

ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS IN 2018

- Violence-affected people benefited from the ICRC's scaling up of its operations in Myanmar, especially in Rakhine; and in Bangladesh, where the ICRC expanded primarily its emergency response with a budget extension appeal.
- With ICRC support, hospitals and health-care centres treated the wounded and sick, and physically disabled persons. Injured people in Afghanistan received first aid and were taken to hospital by an ICRC-funded network of taxis.
- Detainees, including those held in relation to armed conflicts or for security reasons, received ICRC visits. Detaining authorities received ICRC support for improving health care for detainees, and addressing overcrowding in prisons.
- Family members separated by conflict or other violence, detention, migration or other circumstances maintained or restored contact using Movement family-links services: RCMs, phone and tracing services; family visits for detainees.
- In Afghanistan, Bangladesh, Myanmar and the Philippines, the ICRC's dialogue with parties to conflict highlighted the need to respect and protect civilians and ensure people's access to basic services, including medical care.
- Although the ICRC adjusted its activities in Afghanistan owing to access- and security-related concerns, thousands of conflict-affected people continued to benefit from the ICRC's efforts to address humanitarian needs.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	5,281
RCMs distributed	6,789
Phone calls facilitated between family members	17,640
Tracing cases closed positively (subject located or fate established)	1,506
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	277
Detainees in places of detention visited	310,901
<i>of whom visited and monitored individually</i>	3,258
Visits carried out	448
Restoring family links	
RCMs collected	8,594
RCMs distributed	3,949
Phone calls made to families to inform them of the whereabouts of a detained relative	326

EXPENDITURE IN KCHF	
Protection	47,733
Assistance	148,554
Prevention	36,706
Cooperation with National Societies	15,983
General	4,627
Total	253,603
<i>Of which: Overheads</i>	<i>15,468</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	438
Resident staff (daily workers not included)	3,576

ASSISTANCE	Total
CIVILIANS	
Economic security	
Food consumption	Beneficiaries 330,033
Food production	Beneficiaries 121,599
Income support	Beneficiaries 80,645
Living conditions	Beneficiaries 420,638
Capacity-building	Beneficiaries 302
Water and habitat	
Water and habitat activities	Beneficiaries 609,908
Health	
Health centres supported	Structures 94
WOUNDED AND SICK	
Medical care	
Hospitals supported	Structures 74
Physical rehabilitation	
Projects supported	Projects 74
People benefiting from ICRC-supported projects	Aggregated monthly data 308,456
Water and habitat	
Water and habitat activities	Beds 2,016

DELEGATIONS

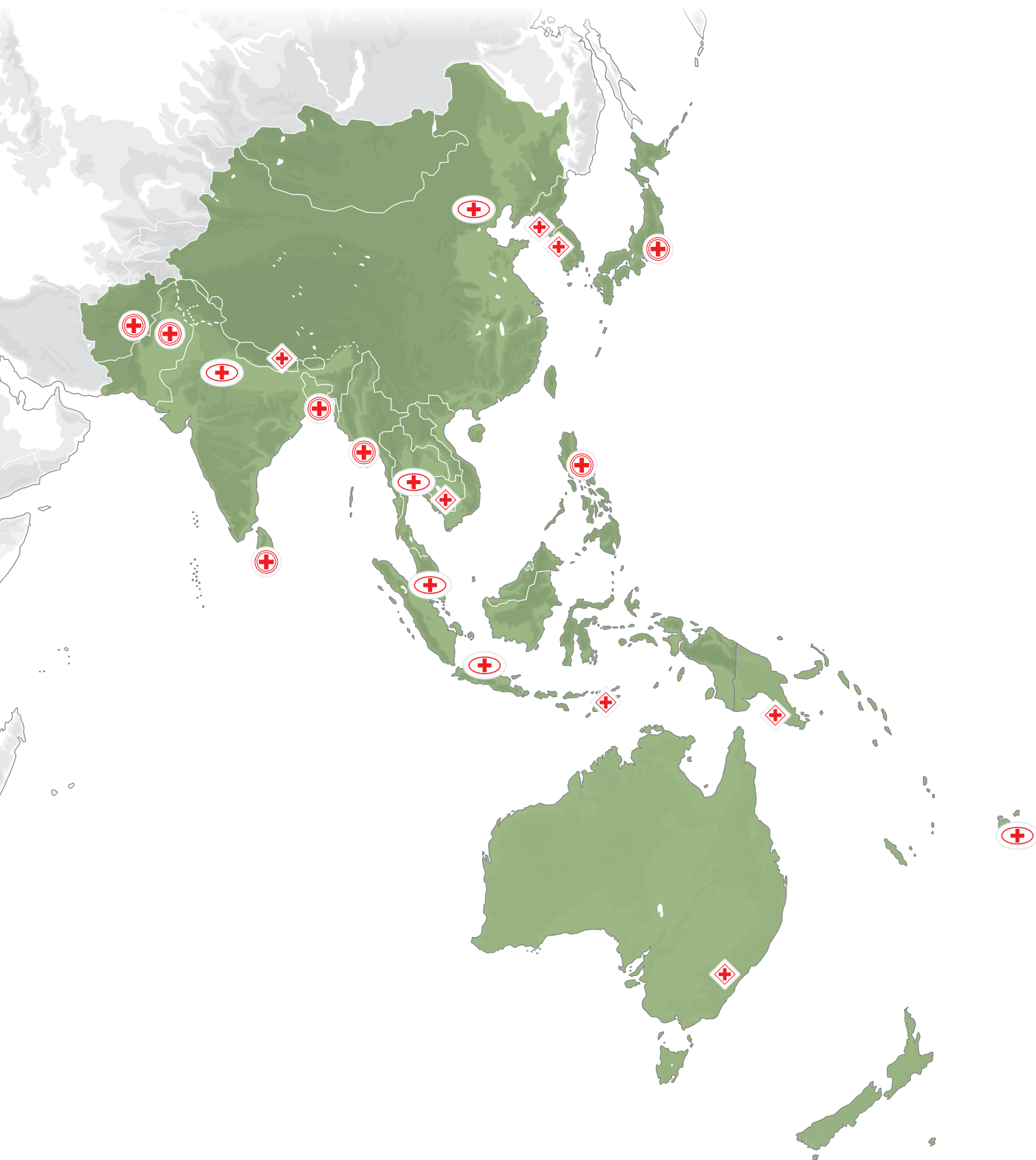
Afghanistan
Bangkok (regional)
Bangladesh
Beijing (regional)
Jakarta (regional)
Kuala Lumpur (regional)

Myanmar
New Delhi (regional)
Pakistan
Philippines
Sri Lanka
Suva (regional)

 ICRC delegation

 ICRC regional delegation

 ICRC mission





F.A. Fozan/ICRC

Afghanistan, Khandahar. Detainees receive hygiene kits distributed by the ICRC in Sarpoza prison.

HUMANITARIAN NEEDS AND RESPONSES

In 2018, the ICRC's delegations in the Asia and the Pacific region worked to address the humanitarian needs of people affected by ongoing or past armed conflicts and other situations of violence.

The operation in Afghanistan remained the ICRC's largest in the region. However, security and access constraints encountered throughout the year and residual effects of attacks on ICRC staff in 2017 prompted the ICRC to adjust its activities. Although some plans were suspended, thousands of people affected by armed conflict continued to benefit from the ICRC's efforts to address humanitarian needs. In Myanmar, the ICRC scaled up its response, despite some challenges in pursuing some of its activities owing to access and operational restrictions in violence-affected areas. It thus remained essential to remind the authorities and others – in those areas and elsewhere in the region – of the ICRC's neutral, impartial and independent approach to humanitarian action, with a view to enhancing understanding of and building acceptance for the organization, and seeking access to vulnerable communities.

In its dialogue with authorities and parties to conflict – notably in Afghanistan, Myanmar, Bangladesh, and the Philippines – the ICRC emphasized the importance of respecting and protecting civilians and ensuring people's access to basic services, including medical care. It continued to monitor the situation of violence-affected people and spoke with them

regarding their protection concerns. Where applicable, the ICRC raised these concerns with the relevant authorities and weapon bearers; it shared allegations of unlawful conduct with the relevant authorities and/or parties, with a view to preventing any recurrence.

New police recruits in Sri Lanka learnt more about international policing standards at ICRC training sessions. Emergency responders and health staff in Pakistan attended ICRC courses on dealing with violence in health facilities, as did weapon bearers, health-care providers and others in Afghanistan.

The ICRC visited detainees in accordance with its standard procedures – including people held in relation to armed conflicts or for security reasons – in 13 countries, to monitor their treatment and living conditions. It sought to resume its visits to Thai prisons, which had been suspended since November 2016; it was granted access again in the last quarter of 2018. In Bangladesh, delayed access to prisons and other administrative obstacles prevented the implementation of some ICRC-backed activities in 2018; however, the ICRC's request to continue prison visits in 2019 was approved in advance. After all its visits, the ICRC shared its feedback confidentially with the authorities and engaged them in dialogue so as to further their understanding of the ICRC's activities in the field of detention, to encourage their cooperation in addressing detainees' needs, and to secure access to those the ICRC had not yet visited.

Penitentiary authorities and/or prison staff across the region drew on ICRC technical, material and/or other support to improve detainees' treatment and living conditions. Whenever possible and necessary, the ICRC provided hygiene kits and recreational items for detainees. It made various infrastructural upgrades to prison facilities to help the authorities address overcrowding and some of the other urgent issues affecting detainees: insufficient ventilation, poor sanitation, beds of substandard quality, and exposure to inmates with infectious diseases. It helped the authorities in Cambodia to revise national standards for renovating and constructing prisons. In the Philippines, an ICRC-backed taskforce worked on resolving legal procedural delays for inmates held in prolonged pre-trial detention; the ICRC handed over all responsibility for managing the taskforce to its members.

Detainees had better access to health care owing to ICRC-supported initiatives undertaken by authorities in Afghanistan, Bangladesh, Myanmar, Papua New Guinea, the Philippines, and Sri Lanka. The authorities also received ICRC assistance to help them deal with outbreaks of disease, such as scabies in Afghanistan and Malaysia; diarrheal disease in Bangladesh; and TB in the Philippines.

The ICRC discussed the humanitarian needs of vulnerable migrants with authorities and other stakeholders, and helped them meet those needs. In order to monitor the protection concerns of migrants arriving from Malaysia, the ICRC visited the processing centre in Zamboanga, Philippines. It also visited migrants being treated at medical facilities in Port Moresby, Papua New Guinea, and checked on the situation of migrants in facilities on Manus Island, Nauru and Papua New Guinea. It intensified its dialogue with the authorities in Australia, Nauru and Papua New Guinea on migrants' concerns, such as their access to health care, their psychological well-being, and their legal status. Movement components in the region regularly communicated to coordinate their response to the needs of vulnerable migrants.

Family members separated by conflict or other violence, detention, migration or natural disasters maintained or restored contact using Movement services: RCMs, phone and tracing services; family visits for detainees; and travel documents for asylum seekers resettling in host countries. The ICRC and the National Society collected the remains of civilians and fighters killed in the conflict in Afghanistan and handed them over to the families concerned.

The ICRC continued to support the efforts of governments and local entities in Nepal, Papua New Guinea and Sri Lanka to address the issue of missing persons and meet the needs of their families by establishing legal mechanisms. In Sri Lanka, missing persons' families continued to obtain assistance for their economic, psychosocial and other needs through a comprehensive ICRC-run support programme. To help prevent people from becoming unaccounted for, the ICRC organized or sponsored training, or lent its expertise, in the proper handling of human remains for authorities and/or local organizations in Indonesia, India, Nepal, Pakistan, Papua New Guinea, Sri Lanka, Thailand, and Viet Nam. It offered its services to the governments and National Societies of the Democratic

People's Republic of Korea (hereafter DPRK) and the Republic of Korea, to help restore contact between families separated by the 1950–1953 Korean War.

To help mitigate the consequences of mines/explosive remnants of war, the ICRC conducted mine-risk education sessions for people living in mine-contaminated areas in Myanmar and Pakistan. Bomb-disposal personnel from the DPRK were trained in blast-trauma management by the National Society and the ICRC.

The ICRC pursued its humanitarian diplomacy and efforts to influence national authorities and key players in the region, including the Association of Southeast Asian Nations; it strove to enhance their understanding of IHL and to foster support for its activities in the region and elsewhere. The discussions – held during meetings or conferences attended by the ICRC – covered issues of regional interest, such as migration, detention, contemporary warfare and maritime security.

The ICRC continued to offer State authorities its expertise in implementing IHL provisions domestically and in maintaining or establishing a national IHL committee. With the ICRC's help, Sri Lanka acceded to the Convention on Cluster Munitions, and a national IHL committee was reactivated in the Republic of Korea and formally established in Vanuatu.

With ICRC technical input, armed and security forces in the region discussed or took steps to integrate IHL, relevant human rights norms and international standards on policing and detention, as applicable, into their doctrine, training and operations. At various ICRC-organized or -supported events, journalists were encouraged to report on humanitarian issues; religious leaders discussed the similarities between Islamic law and IHL; and students and teachers deepened their understanding of IHL.

The ICRC's partnerships with the region's National Societies helped reinforce the reach or effectiveness of its operations. National Societies were provided with various forms of support to help them strengthen their capacities to respond to humanitarian needs, in accordance with the Safer Access Framework and the Fundamental Principles. The ICRC coordinated with Movement partners and other humanitarian players, to avoid gaps or duplication of efforts.

Assistance activities were adapted to meet the most pressing needs in the region. In the wake of intensified violence in Myanmar, the ICRC's operations were scaled up – especially in Rakhine – and conducted in close cooperation with Movement partners. Numerous people who had fled violence in Myanmar remained in Bangladesh; they benefited from the expanded emergency response of the Bangladesh Red Crescent Society and the ICRC, which was supported by a budget extension appeal. People affected by the violence in Afghanistan, Bangladesh, Myanmar, and the Philippines were provided with food, cash, and essential household items by the ICRC. After an earthquake in February, the ICRC helped violence-affected people in the Highlands region of Papua New Guinea to meet their immediate needs, through emergency aid and renovations to water-supply systems.

Where security and/or market conditions were relatively stable, the ICRC implemented longer-term interventions to help vulnerable households resume or boost their livelihoods. Violence-affected households in Kachin, Rakhine and Shan states in Myanmar, and those displaced by fighting in Marawi, Philippines, pursued livelihood activities with ICRC support: cash grants, cash-for-work projects or donations of seed and tools. Often with the National Societies concerned, the ICRC provided more sustainable assistance to help other vulnerable people undertake livelihood activities and/or facilitate their social reintegration: destitute households in China and southern Thailand; households affected by communal tensions in Bangladesh; physically disabled breadwinners in Cambodia; households of current or former detainees in India; and families of missing persons, including those headed by women, in Sri Lanka.

Over 600,000 people had improved access to water and related basic services thanks to ICRC initiatives. Many of them were in conflict-affected rural and urban areas in Afghanistan and Myanmar, where the ICRC repaired or constructed water facilities and/or trained service providers. Similar activities benefited displaced people in Cox's Bazar and in an area along the border with Myanmar in Bangladesh; however, administrative obstacles prevented full implementation of these projects. In the DPRK, the National Society and the ICRC completed a water and sanitation project in peri-urban areas of Kaesong, enabling residents to have direct access to a water source. The ICRC's renovation of water infrastructure at community centres and schools benefited people in Papua New Guinea.

Thanks to ICRC training in first aid and/or material assistance, emergency responders – including National Society staff and/or volunteers, local health personnel and weapon bearers – bolstered their capacity to provide life-saving care to wounded and sick people. Injured people in Afghanistan were given life-saving care by first-aiders or at health clinics; those seriously wounded were taken to hospital by an ICRC-funded network of taxis. People in Myanmar to whom primary-health-care facilities were inaccessible benefited from the services of ICRC-trained health-care practitioners. Those needing more sophisticated treatment were referred to hospital. The Bangladesh Red Crescent – with ICRC support – provided first aid to casualties of electoral violence.

Vulnerable people obtained access to basic health services, including curative and preventive care, at various ICRC-supported facilities, including medical centres and rural health units in areas of Mindanao, in the Philippines; and fixed or mobile clinics run by the respective National Societies in Afghanistan, Bangladesh and Myanmar. Material support for health facilities in areas affected by the intensified fighting in Rakhine contributed to the ICRC supporting more facilities than planned. In Indonesia and Papua New Guinea, victims/survivors of sexual violence and other abuse received specialized care at ICRC-assisted health facilities.

People requiring hospital-level care were treated at facilities receiving ICRC support, which consisted of infrastructural upgrades, provision of medical materials, and/or staff training. These ICRC-supported services benefited people in Rakhine, including those who fled to Bangladesh; those dealing with the consequences of the battle in Marawi; wounded and sick people in Afghanistan; and violence-affected people in Pakistan.

Persons with physical disabilities received rehabilitative care at ICRC-supported centres in Afghanistan, Bangladesh, China, Cambodia, the DPRK, India, Myanmar, Nepal, Pakistan and the Philippines. Such support included equipment and tools, the cost of treatment for some patients, infrastructural upgrades, and/or scholarships and training courses for professionals and students. In several countries, the National Society and/or the ICRC helped particularly vulnerable patients, especially those in remote areas, to obtain treatment by, among other means, covering their transportation costs or supporting mobile workshops and roving technicians. The ICRC worked to bolster the self-sufficiency and social inclusion of disabled persons, providing them with livelihood assistance and backing their participation in sporting events. In China, Chinese prosthetic technology and the ICRC's polypropylene technology were combined to produce high-quality prosthetic devices tested at the centre in Kunming.

PROTECTION MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC

	CIVILIANS														
	RCMs collected	RCMs 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 UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	Human remains transferred/repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors
Afghanistan	1,563	2,519	11,659						1,075	473		19	28,573	492	369
Bangkok (regional)	1,506	2,213	209	3				1		5	2	28	46,420	9,734	942
Bangladesh	1,208	905				3	3	4		369		9	32,199	1,110	3
Jakarta (regional)	53	77	72		1,696					5					
Kuala Lumpur (regional)	56	90	3,595							11		18	25,418	3,666	548
Myanmar	763	673						6		56		22	51,602	6,845	804
New Delhi (regional)	18	34		1,333	1,335					4		2	46	3	2
Pakistan	83	242	2,101			2	2	5		52					
Philippines	16	29	2							177		106	107,052	6,519	41
Sri Lanka	7	7						7		354	27	41	14,900	669	9
Suva (regional)	8		2									32	4,691	114	95
TOTAL	5,281	6,789	17,640	1,336	3,031	5	5	23	1,075	1,506	29	277	310,901	29,152	2,813

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	<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>	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	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
59	680	26	21	77	379	14	20	46	2,280	797	128	4,979	3	3	Afghanistan
60	45	3	2	1	17	3	1	1	2,944	1,431	9	223			Bangkok (regional)
9	72	2		2	69	2		2	10						Bangladesh
															Jakarta (regional)
28	626	65		52	567	58		48	97	67	188				Kuala Lumpur (regional)
27	486	47		38	396	27		24	3,164	1,611		1,597			Myanmar
2									31	9		84		1	New Delhi (regional)
														1	Pakistan
167	884	64		5	266	31		3	60	28	1	389			Philippines
52	409	50		7	264	42		6	7	3		110		46	Sri Lanka
44	56	2		1	33	2			1	3		18			Suva (regional)
448	3,258	259	23	183	1,991	179	21	130	8,594	3,949	326	7,400	3	51	TOTAL

ASSISTANCE MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC

	CIVILIANS									PEOPLE DEPRIVED OF THEIR FREEDOM			
	ECONOMIC SECURITY					WATER AND HABITAT	HEALTH			ECONOMIC SECURITY		WATER AND HABITAT	HEALTH
	BENEFICIARIES									BENEFICIARIES			
	Food consumption	Food production	Income support	Living conditions	Capacity-building	Beneficiaries of water and habitat activities	Health centres supported	Consultations	Immunizations (patients)	Food consumption	Living conditions	Water and habitat activities	Health facilities supported in places of detention visited by health staff
Afghanistan	96,838		6,807	117,406		282,660	47	955,661	510,985		39,803	26,188	4
Bangkok (regional)			686									10,069	2
Bangladesh	96,450		13,992	60,275		28,797	4	99,749				20,314	2
Beijing (regional)						15,690							
Kuala Lumpur (regional)											2,961		1
Myanmar	132,951	116,215	22,562	208,670	302	234,985	35	188,976	85,105		50,808	19,626	3
New Delhi (regional)		5,250	699			4,495							
Pakistan			413				1	1,913			3,300		
Philippines	3,794		33,254	10,874		32,432						2,063	8
Sri Lanka			2,232								3,845	1,566	
Suva (regional)		134		23,413		10,849	7	6,968	28,591	459		275	2
TOTAL	330,033	121,599	80,645	420,638	302	609,908	94	1,253,267	624,681	459	100,717	80,101	22
of whom women	102,305	32,055	23,434	133,626	58	153,958				66	8,804	4,704	
of whom children	132,894	59,909	35,216	159,010	113	269,717				45	1,139	2,576	
of whom IDPs	118,802	36,510	27,315	178,000	126	68,205							

1. Based on monthly aggregated data.

WOUNDED AND SICK													
FIRST AID		HOSPITALS					PHYSICAL REHABILITATION						
		HOSPITALS SUPPORTED		SERVICES AT HOSPITALS MONITORED BY ICRC STAFF									
				SURGICAL ADMISSIONS									
Training sessions	Participants of training sessions¹	Hospitals supported	Including hospitals reinforced with or monitored by ICRC staff	Weapon-wound admissions	Non-weapon-wound admissions	Operations performed	Projects supported	People benefiting from ICRC-supported projects¹	New patients fitted with prostheses	Prostheses delivered	New patients fitted with orthoses	Orthoses delivered	
82	1,264	1	1	1,209	21,309	23,316	9	176,871	1,086	4,102	7,023	18,121	Afghanistan
		1					2	12,425	235	1,557	374	1,195	Bangkok (regional)
28	756	1					6	4,580	204	268	943	2,054	Bangladesh
		2					5	3,511	530	1,868	941	1,159	Beijing (regional)
23	898												Kuala Lumpur (regional)
32	939	26	1	11	341	221	5	4,992	514	1,119	75	133	Myanmar
21	652						12	46,919	603	895	7,079	11,122	New Delhi (regional)
4,159	94,990	2	2				34	58,677	2,922	4,374	8,178	17,748	Pakistan
30	876	36					1	481	69	129	6	14	Philippines
6	637												Sri Lanka
18	339	5											Suva (regional)
4,399	101,351	74	4	1,220	21,650	23,537	74	308,456	6,163	14,312	24,619	51,546	TOTAL
								55,678	875	1,866	4,683	7,994	of whom women
								105,603	466	1,070	12,237	29,298	of whom children

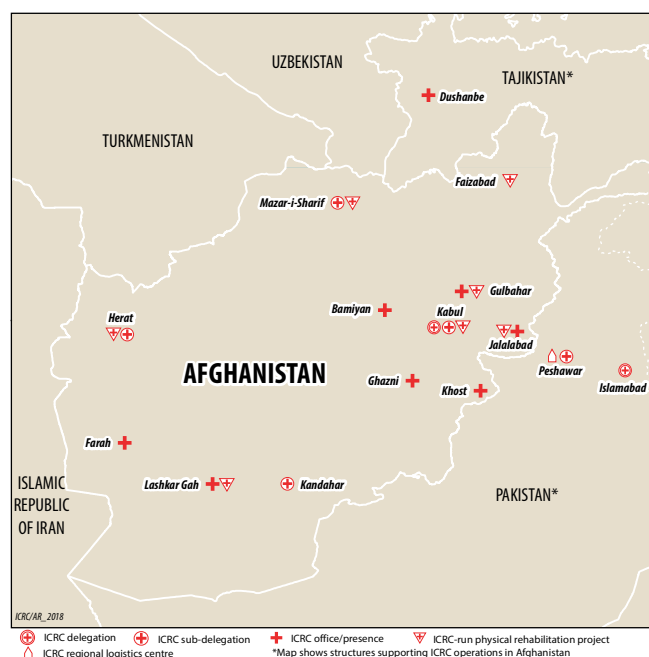
AFGHANISTAN

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. At present, it monitors the conduct of hostilities and engages in confidential dialogue on IHL violations. It visits detainees to monitor their treatment and living conditions and helps them exchange news with their families. It supports health-care facilities, provides physical rehabilitation services, improves water and sanitation services, and helps the Afghan Red Crescent Society strengthen its capacities. It promotes accession to and national implementation of IHL treaties and compliance with IHL in military and security operations.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2018

- Access- and security-related issues that emerged in 2018 and the residual effects of attacks on ICRC staff in 2017 compelled the ICRC to adjust its activities. Its work to improve people's access to water was heavily impacted.
- Parties to the conflicts were reminded of the protection provided by IHL to civilians and medical workers; they, along with the authorities and others concerned, were asked to help facilitate humanitarian access to people in need.
- Wounded and sick people were tended to by first-aiders, or at health clinics or the Mirwais hospital, which received ICRC support to provide health services. An ICRC-funded network of taxis ferried injured people to hospital.
- Disabled people improved their mobility through the ICRC's physical rehabilitation services. Some of them pursued education and livelihoods, with the ICRC's support.
- Detainees reconnected with their relatives through the Movement's family-links services. ICRC support helped broaden access to health care and clean water, and improved living conditions, at some prisons.
- Victims of IHL violations, IDPs, and others affected by armed conflict benefited from material support provided by the Afghan Red Crescent Society and the ICRC. Female breadwinners were given vocational training and livestock.

EXPENDITURE IN KCHF

Protection	13,210
Assistance	51,868
Prevention	4,545
Cooperation with National Societies	1,560
General	984
Total	72,168
<i>Of which: Overheads</i>	<i>4,405</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	99
Resident staff (daily workers not included)	1,702

PROTECTION

CIVILIANS

Restoring family links

RCMs collected	1,563
RCMs distributed	2,519
Phone calls facilitated between family members	11,659
Tracing cases closed positively (subject located or fate established)	473

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	19
Detainees in places of detention visited	28,573
<i>of whom visited and monitored individually</i>	680
Visits carried out	59

Restoring family links

RCMs collected	2,280
RCMs distributed	797
Phone calls made to families to inform them of the whereabouts of a detained relative	128

ASSISTANCE

CIVILIANS

Economic security

		2018 Targets (up to)	Achieved
Food consumption	Beneficiaries	35,000	96,838
Income support	Beneficiaries	6,300	6,807
Living conditions	Beneficiaries	35,000	117,406

Water and habitat

Water and habitat activities	Beneficiaries	385,000	282,660
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Health

Health centres supported	Structures	47	47
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	1	1
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Physical rehabilitation

Projects supported	Projects	9	9
People benefiting from ICRC-supported projects	Aggregated monthly data	136,528	176,871

Water and habitat

Water and habitat activities	Beds	966	766
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CONTEXT

Fighting between NATO-backed Afghan armed or security forces and armed groups remained intense, especially in southern and eastern Afghanistan. A particularly fierce battle in August, over Ghazni, left dozens dead, including civilians. International military forces continued to provide technical support for local troops.

As in the past, the presence of many variously affiliated armed groups, including the Islamic State group, complicated the security situation. The Afghan government and the Islamic Emirate of Afghanistan (better known as the Taliban) observed a three-day ceasefire in June; it was the first in years. Peace talks between the two were at a very early stage.

Civilians continued to bear the brunt of the fighting: many of them were displaced, wounded or killed. They also had difficulty meeting their basic needs, or had lost their livelihoods as a direct consequence of the conflicts and/or because health, water and public services – especially in rural areas – were inadequate or dysfunctional. A number of families were dispersed by conflict, detention, migration or natural disasters. Arrests made in relation to the security situation added to the congestion in detention facilities.

Attacks on humanitarian and medical workers and facilities persisted. Humanitarian access remained difficult.

Long-delayed parliamentary elections were held in October; however, voting in some areas was postponed because of security concerns. As at year's end, official results had not been released, owing to allegations of fraud.

ICRC ACTION AND RESULTS

The ICRC delegation in Afghanistan was able to conduct many of its planned activities, while endeavouring to balance its work with risk and constraints brought by access- and security-related issues that emerged in 2018 and the attacks on its staff in 2017. Although operational adjustments and the suspension of some activities made the ICRC's work more challenging, thousands of people affected by armed conflict continued to benefit from the ICRC's efforts to address humanitarian needs.

The ICRC pursued dialogue with various actors to secure their acceptance for its neutral, impartial and independent work and gain safe access to vulnerable people. It continued to remind conflict parties to ensure that civilians and civilian objects (schools, dwellings, etc.) are protected as required by IHL, and to take measures to prevent unlawful conduct. It also reminded them to ensure people's access to basic services, permit the safe transfer of human remains, and protect medical services.

ICRC-trained first-aiders provided life-saving care; an ICRC-funded network of taxis transported seriously wounded people to hospital. Wounded or sick people in the south were treated at the Mirwais hospital, which continued to receive substantial support from the ICRC. Disabled people received physical rehabilitation services at ICRC-run centres; livelihood-support and other initiatives helped them

reintegrate into society. Primary-health-care services were available at clinics run by the Afghan Red Crescent Society and supported by the ICRC.

People affected by conflicts – including victims of IHL violations and, in some cases, of drought – received food, essential household items and cash. Vocational training and donations of livestock improved female breadwinners' prospects of earning an income. Potable water was more readily available in both rural and suburban areas after the ICRC helped repair hand pumps.

Detention-related activities in the north remained suspended. In other parts of the country, the ICRC visited detainees in accordance with its standard procedures. Findings from the visits – and recommendations, on such matters as ensuring respect for judicial guarantees, conditions of detention and medical ethics – were discussed with detaining authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Detainees contacted their families through the Movement's family-links services; family visits were arranged for thousands of detainees. Sick detainees received ICRC-funded treatment or attended medical consultations at prison clinics that received ICRC support. The ICRC also upgraded water systems and other infrastructure at certain prisons. It donated hygiene kits and winter essentials for detainees.

Following discussions with certain armed groups, the ICRC provided essential winter items for a number of people being held by these groups and enabled them to contact their families via RCMs.

National authorities were given expert assistance to draft laws for implementing IHL-related treaties. The ICRC maintained contact with various influential actors, in order to advance their understanding of IHL, persuade them to facilitate humanitarian access, and gain support for the Movement's work. It also sponsored their attendance at various events, including conferences on the points of correspondence between Islamic jurisprudence and IHL. Officers and training staff from the armed forces and the security forces, and their troops, learnt more about IHL and the ICRC at information sessions, round-tables and other events.

The Afghan Red Crescent Society remained the ICRC's main partner in assisting people in need. It continued to receive financial, material and technical support and training from the ICRC. Movement components working in Afghanistan, including the ICRC, finalized a security-and-communication framework to ensure a structured approach to protecting all Movement components in the country.

CIVILIANS

The ICRC promotes compliance with IHL

The ICRC continued to remind parties to the conflicts to ensure that civilians and civilian objects (schools, dwellings, etc.) are protected as required by IHL and other applicable law, and to take measures to prevent unlawful conduct. The ICRC urged the parties concerned – confidentially and through meetings

and written representations based on documented allegations of IHL violations – to: respect the principles of distinction, proportionality, and precaution in attack; protect persons not or no longer participating in hostilities; uphold the right of civilians to basic services, including education; and safeguard medical personnel, transport and infrastructure. Some victims of IHL violations received ICRC assistance (see below).

The Afghan Red Crescent Society and the ICRC continued to broaden awareness of the principles of the Health Care in Danger initiative among weapon bearers, health-care providers, conflict-affected communities and others, through information and training sessions. The armed forces and the ICRC discussed the subject (see *Actors of influence*).

The ICRC organized a workshop on risk reduction for one community; afterwards, it worked on adapting the workshop to match communities' needs more closely. Frequent contact made during information sessions with vulnerable people helped the ICRC reach a better understanding of their needs and respond more effectively.

Families receive the remains of relatives killed in the conflicts

The ICRC's family-links services were curtailed by the operational adjustments mentioned above. Nevertheless, members of families separated by conflict, detention or migration were able to reconnect, or search for missing relatives (see also *People deprived of their freedom*). The ICRC ascertained the fate and whereabouts of some 470 people and informed their families.

The ICRC and the National Society collected the remains of hundreds of civilians and fighters killed in the conflicts and handed them over to the families concerned. Taxi drivers who took part in the transfers were given cash. A government regulation issued in late 2017 had prevented the ICRC from serving as a neutral intermediary on such occasions earlier in the year, but this changed in April when the government provided a temporary waiver exempting the ICRC from certain requirements of the regulation. The ICRC impressed upon the authorities the necessity of ensuring that the regulation complied with IHL.

With technical support from the ICRC, the National Society and government agencies involved in managing human remains improved their practices and information management. Two forensic facilities were given the necessary equipment.

People gain access to health care and potable water

Preventive and curative care was available at 47 National Society clinics throughout the country. At these clinics – which continued to receive material and technical assistance, and/or support for infrastructural upgrades, from the ICRC – over 955,000 consultations took place and some 511,000 people were vaccinated. National Society clinic staff attended ICRC workshops on the rational use of drugs and managing childhood illnesses.

Potable water was trucked to areas affected by the fighting in Ghazni; roughly 18,200 people benefited. Over 264,000 people in conflict-affected rural and suburban areas in nine provinces improved their access to potable water after the ICRC repaired hand pumps and wells and trained water-management committees to maintain them. Only about half of the ICRC's rural or suburban and none of its urban water projects were undertaken.

Vulnerable people meet some of their economic needs

Some 8,300 displaced households and residents (58,100 people) received a month's ration of food from the National Society and the ICRC. In addition, the ICRC made an unplanned donation of food rations to the National Society's efforts to assist 5,000 drought-affected households (35,000 people). Many of those who received food rations were also given essential household items (around 9,400 households; 65,900 people).

Disabled people and their families also benefited from ICRC assistance: some 550 households (about 3,840 people) received food and hygiene items; 770 households (about 5,380 people) received firewood and other winter essentials.

Victims of IHL violations and/or their families (365 families; 4,400 individuals) were aided in cash, which helped offset the financial consequences of these violations and enabled them to pay for food, medical treatment and funerals.

Vocational training and donations of livestock improved earning prospects for over 170 female breadwinners (supporting around 1,220 people); most of them started tailoring or embroidery businesses immediately after completing the training. Disabled people also received vocational training (138 individuals) and funds for starting businesses (139 individuals supporting 973 people in total).

Some 43,400 high school students benefited from the ICRC's distribution of stationery that had been intended – but found unsuitable – for detainees. Some 1,300 young disabled persons received school supplies.

ICRC technical and financial support helped National Society volunteers to respond more effectively to humanitarian needs; ICRC workshops equipped them to assess the economic needs of communities more accurately and restore family links more efficiently.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, to monitor their treatment and living conditions. It paid particular attention to women, minors, foreigners and other vulnerable groups; 680 detainees were monitored individually. Findings and recommendations were discussed with detaining authorities to help them ensure that detainees' treatment and living conditions met internationally recognized standards. The discussions covered such subjects as preventing ill-treatment and ensuring respect for judicial guarantees; however, the planned round-tables or workshops on these topics were cancelled.

Detainees reconnect with relatives

Detainees, including foreigners, reconnected with their relatives via the Movement's family-links services. Around 5,000 detainees received family visits. The ICRC helped some detainees to inform their families of their whereabouts; it continued to remind the authorities of the importance of notifying families of the arrest or detention of relatives.

The ICRC also reminded armed groups to inform it and/or the families of people in their custody. After the ICRC's discussions with certain groups, some people held by them were able to receive essential items for winter and/or contact their families via RCMs.

Detainees obtain health services

On the ICRC's recommendation, authorities at one prison amended their policies in accordance with medical ethics: thus, detainees attended medical consultations individually and medical data was filed more securely. The ICRC provided medical supplies and advice to help the authorities at one prison to respond to hunger strikes by detainees.

Ailing and physically disabled detainees were treated at prison clinics or by ICRC health staff, and/or were referred to hospitals or other suitable facilities. The ICRC funded the treatment of three chronically ill detainees; it helped prison authorities to treat about 1,100 detainees for scabies. The clinics at the Herat and Kandahar provincial prisons improved their services with the ICRC's assistance: funding for visits from specialists and financial incentives for key staff; drugs and other medical supplies, and medical equipment; repairs to the medical-screening room at Herat and the quarantine facility at Kandahar; and expert guidance for staff, including training in drafting clinical protocols. Roughly 9,700 medical consultations were given in the two prison clinics. The clinics of two other prisons also received ICRC support.

Officials from the health and interior ministries, and from the penitentiary administration, attended an ICRC seminar on health care in places of detention. Aided by the ICRC, prison authorities trained health personnel in administering drugs and treating scabies.

Living conditions improve for some detainees

About 26,000 detainees in 12 prisons received personal-hygiene kits. Many of these detainees also benefited from ICRC-funded repairs to their facilities, including: the wastewater management system in the women's section (200 detainees) of the Herat prison; the water-supply systems at the Khost (500 detainees) and one block of the Pul-i-Charkhi (700 detainees) prisons; and the kitchen in the Nangarhar prison (1,740 detainees). Hygiene and infrastructure maintenance committees at various prisons received materials, training and other support.

About 23,800 detainees received blankets and clothes for the winter. Roughly 16,000 inmates benefited from educational and recreational materials donated by the ICRC to their places of detention.

Vocational training – to help them earn an income after their release – was provided for 54 detainees, including 30 women who also received starter kits for crocheting.

The ICRC provided financial assistance for three ex-detainees to return home after their release.

WOUNDED AND SICK

Wounded and sick people receive medical attention

Injured people were given life-saving care by first-aiders or at health clinics; a few hundred people were taken to hospital by an ICRC-funded network of taxis. The ICRC gave first-aid training – including refresher courses – and equipment to some 1,260 volunteers from the Afghan Red Crescent, taxi drivers and weapon bearers. Six private clinics run by NGOs or armed groups received ad hoc donations of drugs and other supplies for treating wounded or injured people. The health ministry and the ICRC continued to work on a system for collecting data on attacks against patients and medical personnel or infrastructure, on which to base IHL-related discussions with the parties concerned. The ICRC organized information sessions on the protection of medical services for health staff and the authorities (see also *Civilians* and *Actors of influence*).

People in southern Afghanistan accessed treatment at the Mirwais hospital, which continued to improve its services with ICRC support: supplies of drugs, medical consumables and fuel; technical guidance and training, particularly for the surgical, paediatric, gynaecological and obstetric, and biomedical departments; and assistance for covering staff salaries. Hospital administrators developed new medical protocols and a maintenance database; they also updated the hospital's mass-casualty plan. With the ICRC's assistance, the women's wards and the sewage system at the hospital were renovated, among other infrastructural improvements.

Construction of a new emergency ward at the Shiberghan hospital was completed. Other government-run hospitals received ad hoc material assistance to cope with mass-casualty incidents.

People with disabilities regain some mobility and self-sufficiency

People with disabilities improved their mobility thanks to physiotherapy given at seven ICRC-run physical rehabilitation centres, and assistive devices made with parts manufactured at an ICRC component factory; around 8,000 new patients received prostheses or orthoses. The centres were managed by ICRC-trained employees, many of whom were themselves disabled. The ICRC covered transportation costs for patients travelling from remote areas to the centres or elsewhere for specialized care.

People with spinal-cord injuries received home visits and assistance (see *Civilians*), particularly to improve the accessibility of their homes. Sports, education and livelihood activities helped ease disabled people's reintegration into society. Referrals to vocational training (for 218 people) and

microcredit financing (for 412 people) helped some of them to operate small businesses; 39 found jobs with the ICRC's help. About 220 disabled young people received home tutoring; 2,046, school supplies and financial aid for their studies; about 120, scholarships to attend university; and 303, transportation allowances for school. Several disabled people trained with ICRC-funded sports teams.

At an ICRC-supported training institution, 18 students worked on obtaining first-level technical qualification in prosthetics and orthotics; nine others obtained higher qualification. No infrastructural upgrades were completed in the centres in 2018.

ACTORS OF INFLUENCE

Authorities and influential members of civil society learn more about the ICRC's work

The ICRC, often with the Afghan Red Crescent, maintained contact with various authorities, weapon bearers, religious leaders, media professionals and community members, including beneficiaries, although the meetings were less frequent than planned owing to operational constraints. Its interaction with these actors was aimed at helping them understand IHL more fully, gaining their support for the Movement's work, and persuading them to facilitate humanitarian access. As a result of its discussions with the ICRC about neutral, impartial and independent humanitarian action, the Taliban renewed its security guarantees for the organization; thus, the ICRC was able to resume activities it had scaled back over security concerns.

The ICRC organized information sessions, courses and conferences on IHL for government officials, academics, religious scholars and others; it also sponsored their participation in conferences on IHL and Islamic jurisprudence and other events, within Afghanistan and elsewhere.

The ICRC limited its public-communication activities. Radio programmes highlighting its work in physical rehabilitation and restoring family links, or on such issues as attacks on medical personnel and facilities, continued to run. Sponsored by the ICRC, journalists attended a round-table in Kabul and a conference abroad on covering IHL-related matters. The National Society and the ICRC distributed informational materials on IHL. The National Society continued to receive support for its public-communication activities.

The justice ministry, the office of the attorney-general and other pertinent authorities were given – directly or through workshops – technical support for drafting laws to implement IHL-related treaties such as the Hague Convention on Cultural

Property and the Anti-Personnel Mine Ban Convention, and for adopting a combined law on the National Society and protection for the red cross and red crescent emblems. Afghan officials attended ICRC-organized conferences abroad, where they discussed IHL and its implementation with their regional counterparts. At one such conference (see *Iran, Islamic Republic of*), officials from the Afghan defence and foreign ministries learnt more about how a national IHL committee functions; this led to discussions with the National Society and the ICRC on creating one.

Weapon bearers strengthen their grasp of IHL

The ICRC continued to work with the armed forces and the security forces to incorporate IHL in their doctrine, training and operations. The ICRC supported army and police training units' efforts to teach their personnel the basic principles of IHL and international human rights law, through train-the-trainer sessions for their instructors. The ICRC also made recommendations – to the parties concerned – for developing an operations manual on IHL for army officers and a defence-ministry policy for protecting medical personnel and facilities; the ICRC's recommendation on the latter was taken up at round-table discussions with army officers.

Weapon bearers learnt more about IHL and the ICRC during information sessions; first-aid training at some of these sessions enabled them to treat wounded people (see *Wounded and sick*).

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent Society remained the ICRC's main partner in assisting people in need. It conducted its activities with financial, material and technical support, and training, from the ICRC. It strove to improve its application of the Safer Access Framework by incorporating the protection of medical personnel and facilities in its guidelines; training instructors on the framework; and assessing implementation by its branches. The ICRC provided the National Society's youth clubs with equipment and training to conduct information sessions on IHL and the Movement.

The National Society set up a steering committee for strengthening its legal base. The ICRC continued to provide expert advice for reinforcing the National Society's internal control mechanisms.

Movement components in Afghanistan finalized an agreement on a security-and-communication framework to ensure a structured approach to protecting all Movement components in the country.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,563			
RCMs distributed	2,519			
Phone calls facilitated between family members	11,659			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	1,075			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	896	165	170	219
<i>including people for whom tracing requests were registered by another delegation</i>	21			
Tracing cases closed positively (subject located or fate established)	473			
Tracing cases still being handled at the end of the reporting period (people)	2,913	616	604	823
<i>including people for whom tracing requests were registered by another delegation</i>	39			
Documents				
People to whom official documents were delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	19			
Detainees in places of detention visited	28,573	492	369	
Visits carried out	59			
		Women	Girls	Boys
Detainees visited and monitored individually	680	26	21	77
<i>of whom newly registered</i>	379	14	20	46
RCMs and other means of family contact				
RCMs collected	2,280			
RCMs distributed	797			
Phone calls made to families to inform them of the whereabouts of a detained relative	128			
Detainees visited by their relatives with ICRC/National Society support	4,979			
Detainees released and transferred/repatriated by/via the ICRC	3			
People to whom a detention attestation was issued	3			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS			Total	Women	Children
Economic security					
Food consumption	Beneficiaries		96,838	27,966	36,152
	<i>of whom IDPs</i>		75,691	22,648	30,262
Income support	Beneficiaries		6,807	1,756	2,713
	<i>of whom IDPs</i>		428	95	310
Living conditions	Beneficiaries		117,406	42,270	27,698
	<i>of whom IDPs</i>		63,140	18,894	25,649
Water and habitat					
Water and habitat activities	Beneficiaries		282,660	39,572	200,689
Health					
Health centres supported	Structures		47		
Average catchment population			1,066,364		
Consultations			955,661		
	<i>of which curative</i>		887,803	267,843	23,126
	<i>of which antenatal</i>		67,858		
Immunizations	Patients		510,985		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>		164,328		
Referrals to a second level of care	Patients		7,371		
	<i>of whom gynaecological/obstetric cases</i>		155		
PEOPLE DEPRIVED OF THEIR FREEDOM					
Economic security					
Living conditions	Beneficiaries		39,803	512	230
Water and habitat					
Water and habitat activities	Beneficiaries		26,188	524	262
Health					
Places of detention visited by health staff	Structures		5		
Health facilities supported in places of detention visited by health staff	Structures		4		
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>		1		
Services at hospitals reinforced with or monitored by ICRC staff					
Surgical admissions					
	Weapon-wound admissions		1,209	118	12
	(including those related to mines or explosive remnants of war)		521	70	9
	Non-weapon-wound admissions		21,309		
	Operations performed		23,316		
Medical (non-surgical) admissions			34,005	30,358	118
Gynaecological/obstetric admissions			28,491		
Consultations			447,303		
Patients whose hospital treatment was paid for by the ICRC			483,021		
First aid					
First-aid training					
	Sessions		82		
	Participants (aggregated monthly data)		1,264		
Water and habitat					
Water and habitat activities	Beds		766		
Physical rehabilitation					
Projects supported	Projects		9		
People benefiting from ICRC-supported projects	Aggregated monthly data		176,871	28,239	66,709
	<i>of whom beneficiaries of physical rehabilitation services</i>		150,288	22,532	59,114
	<i>of whom beneficiaries referred to economic programmes</i>		24,867	5,170	7,266
	<i>of whom beneficiaries of educational programmes</i>		883	248	287
	<i>of whom beneficiaries of sporting activities</i>		556	116	42
	<i>of whom beneficiaries of vocational training</i>		277	173	
New patients fitted with prostheses	Patients		1,086	122	118
Prostheses delivered	Units		4,102	435	337
	<i>of which for victims of mines or explosive remnants of war</i>		2,274	119	74
New patients fitted with orthoses	Patients		7,023	1,188	3,695
Orthoses delivered	Units		18,121	2,521	10,624
	<i>of which for victims of mines or explosive remnants of war</i>		133	4	13
Patients receiving physiotherapy	Patients		91,629	14,833	46,177
Walking aids delivered	Units		18,328	2,009	2,667
Wheelchairs or tricycles delivered	Units		1,920	279	732

BANGKOK (regional)

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

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. 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. It helps meet the need for assistive devices for people with disabilities in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- Dialogue with various authorities helped the ICRC to regain some access to prisons in Thailand after it was suspended in late 2016. It visited one prison, in accordance with its standard procedures, late in the year.
- Detainees in Cambodia benefited from upgrades to prison facilities. Some detainees, including minors, attended vocational training or educational programmes organized by local bodies or organizations and the ICRC.
- People in southern Thailand received various forms of ICRC support, which helped them strengthen their resilience to the effects of violence. Some of them, and disabled people in Cambodia, started small businesses with ICRC help.
- Disabled people in Cambodia obtained services at ICRC-supported physical rehabilitation centres. In southern Thailand, the ICRC started a programme for strengthening health structures' capacity to provide psychosocial support.
- Military and security forces in the region learnt about IHL, international human rights law and/or other applicable norms. The National Societies and the ICRC promoted humanitarian principles and IHL among various audiences.

EXPENDITURE IN KCHF

Protection	3,511
Assistance	5,520
Prevention	3,047
Cooperation with National Societies	1,057
General	1,054
Total	14,190
<i>Of which: Overheads</i>	<i>866</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	57
Resident staff (daily workers not included)	174



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,506
RCMs distributed	2,213
Phone calls facilitated between family members	209
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	28
Detainees in places of detention visited	46,420
<i>of whom visited and monitored individually</i>	45
Visits carried out	60
Restoring family links	
RCMs collected	2,944
RCMs distributed	1,431
Phone calls made to families to inform them of the whereabouts of a detained relative	9

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support	Beneficiaries	500	686
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		1
Physical rehabilitation			
Projects supported	Projects	21	2
People benefiting from ICRC-supported projects	Aggregated monthly data	12,020	12,425

CONTEXT

The situation in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR), Thailand and Viet Nam remained relatively stable, despite the persistence of socio-economic and political tensions in the countries covered by the regional delegation; various territorial disputes among neighbouring countries also persisted. Irregular migration continued to be an issue throughout the region.

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

Armed groups and the Myanmar military continued to battle each other, intermittently, along the Myanmar–Thailand border. Roughly 103,000 refugees from Myanmar were reportedly still in camps on the Thai side of the border; very few people returned voluntarily to Myanmar.

Natural disasters and the presence of mines and explosive remnants of war (ERW) in the countries covered – especially in Cambodia, the Lao PDR and Viet Nam – and in the wider region – in particular, conflict-affected areas of Myanmar – remained major sources of regional concern.

General elections were held in Cambodia in July; the ruling party retained power.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok continued to help people cope with the effects of past and current armed conflicts and/or other situations of violence. It sought to foster understanding of humanitarian principles and IHL, and broaden acceptance for them, among influential parties. It also strove to advance understanding of and strengthen acceptance for its detention-related activities, while continuing to support the Cambodian and Thai authorities' efforts to improve infrastructure and public health in prisons.

The ICRC maintained contact with detaining and other authorities in the region, with a view to gaining access to all detainees within its purview. This was especially the case in Thailand, where ICRC visits to prisons had been suspended since November 2016. It was granted access once again in the last quarter of the year; it visited one prison, in accordance with its standard procedures. The ICRC also visited people held in prisons in Cambodia, and in immigration detention centres in Thailand. It communicated its findings confidentially to the relevant authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Detainees in Cambodia and some irregular migrants in Thailand reconnected with their relatives through the Movement's family-links services. In Cambodia and Thailand, detaining authorities and others endeavoured to improve detainees' access to good-quality health services. Some detainees in Cambodia benefited from upgrades to prison facilities, carried out by prison authorities with material and technical support from the ICRC. Some detainees,

including minors, attended vocational training or educational programmes organized by local bodies or organizations and the ICRC; these programmes aimed to ease detainees' social reintegration after their release.

In southern Thailand, the ICRC continued to assist people in strengthening their resilience to the effects of violence. This took the form of microeconomic support and other assistance suited to people's needs. People with physical disabilities in Cambodia received financial and material support for starting small businesses. Mine-action authorities in the Lao PDR were given medical kits for treating injuries caused by mines and ERW. Thai and Vietnamese forensic authorities received support for enhancing their capacity to manage human remains.

Disabled people in Cambodia obtained services at two physical rehabilitation centres receiving ICRC support; they benefited from activities aimed at facilitating their socio-economic reintegration, including sporting events and scholarships for pursuing their education. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia and the Lao PDR – for instance, by supporting the authorities in drafting and implementing national standards for physical rehabilitation services. The ICRC covered the costs of treatment, in Thailand, for mine victims or people otherwise wounded during clashes in Myanmar. In southern Thailand, the ICRC started a programme for strengthening health structures' capacity to provide psychosocial support. Members of a violence-affected community received psychosocial support from the ICRC.

The ICRC continued to help military and security forces strengthen their grasp of IHL, international human rights law and/or other applicable norms. It enabled senior military officers to attend seminars and other events abroad. It organized IHL dissemination sessions for members of armed groups from Myanmar. Students tested their grasp of IHL at ICRC moot court competitions; professors and lecturers attended an ICRC workshop on teaching IHL. Public-communication efforts by the National Societies, especially in Cambodia and Thailand, and the ICRC helped the general public learn about the Movement and its work. Religious leaders and scholars discussed the points of correspondence between IHL and Islamic law at various ICRC events. Guided by the ICRC, authorities in the region took steps to broaden support for IHL and IHL-related treaties.

National Societies in the region continued, with ICRC support, to strengthen their ability to respond to emergencies, restore family links, and broaden awareness of humanitarian principles and the Movement's work.

CIVILIANS

The ICRC monitored the situation in the countries covered by the regional delegation. In all its contact with the authorities, especially in Thailand, it sought to strengthen support for humanitarian principles and the Movement; one of its main aims was to gain or maintain safe access to people in need (see also *Actors of influence*).

Victims of violence receive support adapted to their needs

The ICRC endeavoured to help communities in southern Thailand strengthen their resilience to the effects of violence. Some 50 vulnerable people were given ad hoc assistance, in kind or in cash; such support enabled 12 families to pay for their relatives' funerals. Victims of violence received support adapted to their needs: for example, people with physical disabilities were given wheelchairs or their homes made more disabled-accessible, and one small community (eight households) had better access to water after the ICRC installed a hand pump. Some people received psychosocial support (see *Wounded and sick*). The ICRC continued to provide micro-economic support for some people (see below); extension of such support to another community was hindered by human-resource and other constraints.

The Cambodian Red Cross Society and the ICRC remained prepared for the possibility of election-related violence.

People in Cambodia and Thailand earn money through small businesses

Small businesses provided an income for 73 households (nearly 380 people) in southern Thailand and 58 disabled bread-winners (supporting over 250 people) in Cambodia. The ICRC provided financial and material support for these people; it also helped some of them attend vocational training or courses in accounting and marketing.

Mine-action authorities in the Lao PDR were given medical kits for treating injuries caused by mines and ERW. Provision of technical support for their staff, including paramedics, was being discussed with them.

Forensic authorities in Thailand and Viet Nam develop their capacity to manage human remains

Members of families dispersed by past armed conflict or other violence, detention, migration or other circumstances reconnected through the Movement's family-links services. Some people filed requests to trace missing relatives. The ICRC continued to give the four National Societies technical and other support. It also continued to enable volunteers and staff to attend meetings and workshops in the countries covered or elsewhere, to strengthen their ability to restore family links, especially during emergencies and in connection with migration. At information sessions in Cambodia and the Lao PDR, prospective migrants and others learnt about the services available to people who lose contact with their relatives.

In Thailand and Viet Nam, forensic professionals and first responders learnt more about the proper handling of human remains at ICRC-organized courses and events such as information sessions (see, for example, *Pakistan*). Vietnamese forensic authorities drew on ICRC expertise to draft national guidelines for managing human remains during emergencies; the draft awaited the health ministry's approval. The ICRC organized meetings and gave technical support to help forensic authorities develop a centralized ante/post-mortem database.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained contact with detaining and other authorities in the region; one of its aims was to secure access to all detainees within its purview. It sought to resume its visits to Thai prisons, which had been suspended since November 2016. It was granted access once again in the last quarter of the year; it visited one prison, in accordance with its standard procedures.

The ICRC also visited people held in prisons in Cambodia and immigration detention centres in Thailand; particularly vulnerable people, such as irregular migrants, received special attention. The ICRC discussed its findings and recommendations confidentially with the relevant authorities, with a view to helping them ensure that detainees' treatment and living conditions met internationally recognized standards.

Detainees in Cambodia and Thailand, including irregular migrants held at Thai immigration detention centres, reconnected with their families through the Movement's family-links services. The ICRC arranged family visits in both countries for inmates held far from their homes.

Detainees in Cambodia have access to education and vocational training

Detaining authorities in Cambodia received various forms of ICRC support for improving the treatment and living conditions of detainees. They received technical advice from the ICRC in drafting budgets and managing resources more effectively. The authorities concerned and the ICRC continued to discuss the issue of overcrowding in prisons and its consequences.

Local actors and the ICRC worked together to facilitate detainees' access to education and vocational training; their aim was to ease detainees' social reintegration after their release and reduce the likelihood of recidivism. A local NGO, supported by the ICRC, conducted vocational training and personal development programmes; 60 detained minors benefited. Some 500 detainees learnt how to read, or picked up other skills, through government educational programmes.

Cambodian and Thai authorities seek to improve health care for detainees

In Cambodia and Thailand, the ICRC continued to urge the parties concerned to cooperate in providing health care in prisons. ICRC events helped detaining authorities to think of solutions for health-care provision in prisons. In Thailand, the ICRC continued to organize events for pertinent authorities and others, and provide expert advice to policy-makers. The ICRC helped organize a course on health care in prisons at a Thai university; it was attended by about 20 post-graduate students, some from neighbouring countries.

Health staff in selected Cambodian detention facilities received medical supplies and/or on-the-job training – to improve medical screening of new detainees, for instance. ICRC health teams followed up cases, and referred ailing detainees to secondary-level care where necessary. The ICRC stood ready to help the authorities during disease outbreaks and other emergencies.

Detainees in Cambodia benefit from renovations to prison facilities

Detaining authorities in Cambodia continued – with the ICRC's help – to upgrade prison infrastructure and mitigate the consequences of overcrowding. The ICRC helped engineers and prison maintenance staff to refresh their skills in assessing prison infrastructure and planning improvements. The authorities drew on ICRC expertise to revise national standards for renovating and constructing prisons. Some 10,100 detainees had better living conditions after the authorities renovated or constructed infrastructure – water and sanitation facilities, roofs, and waste-management and electric-supply systems – with material and technical support from the ICRC.

In Thailand, plans to upgrade prison facilities were cancelled because the ICRC did not have access to prisons for most of the year (see above). The ICRC focused on maintaining dialogue with detaining authorities and academics, on improving the way prisons were designed and maintained, for example.

With ICRC support, representatives from both countries – mainly detaining authorities, but also some academics – participated in a regional conference on planning and designing prisons (see *Sri Lanka*).

WOUNDED AND SICK

People in violence-affected parts of Thailand obtain health services

Community members and Thai Red Cross Society volunteers – in areas along the Thai–Myanmar border – were given first-aid training and equipment. A few people wounded in clashes in Myanmar crossed over into Thailand (see *Context*). The ICRC continued to work with a network of 11 referral hospitals on the Thai side of the border; it supported one on an ad hoc basis. It covered treatment costs for some wounded people at these hospitals. Amputees were referred to centres in Thailand or to either of two ICRC-supported physical rehabilitation centres in Myanmar (see also *Myanmar*).

In southern Thailand, mental-health professionals, emergency responders and community members – including teachers – learnt to provide psychosocial support, especially for children, at workshops organized by the health ministry; the ICRC enabled them to attend these workshops. The ICRC provided psychosocial support for 12 members of a violence-affected community.

Disabled people in Cambodia have access to physical rehabilitation

In Cambodia, some 12,200 people¹ – including mine/ERW victims – obtained good-quality services, free of charge, at two physical rehabilitation centres or through the centres' outreach programmes. The two centres received various forms of ICRC support, including donations of materials and equipment, infrastructural upgrades, and training and technical guidance for personnel. Some personnel exchanged best practices with their peers at an ICRC event held abroad.

The ICRC helped several physical rehabilitation centres and hospitals to incorporate national standards for physiotherapy in their services. The health and social affairs ministries adopted these standards – drafted with the ICRC's aid – last year. The ICRC also helped one university develop its physiotherapy course; 13 students, sponsored by the ICRC, took the course.

Disabled people participated in sporting activities such as wheelchair basketball competitions. A total of 72 people, mostly children, received scholarships to pursue their education; access ramps were installed and other infrastructural upgrades were made at two schools, to ease disabled students' means to get around. These and other activities (see *Civilians*) helped promote the social inclusion of disabled people.

Authorities in the Lao PDR take steps to improve their physical rehabilitation sector

As per the agreement they signed last year, the Lao health ministry and the ICRC endeavoured to strengthen the physical rehabilitation sector in the Lao PDR. A national strategy for physical rehabilitation was drafted – with the ICRC's help – and adopted. Health ministry officials attended workshops and seminars – on such subjects as standards for prosthetics and orthotics – in the country and elsewhere. Seven students began their studies on prosthetics and orthotics at schools in Bangkok, Thailand, and Hanoi, Viet Nam; the ICRC covered their tuition.

ACTORS OF INFLUENCE

Military and security forces personnel strengthen their grasp of pertinent norms

Military and security forces personnel in the region learnt about IHL, international human rights law and/or other norms applicable to their duties at events organized by the ICRC or with its support. First-aid training was provided at some of these events. Cadets at one military academy in the Lao PDR acquainted themselves with IHL and the ICRC. At dissemination sessions, Cambodian troops bound for peace-support operations learnt about IHL provisions and other international norms applicable to their duties.

Armed forces personnel from all four countries covered learnt how to apply IHL in their operations; the ICRC gave them expert advice and enabled them to attend various events, including some held abroad. Senior military officers strengthened their grasp of IHL by exchanging views with their counterparts at seminars and other events held abroad (see, for example, *International law and policy*).

Some armed groups, including from Myanmar, continued to draw on the ICRC's advice for applying IHL in specific situations. The ICRC organized dissemination sessions and first-aid training for some of them.

People learn more about the Movement

The ICRC maintained contact with influential members of civil society throughout the region, including religious circles in southern Thailand. It did so through bilateral dialogue and dissemination sessions – conducted with National Societies' assistance – on humanitarian principles and IHL.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

The National Societies, especially in Cambodia and Thailand, and the ICRC strove to broaden public awareness of the Movement and its work. They posted audiovisual materials on social media – about their activities in the region and the Movement’s neutral, impartial and independent humanitarian approach – and gave journalists information for articles on these subjects. The ICRC arranged events – in the region and elsewhere – at which religious leaders and scholars discussed the points of correspondence between IHL and Islamic law.

Law students and professors learnt about IHL at ICRC events. Some students tested their grasp of IHL at national and international moot court competitions (see *Beijing*). Academics attended a regional workshop in Thailand on teaching IHL. Some universities in the countries covered received ICRC support for enhancing their IHL curriculum and for other IHL-related activities.

Authorities in the region broaden support for IHL

Guided by the ICRC, authorities took steps to broaden support for IHL, for instance, by discussing IHL or IHL-related treaties with regional counterparts at conferences (see, for example, *Jakarta*). The ICRC continued to urge Cambodian and Thai authorities to establish IHL committees. It also helped the Cambodian authorities to translate the 1949 Geneva Conventions and Additional Protocols I, II and III into the local language.

The ICRC maintained dialogue with the pertinent government ministries’ ASEAN (Association of Southeast Asian Nations) departments. These discussions covered topics such as migration and dealing with disaster-related emergencies.

RED CROSS AND RED CRESCENT MOVEMENT

The four National Societies in the region continued to carry out activities with the ICRC. They drew on ICRC support to strengthen their organizational capacities; reinforce their statutes and/or legal bases; and develop their ability, for example, to respond to emergencies and restore family links (see also *Civilians* and *Wounded and sick*). Aided by the ICRC, the Cambodian National Society maintained its livelihood support for people in areas affected by mines and ERW.

With the ICRC’s help, National Society staff and volunteers learnt how to work in accordance with the Safer Access Framework. The Viet Nam Red Cross Society incorporated the framework in its code of conduct.

The Lao Red Cross, with ICRC support, raised awareness – among government officials and the general public – of the proper use of the red cross emblem; a booklet containing this information – in English and Lao – was produced and distributed. The ICRC provided the Cambodian National Society with technical and financial support to organize dissemination sessions on IHL and the Movement for some 580 army and navy personnel.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,506	4		
RCMs distributed	2,213	6		
Phone calls facilitated between family members	209			
Names published in the media	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	49	7	8	9
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases closed positively (subject located or fate established)	6			
<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)	91	22	10	12
<i>including people for whom tracing requests were registered by another delegation</i>	20			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1			
Documents				
People to whom travel documents were issued	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	28			
Detainees in places of detention visited	46,420	9,734	942	
Visits carried out	60			
		Women	Girls	Boys
Detainees visited and monitored individually	45	3	2	1
<i>of whom newly registered</i>	17	3	1	1
RCMs and other means of family contact				
RCMs collected	2,944			
RCMs distributed	1,431			
Phone calls made to families to inform them of the whereabouts of a detained relative	9			
Detainees visited by their relatives with ICRC/National Society support	223			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	686	216	273
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	10,069	907	506
Health				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		18		
Weapon-wound surgeries performed		16		
Patients whose hospital treatment was paid for by the ICRC		18		
Physical rehabilitation				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	12,425	2,107	1,769
<i>of whom beneficiaries of physical rehabilitation services</i>		12,214	2,047	1,713
<i>of whom beneficiaries referred to economic programmes</i>		58	18	
<i>of whom beneficiaries of educational programmes</i>		72	7	55
<i>of whom beneficiaries of sporting activities</i>		25	24	
<i>of whom beneficiaries of vocational training</i>		56	11	1
New patients fitted with prostheses	Patients	235	27	8
Prostheses delivered	Units	1,557	137	31
<i>of which for victims of mines or explosive remnants of war</i>		1,175	70	1
New patients fitted with orthoses	Patients	374	69	175
Orthoses delivered	Units	1,195	175	574
Patients receiving physiotherapy	Patients	6,127	934	1,530
Walking aids delivered	Units	924	129	168
Wheelchairs or tricycles delivered	Units	616	236	71

BANGLADESH

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist civilians affected by violence, including people who had fled across the border from Myanmar, and visits detainees to monitor their treatment and living conditions. It helps improve local capacities to provide physical rehabilitation services for the disabled. It promotes IHL and its implementation among the authorities, the armed and security forces and academic circles, and supports the Bangladesh Red Crescent Society in building its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- More displaced people from Myanmar than envisaged received ICRC emergency aid, and obtained health care at four facilities, supported or run by the Bangladesh Red Crescent Society and the ICRC; some residents benefited as well.
- Residents of Cox's Bazar district and the Chittagong Hill Tracts used ICRC cash grants to stabilize their economic situation. Various obstacles delayed ICRC projects to improve people's sanitary conditions and access to clean water.
- The authorities were reminded by the ICRC of the need to protect and assist vulnerable people. Briefings for military and security forces, and events with key members of civil society, helped maintain the ICRC's access to people in need.
- Prison officials curbed the spread of diarrhoeal disease at one prison with the ICRC's help. The ICRC's request to continue prison visits in 2019 was approved in advance.
- Disabled people obtained rehabilitative care at three ICRC-backed centres. Administrative constraints impeded the ICRC's upgrades and provision of other support to the emergency department of a hospital in Cox's Bazar.
- With ICRC support, the Bangladesh Red Crescent Society gave first aid to casualties of electoral violence, and helped displaced people reconnect with their relatives abroad. It led the Movement's activities for vulnerable people.

EXPENDITURE IN KCHF

Protection	3,586
Assistance	17,524
Prevention	1,563
Cooperation with National Societies	945
General	42
Total	23,660
<i>Of which: Overheads</i>	<i>1,444</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	42
Resident staff (daily workers not included)	134



ICRC delegation ICRC office

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,208
RCMs distributed	905
Tracing cases closed positively (subject located or fate established)	369
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	32,199
<i>of whom visited and monitored individually</i>	72
Visits carried out	9
Restoring family links	
RCMs collected	10

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	50,000	96,450
Income support	Beneficiaries	12,500	13,992
Living conditions	Beneficiaries	50,000	60,275
Water and habitat			
Water and habitat activities	Beneficiaries	160,000	28,797
Health			
Health centres supported	Structures	3	4
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	1
Physical rehabilitation			
Projects supported	Projects	6	6
People benefiting from ICRC-supported projects	Aggregated monthly data	2,005	4,580
Water and habitat			
Water and habitat activities	Beds	331	85

CONTEXT

Between August 2017 and December 2018, over 720,000 people fled violence – said to include killing of civilians, sexual violence, and burning of villages – in Rakhine State, Myanmar (see *Myanmar*), and sought refuge in Bangladesh; they joined the approximately 200,000 people who came before the current crisis. Despite agreements between governments of Bangladesh and Myanmar to facilitate their return, the process did not begin. Most of them stayed in Cox’s Bazar district – at camps in Teknaf and Ukhiya, and some, in shelters near or within host communities. Around 4,200 remained stranded along the Bangladesh–Myanmar border. The authorities postponed plans to relocate displaced people to an island in Bangladesh.

Many of those who fled Myanmar were destitute, injured or sick. Those at a border area had limited access to emergency aid; camps and host communities in Cox’s Bazar were overpopulated, and basic goods and services not readily available. The uncertain security conditions in camps made displaced people particularly at risk – of sexual violence, for instance. Residents in host communities struggled to regain economic stability. Heavy monsoon rains caused floods and increased public-health risks. Many families were dispersed.

Local authorities throughout Bangladesh carried out security operations against allegedly violent groups. The elections, held in December, were preceded by large-scale protests by students and others. Communal tensions persisted in the Chittagong Hill Tracts. These violent incidents damaged property and led to arrests, injuries and deaths.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the urgent needs of displaced people – in camps in Cox’s Bazar, and at an area along the Bangladesh–Myanmar border that was inaccessible to most organizations – and to assist vulnerable residents. It launched a budget extension appeal¹ in June to support primarily its expanded emergency response. Administrative obstacles, however, prevented some of its projects from being fully implemented. It conducted most of its activities with the Bangladesh Red Crescent Society, which received comprehensive ICRC support and led the Movement’s response in the country. The ICRC coordinated its work with Movement components, local authorities and other organizations.

The authorities, and military and police commanders, were reminded that they must protect vulnerable people and ensure safe access to humanitarian aid and basic services, in compliance with applicable international law. The ICRC monitored the concerns of both displaced people and residents. Where possible, it passed on allegations of unlawful conduct confidentially to the pertinent authorities, with a view to preventing such misconduct. ICRC briefings helped military and security forces in violence-prone areas learn more about international policing

standards. The ICRC’s interaction with them, and members of civil society, helped it to foster support for the Movement and IHL, and maintain its access to vulnerable people.

The ICRC distributed emergency aid for people in camps in Cox’s Bazar and at the border with Myanmar; it extended this assistance to those sheltering in orphanages and schools. As a result, more people benefited than had been envisaged. It assisted health-care services for displaced people and residents: two National Society-run mobile clinics, and two government health facilities in Teknaf and Ukhiya, were given support. Aided by the ICRC, residents in host communities, and in the Chittagong Hill Tracts, worked to stabilize their economic situation. Thanks to ICRC support, some residents and displaced people had clean water and sanitary surroundings.

The ICRC provided first-aid training and equipment for National Society personnel and other first responders. ICRC-backed National Society teams treated people injured in electoral violence. Renovations to the emergency department of the Cox’s Bazar district hospital were started; completion of this work and support to the hospital’s emergency services were postponed to 2019.

The ICRC helped make physical rehabilitation services more widely available. It covered treatment costs for the disabled people it referred to the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP), and those at a centre in the Proyash Institute of Special Education. It also provided material and technical support, and training, for all three facilities. Technicians at these facilities included graduates of an ICRC-supported prosthetics or orthotics school; ICRC-sponsored students continued their studies at the school. The ICRC provided income support for twenty-five patients. Together with national sports authorities, it trained disabled athletes and organized tournaments for them.

The ICRC visited detainees and communicated its findings and recommendations confidentially to the authorities. It secured approval – in advance – for prison visits in 2019 and to visit the same prison more than once. It helped the authorities manage a medical emergency at one prison and renovate infrastructure at several others. Under an ICRC-supported pilot project, newly admitted detainees at one prison were medically screened.

The ICRC provided support for the National Society’s family-links services for displaced people and others separated from their families. It enabled first responders to develop their ability to manage human remains, and thereby help prevent disappearances.

CIVILIANS

The authorities and the ICRC’s president discuss the concerns of vulnerable people

The ICRC reminded the authorities to ensure that vulnerable people are protected and have safe access to humanitarian aid and basic services, in compliance with applicable international law. When the ICRC’s president visited Bangladesh in July, he discussed with the authorities the humanitarian issues linked

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/texdonors.nsf/0/B565CA886A14ACD2C12582A5000D24D2/\\$File/2018_BEAREM2018_284_Bangladesh_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/texdonors.nsf/0/B565CA886A14ACD2C12582A5000D24D2/$File/2018_BEAREM2018_284_Bangladesh_Final.pdf)

to plans to facilitate the return of displaced people to Rakhine and the needs of their Bangladeshi host communities. The ICRC monitored these people's concerns. Where possible, in coordination with its delegation in Myanmar (see *Myanmar*), it communicated allegations of unlawful conduct, confidentially, to the pertinent authorities, with a view to preventing such misconduct. Military and police commanders were told about incidents of sexual violence, and threats to the safety of health workers, in camps in Cox's Bazar. Military and security officers assigned to violence-prone areas strengthened their grasp of international policing standards at ICRC sessions (see *Actors of influence*).

During information sessions, religious and community leaders gave their views on the ICRC's activities. The ICRC's interaction with these leaders, the national authorities, and military and security forces officials helped it to gather support for its work and maintain its access to violence-affected people. In coordination with other agencies, it assisted or referred victims of unlawful conduct to the appropriate services (see below).

Members of dispersed families reconnect

Members of dispersed families continued to obtain family-links services from the Bangladesh Red Crescent Society, which received various forms of ICRC support. Displaced people used RCMs to reconnect with relatives and tracing services to locate them; 369 tracing cases were resolved. Three unaccompanied minors from Myanmar were reunited with their relatives in Bangladesh. National Society personnel strengthened their capacities at ICRC family-links workshops. Together with the ICRC, they conducted information sessions on restoring family links for government officials and in various communities.

First responders – in Cox's Bazar and elsewhere – learnt how to manage human remains at ICRC training sessions; body bags were given to participants from the police. The ICRC provided the disaster-management authorities with recommendations for improving their guidelines for managing human remains; two officials attended a conference, held abroad, on forensics, with ICRC financial support.

Displaced people from Rakhine receive food and health care

In Cox's Bazar and in a border area, more people than planned received emergency aid and health care from the ICRC and the National Society. ICRC workshops helped National Society personnel develop their capacities to distribute and manage such aid.

Food was provided for a total of 96,450 people (18,772 households) – including one victim of unlawful conduct – sheltering in camps, orphanages and schools. Over 57,000 were given food parcels several times during the year; some 39,000 others, mostly new arrivals and flood-affected people, received ready-to-eat food on an ad hoc basis. In all, 60,275 people (11,917 households) were given hygiene kits, blankets, solar lamps and other essential items.

Displaced people and residents in host communities obtained primary health care at four facilities that received various kinds of ICRC support. Two National Society-run mobile clinics were

sent to camps in Teknaf and remote border areas, where they provided about 70,000 consultations. The ICRC covered some staff salaries and paid for medical supplies, at the government health facilities in Teknaf and Ukhiya (see also *Wounded and sick*). Together, the mobile clinics and these facilities referred 973 patients for further care; this included referrals from the clinics to the Teknaf government health facility. At ICRC information sessions, their staff learnt the importance of reporting threats made against health workers and facilities.

People have sturdier shelters and access to water

Around 23,800 people in camps in Cox's Bazar and in a border area benefited from infrastructural upgrades and other assistance from the ICRC. The roads in one camp were repaired; the ICRC also trucked in water to that camp and another one. Some displaced people used materials supplied by the ICRC – and were given training and financial incentives – to repair facilities in camps, and reinforce their shelters or build new ones for households headed by women or minors. Displaced people, and some residents, also benefited from improvements made by the ICRC to over 2,000 shelters.

Residents in host communities had access to water for agricultural use or more sanitary surroundings, with ICRC support: around 1,000 farmers received irrigation pumps and 500 children benefited from repairs to the sanitation facilities and yard at a school. The local authorities and the ICRC made preparations to build a sewage system in Teknaf.

The ICRC installed latrines in four villages in the Chittagong Hill Tracts; around 3,500 residents benefited. Some people learnt to operate and maintain water facilities, through workshops conducted by the authorities and the ICRC. Community members and National Society volunteers learnt about good hygiene and how to promote it in their communities.

Various administrative obstacles prevented full implementation of these projects – particularly, the construction of a sewage system in Teknaf. The ICRC did not conduct mine-risk education sessions, because there was no assessed need.

Vulnerable residents restart their businesses

In all, 2,799 vulnerable households (13,992 people) received ICRC cash grants for restarting small businesses or resuming agricultural activities; this support aimed to help them expand their sources of income. They included people affected by communal tensions in the Chittagong Hill Tracts, farmers and other residents in host communities in Cox's Bazar, and 25 disabled breadwinners referred for assistance by ICRC-supported facilities (see *Wounded and sick*). In Cox's Bazar, about 80% of the residents who received such support restarted their businesses before the end of the year; some farmers were paid to repair a water-catchment facility used for irrigation. Residents in the Chittagong Hill Tracts learnt about farming techniques and livestock management at ICRC workshops.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison staff familiarize themselves with internationally recognized standards for detention

The ICRC visited detainees and communicated its findings and recommendations confidentially to the penitentiary officials, with a view to helping them improve detainees' treatment and living conditions. In particular, it drew their attention to the needs of foreigners, women, minors and ill detainees, and provided these people with ad hoc assistance (see below). It continued to seek access to all detainees within its purview. Delayed access to prisons in 2018 and other administrative obstacles prevented the implementation of some ICRC-backed activities – particularly round-tables with health and judicial officials, and replication of a pilot project in other prisons (see below). In 2018, the home-affairs ministry approved the ICRC's request to continue visiting prisons in 2019 and to visit the same prison more than once.

Foreign detainees restored or maintained contact with relatives through RCMs relayed by the National Society and the ICRC; the ICRC, at the request of 70 people, including two minors, notified UNHCR or their embassies of their situation.

Staff from various prisons attended ICRC information sessions on internationally recognized standards for detention. Four officials from the penitentiary system and the public works ministry attended a course, abroad, in prison design, with ICRC financial support (see *Sri Lanka*).

New detainees at one prison are screened for illnesses

The authorities implemented a pilot project at the Tangail prison to improve family-links and health-care services; the ICRC provided material and technical support. They installed a telephone booth for detainees to call their families. Some 4,400 new detainees underwent medical screening. The ICRC submitted a report on the project to the authorities, with a view to helping them replicate it more effectively at other prisons.

The ICRC provided additional assistance for authorities at the Rajshahi prison to deal with an outbreak of diarrhoeal disease. Having full access to the prison, it provided detainees and staff with medical supplies, water tanks and cleaning products, and advice on hygiene. Around 20,000 detainees at various prisons had broader access to water and sanitary living conditions after the authorities, aided by the ICRC, renovated or built water, kitchen, sanitation and other facilities. Particularly vulnerable detainees received hygiene kits and recreational materials. ICRC expertise helped the authorities tackle water shortage at one prison.

WOUNDED AND SICK

Disabled people obtain services at three centres

Around 4,400 physically disabled people² – more than envisaged – obtained rehabilitative services at two CRP branches in Chattogram and Savar, and one government-run centre in the Proyash institute. The ICRC provided all three centres with technical support, and materials and equipment

for producing assistive devices. It referred 186 displaced people and residents to the two CRP branches; it identified these patients during its outreach activities in northern Bangladesh and Cox's Bazar. A total of 943 patients were fitted with orthoses; 93 wheelchairs and 265 walking aids were distributed among displaced people and others. The ICRC covered food, transportation and accommodation expenses for 460 patients.

Personnel at the centres attended ICRC workshops to strengthen their capacities in physical rehabilitation. They included ten graduates of the ICRC-supported Bangladesh Health Professions Institute; 28 people on ICRC scholarships continued their studies at the institute. A few other ICRC-sponsored students continued studying physical rehabilitation abroad.

With the ICRC's assistance, two sports associations organized training sessions for disabled people. In all, 192 people learnt how to play or teach others wheelchair basketball or cricket, and were given the necessary equipment; some were selected for the national teams in those sports. Some disabled athletes competed in international tournaments abroad.

Twenty-five patients at the CRP branch in Savar were referred to ICRC income support programmes (see *Civilians*).

National Society teams provide first aid during electoral violence

The National Society organized first-aid training for hundreds of students affiliated with political parties and religious institutions, police officers, journalists and National Society volunteers, with ICRC support; people also learnt about the Health Care in Danger initiative at these sessions. The National Society – with technical and material assistance from the ICRC – deployed teams of volunteers to various districts, including major cities, to administer first aid to people injured in electoral violence; it also trained volunteers to teach first aid. During Bishwa Ijtema – an annual gathering of Muslims – a National Society medical team, aided by the ICRC, gave consultations to over 1,000 people.

The ICRC started renovations to the emergency department of the Cox's Bazar district hospital; administrative obstacles delayed the start of this work and postponed its completion to 2019. Guided by the ICRC, a nurse developed training materials on emergency care for staff at the hospital and at the government health facilities in Teknaf and Ukhiya (see also *Civilians*). People at the Teknaf and Ukhiya facilities had more sanitary surroundings after the National Society and the ICRC cleaned septic tanks, repaired waste-treatment facilities, donated cleaning materials and trained staff in waste management.

The ICRC's ad hoc donations of medical supplies helped one hospital respond to emergencies.

2. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

ACTORS OF INFLUENCE

Military and police officials

strengthen their grasp of IHL and/or other applicable norms

Thousands of military and security forces personnel learnt more about IHL and/or international human rights law, including those governing the use of force during arrests and detention (see *People deprived of their freedom*), at ICRC training sessions; some of them were troops bound for UN peace-keeping missions and border guards. Senior officers developed their ability to teach these norms and attended IHL workshops held, abroad, by the ICRC (see *Kuala Lumpur*). Academies for police and UN peacekeepers, aided by the ICRC, incorporated key provisions of IHL and/or international policing standards, in their doctrine and training; as did the Border Guards Bangladesh and the Bangladesh Coast Guard, together with modules on first aid. At a conference organized by the authorities and the ICRC, representatives from the military and police forces, the media, universities, and the National Society discussed how to maintain public order.

Courses and workshops held abroad, and supported or organized by the ICRC, enabled government officials, academics, and religious leaders to learn more about IHL implementation and related matters (see *Lebanon* and *New Delhi*). Owing to other priorities, the national IHL committee was unable to help the authorities implement IHL-related treaties, such as those regulating the trade of arms and use of weapons. The Bengali translation of a book on managing human remains – with Islamic law and IHL in mind – was published with the ICRC's financial support; the ICRC also helped the foreign ministry translate IHL treaties into Bengali.

Academics and journalists

learn more about IHL and the Movement's activities

Representatives – mostly academics – from six countries discussed the humanitarian consequences of armed conflict and other situations of violence, among other topics, at a conference organized by the ICRC, in Dhaka, in May. Religious leaders and scholars furthered their understanding of the points of correspondence between IHL and Islamic jurisprudence, at ICRC seminars. Some 500 scholars, lawyers and journalists attended an IHL conference hosted by a university in Chattogram and the ICRC.

Journalists and the general public stayed abreast of humanitarian issues and the Movement's activities, and learnt about the emblems protected under IHL, through various means: the ICRC's information sessions, and public-communication initiatives, such as radio spots, and a photo exhibit led by the National Society.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society continued to lead the Movement's response to the needs of people from Myanmar and their host communities in Bangladesh (see above), with comprehensive support from the ICRC, the International Federation, and other National Societies. Movement partners in the country met regularly to coordinate their activities and discuss matters of common concern, such as the return of displaced people to Rakhine.

The ICRC conducted or supported first-aid and other training for National Society staff and volunteers (see *Civilians* and *Wounded and sick*). ICRC-supported workshops on the Safer Access Framework – local and regional – showed National Society personnel how to protect themselves more effectively in violent settings. The National Society recruited volunteers, and upgraded office facilities and equipment, with the ICRC's assistance.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	1,208			
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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	1,655	72	44	221
<i>including people for whom tracing requests were registered by another delegation</i>	58			
Tracing cases closed positively (subject located or fate established)	369			
Tracing cases still being handled at the end of the reporting period (people)	1,380	78	49	197
<i>including people for whom tracing requests were registered by another delegation</i>	59			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	3	1		
UAMs/SC reunited with their families by the ICRC/National Society	3	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	3		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	9			
Detainees in places of detention visited	32,199	1,110	3	
Visits carried out	9			
		Women	Girls	Boys
Detainees visited and monitored individually	72	2		2
<i>of whom newly registered</i>	69	2		2
RCMs and other means of family contact				
RCMs collected	10			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	96,450	38,849	28,292
Income support	Beneficiaries	13,992	4,272	5,508
Living conditions	Beneficiaries	60,275	24,525	17,875
Water and habitat				
Water and habitat activities	Beneficiaries	28,797	8,649	11,568
Health				
Health centres supported	Structures	4		
Average catchment population		486,768		
Consultations		99,749		
	<i>of which curative</i>	97,200	27,978	26,320
	<i>of which antenatal</i>	2,549		
Referrals to a second level of care	Patients	973		
	<i>of whom gynaecological/obstetric cases</i>	89		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	20,314	809	
Health				
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	1		
First aid				
First-aid training				
	Sessions	28		
	Participants (aggregated monthly data)	756		
Water and habitat				
Water and habitat activities	Beds	85		
Physical rehabilitation				
Projects supported	Projects	6		
People benefiting from ICRC-supported projects	Aggregated monthly data	4,580	445	2,799
	<i>of whom beneficiaries of physical rehabilitation services</i>	4,363	394	2,799
	<i>of whom beneficiaries referred to economic programmes</i>	25	1	
	<i>of whom beneficiaries of sporting activities</i>	192	50	
New patients fitted with prostheses	Patients	204	21	10
Prostheses delivered	Units	268	29	19
	<i>of which for victims of mines or explosive remnants of war</i>	10		
New patients fitted with orthoses	Patients	943	63	772
Orthoses delivered	Units	2,054	93	1,789
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	4,363	394	2,799
Walking aids delivered	Units	265	57	12
Wheelchairs or tricycles delivered	Units	93	15	8

BEIJING (regional)

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

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 National Societies in developing their capacities in restoring family links, emergency response and other relevant fields. In the Democratic People's Republic of Korea, with the National Society, it supports hospital care and contributes to meeting the need for assistive devices for people with disabilities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2018

- In the Democratic People's Republic of Korea (DPRK), people with physical disabilities received treatment at centres in Rakrang and Songrim. The ICRC provided material support for the centres and upgraded their facilities.
- Bomb-disposal personnel from the DPRK's Ministry of People Security developed their ability, through ICRC training, to treat blast-related injuries. Democratic People's Republic of Korea Red Cross personnel were trained in IHL.
- Residents in peri-urban areas of Kaesong in the DPRK had a direct water source after the DPRK Red Cross and the ICRC completed a joint project to install water pumps.
- The Red Cross Society of China developed its ability to restore family links; the ICRC conducted training for its personnel and sponsored some of them to attend workshops abroad.
- An agreement to strengthen their cooperation was signed by the Red Cross Society of China and the ICRC.

EXPENDITURE IN KCHF

Protection	150
Assistance	6,228
Prevention	5,362
Cooperation with National Societies	1,968
General	174
Total	13,883
<i>Of which: Overheads</i>	<i>847</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	59



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.

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Water and habitat			
Water and habitat activities	Beneficiaries	70,320	15,690
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	2	2
Physical rehabilitation			
Projects supported	Projects	4	5
People benefiting from ICRC-supported projects	Aggregated monthly data	3,250	3,511

CONTEXT

China restructured its central government, creating new departments and organizations. The country advocated free trade and globalization; it also continued to promote the Belt and Road Initiative. Disputes with some of its neighbours, over claims to islands and maritime areas in the South China Sea, remained unresolved.

The Democratic People's Republic of Korea (hereafter DPRK) and the Republic of Korea (hereafter ROK) held four inter-Korean summits in April, May, September and December. A declaration signed by both leaders of the Korean peninsula outlined ambitions towards the complete denuclearization of the DPRK. The DPRK leader met with the Chinese president in March, May and June, and with the president of the United States of America (hereafter US), in June.

Following the aforementioned meetings with China, the ROK and the US, the DPRK repatriated the remains of US military personnel killed during the 1950–1953 Korean War. Reunifications for several families separated by the said war also resumed, and nuclear and missile tests in the DPRK, halted. UN Security Council sanctions against the DPRK, however, remained in place.

People in the Korean peninsula continued to endure the longstanding consequences of the 1950–1953 Korean War: mines and explosive remnants of war (ERW) remained a threat in some areas of the DPRK; members of families separated during the war, most of them elderly, were unable to contact their relatives; and some human remains were still unrecovered on the Korean peninsula.

Access to water, medical care and physical rehabilitation remained precarious in the DPRK, owing to dilapidated infrastructure and an unreliable power supply. International humanitarian actors had difficulty in delivering aid to people in need, because of the UN sanctions and government-imposed restrictions on all foreign entities in the country.

Mongolia maintained diplomatic relations with China, the DPRK and the ROK.

ICRC ACTION AND RESULTS

The ICRC regional delegation in Beijing sought to expand dialogue with authorities, armed forces, and other influential parties across the region, with a view to advancing understanding of IHL and securing support for the ICRC's humanitarian activities.

The ICRC pursued partnerships with the authorities, National Societies and other relevant actors to provide assistance to vulnerable people. The Red Cross Society of the Democratic People's Republic of Korea and the ICRC completed a water and sanitation project in peri-urban areas of Kaesong, enabling residents to have direct access to a water source. The ICRC continued to support the physical rehabilitation centres in Rakrang and Songrim, by giving them supplies, training their staff, and upgrading their facilities. Two hospitals received donations of X-ray equipment.

As mines and ERW from the 1950–1953 Korean War continued to threaten public safety, the ICRC organized training in blast-trauma management for bomb-disposal personnel from the DPRK's Ministry of People Security (MoPS).

The ICRC gave the Red Cross Society of China material and financial assistance to run a physical rehabilitation centre and a repair workshop in Yunnan Province. It also provided a hospital in Sichuan with equipment and materials to enable them to produce assistive devices for disabled people. Destitute households in China undertook livelihood activities through a Chinese Red Cross programme funded by the ICRC. The Chinese Red Cross and the ICRC agreed upon a cooperation plan for 2019 that listed provision of family-links services as one of its priorities; the ICRC trained Chinese Red Cross personnel to deliver these services.

The ICRC continued to offer support to Chinese authorities' ongoing prison reforms in the form of expert advice and by facilitating study tours to detention facilities outside China. ICRC workshops enabled prison staff to learn about best practices in health care in prisons.

The ICRC strove to expand its network of contacts in China, Mongolia and the ROK. Its discussions with influential parties – government officials, military officers, academics and other members of civil society – focused on its role in tackling the humanitarian consequences of past conflict in the region and beyond.

The ICRC worked with armed forces throughout the region to help ensure that their personnel understood the basic principles of IHL and other international norms. Medical officers from the People's Liberation Army (PLA) of China attended an ICRC course in war surgery.

University students and lecturers from China, Mongolia and the ROK learnt more about IHL and humanitarian issues at ICRC workshops. The ICRC boosted its public engagement in the region by strengthening its presence in broadcast, print and online media. Journalists in China and the ROK went on ICRC-sponsored field trips abroad to observe ICRC operations; this increased media coverage of the ICRC's activities. The use of local-language online media platforms helped the ICRC reach a wider audience.

CIVILIANS

Urban residents in the DPRK gain access to water

A joint project by the DPRK Red Cross and the ICRC, to improve water supply in the Unhak quarter of Kaesong, was completed: eleven new pumps were installed in four zones, making water for household use available to 15,670 civilians. Efforts to reinforce the water supply in other cities – for instance, digging wells in Sunchon and constructing a pumping station in Jongpyong – continued. A feasibility study on alternative sources of energy did not push through, owing to technical complexities.

The ICRC provided material support for two laboratories in Donghyon and Unhak to test the quality of water. ICRC-sponsored training, locally and in France, helped 20 water technicians to plan, design and operate water and sanitation facilities.

Authorities learn more about the threat of mines and ERW

In April, the ICRC and the DPRK Red Cross trained 40 bomb-disposal personnel from the MoPS in blast-trauma management. Some of them were doctors and surgeons, mostly from military hospitals. The course aimed to develop the participants' ability to provide emergency treatment for blast-related injuries. Six MoPS officials attended training in Cambodia – with the knowledge of the UN sanctions committee – where they learnt best practices in detecting ERW. These efforts aimed to mitigate the consequences of mine and ERW incidents in the country. ICRC training in ERW and risk awareness for explosive ordnance disposal teams from the police – previously conducted with DPRK Red Cross support – did not take place, as the DPRK Red Cross did not see the need for it.

The ICRC helped the MoPS distribute posters – on the hazard-ousness of mines and ERW – in schools.

Authorities take steps to improve family-links services

The Chinese Red Cross developed its capacity to provide family-links services; the ICRC conducted basic skills training for staff and sponsored some of them to attend a workshop and a meeting abroad. The two organizations signed a four-year cooperation plan that listed the provision of family-links services as one of its priorities.

The ICRC continued to offer its services to the governments and National Societies of the DPRK and the ROK, to help restore contact between families separated by the 1950–1953 Korean War.

Destitute households undertake livelihood activities

The ICRC continued to fund the Chinese Red Cross's integrated community resilience programme, through which destitute households received cash grants for undertaking livelihood activities such as tea making, raising livestock, and planting medicinal herbs. Chinese Red Cross personnel attended ICRC workshops on assessing livelihoods and related needs. The ICRC also explored possibilities for cooperating with a local NGO to expand the scope of its assistance for people in need; it provided basic training in cash-transfer programming for 80 personnel from the NGO.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities expand their managerial capacities

The ICRC continued to offer the Chinese authorities support for ensuring that detainees' living conditions met internationally recognized standards. Senior officials from the justice ministry, sponsored by the ICRC, went on a study tour of places of detention in Spain, where they learnt more about health-care provision in prisons. A representative from the Chinese Centre for Disease Control and Prevention attended an ICRC conference – in Phnom Penh, Cambodia – on health in prisons. Twenty-nine prison health staff learnt how to better manage detainees' medical records at a workshop conducted by the justice ministry and the ICRC in Jilin province. An international seminar presented by the ICRC in Hangzhou Province enabled 50 representatives from the justice ministry – some of them senior officials – to learn from speakers from Canada and the United Kingdom about health management in prisons.

A draft agreement with the justice ministry, for a TB-control programme in Liaoning Province, was not finalized, as the ministry preferred to carry out the programme in the Guangxi Autonomous Region; the ICRC made an exploratory visit to the province.

WOUNDED AND SICK

Disabled people in Yunnan and Sichuan receive treatment

People with physical disabilities in Yunnan obtained rehabilitative services – including physiotherapy and prostheses and other assistive devices – at a physical rehabilitation centre in Kunming and a repair workshop in Malipo. Both facilities were managed by the Yunnan branch of the Red Cross Society of China, with material support from the ICRC. A combination of Chinese prosthetic technology and the ICRC's polypropylene technology was tested at the Kunming centre; the new hybrid system was found to produce high-quality prosthetic devices.

The ICRC continued to provide the centre with monthly incentives to help them keep employed personnel, thus ensuring uninterrupted services for disabled people. Technical guidance from the ICRC helped management and staff improve their services.

Equipment and materials from the ICRC enabled the prosthetics and orthotics unit of the Chengdu Second People's Hospital, in Sichuan, to treat disabled patients and produce good-quality assistive devices.

Physical rehabilitation centres in the DPRK improve their services

The Rakrang and Songrim physical rehabilitation centres in the DPRK continued to receive raw materials and components from the ICRC, which enabled them to produce 1,666 prostheses, 108 orthoses, 1,171 walking aids, and 54 wheelchairs. Owing to a lack of information available to the public, many people were not aware of the services available to them; as a result, the two centres were not able to assist as many people as planned.

ICRC staff provided on-site mentoring, and clinical guidance, for personnel at the two centres. Orthotists and prosthetists from the two centres were trained together at the Songrim centre.

With ICRC support, infrastructure renovations were completed at the Songrim centre, allowing the resumption of patient treatments and the production of orthopaedic devices. General maintenance work – for example, repairs to the roof – was carried out at the Rakrang centre.

DPRK hospitals receive equipment

The ICRC renovated X-ray rooms and donated X-ray machines to two hospitals: one in Hamhung, and another in Kaesong. Although not initially planned, the ICRC trained 22 health staff to provide medical care during emergencies.

The ICRC donated medical supplies for treating wounds to the health ministry.

ACTORS OF INFLUENCE

The ICRC sought regular contact with government and military officials, and other influential parties in the region, to advance understanding of IHL and the ICRC's neutral, impartial and independent humanitarian action; and thus to foster support for its work in the region and elsewhere.

The ICRC president met with high-level authorities during his official visit to China in June; he signed a memorandum of understanding with the Red Cross Society of China (see *Red Cross and Red Crescent Movement*). The ICRC president also visited the ROK where he met with high-level government officials, the president of the Republic of Korea National Red Cross, university professors specializing in North Korean affairs, and a representative of a private company. The meetings discussed relations between South Korea and the ICRC, which entered a new phase following the signing of a headquarters agreement in Geneva.

To further its engagement with China's business sector, the ICRC met with representatives from various corporate entities and explored possibilities for cooperation in areas of common humanitarian interest. At an event hosted by the ICRC and the Swiss embassy in Beijing, Chinese companies operating in complex environments learnt how to conduct business without exacerbating the plight of violence-affected people; this was supplemented by informational materials in the local language.

The ICRC continued to strengthen its dialogue with Shanghai Cooperation Organization to discuss possible activities to be implemented, under the memorandum of understanding signed between the two organizations.

ICRC workshops and seminars highlight IHL-related concerns

Through training and the provision of reference materials, the ICRC continued to persuade authorities in the region to advance ratification or implementation of IHL treaties. ICRC expertise helped to establish a core group on IHL promotion in Mongolia, with the Mongolian Red Cross Society as its secretariat. The Mongolian Red Cross appointed a point person for its IHL programme, who met with the ICRC to prepare for the National Society's eventual assumption of responsibility for IHL dissemination activities. The national IHL committee in the ROK was reactivated.

During meetings, workshops and regional events organized by the ICRC – sometimes with the pertinent foreign affairs ministry – government and military officials, and experts and scholars from think-tanks and academic institutions from China, Mongolia and the ROK strengthened their grasp of IHL and discussed how to disseminate or implement it.

At a seminar organized by the China Arms Control and Disarmament Association and the ICRC in Beijing, participants discussed the humanitarian consequences of the unregulated transfer of arms and the international legal framework governing the arms trade; the event was attended by representatives from military institutions and weapons- and defence-related agencies of the Chinese government.

Students and lecturers learn more about IHL

Together with universities, think-tanks, and National Societies, the ICRC conducted courses and organized lectures, and moot court competitions – including one held in Hong Kong, all of which enabled university students and lecturers from China, Mongolia, the ROK, and other participating countries, to strengthen their grasp of IHL. At a workshop organized by Korea University and the ICRC, university lecturers from China, Mongolia and the ROK explored various IHL-related subjects, such as the interplay between IHL and international human rights law.

Legal experts from China and the ROK contributed to the ICRC's project to update its commentaries on the Geneva Conventions. Korean scholars who wrote about contemporary IHL-related issues had their work published in an annual IHL journal.

With ICRC support, Chinese and Korean translations of the Geneva Conventions and their Additional Protocols were completed.

Armed forces and security forces personnel are trained in IHL and other pertinent norms

Military personnel and government officials from China, Mongolia, and the ROK strengthened their grasp of IHL and other applicable norms at regional and international workshops organized by the ICRC. Discussions at these events focused on the applicability of IHL to peacekeeping, the international rules governing military operations, maritime security, and weapons-related issues.

Peacekeepers from the PLA, and the ROK army, learnt more about IHL and the ICRC's humanitarian work during pre-deployment training conducted by the ICRC. Medical officers from the PLA attended an ICRC course in war surgery.

Senior military officers from China and the ROK attended a regional workshop in China on the maritime applicability of IHL; the workshop was organized jointly by the PLA and the ICRC.

Humanitarian activities are given broader coverage by the media

The ICRC reinforced its public engagement in the region, in particular by strengthening its presence in broadcast, print and online media in the local languages. More context-specific content – particularly audiovisual material – was produced and then promoted on social media platforms. The ICRC organized field trips for Chinese and Korean journalists in the Democratic Republic of the Congo and Bangladesh, respectively. Expanded contact with members of the media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC operations, and IHL-related subjects.

The ICRC provided the Chinese Red Cross with financial and technical support to develop its ability to broaden awareness of issues of humanitarian concern throughout the region and elsewhere.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided support for the National Societies in the region to develop their operational capacities, particularly in restoring family links, promoting IHL and humanitarian principles, and responding to emergencies.

Chinese Red Cross personnel received ICRC training for improving their delivery of family-links services. At ICRC workshops, other National Societies in the region developed their ability to restore family links during emergencies.

The ICRC arranged workshops for young beneficiaries of the Chinese Red Cross's programme on humanitarian education.

Twenty-five staff members from the DPRK Red Cross participated in an IHL workshop conducted by the ICRC. The Korean Red Cross personnel were given training pertinent to chemical, biological, radiological or nuclear events.

The ICRC and the Chinese Red Cross signed a memorandum of understanding to strengthen cooperation, within the framework of the Belt and Road Initiative.

The International Federation, the DPRK Red Cross, and the ICRC met in Pyongyang to discuss capacity building for the National Society. The ICRC sponsored senior officials from the Mongolian Red Cross Society and the DPRK Red Cross to attend the International Federation's East Asia Leadership Group meeting in Hong Kong, and take part in discussions about pressing issues of humanitarian concern in the region.

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Water and habitat				
Water and habitat activities	Beneficiaries	15,690	7,374	3,766
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Physical rehabilitation				
Projects supported	Projects	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,511	747	183
<i>of whom beneficiaries of physical rehabilitation services</i>		3,025	706	177
<i>of whom beneficiaries of sporting activities</i>		486	41	6
New patients fitted with prostheses	Patients	530	71	3
Prostheses delivered	Units	1,868	294	29
<i>of which for victims of mines or explosive remnants of war</i>		3		
New patients fitted with orthoses	Patients	941	371	148
Orthoses delivered	Units	1,159	437	162
Patients receiving physiotherapy	Patients	1,122	275	20
Walking aids delivered	Units	1,178	187	38
Wheelchairs or tricycles delivered	Units	59	5	2

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. It supports training for the authorities and other relevant actors in the management of human remains following disasters.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	739
Assistance	158
Prevention	2,864
Cooperation with National Societies	448
General	79
Total	4,288
<i>Of which: Overheads</i>	<i>262</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	45

PROTECTION

Total

CIVILIANS

Restoring family links

RCMs collected	53
RCMs distributed	77
Phone calls facilitated between family members	72
Tracing cases closed positively (subject located or fate established)	6

CONTEXT

Indonesia was elected to a two-year term on the UN Security Council, beginning on 1 January 2019. It continued to contribute to multilateral forums, notably the Organization of Islamic Cooperation, and remained actively involved in the Association of Southeast Asian Nations (ASEAN). ASEAN, which is based in Jakarta, continued to develop its capacity to coordinate the humanitarian response to emergencies in the region.

Indonesia passed a revised anti-terrorism law in 2018; reportedly, because of the revised law, more people were arrested on “terrorism” charges than in 2017. Socio-economic and communal or religious tensions, in some parts of Indonesia, occasionally led to violence, including sexual violence. Specialized medical services, such as ophthalmic care, were usually inaccessible to people in isolated and violence-prone areas.

Migrants, including asylum seekers, continued to arrive in or pass through Indonesia. Many of them were detained or stranded, their legal status uncertain; some died along the migration route.

Several earthquakes and a tsunami struck Indonesia; hundreds of people were killed and thousands injured, displaced, or reported missing.

The security situation in Timor-Leste remained relatively stable, but confrontations between the police and young people took place occasionally. Thousands of families were still seeking information about relatives who went missing during the 1975–1999 armed conflict. The Timorese authorities conducted ad hoc exhumations of the remains of people who died during the conflict.

Their limited technical capacities made it difficult for both Indonesian and Timorese authorities to identify the remains of migrants or of people who went missing in past conflict.

ICRC ACTION AND RESULTS

Authorities enhance their understanding of IHL and the Movement’s work

The ICRC’s delegation in Jakarta maintained efforts to build support for the Movement’s work within ASEAN, and among the authorities, the armed forces, the police, members of civil society, and others capable of influencing humanitarian action, in Indonesia and Timor-Leste. It sought to advance understanding of, and broaden respect for, humanitarian principles and IHL and other relevant norms among these parties.

At an ICRC-organized regional conference, some 100 representatives of governments, security forces, armed groups, religious organizations and humanitarian agencies discussed issues related to humanitarian access in the Asian context. Other ICRC workshops and events similarly fostered discussions on national and regional issues of humanitarian concern. The ICRC maintained its dialogue with ASEAN on tackling humanitarian issues; ASEAN and the ICRC released a report on strengthening humanitarian action in the region.

The ICRC held discussions with the Indonesian foreign ministry on topics of mutual concern – for instance, the impact of autonomous weapon systems and cyber warfare on civilians – to help the ministry shape the Indonesian government’s agenda in multilateral forums.

The ICRC gave expert advice and organized workshops for the pertinent authorities to advance the ratification of IHL treaties and their domestic implementation. In Indonesia, the ICRC provided support for government bodies drafting legislation to implement the Hague Convention on Cultural Property and the newly adopted Red Cross law. At an ICRC-led conference, officials from 13 countries in the Asia-Pacific region discussed implementation of the former.

At workshops – and during discussions with the National Societies and the ICRC in other settings – religious scholars learnt more about IHL and humanitarian principles, and points of correspondence with Islamic jurisprudence; and journalists broadened their knowledge of humanitarian issues and the Movement’s work. Students strengthened their grasp of IHL at competitions and through courses from ICRC-trained lecturers.

Armed forces and police personnel learn more about humanitarian principles and IHL

Indonesian prison officials developed their understanding of internationally recognized standards for detention at ICRC workshops, particularly one on health care in prisons. At the Indonesian authorities’ request, the ICRC gave advice to help them organize a regional seminar aimed at developing international norms on the treatment of elderly detainees.

The ICRC continued to provide training for the military and the police, particularly for senior officers; it also continued to guide the Indonesian and Timorese armed forces and police in incorporating IHL and other applicable norms and standards in their training and operations. Aided by the ICRC, the Indonesian armed forces revised their IHL teaching materials. ICRC briefings and presentations helped police officers – especially personnel working in violence-prone areas – to strengthen their grasp of international law enforcement standards.

Victims/survivors of emergencies and of sexual violence receive assistance

Members of families separated by armed conflict or other violence, disasters, detention or migration reconnected through the Movement’s family-links services. With the ICRC’s help, one family in Indonesia contacted and sent parcels to a relative being held at the US detention facility at Guantanamo Bay Naval Station in Cuba; other families visited relatives detained in the Philippines.

The ICRC helped forensic professionals and first responders ensure the use of best practices in managing human remains, especially during three major emergencies in Indonesia. It facilitated their attendance and that of National Society staff in training sessions and international conferences on forensics.

One hospital in Papua, Indonesia, began to implement the ICRC's recommendations for timely and appropriate medical treatment – in accordance with national guidelines – for victims of sexual violence. Quarterly meetings between local health and administrative authorities – arranged by the ICRC – helped to promote compliance with national guidelines. The Indonesian Red Cross Society prepared to launch – in 2019 – a project to raise awareness on the needs of victims/survivors of sexual violence.

Local health-care providers, the Indonesian Red Cross and the ICRC continued to work together to provide ophthalmic services for people in remote and violence-prone communities in eastern Indonesia. Roughly 2,300 people had eye tests – after which, 316 had cataract surgery and 1,042 were given spectacles. Some 170 medical staff from these provinces were trained in eye care.

The ICRC assisted the Indonesian and Timorese National Societies in strengthening their emergency preparedness, particularly their first-aid services, and in developing their organizational capacities. The ICRC also helped the Indonesian Red Cross to bolster its family-links services and evaluate its implementation of the Safer Access Framework during the multiple emergencies in Indonesia.

Drafting of a Movement contingency plan for large-scale regional emergencies was in progress at year's end.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	53			
RCMs distributed	77			
Phone calls facilitated between family members	72			
Names published on the ICRC family-links website	1,696			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	53	10	16	14
<i>including people for whom tracing requests were registered by another delegation</i>	13			
Tracing cases closed positively (subject located or fate established)	6			
<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)	141	22	45	36
<i>including people for whom tracing requests were registered by another delegation</i>	12			

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 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 2018

- The ICRC visited detainees at 18 facilities in Malaysia; it awaited authorization to repeat visits to all facilities. Findings on detainees' treatment and living conditions were communicated confidentially to the authorities.
- People in remote rural areas of the Malaysian state of Sabah learnt about first aid, health and hygiene from the Malaysian Red Crescent Society and the ICRC, which also helped them obtain access to basic medical screening.
- Members of families dispersed by migration, detention or other circumstances reconnected through family-links services provided by the Malaysian Red Crescent and/or the ICRC.
- Authorities and weapon bearers became more familiar with humanitarian principles through discussions with the ICRC, or at regional events in which the ICRC participated.
- The region's National Societies strengthened their operational capacities and pursued organizational development, with assistance from the ICRC and other Movement partners.

EXPENDITURE IN KCHF

Protection	1,792
Assistance	1,006
Prevention	3,325
Cooperation with National Societies	581
General	202
Total	6,907
<i>Of which: Overheads</i>	422

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	44

PROTECTION

CIVILIANS

Restoring family links

RCMs collected	56
RCMs distributed	90
Phone calls facilitated between family members	3,595
Tracing cases closed positively (subject located or fate established)	27

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	18
Detainees in places of detention visited	25,418
<i>of whom visited and monitored individually</i>	626
Visits carried out	28

Restoring family links

RCMs collected	97
RCMs distributed	67
Phone calls made to families to inform them of the whereabouts of a detained relative	188

CONTEXT

Migration, human trafficking and disputed maritime areas in the South China Sea continued to be prominent subjects of discussion in the region.

There were reportedly up to 4 million irregular migrants in Malaysia; in the state of Sabah, there were 1.2 million migrants of varying legal status, out of the total state population of 3.2 million; some 800,000 of these migrants were undocumented. In addition, there were some 150,000 UNHCR-registered refugees and asylum seekers in Malaysia, many of them from Myanmar. Irregular migrants were often detained or deported; in Sabah, they struggled to obtain health services.

A number of people were detained for security-related reasons in Malaysia. Overcrowding in prisons remained an issue of concern; access to health care was often insufficient.

General elections were held in Malaysia in May.

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. Its engagement with the authorities and weapon bearers – including senior ICRC officials' participation in various events in the region – helped draw attention to issues of humanitarian concern.

In Japan, national media covered the ICRC's work around the world, including its activities for people who had fled violence in Myanmar. The Japanese Red Cross Society and the ICRC sought to cooperate more closely with the private sector in promoting humanitarian principles and IHL.

The ICRC visited detainees at 18 facilities in Malaysia – ten prisons, seven immigration detention centres and, in Sabah, one place of temporary detention – to check on their treatment and living conditions; it was able to visit the ten prisons only once during the year. Working procedures for visits to detainees were discussed with the authorities.

After visiting places of detention, the ICRC discussed its findings and recommendations confidentially with the authorities concerned, and offered technical assistance for making improvements. As in past years, the ICRC organized training for junior prison officers in internationally recognized standards for detention. It conducted a workshop on prison management for senior officials from immigration detention centres.

The ICRC was unable to assist prison officials in broadening access to health care in ten prisons, as it was still awaiting authorization to repeat visits. Detainees at one prison, however, continued to benefit from past ICRC support. Equipment and supplies – and training recommendations – provided by the ICRC during an anti-scabies campaign in 2017 helped health personnel at Malaysia's main remand prison to treat nearly 4,000 detainees with scabies in 2018.

The Malaysian Red Crescent and the ICRC strove to broaden their access to vulnerable people in Sabah, particularly those in remote rural areas: to that end, they held discussions with and dissemination sessions for the authorities, police forces, and health officials. They pursued efforts to teach people – including migrants and stateless people – about first aid designed for remote areas, health, and hygiene. ICRC train-the-trainer workshops helped prepare Malaysian Red Crescent personnel to conduct these activities independently. "Health camps" organized by the Malaysian Red Crescent and the ICRC, in coordination with health officials, made basic medical screening available to community members. Supported by the ICRC, the Malaysian Red Crescent branch in Sabah continued to improve its health-related activities.

In Malaysia, members of families dispersed by migration, detention or other circumstances reconnected through family-links services provided by the Malaysian Red Crescent and/or the ICRC. The ICRC continued to support Malaysian Red Crescent personnel in strengthening their ability to provide such services.

The ICRC reaffirmed its position as an organization of reference for IHL in the region. As in past years, military and police forces in the region – including Malaysian and Singaporean peace-support troops preparing for deployment abroad – received ICRC training in IHL and other applicable norms. The ICRC had discussions with them about incorporating these norms in their decision-making. It continued to work with the National Defence University of Malaysia to set up a regional centre for military training in IHL. Senior military lawyers from 19 countries in the Asia and Pacific region attended a round-table organized in preparation for the centre's opening; they made recommendations concerning the design of the training programme and the selection of instructors.

The ICRC continued to encourage authorities in the region to incorporate key IHL provisions in domestic law. The Malaysian authorities were given expert assistance for ratifying the Arms Trade Treaty and implementing the Treaty on the Prohibition of Nuclear Weapons. The ICRC enabled government officials, academics and university students to attend IHL-related events in the region.

National Societies in the region continued to develop their ability to respond to humanitarian needs, with various forms of support from the ICRC and other Movement partners.

For administrative reasons, the ICRC's regional resource centre in Kuala Lumpur, which facilitated humanitarian diplomacy in the region, was relocated to other delegations in Asia and the Pacific by year's end.

CIVILIANS

Vulnerable people in Sabah receive health education and basic medical screening

The Malaysian Red Crescent and the ICRC sought to raise public awareness of their work, with a view to broadening their access to vulnerable people in Sabah. Dissemination sessions for and discussions with central and regional security authorities,

police personnel and health officials – including the state health minister for Sabah – emphasized the Movement’s neutral, impartial and independent humanitarian approach.

In remote rural areas of Sabah, health care of good quality remained difficult for community members – including migrants and stateless people – to access. The Malaysian Red Crescent and the ICRC sought to remedy this situation, at least partially: they organized courses in first aid designed for remote areas, health, and hygiene for more than 800 community members, including schoolchildren and teachers. National Society volunteers strengthened their ability to conduct similar courses independently, at nine ICRC train-the-trainer workshops.

People living in remote areas were given basic medical screenings at “health camps” organized by the Malaysian Red Crescent and the ICRC in coordination with health officials. Supported by the ICRC, the Malaysian Red Crescent branch in Sabah continued to improve its health-related activities.

Members of families dispersed by migration or detention reconnect

People in Malaysia used ICRC family-links services to search for or stay in touch with relatives separated from them by migration, detention or other circumstances. The families of two Malaysians being held at the US detention facility at Guantanamo Bay Naval Station in Cuba exchanged news with their detained relatives through RCMs and video calls.

At their request, several asylum seekers were referred to the UNHCR for further assistance. One person, formerly held in an immigration detention centre, received financial assistance from the ICRC to return to Nepal, where he was reunited with his family.

ICRC training helped 60 Singapore Red Cross Society volunteers to learn more about providing family-links services.

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained at 18 facilities receive ICRC visits

In Malaysia, the ICRC visited detainees at ten prisons, including a juvenile detention facility; seven immigration detention centres; and one place of temporary detention in Sabah. It was able to visit the ten prisons only once during the year. In discussions with them, the ICRC sought to help the authorities reach a fuller understanding of its working procedures for prison visits.

The ICRC checked on detainees’ treatment and living conditions and, afterwards, discussed its findings and recommendations confidentially with the authorities concerned; it offered technical assistance for making improvements. It focused on identifying and addressing the needs of detainees with specific vulnerabilities: migrants, minors, women and people who were ailing. At their request, some foreign detainees were referred to the UNHCR or their embassies for specific assistance.

Inmates restored or maintained contact with their relatives through family-links services – RCMs, phone calls and short oral messages – provided by the Malaysian Red Crescent

Society and the ICRC. The possibility of facilitating family visits for people at one immigration detention centre was raised with the authorities. The ICRC continued to guide Malaysian Red Crescent personnel’s efforts to enhance their capacities in restoring family links.

At the penitentiary authorities’ request, the ICRC helped prison officers familiarize themselves with internationally recognized standards for detention. Through dissemination sessions, some 300 junior officers learnt more about these standards – including those concerning the provision of health care – and about the ICRC’s work. The ICRC conducted a workshop – which tackled such subjects as providing health care in places of detention and enabling detainees to communicate with their families – for 36 senior officials from immigration detention centres. An ICRC reference work on water-supply systems and other infrastructure was translated into Malay and given to the officials of one immigration detention centre.

During visits to detention facilities, the ICRC distributed hygiene items, benefiting a total of 2,961 detainees.

Detainees benefit from ICRC support for treating scabies

The ICRC was not able to assist the penitentiary authorities in improving health-care delivery at the ten prisons visited, as it was still awaiting authorization to repeat visits. However, a number of detainees did benefit from past ICRC support. Health personnel at the main remand prison in Malaysia continued to use equipment and supplies provided by the ICRC during an anti-scabies campaign in 2017, and to implement the ICRC’s recommendations for training staff in the treatment of scabies. Nearly 4,000 of the roughly 5,000 detainees at the prison were treated for scabies in 2018.

Plans for supporting the improvement of health services at immigration detention centres were cancelled, as the authorities opted to prioritize other projects.

ACTORS OF INFLUENCE

Senior ICRC officials pursue humanitarian diplomacy in the region

To broaden support for the Movement’s work and foster acceptance for IHL and other applicable norms, the ICRC pursued various forms of engagement with key actors in the region – including representatives of multilateral bodies, such as the Association of Southeast Asian Nations, and others capable of influencing the humanitarian agenda.

At a regional defence summit in Singapore, attended by officials from more than 50 countries, the ICRC’s president spoke about the plight of people who had fled violence in Myanmar (see *Bangladesh and Myanmar*). Cooperation on assistance for these people was discussed in meetings between Japanese government officials and the head of the ICRC’s delegation in Myanmar, who visited Japan.

The ICRC’s vice-president also visited Japan; he met with the mayors of Hiroshima and Nagasaki to discuss their advocacy for the non-use, prohibition and elimination of nuclear weapons.

At various international events, the ICRC offered its humanitarian perspective on issues of regional interest; these events included a forum on security in the Asia and Pacific region organized by the Japanese government, and a conference on military operations and law hosted by the United States Indo-Pacific Command.

During discussions with the Malaysian defence and foreign ministries, the ICRC emphasized its neutral, impartial and independent humanitarian approach. Influential parties in Sabah, including security forces officers and health officials, learnt more about the activities of the Malaysian Red Crescent and the ICRC through dissemination sessions and discussions (see *Civilians*). The general elections limited the ICRC's efforts to strengthen relations with civil society and the media.

Japanese media covered the ICRC's activities for people who had fled violence in Myanmar, and its work in other parts of the world. The Japanese Red Cross Society and the ICRC sought to cooperate more closely with the private sector in promoting humanitarian principles and IHL in Japan.

Military and police officers add to their knowledge of IHL

The ICRC had discussions with weapon bearers in the region about incorporating IHL and other applicable norms in their decision-making. Military and police personnel, including Malaysian and Singaporean peacekeeping troops bound for overseas missions, learnt more about these norms through ICRC briefings and workshops. The ICRC also participated in bilateral and multilateral training exercises, including an annual joint exercise for American military forces and the Japan Self-Defense Forces.

The ICRC continued to work with the National Defence University of Malaysia to establish the Centre of Military and International Humanitarian Law, which would serve as a regional platform for military training. Senior military lawyers from 19 countries in the Asia and Pacific region attended a round-table organized in preparation for the centre's opening; they made recommendations concerning the design of the training programme and the selection of instructors.

The ICRC encouraged governments in the region to incorporate key IHL provisions in domestic law; it provided the Malaysian authorities with expert assistance for ratifying the Arms Trade Treaty and implementing the Treaty on the Prohibition of Nuclear Weapons. Sponsored by the ICRC, government officials and academics attended regional events on IHL implementation.

IHL continued to be taught in Malaysia; the ICRC provided support for this. A Bruneian university, which was planning to begin teaching IHL in 2019, was given IHL books and teaching tools. An event was organized with a Malaysian university to introduce the updated ICRC Commentaries on the First and Second Geneva Conventions to academics and students.

RED CROSS AND RED CRESCENT MOVEMENT

Aided by the ICRC and other Movement partners, National Societies in the region enhanced their ability to respond to humanitarian needs. The Malaysian Red Crescent continued to provide family-links services to detainees (see *People deprived of their freedom*) and, in Sabah, health education to vulnerable communities (see *Civilians*). The Japanese Red Cross began reviewing its strategy for delivering family-links services, particularly with regard to its cooperation with other parties and its role in national emergency-readiness plans. Japanese Red Cross personnel were trained in the Safer Access Framework before taking up assignments abroad. Singaporean Red Cross personnel were trained to provide family-links services (see *Civilians*); they also organized joint public-communication activities with the ICRC. Personnel from the Brunei Darussalam Red Crescent Society and the Singaporean Red Cross added to their knowledge of the Movement's Fundamental Principles through ICRC training.

The National Societies also pursued organizational development. The ICRC guided the Malaysian Red Crescent in reviewing its legal base, and facilitated discussions in this regard between the National Society and the Joint Statutes Commission in Geneva, Switzerland. The Singaporean Red Cross organized a joint fundraising initiative with the ICRC. The Bruneian Red Crescent, aided by the International Federation and the ICRC, continued to review its legal base and fundraising strategy.

Movement components in the region continued to coordinate their activities, security management and approach to civil-military relations.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	56			
RCMs distributed	90			
Phone calls facilitated between family members	3,595			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	116	1	1	19
<i>including people for whom tracing requests were registered by another delegation</i>	107			
Tracing cases closed positively (subject located or fate established)	27			
<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases still being handled at the end of the reporting period (people)	181	15	10	29
<i>including people for whom tracing requests were registered by another delegation</i>	128			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	18			
Detainees in places of detention visited	25,418	3,666	548	
Visits carried out	28			
		Women	Girls	Boys
Detainees visited and monitored individually	626	65		52
<i>of whom newly registered</i>	567	58		48
RCMs and other means of family contact				
RCMs collected	97			
RCMs distributed	67			
Phone calls made to families to inform them of the whereabouts of a detained relative	188			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	2,961	685	50
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	23		
	Participants (sum of monthly data)	898		

MYANMAR

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 violence-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 often works with the Myanmar Red Cross Society and helps it build its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- People affected by armed conflict or other situations of violence in Kachin, Rakhine and Shan, including displaced people, met their urgent needs for food, water and shelter with aid from the ICRC and/or the National Society.
- IDPs and other violence-affected people obtained health care at hospitals and other health facilities, including mobile health units in Rakhine; all these facilities received various forms of ICRC support.
- ICRC training helped prison health staff to develop their ability to tackle health-related issues. The ICRC provided prison clinics with drugs, and medical equipment and supplies.
- People with physical disabilities improved their mobility with rehabilitative care at ICRC-supported centres and services from mobile workshops and roving technicians.
- An ICRC workshop helped border guards in Rakhine to strengthen their grasp of international policing standards. Senior army officers participated in an ICRC round-table on laws applicable to asymmetric warfare.
- Restrictions on access, mainly in Kachin and Shan, and other operational constraints hindered some of the ICRC's planned activities.

EXPENDITURE IN KCHF

Protection	8,024
Assistance	37,806
Prevention	3,316
Cooperation with National Societies	3,482
General	415
Total	53,043
<i>Of which: Overheads</i>	<i>3,228</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	92
Resident staff (daily workers not included)	632



PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	763
RCMs distributed	673
Tracing cases closed positively (subject located or fate established)	429
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	51,602
<i>of whom visited and monitored individually</i>	486
Visits carried out	27
Restoring family links	
RCMs collected	3,164
RCMs distributed	1,611

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	165,000	132,951
Food production	Beneficiaries	60,000	116,215
Income support	Beneficiaries	24,500	22,562
Living conditions	Beneficiaries	142,500	208,670
Capacity-building	Beneficiaries	120	302
Water and habitat			
Water and habitat activities	Beneficiaries	115,000	234,985
Health			
Health centres supported	Structures	8	35
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	26
Physical rehabilitation			
Projects supported	Projects	6	5
People benefiting from ICRC-supported projects	Aggregated monthly data	5,000	4,992
Water and habitat			
Water and habitat activities	Beds	645	1,140

CONTEXT

Between August 2017 and December 2018, over 720,000 people fled violence in Rakhine State – which allegedly included killing of civilians, sexual violence and burning of villages – and sought refuge in Bangladesh; thousands of others were displaced within Rakhine. The violence reportedly grew out of the bolstered security operations carried out by government forces, following coordinated attacks by armed elements against police outposts in northern Rakhine in August 2017. These events further heightened communal tensions: Buddhists, Hindus, Muslims and others were all affected. The governments of Bangladesh and Myanmar reached agreements on the return of those who fled the violence, but none had taken effect at year's end.

In December 2018, fighting between an armed group in Rakhine and the army intensified, displacing roughly 3,000 people.

In Kachin and Shan States, hostilities between government forces and armed groups, or among armed groups, increased and caused displacement. In particular, intensified fighting between the army and an armed group in Kachin displaced or re-displaced about 6,800 people in April 2018.

All this made it difficult for IDPs and other violence-affected people to obtain food, water and shelter, and to maintain or restore their livelihoods. They also had limited access to health care.

Mines and explosive remnants of war (ERW) continued to endanger people in many parts of the country.

ICRC ACTION AND RESULTS

In 2018, the ICRC scaled up its response to the needs of victims of armed conflict and other violence in Myanmar. In all its interaction with the authorities, weapon bearers and others, the ICRC sought to broaden its access to people in need and secure support for IHL and for neutral, impartial and independent humanitarian action. However, restrictions on access, mainly in Kachin and Shan, and other operational constraints hindered some of the ICRC's planned activities.

People affected by conflict and other violence in Kachin, Rakhine and Shan received emergency aid from the ICRC and the Myanmar Red Cross Society: food and essential household items, and/or cash to buy basic necessities. ICRC and National Society support helped households in these States to strengthen their livelihoods. Thousands of households were given seed, fertilizer and farming tools to grow more food. The ICRC faced restrictions in providing violence-affected households in northern Rakhine with cash to help them augment their incomes or purchase necessities; it adjusted its operations by distributing household essentials and agricultural input to more people than planned. Communities affected by conflict or other violence had broader access to water or more sanitary surroundings after the ICRC renovated or built water and sanitation facilities. The ICRC also repaired or built shelters for IDPs. The fast implementation of some water- and habitat projects enabled the ICRC to reach more people in need than planned.

People within reach of ICRC-supported hospitals and health centres, including mobile health units, were given appropriate care. Where these facilities were inaccessible, people benefited from the services of community health workers, auxiliary midwives and traditional birth attendants – all of whom bolstered their skills through training organized by the ICRC and/or the health ministry. In Rakhine, the ICRC continued to support the health ministry's emergency patient transport system, which enabled Buddhist, Muslim and other communities to have safe and ready access to the Sittwe General Hospital and other facilities. Following the clashes in Rakhine in December 2018 (see *Context*), the ICRC provided additional medical supplies for health facilities in the areas affected.

People with physical disabilities improved their mobility with rehabilitative care at five centres that received comprehensive ICRC assistance. Mobile workshops and roving technicians repaired assistive devices for people who lived far from these centres. The ICRC pursued various efforts to foster the social inclusion of people with physical disabilities.

The ICRC visited – in accordance with its standard procedures – detainees at prisons or labour camps under the authority of the home affairs ministry. Findings from these visits were discussed confidentially with prison authorities, with a view to improving detainees' living conditions. The ICRC also carried on a dialogue with the authorities on systemic problems in the penitentiary system. Senior prison officials strengthened their managerial capacities at ICRC workshops. Detainees benefited from the ICRC's renovation or construction of basic infrastructure.

Dialogue, and workshops and other events, helped the authorities, weapon bearers, academics and others to advance their understanding of the Movement's work and IHL and other applicable norms. The ICRC strove to broaden public awareness of and foster support for the Movement's response to humanitarian issues in the country. It also continued to expand contact with people affected by the fighting, in order to understand their concerns more fully and promote the humanitarian services available to them.

The National Society remained the ICRC's primary partner in the country. Together with the ICRC, it conducted risk-education sessions for people in areas affected by mines/ERW. Movement components operating in Myanmar worked closely together to improve coordination and their overall emergency response.

CIVILIANS

In all its interaction with the authorities, weapon bearers and other actors, the ICRC focused on improving its access to people in need and securing support for IHL and neutral, impartial and independent humanitarian action. The authorities were reminded – through dialogue and written representations – of the necessity of respecting civilians, protecting them from unlawful conduct, and ensuring their access to basic services. However, restrictions on access, mainly in Kachin and Shan, and other operational constraints hindered some of the ICRC's planned activities.

Discussions were held with members of vulnerable communities about their protection-related needs and concerns; the ICRC's aim was to help them develop measures for self-protection.

Members of families dispersed by conflict or other violence, detention or other circumstances restored or maintained contact through the Movement's family-links services, such as RCMs and tracing services. ICRC support enabled Myanmar Red Cross Society staff to develop their family-links capacities by attending training courses and other events.

People affected by conflict and other violence boost their livelihoods

The ICRC's operations, especially in Rakhine, were scaled up and conducted in close cooperation with Movement partners, particularly the National Society and the International Federation. However, the ICRC faced restrictions in providing violence-affected households in northern Rakhine with cash to help them augment their incomes or purchase necessities; it adjusted its operations by distributing household essentials and agricultural input to more people than planned (see below). Staff and volunteers from several National Society branches strengthened their ability – through ICRC training – to implement economic-security and water-and-habitat activities.

The ICRC and/or the National Society provided material assistance for people affected by conflict and other violence in Kachin, Rakhine and Shan. Food, or cash to buy it, was given to 132,951 people (26,884 households). To help ease their living conditions, 170,485 people were given essential household items, such as hygiene kits and clothes, or cash for buying basic necessities. In addition, 28,585 IDPs in camps in Rakhine were given fuel sticks. A total of 9,600 released detainees returning home also received basic necessities, or cash to purchase them, from the ICRC (see *People deprived of their freedom*).

Households in Kachin, Rakhine and Shan boosted their livelihoods with ICRC and/or National Society support. Seed, fertilizer and tools were given to 23,224 households (116,215 people) for growing more food. Training conducted by the ICRC and local partners enabled 302 community-based animal-health workers and farmers to bolster their capacities and serve their communities. ICRC cash grants and cash-for-work projects helped 4,667 households (22,562 people) add to their incomes: for instance, some of them used these grants to start and run small businesses.

ICRC-supported health facilities provide the necessary care

People affected by conflict and other violence – such as IDPs – obtained preventive and curative care at 35 primary-health-care centres, including two mobile health units in Rakhine. The ICRC provided all these facilities with material or financial assistance, trained their staff, and/or upgraded their infrastructure. People to whom these facilities were inaccessible benefited from the services of community health workers, auxiliary midwives and traditional birth attendants, who were given the necessary training by the ICRC and/or the

health ministry. The health ministry maintained its immunization programmes with the ICRC's financial assistance. In Rakhine, patients needing more advanced treatment were referred to the Sittwe General Hospital and other facilities (see *Wounded and sick*).

Following the clashes in Rakhine in December 2018 (see *Context*), the ICRC provided additional medical supplies for health facilities in the areas affected.

The ICRC's water-and-habitat activities benefited a total of 234,985 people; the fast implementation of some projects enabled the ICRC to reach more people in need than planned. Of these, 116,831 people and 12,000 people in rural and urban areas, respectively, had better access to water or more sanitary surroundings after the ICRC renovated or constructed water and sanitation facilities. The ICRC built or repaired shelters, which benefited 13,203 IDPs in such areas as Laiza, Myitkyina and Sittwe. A total of 92,951 people benefited from the ICRC's emergency-related water-and-habitat activities – such as the provision of water filters and drinking water. Because of certain administrative impediments, some infrastructural projects at rural health centres had to be put on hold, but a few were completed.

People in mine-affected communities learn safe practices

At mine-risk education sessions conducted by the National Society and the ICRC, 47,000 people living in areas affected by mines/ERW learnt safe practices. The ICRC provided medical support for 68 mine/ERW victims (see *Wounded and sick*).

The Ministry of Social Welfare, Relief and Resettlement and the ICRC organized a workshop on international mine action standards for officials from various ministries, including the defence ministry, the home affairs ministry and the health ministry, and for National Society staff.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – detainees at prisons or labour camps under the authority of the home affairs ministry. It monitored their treatment and living conditions, with a view to ensuring that these met internationally recognized standards. Findings from the visits were discussed confidentially with the authorities concerned. During these discussions, the ICRC urged the authorities to address specific issues, such as overcrowding, the needs of particularly vulnerable inmates, and the treatment of detainees. It also carried on a dialogue with the authorities on systemic problems in the penitentiary system. Senior prison officials strengthened their managerial capacities at ICRC workshops.

Inmates restored or maintained contact with their relatives through RCMs; the ICRC sponsored family visits for 1,597 detainees – including those with relatives in Rakhine. Financial assistance from the ICRC enabled 3,061 ex-detainees to return home after their release. Thousands of released detainees also received basic necessities, or cash to purchase them, from the ICRC (see *Civilians*).

Prison authorities and staff receive ICRC support for improving health-care delivery

The ICRC helped enhance health care for detainees at eight detention facilities by conducting capacity-building training for prison health personnel and/or providing the prisons' clinics with drugs, and medical equipment and supplies. Medicines supplied by the ICRC were used to treat detainees with scabies or fungal infections. Disabled detainees were offered physical rehabilitation services. The ICRC sponsored senior officials from the health ministry and two prison doctors to attend the Asian and Pacific Conference on Prison Health, which was organized by the ICRC and held in Cambodia. The conference gave them an opportunity to discuss – with health-care experts and prison authorities from other countries in the region – various public-health issues in prisons and best practices in addressing them.

The ICRC continued to urge the home affairs ministry, the health ministry and others to work more closely together to make health care more readily available to detainees. It also discussed a number of issues with prison and health authorities: medical screening for newly arrived detainees; medical ethics; and detainees' access to suitable medical care.

The ICRC urged the pertinent authorities to facilitate educational activities for detainees. A school built by the ICRC at the Mandalay Central Prison in 2017 began offering accounting classes to detainees.

Detainees benefit from renovated or newly constructed facilities

The ICRC renovated or constructed water and sanitation facilities, and rooms for family visits, at a number of detention facilities; 11,813 detainees benefited. Infrastructural upgrades carried out by the authorities, with the ICRC's material assistance, benefited 7,813 inmates. The ICRC sought to work more closely with the prison authorities' engineering unit, to help ensure proper maintenance of prison infrastructure. It sponsored three prison officials to attend the 7th Asian Conference of Correctional Facilities Architects and Planners, which was held in Sri Lanka.

The ICRC distributed essential, recreational and other items to 50,808 detainees, to help ease their living conditions.

WOUNDED AND SICK

People affected by the fighting obtain medical assistance

First responders, health workers, members of civil-society organizations and others developed their first-aid capacities, for which the ICRC and/or the Myanmar Red Cross Society provided training and/or material support. The ICRC also organized train-the-trainer sessions for first-aid instructors.

In Rakhine, the ICRC continued to support the health ministry's emergency patient transport system, which enabled Buddhist, Muslim and other communities to have prompt and safe access to hospital care. For instance, 1,233 people in Sittwe, central Rakhine, used this system to reach the Sittwe General Hospital and 451 people in Maungdaw, northern Rakhine, used

this system to reach the Maungdaw and Buthidaung Township hospitals. The Sittwe General Hospital's outpatient referral service helped 2,776 patients to obtain specialized treatment.

ICRC support – medical supplies, infrastructural upgrades and/or capacity-building training for staff – enabled 26 hospitals in Kachin, Rakhine and Shan to continue treating people affected by the fighting. ICRC personnel kept in touch with the staff of one hospital in Laiza, Kachin, and gave them expert advice and training through video/phone calls; direct access to the hospital, however, was mainly unavailable.

People with physical disabilities improve their mobility

A total of 4,818 people¹ with physical disabilities improved their mobility with rehabilitative care at five centres that received comprehensive ICRC assistance: the Hpa-an Orthopaedic Rehabilitation Centre (HORC) run by the National Society, the Kyaing Tong facility in Shan, the Myitkyina centre in Kachin, the National Rehabilitation Hospital in Yangon, and the Yenanthar Leprosy Hospital. Plans to support a physical rehabilitation centre in Mandalay fell through because of some operational constraints. These centres provided 1,119 prostheses, 133 orthoses and 1,812 walking aids for people with physical disabilities, including mine victims. The ICRC also gave the National Rehabilitation Hospital and the Defense Services Rehabilitation Hospital financial support for making prosthetic feet. It conducted capacity-building training for selected personnel at supported centres, including newly hired prosthetists/orthotists at the Myitkyina centre and the Kyaing Tong facility. At year's end, two orthopaedic technicians were undergoing training abroad, with ICRC sponsorship.

The referral system jointly operated by the National Society and the ICRC continued to inform people with physical disabilities of the centre or service provider nearest them. Mobile workshops stationed near their communities repaired assistive devices for 1,524 disabled people living far from the HORC; people also received these services from ICRC-supported roving technicians covering remote areas in several states or regions.

The ICRC continued to help foster the social inclusion of people with physical disabilities. It made six homes disabled-accessible, and, in partnership with the Myanmar Paralympic Sport Federation, it enabled 146 people to participate in sporting events, particularly wheelchair basketball. Nineteen people with physical disabilities benefited from vocational training and nine were referred to economic programmes.

The ICRC was unable to discuss – with the health ministry – the establishment of a national steering committee to regulate the physical rehabilitation sector. However, it was able to participate in a workshop – organized by the health ministry and the WHO – on Myanmar's national rehabilitation strategy.

1. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

ACTORS OF INFLUENCE

The ICRC sought to strengthen its engagement with authorities, weapon bearers, and other key actors in Myanmar. Its aims were to foster support for its activities, and for IHL and other applicable norms, and to persuade these parties to facilitate access to communities affected by conflict and other violence (see *Civilians*). During a visit to Myanmar in June, the ICRC's president discussed the ICRC's mandate and activities with senior government officials and others wielding influence. Operational constraints, however, delayed some of the activities planned by the ICRC.

The ICRC continued to expand its contact with people affected by the fighting, in order to understand their concerns more fully and promote the humanitarian services available to them.

Weapon bearers strengthen their grasp of IHL and other applicable norms

The ICRC enabled officers from the army and the navy to attend IHL-related events in the region and beyond. These events strengthened their grasp of IHL and its applicability to their operations. For instance, a senior army officer attended a workshop, held in Abu Dhabi, on the international rules governing military operations (see *International law and policy*). Twenty-five senior army officers participated in an ICRC round-table on laws applicable to asymmetric warfare. Some 80 officers from the Defence Services Medical Academy learnt about IHL at an ICRC dissemination session. The ICRC also held meetings with the Deputy Judge Advocate's Office to explore possibilities for tackling IHL and international human rights law. Members of several armed groups learnt more about IHL and the Movement through ICRC briefings.

Border guards in Rakhine strengthened their grasp of policing standards at an ICRC workshop. One police officer and two military officers were sponsored to attend a course on rules applicable during security operations, which took place in Kathmandu, Nepal.

Students participate in moot court competitions

The ICRC sought to stimulate interest in IHL among students and their teachers, and develop local expertise as well. Students and professors, sponsored by the ICRC, took part in moot court competitions in Myanmar and elsewhere. Officials from the Office of the Judge Advocate General served as judges at a moot court competition organized by the ICRC in Myanmar. Academics sponsored by the ICRC attended a seminar held in Bangkok, Thailand, which advanced their understanding of IHL. Two local universities were given reference materials on IHL.

National Society staff, particularly in Kachin and northern Shan, learnt the basic principles of IHL at ICRC training sessions. The National Society's legal adviser continued to benefit from ICRC expertise in drafting, enacting and/or implementing legislation on the emblems protected under IHL.

The ICRC president's visit, the delegation's social media account in the local language, public-communication activities carried out jointly with the National Society, and interviews given to local and international media organizations: all this helped to broaden public awareness of – and foster support for – the Movement's response to humanitarian issues in Myanmar. The ICRC and the National Society kept members of the media abreast of developments of humanitarian concern, and organized field visits for some of them.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC, the International Federation and other Movement partners provided material, financial and/or technical support for the Myanmar Red Cross Society to strengthen its operational capacities. ICRC training helped National Society staff and volunteers to familiarize themselves with the Safer Access Framework. With the ICRC's financial assistance, the National Society trained its staff and volunteers in various areas, such as first aid, volunteer management and community-based disaster-risk reduction.

Aided by the ICRC, the National Society drafted guidelines concerning organizational development for its branches. It also established a working group to strengthen its legal bases.

The National Society and the ICRC signed a cooperation framework agreement for 2018–2020. At year's end, agreements for cooperating in specific programmes or activities were being drafted, and were scheduled for completion in 2019.

Movement components operating in Myanmar met regularly and worked closely together to improve coordination and their emergency preparedness and response, particularly in Rakhine. The ICRC sponsored National Society personnel to attend Movement meetings abroad.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total		
RCMs and other means of family contact			UAMs/SC	
RCMs collected		763		
RCMs distributed		673		
Tracing requests, including cases of missing persons			Women	Girls Boys
People for whom a tracing request was newly registered		1,538	83	34 191
<i>including people for whom tracing requests were registered by another delegation</i>		1,367		
Tracing cases closed positively (subject located or fate established)		429		
<i>including people for whom tracing requests were registered by another delegation</i>		373		
Tracing cases still being handled at the end of the reporting period (people)		1,228	77	31 173
<i>including people for whom tracing requests were registered by another delegation</i>		1,070		
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6	3	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		6	3	
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits			Women	Minors
Places of detention visited		22		
Detainees in places of detention visited		51,602	6,845	804
Visits carried out		27		
			Women	Girls Boys
Detainees visited and monitored individually		486	47	38
<i>of whom newly registered</i>		396	27	24
RCMs and other means of family contact				
RCMs collected		3,164		
RCMs distributed		1,611		
Detainees visited by their relatives with ICRC/National Society support		1,597		

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	132,951	34,571	66,469
<i>of whom IDPs</i>		40,667	10,572	20,334
Food production	Beneficiaries	116,215	30,222	58,099
<i>of whom IDPs</i>		36,510	9,495	18,253
Income support	Beneficiaries	22,562	5,864	11,281
<i>of whom IDPs</i>		4,933	1,282	2,467
Living conditions	Beneficiaries	208,670	56,563	99,526
<i>of whom IDPs</i>		94,116	26,772	42,257
Capacity-building	Beneficiaries	302	58	113
<i>of whom IDPs</i>		126	31	60
Water and habitat				
Water and habitat activities	Beneficiaries	234,985	93,986	47,011
<i>of whom IDPs</i>		68,205	27,282	13,641
Health				
Health centres supported	Structures	35		
Average catchment population		928,480		
Consultations		188,976		
<i>of which curative</i>		167,353	7,295	5,241
<i>of which antenatal</i>		21,623		
Immunizations	Patients	85,105		
<i>of whom children aged 5 or under who were vaccinated against polio</i>		38,847		
Referrals to a second level of care	Patients	1,551		
<i>of whom gynaecological/obstetric cases</i>		575		

PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	50,808	7,539	707
Water and habitat				
Water and habitat activities	Beneficiaries	19,626	2,409	201
Health				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	26		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		11		
(including those related to mines or explosive remnants of war)		6		
Non-weapon-wound admissions		341		
Operations performed		221		
Medical (non-surgical) admissions		364	144	13
Gynaecological/obstetric admissions		479	478	1
Consultations		13,670		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4,978		
Weapon-wound admissions (surgical and non-surgical admissions)		55	5	6
Weapon-wound surgeries performed		36		
Patients whose hospital treatment was paid for by the ICRC		1		
First aid				
First-aid training				
Sessions		32		
Participants (aggregated monthly data)		939		
Water and habitat				
Water and habitat activities	Beds	1,140		
Physical rehabilitation				
Projects supported	Projects	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	4,992	636	357
<i>of whom beneficiaries of physical rehabilitation services</i>		4,818	604	342
<i>of whom beneficiaries referred to economic programmes</i>		9		
<i>of whom beneficiaries of sporting activities</i>		146	29	6
<i>of whom beneficiaries of vocational training</i>		19	3	9
New patients fitted with prostheses	Patients	514	80	30
Prostheses delivered	Units	1,119	151	78
<i>of which for victims of mines or explosive remnants of war</i>		423	27	2
New patients fitted with orthoses	Patients	75	12	28
Orthoses delivered	Units	133	17	67
<i>of which for victims of mines or explosive remnants of war</i>		6		
Patients receiving physiotherapy	Patients	1,607	238	171
Walking aids delivered	Units	1,812	249	117
Wheelchairs or tricycles delivered	Units	116	21	39

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives, Nepal

Opened in 1982, the regional delegation in New Delhi seeks to broaden understanding and implementation of IHL and encourage respect for humanitarian principles among the authorities, armed forces, academics, civil society and the media. It visits detainees in the Maldives and engages in dialogue with the authorities in India on detention-related matters. In Nepal, its work focuses on helping clarify the fate of persons missing in relation to past conflict, and supporting their families. The ICRC helps improve local capacities to provide physical rehabilitation and emergency response services. It supports the development of the region's National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Military and security forces personnel, government officials and other influential stakeholders in the countries covered learnt more about IHL at events organized or supported by the ICRC, such as the Raisina Dialogue in New Delhi.
- In India and Nepal, ICRC courses organized with local partners helped strengthen capacities in emergency-room trauma care. The ICRC also trained first responders in India, Nepal and the Maldives in first aid or basic life support.
- People with physical disabilities in India and Nepal obtained good-quality treatment through ICRC-supported projects. Winners of the Enable Makeathon contests received support to further develop their innovative assistive devices.
- The Nepalese authorities were urged to address the needs of people affected by the past conflict, including missing people's families. Aided by the ICRC, victims' associations lobbied for more effective mechanisms in this regard.
- Forensic services in India and Nepal strengthened their human-remains management, with ICRC support. The world's first International Centre for Humanitarian Forensics was established by the ICRC and a forensics university in India.
- The ICRC remained without access to detainees in India, but continued to provide economic support for vulnerable families of current and former detainees. It visited detainees held in the Maldives and checked on their well-being.

EXPENDITURE IN KCHF

Protection	3,273
Assistance	4,132
Prevention	3,066
Cooperation with National Societies	1,342
General	711
Total	12,524
<i>Of which: Overheads</i>	<i>764</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	173



ICRC regional delegation ICRC mission

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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	18
RCMs distributed	34
Tracing cases closed positively (subject located or fate established)	4
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	2
Detainees in places of detention visited	46
Visits carried out	2
Restoring family links	
RCMs collected	31
RCMs distributed	9

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	2,500	5,250
Income support	Beneficiaries	1,100	699
Water and habitat			
Water and habitat activities	Beneficiaries	6,234	4,495
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	17	12
People benefiting from ICRC-supported projects	Aggregated monthly data	42,100	46,919

CONTEXT

India further raised its regional and international profile but continued to face various social, economic and security challenges. Relations with some of its neighbours remained tense, particularly because of border issues with China and Pakistan. Tensions persisted between armed militants and security forces in the state of Jammu and Kashmir, and in parts of central, eastern and north-eastern India; these often culminated in arrests, casualties or displacement. Religious tolerance in some places was put to the test.

Two government bodies in Nepal – the Commission of Investigation on Enforced Disappeared Persons (CIEDP) and the Truth and Reconciliation Commission (TRC), both formed in 2015 – endeavoured to fulfil their duty to address the needs of missing people's families, and victims/survivors of sexual and other violence during the past conflict. Their terms were further extended until 2020. After long delays, a new government was formed in the first quarter of 2018.

In the Maldives, hundreds of people linked to the political unrest that followed the arrest of the former president in 2015 remained in prison. Presidential elections took place in September; protests related to political tensions led to violence and arrests. The reintegration of returnees who were alleged to have participated in fighting abroad, and of their families, remained a political and social concern.

In the countries covered, detention or migration often led to loss of family contact.

ICRC ACTION AND RESULTS

The ICRC – most of the time in cooperation with pertinent National Societies and other local partners – sustained its efforts to help people in need, such as people with physical disabilities, vulnerable families of detainees and missing people's families; and build acceptance for IHL and the Movement among authorities, armed and security forces, members of civil society and the general public.

Sustained interaction with a wide range of influential parties, mainly in India but also in the Maldives and Nepal, helped foster support among them for the ICRC's neutral, impartial and independent humanitarian action and to widen acceptance for its activities. It also sought to broaden their understanding of IHL and other norms; and raise their awareness of pertinent humanitarian issues. Armed and security forces personnel, including troops bound for peacekeeping missions, and government officials, judges and lawyers strengthened their grasp of IHL – through training sessions, briefings, and courses on specific subjects. Various ICRC events in India and Nepal helped government officials, scholars and others to familiarize themselves with recent developments in IHL. National and regional initiatives with students stimulated academic interest in the subject.

The ICRC continued to emphasize to the Nepalese authorities the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence

through the TRC. Conflict victims' associations, aided by the ICRC, lobbied for the creation of legal and administrative mechanisms for addressing such needs. The CIEDP and others doing forensic work drew on ICRC expertise to strengthen their ability to manage and identify human remains. An Indian forensics university and the ICRC launched the International Centre for Humanitarian Forensics, the first of its kind worldwide, to develop expertise and promote cooperation in the field; the centre organized capacity-building initiatives for forensic professionals. The Nepal Red Cross Society visited missing people's families and kept them informed of developments in the search for their relatives.

In India, the Maldives and Nepal, the ICRC supported pertinent National Societies and other local partners to train first responders to provide first aid and/or basic life support; it also helped medical professionals in India and Nepal to develop their capacities in emergency-room trauma care.

People with physical disabilities in India and Nepal received specialized care through ICRC-supported physical rehabilitation projects. The ICRC provided technical and material support to physical rehabilitation centres, and trained doctors and staff, to increase the quality of care available. In cooperation with other organizations, the ICRC had organized contests in India to design innovative assistive devices; the finalists were given support for developing their products. In conjunction with disabled sports associations, the ICRC also promoted the social inclusion of disabled people through adaptive sports.

The ICRC remained without access to detention facilities in India but continued to support economically vulnerable families of current and former detainees through micro-economic initiatives. The ICRC checked on the well-being of detainees in the Maldives and communicated its findings confidentially to the authorities. It facilitated family visits for some detainees in Bhutan and India.

People separated from their families owing to detention, migration or other circumstances used the Movement's family-links services to reconnect with relatives.

The Indian, Maldivian and Nepalese National Societies bolstered their capacities with comprehensive ICRC support. The "Bhutan Red Cross Society", created in 2017, took steps towards formal recognition by the Movement. Movement components in the region met regularly to exchange information and coordinate their activities.

CIVILIANS

Members of dispersed families restore or maintain contact

Members of families separated by migration, disaster and other circumstances reconnected through the Movement's family-links services. The Nepal Red Cross and the ICRC reunited a migrant worker in Malaysia with his family in Nepal. The ICRC enabled families to visit their relatives detained in Bhutan (see *People deprived of their freedom*). The Nepal Red Cross promoted the Movement's family-links services through printed leaflets and radio spots.

The ICRC did not organize workshops on professional standards for protection work for civil society organizations in India, as it was unable to find a suitable local partner. It was unable to organize workshops on addressing migrants' concerns for Indian authorities, owing to a lack of protection dialogue with them.

Authorities are urged to address the needs of people affected by past conflict

The ICRC reminded various Nepalese authorities of the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence through the TRC. At the authorities' request, the ICRC gave its views on draft amendments to a law that recognizes victims' right to reparation. It also met regularly with other stakeholders – such as members of the National Human Rights Commission and representatives of the International Center for Transitional Justice – and advocated for the establishment of a humanitarian mechanism to facilitate the transitional justice process.

The Nepal Red Cross and the ICRC continued to collect tracing requests related to the past conflict in Nepal; they closed six such cases, four of which were resolved positively. However, the cases of 1,332 missing people remained unresolved. With ICRC support, National Society volunteers visited missing people's families and kept them abreast of developments in the search for their relatives, and of available government services.

The ICRC also helped the National Network of the Families of the Disappeared and Missing (NEFAD), the Conflict Victims Common Platform (CVCP) and others advocating the creation of legal and administrative mechanisms for addressing the needs of people affected by the past conflict. With the ICRC's support, NEFAD organized a meeting among its members and government policy-makers – and, subsequently, a round-table with the CIEDP; this resulted in all the parties agreeing on common measures for strengthening transitional justice mechanisms. The CVCP published a paper on the reparation needs of different categories of victims, which helped the Nepalese authorities reach a fuller understanding of the issue. The ICRC, in cooperation with other local partners, organized events to mark the International Day of the Disappeared. It provided some 90 relatives of missing people with transportation allowance to attend the launch of the CVCP paper or ICRC-organized events.

The International Centre for Humanitarian Forensics is officially launched

The ICRC helped increase local capacities in handling human remains properly, thereby preventing disappearances, and clarifying the fate of people who went missing. Indian and Nepalese authorities, forensic specialists and others involved in human-remains management were given body bags and other equipment, and guided on how to manage human remains with due dignity. These people, and their Bhutanese and Maldivian counterparts, attended training and other events – organized or supported by the ICRC – in specific areas such as identification of disaster victims and forensic odontology. The CIEDP

and the ICRC established a forensic coordination committee to support the process of ascertaining the fate of missing people; its members were trained and equipped to exhume human remains.

The Gujarat Forensic Sciences University and the ICRC established the International Centre for Humanitarian Forensics in India – the first institution of its kind in the world – tasked to develop expertise and promote coordination in pertinent fields. The centre organized – with ICRC support – capacity-building initiatives for disaster-management officials and forensic professionals.

In Nepal, a committee – for which the ICRC was an adviser – reviewed draft national guidelines for managing human remains after disasters. Pertinent parties in India and Nepal were urged to adapt their medico-legal frameworks in view of contemporary challenges to human-remains management – for instance, by drafting data-protection policies. Forensic institutions and government officials in Bhutan and the Maldives were engaged in dialogue on humanitarian forensics.

Some vulnerable people in India receive livelihood and health support

In Jammu and Kashmir, the ICRC gave 96 households of current or former detainees (some 480 people) financial support for starting small businesses; these helped ease former detainees' socio-economic reintegration. It referred 42 former detainees for medical treatment and/or psychosocial support.

Elsewhere, aided by the Indian Red Cross Society and the ICRC, people affected by violence or disasters regained a measure of self-sufficiency. Seed, tools and/or livestock – and training in new agricultural methods – helped 1,050 farmers (supporting 5,250 people) to produce more food; the ICRC exceeded its target because additional households requested for such assistance. Some 42 female breadwinners (supporting 129 people) were given economic aid and trained in business development; administrative constraints hampered the provision of such assistance to more people.

Young people in India have better access to potable water

The Indian Red Cross and the ICRC installed water filters and conducted information sessions – on good hygiene and proper storage of water – at 49 schools; as a result, some 4,500 students had better access to safe drinking water and were less at risk of disease or illness. An energy institute and the ICRC drafted plans for a training course on installing solar panels to help destitute young people acquire employment. The ICRC searched for local partners and made preparations in designing toilets for disabled people.

The ICRC gave the Indian Red Cross technical and financial support for implementing their joint projects (see above).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC focused on working with detaining authorities and giving them technical support. In India, a police bureau requested and received the ICRC's observations on a research paper on designing high-security facilities. The ICRC organized

dissemination sessions on international policing standards for Indian police officers (see *Actors of influence*). It planned to support the Maldivian correctional services' activities to improve detention conditions; however, the implementation of these activities was hindered by the rise in election-related tensions (see *Context*). The situation also prevented the ICRC from visiting places of detention for most of the year. It regained access to detention facilities only in December, when it visited detainees in two such facilities in accordance with its standard procedures.

Detainees reconnect with their relatives

Some detainees in the countries covered reconnected with relatives via the Movement's family-links services. With the authorities' permission, detainees in Nepal – including foreigners – made use of family-links services provided by the Nepal Red Cross with ICRC support. The ICRC arranged family visits for 74 people held in India in relation to the situation in Jammu and Kashmir, and for ten detainees in Bhutan.

In India, former detainees, and families of current and former detainees, received economic or health-related assistance from the ICRC (see *Civilians*).

WOUNDED AND SICK

Local emergency services bolster their capacities

More than 600 people in India, Nepal and the Maldives – including National Society staff and volunteers – learnt how to administer first aid or basic life support, or instruct others in doing so; some of them received protective equipment. They did so through seminars organized by the health authorities, the ICRC's partner NGOs, the National Societies concerned and/or the ICRC. In India, these trainees worked in tension-prone areas; and in the Maldives, they responded to unrest during the elections. Indian Red Cross volunteers also learnt about the Movement's Fundamental Principles and the emblems protected under IHL. The "Bhutan Red Cross Society" and the National Societies in India and the Maldives also received ICRC technical support for strengthening their first-aid capacities.

Training organized by local partners and/or the ICRC enabled more than 250 doctors in India and Nepal to develop their capacities in emergency-room trauma care; some of them became trainers themselves. An international health institute in India, with technical support from the ICRC, hosted a course on health emergencies in large populations; it was attended by medical and other professionals from the countries covered. Associations of missing people's families did not carry on with their request for the ICRC to train them on addressing the health needs of their members.

Disabled people obtain physical rehabilitation of good quality

Some 47,000 people¹ improved their mobility through treatment and/or assistive devices provided by physical rehabilitation centres – eight in India, including one managed by the Indian Red Cross, and two in Nepal; these centres and clinics received materials, equipment and technical support

from the ICRC. The ICRC also supported some local clubfoot clinics. It covered expenses – for assistive devices, treatment, transport, and accommodation – for destitute patients in India; and referred nearly 600 patients from Nepal to economic programmes. The ICRC's planned support for the Maldivian Red Crescent's physical rehabilitation services did not push through, as the latter focused on responding to unrest during the elections.

The ICRC helped to ensure the sustainability and accessibility of good-quality physical rehabilitation services, by sponsoring staff training, providing expert advice, and fostering innovation. In India, doctors refreshed their skills in treating clubfoot, staff from the supported centres were trained in providing wheelchair services, and wheelchair users were trained in instructing other wheelchair users on such topics as health and mobility. In Nepal, two professionals from a supported centre started taking part in advanced courses abroad, with the ICRC's help. Finalists in the first (2015–2016) and second (2017–2018) editions of the Enable Makeathon in India were given financial, material and/or technical assistance to test and refine their products, with a view to bringing them to market. The ICRC extended such assistance directly, or referred the teams to other organizations who could provide them.

Aided by the ICRC, two wheelchair sports associations in India organized tournaments and/or training camps in basketball and cricket for disabled athletes. The ICRC also sponsored some disabled athletes to compete in adaptive sports held locally or abroad; it also provided equipment to a sports team in India.

ACTORS OF INFLUENCE

Decision-makers strengthen their grasp of IHL and humanitarian issues

Authorities and other decision-makers, and representatives of multilateral organizations, enhanced their understanding of IHL, humanitarian principles and the ICRC's humanitarian work through various events. For instance, during a session sponsored by the ICRC at the annual Raisina Dialogue in New Delhi, roughly 1,200 participants broadened their awareness of evolving methods of warfare and their implications for IHL. This event also enabled the ICRC to communicate its position on other humanitarian issues, and to promote humanitarian action to a large audience of influential figures. Government officials and researchers from India took part in a panel – organized by a think-tank and the ICRC – on IHL and autonomous weapons. The ICRC's regional delegation in New Delhi supported an ICRC conference held in the Islamic Republic of Iran for government officials from different countries on the applicability of IHL to new weapons technologies.

In Nepal, the ICRC urged ratification and/or implementation of IHL-related treaties – particularly the Hague Convention on Cultural Property and its Protocols, the 1977 Additional Protocols, and the Convention on Certain Conventional Weapons; it also urged the national IHL committee to help the authorities in this process. Officials from various ministries met with the ICRC and discussed accession to the Convention on Cultural Property. The ICRC also held meetings with the national IHL committee and the defence ministry, on finalizing

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

a draft bill on the Geneva Conventions. The ICRC offered expert advice for drafting amendments to the CIEDP and the TRC acts.

Military and police forces learn more about pertinent international norms and standards

At workshops organized or supported by the ICRC, military and security forces personnel in India and Nepal advanced their understanding of IHL, international policing standards and other applicable norms; these workshops included discussions of an ICRC study on the roots of restraint in war. In India, the ICRC organized or supported seminars – on the applicability of IHL to maritime operations, modern warfare and peacekeeping – for military personnel stationed in the country or bound for deployment elsewhere. The Centre for UN Peacekeeping and the ICRC conducted an international workshop on the protection of civilians in peacekeeping operations, held in New Delhi, for military officers from 23 countries. Sponsored by the ICRC, Nepalese military officials attended regional workshops such as one on international rules governing military operations (see *International law and policy*).

Members of the academic community discuss IHL topics

The ICRC strove to stimulate academic interest in IHL in India, Nepal and elsewhere in the region. It organized various events, local and international training sessions, including an advanced IHL course for South Asian academics, moot court competitions for students and teacher-training programmes for actors involved in implementing IHL – government officials, religious leaders, members of academia, for example. The events covered topics such as peacekeeping and peacebuilding, transitional justice and common humanitarian principles between IHL and certain religions.

The ICRC sponsored some senior editors from India and Nepal to attend a conference in Bangkok on humanitarian reporting in the digital age. Several university libraries in India were given reference materials on IHL and the ICRC.

The general public throughout the region learnt about IHL and the ICRC from broadcast media, the New Delhi regional delegation's blog and other online platforms, and printed materials – in English and local languages – distributed by the delegation's resource centre.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies bolster their capacities with ICRC support

The Indian, Maldivian and Nepalese National Societies and the “Bhutan Red Cross Society” carried out their work, and strengthened their organizational capacities, with comprehensive ICRC support. The ICRC and the International Federation seconded staff members to the Indian Red Cross to fill gaps in human resources. The ICRC supported the Indian National Society's youth activities and its efforts to incorporate the Safer Access Framework in its work. It guided the Maldivian Red Crescent's preparations for the elections, and provided technical support for strengthening capacities in first aid, resource mobilization, and forensics. It also aided the Indian, Maldivian and Nepalese National Societies' public-communication efforts.

The Indian Red Cross worked on revising its statutes, and the Nepal Red Cross on translating a draft law on its legal status into the local language. The “Bhutan Red Cross Society”, created in 2017, was counselled by an ICRC legal adviser on the process of securing formal recognition as a National Society.

The ICRC and the Nepalese Red Cross signed a partnership agreement concerning efficient mobilization of resources and the Safer Access Framework. Movement components in the region met regularly to exchange information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	18			
RCMs distributed	34			
Names published in the media	1,333			
Names published on the ICRC family-links website	1,335			
Reunifications, transfers and repatriations				
People reunited with their families	1			
<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	6		1	
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	4			
Tracing cases still being handled at the end of the reporting period (people)	1,562	165	70	156
<i>including people for whom tracing requests were registered by another delegation</i>	2			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	2			
Detainees in places of detention visited	46	3	2	
Visits carried out	2			
RCMs and other means of family contact				
RCMs collected	31			
RCMs distributed	9			
Detainees visited by their relatives with ICRC/National Society support	84			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	5,250	1,792	1,758
Income support	Beneficiaries	699	237	236
Water and habitat				
Water and habitat activities	Beneficiaries	4,495		4,495
PEOPLE DEPRIVED OF THEIR FREEDOM				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	21		
	Participants (aggregated monthly data)	652		
Physical rehabilitation				
Projects supported	Projects	12		
People benefiting from ICRC-supported projects	Aggregated monthly data	46,919	15,913	8,206
<i>of whom beneficiaries of physical rehabilitation services</i>		46,338	15,722	8,179
<i>of whom beneficiaries referred to economic programmes</i>		581	191	27
New patients fitted with prostheses	Patients	603	122	37
Prostheses delivered	Units	895	161	71
<i>of which for victims of mines or explosive remnants of war</i>		26	6	
New patients fitted with orthoses	Patients	7,079	1,879	2,758
Orthoses delivered	Units	11,122	2,779	5,085
<i>of which for victims of mines or explosive remnants of war</i>		21	2	14
Patients receiving physiotherapy	Patients	19,190	5,273	5,060
Walking aids delivered	Units	4,971	1,239	613
Wheelchairs or tricycles delivered	Units	582	111	161

PAKISTAN

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan. Through its dialogue with the authorities, it encourages the provision of medical services to 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 people with physical disabilities while working with the Pakistan Red Crescent in such areas as first aid and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2018

- Physically disabled people obtained rehabilitative care at ICRC-supported centres. A government-registered private entity made preparations to take over the ICRC's task of distributing raw materials to physical rehabilitation centres.
- CODE Pakistan and the ICRC presented the findings and recommendations of their study, on overcrowding in Pakistani prisons, to government representatives, criminal-justice officials and others.
- At the urging of the ICRC and its local partners, the authorities in Sindh made amendments to an ordinance on motor vehicles, in order to prevent the obstruction of ambulances and ensure their right of way.
- Despite administrative complications in relation to the merge of the former FATA with KP, doctors and other medical staff strengthened their capacities in emergency-room trauma care and/or wound surgery through ICRC courses.
- Guided by the ICRC, some universities included IHL or material on the points of correspondence between IHL and Islamic law in their curricula.

EXPENDITURE IN KCHF

Protection	1,976
Assistance	9,601
Prevention	2,889
Cooperation with National Societies	1,814
General	266
Total	16,547
<i>Of which: Overheads</i>	<i>1,010</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	247



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.

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	83
RCMs distributed	242
Phone calls facilitated between family members	2,101
Tracing cases closed positively (subject located or fate established)	52
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>

ASSISTANCE	2018 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries	413
Health		
Health centres supported	Structures	1
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	4
Physical rehabilitation		
Projects supported	Projects	35
People benefiting from ICRC-supported projects	Aggregated monthly data	58,677

CONTEXT

Military and police operations against armed groups, less intense than in previous years, continued in various parts of Pakistan, including Khyber Pakhtunkhwa (hereafter KP). Public gatherings and civilian infrastructure – schools, hospitals and places of worship – remained targets of violent attack, particularly in Balochistan and KP. Some of these attacks, for which various armed elements claimed responsibility, were related to the general elections held in July 2018.

The administrative merge of the former Federally Administered Tribal Areas (FATA) with KP progressed. By the end of 2018, most displaced people had returned to their places of origin in the former FATA, after the conclusion in 2016 of a major military operation there.

Mines and explosive remnants of war (ERW) continued to endanger certain communities, particularly in Balochistan, KP, and Pakistan-administered Kashmir.

Clashes and/or shelling occurred regularly along Pakistan's borders with Afghanistan, India and the Islamic Republic of Iran.

International humanitarian organizations had little operational presence in Pakistan. Regulations on international NGOs, introduced by the government in 2016, resulted in many of those NGOs leaving the country because of the denial of registration.

ICRC ACTION AND RESULTS

While addressing the needs of violence-affected communities in Pakistan, the ICRC concentrated on the activities listed in the 1994 headquarters agreement and on others agreed upon with the government. It worked closely with the Pakistan Red Crescent and other local partners to reach more people. The delegation remained a logistical hub for ICRC operations in the country and elsewhere.

In order to help realize the objectives of the Health Care in Danger initiative, the ICRC and its partners continued to advocate protection for those seeking or providing health services. At the urging of the ICRC and its local partners, the authorities in Sindh made amendments to an ordinance on motor vehicles, in order to prevent the obstruction of ambulances and ensure their right of way. The ICRC and some universities in the Islamabad, KP, Punjab and Sindh conducted an inter-provincial study on violence against health-care personnel and facilities, with a view to developing evidence-based measures to deal with or prevent attacks. Emergency responders and other health staff attended ICRC courses, including train-the-trainer sessions, on dealing with violence in health facilities.

Medical officers, community health workers and paramedics in Muzaffarabad learnt how to instruct patients and their relatives in managing and preventing diabetes; they did so through training organized by the health ministry, the Diabetes

Centre and the ICRC. The ICRC provided support for the Basic Health Unit in Muzaffarabad to bolster its services; it helped the health unit set up a basic laboratory for testing blood sugar levels. With the ICRC's assistance, the Pakistan Red Crescent established emergency response teams – to provide first aid to people affected by emergencies – in several of its provincial headquarters. The Lady Reading Hospital and the Jamrud Civil Hospital were given support for treating violence-affected people. Owing to administrative complications in connection with the merge of the former FATA with KP, the ICRC was not able to provide material assistance to two other hospitals as planned. Doctors and other medical staff from various health facilities attended ICRC courses in emergency-room trauma care and/or wound surgery.

Physically disabled people received specialized care and assistive devices at ICRC-supported physical rehabilitation centres. The ICRC also provided expert guidance for institutions teaching physical rehabilitation. A government-registered private entity – Rehab Initiative – readied itself to take over the ICRC's task of distributing prosthetic or orthotic components and raw materials to physical rehabilitation centres. The ICRC supported efforts to advance the social inclusion of disabled people.

People in areas affected by mines and ERW learnt safe practices at ICRC-supported mine-risk education sessions conducted by the National Society and/or community members.

A local organization – Cursor of Development and Education (CODE) Pakistan – and the ICRC presented the findings and recommendations of their study, on overcrowding in Pakistani prisons, to government representatives, criminal-justice officials, and others.

Members of families separated by violence, natural disasters, migration or for other reasons, reconnected through family-links services from the National Society and the ICRC. A National Society hotline enabled people – mainly during emergencies – to report relatives missing or get in touch with them, and/or to obtain services such as psychological counselling. The ICRC arranged for families to communicate, via phone and video calls, with relatives held at the US detention facility at Guantanamo Bay Naval Station in Cuba and the Parwan detention facility in Afghanistan.

The ICRC continued to help build local forensic capacities, to ensure that human remains could be handled and identified properly during emergencies and at other times.

In all its interaction with the authorities, weapon bearers and others, the ICRC sought to broaden awareness of humanitarian issues and acceptance for its work, and promote IHL and other applicable norms. Guided by the ICRC, some universities included IHL – or material on the points of correspondence between IHL and Islamic law – in their curricula.

CIVILIANS

Authorities in Sindh amend laws to ensure safe and speedy passage for ambulances

In order to help realize the objectives of the Health Care in Danger initiative, the ICRC continued to advocate protection for those seeking or providing health services. At the urging of the ICRC and its local partners, the authorities in Sindh made amendments to an ordinance on motor vehicles, in order to prevent the obstruction of ambulances and ensure their right of way. The ICRC and some universities in the Islamabad, KP, Punjab and Sindh conducted an inter-provincial study on violence against health-care personnel and facilities, with a view to developing evidence-based measures to deal with or prevent attacks. Together with the health authorities in KP and the Khyber Medical University, the ICRC released a report on violence against health-care personnel and facilities occurring in Peshawar.

Medical officers, community health workers and paramedics in Muzaffarabad learnt how to instruct patients and their relatives in managing and preventing diabetes; they did so through training organized by the health department, the Diabetes Centre and the ICRC. The ICRC also gave them reference materials of pertinence. The ICRC provided support for the Basic Health Unit in Muzaffarabad to bolster its services. It helped the health unit set up a basic laboratory for testing blood sugar levels; 247 patients were tested for diabetes.

In September 2018, the Pakistan Red Crescent and the ICRC formally agreed to implement a project to improve ante/post-natal care in KP. Under this project, one village health committee was formed and trained to conduct health-education activities.

With the ICRC's assistance, the Pakistan Red Crescent established emergency response teams – to provide first-aid to people affected by emergencies – in several of its provincial headquarters (see *Wounded and sick*).

Communities in mine-affected areas learn safe practices

Some 89,500 people in areas affected by mines and ERW learnt safe practices at ICRC-supported mine-risk education sessions conducted by the National Society and/or community members such as teachers. Informational materials – leaflets and posters, for instance – were handed out at these sessions. Information on safe practices was incorporated in other ICRC activities – during first-aid training, for instance (see *Wounded and sick*). KP police's bomb disposal squad personnel learnt about advanced first-aid techniques through ICRC training.

The National Society and the ICRC attended coordination meetings with the authorities and others, and other events related to mine action. The ICRC helped organize events to mark the International Day for Mine Awareness and Assistance in Mine Action; these events broadened public awareness of mines/ERW.

The National Society referred 114 victims of mines/ERW to ICRC-supported physical rehabilitation centres (see *Wounded and sick*).

Families send parcels to relatives detained abroad

Members of families dispersed by violence, disasters, migration or for other reasons reconnected through National Society and ICRC family-links services, such as RCMs and phone calls.

The ICRC arranged for families to communicate, via phone and video calls, with relatives held at the Guantanamo Bay detention facility in Cuba and the Parwan detention facility in Afghanistan; 660 calls were made. Families in Pakistan sent parcels, including books and food, through ICRC delegates, to relatives detained abroad. Eight families from Pakistan visited relatives detained in Afghanistan, with the ICRC's assistance. The ICRC issued an attestation of detention for one Iraqi national formerly detained in Pakistan.

People lodged requests with the National Society and the ICRC to trace their missing relatives. The ICRC and the National Society reunited two unaccompanied minors with their families.

The National Society continued to strengthen its family-links services through ICRC training and other support. A National Society hotline enabled people – mainly during emergencies – to report relatives missing or get in touch with them, and/or to obtain services such as psychological counselling; 151,785 people used the hotline. The National Society conducted dissemination sessions in various communities on how to avoid separation from relatives during migration. The ICRC sponsored National Society representatives to attend regional events, in Nepal and Thailand, on restoring family links.

Forensic professionals develop their ability to manage human remains

The ICRC continued to help build local forensic capacities, to ensure that human remains could be handled and identified properly during emergencies and at other times. Two representatives from the National Disaster Management Authority and the National Health Emergency Preparedness and Response Network attended a regional conference organized by the ICRC in Colombo, Sri Lanka.

Forensic professionals, emergency responders and others strengthened their capacities in managing human remains, with ICRC support. The ICRC organized a course in Islamabad on managing dead bodies during and after emergencies; 35 forensic professionals and emergency responders from several countries attended the course. At an ICRC round-table, Pakistani engineers and others discussed how to manage human remains after mass-casualty incidents. The National Forensic Science Agency, with the ICRC's financial assistance, organized a conference on forensic science; it was attended by various stakeholders, and the ICRC made a presentation on its humanitarian forensic action.

The ICRC provided training materials for the armed forces and for a local emergency-management service provider. Mortuaries and other forensic institutions were given the necessary supplies, to carry out their work.

PEOPLE DEPRIVED OF THEIR FREEDOM

A local organization – CODE Pakistan – and the ICRC presented the findings and recommendations of their study, on overcrowding in Pakistani prisons, to government representatives, criminal-justice officials, and others. The ICRC discussed the possibility of implementing the study's recommendations with various parties.

The ICRC sponsored an official from the National Academy for Prisons Administration to attend an international conference in Cambodia on public health in prisons.

Families with breadwinners detained abroad were given ICRC cash grants to augment their incomes. The ICRC provided blankets to detainees in two prisons in Karachi.

The ICRC and a local organization discussed the possibility of assessing detainees' family-links needs and the services available to them, at one prison, with a view to possibly addressing existing gaps.

WOUNDED AND SICK

With a view to improving people's chances of receiving timely medical attention, the Pakistan Red Crescent established emergency response teams (see *Civilians*) and conducted first-aid training for prospective first responders, male and female; the ICRC provided comprehensive support for these activities.

Two hospitals maintain their services for violence-affected people

The accident and emergency department of the Lady Reading Hospital in Peshawar continued, with the ICRC's assistance, to treat violence-affected people. The assistance was provided within the framework of a memorandum of understanding signed by the hospital and the ICRC in 2015 and renewed in 2017 for another three years. It covered a number of areas: hospital management; training for health and other staff; maintenance of infrastructure; and provision of medical supplies and equipment. The Jamrud Civil Hospital also sustained its services with similar assistance; the ICRC completed several construction projects at the hospital. Owing to administrative complications in connection with the merge of the former FATA with KP, the ICRC was not able to provide material assistance to two other hospitals as planned.

Doctors and other medical staff from various health facilities strengthened their capacities in emergency-room trauma care and/or wound surgery through ICRC courses, including a train-the-trainer session. The Dow University of Health Sciences in Karachi and the Khyber Medical University in Peshawar accredited these courses as "continued medical education hours" for doctors, which help in renewing their permits or registration.

The ICRC promoted the development and implementation of activities to protect health-care personnel and facilities. Emergency responders and other health staff attended ICRC courses, including train-the-trainer sessions, on dealing with violence in health facilities. The Khyber Medical University

accredited the training course on "managing violence in health-care settings". The ICRC, with the help of academic partners, emergency service providers and local authorities, drafted a safety manual for the staff of ambulance services.

Physically disabled people receive suitable treatment

Around 57,800 people¹ with physical disabilities were treated at 25 centres that received comprehensive ICRC assistance. Two clubfoot clinics and one limb-fitting workshop were renovated or established at supported centres, and some facilities hired additional personnel: partly because of this, more people received services than planned. The supported centres provided 4,374 prostheses, 17,748 orthoses, 2,297 walking aids and 773 wheelchairs for disabled people. The ICRC covered transport, food, and accommodation costs for 5,741 patients, and the costs of follow-up home care for 313 people with spinal-cord injuries. A total of 1,276 children were treated for clubfoot. The ICRC also adapted the homes of 37 people to make them disabled-accessible.

The ICRC strove to help strengthen the national physical rehabilitation sector. It provided expert guidance for seven institutions teaching physical rehabilitation to secure accreditation from the International Society for Prosthetics and Orthotics, and/or sponsored faculty members to attend capacity-building courses. Some students attending these institutions continued their education with the ICRC's financial assistance. Aided by the ICRC, a government-registered private entity – Rehab Initiative – readied itself to take over the ICRC's task of distributing prosthetic or orthotic components and raw materials to physical rehabilitation centres. Rehab Initiative began to develop various online tools – such as a distribution order management system to provide potential partners with the latest information on its inventory. It also conducted capacity-building training for prosthetists/orthotists, and lobbied for the possibility of including disabled people in the national health-insurance programme.

Disabled people benefited from social-inclusion activities carried out by the ICRC with two local organizations. Financial assistance from the ICRC enabled 137 disabled children to continue their schooling and 205 people to attend vocational training. ICRC referrals to economic programmes benefited 62 people; 463 people participated in sporting events with ICRC support.

ACTORS OF INFLUENCE

In all its interaction with the authorities, weapon bearers and others, the ICRC sought to broaden awareness of humanitarian issues and acceptance for its work, and promote IHL and other applicable norms.

ICRC courses – organized with the Pakistan Red Crescent in some instances – enabled 528 police officers to develop their first-aid capacities and/or learn more about international law enforcement standards for the use of force. The ICRC sponsored

1. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

two senior police officers from Islamabad and Sindh to attend workshops, in Malaysia and Nepal, on rules applicable to the military in security operations.

Two army officers and two students, sponsored by the ICRC, attended an IHL course in San Remo, Italy. The ICRC submitted a proposal to the pertinent authorities for training army, navy, and air force personnel in IHL.

Universities include IHL in their curricula

The ICRC sought to develop local expertise in IHL and stimulate interest in IHL-related issues. It therefore strengthened its engagement with academic institutions and think-tanks such as the Research Society for International Law. The ICRC carried out research on such topics as armed violence in urban settings and transitional justice in the former FATA with them. Guided by the ICRC, some universities included IHL – or material on the points of correspondence between IHL and Islamic law – in their curricula. Students, and teachers and other staff members of religious seminaries, learnt more about IHL and its points of correspondence with Islamic law through ICRC courses and seminars. Students participated in moot court competitions in Pakistan and elsewhere; those specializing in IHL were given ICRC scholarships and internships. The ICRC donated IHL reference materials to a local university. It also sponsored academics and government officials to attend IHL events abroad.

Judges, prosecutors, parliamentarians and others strengthened their grasp of IHL at ICRC workshops.

People are kept informed of the ICRC's work

Dissemination sessions, online platforms such as the delegation's social media account, and public-communication efforts – production of informational videos, for instance – enabled the general public to learn about the ICRC's activities. ICRC seminars on humanitarian reporting benefited 90 journalists. Feature articles in the local press drew attention to the ICRC's activities. With the ICRC's financial assistance, the Pakistan Red Crescent carried out various activities to broaden awareness of its role as a key humanitarian actor.

The ICRC and its local partners strove to prevent violence against health-care personnel and facilities, through various means: advocating changes in the law (see *Civilians*); humanitarian diplomacy; and public communication. In 2017, the ICRC, the Pakistan Red Crescent and other partner organizations conducted a nationwide campaign on the necessity of respecting ambulance services. This campaign was assessed, and the findings showed that the campaign had helped to bring about positive behavioural change among motorists.

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistan Red Crescent strengthened its capacity to deliver humanitarian services, with comprehensive ICRC support. Aided by the ICRC, it also bolstered its first-aid programme (see *Civilians* and *Wounded and sick*) and sought accreditation from the Ministry of National Health Services, Regulations and Coordination for its first-aid curriculum.

With support from its Movement partners, the National Society worked to enhance its institutional capacities and took steps to develop a database for planning, monitoring, reporting on, and evaluating its activities. Guided by the ICRC, the National Society strove to incorporate the Safer Access Framework in its working procedures. It conducted information sessions on security measures for its staff at several branches.

Meetings among Movement partners, and other means of coordination, helped to maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	83	1		
RCMs distributed	242			
Phone calls facilitated between family members	2,101			
Reunifications, transfers and repatriations				
People reunited with their families	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	124	27	20	29
Tracing cases closed positively (subject located or fate established)	52			
Tracing cases still being handled at the end of the reporting period (people)	238	45	41	48
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	8	1		
UAMs/SC reunited with their families by the ICRC/National Society	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5			
PEOPLE DEPRIVED OF THEIR FREEDOM				
RCMs and other means of family contact				
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	413	109	286
Health				
Health centres supported	Structures	1		
Average catchment population		20,000		
Consultations		1,913		
	<i>of which curative</i>	1,788	610	998
	<i>of which antenatal</i>	125		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	3,300		150
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Gynaecological/obstetric admissions		2,065	794	
Consultations		595,540		
First aid				
First-aid training				
	Sessions	4,159		
	Participants (aggregated monthly data)	94,990		
Physical rehabilitation				
Projects supported	Projects	34		
People benefiting from ICRC-supported projects	Aggregated monthly data	58,677	7,510	25,343
	<i>of whom beneficiaries of physical rehabilitation services</i>	57,810	7,041	25,192
	<i>of whom beneficiaries referred to economic programmes</i>	62	41	9
	<i>of whom beneficiaries of educational programmes</i>	137	35	51
	<i>of whom beneficiaries of sporting activities</i>	463	203	89
	<i>of whom beneficiaries of vocational training</i>	205	190	2
New patients fitted with prostheses	Patients	2,922	418	251
Prostheses delivered	Units	4,374	631	484
	<i>of which for victims of mines or explosive remnants of war</i>	397	46	22
New patients fitted with orthoses	Patients	8,178	1,099	4,658
Orthoses delivered	Units	17,748	1,970	10,987
	<i>of which for victims of mines or explosive remnants of war</i>	93	14	20
Patients receiving physiotherapy	Patients	32,188	3,708	15,056
Walking aids delivered	Units	2,297	433	235
Wheelchairs or tricycles delivered	Units	773	122	229

PHILIPPINES

In the Philippines, where the ICRC has had a permanent presence 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 parties concerned of their obligations under IHL or other humanitarian norms. It visits people deprived of their freedom, particularly security detainees, works with the authorities to improve conditions in prisons through direct interventions and support for prison reform. With the Philippine Red Cross, it assists displaced people and vulnerable communities and promotes national IHL compliance and implementation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM



KEY RESULTS/CONSTRAINTS IN 2018

- Displaced people in Mindanao received food, water, and other essentials from the Philippine Red Cross and the ICRC. IDPs, residents and returnees in Marawi benefited from renovated water and sanitation facilities.
- In violence-affected parts of Mindanao, some vulnerable households strengthened their livelihoods with supplies and equipment, and cash, from the ICRC; others took part in cash-for-work projects.
- With ICRC support, hospitals and health-care centres treated the sick and more wounded people than before. Health workers and weapon bearers in Mindanao were trained in first aid.
- Violence-affected people in Mindanao obtained psychosocial support under an ICRC programme.
- Detaining authorities and judicial actors received ICRC support to help reduce and mitigate the impact of overcrowding in places of detention, through various initiatives pertaining to health care, infrastructure, and judicial guarantees.
- In its dialogue with authorities and weapon bearers, the ICRC emphasized the importance of protecting civilians and civilian property, and facilitating access to essential services; it also discussed the conduct of hostilities.

EXPENDITURE IN KCHF

Protection	4,827
Assistance	8,830
Prevention	2,567
Cooperation with National Societies	949
General	370
Total	17,543
<i>Of which: Overheads</i>	<i>1,071</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	31
Resident staff (daily workers not included)	176

PROTECTION

CIVILIANS

Restoring family links

RCMs collected	16
RCMs distributed	29
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	177

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	106
Detainees in places of detention visited	107,052
<i>of whom visited and monitored individually</i>	884
Visits carried out	167

Restoring family links

RCMs collected	60
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE

CIVILIANS

Economic security

		2018 Targets (up to)	Achieved
Food consumption	Beneficiaries	25,000	3,794
Income support	Beneficiaries	75,000	33,254
Living conditions	Beneficiaries	25,000	10,874

Water and habitat

Water and habitat activities	Beneficiaries	80,000	32,432
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WOUNDED AND SICK

Medical care

Hospitals supported	Structures	20	36
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Physical rehabilitation

Projects supported	Projects	1	1
People benefiting from ICRC-supported projects	Aggregated monthly data	120	481

CONTEXT

Fighting persisted between the Armed Forces of the Philippines (AFP) and the Bangsamoro Islamic Freedom Fighters in central Mindanao, and between the AFP and the Abu Sayyaf Group in the Sulu archipelago. Sporadic clashes continued to occur between the Islamic State-Ranao (also known as the Maute group) and the AFP, in Lanao del Sur province on Mindanao island. Low-intensity conflict – between the AFP and the New People's Army (NPA) – continued in parts of Mindanao and in remote areas of the Luzon and Visayas regions. Martial law in Mindanao was extended to December 2019; certain civil rights remained suspended.

People continued to suffer the consequences of the battle in Marawi in 2017: infrastructure and private property remained in ruins; unidentified human remains continued to be unearthed in different parts of the city; and families continued to search for missing relatives. Many residents returned to their homes, but thousands remained at water-deficient and unsanitary evacuation centres, and transit sites. Resources and infrastructure in communities hosting IDPs remained under great strain. IDPs were often unable to cover their basic needs.

Elsewhere in Mindanao, thousands of families were displaced by violent skirmishes between the AFP and various armed groups.

The Moro Islamic Liberation Front and Moro National Liberation Front continued their dialogue with the government on peace prospects and political and economic issues in Mindanao. The president of the Philippines signed a law establishing the Bangsamoro Autonomous Region, replacing and abolishing the Autonomous Region in Muslim Mindanao.

Detention facilities in the Philippines remained among the most overcrowded in the world. People continued to be arrested on drug-related charges.

Different parts of the country were affected by natural disasters and extreme weather conditions.

Disputes over maritime areas in the South China Sea remained present; States continued to discuss the subject.

Undocumented Filipino migrants continued to be deported from Sabah, Malaysia.

ICRC ACTION AND RESULTS

In its dialogue with the authorities and weapon bearers, the ICRC emphasized the necessity of protecting civilians and civilian property, and facilitating access to essential services. It discussed the conduct of hostilities with the pertinent authorities, and made representations, whenever necessary, to the parties concerned. The ICRC continued to monitor the situation and protection concerns of people affected by armed conflict or other situations of violence, especially in Mindanao.

Together with the Philippine Red Cross, the ICRC provided assistance to affected people. It distributed food, water, and household essentials to displaced people in evacuation centres or host communities. It renovated water and sanitation facilities in Marawi, benefiting IDPs, residents and returnees. It provided cash grants, and seed and tools, for economically vulnerable households to help them resume their livelihoods or meet their daily needs; cash-for-work projects were another source of income for them.

Members of families separated by conflict or other emergencies used the Movement's family-links services to reconnect. Forensic professionals, authorities, and weapon bearers learnt about generally accepted forensic practices – for instance, in connection with the management of human remains – at ICRC workshops.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to security detainees. 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 efforts to reduce prison overcrowding. It enabled the pertinent authorities to expand their knowledge of design standards for prisons, with a view to ensuring that the facilities they construct meet internationally recognized standards for detention. All responsibility for managing a government taskforce that works on ensuring respect for detainees' judicial guarantees was handed over to its members.

Thousands of detainees were screened for TB under TB-control programmes run by the authorities with ICRC support. Medical equipment from the ICRC helped the authorities to monitor TB cases. Detainees benefited from infrastructural upgrades to prison facilities and the donation of essential items.

First-aid training was provided by the ICRC for health staff, community members, and weapon bearers. In Mindanao, people obtained primary- and secondary-health-care services at hospitals and other health facilities supported by the ICRC. The ICRC provided psychosocial support for affected people. Disabled persons obtained rehabilitative care at the Davao Jubilee Foundation (DJF), which received comprehensive ICRC support.

The ICRC maintained contact with the authorities, military and police forces and other weapon bearers, civil-society representatives, and community members. It organized dissemination sessions and other events for them; this helped to broaden acceptance for humanitarian principles and IHL, and to secure safe access to affected people. Media professionals learnt more about their role in raising awareness of humanitarian concerns, and prosecutors and judges strengthened their grasp of IHL, through ICRC training sessions. Key military and police personnel participated in workshops that promoted the incorporation of IHL and international policing standards, respectively, in their operations and training.

Comprehensive support from the ICRC helped the National Society to strengthen its ability to assist affected people in line with the Safer Access Framework.

CIVILIANS

The authorities, military and police personnel, and members of armed groups in Mindanao were reminded by the ICRC – through meetings and workshops – of their obligation under IHL to protect civilians and civilian objects, and to facilitate access to essential services such as health care and education. The ICRC also discussed the conduct of hostilities with weapon bearers – and submitted interventions, whenever necessary – particularly in connection with the protection of medical personnel and facilities, health workers' access to wounded people, and the management of human remains.

Weapon bearers and members of civil society were briefed by the ICRC on its activities, with a view to improving ICRC acceptance, protection of civilians and promotion of IHL.

The ICRC continued to monitor the situation of people affected by armed conflict and other situations of violence; it spoke with communities in Mindanao that had suffered repeated displacement, and raised their protection concerns with the relevant authorities and weapon bearers. IDP communities learnt about the ICRC's work and how the ICRC can help address their protection concerns, through these meetings and through the ICRC's public-communication efforts. Affected people attended first-aid training conducted by the National Society and the ICRC; this training afforded the ICRC an opportunity to further understand the needs of these vulnerable people and explain to them the ICRC's mandate and activities.

In order to monitor the protection concerns of migrants arriving from Malaysia, the ICRC made visits to the processing centre in Zamboanga.

Displaced people restore contact with relatives or ascertain their fate

Members of families dispersed by conflict or migration reconnected through RCMs and phone calls made available by the National Society and the ICRC. A total of 177 tracing cases were resolved, including missing-persons cases linked to the battle in Marawi. The ICRC approached the UNHCR and others to help unaccompanied children obtain further assistance.

ICRC information sessions, workshops, and written representations helped the authorities, weapon bearers, and others familiarize themselves with best practices in preventing people from going missing and managing human remains. At an ICRC workshop in Marawi, around 65 representatives from the police, the military, and civil-society organizations expanded their knowledge of generally accepted forensic practices. The ICRC sponsored selected forensic professionals to attend a seminar in Japan for medico-legal agencies. The ICRC's aim throughout was to support the authorities in the collection and storage of data on human remains, in order to identify these remains and hand them over to the families concerned.

National Society volunteers were trained by the ICRC to deliver family-links services, and be ready in case of an emergency.

Violence-affected people receive emergency aid and livelihood support

The National Society and the ICRC helped people to recover from the consequences of armed conflict and other violence, especially in remote areas.

The ICRC assisted displaced and other violence-affected people – mainly in evacuation centres or host communities – in Davao, Lanao del Sur, and Maguindanao: one-off supplementary food rations were given to 3,794 people (845 households), and household essentials to 10,339 people (2,154 households). In Agusan del Norte, 535 people (107 households) received hygiene kits and jerrycans. The ICRC did not provide food and household essentials to as many people as planned, because, in the latter part of the year, the need for such assistance did not arise.

Roughly 32,400 IDPs, residents, and returnees in Marawi and surrounding areas accessed clean water and sanitation facilities after the ICRC installed hand pumps and constructed latrines. These people also benefited from repairs of water-supply systems in Marawi, which were conducted by the local authorities using equipment and spare parts provided by the ICRC. National Society personnel developed their ability – through ICRC training – to manage water and sanitation facilities. The completion of two main water projects were delayed by technical problems.

A total of 33,254 people (6,683 households) – IDPs, returnees and members of host communities – were able to pursue livelihoods or cover their basic needs with ICRC cash grants, and donations of vegetable seed kits; some of them took part in cash-for-work projects such as the construction of a road to help facilitate access for the community, although one project was hampered by security risks. Most of the people assisted were IDPs from Marawi.

National Society volunteers received ICRC training to help them become more capable of providing assistance during armed conflict or other emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people held in detention facilities run by various detaining authorities, including the Bureau of Jail Management and Penology (BJMP) and the Bureau of Corrections (BuCor). It followed up 884 inmates individually, including security detainees. Findings from these visits were communicated confidentially to the detaining authorities to help them improve detainees' treatment and living conditions.

Written representations were submitted to the authorities to encourage them to implement recommendations submitted by the ICRC in past years, particularly in relation to alleviating overcrowding in prisons. The ICRC followed up allegations of arrest; it sought access to detainees within its purview and continued to discuss the matter with the pertinent authorities.

A presentation of the ICRC's working procedures and activities in places of detention was included in workshops with the Philippine National Police (PNP).

Family visits arranged by the National Society and the ICRC enabled 389 security detainees to stay in touch with their relatives. The ICRC assisted 15 detainees to return home after their release.

Authorities take steps to expedite detainees' cases and address prison overcrowding

The ICRC had helped, for a number of years, to manage the pilot site of *Katarungan at Kalayaan* (Justice and Freedom), a government taskforce led by the Supreme Court that strove to ensure respect for detainees' judicial guarantees. The taskforce continued to review cases of detainees whose pre-trial detention had exceeded the legal limit. In December, all responsibility for managing the pilot taskforce was handed over to its members. The Supreme Court institutionalized the mechanism and created additional taskforces.

Fifty-seven detainees were released after the ICRC submitted written interventions on their lengthy detention to the Supreme Court. Meanwhile, 335 detainees from Manila had their cases reviewed by the taskforce.

The BJMP finalized an action plan, with input from the ICRC, to address overcrowding in prisons; the ICRC supplemented the authorities' efforts by identifying relevant actors it can mobilize to help in this regard. Also, with contribution from the ICRC, the BJMP implemented a national paralegal plan of action to empower the paralegals in providing the necessary interventions. Training and other support were provided to paralegals and records officers to help increase their effectiveness in following up detainees' cases and in coordinating with courts to expedite judicial proceedings. The BJMP received an international award for an electronic paralegal learning module that it developed with the ICRC to reduce congestion in jails by empowering its paralegal services. With ICRC support, BJMP staff put up posters for all jails to disseminate information on detainees' rights and access to legal services among detainees, jail staff, and others. Various local and national agencies working across the criminal justice system, lawyers, and BJMP authorities discussed possible solutions to jail overcrowding at seminars organized or supported by the ICRC.

Expert advice from the ICRC helped the authorities to finish drafting standard operating procedures and design standards for BJMP prisons, with a view to constructing facilities that meet internationally recognized standards for detention. Three BJMP officials, sponsored by the ICRC, attended the Asian Conference for Correctional Facilities Architects and Planners in Colombo (see *Sri Lanka*), which focused on best practices in designing, constructing and managing prisons. Staff managing BJMP prisons attended ICRC-sponsored BJMP training aimed at ensuring that prisons are designed and constructed with detainees' needs in mind.

Detainees see improvements in their living conditions and access to health care

The ICRC renovated infrastructures – at the New Bilibid Prison (NBP) run by BuCor, and in six other BJMP facilities – to help the authorities address some of the most urgent issues affecting detainees: insufficient ventilation, poor sanitation, beds of substandard quality, and exposure to inmates with infectious diseases. It provided fans and bunk beds and made various infrastructural upgrades, such as improving drainage and constructing recreational areas and a holding room for sick inmates; some 2,060 detainees benefited.

Health workers in places of detention, including 127 nurses from the BJMP, received ICRC training and technical support. The ICRC made visits to at least nine places of detention to monitor detainees' health conditions and access to health-care services, and provided technical support and basic medical supplies. It made recommendations and provided laboratory supplies to support the implementation of a mass screening for TB in places of detention.

Around 11,000 detainees in jails located in Central Luzon were screened for TB, in coordination with public-health authorities. The ICRC donated medical equipment and laboratory supplies to three places of detention that have infirmaries for treating TB. The ICRC handed over full management of the last TB programme in NBP to BuCor authorities in April.

Detaining authorities learnt more about health care and TB management in prisons, at courses abroad organized by the ICRC and other organizations, and at an ICRC-organized conference in Cambodia on public health in prisons. The ICRC also worked with the BJMP to develop its health information system.

In response to an emergency, the ICRC provided medicines and other supplies for a BJMP-run jail, where a fire occurred in December.

WOUNDED AND SICK

Violence-affected people obtain medical care and psychosocial support

A total of 36 hospitals, medical centres and rural health units in different areas of Mindanao received support from the ICRC. This included seven hospitals – covering areas that were more severely affected by the conflict – which were provided by the ICRC with drugs and medical supplies on a quarterly basis, so that wounded and sick people could obtain treatment. A military hospital in Zamboanga city, and health facilities in North Cotabato, also received such support following surges in the numbers of wounded people. The ICRC made ad hoc donations of medical supplies and health kits to health-care providers whose resources were overwhelmed by the influx of patients. In Sulu, the ICRC provided drugs and jerrycans for health authorities tackling outbreaks of diarrhoea. The AFP and the National Society assisted victims of a bomb attack in Sultan Kudarat; the ICRC provided medicines and vaccines.

After a five-month assessment of the mental health and psychosocial needs of affected people, the ICRC started providing psychosocial support in October; individual or group therapy sessions were made available to those with severe psychological distress, including former hostages of armed groups.

ICRC training helped first responders develop their first-aid capacities and their ability to deal with medical emergencies. These first responders included AFP personnel, community first-aiders, National Society staff, staff from primary-health-care centres, and medical personnel from armed groups, including the NPA. Members of the AFP, including those in charge of clearing unexploded ordnance in Marawi, enhanced their capacity to assist victims of explosions, through ICRC training on the management of blast-related injuries. Administrative constraints hampered training in trauma management for doctors, surgeons and nurses in ICRC-supported hospitals.

Health workers from conflict-affected areas in Mindanao and Visayas attended ICRC workshops on the Health Care in Danger initiative where they learnt more about IHL and national laws protecting health care; they also explored the possibility of working on a regional plan for protecting medical services during conflict. The ICRC helped to establish a network of health-care professionals, medical associations, and other stakeholders at the national level to advocate protection for medical personnel and facilities.

Physically disabled persons obtain rehabilitative care

Around 480 disabled persons¹, including weapon-wounded people, improved their mobility with free prostheses or orthoses, and physiotherapy, from the DJF – the only physical rehabilitation centre in Mindanao. Financial and technical support was given by the ICRC to the DJF.

The ICRC covered the costs of physiotherapy for 47 patients and of treatment for 21 patients. DJF staff participated in a workshop held locally, and at a meeting held abroad, with financial support from the ICRC. DJF officials and health authorities went on an ICRC-sponsored tour to study public physical rehabilitation services in the region. The ICRC also provided clinical mentoring for DJF physiotherapists and orthotists/prosthetists.

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 broaden respect for IHL and secure safe access to affected people.

Weapon bearers learn more about IHL and its implementation

Dissemination sessions, meetings, and workshops organized by the ICRC helped advance understanding of and respect for IHL, international policing standards, and applicable international norms among the military and the police. Train-the-trainer courses, however, were not carried out owing to administrative constraints. AFP officers expanded their knowledge of IHL provisions on the conduct of hostilities and

learnt how to incorporate them in their decision-making. At an ICRC conference on urban warfare held in Ukraine (see *Ukraine*), senior AFP officers discussed best practices in protecting civilians and infrastructure during military operations in populated areas. The ICRC sponsored AFP officers to attend a workshop on maritime security operations and an advanced IHL course in Kuala Lumpur, Malaysia. Police officers learnt more about legal and ethical methods of policing, and about the use of force during arrests and investigation.

IHL training was also provided by the ICRC to personnel of the government's special envoy on transnational crime, which is the lead office for the ratification of the Arms Trade Treaty.

Members of civil society enhance their knowledge of IHL

The ICRC provided IHL training for professors, researchers and others from various universities in Mindanao; the aim was to improve the teaching of IHL in conflict-affected areas. University students demonstrated their grasp of IHL at a regional moot court competition in Hong Kong.

Judges, prosecutors, military lawyers, and public defense attorneys enhanced their understanding of IHL at ICRC training sessions. The authorities put into effect rules for implementing the domestic law on the emblems protected under IHL.

Media professionals across the country familiarized themselves with IHL and humanitarian issues, through ICRC seminars. Journalists kept abreast of the ICRC's activities through its communication materials, in print and online.

At ICRC seminars in Manila and Mindanao, some 200 people discussed how IHL and Islamic law applied to armed conflict. These events helped the ICRC to cultivate relationships among religious circles and gain access to people in remote areas of Mindanao.

Training to develop the National Society's capacity to carry out public-communication initiatives and conduct information sessions did not push through, owing to administrative constraints.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC worked closely with the National Society, particularly with its branches in conflict-affected areas of Mindanao, and helped strengthen their capacities to promote humanitarian principles and provide emergency aid, health care, first aid, and family-links services during armed conflict or other violence. With financial support from the ICRC, the National Society provided material assistance and water, and health services to affected people.

At ICRC workshops, National Society staff and volunteers learnt how to incorporate the Safer Access Framework in their activities, and developed their operational and administrative capacities. The ICRC helped cover the salaries of eleven National Society staff.

A Movement coordination agreement was signed by the National Society, the International Federation, and the ICRC, wherein their continued commitment and cooperation to meet humanitarian needs in the country was formalized.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		16			
RCMs distributed		29			
Phone calls facilitated between family members		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		279	32	10	17
Tracing cases closed positively (subject located or fate established)		177			
Tracing cases still being handled at the end of the reporting period (people)		160	13	12	16
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		106			
Detainees in places of detention visited		107,052	6,519	41	
Visits carried out		167			
			Women	Girls	Boys
Detainees visited and monitored individually		884	64		5
<i>of whom newly registered</i>		266	31		3
RCMs and other means of family contact					
RCMs collected		60			
RCMs distributed		28			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		389			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	3,794	919	1,981
	<i>of whom IDPs</i>	2,444	514	1,441
Income support	Beneficiaries	33,254	9,986	14,268
	<i>of whom IDPs</i>	21,954	6,590	9,757
Living conditions	Beneficiaries	10,874	3,044	5,198
	<i>of whom IDPs</i>	9,524	2,639	4,658
Water and habitat				
Water and habitat activities	Beneficiaries	32,432		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	2,063		
Health				
Places of detention visited by health staff	Structures	19		
Health facilities supported in places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	36		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		11,593		
Weapon-wound admissions (surgical and non-surgical admissions)		386	21	10
Weapon-wound surgeries performed		388		
Patients whose hospital treatment was paid for by the ICRC		2		
First aid				
First-aid training				
	Sessions	30		
	Participants (aggregated monthly data)	876		
Physical rehabilitation				
Projects supported	Projects	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	481	81	237
	<i>of whom beneficiaries of physical rehabilitation services</i>	481	81	237
New patients fitted with prostheses	Patients	69	14	9
Prostheses delivered	Units	129	28	21
	<i>of which for victims of mines or explosive remnants of war</i>	3	1	
New patients fitted with orthoses	Patients	6	2	3
Orthoses delivered	Units	14	2	10
Patients receiving physiotherapy	Patients	315	52	175
Walking aids delivered	Units	79	24	9
Wheelchairs or tricycles delivered	Units	72	8	49

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 2018

- The ICRC provided psychosocial and economic support for missing people's families and, when necessary, referred them to local authorities or ICRC-trained local partners for legal, administrative, financial and medical assistance.
- The office tasked with clarifying the fate of missing people and assisting their families began operations; they, along with forensic professionals, drew on ICRC expertise to propose policy reforms and develop their capacities.
- The ICRC continued to work with detaining authorities to improve capacities of prison and health staff, and procedures for medical screening, despite restrictions to its access to certain places of detention in September.
- Law enforcement personnel, and troops bound for missions abroad, expanded their knowledge of the international standards applicable to their work at ICRC briefings and training sessions.
- Sri Lanka acceded to the Convention on Cluster Munitions. Aided by the ICRC, the authorities worked towards implementing this treaty and others already ratified.

EXPENDITURE IN KCHF

Protection	4,182
Assistance	2,728
Prevention	1,004
Cooperation with National Societies	262
General	158
Total	8,335
<i>Of which: Overheads</i>	<i>509</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	122



PROTECTION CIVILIANS

	Total
Restoring family links	
RCMs collected	7
RCMs distributed	7
Tracing cases closed positively (subject located or fate established)	354

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	41
Detainees in places of detention visited	14,900
<i>of whom visited and monitored individually</i>	409
Visits carried out	52
Restoring family links	
RCMs collected	7
RCMs distributed	3

ASSISTANCE CIVILIANS

	2018 Targets (up to)	Achieved
Economic security		
Income support	Beneficiaries	2,500
		2,232

CONTEXT

Families affected by the armed conflict that ended in 2009 continued to feel its effects. Many still had no news of relatives who went missing during it; the ambiguity of that loss caused these families psychosocial distress and difficulties in overcoming legal and administrative obstacles; some families struggled to meet their financial needs.

As per a resolution adopted by the UN Human Rights Council in October 2015, the Sri Lankan authorities took steps to set up mechanisms to address the needs of these families. They continued to implement legislation recognizing the status of missing people by providing “certificates of absence”, which enable missing people’s families to apply for State assistance. They also set up the Office on Missing Persons – to clarify the fate of missing people and address their families’ needs – which began operations in 2018. A political crisis – the dismissal of the prime minister and the suspension of parliament in October – impeded the establishment of other mechanisms, such as an Office for Reparations and a Truth and Reconciliation Commission.

Communal tensions and social unrest gave rise to protests that sometimes turned violent in the first months of 2018; the government declared a state of emergency, installed a local curfew and conducted some arrests in response. Allegations of abuse by security forces, during arrest or detention, were reported.

ICRC ACTION AND RESULTS

The ICRC continued to support the authorities in addressing the consequences of past conflict in Sri Lanka. It sought to draw the attention of the authorities, and others concerned, to the various needs of the families of the thousands of people still missing.

The Office on Missing Persons strove to clarify the fate and whereabouts of missing people, and to assist their families, with the ICRC’s technical support. ICRC expertise was made available to it – in such areas as creating a case management system; the ICRC also enabled the Office’s personnel to exchange information and best practices with their counterparts abroad.

The ICRC pursued its comprehensive support programme for missing people’s families. When necessary, it referred them to pertinent actors – local authorities or local partners trained by the ICRC – capable of helping them meet their legal, administrative, financial and medical needs. Under the programme, particularly vulnerable households received conditional cash grants for starting or boosting livelihood activities – setting up small businesses to earn the income to cover essential needs and expenses. The ICRC also sought to support relevant government bodies to coordinate their medico-legal activities, such as the search for missing people and the management of the dead. At a regional conference hosted by the ICRC, forensic professionals and policy-makers exchanged views on best practices in managing human remains during emergencies.

The ICRC provided technical support to the Institute of Forensic Medicine and Toxicology (IFMT), promoting best practices in the management of human remains in its mortuary.

The ICRC visited detainees in prisons and places of temporary detention, in accordance with its standard procedures; its findings and recommendations were communicated confidentially to the authorities. In June, the authorities and the ICRC signed an agreement renewing the ICRC’s access to all places of detention. However, its access to prisons under the justice ministry was restricted in September; it engaged the authorities in dialogue on securing access to all detainees within its purview, and continued to work with them to improve detainees’ treatment and living conditions. Prison officials conducted medical screenings for detainees with technical assistance from the ICRC; they also took steps to establish a system for managing health-related information. The ICRC provided expert advice for the authorities to design and construct new detention facilities, and to improve overall prison maintenance by first implementing pilot projects in two prisons. It also continued to support a national task force on the legal and judicial causes of overcrowding in prisons.

The ICRC worked with the authorities to renovate detention facilities, provided technical training to prison officers and distributed hygiene and recreational items to detainees. Aided by the ICRC, forensic professionals developed their ability to examine injuries and investigate detainees’ deaths.

At ICRC workshops, briefings and other events, police personnel learnt more about international policing standards; military personnel, political and judicial authorities also advanced their understanding of humanitarian principles and IHL. Sri Lanka acceded to the Convention on Cluster Munitions. The ICRC continued to discuss issues of humanitarian concern with the authorities, and with the national IHL committee; it urged them to ratify IHL-related treaties and draft legislation to implement treaties already ratified.

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

CIVILIANS

The ICRC reminded authorities, through representations based on documented allegations, to address and prevent unlawful conduct during law enforcement operations.

Roughly 1,000 new police recruits learnt more about international policing standards at ICRC training sessions; communal tensions, and the violence arising from them, made these sessions particularly pertinent (see *Context*). Armed forces and law enforcement personnel worked with the ICRC to incorporate pertinent international norms more fully in their operations, training and doctrine (see *Actors of influence*).

Missing people's families receive assistance for their psychosocial, economic and other needs

The authorities, members of civil society and the ICRC continued to discuss issues linked to the past conflict, particularly the necessity of ascertaining the fate of missing people and addressing their families' needs. The families of around 16,000 people had pending tracing requests with the ICRC.

The Office on Missing Persons took steps to develop its activities to clarify the fate and whereabouts of missing people, and assist their families; it submitted an interim report to the government that recommended reparations and urgent relief for missing people's families, suggested ways to expedite legal reforms concerning inquests into deaths, and proposed amendments to legislation intended to prevent enforced disappearances. The ICRC supported these efforts by lending its expertise in, for instance: forensics, providing psychosocial support for missing people's families, tracing missing people, managing information and protecting personal or confidential data and information. It also gave the Office technical assistance for establishing a case-management system, which would assist them in consolidating all their information on missing people. Senior officials – including from other government departments – visited their counterparts from the Committee on Missing Persons in Cyprus to exchange best practices, and met with families of missing people there to learn about their experiences; the ICRC provided financial and logistical support for this.

The ICRC also continued to implement a comprehensive support programme for missing people's families, that reached and assessed the needs of nearly 2,000 families. Under the programme, 2,351 people eased their emotional distress by attending individual or support-group sessions facilitated by local partners trained and financed by the ICRC, and roughly 200 families were referred by the ICRC to the pertinent local authorities for help in obtaining legal, administrative and financial assistance according to their particular needs. Some 578 particularly vulnerable households (2,232 people) among them, most of them headed by women, started income-generating activities, such as running small businesses, with conditional cash grants and training on basic business management from the ICRC.

The ICRC raised awareness among academics, counselling professionals and its implementing partner organizations of some of the issues that missing people's families had to deal with – such as the distinct psychological concept of ambiguous loss.

Authorities draft amendments to legislation on inquests into deaths

In addition to supporting the forensic activities of the Office on Missing Persons, the ICRC also sought to help the different government bodies involved in managing and identifying human remains to coordinate their medico-legal activities more closely. The committee in charge of reforming the law on inquests into death, with technical support from the ICRC, took steps to ensure that the law takes into consideration the dignified management and identification of human remains,

recognizes the need to involve families in investigations, and promotes coordination between all agencies involved in the medico-legal system. At a regional conference hosted by the ICRC, forensic professionals and policy-makers exchanged views on best practices in managing human remains during emergencies.

The ICRC provided technical support to the Institute of Forensic Medicine and Toxicology (IFMT), for promoting best practices on the management of human remains in its mortuary. The ICRC enabled some IFMT personnel to attend workshops abroad on forensic best practices. Financial support from the ICRC helped the IFMT maintain cleaning services for its facilities and an adequate stock of equipment and supplies.

Students of anthropology and forensic medicine added to their knowledge of forensics during briefings held by a local university and the ICRC.

Migrants use family-links services to restore contact with relatives

Members of dispersed families, including migrants, connected with their relatives through family-links services offered by the National Society and the ICRC. Over 7,000 people – such as labourers – bound for jobs abroad learnt about the various ways in which they could lose contact with their families – on migration routes or in their countries of destination – and means to mitigate these risks, including through Movement family-links services. These key messages were dispensed through pre-departure briefings conducted by the National Society in sessions organized by the Bureau of Foreign Employment, with the ICRC's financial support. Similar sessions held in communities with prospective migrants reached roughly 210,000 people. The ICRC collected information on casualties along migration routes and migrants in detention (see *People deprived of their freedom*), and communicated it to the pertinent authorities to assist them in preventing such occurrences.

The National Society reinforced its capacities to restore family links with technical and financial assistance from the ICRC. National Society staff attended a regional ICRC workshop in Nepal on restoring family links, and other similar events within Sri Lanka.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, 41 prisons and places of temporary detention – including facilities used as part of a rehabilitation process for people arrested in relation to past conflict; some of these facilities had been converted to rehabilitation centres for people held on drug-related charges. In all, these facilities held 14,900 people. The ICRC paid particular attention to people held in connection with the past conflict, and to other particularly vulnerable inmates, such as migrants – including asylum seekers – people held on drug-related charges, women and minors; 409 detainees were individually monitored. The ICRC communicated its findings and, when appropriate, its recommendations confidentially to the authorities. It engaged the authorities regularly in dialogue on ensuring that detainees'

living conditions and treatment – including procedural safeguards, judicial guarantees and access to essential services – complied with domestic and international law and met internationally recognized standards.

In June, the authorities and the ICRC signed an agreement renewing the ICRC's access to all places of detention, and visits continued throughout the year to police stations, drug rehabilitation centres, and places of detention where migrants were held. The ICRC had its access to prisons under the justice ministry restricted in September, but it engaged the authorities in dialogue on regaining access.

Whenever and wherever the ICRC had access to them, detainees, including migrants, were able to contact their families through family-links services, including RCMs. A total of 110 detainees were visited by their families, whose transportation costs the ICRC covered. Detention certificates – required for legal and administrative procedures – were given to 46 ex-detainees or their families. The ICRC enabled 47 foreign detainees to notify their embassies of their detention; two were referred to UNHCR and IOM.

Authorities host a regional conference on planning and designing places of detention

The ICRC continued to – through technical and material support – help the authorities strengthen their capacity to improve detainees' treatment and living conditions, including their access to good-quality health care.

With the ICRC's help, an interministerial task force – set up by authorities to address the legal and judicial causes of overcrowding in places of detention – met and discussed ways to address these issues. The ICRC also provided expert input to another task force – one tackling issues related to prison planning and design – and helped it draft guidelines on standards and regulations for new prisons.

The Sri Lankan authorities hosted a regional conference on planning and designing places of detention, with logistical and financial help from the ICRC. At the conference, detention officials and others exchanged experiences and best practices with their regional counterparts.

Officials from the health and justice ministries attended courses and conferences abroad and learnt more about best practices in ensuring detainees' access to health care. At seminars held by the ICRC, prison doctors and others learnt how to ensure that forensic examinations of injuries, and investigations into detainees' deaths, are conducted in line with international standards.

Prison health staff conduct medical screenings for detainees

Penitentiary authorities, and detention staff, learnt more about maintaining and managing prisons; they attended an ICRC seminar on conducting orientation sessions for newly arrived detainees, and used reference materials translated by the ICRC to deepen their understanding of the principles of

prison management. Pilot projects implemented at two prisons by the authorities, with the ICRC, enabled them to develop their procedures for maintaining infrastructure or managing waste; lessons learnt from one of these projects were discussed afterwards, with a view to replicating these systems elsewhere.

The ICRC gave technical assistance to health staff at two pilot prisons for conducting medical screenings for detainees; health and prison officials took steps to set up a system to better manage health-related information in prisons, as part of a broader national initiative to improve the management of information in prisons.

Authorities and the ICRC constructed a new ward for detained minors at one prison. Roughly 3,800 detainees, including some migrants, eased their living conditions with the help of hygiene items, and recreational and educational materials from the ICRC.

ACTORS OF INFLUENCE

Senior military and naval officers familiarize themselves with humanitarian issues related to their work

At the request of the Sri Lankan military, the ICRC conducted information sessions on IHL for some 1,000 troops bound for peacekeeping missions abroad. Roughly 1,000 new police recruits also learnt more about international policing standards (see *Civilians*).

Officers and legal advisers from the armed forces strove to incorporate IHL in military training and doctrine; ICRC seminars and round-tables, and train-the-trainer sessions, helped them bolster their capacities in this regard. The ICRC supported the authorities' efforts to incorporate international standards in the use of force, and internationally recognized standards for detention, in the training and operations of the personnel involved – notably by helping the authorities draft pertinent guidelines.

The ICRC made expert contributions to events organized by the Sri Lankan military and navy for senior officers throughout the region; at these events, it led sessions on humanitarian issues related to the security forces' operations, such as internal displacement, and the necessity of respecting IHL.

Sri Lanka accedes to the Convention on Cluster Munitions

The authorities continued to engage the ICRC in dialogue on domestic legislative initiatives; the ICRC urged them to ratify and implement IHL-related treaties, and provided them with technical and other support for doing so. In February, the justice ministry, with the ICRC, facilitated a workshop on drafting domestic legislation implementing the Anti-Personnel Mine Ban Convention. In March, Sri Lanka acceded to the Convention on Cluster Munitions.

The national IHL committee met throughout the year and discussed the ratification of IHL-related treaties, and the drafting of domestic legislation to implement treaties already ratified, while drawing on the expertise of the ICRC.

Academic and religious scholars develop their abilities to apply and promote IHL

The ICRC cultivated its relationship with religious scholars; it expanded the scope of its dialogue with them, particularly on the points of correspondence between Buddhist teachings and IHL. The ICRC sponsored some of them to attend regional conferences on IHL and on humanitarian access.

The ICRC sought to build local expertise in IHL and other norms. A total of 225 judges and magistrates attended an ICRC-held workshop on IHL and internationally recognized standards for detention; other government officials participated in regional and international IHL seminars and conferences with support from the ICRC. The ICRC organized a regional course for academics, members of civil society, military officers and government authorities to strengthen their grasp of IHL. Sri Lankan legal scholars, commissioned by the ICRC, produced academic articles on IHL-related topics such as the pertinence of IHL in post-conflict situations and the issue of missing persons. Law students demonstrated their grasp of IHL at moot court competitions locally and abroad.

Missing people's families learnt more about the assistance available to them, from materials posted by the ICRC on social media or published through other channels.

The Sri Lanka Red Cross Society developed its capacities in public communication with technical support from the ICRC (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

Technical, financial and material support from the ICRC enabled the Sri Lanka Red Cross Society to strengthen its operational capacities, particularly in restoring family links (see *Civilians*). It provided an emergency response to floods in 2018; this aspect of its work was also bolstered.

Aided by the ICRC, the National Society strove to strengthen its application of the Safer Access Framework. National Society staff were trained to conduct awareness-raising sessions on the framework; the National Society also developed a training module in local languages to facilitate its work. It took measures to ensure proper use of the red cross emblem by its staff and volunteers, who were given vests and badges bearing the emblem.

The National Society trained volunteers in advanced first-aid and disaster-response techniques; some of them were certified as first-aid instructors. It also conducted first-aid training for taxi drivers and school bus drivers. The ICRC's financial support allowed the National Society to print first-aid booklets and to purchase stretchers and other equipment.

National Society volunteers, community members and others familiarized themselves with the Fundamental Principles and the Movement through dissemination sessions conducted by the National Society.

Revisions to legal instruments pertaining to the National Society's legal status were prepared with the ICRC's help; these revisions awaited the approval of the pertinent authorities. Movement components met regularly to coordinate their activities and exchange information.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
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	298	35	14	44
Tracing cases closed positively (subject located or fate established)	354			
Tracing cases still being handled at the end of the reporting period (people)	16,003	809	478	1,378
<i>including people for whom tracing requests were registered by another delegation</i>	176			
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	7	4		
Documents				
People to whom travel documents were issued	27			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	41			
Detainees in places of detention visited	14,900	669	9	
Visits carried out	52			
		Women	Girls	Boys
Detainees visited and monitored individually	409	50		7
<i>of whom newly registered</i>	264	42		6
RCMs and other means of family contact				
RCMs collected	7			
RCMs distributed	3			
Detainees visited by their relatives with ICRC/National Society support	110			
People to whom a detention attestation was issued	46			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	2,232	994	651
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	3,845	68	2
Water and habitat				
Water and habitat activities	Beneficiaries	1,566	33	1,607
Health				
Places of detention visited by health staff	Structures	5		

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 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, and assists governments in ratifying and implementing IHL treaties. 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

HIGH



ICRC/AR_2018

ICRC regional delegation ICRC sub-delegation ICRC mission ICRC office

KEY RESULTS/CONSTRAINTS IN 2018

- After an earthquake in February, the ICRC helped violence-affected people in the Highlands region of Papua New Guinea to meet their immediate needs, through emergency aid and renovations to water-supply systems.
- Violence-affected people in Papua New Guinea, including victims/survivors of sexual violence, obtained suitable care at various ICRC-supported health facilities, such as a health post newly constructed by the ICRC.
- The ICRC intensified dialogue with the pertinent authorities on matters of persistent concern to migrants – those transferred to facilities in Lorengau, on Manus Island, and those in Nauru.
- At a regional conference, representatives from 14 countries discussed the implementation of various IHL-related treaties; the ICRC contributed its expertise to these discussions. A national IHL committee was established in Vanuatu.
- Detaining authorities in Papua New Guinea, with the ICRC's help, took steps to broaden detainees' access to good-quality health care; detainees at two prisons diversified their diet with vegetables grown under a pilot project.

EXPENDITURE IN KCHF

Protection	2,461
Assistance	3,154
Prevention	3,155
Cooperation with National Societies	1,577
General	170
Total	10,517
<i>Of which: Overheads</i>	<i>642</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	68

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	8
Phone calls facilitated between family members	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	32
Detainees in places of detention visited	4,691
<i>of whom visited and monitored individually</i>	56
Visits carried out	44
Restoring family links	
RCMs collected	1
RCMs distributed	3

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	3,000	134
Living conditions	Beneficiaries	16,200	23,413
Water and habitat			
Water and habitat activities	Beneficiaries	7,130	10,849
Health			
Health centres supported	Structures	2	7
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		5
Water and habitat			
Water and habitat activities	Beds		25

CONTEXT

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal tensions led to armed violence, which caused displacement, destroyed property and disrupted basic services. The police forces conducted operations in the areas affected. Local elections, scheduled for 2018, were postponed to 2019. In the Autonomous Region of Bougainville, the local government made preparations for an independence referendum in 2019.

Hundreds of migrants on Manus Island, Papua New Guinea, and in Nauru – including refugees – awaited resettlement or the resolution of their cases; many of them were at migrant accommodation centres in Lorengau, on Manus Island. The governments of Australia and the United States of America were in the process of screening and resettling refugees as per an agreement the two countries signed in 2017.

Australia was involved in efforts to counter “terrorism”: it took part in an international military coalition (see *Iraq* and *Syrian Arab Republic*) and, with New Zealand, helped the Iraqi government to train its armed forces. Australia and Fiji provided troops for international peacekeeping operations.

Countries in the Pacific region remained vulnerable to natural disasters. A powerful earthquake struck the Highlands in Papua New Guinea in February: it damaged infrastructure, and caused injuries and deaths.

ICRC ACTION AND RESULTS

In the countries covered by its regional delegation in Suva, the ICRC endeavoured to protect and assist people affected by armed violence or deprived of their freedom. It supported efforts to advance IHL implementation, and helped National Societies in the countries covered to bolster their operational capacities.

The ICRC maintained its multidisciplinary approach to mitigating the effects of communal violence in Papua New Guinea. It discussed allegations of unlawful conduct 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/survivors of sexual violence. During the first half of the year, it focused on helping violence-affected people staying in areas hit by the earthquake (see *Context*). It stepped up distributions of emergency aid – food, household items and hygiene kits – and repaired or renovated water and sanitation infrastructure at public facilities that were serving as communal areas, such as schools. Health posts supported by the ICRC offered primary-health-care services in the violence-affected Highlands; and supplies from the ICRC helped health facilities treat emergency cases. Victims/survivors of sexual violence obtained specialized care at family-support units, which received ICRC material support. Community members learnt first aid through ICRC training sessions, and health workers familiarized themselves with the specific needs of victims/survivors of sexual violence and with the Health Care in Danger initiative.

The ICRC visited detainees in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu – in accordance with its standard procedures – to monitor their treatment and living conditions, and checked on the situation of migrants in facilities on Manus Island and in Nauru. Later, it discussed its findings with the authorities concerned, to help them make the necessary improvements. It strengthened dialogue with the authorities in Australia, Nauru and Papua New Guinea on migrants’ concerns, such as their access to health care, their psychological well-being, and their legal status.

In Papua New Guinea, the ICRC worked with the authorities to improve detainees’ living conditions and access to health care – for instance, by helping train health staff, implementing a project for growing vegetables in one prison, and renovating or upgrading infrastructure. It did the same in Fiji.

Members of families separated by detention, migration or other circumstances connected with each other through Movement family-links services. The ICRC arranged for detainees in Papua New Guinea and the Solomon Islands to be visited by relatives. In Bougainville, the ICRC and a working group – made up of representatives from various government bodies and an NGO – continued to discuss the creation of a mechanism to address the needs of the families of people unaccounted for since the armed conflict in Bougainville in the 1990s.

The ICRC fostered support for IHL and other norms, and for Movement activities, through regional events and regular dialogue with national and regional authorities, armed forces personnel and members of civil society. It also fostered respect for international standards for law enforcement – for instance, through briefings and workshops for police officers in Papua New Guinea. Military and government officials attended a regional event in Australia on the applicability of IHL to new technologies of warfare; at another event, representatives from 14 countries learnt more about IHL-related treaties and their implementation. A national IHL committee was established in Vanuatu.

The ICRC – together with the National Societies of Australia and New Zealand, and the International Federation – helped to strengthen organizational and other capacities among Pacific Islands National Societies.

CIVILIANS

Local leaders agree to rules regarding fighting in the Western Highlands

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. During discussions with the pertinent parties, the ICRC emphasized the necessity of: ensuring protection for civilians during armed violence, including from sexual violence; protecting medical services; facilitating impartial treatment for the wounded, the sick and victims/survivors of sexual violence; and safeguarding children and their access to education. The ICRC relayed documented allegations of unlawful conduct to the parties concerned, and urged them to prevent such misconduct.

At the ICRC's urging and with its assistance, local leaders in the Western Highlands signed an agreement on traditional rules regulating communal violence; these rules included provisions on protecting civilians – including women and children – and health facilities and schools.

Police personnel in Papua New Guinea, including officers stationed on Manus Island, familiarized themselves with international policing standards – for arrests and detention, and the use of force – at ICRC briefings and training sessions.

The ICRC helped military and police forces across the region to incorporate pertinent IHL provisions and international policing standards in their doctrine, training and operations (see *Actors of influence*).

Migrants at the processing centre on Manus Island were transferred after its closure – in 2017 – to other facilities on the island, in Lorengau. The ICRC strengthened dialogue with the authorities in Australia, Nauru and Papua New Guinea on matters of persistent concern to these migrants and those in Nauru, such as access to health-care services, mental-health issues, child-protection issues and uncertainty about their status. It urged the authorities to find lasting solutions for these issues.

Earthquake victims in Papua New Guinea meet their immediate needs with ICRC aid

Following the earthquake (see *Context*), the ICRC ramped up its emergency response and, during the first half of the year, concentrated on helping displaced households in the violence-affected areas of the Hela and the Southern Highlands.

In all, 23,413 people (4,266 households) affected by natural disasters and/or by violence in the Highlands met their basic needs with emergency aid – shelter materials, hygiene items and cooking utensils – from the ICRC. The ICRC also helped to make repairs and renovations at health facilities and educational facilities (see below), many of which served as communal areas in the days following the earthquake. The ICRC closely coordinated its activities with the Papua New Guinea Red Cross Society and other Movement partners.

Households strengthen their resilience to the effects of violence

The Papua New Guinea Red Cross and the ICRC worked with communities in Papua New Guinea to mitigate the effects of armed violence and natural disasters on people's access to basic services, and to strengthen their resilience.

Following the renovation of water infrastructure at public facilities serving as communal areas – such as community centres and schools – some 9,400 people in the Highlands had more reliable access to safe water, and a larger supply of it. The construction of rainwater-harvesting facilities also broadened their access to water. Some of these people, and around 1,400 others, benefited from the construction of latrines and other sanitation facilities. Among the people who benefited from all these activities were women who, notably, had reduced exposure to risks to their safety with the availability of water sources closer to their homes.

In Hela and Enga, and the Southern Highlands, 26 particularly vulnerable households affected by violence (supporting 134 people) – including households headed by women – used cash grants and vocational training from the ICRC to begin earning an income and to cover their household expenses, by starting small businesses, for instance.

The National Society strengthened its capacities in various areas – such as improving water infrastructure and implementing livelihood-support projects and providing family-links services – with training and other ICRC support (see also *Red Cross and Red Crescent Movement*).

Victims/survivors of sexual violence obtain suitable care

In Papua New Guinea, around 400 community members learnt how to administer first aid – to treat people wounded in clashes, for example – during training sessions by the National Society and the ICRC.

At ICRC seminars, doctors, nurses and other personnel at hospitals in violence-prone areas developed their ability to treat seriously wounded people. Medical supplies and equipment from the ICRC enabled five hospitals to be better prepared for emergencies. Health personnel bolstered their capacity to provide timely and suitable care to victims/survivors of sexual violence, through training organized by the health ministry and the ICRC; aided by the ICRC, the health ministry produced informational materials to broaden public awareness of issues related to sexual violence. Victims/survivors of sexual violence and other abuse received counselling and specialized care at family-support units in ICRC-supported hospitals (see below). ICRC dissemination sessions enabled health personnel to familiarize themselves with the objectives of the Health Care in Danger initiative.

Hospitals, and seven health centres and other health facilities in all, expanded their capacities with ICRC support, which included renovations and maintenance work. The ICRC built a new health centre in Uma, in the Southern Highlands. Regular support from the ICRC – supplies and equipment, training and expert advice – enabled two health posts to improve their services; these facilities also conducted vaccination campaigns. The ICRC covered transportation costs for some patients who had to travel long distances.

Forensic professionals attend an international experts' meeting

The authorities in Bougainville, the ICRC, and a working group – made up of representatives from various government bodies and an NGO – continued to discuss the creation of a mechanism to ascertain the fate of people unaccounted for since the armed conflict in Bougainville in the 1990s and to provide support for their relatives. The ICRC met with local authorities and community members and drew their attention to the plight of missing people's families. Communities organized ceremonies to commemorate missing people, with the ICRC's assistance.

The ICRC sponsored forensic specialists from Fiji and the Solomon Islands to attend an experts' meeting abroad, and develop their professional capacities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at selected places of detention in Fiji, Papua New Guinea, the Solomon Islands and Vanuatu were visited by the ICRC in accordance with its standard procedures, and their treatment and living conditions were monitored. In Papua New Guinea, people held in police stations, and at facilities run by the correctional services, received particular attention.

The ICRC discussed its findings and recommendations with the detaining authorities, to help them make the necessary improvements. Dialogue with police commands in Papua New Guinea covered various subjects, including the needs of minors and other particularly vulnerable detainees.

The ICRC visited migrants staying on Manus Island (see *Civilians*), and continued to discuss their concerns with the pertinent authorities.

Detainees diversify their diet through an ICRC-backed project

The Fijian correctional services provided training in basic health-care provision for medical orderlies; this included sessions – on first aid and health care in prisons – organised by the ICRC and delivered by Fiji Red Cross Society. These personnel were then assigned to various correctional centres in Fiji. Aided by the ICRC, the authorities developed a standardized form for screening new detainees.

Prison authorities from Fiji, Papua New Guinea and the Solomon Islands attended regional conferences on health care in places of detention, where they learnt more about best practices in the region.

In Papua New Guinea, correctional services authorities took steps – such as using a standardized form for screening new detainees – to ensure the availability of good-quality health

care in detention facilities; the ICRC provided training, and technical and material support. Training and internships organized by the ICRC helped health staff to develop the necessary capacities – for instance, in basic mental-health care. Children living with their mothers in detention facilities were vaccinated against polio.

Infrastructural improvements undertaken with ICRC support – for instance, to water-supply systems and a medical laboratory – enabled prison authorities to ease detention conditions. Some 460 detainees at two prisons diversified their diet with vegetables they grew under a pilot project set up by the penitentiary authorities and the ICRC; the activity also enabled them to get additional physical exercise.

Nearly 300 detainees at police lock-ups throughout the Southern Highlands and Bougainville benefited from such improvements as renovations to water infrastructure, installation of solar-powered lighting systems, and increased ventilation. Some detainees received recreational and hygiene items, and sleeping mats, from the ICRC.

Detainees in Papua New Guinea and the Solomon Islands are visited by their families

In Kerevat, Papua New Guinea, detainees were visited by their relatives, whose transport costs were covered by the ICRC. In the Solomon Islands, detainees serving life sentences received family visits financed by the Solomon Islands Red Cross with ICRC support.

The ICRC maintained its efforts to resolve tracing requests, made in 2015, by people formerly held at the Manus Island processing centre.

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji Islands	Papua New Guinea	Solomon Islands	Vanuatu
ICRC visits				
Places of detention visited	10	13	4	5
Detainees in places of detention visited	1,961	2,074	453	203
<i>of whom women</i>		109	1	4
<i>of whom minors</i>		93	2	
Visits carried out	12	23	4	5
Detainees visited and monitored individually	39	10	7	
<i>of whom women</i>		2		
<i>of whom boys</i>		1		
Detainees newly registered	24	9		
<i>of whom women</i>		2		
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed			3	
Detainees visited by their relatives with ICRC/National Society support		8	10	

ACTORS OF INFLUENCE

The ICRC continued to draw the attention of national and regional authorities to issues of humanitarian concern, and to cultivate support for its response to these issues. It engaged them in dialogue to this end, including high-level meetings and briefings during the ICRC president's visits to Australia and New Zealand. Dialogue with the authorities also covered such matters as migration-related issues, and the ICRC's activities in key contexts. The ICRC also held meetings with various influential regional bodies.

Senior military officials familiarize themselves with IHL

The ICRC conducted workshops for weapon bearers across the region, with a view to promoting respect for IHL and pertinent international standards (see also *Civilians*).

ICRC dissemination sessions, including one held at a military college, enabled Australian military personnel to add to their knowledge of IHL. Senior commanders drew on ICRC expertise to plan training exercises, and to strengthen their capacity to ensure compliance with IHL during operations. During a regional event, organized by an Australian university with the ICRC's guidance, military and government officials discussed the applicability of IHL to new technologies of warfare.

Military personnel from across the region attended ICRC-organized training, conferences and other events abroad: the ICRC sponsored senior military lawyers to participate in round-tables abroad, and one senior official from New Zealand attended a workshop in San Remo, Italy.

The ICRC maintained its dialogue on international policing standards with the Pacific Islands Chiefs of Police. The annual regional workshop for police forces did not take place, because of the general elections in Suva.

States discuss implementation of IHL-related treaties

The annual Pacific Islands Forum took place in Nauru, and was attended by leaders from countries and territories in the Pacific. The ICRC attended the event as observer; it also lent its expertise for various purposes, such as drafting a declaration on regional security.

Governments throughout the Asia-Pacific region drew on ICRC expertise to accede to or ratify IHL-related treaties. At a regional conference hosted by the governments of Australia and New Zealand, representatives from 14 countries discussed the Arms Trade Treaty, the Convention on Cluster Munitions and the Anti-Personnel Mine Ban Convention. A government working group in Nauru met to discuss the next steps for implementing treaties that Nauru had joined. In Fiji, the authorities organized a national consultation on ratifying the Hague Convention on Cultural Property; a task force established after this event held a train-the-trainer workshop on the Hague Convention for military instructors. The Cook Islands, New Zealand, Palau, Samoa and Vanuatu became party to the Treaty on the Prohibition of Nuclear Weapons.

In Papua New Guinea, the national IHL committee – established in 2017, with the ICRC's encouragement – learnt more about the 1977 Additional Protocols through an ICRC training session, which it had requested.

Vanuatu formally established a national IHL committee; its members met, with the ICRC's financial and technical support.

Legal experts and academics strengthen their grasp of IHL

At an annual conference on international law, lawyers from throughout the region exchanged views on IHL and other related matters at a panel discussion organized by the Australian and New Zealand National Societies and the ICRC. This contributed to shaping discussions on IHL.

In Australia and New Zealand, the ICRC organized – sometimes jointly with a university – conferences and other events for students, including future diplomats, and members of civil society; these events helped stimulate debate on IHL and related matters. Students from Australia and New Zealand competed in national and regional moot court competitions with the ICRC's support. In Australia, one university established a post-graduate course in IHL, which drew on ICRC teaching materials; another held a clinic on international law, which included an ICRC presentation on IHL. The ICRC sponsored an Australian academic to attend an experts' workshop abroad on IHL and its points of correspondence with Islamic jurisprudence.

The ICRC president's visit to the region was widely covered by local and international media, and drew attention to humanitarian issues and the ICRC's work in the Asia-Pacific region. Members of the general public learnt more about these matters through other means as well: presentations, articles published online and short educational videos – for instance – by the ICRC. Particularly in Australia, the ICRC helped the media cover humanitarian issues by briefing them regularly; journalists throughout the region made use of information provided by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies strengthened their capacities and broadened awareness of IHL with technical and material support from the ICRC and other Movement partners. Movement components in the region coordinated their activities through regular dialogue, and through events such as a regional meeting of National Society leaders.

Aided by the Australian and New Zealand National Societies, the International Federation and the ICRC, the Papua New Guinea Red Cross Society continued to take steps to implement organizational reforms. Representatives from Pacific Island National Societies and the ICRC continued to discuss how family-links and other capacities should be developed to be able to respond more effectively to natural disasters and other emergencies in the region.

The Australian and New Zealand Societies, jointly with the ICRC, trained staff bound for humanitarian operations abroad.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	8			
Phone calls facilitated between family members	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1			
Tracing cases still being handled at the end of the reporting period (people)	20	5	1	3
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	32			
Detainees in places of detention visited	4,691	114	95	
Visits carried out	44			
		Women	Girls	Boys
Detainees visited and monitored individually	56	2		1
<i>of whom newly registered</i>	33	2		
RCMs and other means of family contact				
RCMs collected	1			
RCMs distributed	3			
Detainees visited by their relatives with ICRC/National Society support	18			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	134	41	52
Living conditions	Beneficiaries	23,413	7,224	8,713
	<i>of whom IDPs</i>	11,220	3,367	4,416
Water and habitat				
Water and habitat activities	Beneficiaries	10,849	4,377	2,188
Health				
Health centres supported	Structures	7		
Average catchment population		16,301		
Consultations		6,968		
	<i>of which curative</i>	6,325	155	37
	<i>of which antenatal</i>	643		
Immunizations	Patients	28,591		
<i>of whom children aged 5 or under who were vaccinated against polio</i>		13,160		
Referrals to a second level of care	Patients	36		
<i>of whom gynaecological/obstetric cases</i>		7		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	459	66	45
Water and habitat				
Water and habitat activities	Beneficiaries	275	22	
Health				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		62		
Weapon-wound admissions (surgical and non-surgical admissions)		62		
Weapon-wound surgeries performed		78		
First aid				
First-aid training				
	Sessions	18		
	Participants (aggregated monthly data)	339		
Water and habitat				
Water and habitat activities	Beds	25		