disabled breadwinners in Cambodia earned money through small businesses set up with ICRC financial, material and technical support.
- ▶ The military and police in the region developed their understanding of international policing standards and/or IHL at ICRC workshops. A Cambodian university included mandatory IHL courses in its law curriculum.

EXPENDITURE IN KCHF	
Protection	3,606
Assistance	4,692
Prevention	2,815
Cooperation with National Societies	1,200
General	326
Total	12,639
<i>Of which: Overheads</i>	<i>771</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	48
Resident staff (daily workers not included)	140

Having established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam, the ICRC promotes ratification and implementation of IHL treaties and IHL integration into military training regionwide. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect and assist violence-affected people in Thailand and visits detainees there and in Cambodia, where it supports the authorities in improving prison management. It helps meet the need for assistive and mobility devices in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,286
RCMs distributed	1,941
Phone calls facilitated between family members	998
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	55,251
Detainees visited and monitored individually	274
Number of visits carried out	96
Number of places of detention visited	43
Restoring family links	
RCMs collected	2,116
RCMs distributed	1,049
Phone calls made to families to inform them of the whereabouts of a detained relative	216

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Productive inputs	Beneficiaries	2,400
Cash ¹	Beneficiaries	450
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	8
Patients receiving services	Patients	4
		11,369

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

King Bhumibol Adulyadej of Thailand, who had ruled his country for seven decades, died on 13 October 2016; a one-year period of national mourning began. In December, the crown prince was proclaimed king.

In southern Thailand, violent incidents continued to cause civilian casualties and affect daily life. Peace talks between the government and armed groups progressed slowly.

Along the Myanmar-Thailand border, intermittent fighting between armed groups and the Myanmar military persisted. Over 100,000 Myanmar refugees continued to stay in camps along the border, but others had voluntarily returned to Myanmar.

The countries covered remained relatively stable, although social and political tensions persisted, particularly in Cambodia. The presence of mines and explosive remnants of war (ERW) – especially in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR) and Viet Nam – and natural disasters continued to be a major source of regional concern. Cambodia also had to deal with issues related to prison overcrowding. Fewer irregular migrants were reported to have passed through the region than in 2015; many, however, remained detained in immigration facilities in Thailand.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok focused on its activities for detainees, particularly its support for the Cambodian and Thai authorities' efforts to improve prison management. It also helped people cope with the effects of past and ongoing conflicts or other situations of violence. It sought to foster understanding of and acceptance for humanitarian principles and IHL among parties with influence in the region and among armed groups along the Myanmar-Thailand border.

In Cambodia and Thailand, the ICRC conducted visits to detainees according to its standard procedures and shared its findings confidentially to the detaining authorities. However, in November, it suspended these visits to Thai prisons after the Department of Corrections (DOC) no longer allowed the organization to work in accordance with its standard procedures. While it sought to discuss the issue with the authorities concerned, the ICRC also continued to visit immigration detention centres.

The detaining authorities in both countries drew on ICRC assistance to carry out concrete improvements in detainees' treatment and living conditions, focusing on health-care services and prison infrastructure. ICRC financial support enabled Cambodian officials to travel to four courts and finalize the sentences of several inmates in protracted detention. The Cambodian authorities and the ICRC continued to implement a project to create a national model for prison health care and hygiene. Under this project, female and juvenile inmates in one facility obtained health-care services from an upgraded health post and learnt about hygiene practices at monthly health-education sessions. Detainees in the two countries reconnected with their relatives through the Movement's family-links services. These services included ICRC-facilitated family visits in Thailand and, for the first time, in Cambodia.

Violence-affected households in southern Thailand earned income from small businesses established with productive inputs from the ICRC. The Cambodian Red Cross Society and the ICRC provided

financial support or offered interest-free loans to help disabled breadwinners to start similar businesses and to enable households in areas affected by weapon contamination to conduct livelihood activities in safer areas. People in three provinces in Viet Nam learnt safe practices at mine-risk awareness sessions conducted by the Red Cross of Viet Nam with ICRC input.

The ICRC maintained its comprehensive support for two Cambodian centres that provided physical rehabilitation services for disabled persons and offered activities that facilitated their social and economic reintegration. It also worked with local entities to help ensure the sustainability of the rehabilitation sector: for example, it helped develop the curriculum of a physiotherapy school. An assessment of rehabilitation needs in the Lao PDR led the ICRC to reconsider its support for three centres and focus instead on strengthening national capacities in managing rehabilitation services. Thus, officials from the pertinent ministries participated in an ICRC-facilitated study tour of a Cambodian centre. The ICRC covered the cost of treatment, in Thailand, for people wounded during clashes in Myanmar.

The ICRC continued to promote understanding of and support for humanitarian principles, IHL and/or international policing standards among the authorities and other influential members of society in the four countries covered. The military and the police drew on ICRC guidance to learn how to apply the relevant principles and norms in their operations. Government officials from three countries considered the possibility of ratifying or acceding to IHL-related treaties. Academic institutions throughout the region continued to improve IHL teaching: one Cambodian university began requiring law students to take IHL courses. University students strengthened their grasp of the subject through regional competitions and internships.

The region's National Societies continued, with ICRC support, to strengthen their ability to respond to emergencies, assist communities affected by mines and ERW, restore family links and broaden awareness of humanitarian principles and the Movement's work.

CIVILIANS

In southern Thailand, the ICRC relayed to weapon bearers the concerns of violence-affected people in the area, and urged them to comply with applicable norms while conducting their operations.

Over 80 vulnerable violence-affected households in the area (450 people) began to earn income from small businesses established with the help of ICRC-provided productive inputs. Some people received ad hoc ICRC support, including cash assistance for visiting a detained relative or covering funeral expenses.

Disabled people in Cambodia work towards self-sufficiency

ICRC financial support in Cambodia – sometimes channelled through the National Society – enabled roughly 80 disabled persons to undertake income-generating activities, such as growing mushrooms and repairing motorcycles. Some of these beneficiaries earned income and paid off their debts. Other efforts were made to facilitate the social and economic reintegration of disabled persons: identifying children in need of financial assistance for their schooling and referring adults for jobs or vocational training.

To help protect people from mines and ERW, the Vietnamese National Society, backed by the ICRC, conducted risk-awareness sessions for communities in three provinces. Nearly 160 heads

of households in Cambodia used interest-free loans from the National Society and the ICRC to begin small businesses in safer areas. Administrative constraints continued to delay ICRC training for a mine-clearance organization in the Lao PDR.

Vietnamese authorities approve the inclusion of family-links services in national disaster response

Families dispersed by various circumstances restored or maintained contact through family-links services provided by the National Society in their country and the ICRC. Thirteen people in Cambodia received ICRC travel documents; these were issued at the request of the UNHCR, to facilitate their resettlement abroad.

Representatives of National Societies in the region convened to discuss cooperation in restoring family links, particularly after disasters and in connection with migration. In Viet Nam, the National Society and the National Steering Committee for Natural Disaster Prevention and Control signed an agreement to include family-links services in the national disaster response. Forensic doctors and representatives of the Vietnamese defence and public security ministries strengthened their ability to manage human remains during emergencies, at workshops organized by the National Institute of Forensic Medicine and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC suspends prison visits in Thailand

Detainees in Cambodia and Thailand received ICRC visits carried out according to the organization’s standard procedures. Security detainees and inmates with particular vulnerabilities – women and irregular migrants – received special attention. In November, the DOC no longer allowed the ICRC to work in accordance with its standard procedures; the ICRC therefore decided to suspend visits to prisons in Thailand. While it sought to discuss the issue with the authorities concerned, the ICRC continued to visit immigration detention centres.

Following the above-mentioned visits, the detaining authorities and the ICRC discussed confidentially the ICRC’s findings on the treatment and living conditions of detainees. In Cambodia, senior police and *gendarmerie* officers received ICRC input for strengthening compliance with the procedures outlined in domestic legislation concerning the treatment of people during

arrests and the initial stages of detention. Support for the Thai authorities to implement anti-drug policies was no longer pursued because other organizations were already involved in the process.

Cambodian authorities take steps to provide skills training for inmates

Cambodian and Thai officials learnt more about internationally recognized standards for prison management at several local and regional seminars (see *Sri Lanka*). Together with the ICRC, a working group consisting of Cambodian government officials and other local stakeholders began to assess the educational needs of inmates at 17 provincial prisons, with a view to developing a skills-training programme for them. The Cambodian General Department of Prisons (GDP), a local organization and the ICRC agreed to provide vocational training, personal-development programmes and regular family visits for 40 detained minors, to improve their detention conditions and, after their release, to facilitate their social reintegration.

ICRC financial support enabled representatives of the GDP and the Appeals Court to travel to four courts to follow up cases that had been pending for several years. As a result, rulings on the cases of 22 detainees were finalized.

Detainees in Cambodia and Thailand, including irregular migrants held at Thai immigration detention facilities, restored or maintained contact with their families through the Movement’s family-links services. In Thailand, over 200 inmates held far from their homes received ICRC-facilitated family visits. The ICRC organized such visits for the first time in Cambodia, benefiting seven detainees.

Women and minors in a Cambodian facility obtain basic health care and learn hygiene practices

Cambodian and Thai authorities continued to draw on ICRC support to improve health-care services and infrastructure in selected facilities where overcrowding was an issue. They took steps to reform their penitentiary health system; in Cambodia, the authorities worked with the ICRC and other partners to establish a working group to lead the reform process. Nurses and other prison health staff in Cambodia and Thailand learnt more about strengthening their services, during local training sessions organized by

PEOPLE DEPRIVED OF THEIR FREEDOM		Cambodia	Thailand
ICRC visits			
Detainees visited		14,671	40,580
	<i>of whom women</i>	1,144	3,451
	<i>of whom minors</i>	659	305
Detainees visited and monitored individually		128	146
	<i>of whom women</i>	4	4
	<i>of whom girls</i>	1	
	<i>of whom boys</i>	3	
Detainees newly registered		100	115
	<i>of whom women</i>	4	4
	<i>of whom girls</i>	1	
	<i>of whom boys</i>	3	
Number of visits carried out		37	59
Number of places of detention visited		14	29
Restoring family links			
RCMs collected		1,790	326
RCMs distributed		774	275
Phone calls made to families to inform them of the whereabouts of a detained relative			216
Detainees visited by their relatives with ICRC/National Society support		7	205

the authorities concerned and the ICRC. A Thai university worked with the ICRC to create a post-graduate course in prison health.

In Cambodia, the GDP and the ICRC continued to implement a project that provided basic health-care services and hygiene instruction at a facility housing around 1,000 female and juvenile inmates. The project focused on creating a standardized model for such services that could be replicated nationwide. With the help of an ICRC health team, personnel at the facility strengthened their ability to care for sick or injured inmates. Detainees obtained health-care services at an upgraded health post and learnt hygiene practices at monthly health-education sessions; a newly formed hygiene committee helped ensure that detainees applied what they had learnt. At another Cambodian prison, the GDP and the ICRC organized a campaign to treat scabies. Around 11,500 detainees and prison guards in Cambodian and Thai facilities received hygiene kits.

In Thailand, medical specialists from the health ministry and the DOC continued to work together to improve inmates' access to health services; ICRC support facilitated coordination between the ministry and the DOC. These efforts contributed to improvements that included screening of new inmates upon entry and referrals to secondary care. Two prison clinics better served inmates with the help of basic medical materials donated by the ICRC.

Cambodian and Thai officials learn more about maintaining infrastructure

Workshops organized or supported by the ICRC, or other assistance provided by it, enabled prison authorities in the region to strengthen their capacities in building and maintaining facilities. The Cambodian authorities used ICRC expertise to standardize prison infrastructure; notably, it finalized a manual on constructing energy-saving stoves, and discussed with the ICRC the adoption of minimum standards for prison construction and renovation. Local training sessions for Cambodian and Thai officials centred on maximizing resources through good maintenance practices for infrastructure such as electrical, water and waste-management systems. Cambodian and Lao prison officials attended the 5th Asian Conference of Correctional Facilities Architects and Planners (see *Beijing*).

Roughly 12,400 detainees in Cambodian and Thai prisons had better living conditions as a result of the authorities' continued efforts to upgrade prison infrastructure. These efforts – carried out jointly by local engineers and the ICRC, or supported by the ICRC through material donations or technical advice for the authorities – included construction and renovation of common areas and water and sanitation facilities, and distribution of water filters.

WOUNDED AND SICK

A few people injured in clashes in Myanmar crossed the border into Thailand; 24 had the costs of their treatment in Thai hospitals covered by the ICRC. Amputees in areas along the Myanmar-Thailand border were referred to an ICRC-supported physical rehabilitation centre in Myanmar.

Cambodian institutions and the ICRC work together to ensure the rehabilitation sector's sustainability

Over 11,350 physically disabled people in Cambodia improved their mobility with the help of free, good-quality rehabilitative care at two ICRC-supported centres. ICRC material, financial and technical support helped staff at these centres to improve their services. Outreach activities enabled repairs to be made to

the assistive devices of disabled people living far from the centres. National Society volunteers trained in identifying potential patients, with a view to helping more people from remote provinces obtain referrals to these centres' services. Local institutions and the ICRC worked together to ensure the sustainability of the physical rehabilitation sector: for instance, they helped draw up the curriculum of a physiotherapy school and developed a business model to help the national orthopaedic component factory take full responsibility for the production of components.

Some disabled patients eased their social and economic reintegration thanks to the ICRC and its local partners (see *Civilians*). With ICRC support, 40 female wheelchair basketball players continued their training for regional competitions.

Lao officials learn more about managing rehabilitation services during a study tour

After assessing physical rehabilitation needs in the Lao PDR, the ICRC discontinued its support for three centres and focused its attention on strengthening physical rehabilitation expertise in the country, for example, by sponsoring specialists to attend training courses abroad. During an ICRC-organized study tour, officials from the Lao health and labour and social welfare ministries learnt more about the tools and standards used at an ICRC-supported physical rehabilitation centre in Cambodia. The labour and social welfare ministry declined the ICRC's offer to train technicians and physiotherapists at one centre.

ACTORS OF INFLUENCE

Lao military officials learn more about IHL at a defence ministry and ICRC workshop

During bilateral dialogue with the ICRC and/or workshops they organized annually with it, Cambodian and Thai military and security forces learnt more about the application of humanitarian principles and international policing standards in their operations. In southern Thailand, 30 senior police personnel, two military officers and several legal advisers to the military unit engaged in law enforcement operations learnt more about the norms applicable to their work.

Armed forces personnel from all four countries covered strengthened their ability to apply IHL in their operations; the ICRC gave them technical advice and sponsored their participation in events abroad. ICRC workshops helped senior officers from two Thai military academies advance their understanding of IHL; in the Lao PDR, the defence ministry and the ICRC organized a similar workshop for military officials. Military and naval officers from Cambodia, Thailand and Viet Nam refined their grasp of IHL by exchanging views with their counterparts abroad (see *Jakarta* and *Suva*).

During sessions conducted by the ICRC at the request of their officers, Cambodian, Thai and Vietnamese peacekeepers familiarized themselves with the provisions of IHL and international norms applicable to their role.

Representatives of armed groups from Myanmar continued to consult the ICRC to ensure that their codes of conduct conformed to IHL.

Cambodian officials study the possibility of acceding to the Convention on Cluster Munitions

Guided by the ICRC, authorities in the region took steps to broaden support for IHL in their countries, for instance, by

engaging regional counterparts in dialogue at IHL events (see *Kuala Lumpur*). Officials from the Thai foreign ministry and the Vietnamese defence ministry sought the ICRC's expertise while exploring, where applicable, the possibility of ratifying or acceding to Additional Protocols I and II. During two conferences organized by a local think-tank and the ICRC, members of the Cambodian government and Cambodian academics discussed the possibility of acceding to the Convention on Cluster Munitions.

The ICRC maintained dialogue with the Association of Southeast Asian Nations (ASEAN) departments of the pertinent ministries in the countries covered on operationalizing the ASEAN regional mine-action centre and on other subjects of common interest.

A Cambodian university makes IHL courses mandatory for law students

ICRC guidance, publications on IHL and sponsorship to attend events abroad helped academic institutions and university students strengthen IHL instruction and their grasp of the subject, respectively. A Cambodian university introduced mandatory IHL courses – taught by an ICRC-supported lecturer – into its law curriculum. At national and regional competitions (see *Beijing*), university students demonstrated their knowledge of IHL. Law students in Cambodia and Thailand had internships at the ICRC offices there.

The ICRC maintained contact with influential members of civil society throughout the region – particularly religious circles in southern Thailand – through bilateral dialogue and dissemination sessions on humanitarian principles and IHL. The general public

were informed of ICRC operations in the region and of the Movement's neutral, impartial and independent humanitarian action through traditional and new media, including the ICRC website. One journalist participated in a regional media conference, with ICRC sponsorship (see *Bangladesh*).

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies continued to work with the ICRC and to draw on its support to strengthen their ability to respond to emergencies, restore family links and assist communities affected by mines and ERW (see *Civilians*). The Cambodian and Vietnamese National Societies and the ICRC signed three-year partnership agreements. Both National Societies also strove to strengthen their ability to operate safely during emergencies by developing – with ICRC guidance – action plans for applying the Safer Access Framework. The Lao Red Cross began drafting its statutes.

A regional communication forum helped the four National Societies to develop their capacity to broaden public understanding of humanitarian principles, the Movement and the red cross emblem. With ICRC technical and financial support, the Lao and Thai National Societies organized briefing sessions on IHL and the Movement for over 3,500 staff and volunteers and community members. During train-the-trainer workshops, roughly 400 training relays from the Thai Red Cross strengthened their capacity to organize such sessions.

Movement components in the region coordinated their activities through periodic meetings and regional events.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,286	2		
RCMs distributed	1,941			
Phone calls facilitated between family members	998			
Names published in the media	35			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	56	13	6	3
Tracing cases closed positively (subject located or fate established)	1			
Tracing cases still being handled at the end of the reporting period (people)	78	21	7	4
Documents				
People to whom travel documents were issued	13			
Official documents relayed between family members across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	55,251	4,595	964	
		Women	Girls	Boys
Detainees visited and monitored individually	274	8	1	3
Detainees newly registered	215	8	1	3
Number of visits carried out	96			
Number of places of detention visited	43			
RCMs and other means of family contact				
RCMs collected	2,116			
RCMs distributed	1,049			
Phone calls made to families to inform them of the whereabouts of a detained relative	216			
Detainees visited by their relatives with ICRC/National Society support	212			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	450	178	150
Cash ¹	Beneficiaries	281	65	152
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	11,550	2,351	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	12,435	1,385	
Health				
Visits carried out by health staff		23		
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Patients whose hospital treatment has been paid for by the ICRC		24	2	
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	11,369	1,745	1,014
New patients fitted with prostheses	Patients	223	25	11
Prostheses delivered	Units	1,563	146	44
	<i>of which for victims of mines or explosive remnants of war</i>	1,223	76	3
New patients fitted with orthoses	Patients	354	59	158
Orthoses delivered	Units	1,147	180	541
Patients receiving physiotherapy	Patients	3,324	460	659
Walking aids delivered	Units	1,223	157	121
Wheelchairs or tricycles delivered	Units	548	202	49

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC discussed health care in prisons with China's justice and public security ministries, and made preparations to implement a TB-control project with the justice ministry.
- ▶ The ICRC reinforced its dialogue with the region's authorities, legal experts and other influential figures. It emphasized the need to strengthen respect for IHL and to include IHL-related considerations in their contingency plans.
- ▶ A photo exhibit in Beijing on the human cost of war drew over 10,000 visitors. Journalists in China and the Republic of Korea (hereafter ROK) reported on humanitarian issues, making use of local-language platforms.
- ▶ Officers from across the region participated in workshops on IHL and other norms applicable to their work. The ICRC shared its insights on new means and methods of warfare during an international conference hosted by the ROK.
- ▶ The region's National Societies improved their capacities, particularly in the fields of promoting IHL and implementing selected assistance activities; they received various forms of support from the ICRC for these.

EXPENDITURE IN KCHF

Protection	776
Assistance	6,748
Prevention	4,957
Cooperation with National Societies	1,227
General	83
Total	13,791
<i>Of which: Overheads</i>	<i>811</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	55

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It supports the region's National Societies in developing their IHL promotion and tracing activities. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive and mobility devices.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

ASSISTANCE		2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Productive inputs	Beneficiaries	1,200	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	7,000	8,000
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	4
Water and habitat			
Water and habitat activities	Number of beds		2,572
Physical rehabilitation			
Projects supported	Projects	2	4
Patients receiving services	Patients		1,367

CONTEXT

China figured prominently in international affairs – for example, through the Asian Infrastructure Investment Bank, the Free Trade Area of the Asia-Pacific, and its permanent seat in the UN Security Council. It was also involved in territorial and maritime disputes with some of its neighbours and in the corresponding tribunal proceedings and rulings. Economic growth slowed in 2016.

The Democratic People's Republic of Korea (hereafter DPRK) claimed to have developed its nuclear capacity and tested several missiles, further straining its relations with the Republic of Korea (hereafter ROK) and the wider international community.

The ROK's president was impeached in December, and an interim president appointed.

In Mongolia, parliamentary elections took place in June; the country maintained ties with China, the DPRK, the ROK and other countries in Asia and beyond.

ICRC ACTION AND RESULTS

The Beijing regional delegation sought greater dialogue with influential figures on humanitarian issues in the four countries covered – China, the DPRK, Mongolia and the ROK – and on securing support for its efforts beyond the region. It also continued to strive to engage with the authorities, military and police forces, academics, the media and other decision-makers, to promote IHL and humanitarian principles.

The ICRC partnered the authorities, National Societies and other local actors to help, largely through its assistance projects, improve conditions for some vulnerable people. In the DPRK, the public health ministry worked to better the quality of surgical care and other medical services at three hospitals, with some help from an ICRC surgical team. The ICRC also provided the Rakrang and Songrim physical rehabilitation centres, as well as the surgical annex of the Rakrang centre, with similar support. The ICRC's work with the Songrim centre followed the finalization of a new partnership agreement with the Red Cross Society of the Democratic People's Republic of Korea and other relevant actors. Thousands of people in one peri-urban community had better access to drinking water after the local authorities, the National Society and the ICRC jointly repaired or improved infrastructure.

The ICRC provided the Red Cross Society of China with technical assistance to run a physical rehabilitation centre and repair workshop in Yunnan province; vulnerable people in the same province, some of them with disabilities, also drew on the livelihood assistance provided by the National Society. The ICRC and the management of one hospital in Sichuan province began preliminary efforts for the latter to receive support for improving the capacities of its physical rehabilitation department.

The ICRC continued to discuss health care in detention with China's justice and public security ministries. The ICRC and the justice ministry visited several places of detention to assess the response to TB there; subsequently, the ministry and the ICRC made preparations for supporting a local hospital for detainees in implementing a TB-control project.

The ICRC took pains to expand its network of contacts in China, Mongolia and the ROK. Its discussions with influential actors

– from the government, the military, the academe and various other sections of civil society – focused on its role in addressing the humanitarian consequences of conflicts in the region and beyond, and on the importance of including IHL-related considerations in national contingency plans and emergency response measures.

Throughout the region, the ICRC worked with military and police forces to help officers develop their understanding of IHL and other international norms. Police officers and trainees in China and Mongolia attended workshops on international standards and rules for policing. The ICRC discussed IHL in the context of peacekeeping operations during predeployment briefings for Mongolian officers bound for South Sudan and at an event hosted by a Chinese training centre for officers from Africa.

The ICRC helped universities, think-tanks, National Societies and other local organizations to make information on IHL available to the academic community. It also assisted the Hong Kong Red Cross, Branch of the Red Cross Society of China, in hosting an international moot-court competition for over 100 students.

The delegation boosted its public engagement in the region, particularly by stepping up its broadcast, print and online media presence. Journalists in China and the ROK also covered the ICRC's operations; many of them made use of local-language media platforms, which enabled them to reach a wider audience.

A photo exhibit in Beijing on the human cost of war drew over 10,000 visitors. With support from the ICRC, the Hong Kong Red Cross, Branch of the Chinese Red Cross, opened a centre for humanitarian education, creating another avenue for a wider audience to learn about humanitarian principles.

The ICRC coordinated its work with other Movement components in the region; it partnered the National Societies in broadening support for the Movement, and helped them strengthen their communication capacities. Such interaction helped it to emphasize the importance of a coherent approach, in line with the Movement's Fundamental Principles, to humanitarian work.

CIVILIANS

Over 400 economically vulnerable households in China – 166 in Yunnan and 240 in Xinjiang – received cash for starting income-generating activities. Several of these households counted disabled members among them (see *Wounded and sick*). The assistance was delivered within the framework of a livelihood project by the Red Cross Society of China, for which the ICRC provided some funding and training.

DPRK engineers and maintenance personnel repair public infrastructure in a peri-urban area

Over 8,000 people in a section of Kaesong City in the DPRK had better access to clean water, following work done by the local authorities, the DPRK Red Cross and the ICRC to repair or construct public infrastructure, such as toilets and a septic tank; these people also benefited from other infrastructural improvements in 2015. The local engineers and maintenance personnel in charge of these initiatives continued to add to their expertise during ICRC-supported courses.

Owing to tensions in the region, the ICRC was unable to engage the DPRK and ROK governments in substantial discussions on the concerns of families separated since the 1950–1953 Korean War. It

was also unable to pursue plans to work with the DPRK Red Cross to identify vulnerable people who could benefit from assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Chinese officials and the ICRC prepare to implement a pilot TB-control project

The Chinese justice and public security ministries and the ICRC sustained their dialogue, which focused mainly on health care in prisons; the ministries each co-organized a seminar with the ICRC, allowing for an in-depth and structured exchange of ideas on the work to be done to address health in detention. The justice ministry and the ICRC visited several places of detention to observe conditions there; following which, they commenced preparations to support a prison hospital in implementing a TB-control project.

Justice ministry officials attended an ICRC regional workshop on prison management (see *Sri Lanka*), and observed the TB-control and management programme in places of detention in Kyrgyzstan. At the invitation of the ministry, the ICRC made a presentation on infection control and other health-related issues, at a regional seminar in China on prison administration. These events enabled the officials who took part to meet their counterparts from other countries and learn from their best practices.

WOUNDED AND SICK

Hospital staff in the DPRK add to their expertise

The public health ministry, the DPRK Red Cross and the ICRC continued to cooperate in enhancing the surgical standards and treatment methods, emergency care, orthopaedic surgery and other services at the Hamhung and Pyongsong provincial hospitals and the Kaesong City hospital. The hospitals' management and the ICRC also improved infrastructure, particularly waste-management systems and sanitation facilities.

Pyongsong hospital staff continued to add to their expertise and improve the quality of their services, with the help of on-site workshops and other capacity-building opportunities offered jointly by the health ministry and the ICRC. Doctors and other medical personnel – including some from hospitals not receiving ICRC support – also attended courses in emergency-room management.

The DPRK Red Cross, local authorities and the ICRC finalize partnership to support an additional physical rehabilitation centre

Approximately 1,400 people received treatment and/or other services at the Rakrang and Songrim physical rehabilitation centres in the DPRK. The Rakrang centre, and its surgical annex, received medical supplies; staff there strengthened their capacities, with the help of regular in-house workshops. Two staff members, having completed advanced studies abroad, had rejoined the team by year's end. Beginning in May – after the local authorities, the DPRK Red Cross and the ICRC finalized their partnership agreement – the Songrim centre received technical support, which helped staff improve conditions there.

Disabled people in Yunnan receive treatment and other services at a National Society centre

The Yunnan branch of the Chinese Red Cross Society continued to manage a physical rehabilitation centre in Kunming, and a repair workshop in Malipo, with the ICRC's help. Over 400 people obtained rehabilitation services and assistive devices at these facilities. Several disabled people within reach of the centre benefited from a National Society livelihood-improvement project (see *Civilians*).

The ICRC and the management team of a hospital in Sichuan discussed the signing of a partnership agreement, under which the hospital would receive support for strengthening its physical rehabilitation department, particularly the production of assistive devices.

ACTORS OF INFLUENCE

The ICRC expanded its interaction with actors of influence throughout the region. The ICRC sought – through high-level meetings, experts' workshops and other forums for dialogue – to foster support among government officials, military officers and others for IHL, humanitarian principles, and neutral, impartial and independent humanitarian action.

In China and the ROK, the ICRC discussed IHL and humanitarian principles with the government and other influential figures. Senior members of the Chinese People's Liberation Army visited the ICRC's headquarters in Geneva, Switzerland, furthering the dialogue on including IHL in military education and increasing the possibility of jointly hosting international events. While awaiting clarification of its legal status in the ROK, the ICRC held several briefing sessions on its identity and mandate for senior naval officers; it also maintained its dialogue with the military forces of the United States of America in the ROK. During a meeting with the ICRC's president, Mongolian military personnel and defence ministry officials agreed to expand cooperation with the ICRC.

ICRC discusses the applicability of IHL to peacekeeping operations

The ICRC discussed IHL in the context of peacekeeping operations on several occasions, such as: predeployment briefings for Mongolian officers bound for South Sudan; in China, a round-table for representatives of local government and military institutions, think-tanks, and universities; and, also in China, a workshop for senior officers from Africa hosted by a local peacekeeping training centre.

Military personnel from China, the DPRK, Mongolia and the ROK attended advanced international workshops on IHL, including one on the applicability of IHL to armed conflict at sea (see *Jakarta*). In China and Mongolia, police officers and trainees also attended courses on international rules and standards for policing; in Mongolia, these included discussions on contingency planning.

The ICRC offered its insights into humanitarian assistance during armed conflict at a workshop organized by the ROK armed forces, and on new means and methods of warfare and IHL at an international conference hosted by the defence ministry in Seoul.

Students, lecturers and legal experts discuss contemporary challenges in ensuring respect for IHL

At a workshop organized in cooperation with the Mongolian Bar Association, prosecutors, judges and other legal professionals and experts discussed international rules and standards for the use of force in the context of law enforcement and crowd management; they also considered the preparatory and preventive measures to be taken by law enforcement and judicial institutions to deal with violent situations.

University students and lecturers from China, Mongolia and the ROK developed their understanding of IHL and humanitarian action – and of the obstacles to them – through lectures, short courses and moot-court competitions. These events were organized by universities, think-tanks, National Societies and other local

organizations in partnership with the ICRC. Over 100 students and lecturers from the Asia-Pacific region participated in an international moot-court competition organized, with ICRC support, by the Hong Kong Red Cross branch of the Red Cross Society of China.

Local-language coverage of humanitarian issues reaches wider audience

The ICRC boosted its public engagement in the region, in particular by stepping up its broadcast, print and online media presence in local languages. Through a partnership with China's main news agency, journalists observed ICRC activities in Yunnan, and in Afghanistan and Ukraine, and reported on these; two journalists attended a regional conference abroad (see *Bangladesh*). Journalists in the ROK also reported on similar subjects.

Many ICRC publications on IHL and humanitarian work were translated into Chinese and made available on China's largest academic reference website.

Hong Kong Red Cross branch opens a centre for humanitarian education

In April, the Hong Kong branch of the Chinese National Society opened a centre for humanitarian education that featured interactive and virtual-reality exhibits on conflict-affected environments and the challenges of humanitarian work; the ICRC provided particular support for an exhibit on the impact of war on children. Over 10,000 people visited a photo exhibit, at a major museum in Beijing, which depicted the toll conflict takes on those affected.

The Hong Kong branch of the Chinese National Society and the ICRC maintained their dialogue on the means of increasing support for the Movement. The ROK National Red Cross and the ICRC began to explore possibilities for similar dialogue.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC pursued working partnerships with the National Societies in the region and other Movement components present, focusing on shoring up emergency response capacities. For example, the National Society branch in Xinjiang in China set up three emergency response teams; 60 members participated in a workshop organized by the ICRC and the National Society. Mongolian Red Cross members participated in similar training. ROK National Society staff members also attended a session on the Safer Access Framework, and began discussions on staff training on first-aid during conflict. Following floods in the DPRK, the National Society received kits with medical material for treating the wounded; the ICRC also supported the International Federation's work in the DPRK.

The National Societies received assistance for strengthening their capacities in promoting IHL and humanitarian principles. For instance, the Chinese Red Cross facilitated a training session on IHL and the Movement for participants from 12 Chinese provinces. The National Society branch in Hong Kong and the ICRC jointly organized a regional workshop on humanitarian education for the youth, drawing participants from National Societies from across the region and from the International Federation.

The Mongolian Red Cross Society strengthened its legal status, following the Mongolian parliament's approval of a law recognizing the National Society as a government auxiliary.

The ICRC maintained regular contact with Movement components in the region, and capitalized on opportunities to cooperate in broadening support for humanitarian work in line with the Fundamental Principles.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	8,000	3,760	1,920
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>of which provided data</i> Structures	1		
Admissions	Patients	141	13	
	<i>of whom surgical cases</i>	141	13	
Operations performed		141		
Water and habitat				
Water and habitat activities	Number of beds	2,572		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	1,367	214	36
New patients fitted with prostheses	Patients	447	59	8
Prostheses delivered	Units	1,108	167	30
	<i>of which for victims of mines or explosive remnants of war</i>	1		
New patients fitted with orthoses	Patients	46	5	3
Orthoses delivered	Units	71	9	11
Patients receiving physiotherapy	Patients	650	84	16
Walking aids delivered	Units	630	64	6
Wheelchairs or tricycles delivered	Units	24		

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations (ASEAN)



The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. It supports the National Societies in boosting their emergency response capacities. It works with the armed forces (and the police in Indonesia) to encourage the inclusion of IHL and other applicable norms in their training. It maintains dialogue with ASEAN and other regional bodies and conducts activities with universities to further IHL instruction. In Timor-Leste, it supports training for the authorities and other relevant actors in the management of human remains following disasters.

KEY RESULTS/CONSTRAINTS IN 2016

- Some people saw their families for the first time since their separation during the 1975–1999 conflict; the joint efforts of local NGOs, the Indonesian and Timorese authorities, the National Societies and the ICRC made this possible.
- Forensic professionals from 20 Asia-Pacific countries developed their ability to manage human remains during emergencies, at a course organized by the Indo-Pacific Association of Law, Medicine and Science and the ICRC.
- Senior naval officers from 23 countries across the Asia-Pacific region discussed the application of IHL in armed conflicts at sea, during a workshop organized by the Indonesian navy and the ICRC.
- With regard to the situation of detainees in Indonesia and Timor-Leste, the ICRC focused on cultivating its dialogue with the authorities and offering training in internationally recognized standards for detention.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF	
Protection	802
Assistance	224
Prevention	2,672
Cooperation with National Societies	550
General	34
Total	4,283
<i>Of which: Overheads</i>	
	261

IMPLEMENTATION RATE	
Expenditure/yearly budget	98%

PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	42

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	7
RCMs distributed	33
Phone calls facilitated between family members	25
Tracing cases closed positively (subject located or fate established)	11

CONTEXT

Socio-economic and ethnic or religious tensions resulted in sporadic violence in some parts of Indonesia. In January, the capital city, Jakarta, was struck by a series of attacks, for which the Islamic State group claimed responsibility.

Migrants, including asylum seekers, continued to arrive in or pass through Indonesia. There were few options for resettling irregular migrants; many of them – mostly from Afghanistan, but also from Iraq, Myanmar and Somalia – remained stranded in the country.

Indonesia made efforts to exert diplomatic influence in regional matters. For example, it lobbied for a code of conduct for all States in the region to address tensions arising from territorial disputes in the South China Sea. It concluded a number of agreements with Malaysia and the Philippines on joint security operations in the Sulu Sea.

Security conditions in Timor-Leste remained relatively stable, but there were occasional episodes of urban violence.

The Association of Southeast Asian Nations (ASEAN), based in Jakarta, took steps to develop its capacity to coordinate regional humanitarian responses, particularly to large-scale disasters.

ICRC ACTION AND RESULTS

The ICRC worked to advance understanding of IHL, pertinent international standards, humanitarian principles and related issues among Indonesian and Timorese authorities, ASEAN officials and other actors of influence in the region. To help address the lingering consequences of the 1975–1999 armed conflict in Timor-Leste, it continued to help members of dispersed families restore contact and to support the authorities' efforts to expand their forensic capacities.

Members of families separated by armed conflict or other situations of violence, detention or migration restored or maintained contact through the Movement's family-links services. Notably, 25 people of Timorese origin met their families for the first time since becoming separated from them as children during the 1975–1999 conflict. A coalition of local NGOs organized these visits with financial support from the Indonesian and Timor-Leste governments, and in cooperation with the local authorities, the Timor-Leste Red Cross and the ICRC. Migrants contacted relatives through phone services provided by the Indonesian Red Cross Society and the ICRC.

Support for building local and regional capacities in managing and identifying human remains aimed to reinforce the authorities' efforts to identify the remains of people who died in past conflict and prepare for future emergencies. In Timor-Leste, health ministry and criminal investigation personnel attended an advanced ICRC forensics course. Indonesian Red Cross first-responders attended a workshop on the management of human remains. Forensic experts from 20 Asia-Pacific countries added to their knowledge at a workshop organized by the Indo-Pacific Association of Law, Medicine and Science and the ICRC.

Workshops and other events – organized by the ICRC in cooperation with local and regional institutions – aimed to broaden awareness of IHL, international law enforcement standards and relevant issues among government officials, armed forces and police personnel, and members of civil society. Interaction with representatives of ASEAN bodies – such as the ASEAN

Political-Security Community or the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) – and its participation in multilateral regional forums enabled the ICRC to communicate its positions on matters of common humanitarian concern, such as ASEAN States' efforts to ensure maritime security, curb violence or coordinate regional responses to disasters. Members of religious circles, journalists and academics took part in ICRC-led seminars and other events, which contributed to widening acceptance for the Movement's work.

With regard to the humanitarian situation of detainees in Indonesia and Timor-Leste, the ICRC shifted its focus to engaging the pertinent authorities in discussions on internationally recognized standards for detention; it stood ready to provide support for aligning detainees' treatment and living conditions with these standards.

The Indonesian Red Cross and the Timor-Leste Red Cross continued to receive ICRC support for strengthening their capacities in responding to emergencies and promoting IHL. A joint ICRC-Indonesian Red Cross programme providing cataract surgery and other ophthalmological services to people in remote areas of Maluku and Papua was extended to East Nusa Tenggara.

CIVILIANS

Some people see their relatives for the first time since the 1975–1999 conflict

Members of families separated by armed conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services.

Twenty-five people of Timorese origin met their families for the first time since becoming separated from them as children during the 1975–1999 conflict. A coalition of local NGOs organized these visits with financial support from the Indonesian and Timor-Leste governments, and in cooperation with local authorities, the Timor-Leste Red Cross and the ICRC.

A family in Indonesia made video calls and sent RCMs and parcels to a relative in the US internment facility at Guantanamo Bay Naval Station in Cuba. Some Indonesian families received news of relatives detained abroad through short oral messages relayed by the ICRC.

Having assessed their situation, the Indonesian Red Cross Society and the ICRC helped migrants stranded in or passing through Indonesia contact their families. Some Sri Lankan migrants in the Aceh province of Indonesia were able to speak with relatives abroad through phone services offered by the Indonesian Red Cross and the ICRC. Plans to raise awareness among migrant workers and their families of the risks of separation were cancelled, owing to administrative constraints.

The Indonesian Red Cross expanded its capacities in restoring family links, notably through ICRC-supported training. It assembled a team of experienced family-links personnel from across Indonesia that could be deployed during disasters and other emergencies. During joint activities, the ICRC provided the Timor-Leste Red Cross with technical advice on providing family-links services.

Forensic professionals from across the Asia-Pacific region develop their skills

Forensic, health and emergency response personnel enhanced their skills in managing human remains through training sessions. These sessions also contributed to boosting local capacities in identifying

the remains of people who died during the 1975–1999 conflict and in preventing cases of disappearance in future emergencies. At an advanced ICRC course, health ministry officials and criminal investigation personnel in Timor-Leste learnt more about conducting post-mortem examinations. First-responders from the Indonesian Red Cross attended a training session on human remains management. Forensic experts from 20 Asia-Pacific countries added to their knowledge at a workshop organized by the Indo-Pacific Association of Law, Medicine and Science and the ICRC.

With transportation assistance from the Timor-Leste Red Cross and the ICRC, some families were able to retrieve the identified remains of relatives who had died in connection with past conflict. At their request, the ICRC shared with the Timorese authorities its recommendations for a national policy on recovering human remains and for a draft law on forensic work.

The ICRC followed up, with the Indonesian police, several cases of migrants who had died during their journey, to help their families locate and take possession of their remains.

In Indonesia, the authorities approved a pilot project, to be carried out by the National Society and the ICRC, to address medical and psychological needs of victims of sexual violence, and to advocate the prevention of such abuse. In line with the project, the ICRC conducted a workshop for police officers on the necessity of protecting women and children from sexual abuse during armed conflict and other violence.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC focuses on building its dialogue with police authorities on law enforcement standards

With regard to the humanitarian situation of detainees in Indonesia and Timor-Leste, the ICRC concentrated its efforts on engaging the pertinent authorities in discussions on internationally recognized standards for detention, with a view to opening opportunities for cooperation in aligning detainees' treatment and living conditions with these standards. At ICRC briefings, Indonesian police officers learnt more about international standards applicable to crowd management, arrests and detention (see *Actors of influence*). Two Indonesian officials from the Directorate-General of Corrections and the police's Criminal Investigation Department learnt more about managing detention facilities at a seminar in Sri Lanka for correctional managers in the Asia-Pacific region. Visits to detainees in Indonesia and Timor-Leste did not take place.

Ten Indonesian security detainees in two prisons benefited from family visits organized by a local NGO with financial support from the ICRC.

ACTORS OF INFLUENCE

Senior naval officers discuss the application of IHL to armed conflict at sea

At events organized by the ICRC in cooperation with the relevant authorities, military and police officers in the region familiarized themselves with international norms and standards applicable to their work. Particular emphasis was given, where applicable, to such matters as preventing sexual violence, protecting health-care services during armed conflict and other violence, and complying with international standards for arrests and detention.

Senior naval officers from 23 countries across the Asia-Pacific region discussed the application of IHL in armed conflicts at sea

during a workshop in Indonesia organized by the Indonesian navy and the ICRC.

At an ICRC-facilitated workshop, some 100 senior Indonesian military officers discussed the incorporation of humanitarian norms in operational decision-making. Further training in these subjects helped over 80 military trainers and legal officers become more effective in teaching IHL and providing advice on ensuring compliance with it, respectively. About 2,500 peacekeeping personnel and other members of the Indonesian military learnt about IHL at sessions conducted by ICRC-trained instructors and organized in coordination with the armed forces' Permanent Working Group on IHL and the National Law Development Agency. Military officers in Timor-Leste attended a similar session.

Indonesian and Timor-Leste police officers advanced their understanding of international law enforcement standards through ICRC-led briefings; the Indonesian personnel included unit commanders, investigators in violence-prone areas and officers bound for missions abroad. An ICRC course enabled some 70 police trainers to strengthen their ability to train others in these standards.

The authorities continue efforts to implement IHL

Indonesian authorities – members of the national IHL committee, defence and judiciary officials and diplomats – enhanced their grasp of IHL and its domestic implementation, and of related issues, during discussions with, and events organized by, the ICRC. The ICRC and the pertinent officials discussed incorporating the suppression of war crimes in a new penal code and submitting a draft Red Cross law to parliament. Three Indonesian officials attended a meeting of State representatives, in connection with the Strengthening IHL process, in Switzerland (see *International law and policy*). Two officials participated in a regional meeting in the Republic of Korea on the applicability of IHL to new technologies and weapons for warfare. With support from the law ministry, local academics and the ICRC conducted a study with the aim of preparing a proposal for the Indonesian government to ratify the Second Protocol to the Hague Convention on Cultural Property.

In Timor-Leste, government officials discussed ways to implement IHL – such as establishing a national IHL committee – at a meeting organized jointly by the foreign ministry and the ICRC.

During dialogue with representatives of ASEAN bodies – including the Political-Security Community, the Peace and Reconciliation Centre, the Regional Mine Action Centre, the AHA Centre and the ASEAN Association of Chiefs of Police (ASEANAPOL) – and in regional forums, the ICRC stated its positions on matters of common concern – such as efforts by ASEAN States to ensure maritime security, curb violence and coordinate regional responses to disasters. The ICRC attended ASEANAPOL's international conference for the first time, as an observer.

Faith-based and secular organizations examine new ways to tackle regional humanitarian issues

Various ICRC-led forums enabled members of religious circles and other opinion-makers to discuss IHL and related topics; they also contributed to fostering acceptance for the Movement's work. Over 90 representatives of faith-based and secular NGOs, national and ASEAN bodies, and the private sector talked about reframing responses to evolving humanitarian challenges in South-East Asia, at a regional conference organized by Humanitarian Forum Indonesia, the Humanitarian Policy Group and the ICRC. Lecturers

from Indonesia and other South-East Asian countries learnt more about the points of correspondence between Islamic law and IHL at an ICRC-run course. Two Islamic organizations in Indonesia worked with the ICRC to arrange seminars on the same subject. A blog competition sought to draw more attention to links between religious values and humanitarian action.

Local and regional seminars for Indonesian and Timorese lecturers, and moot-court competitions aimed to stimulate students’ interest in IHL. An Islamic university in Indonesia drew on ICRC expertise in incorporating humanitarian ethics in its teacher-training programme; it also organized briefings on IHL for teachers and students with National Society and ICRC support.

At national and regional workshops, Indonesian and Timorese journalists learnt more about the protection afforded to them by IHL, and about the ICRC’s work. The workshop in Timor-Leste, organized jointly with the Timor-Leste Red Cross, included a session on first aid.

Indonesians obtained information on ICRC activities and other humanitarian matters via social media and other Web-based platforms, and at the delegation’s documentation centre.

RED CROSS AND RED CRESCENT MOVEMENT

With training and material, financial and technical support from the ICRC, the Indonesian and Timorese National Societies continued to strengthen their capacity to respond to emergencies and promote humanitarian principles and IHL (see *Civilians* and *Actors of influence*). First aid, family-links services in disaster response, the issues raised by the Health Care in Danger project and the application of the Safer Access Framework were among the topics covered by ICRC-led training sessions to strengthen preparedness for emergencies in urban areas. The Indonesian Red Cross Society drew on ICRC expertise to update its contingency plans and to lobby for the adoption of the draft Red Cross law (see *Actors of influence*). Timor-Leste Red Cross staff attended an ICRC course to learn to promote their programmes.

Because they met regularly, Movement components were able to coordinate their activities effectively while responding to such emergencies as an earthquake in Aceh.

People in isolated and violence-prone areas obtain ophthalmic care

Local health-care providers, the Indonesian Red Cross and the ICRC worked together to provide ophthalmic care to people in remote and violence-prone communities, particularly in Maluku and Papua, and for the first time, in East Nusa Tenggara. Over 2,100 people had eye tests; among them, 357 benefited from cataract surgery and 1,051 received eyeglasses. Nearly 200 medical staff underwent refresher training before these missions.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	7			
RCMs distributed	33			
Phone calls facilitated between family members	25			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	33	5	10	9
Tracing cases closed positively (subject located or fate established)	11			
Tracing cases still being handled at the end of the reporting period (people)	34	3	7	11

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



Having worked in Malaysia since 1972, the ICRC established the Kuala Lumpur regional delegation in 2001 and a mission in Japan in 2012. It works with governments and National Societies – including through the regional resource centre supporting delegations in East and South-East Asia and the Pacific – to promote IHL and humanitarian principles and gain support for the Movement's activities. In Malaysia, it visits detainees, works with authorities to address issues identified during visits, and helps detained migrants contact their families. In Sabah, it works with the Malaysian Red Crescent Society in favour of communities in the field of health.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Communities in Sabah, Malaysia, were better placed to address basic health issues after residents and Malaysian Red Crescent Society volunteers were trained in first aid and/or good hygiene practices.
- ▶ In Malaysia, people held in immigration detention centres availed themselves of expanded Movement family-links services; six centres benefited from ad hoc donations of medical equipment and medicines from the ICRC.
- ▶ Government agencies in Malaysia and Movement partners across the region strove to improve their responses to the humanitarian consequences of migration; they reflected on this issue at various events held in Malaysia.
- ▶ Military lawyers from the countries covered and from armed forces in other Asia-Pacific countries strengthened their grasp of IHL and cultivated relationships with the ICRC, following two events on laws governing military operations.
- ▶ Several constraints led to the postponement, cancellation or adjustment of some planned activities.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	60
RCMs distributed	101
Phone calls facilitated between family members	3,157
Tracing cases closed positively (subject located or fate established)	16
People reunited with their families	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	24,314
Detainees visited and monitored individually	866
Number of visits carried out	50
Number of places of detention visited	14
Restoring family links	
RCMs collected	272
RCMs distributed	35
Phone calls made to families to inform them of the whereabouts of a detained relative	635

EXPENDITURE IN KCHF

Protection	1,430
Assistance	799
Prevention	2,914
Cooperation with National Societies	619
General	77
Total	5,839
<i>Of which: Overheads</i>	<i>356</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	39

CONTEXT

Migration and human trafficking remained prominent topics of discussion in the region. Conflicting territorial claims in the South China Sea continued to cause political tensions.

In Malaysia, the government dealt with migration by detaining, or where possible, repatriating irregular migrants. New laws and measures related to security were introduced; these were said to be a response to attacks in the region and to the alleged recruitment of Malaysians by foreign armed groups. Malaysia contributed troops to peacekeeping operations abroad.

A reorganization of Japan's Self-Defense Forces began, after laws redefining its role took effect in 2016.

In Singapore, the armed/security forces were reportedly on alert, in response to threats of "terrorism".

The political situation and the economy in Brunei Darussalam remained stable; discussions concerning a defence partnership with the United States of America's Pacific Command (USPACOM) were under way.

Countries in the region contributed to efforts by the Association of Southeast Asian Nations (ASEAN; see *Jakarta*) to promote regional cooperation in such matters as disaster management and migration.

ICRC ACTION AND RESULTS

The ICRC pursued initiatives to broaden awareness of and support for humanitarian principles, IHL and the Movement among influential parties throughout the region. In Malaysia, it also endeavoured to address humanitarian issues concerning detainees, members of dispersed families, and particularly vulnerable people in Sabah.

The ICRC continued to visit detainees held in prisons and immigration detention centres in Malaysia, including in Sabah. It strove to secure regular access to security detainees. After its visits, the ICRC discussed its findings on detainees' treatment and living conditions confidentially with the authorities concerned. Information sessions with prison and immigration department staff, on such matters as disease control and project management, supplemented these discussions. Several immigration detention centres were better placed to treat sick inmates following donations of medical equipment and medicines from the ICRC.

To help address the health needs of communities in remote rural areas of Sabah, the Malaysian Red Crescent Society and the ICRC held first-aid training sessions for residents and National Society volunteers, and hygiene-promotion sessions for schoolchildren.

Members of families dispersed by migration or detention restored or maintained contact using the Movement's family-links services. In Malaysia, in particular, people in immigration detention centres benefited from the increased availability of means to contact their families, following the National Society's efforts to provide, with the ICRC's support, more frequent and expanded family-links services there.

At several occasions, National Societies and other Movement components in the region discussed their roles in enhancing the provision of family-links services along migratory routes. The ICRC

facilitated discussions with and among Malaysian government agencies and Movement partners in the Asia-Pacific region on improving and coordinating the response to the humanitarian consequences of migration.

Authorities in the region continued to draw on the ICRC's expertise for implementing IHL-related treaties – particularly, the Arms Trade Treaty. The ICRC continued to work with the authorities and with sections of civil society – including academic institutions and the media – to broaden awareness of humanitarian issues. It organized and attended various events, and sponsored participation in specific events for people with influence over the humanitarian agenda. These events included: an experts' meeting on the Strengthening IHL process; seminars organized with the Japanese government and the Japanese Red Cross Society on sexual violence in armed conflict; and events held with Malaysian and Singaporean think-tanks and universities. The ICRC maintained its dialogue with regional bodies/forums such as the ASEAN secretariats of the countries covered and the ASEAN body for coordinating police work (ASEANAPOL), which was based in Malaysia.

Armed/security forces personnel in the region learnt more about IHL, other international norms, and the Movement at ICRC training sessions or presentations held locally or abroad – for instance, a regional workshop on IHL applicable to armed conflicts at sea. The ICRC cultivated relationships with military lawyers in the Asia-Pacific region at two events focused on laws governing military operations.

University students refined their understanding of IHL at lectures and competitions. National Societies in the region worked on improving IHL instruction in their secondary-school and/or youth programmes. ICRC communication/information materials and events helped journalists to produce stories on humanitarian themes.

Movement components in the four countries continued to cooperate and offer each other support. The Singapore Red Cross Society and the ICRC pursued efforts to explore possibilities for private-sector fundraising. With help from their partners, the National Societies in the region strengthened their ability to respond to emergencies, particularly with regard to restoring family links, and reinforced their organizational capacities.

A number of constraints forced the ICRC to postpone, cancel or adjust some activities.

CIVILIANS

Schoolchildren and residents in Sabah learn more about good health and hygiene practices

People in remote rural areas of Sabah, some of whom were migrants or stateless, continued to face difficulties in obtaining good-quality health care. To help make health care more accessible in these communities, around 250 residents and Malaysian Red Crescent Society volunteers learnt to administer first aid at training sessions conducted by the National Society and the ICRC; with the local government's support, training sessions were held in parts of eastern Sabah for the first time. Over 1,500 elementary-school students also learnt good hygiene practices at information sessions held in coordination with Sabah state's education department. Schoolteachers and National Society instructors were better placed to organize such training and information sessions themselves after the ICRC had instructed them in the basics.

During various meetings, representatives of Sabah health agencies, the National Society and the ICRC discussed public-health needs and areas of cooperation in addressing them, but no concrete joint projects – such as outreach services and initiatives to improve the water supply in communities with health issues – could be developed during the period. The National Society branch in Sabah continued to receive guidance and support from the ICRC for improving and expanding its health-related activities.

Members of families dispersed by migration or detention restore or maintain contact

People throughout Malaysia used the Movement's family-links services to keep in touch with relatives separated from them. For instance, the families of two detainees held at the US internment facility at Guantanamo Bay Naval Station in Cuba exchanged news with their relatives through RCMs and video calls, and through oral messages relayed by an ICRC delegate who had visited the internees.

Movement components across the region discussed measures for improving the provision of family-links services and for incorporating such services in regional disaster preparedness and response programmes. During an event in Malaysia, people providing family-links services, from 21 National Societies and Movement offices in Asia, shared experiences and best practices in implementing the Restoring Family Links Strategy for the Movement, as well as their views on the next strategy. They also discussed the Movement's new code of conduct for data protection. On other occasions, the Malaysian Red Crescent, National Societies in countries adjacent to the Andaman Sea (where major incidents involving migrants had occurred in 2015), and the ICRC discussed their roles in enhancing the provision of family-links services along migratory routes (see below).

Plans to assess family-links and other protection needs of particularly vulnerable migrant communities in Malaysia, and to follow up the situation of victims of human trafficking in government-run shelters, were cancelled. This was because of various constraints in this regard, and the National Society's and the ICRC's shift in focus towards enhancing family-links services for detained migrants (see below).

Government agencies and Movement partners strive to improve humanitarian response to migration

At a round-table discussion, Malaysian armed and security forces officers and immigration and national security staff – drawing on their experiences in past emergencies, such as the Andaman Sea operations – exchanged views with the ICRC on the humanitarian consequences of migration. With a view to improving their response mechanisms, the participants at the round-table shared their current methods of response and reflected on the task of balancing the specific vulnerabilities of migrants with the requirements of their own security framework. ICRC sponsorship enabled forensic professionals from the Malaysian police and maritime enforcement agencies to familiarize themselves with developments in their field at a conference in Indonesia.

During a meeting in Malaysia, organized with the support of the Asia Pacific Migration Network, the leaders and focal points for migration of 18 National Societies in the Asia-Pacific region, and representatives from the International Federation and the ICRC, shared their respective approaches to addressing humanitarian issues arising from migration. They identified complementarities

in their responses, with a view to adopting a coherent regional approach to these issues. A formal network of National Society focal points for migration was established, thereby giving National Societies another channel for regular communication. The ICRC contributed to the debate on migration-related issues during events organized by multilateral platforms and think-tanks in the region.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Malaysia, including people held in immigration centres in Sabah, receive visits

In Malaysia, some 23,000 detainees at five immigration detention centres and eight prisons (including facilities for women, juveniles and inmates nearing their release) received visits from ICRC delegates; these visits were conducted in accordance with the organization's standard procedures. The ICRC's dialogue with the authorities bore fruit, with the latter allowing the ICRC to visit people at a sixth immigration centre, located in Sabah, where another 1,200 detainees were being held. It continued to seek regular access to security detainees.

Delegates monitored detainees' treatment and living conditions, and afterwards, discussed the findings confidentially with the authorities concerned, focusing on identifying and addressing the needs of detainees with specific vulnerabilities, such as migrants, minors, women and the sick. A visit to juveniles in one facility that the ICRC had visited and provided recommendations for in the past revealed improvements in living conditions, such as the availability of additional activities and extended time out of holding blocks.

At the detainees' request, and with the approval of the detaining authorities, certain cases involving minors and other vulnerable detainees were referred to the IOM, UNHCR, or consular offices for specific assistance. Because of the increased availability of National Society/ICRC family-links services at immigration centres (see below), there were four times as many referrals as in 2015.

Prison and immigration officials and the ICRC maintained their dialogue on the welfare of detainees, particularly in connection with: the provision of health care (see below), sufficient water supply and adequate living quarters; the management of facilities; and ICRC support. Officers and senior civilian staff from the headquarters of the Malaysian prison department headquarters and from two prisons developed projects for addressing humanitarian issues in those two facilities, using what they had learnt at an ICRC-organized project management course. At a regional conference for correctional managers (see *Sri Lanka*), the director-general and two other officials from the prison department exchanged views with their regional counterparts on meeting humanitarian needs in prisons. The Malaysian prime minister's office, the Malaysian Bar Council and the ICRC discussed judicial guarantees for detained foreigners and minors. Immigration detention centre staff and junior prison officers learnt more about internationally recognized standards for detention at ICRC-facilitated information sessions.

Immigration detention centres are better placed to provide health care because of donated equipment

Six immigration detention centres became more capable of treating sick detainees following the ICRC's donation of basic medical equipment and medicines. The health ministry, the immigration department and the ICRC continued to shape plans for providing on-site health services at immigration detention centres. In Sabah, 30 local health officers, detention staff, doctors and nurses added to their knowledge of disease-prevention measures during a seminar

on health issues in places of detention; the seminar was jointly organized by the Kota Kinabalu district health office and the ICRC.

Soap donated by the ICRC helped some 1,170 detained migrants maintain their hygiene; 16 individuals received kits for infant care, which included recreational items.

Detainees in prisons also protected their health with soap and treatment cream distributed by the ICRC to aid efforts to mitigate scabies infections. Plans for a joint assessment of health-care provision in prisons were postponed because prison authorities were not available for it.

Detained migrants exchange more messages with their families through expanded Movement services

Detainees stayed in touch with their relatives through the Movement's family-links services. Those held in immigration detention centres, in particular, benefited from the increased availability of means to contact their families, as a result of Malaysian Red Crescent efforts to provide, with the ICRC's support, more frequent and expanded family-links services there. Mobile phone services were offered at some centres for the first time; more RCMs, oral messages and phone calls were exchanged between detainees and their families during the year than in 2015.

With assistance from the ICRC, several people, including minors, returned home, or were reunited with their families, after their release from detention. The ICRC provided them with travel documents, transport assistance and/or essential items for their journey.

ACTORS OF INFLUENCE

The governments of Malaysia and Singapore continued to receive technical guidance from the ICRC for ratifying or implementing the Arms Trade Treaty, the Convention on Cluster Munitions and other IHL-related treaties, and for developing legal frameworks to facilitate the National Society's or the ICRC's work. Japan, Malaysia and Singapore expressed their views on the Strengthening IHL process at an experts' meeting held in Switzerland (see *International law and policy*). Policy-makers were also aided in their work by materials developed by Movement components, such as a handbook for Malaysian parliamentarians.

The ICRC's efforts to mobilize support for the humanitarian agenda among Japanese parliamentarians and to engage the Japanese and Malaysian national IHL committees were unsuccessful. The Malaysian Red Crescent, through its IHL committee, and the ICRC followed up the outcomes of the 32nd International Conference.

At a seminar in Japan, some 60 representatives from Japan, Malaysia and 13 other Asia-Pacific countries discussed such humanitarian issues as the protection of cultural property and the use of nuclear weapons. Other initiatives to promote understanding of and respect for humanitarian principles and IHL among key actors included: seminars organized with the Japanese government and the Japanese Red Cross on such topics as sexual violence in armed conflict and social inclusion of persons with disabilities; forums held with Malaysian and Singaporean think-tanks and universities, on humanitarian action and the obstacles to it; and sponsorships for people to participate in local/overseas events, such as a regional IHL seminar (see *Beijing*) and a regional conference on humanitarian aid in Indonesia, at which two Islamic NGOs from Malaysia shared their experiences.

Meetings and information sessions with key actors – high-level audiences met by the ICRC president in Japan; regional bodies/forums such as ASEANAPOL, the ASEAN departments of governments in the region, the Asia-Pacific Roundtable, the Shangri-La Dialogue, the Asia Pacific Programme for Senior Military Officers, and the International Criminal Police Organization (INTERPOL) which established an office in Singapore to support regional law enforcement operations; government training institutions; and in Malaysia, agencies working in Sabah – helped to foster understanding of the ICRC's work and to open areas of cooperation. In Singapore, the ICRC obtained government approval to establish a part-time presence in the country; it continued to consult the National Society on the matter.

Military lawyers in the Asia-Pacific region develop expertise in IHL

A course in Australia and a round-table in Malaysia on the laws governing military operations – the first ICRC-organized events of their kind held in the region – helped senior military legal advisers from the countries covered and from others present in the region develop their expertise in IHL and foster relations with their peers and with the ICRC. During a round-table (see *Civilians*), Malaysian armed and security forces officers and immigration and national security staff engaged in discussions with the ICRC on responding to the humanitarian consequences of migration.

The Malaysian armed forces sought the ICRC's input for revising its doctrine on the use of force, and for finalizing its plans to establish a regional IHL knowledge centre. Discussions took place between other armed and police forces in the region and the ICRC on the prospects of ICRC support for incorporating IHL in the doctrine and training programmes of these forces.

Instructors and officers attending command and staff colleges, peacekeeping or warfare training centres, police command courses, or national or multilateral exercises learnt more about IHL and other international norms – on detention, for example – and the Movement's work. They did so during ICRC training sessions/presentations, such as the annual seminar organized jointly with the National Institute for Defense Studies in Japan and a regional workshop on IHL applicable to armed conflicts at sea (see *Jakarta*). The first-time participation of National Societies in the Asia-Pacific region, the International Federation and the ICRC in a large-scale USPACOM biennial naval exercise helped to incorporate humanitarian perspectives more fully in the exercise.

Students and teachers, and other academics, strengthened their grasp of the ICRC's work and of contemporary IHL-related issues during lectures or presentations, local/regional moot court and other IHL-related competitions, and various events, including two in Singapore to mark the release of the latest commentary on the First Geneva Convention. Academics, instructors and National Society staff from seven countries, including Brunei Darussalam, discussed approaches to instructing secondary-school students in humanitarian principles at a regional meeting held in Hong Kong (see *Beijing*). The National Societies in Brunei Darussalam, Malaysia and Singapore developed IHL-related materials and activities, including camps and workshops, for their youth programmes.

A broad range of people familiarized themselves with IHL and the Movement at exhibitions, including one in Japan featuring a *manga* comic on the life of an African child soldier, held to coincide with the Sixth Tokyo International Conference on African

Development, which took place in Kenya (see *Nairobi*). They also learnt more from traditional or web-based materials, and reports produced by journalists using ICRC-provided reference materials and knowledge gained from field trips and IHL-related training.

The Singaporean Red Cross and the ICRC continued to refine – sometimes in consultation with Singapore-based businesses and aid organizations – their joint strategy for raising funds from the private sector.

RED CROSS AND RED CRESCENT MOVEMENT

With support from Movement partners, the region's National Societies developed their ability to respond to humanitarian needs. The Malaysian Red Crescent expanded its family-links services, and in Sabah, its health-related activities (see above). National Society staff in Japan and Singapore attended courses on health emergencies. The Japanese Red Cross contributed to the goals of the Health Care in Danger project through its membership in the Movement's reference group.

The Brunei Darussalam Red Crescent Society worked with the International Federation and the ICRC to draft an organizational development plan. The Malaysian Red Crescent completed an assessment of branch and organizational capacities and set up policy workshops for strengthening its legal base.

Movement components in the region coordinated their emergency response and their approach to civil-military relations in the Asia-Pacific region, and promoted the Safer Access Framework, for example during National Society workshops on disaster response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected	60			
RCMs distributed	101			
Phone calls facilitated between family members	3,157			
Reunifications, transfers and repatriations				
People reunited with their families	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	23	5		3
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	16			
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at the end of the reporting period (people)	62	15	9	12
<i>including people for whom tracing requests were registered by another delegation</i>	8			
Documents				
People to whom travel documents were issued	5			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	24,314	2,734	1,537	
		Women	Girls	Boys
Detainees visited and monitored individually	866	72	20	99
Detainees newly registered	843	69	20	97
Number of visits carried out	50			
Number of places of detention visited	14			
RCMs and other means of family contact				
RCMs collected	272			
RCMs distributed	35			
Phone calls made to families to inform them of the whereabouts of a detained relative	635			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,178	205	19
Cash	Beneficiaries	6		1

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC/AR_2016

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ In India, detainees had access to National Society family-links services and, in four prisons, to mental health care facilitated by detention authorities. Administrative constraints delayed some planned activities.
- ▶ The families of persons with disabilities, detainees and ex-detainees maintained or recovered some amount of economic security through livelihood activities carried out with ICRC support.
- ▶ In India, medical professionals and first-responders from the health ministry, NGOs and the National Society became more capable, through ICRC training, of providing life-saving care to the wounded and sick.
- ▶ Persons with disabilities had access to good-quality rehabilitation services at ICRC-supported centres in India; they stood to benefit from the assistive devices developed for a contest organized by the ICRC and several partners.
- ▶ Naval and coastguard officers, peacekeepers and government officials from the region furthered their understanding of IHL through discussions at events organized by think-tanks and/or the ICRC, such as a seminar on IHL at sea.
- ▶ The Bhutanese parliament passed a bill to establish a National Society in the country.

EXPENDITURE IN KCHF

Protection	2,108
Assistance	4,254
Prevention	3,073
Cooperation with National Societies	740
General	178
Total	10,353
<i>Of which: Overheads</i>	<i>631</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	139

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. It supports the development of the region's Red Cross and Red Crescent Societies. In India, the ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir. In mid-2016, the ICRC's operations in Nepal were integrated into the work of its regional delegation in New Delhi.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	4
Tracing cases closed positively (subject located or fate established)	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,913
Detainees visited and monitored individually	202
Number of visits carried out	13
Number of places of detention visited	13
Restoring family links	
RCMs collected	6
RCMs distributed	3

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Productive inputs	Beneficiaries	486
Cash	Beneficiaries	2,100 677
Services and training	Beneficiaries	486
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	15,050 27,500
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4
Physical rehabilitation		
Projects supported	Projects	7
Patients receiving services	Patients	3,000 40,786

CONTEXT

India continued to tackle various economic, social and security issues while strengthening its regional and global relationships. Attacks on military facilities in the north-west continued to occur. India's relations with some of its neighbours remained tense, particularly with regard to border and security issues. Tensions persisted between militants and security forces in the Jammu and Kashmir region, and in parts of central, eastern and north-eastern India. This often culminated in arrests, casualties and/or displacement. The death of a young militant leader in July led to clashes, lasting several months, between protesters and police in the Kashmir valley; according to government figures, 76 civilians and two policemen died, and over 12,000 civilians were injured. In December, the Indian parliament passed a bill upholding the rights of persons with disabilities and expanding services for them.

In the Maldives, hundreds of people linked to political unrest following the arrest of the former president in 2015 remained in prison.

ICRC ACTION AND RESULTS

The regional delegation in New Delhi continued its activities for people deprived of their freedom in India – particularly those held in relation to the situation in Jammu and Kashmir – and in the Maldives. The ICRC engaged the relevant authorities in confidential dialogue on issues related to detainees' treatment and living conditions, including their access to medical care, legal assistance and means to contact relatives. In India, the ICRC continued to support prison and health authorities in improving conditions for detainees – for instance, by sponsoring their participation in international conferences. Inmates at four prisons received regular visits from a local psychiatrist, in line with the ICRC's recommendations. Medical referrals for newly released detainees helped them resettle into civilian life.

ICRC-supported family visits for detainees in Bhutan and India continued; detainees in the Indian state of West Bengal contacted their families through the services of the Indian Red Cross Society, after the authorities approved, in 2015, the provision of such services.

Others separated from their families contacted their relatives through Movement family-links services.

Together with the Indian Red Cross, the ICRC responded to the needs of vulnerable people in India. It extended its livelihood-support activities to the families of disabled people and to households headed by women, in addition to ex-detainees and the families of inmates in Jammu and Kashmir who were already getting such support.

The ICRC continued to strengthen capacities – among government health departments, partner NGOs and the Indian Red Cross – to make life-saving care more readily available to wounded and sick people. First-responders in violence-prone areas broadened their capabilities through training sessions on first aid and basic life support; the instructors were often people who had benefited from past training. Medical professionals – from the health ministry, government-run medical colleges, the Indian army and police and border-security forces, mostly in Jammu and Kashmir – strengthened their capacities in weapon-wound management and/or trauma management at ICRC-run seminars in India and elsewhere. The Indian Red Cross took steps towards applying the Safer Access Framework at national and branch levels.

The ICRC maintained its support for physical rehabilitation centres and developed its partnerships with various parties concerned; this helped to ensure uninterrupted and sustainable services for people with disabilities. The finalists of the Enable Makeathon contest – launched in 2015 to encourage innovation in the production of assistive devices for persons with disabilities – tested prototypes of their designs. The ICRC promoted social inclusion through sports by training disabled people for and facilitating their participation in tournaments.

The delegation continued to broaden understanding of, and support for, humanitarian principles, IHL and the Movement throughout the region, primarily in India. Efforts to engage the Indian authorities in dialogue continued; contacts were strengthened with various government bodies – judiciary departments, the external affairs ministry and the national security council, for example – during ICRC-organized events on such topics of common concern as new technologies in warfare and international laws regulating weapons. Dissemination sessions and presentations helped troops bound for peacekeeping missions, and Indian armed and security forces personnel, add to their knowledge of humanitarian principles and IHL. At a seminar organized by the National Maritime Foundation of India and the ICRC, officers from navies and coastguards operating in the Indian Ocean discussed IHL and humanitarian action at sea. Expanded initiatives with universities, and conferences and workshops held in India and elsewhere, helped academics in the region familiarize themselves with recent developments in IHL.

The Maldivian Red Crescent continued to revise its statutes. The Bhutanese parliament passed a bill to establish a National Society in the country.

Movement partners shared information on matters of common interest and coordinated their activities, such as their response to massive flooding in Chennai, India. This helped to maximize impact and prevent duplication of effort.

CIVILIANS

People in India restored contact with relatives within the country and elsewhere through the Movement's family-links network. For instance, a group of siblings – all minors – who had been separated from each other re-established contact through a video call facilitated by Movement partners in four countries.

The Indian Red Cross and the Maldivian Red Crescent, with ICRC support, pursued initiatives to incorporate family-links services more fully in their regular activities. In India, refugees in a camp in Tamil Nadu and detained migrants in West Bengal (see *People deprived of their freedom*) benefited from such services provided by National Society branches.

Travel documents issued by the ICRC, in coordination with the IOM or UNHCR, helped 130 refugees in India without identification papers to resettle in third countries.

Former detainees, families of detainees and violence-affected families increase their income

In Jammu and Kashmir, 59 newly released detainees returned to civilian life, aided by referrals to providers of physical or mental health care, medical assistance, and/or coverage of their transportation or accommodation costs; 38 completed medical treatment, including 6 who underwent surgery.

To ease their situation and/or their socio-economic reintegration, the households (around 680 individuals) of some 120 detainees, former detainees, and people with disabilities began income-generating activities – small businesses, livestock farming or crafts – with ICRC support. A survey undertaken in February, of over 100 households who received such support between 2011 and 2015, indicated that 82% of them increased their average monthly household income by more than 30% and sustained their livelihood.

With guidance from the ICRC, the Indian Red Cross launched projects to help other vulnerable groups, such as: over 80 farmers in violence-affected areas of Maharashtra who received crops to bolster their food production; and, in Manipur, women heading households that had lost their breadwinners to violence.

Students learn more about protecting their health through hygiene-promotion sessions

Trained personnel from a local partner organization maintained water systems and filters installed in 700 schools in India in 2015. Because of the filters, over 50,000 schoolchildren had access to potable water; 27,500 of them, and their teachers, learnt more about protecting their health at hygiene-promotion campaigns organized by state and district government departments and the National Society. A training course helped personnel from government agencies and NGOs in nine states become more capable of tackling water, sanitation and health needs during emergencies. Administrative constraints delayed the implementation of a National Society project to improve water supply for around 15,000 people.

The ICRC continued to discuss, with the authorities and other partners, proposals to design and install a solar-powered system for pumping drinking water and toilets adapted for disabled persons.

Forensic specialists and emergency responders learn more about managing human remains

Medical personnel and police officers learnt more about the proper management of human remains during ICRC courses in emergency response, or at ICRC-facilitated information sessions at their institutions. The ICRC held discussions with other organizations concerned on ways to build their forensic capacities.

The ICRC initiated a dialogue with national disaster management authorities on mine-risk education.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Jammu and Kashmir and in the Maldives receive visits from the ICRC

Detainees in Jammu and Kashmir and in the Maldives received visits from the ICRC, conducted in accordance with standard ICRC procedures; particular attention was paid to minors, vulnerable women, and foreigners. The detainees visited included people held in relation to the prevailing situation in Jammu and Kashmir, and people arrested following political unrest in the Maldives. The authorities concerned and the ICRC had confidential discussions about the ICRC's findings and recommendations on the treatment and living conditions of detainees, and their access to legal assistance. During discussions with Indian authorities, the ICRC sought to secure more regular access to people held in relation to the situation in Jammu and Kashmir.

Detainees in four facilities in Jammu and Kashmir benefited from the presence of psychiatrists assigned to those facilities by health officials, at the ICRC's recommendation. Former detainees with medical issues continued to receive treatment after their release (see *Civilians*), under an agreement between the prison authorities, a medical institute and the ICRC.

Detainees in 14 prisons in Jammu and Kashmir eased their confinement with donated books.

The authorities in the region were urged to use means of communication already available to help inmates maintain or restore contact with relatives; migrants detained in West Bengal reached their relatives through National Society family-links services, available after the authorities gave their approval last year for the provision of these services. The ICRC arranged family visits for detainees held far from home.

The ICRC sponsored the attendance of corrections officials from India and the Maldives at international conferences (see *Beijing* and *Sri Lanka*), where they discussed detention-related issues with their peers; the Maldivian authorities attended one on designing prison infrastructure.

Owing to the prevailing security situation in Jammu and Kashmir and/or administrative constraints, several planned activities for detainees in India, such as improvements to facilities for juveniles and an in-depth assessment of health needs in places of detention, were delayed or cancelled.

PEOPLE DEPRIVED OF THEIR FREEDOM		Bhutan	India	Maldives
ICRC visits				
Detainees visited			1,594	1,319
	<i>of whom women</i>		84	53
	<i>of whom minors</i>		3	13
Detainees visited and monitored individually			197	5
	<i>of whom boys</i>		3	
Detainees newly registered			74	5
	<i>of whom boys</i>		3	
Number of visits carried out			8	5
Number of places of detention visited			8	5
Restoring family links				
RCMs collected			6	
RCMs distributed		2	1	
Detainees visited by their relatives with ICRC/National Society support		15	58	
People to whom a detention attestation was issued		3		

WOUNDED AND SICK

People trained by the ICRC in first aid and basic life support share their skills with their communities

Life-saving care was more accessible in parts of India – particularly, Jammu and Kashmir, and Andhra Pradesh – after some 4,200 health ministry and other government staff, teachers, students and community members learnt first aid and/or basic life support. They attended training sessions organized by the health authorities, several partner NGOs, the Indian Red Cross and/or the ICRC, and were taught by National Society-trained instructors or people who had taken such training before.

Some 1,500 National Society staff in seven states also attended first-aid training. Several National Society instructors took refresher courses to improve their ability to train their peers and, during a programme review, provided feedback on these courses.

Medical professionals strengthen their ability to manage weapon wounds and trauma cases

With ICRC support, the Indian Red Cross provided medical supplies and equipment to four hospitals to help them cope with the influx of patients during protests in the Kashmir valley (see *Context*).

Over 30 medical professionals developed their ability to manage weapon wounds at seminars in India and Switzerland. They included doctors and orthopaedic technicians from the health ministry, government-run medical colleges, the Indian army or hospitals run by the police or border-security forces, mostly in Jammu and Kashmir. At a specialized course, 40 other professionals learnt more about standard diagnostic and therapeutic procedures for managing trauma cases; nine of them also attended a train-the-trainer workshop to strengthen their ability to teach others.

At a Health Emergencies in Large Populations course in India, some 30 health specialists from Asia learnt how to manage humanitarian operations during conflicts and other crises; the course was organized in India by public health and disaster-management agencies, the Indian Red Cross and the ICRC.

All ICRC training sessions included discussions on the protection of medical services.

More people regain or improve their mobility

Close to 41,000 people in India – including over 600 club-footed children – regained or improved their mobility after treatment at seven ICRC-supported physical rehabilitation centres, including one new partner institution run by the Indian Red Cross branch in Gujarat. Patients received assistive devices manufactured at the centres with ICRC-supplied raw materials and equipment. The most vulnerable patients had the costs of their treatment, transport, food and accommodation covered. Four of the centres implemented an ICRC-designed system in which patients eligible for ICRC-funded treatment were also referred to government mechanisms providing pensions, employment assistance and other aid.

Technical staff from the centres and National Society personnel received training with ICRC help. Comments and suggestions from beneficiaries, technical evaluations and/or management training helped the centres improve their services.

The finalists of Enable Makeathon – a contest launched in 2015 to develop innovative assistive devices for people with disabilities – produced prototypes for testing. Some participants also received

support for their start-up companies from the organizers of the contest, which included technological, business and government organizations in India and abroad, and the ICRC. The Social Justice and Empowerment Ministry and the ICRC planned joint initiatives to develop protocols/guidelines and training programmes for physical rehabilitation professionals and to help other rehabilitation centres cover their operating costs; the plans were awaiting formal government approval.

Disabled people received ICRC support for their livelihood (see *Civilians*). Disabled athletes and their coaches trained for and participated in wheelchair-basketball tournaments organized to promote disabled people's social inclusion.

ACTORS OF INFLUENCE

Influential actors in the region help broaden awareness of IHL

The ICRC continued to liaise with the authorities, and others with influence in the region, to further understanding of and raise support for humanitarian principles, IHL and the Movement. At various ICRC events, key government officials – particularly from the foreign affairs and law ministries – military personnel and members of civil society in the countries covered, advanced their understanding of issues of humanitarian concern, such as sexual violence in armed conflict and protection for health-care services. These events included: a meeting organized with the Asian-African Legal Consultative Organization; a regional conference for judicial officials (see *Nepal*); and, with representatives from five other countries, a workshop on IHL hosted jointly with the Indian Society of International Law.

In India, the ICRC pursued efforts to engage key actors in dialogue on its neutral, impartial and independent humanitarian activities in the country and elsewhere. Government officials – from judiciary departments, the external affairs ministry and the national security council, for example – and civilian and military experts from research institutes exchanged views with the ICRC on new technologies in warfare and international laws regulating weapons, and other IHL-related topics; these discussions took place at seminars abroad (see *Beijing*), round-tables organized by India-based think-tanks and the ICRC, and events such as those held to launch IHL-related publications.

Navy and coastguard officers in South Asia learn more about IHL and humanitarian action at sea

Military officers and troops bound for peacekeeping missions – mostly from India but also from the first Bhutanese peacekeeping contingent – learnt more about humanitarian principles and the Movement's work from ICRC presentations at their predeployment briefings. Work continued on the development of virtual training tools for peacekeepers. At a regional workshop on peacekeeping operations, held in New Delhi, representatives from 30 countries discussed such issues as the protection of civilians, including children, during armed conflict.

At a seminar organized by the National Maritime Foundation of India and the ICRC, navy and coastguard officers from Bangladesh, India, the Maldives and Sri Lanka, along with defence officials at foreign missions and embassies in New Delhi, discussed IHL, maritime security in the Indian Ocean, and humanitarian action at sea.

Some 2,200 air force, army and navy officers from the countries covered, and 1,300 paramilitary and police officers from India,

strengthened their grasp of: IHL; basic human rights law; international standards for the use of force and firearms; and IHL-related issues, such as those raised by the Health Care in Danger project; they did so at workshops, dissemination sessions and briefings conducted by their training units, or by defence-related think-tanks, with ICRC support. The Indian army and police received ICRC encouragement to incorporate these norms in their codes of conduct. One senior officer attended a course in San Remo.

Law students in north-eastern India learn more about IHL

The ICRC sought to stimulate academic interest in IHL. To that end, it provided support for: teacher-training programmes and academic discussions on IHL instruction; student participation in national/regional moot court competitions; and events at academic institutions, such as the first IHL information sessions for law students ever held at a leading university in north-eastern India. Academics from India and five other Asian countries familiarized themselves with recent developments in IHL at an advanced training session held in India. ICRC support enabled Islamic scholars from India to attend an international conference on humanitarian issues (see *Islamic Republic of Iran*).

The public could learn about IHL and about the ICRC and its work through broadcast media and the ICRC New Delhi blog and other online channels, and from print publications – in English and local languages – available at the delegation's resource centre. A media conference abroad (see *Bangladesh*) and a contest organized by the Press Institute of India and the ICRC aimed to help journalists cover humanitarian issues more fully and accurately.

Government officials from the countries covered learnt more about drafting legislation and the implementation requirements for IHL and IHL-related treaties, particularly the Geneva Conventions and the Biological Weapons Convention; they did so at a workshop for legal draftsmen (see *Sri Lanka*) and at meetings in Switzerland – for national IHL committees (see *International law and policy*) and in connection with the Strengthening IHL process.

RED CROSS AND RED CRESCENT MOVEMENT

The Indian Red Cross assists vulnerable people

The Indian Red Cross drew on ICRC technical, material and financial support to strengthen its ability to respond to emergencies in India and elsewhere in the region, and to improve its managerial and operational capabilities. It sought particularly to develop its capacity to: provide family-links services, livelihood support, first aid and physical rehabilitation services (see above); communicate with influential actors and the general public; and conduct youth-education sessions on proper hygiene and on the Fundamental Principles. It took steps to implement its action plan – drafted in 2015 with ICRC guidance – for incorporating the Safer Access Framework through nationwide or branch-level measures so that its personnel could do their work in safety.

With ICRC guidance, the Maldivian Red Crescent explored possibilities for increasing its financial resources, made contingency plans for the forthcoming elections, and pursued efforts to revise its statutes. Its volunteers improved their communication skills through ICRC training sessions.

The Bhutanese parliament passed a bill to establish a National Society; Movement partners continued to provide technical guidance for the process.

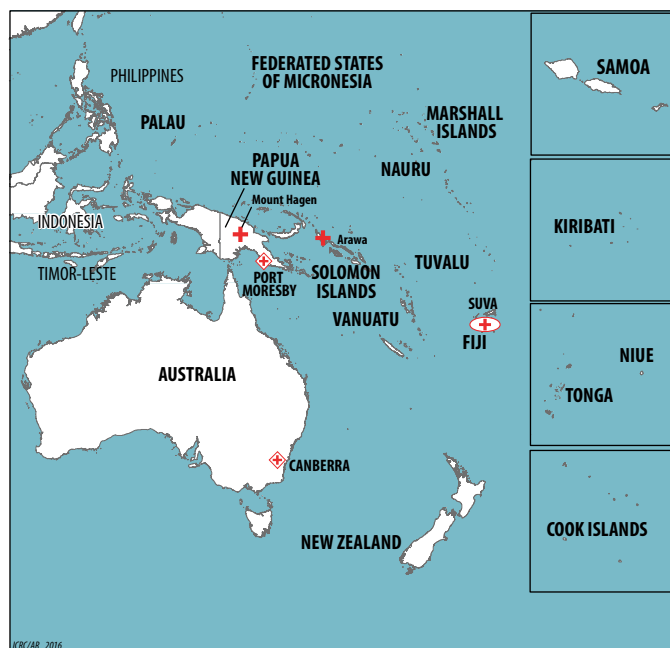
Movement components in the region worked to broaden support for humanitarian principles and the Movement at meetings and events organized by the National Societies and the ICRC with/for various parties (see *Actors of influence*). They shared information on matters of common interest and coordinated their activities, such as their response to massive flooding in Chennai, India. This helped to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected		1		
RCMs distributed		4		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		125	35	15
<i>including people for whom tracing requests were registered by another delegation</i>		1		
Tracing cases closed positively (subject located or fate established)		5		
<i>including people for whom tracing requests were registered by another delegation</i>		1		
Tracing cases still being handled at the end of the reporting period (people)		121	33	15
<i>including people for whom tracing requests were registered by another delegation</i>		2		
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		3		
Documents				
People to whom travel documents were issued		130		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		2,913	137	16
			Women	Girls
Detainees visited and monitored individually		202		3
Detainees newly registered		79		3
Number of visits carried out		13		
Number of places of detention visited		13		
RCMs and other means of family contact				
RCMs collected		6		
RCMs distributed		3		
Detainees visited by their relatives with ICRC/National Society support		73		
People to whom a detention attestation was issued		3		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	486	170	146
Cash	Beneficiaries	677	198	272
Services and training	Beneficiaries	486	170	146
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	27,500	8,250	16,500
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Physical rehabilitation				
Projects supported	Projects	7		
Patients receiving services	Patients	40,786	13,575	7,393
New patients fitted with prostheses	Patients	644	99	39
Prostheses delivered	Units	685	115	54
<i>of which for victims of mines or explosive remnants of war</i>		3		
New patients fitted with orthoses	Patients	6,044	1,073	2,752
Orthoses delivered	Units	8,484	1,702	4,261
Patients receiving physiotherapy	Patients	13,290	3,190	4,049
Walking aids delivered	Units	4,224	1,038	289
Wheelchairs or tricycles delivered	Units	713	132	274

SUVA (regional)

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



Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, the ICRC assists governments in ratifying and implementing IHL treaties, and promotes respect for IHL and other international norms among armed and security forces and awareness of such among academic circles, the media and civil society. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care; it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- The authorities concerned received ICRC feedback on issues faced by detained migrants – notably, their mental health and their uncertain status – in processing centres on Manus Island, Papua New Guinea, and in Nauru.
- In the Southern Highlands of Papua New Guinea, some victims of violence, including sexual abuse, were treated at ICRC-supported facilities. One of these facilities, built by the ICRC in 2015, began to function in July.
- Military legal advisers from the Asia-Pacific region strengthened their ability to foster compliance with IHL in military operations, through a course conducted in Australia by the Asia Pacific Centre for Military Law and the ICRC.
- Members of families dispersed when a cyclone struck Fiji, restored contact through phone calls and other family-links services provided by the Fiji Red Cross Society with support from the ICRC and other Movement partners.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	2
Phone calls facilitated between family members	18
Tracing cases closed positively (subject located or fate established)	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,928
Detainees visited and monitored individually	91
Number of visits carried out	56
Number of places of detention visited	35
Restoring family links	
RCMs collected	3
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	8

EXPENDITURE IN KCHF

Protection	2,182
Assistance	1,901
Prevention	2,326
Cooperation with National Societies	1,516
General	33
Total	7,958
<i>Of which: Overheads</i>	<i>486</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	40

ASSISTANCE		2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	15,000	6,343
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	4,000	3,780
Health			
Health centres supported	Structures	3	2

CONTEXT

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal fighting caused casualties and displacement, and disrupted basic services. In the Autonomous Region of Bougainville, a policy adopted in 2014 to address the needs of the families of people unaccounted for since the armed conflict in the 1990s had yet to be implemented.

Asylum seekers and other migrants intercepted off the coast of Australia were reportedly turned back. Hundreds awaited the resolution of their cases in processing centres on Manus Island, Papua New Guinea, and in Nauru. In April, Papua New Guinea's supreme court ruled that the detention of migrants at the processing centre on Manus Island was unlawful. In November, the governments of Australia and the United States of America (hereafter United States) agreed to resettle detainees from Manus and Nauru in the United States.

As part of efforts to counter "terrorism", Australia took part in an international military coalition (see *Iraq and Syrian Arab Republic*) and, with New Zealand, helped the Iraqi government train its forces. Australia and Fiji provided troops for international peace-keeping operations.

A tropical cyclone struck Fiji in February, reportedly killing dozens of people and displacing tens of thousands of others.

ICRC ACTION AND RESULTS

The ICRC delegation in the Pacific worked to protect and assist people affected by violence or deprived of their freedom, helped National Societies build their capacities and supported efforts to advance IHL implementation.

The ICRC kept up its multidisciplinary efforts to mitigate the effects of communal violence, including instances of sexual violence, on communities in Papua New Guinea's Hela and Southern Highlands provinces and, since September, in the Enga province. It discussed allegations of abuse bilaterally with the parties concerned, emphasizing the necessity of facilitating, in an impartial manner, access to medical treatment for the wounded, the sick and victims of sexual violence. In the Southern Highlands, some victims of sexual violence received care at two family-support centres given material assistance by the ICRC. Health workers familiarized themselves with the specific needs of sexual violence victims through an ICRC course. Over 200 community members were trained to administer first aid more effectively. Two health posts in the Southern Highlands offered health services with ICRC support; one of them, built by the ICRC in 2015, began functioning in July after overcoming personnel difficulties.

The ICRC visited, in accordance with its standard procedures, detainees in Fiji, Nauru, Papua New Guinea, the Solomon Islands and, for the first time in three years, Vanuatu, to monitor their treatment and living conditions. With support from the Australian Red Cross, it also checked on the circumstances of migrants in processing centres on Manus Island and in Nauru; migrants undergoing treatment at medical transit facilities in Port Moresby received ad hoc visits. Subsequently, the ICRC discussed its findings with the authorities concerned, with a view to helping them make the necessary improvements. The ICRC informed the pertinent authorities in Australia, Nauru and Papua New Guinea of matters of persistent concern to the migrants mentioned above; these included

mental-health and child-protection issues and uncertainty about their status.

Members of families separated by detention, migration or natural disasters reconnected through Movement family-links services. The ICRC arranged for dozens of inmates in Papua New Guinea and the Solomon Islands to be visited by relatives. Migrants in processing centres on Manus Island and in Nauru filed tracing requests to locate their relatives. People separated from relatives during a tropical cyclone in Fiji sought them through phone calls and other family-links services provided by the Fiji Red Cross Society with support from the ICRC and other Movement components. A working group, composed of representatives from various local bodies, had discussions with the ICRC about developing a mechanism to address the needs of the families of people unaccounted for since the armed conflict in Bougainville in the 1990s.

Regional conferences and regular contact with national and regional authorities, armed forces personnel and members of civil society fostered support for IHL, relevant international standards, humanitarian principles and Movement activities. Military legal advisers from the Asia-Pacific region learnt more about the application of IHL in military operations, through a workshop conducted in Australia by the Asia Pacific Centre for Military Law and the ICRC. The ICRC bolstered its efforts to foster respect for international law enforcement standards through workshops for police officers in Fiji, Nauru and Papua New Guinea, and through its participation, for the first time, in the annual conference of the Pacific Islands Chiefs of Police (PICP). In Papua New Guinea, the government and ICRC signed an agreement defining its status in the country; the agreement had yet to be ratified by the parliament.

The ICRC contributed – together with the National Societies of Australia and New Zealand, and other Movement components – to strengthening the organizational and emergency response capacities of the Pacific Islands Red Cross Societies.

CIVILIANS

In Papua New Guinea, the ICRC continued to promote respect for basic principles of humanity, with a view to mitigating the effects of communal violence in Enga, Hela and the Southern Highlands. It relayed documented allegations of abuse to the parties concerned and urged them to prevent the recurrence of such unlawful conduct. During bilateral talks with them, the ICRC emphasized the necessity of: facilitating, in an impartial manner, access to medical treatment for the wounded, the sick and victims of sexual abuse; and protecting health-care staff and facilities. These and other related concerns were also highlighted at workshops for police officers on international standards applicable to law enforcement, and through plays staged in violence-affected provinces (see *Actors of influence*).

Over 6,300 individuals (1,228 households) affected by fighting in Hela and the Southern Highlands set up temporary shelters or improved their living conditions with tools, tarpaulins and other essential household items distributed by the ICRC.

Local health-care personnel pay particular attention to the medical needs of sexual violence victims

The Papua New Guinea Red Cross Society and the ICRC worked with local communities to address the effects of violence on their access to water and health care. The National Society strengthened its capacities with the help of training – for example, in conducting

activities to improve sanitation and access to water – and other support from the ICRC (see *Red Cross and Red Crescent Movement*).

In the Southern Highlands, nearly 3,800 people increased their water supply with the help of rainwater-harvesting systems installed by the ICRC. Patients and staff at six health facilities had better access to water and/or electric power after repairs to water-supply systems were completed and solar-power systems installed at these facilities.

Training sessions organized by the National Society and the ICRC equipped over 200 community members to administer emergency care to casualties of clashes. National Society volunteers learnt how to conduct first-aid training through an advanced course. An ICRC course trained staff from 11 health-care facilities in addressing the specific needs of sexual violence victims. Victims of abuse received counselling and specialized care from family-support centres at two hospitals in the Southern Highlands; these centres received supplies from the ICRC on an ad hoc basis. A new centre at a hospital in the Western Highlands was being set up with ICRC support.

People in the Southern Highlands continued to have access to primary health care at an ICRC-supported health post in the village of Uma. However, challenges in deploying qualified staff to such health posts hampered the ICRC's plans to support other primary-health-care facilities. In Kalolo, a village in the same province, a health post constructed in 2015 by the ICRC in partnership with the provincial health authority began functioning in July, after the provincial health authority overcame difficulties in assigning staff members to it.

At the two ICRC-backed health posts, about 1,300 people, including children, were vaccinated against common diseases, and pregnant or nursing mothers and other patients benefited from over 10,000 consultations.

Authorities discuss the creation of a mechanism for assisting missing persons' families

In Bougainville, a working group on missing persons – composed of parties concerned from various local bodies, including the military, the Directorate of Peace and Reconciliation, and an NGO called the Bougainville Peace Building Programme – engaged in discussions with the ICRC about developing a mechanism and exploring other possibilities for ascertaining the fate of missing people and providing their relatives with the necessary support.

In southern Bougainville, relatives of missing persons established a family association with encouragement from the ICRC; the association enabled members to provide mutual psychosocial support and collectively request assistance from government agencies and other relevant institutions. The association was the third of its kind on the island.

Disaster-affected people in Fiji exchange news with relatives

In Fiji, the National Society, with ICRC technical support, delivered emergency family-links services to people, including detainees (see *People deprived of their freedom*), affected by a tropical cyclone. The Australian Red Cross and the ICRC assigned a tracing delegate to train Fiji Red Cross Society staff in restoring family links during crises.

People sought news of their relatives through a Fiji Red Cross hotline and the ICRC's family-links website (familylinks.icrc.org),

which listed the names of people who had registered themselves as safe and of those still unaccounted for. Members of some families exchanged news via phone calls facilitated by the National Society.

PEOPLE DEPRIVED OF THEIR FREEDOM

Authorities are informed of the specific concerns of migrants held in processing centres

The ICRC visited, in accordance with its standard procedures, detainees in selected places of detention in Fiji, Nauru, Papua New Guinea, the Solomon Islands and, for the first time in three years, Vanuatu, to monitor their treatment and living conditions. In Papua New Guinea, people held in several police stations and correctional services facilities received particular attention. ICRC visits to migrants, including asylum seekers, in processing centres on Manus Island and in Nauru took place with the support of the Australian Red Cross; the ICRC also visited migrants undergoing medical treatment at transit facilities in Port Moresby.

After these visits, the ICRC discussed its findings and recommendations with the detaining authorities, with a view to helping them make the necessary improvements. Dialogue with police commands in Papua New Guinea covered, among other matters, international standards applicable to arrests and detention and the importance of ensuring respect for judicial guarantees. Based on reports submitted to them in 2015, the ICRC discussed with the pertinent authorities in Australia, Nauru and Papua New Guinea matters of persistent concern to migrants in processing centres: mental-health and child-protection issues, allegations of sexual abuse and uncertainty about their status. The ICRC's director-general and the Australian immigration minister met to discuss these concerns and the need for lasting solutions to them. In light of an agreement between Australia and the United States on the resettlement of people held on Manus Island and in Nauru, the ICRC sent a written reminder of the issues mentioned above to the parties concerned, requesting immediate action to benefit particularly vulnerable detainees, including those who were mentally ill. In line with the ICRC's recommendations, the Australian government released a child-protection framework, which outlined measures to make the environment safer for children at the processing centres.

The ICRC's confidential dialogue with detaining authorities was supplemented by regional forums on internationally recognized detention standards. Several Fijian police trainers and one senior police officer from Nauru took part in a workshop in Fiji on international law enforcement standards, such as those applicable to arrests and detention (see *Actors of influence*). At the Fijian government's request, the ICRC contributed input during a workshop on the benefits and challenges of ratifying the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Penitentiary officials from Fiji and Papua New Guinea exchanged best practices in prison management with their peers at a regional conference organized jointly by the ICRC and prison authorities in Sri Lanka (see *Sri Lanka*).

Prison authorities received ICRC assistance in enhancing detainees' living conditions. The ICRC supported the delivery of health services in one facility and gave advice on developing medical referral schemes for inmates in police stations. In the Highlands, for instance, 110 people held at two police stations benefited from infrastructural improvements carried out by the ICRC. About 390 inmates received hygiene items. Two prison management staff added to their knowledge of designing and constructing detention facilities at the 5th Asian Conference of Correctional Facilities

Architects and Planners in Seoul, Republic of Korea (see *Beijing*); the ICRC sponsored their participation in the event. The Fijian authorities drew on ICRC expertise in reviewing plans for a new detention facility.

Detainees are visited by their families

In Bougainville and Kerevat, 65 inmates were visited by relatives, who stayed in tents put up by the ICRC near their prisons; the ICRC also covered the families' transport costs. In the Solomon Islands, 35 detainees serving life sentences received family visits financed by the Solomon Islands Red Cross with ICRC support.

The ICRC maintained its efforts to respond to tracing requests made in 2015 by people held at the Manus Island processing centre. Migrants at the processing centre in Nauru, including asylum seekers, continued to benefit from tracing services provided by the Australian Red Cross.

Some detainees in Fiji contacted their relatives after a tropical cyclone, through phone calls facilitated by the National Society.

ACTORS OF INFLUENCE

Through dialogue, the ICRC drew the attention of authorities at national and regional levels to matters of humanitarian concern, and cultivated support for its response to these issues. Talks with the Australian authorities dealt with such matters as migration-related concerns, the Strengthening IHL process, and the ICRC's activities in key contexts. Notably, some parliamentarians made public statements in support of ICRC activities. During an ICRC-facilitated meeting, an Australian official exchanged views with experts on IHL provisions applicable to autonomous weapon systems.

In Papua New Guinea, the government and the ICRC signed an agreement defining the ICRC's status in the country; the agreement had yet to be ratified by the parliament.

Military legal advisers in the Asia-Pacific region strengthen their knowledge of IHL

The ICRC conducted workshops for weapon bearers in the region, with a view to promoting respect for IHL and relevant international standards.

In Australia, 19 military legal advisers from across the Asia-Pacific region strengthened their ability to foster compliance with IHL during their operations, at a workshop conducted by the Asia Pacific Centre for Military Law and the ICRC. The ICRC

customized a training module with virtual scenarios for Australia's Peace Operations Training Centre; the aim was to increase instructors' effectiveness in teaching IHL to peace-support troops. Nearly 100 peacekeeping personnel and trainers were briefed on the ICRC's work. Participation at ICRC regional events enabled Australian Defence Force officers to learn more about the application of IHL at sea and emerging challenges to implementing IHL. At an ICRC-led session, some 180 military officers from Australia and Asian countries deepened their understanding of the ICRC's activities for detainees. Australian civil-military liaison officers learnt about the ICRC's mandate through a presentation.

Police personnel in Fiji, Papua New Guinea and, for the first time, Nauru participated in workshops on international policing standards. A senior police officer from Nauru attended a train-the-trainer session for the Fiji police. The ICRC attended the PICP's annual conference for the first time, as an observer.

Members of violence-prone communities in Papua New Guinea were urged to respect the basic principles of humanity, particularly in relation to sexual violence, and learnt more about the Movement, through dramatic plays and bilateral discussions.

States take steps towards ratifying IHL treaties

Government officials, particularly in Kiribati, Tuvalu and Samoa, benefited from the ICRC's advice on becoming party to IHL-related instruments. In Fiji, Papua New Guinea and the Solomon Islands, the authorities and the ICRC held workshops on ratifying the Arms Trade Treaty. Tongan authorities consulted the ICRC about ratifying the Rome Statute, and Samoan officials learnt more about IHL through an ICRC-led session. The Tonga Red Cross Society launched, in cooperation with the Australian Red Cross and the ICRC, a handbook to guide parliamentarians towards IHL implementation. Drawing on recommendations by the Australian Red Cross and the ICRC, an independent review of Australian legislation to protect movable cultural heritage urged the Australian government to ratify the protocols to the Hague Convention on Cultural Property. At ICRC-facilitated meetings, Papua New Guinean authorities learnt more about the role of national IHL committees through discussions with officials from Australian, New Zealand and Samoan IHL committees.

Legal experts, academics and media professionals advance their understanding of IHL

In Australia and New Zealand, conferences with legal professionals and academics, and briefings for university students, enabled the

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji	Nauru	Papua New Guinea	Solomon Islands	Vanuatu
ICRC visits					
Detainees visited	1,396	486	3,620	320	106
<i>of whom women</i>	51	63	181	3	2
<i>of whom minors</i>	3	54	119	14	1
Detainees visited and monitored individually	38	14	32	7	
<i>of whom women</i>		3			
Detainees newly registered	29	5			
<i>of whom women</i>		1			
Number of visits carried out	14	6	30	2	4
Number of places of detention visited	10	3	16	2	4
Restoring family links					
RCMs collected	3				
RCMs distributed	1		3		
Phone calls made to families to inform them of the whereabouts of a detained relative	3		5		
Detainees visited by their relatives with ICRC/National Society support			65	35	

ICRC to stimulate debate on IHL and related issues. At its annual conference, the Australian and New Zealand Society of International Law included a panel discussion – organized by the Australian and New Zealand National Societies and the ICRC – about how IHL seeks to protect civilians. In Australia and New Zealand, several academics and experts in related areas were briefed on the updated Commentary on the First Geneva Convention. Australian government officials and academics learnt more about the ICRC's physical rehabilitation activities at an exhibition. Students competed in moot-court competitions with ICRC support.

Journalists from throughout the region learnt more about ICRC activities from a presentation at the biennial conference of the Pacific Islands News Association (PINA) and other similar events. An article published by PINA highlighted the ICRC's priorities in the Asia-Pacific region. In Australia, ICRC briefings for foreign correspondents aimed to foster accurate coverage of humanitarian issues. The Australian Red Cross and the ICRC surveyed the Australian public's views on torture in armed conflict; local media reported the findings.

Online content – social media posts, an online newsletter, and blog articles – raised awareness of ICRC activities throughout the world.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies responded to emergencies in line with the Safer Access Framework, fostered awareness of IHL and built their capacities with support from the ICRC and other Movement partners. Movement components in the region coordinated their activities, particularly their response to a destructive tropical cyclone in Fiji. (see *Civilians*)

Aided by the Australian Red Cross, the International Federation and the ICRC, the Papua New Guinea Red Cross Society continued to undertake organizational reforms. With ICRC financial support, the Papua New Guinea Red Cross shared its communication expertise with the Solomon Islands Red Cross to back its response to an earthquake in December. Staff from several Pacific Island National Societies participated in regional forums on communication and other key areas.

The ICRC held meetings with the prime ministers of Tonga, Tuvalu and Samoa – together with the National Societies concerned – to urge government support for their National Societies' work. The Vanuatu Red Cross Society briefed police and corrections personnel about IHL, with ICRC support.

The National Societies of Australia and New Zealand, jointly with the ICRC, trained new delegates bound for humanitarian operations abroad.

The Fiji Red Cross Society drew on the ICRC for advice on talking with national authorities about enacting a law recognizing its status. The "Republic of the Marshall Islands Red Cross" worked towards recognition as a National Society; it submitted its constitution to the Joint Statutes Commission for evaluation.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1	1		
RCMs distributed	2			
Phone calls facilitated between family members	18			
Names published on the ICRC family-links website	41			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	4	1		1
Tracing cases closed positively (subject located or fate established)	10			
Tracing cases still being handled at the end of the reporting period (people)	19	5	2	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	5,928	300	191	
Detainees visited and monitored individually	91	3		
Detainees newly registered	34	1		
Number of visits carried out	56			
Number of places of detention visited	35			
RCMs and other means of family contact				
RCMs collected	3			
RCMs distributed	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	8			
Detainees visited by their relatives with ICRC/National Society support	100			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	6,343	1,648	2,726
	<i>of whom IDPs</i>	5,265	1,368	2,263
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,780	1,814	945
Health				
Health centres supported	Structures	2		
Average catchment population		9,523		
Consultations		10,088		
	<i>of which curative</i>	9,525	247	185
	<i>of which antenatal</i>	563		
Immunizations	Patients	1,328		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	576		
Referrals to a second level of care	Patients	113		
	<i>of whom gynaecological/obstetric cases</i>	18		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	389	56	26
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	110	28	
Health				
Visits carried out by health staff		12		
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	1		

