

ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS

In 2013:

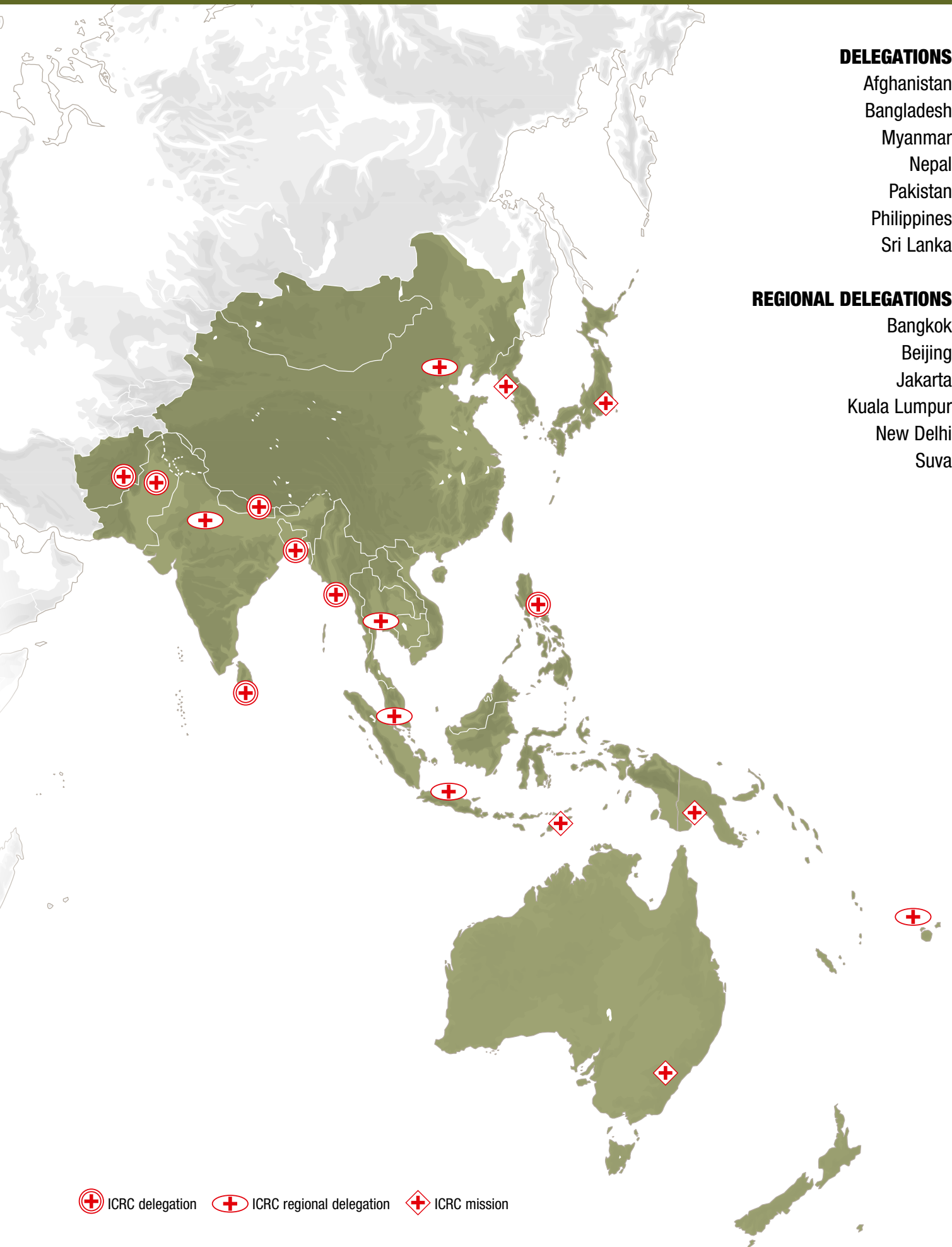
- ▶ in parts of the region, authorities and weapon bearers showed support for the ICRC, notably by enabling it to continue assisting vulnerable people in Afghanistan, in spite of constraints, and to expand activities in Myanmar
- ▶ the wounded and sick received timely and quality first aid, preventive and curative medical care and/or physical rehabilitation services from ICRC-supported emergency responders, health staff and facilities
- ▶ detainees faced reduced health risks, particularly those caused by overcrowding, such as TB, following ICRC visits and after the authorities took steps to improve health care services and water and sanitation infrastructure
- ▶ despite some access and acceptance constraints faced by the ICRC in some contexts, victims of conflict/violence and complex emergencies addressed their short- and long-term needs through relief goods and livelihood assistance
- ▶ people separated by conflict/violence, migration or natural disasters kept in touch/were reunited via the family-links network run by the region's National Societies and the ICRC
- ▶ the authorities and civil society members worked with the ICRC to promote respect for humanitarian principles, IHL, international human rights law and internationally recognized standards, including by co-organizing seminars

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	7,944
RCMs distributed	11,362
Phone calls facilitated between family members	3,621
People located (tracing cases closed positively)	1,256
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	218,068
Detainees visited and monitored individually	6,758
Number of visits carried out	872
Number of places of detention visited	440
Restoring family links	
RCMs collected	11,339
RCMs distributed	6,949
Phone calls made to families to inform them of the whereabouts of a detained relative	2,653

ASSISTANCE	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)	
Food commodities	Beneficiaries 773,423
Essential household items	Beneficiaries 738,805
Productive inputs	Beneficiaries 839,521
Cash	Beneficiaries 241,574
Vouchers	Beneficiaries 11,200
Work, services and training	Beneficiaries 272,873
Water and habitat activities	Beneficiaries 597,738
Health	
Health centres supported	Structures 239
WOUNDED AND SICK	
Hospitals	
Hospitals supported	Structures 107
Water and habitat	
Water and habitat activities	Number of beds 4,519
Physical rehabilitation	
Centres supported	Structures 33
Patients receiving services	Patients 133,687

EXPENDITURE (in KCHF)	
Protection	36,453
Assistance	130,092
Prevention	28,570
Cooperation with National Societies	15,705
General	1,079
211,900	
<i>of which: Overheads 12,733</i>	

IMPLEMENTATION RATE	
Expenditure/yearly budget	86%
PERSONNEL	
Mobile staff	359
Resident staff (daily workers not included)	3,002




DELEGATIONS

Afghanistan
Bangladesh
Myanmar
Nepal
Pakistan
Philippines
Sri Lanka

REGIONAL DELEGATIONS

Bangkok
Beijing
Jakarta
Kuala Lumpur
New Delhi
Suva

 ICRC delegation  ICRC regional delegation  ICRC mission



ASIA AND THE PACIFIC

In 2013, the ICRC pursued its efforts in Asia and the Pacific to respond to the needs of victims of armed conflict in Afghanistan, other ongoing and past conflicts and other situations of violence, natural disasters, as in the Philippines, and other situations of concern to the organization. It continued strengthening its relations with and promoting its “150 years of humanitarian action” initiative among the authorities, weapon bearers and key members of civil society to garner support for its neutral, impartial and independent humanitarian action, especially in countries where it faced difficulties in relation to access and acceptance. In Afghanistan, for instance, following sporadic restrictions imposed by armed groups on the transport of ICRC supplies throughout the year and an attack on the ICRC office in Jalalabad in May, the organization engaged in further dialogue with stakeholders to ensure it was able to continue providing assistance to the most vulnerable, albeit on a different scale. It strengthened its ties with the Myanmar authorities, community leaders and an armed group, thus obtaining access to north-eastern states and maintaining its assistance to both Muslim and Rakhine people affected by intercommunal tensions/clashes in Rakhine state. As a result of discussions with the Pakistani authorities, it resumed some activities under the terms of the 1994 headquarters agreement and reviewed other areas of possible cooperation, notably restarting support for the casualty care chain. It made little progress, however, in negotiations to

renew its headquarters agreement and to resume prison visits in Indonesia. Assistance to communities in Chhattisgarh, India, ended in June, at the government’s request.

With support from the regional resource centre attached to the Kuala Lumpur delegation (Malaysia), ICRC delegations continued to promote understanding of and respect for humanitarian principles and IHL, linking them, as appropriate, with regional and local issues. Those issues included prison overcrowding, migration, the needs of families of persons unaccounted for, the presence of mines/explosive remnants of war and peacekeeping, as well as new topics of interest such as cyber warfare. To support these efforts, the ICRC participated in and held various regional events, for instance, a consultation on the “Strengthening IHL” process co-organized with the Malaysian government and a workshop on protecting medical personnel and facilities during military operations, in line with the goals of the Health Care in Danger project, hosted by the Australian government and armed forces. The ICRC continued to update its database on customary IHL and used existing findings to adapt its offer of expertise and technical support to governments for acceding to IHL instruments and enacting national legislation, to armed and security forces for integrating IHL, relevant internationally recognized standards and humanitarian practices into their doctrine, training and operations, and to relevant universities for including humanitarian principles and IHL in

their curricula. Such support facilitated the signing of the Arms Trade Treaty by eight Pacific States and the establishment of the Bangladeshi IHL committee. The education ministries and National Societies of 10 countries, including China, the Republic of Korea, Malaysia, Mongolia and Singapore, received similar support, tailored to the degree of implementation of the Exploring Humanitarian Law programme in their countries; in Thailand, they assumed full responsibility for the programme. Cooperation with key regional players, such as the Association of Southeast Asian Nations (ASEAN), helped reinforce these initiatives. Moreover, the ICRC president explored possible areas of cooperation with the authorities of six countries he visited, including China, the Democratic People's Republic of Korea (hereafter DPRK), Japan and the Republic of Korea, where officials expressed interest in strengthening their partnership with the organization.

Its partnerships with the region's National Societies allowed the ICRC to increase the coverage or effectiveness of its operations, particularly in Afghanistan, Myanmar, Nepal, Pakistan and the Philippines. In Afghanistan, this partnership, combined with intense networking and adapted working procedures, was pivotal to reaching some of the most affected communities. At the same time, the ICRC provided National Societies with technical, financial and material support to develop their own profiles and activities and to strengthen their capacities to respond to the needs resulting from emergencies in accordance with the Movement's Fundamental Principles. As in the past, ICRC activities were also coordinated with the International Federation, other Movement partners, UN agencies and other humanitarian players in fields of common interest, to maximize impact and avoid gaps or duplication, for instance, in the Philippines following Typhoon Haiyan.

While working to gain acceptance and support, the ICRC provided tailored responses, in a neutral and impartial way, to the needs of more people affected by conflicts or other situations of violence, including some who also suffered from the devastation caused by natural disasters. These victims faced difficulties in accessing essential and high-quality services, notably health care, food sources and/or a means of livelihood. In contexts where IHL applied and dialogue was forthcoming, such as after an outbreak of hostilities in Zamboanga City, Philippines, the ICRC reminded the parties to conflicts of their obligation to respect those not or no longer taking part in the fighting and the need to allow medical and humanitarian workers to access victims. Despite the limitations imposed on its operations in Afghanistan, the ICRC sought to improve access to adequate first aid and surgical care for civilian casualties and other weapon-wounded patients and continued to provide support for hospitals. It provided similar assistance in Bangladesh, the DPRK, India, Myanmar, Nepal, Papua New Guinea, the Philippines and Thailand, which received people wounded along the border with Myanmar. It did so by financing or carrying out evacuations, providing support for ambulance services, training medical staff and first responders, equipping first-aid posts and hospitals, and covering patients' treatment costs, as needed. Several ICRC health teams worked alongside National Society staff on loan and local health personnel to provide these services. In Kachin state, Myanmar, hospitals run by the government or by an armed group received medical supplies to boost their capacities. The renovation/reconfiguration of the Mirwais Hospital's entrances and rooms by the Afghan Health Ministry/ICRC reduced patients' exposure to conflict-related risks.

Primary health care centres and National Society emergency, fixed and mobile health clinics in Afghanistan, India, Myanmar, Pakistan and the Philippines received ICRC supplies, training, infrastructure and maintenance support, enabling them to provide quality preventive and curative health care.

In 11 countries, including Afghanistan, Bangladesh, Cambodia, China, the DPRK and Myanmar, the ICRC provided assistance for the provision of physical rehabilitation services to and the social reintegration of amputees and other disabled patients. Nearly 134,000 such patients, including mine victims, regained their mobility at ICRC-supported centres. In some countries, the National Society, assisted by the ICRC, ran outreach programmes to identify, transport and accommodate vulnerable amputees, particularly those from remote areas. With the National Societies of, for example, the Lao People's Democratic Republic (hereafter Lao PDR), Pakistan and Viet Nam, the ICRC took steps to decrease the number of victims of mines/explosive remnants of war through risk-education sessions.

Together with the National Societies, the ICRC responded to the immediate needs of victims of armed conflicts, other situations of violence and natural disasters, including IDPs and host communities. Over 773,000 people in Afghanistan, Bangladesh, Myanmar and the Philippines, particularly victims of Typhoons Bopha and Haiyan, coped with their losses using emergency food rations, often accompanied by essential household items. Water-trucking services and the installation of water and sanitation facilities helped reduce health hazards.

Whenever possible, the ICRC endeavoured to contribute to early recovery. Communities regained access to clean water for drinking and/or irrigation through various projects aimed at building or rehabilitating permanent water and sanitation infrastructure in cooperation with the local authorities and the community members themselves. Residents, IDPs and returnees affected by ongoing fighting and unrest, including in Afghanistan and southern Thailand, the consequences of past conflicts in Nepal and Sri Lanka or natural disasters in the Philippines, restored their incomes through various livelihood initiatives, usually carried out with the help of local partners. Nearly 840,000 people started or resumed agricultural activities using distributed seed and tools; others set up small businesses with the help of cash grants and business management training. Community members boosted their incomes by working in exchange for cash, for example on the construction/rehabilitation of communal infrastructure in Afghanistan and Myanmar and on storm-resilient shelters in Typhoon Bopha-affected provinces in the Philippines.

Owing to the authorities' understanding and recognition of the ICRC's neutral and independent stance and longstanding experience in the field of detention, ICRC delegates were able to visit detainees, particularly those held in relation to armed conflicts and other situations of violence or for reasons of State security. In 13 countries, including Afghanistan, Fiji, India (in relation to the situation in Jammu and Kashmir), Malaysia, Papua New Guinea and Thailand, inmates received visits in accordance with the ICRC's standard procedures. Following these visits, delegates submitted confidential reports to the authorities containing, where necessary, recommendations for improving treatment or living conditions. In Myanmar and Sri Lanka, the ICRC resumed its visits, previously suspended by the authorities, to detainees

in prisons and rehabilitation centres. An ICRC offer of service to conduct similar visits to inmates in Bangladesh remained under discussion with the authorities. The ICRC and officials of Afghanistan and the United States of America discussed the need to safeguard the rights of detainees transferred from US to Afghan custody at the Parwan detention facility.

Efforts continued to improve the living conditions of the general prison population in the most problematic detention facilities. While boosting their technical and managerial capacities thanks to ICRC support, the detaining authorities worked with the organization to find solutions to the causes and consequences of overcrowding and to strengthen health care services, including with regard to TB, as in Cambodia and the Philippines. Chinese and Lao authorities broadened their knowledge of prison management practices during ICRC-organized tours in detention facilities abroad. In the Philippines, the justice system resolved the cases of some inmates in one pilot jail more quickly, contributing to a fall in the detainee population there. National seminars, as in China, India and Malaysia, enabled stakeholders to discuss ways to enhance detainee health care, while a regional seminar in Cambodia focused on environmental engineering and design standards. Infrastructure improvement projects, notably for water and sanitation facilities, reduced the health risks faced by over 117,000 detainees, including those in a centre in the Lao PDR and women and juveniles in Afghanistan.

The ICRC also strove to address the needs of vulnerable migrants. It provided hygiene kits to deported migrants, including children, in western Mindanao, Philippines, easing their living conditions while in transit. It discussed the plight of migrants held in offshore processing centres in Nauru and Papua New Guinea with government bodies in those countries and in Australia. ICRC delegates regularly visited detained migrants in Malaysia and Thailand.

In line with the Movement's Restoring Family Links Strategy, National Societies and ICRC delegations continued to develop and offer services to family members separated by armed conflicts, other situations of violence, migration or natural disasters. They organized RCM, tracing and sometimes telephone/videoconference services to help people contact relatives, including those detained locally or abroad; they also issued travel documents, allowing asylum seekers to resettle in a host country. The ICRC impressed upon the governments and National Societies of the Korean peninsula the importance of finding a solution to the prolonged anguish endured by family members split up by the 1950–53 Korean War. It pursued efforts to improve the capacities of governments and local players in Indonesia, Nepal, Papua New Guinea (Bougainville), Sri Lanka and Timor-Leste to address the issue of persons unaccounted for. This included psychological, social, economic and legal support, provided directly or indirectly to families of missing persons. Such support was expanded to 10 additional districts in Nepal after a review revealed that the well-being of previous beneficiaries had improved. Training in the correct handling of human remains helped ensure that people were accounted for. The ICRC continued to act as a neutral intermediary in facilitating the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION													
	CIVILIANS												
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors
Afghanistan	6,919	9,193	3,122				1	620	1,081		29,440	570	711
Bangladesh	112	214	17				4		7				
Myanmar	123	124				6			25		20,918	3,258	187
Nepal	41	43		1,360	1,401				29	44			
Pakistan	557	1,427	402						44				
Philippines	13	16			4,064				8		79,712	5,836	400
Sri Lanka	18	126	80			18			55	15	834	40	
Bangkok (regional)										37	64,129	3,247	267
Jakarta (regional)	45	35							7		339		25
Kuala Lumpur (regional)	72	137									17,946	1,664	637
New Delhi (regional)										687	451	1	8
Suva (regional)	44	47									4,299	311	197
Total	7,944	11,362	3,621	1,360	5,465	24	5	620	1,256	783	218,068	14,927	2,432

* Unaccompanied minors/separated children

PROTECTION

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited and monitored individually	of whom women	of whom minors	Detainees newly registered	of whom women	of whom minors	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
3,053	9	99	1,444	7	58	173	80	9,507	6,320	870	2,726	5	29	Afghanistan
														Bangladesh
153	2	31	110	2	31	22	18	695	130	106	70		11	Myanmar
								56	31				6	Nepal
													3	Pakistan
1,025	54	17	496	18	15	397	195	18	5	163	298			Philippines
834	40		193	8		53	27	157	25	50	922		709	Sri Lanka
555	10	2	208	3	2	122	63	705	363	412	117			Bangkok (regional)
						1	1		1				52	Jakarta (regional)
672	38	316	671	38	315	29	15	128	27	1,035				Kuala Lumpur (regional)
411	1	8	146	1	5	30	17	1	10	8	123			New Delhi (regional)
55			23			45	24	72	37	9	51		4	Suva (regional)
6,758	154	473	3,291	77	426	872	440	11,339	6,949	2,653	4,307	5	814	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries							Health centres						
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Afghanistan	112,261	82,335	625,690	80,170	11,200	255,141	386,390	45	974,295	1,076,427	478,109		38,230	25,804
Bangladesh	892	4,022		613										
Myanmar		28,153	13,687	3,422		5,282	28,305	183	636,000				15,701	28,106
Nepal		3,725		4,366		6								
Pakistan								6	67,782	74,499	4,167		891	
Philippines	659,725	610,339	199,134	152,000		12,444	165,584	1	53,426	7,193			14,675	30,824
Sri Lanka				615			12,985						9,839	2,250
Bangkok (regional)	125	384	354									542	53,773	27,363
Beijing (regional)														
Kuala Lumpur (regional)												1,136	5,587	
New Delhi (regional)	420	1,772	656	388			3,064	4	57,800	16,422	10			
Suva (regional)		8,075					1,410						2,043	2,700
Total	773,423	738,805	839,521	241,574	11,200	272,873	597,738	239	1,789,303	1,174,541	482,286	1,678	140,739	117,047
of whom women	32%	25%	33%	28%	45%	31%	36%			392,550				
of whom children	39%	26%	37%	30%	35%	39%	40%			480,280	372,247			
of whom IDPs	133,763	316,391	25,829	71,114		161	28,871							

ASSISTANCE

WOUNDED AND SICK

Hospitals				First aid			Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	of which provided data	Wounded patients treated	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
24	2	52,474	2,023				8	94,868	1,084	5,421	4,335	12,775	56,291	Afghanistan
2							2	630	150	480	161	887		Bangladesh
16							4	4,559	538	393	1,741	1,071	952	Myanmar
36				43	43	13,597	2	1,371	79	87	115	138	186	Nepal
1	1	538	133				4	16,836	2,239	3,771	2,578	5,830	7,087	Pakistan
23	15	200,662	978				1	408	45	7	98	13	346	Philippines
							1	1,573	104	153	320	325	708	Sri Lanka
							3	11,063	204	310	1,597	1,166	3,191	Bangkok (regional)
5	1	128					3	957	378	6	803	10	727	Beijing (regional)
														Kuala Lumpur (regional)
														New Delhi (regional)
							5	1,422	164	213	285	339	768	Suva (regional)
107	19	253,802	3,134	43	43	13,597	33	133,687	4,985	10,841	12,033	22,554	70,256	Total
		135,035	329					19,971	577	1,857	1,281	3,437		of whom women
		64,379	101					38,504	353	5,118	680	11,584		of whom children
of which for victims of mine or explosive remnants of war											5,621	364		of whom IDPs

AFGHANISTAN



+ ICRC delegation + ICRC sub-delegation + ICRC office/presence + ICRC-supported hospital
 + ICRC regional logistics centre + ICRC-supported prosthetic/orthotic centre
 * Hospital run fully by the ICRC ** Map shows structures supporting ICRC operations in Afghanistan

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ following an attack on the ICRC office in Jalalabad on 29 May, the ICRC changed its set-up, adjusting some of its programmes and working with fewer offices and with some of its staff based abroad
- ▶ dialogue with parties to the conflict, including at high level, encouraged them to respect IHL, resulting in fewer ambulances being delayed at checkpoints in two areas and the restoration of disrupted ICRC supply lines
- ▶ detainees visited by the ICRC saw their treatment and living conditions improve, notably as a result of feedback given to the authorities, access to family-links services and rehabilitated infrastructure
- ▶ Afghan Red Crescent Society clinics and community-based volunteers improved the quality of their services with Swedish Red Cross/ICRC support for their capacity-building efforts
- ▶ Afghan authorities took steps to protect health services, including in Mirwais hospital where the authorities reconfigured entrances/rooms and confirmed their commitment to ensuring security
- ▶ in spite of limited access, thousands of particularly vulnerable people, including disabled patients, received National Society/ICRC assistance to meet their nutritional needs and restore their livelihoods

EXPENDITURE (in KCHF)	
Protection	12,529
Assistance	57,415
Prevention	4,410
Cooperation with National Societies	2,462
General	-

76,816

of which: Overheads **4,688**

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	116
Resident staff (daily workers not included)	1,613

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	6,919
RCMs distributed	9,193
Phone calls facilitated between family members	3,122
People located (tracing cases closed positively)	1,081
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	29,440
Detainees visited and monitored individually	3,053
Number of visits carried out	173
Number of places of detention visited	80
Restoring family links	
RCMs collected	9,507
RCMs distributed	6,320
Phone calls made to families to inform them of the whereabouts of a detained relative	870

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	134,050	112,261
Essential household items	Beneficiaries	114,150	82,335
Productive inputs	Beneficiaries	91,000	625,690
Cash	Beneficiaries	5,110	80,170
Vouchers	Beneficiaries		11,200
Work, services and training	Beneficiaries	560	255,141
Water and habitat activities	Beneficiaries	220,000	386,390
Health			
Health centres supported	Structures	48	45
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	2	24
Water and habitat			
Water and habitat activities	Number of beds		896
Physical rehabilitation			
Centres supported	Structures	8	8
Patients receiving services	Patients	80,000	94,868

CONTEXT

Responsibility for security was handed over to Afghan forces, while international troops continued their departure. Having begun the process in 2012, the United States of America (hereafter US) completed in May the transfer to Afghan authority of some 4,000 detainees/internees held at the Parwan detention facility.

As the security situation deteriorated, humanitarian needs grew. Civilians bore the brunt of the fighting, which caused death, injury and displacement, and impeded access to essential services. Many lost their mainly agriculture-based livelihoods; infrastructure, where not destroyed, was in disrepair.

The fragmentation of the political/military landscape and the volatility of the situation complicated matters, blurring communication lines and further restricting access. Humanitarian workers continued to be attacked. On 29 May, the ICRC office in Jalalabad was attacked by unknown persons, resulting in the death of one ICRC staff member and injuries to others.

ICRC ACTION AND RESULTS

The ICRC reviewed its operations in light of the insecurity, consulting the authorities and other key stakeholders as it did so. While it aimed to reduce the risks to its staff, the ICRC remained committed to providing humanitarian assistance in Afghanistan; hence, following the partial suspension of its activities in the immediate aftermath of the Jalalabad attack, it resumed its activities with a revised set-up, adjusting some programmes and working with fewer offices and with some staff members based abroad.

The Afghan Red Crescent Society and the ICRC faced difficulties throughout the year in reaching many parts of the country and in conducting their activities. For instance, the main armed group sporadically placed restrictions on the transport of ICRC supplies throughout the year, often disrupting the delivery of aid. The ICRC therefore focused on maintaining/developing its dialogue with the parties to the conflict, with a view to furthering their understanding of the National Society/ICRC's work and improving access to the people affected. In these – sometimes high-level – discussions, the ICRC reminded the Afghan and international forces and the main armed group of their obligations under IHL, including protecting medical services, for which various ministries began initiatives. The ICRC also called the parties' attention to alleged IHL violations. ICRC presentations and materials, delivered to military/police personnel, government officials and influential community leaders, reinforced the dialogue at the working level. This resulted in fewer ambulances being delayed at checkpoints in two areas, resumption of ICRC visits to detainees held under the authority of the Afghan National Police, and, in spite of continuing challenges, the restoration of some of the ICRC's supply lines.

Delegates continued to visit detainees under Afghan, NATO/International Security Assistance Force (ISAF) and US authority according to standard ICRC procedures and shared their findings and recommendations confidentially with the authorities concerned. Through briefings and dialogue, the ICRC supported Afghan and US authorities in safeguarding the rights of the detainees transferred from US to Afghan custody at the Parwan detention facility. It enabled detainees/internees to contact their families, including through a new phone system adapted to reach remote areas, and foreign detainees to get in touch with their consular

officials. The ICRC helped the authorities respond to emergencies and sustainably improve detainees' living conditions by supporting the repair/rehabilitation of water, sanitation and health infrastructure and by advising prison staff on health issues.

Despite the constraints mentioned above, the soundness of their working relationship enabled National Society/ICRC teams, with local partners, to reach some of the most affected communities.

The National Society/ICRC helped address health needs by taking a comprehensive approach throughout the casualty care chain. First-aid training enabled volunteers, including women, and weapon bearers to save lives, while an ICRC-funded transport system in the south evacuated the wounded to hospital. Providing supplies, equipment and training, the ICRC and other Movement partners helped the National Society improve services offered by its clinics and community-based first-aiders. Regular support to the Health Ministry-run Mirwais and Shiberghan hospitals, ad hoc provisions of supplies to other hospitals and training for health professionals helped boost the quality of higher-level care. Services provided by ICRC-run physical rehabilitation centres helped the disabled to regain self-sufficiency and reintegrate into their communities.

The ICRC also worked to effect long-term improvement in conflict-affected communities. It enlisted community support in rehabilitating irrigation systems and other damaged infrastructure in exchange for food or cash, which helped people earn an income and boosted communal resources. The ICRC assisted communities in resuming/protecting income-generating activities through micro-credits, animal health programmes and provision of agricultural inputs. It supported the repair/construction of water systems to improve water quality and sanitation in rural and urban areas.

National Society/ICRC teams helped conflict-affected families meet their urgent needs through distributions of one-month rations of food and household essentials.

Under an approach emphasizing joint service delivery, the National Society worked alongside the ICRC in assisting victims while developing its institutional and branch-level capacities. While preserving its independence, the ICRC regularly met with other humanitarian organizations to ensure maximum coverage of needs and to avoid duplication.

CIVILIANS

Civilians continued to suffer, many being killed, wounded, displaced or hindered from accessing basic services. People reported IHL violations to the ICRC; the reports formed the basis of the ICRC's dialogue with the alleged perpetrators. Such dialogue aimed to urge respect for IHL and prevent further violations, although the sheer number of actors often made follow-up difficult (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The main parties called on the ICRC to act as a neutral intermediary in the handover of the remains of fallen fighters to their families, who were often identified/located through active tracing efforts by National Society/ICRC teams. Some families buried their relatives with ICRC help. Relatives separated by the conflict used Movement family-links services to restore/maintain contact (see *People deprived of their freedom*). Using its

strengthened capacities, the National Society clarified the fates of 808 people sought by Afghans abroad and continued to handle these services in the north.

Helped by training and/or ICRC-donated equipment, Health Ministry and mortuary staff and National Society volunteers improved their management of human remains, thereby facilitating their identification and thus helping prevent future cases of people becoming unaccounted for.

Restrictions affect aid delivery in the south-west

Insecurity and disruption of ICRC supply lines – the result of restrictions imposed by armed groups – limited humanitarian access and response, particularly in the south-western regions. However, some communities received assistance following programme adjustments and the establishment of remote management approaches by National Society/ICRC teams.

Conflict-affected communities boost their income and food security

Some 79,400 conflict- or disaster-affected people (11,300 households, of which over 8,000 were IDPs), eased their daily conditions through four-week food rations, with 55,500 of them also receiving household essentials.

Vulnerable people supported themselves and their families (totaling 74,333 people) by repairing vital infrastructure such as irrigation canals and roads in 325 communities in exchange for food (936 participants) or, owing to food supply disruptions or security constraints, cash (9,683 participants); their work directly benefited an estimated 600,000 people. Some 170 households started businesses with micro-loans from a newly established community revolving fund that benefited more people once the initial loans were repaid. Thousands of families increased their sources of income/food with ICRC-donated supplies and equipment: 213 households planted almond orchards; also using vouchers for seeds, 1,600 farmers grew high-quality wheat; and 1,206 female-headed households raised poultry. Over 940 pastoral farmers in the central and southern regions managed their herds better with fodder, basic items and knowledge gained from animal husbandry training. Some 34,200 families (240,000 people) raised healthier animals, helped by deworming and treatment programmes facilitated by 74 ICRC-equipped veterinary workers.

Disabled people (see *Wounded and sick*) and their families became more self-sufficient: 346 breadwinners (with 2,076 dependents) availed ICRC micro-credits for the first time to boost/begin livelihood activities; 358 people started vocational training; 1,128 students received stationery kits; and 220 children benefited from home tuition. Some 3,760 homebound people with spinal cord injuries and their families (totalling 26,341 people) received food rations and hygiene and medical items.

Communities face less health hazards as they access clean water and health care facilities

Over 310,000 people in rural areas – much more than initially planned – had access to safe drinking water because of new/rehabilitated hand pumps and water supply systems maintained by trained management committees; security conditions forced available resources to focus on this remotely-managed initiative. Another 73,000 people benefited from improved/rehabilitated urban water networks in four provinces.

Civilians received preventive/curative health care at 44 National Society clinics and one ICRC-supported community-run health centre in Korengal, near Jalalabad. Over one million patients were given consultations at the clinics while thousands, including 108,000 pregnant women and 60,000 babies, were vaccinated (478,000 doses). Some 94,000 people obtained treatment/emergency care from trained community-based National Society volunteers, including women.

With Norwegian Red Cross/ICRC support, the National Society enhanced the care available from its volunteers and clinics, in line with the government's Basic Package of Health Services. It provided first-aid training to some 2,000 volunteers and instructors and strengthened its medical logistics and clinic management capacities, improving monthly reporting, for instance.

The Health Ministry and other organizations conducted polio vaccinations in the south, with the ICRC facilitating access.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees/internees under Afghan, NATO/ISAF and US authority received visits; detainees held by the Afghan police were visited after more than a year, following the resumption of dialogue between the Afghan police and the ICRC. All visits were conducted according to standard ICRC procedures, enabling delegates to monitor detainees' treatment and living conditions, including respect for judicial guarantees and for the principle of *non-refoulement*. Particular attention was paid to vulnerable groups such as foreigners, women, minors and the mentally ill. Delegates shared their findings and recommendations confidentially with the authorities.

Detainees benefit from enhanced working relationship between Afghan authorities and the ICRC

Having attended ICRC briefings, National Directorate of Security officials were familiar with the ICRC's standard procedures, which made for smooth visits. High-level authorities and the ICRC discussed a new agreement strengthening their cooperation and increasing the ICRC's access to detainees.

Moreover, the Afghan and US authorities and other stakeholders, with ICRC input, ascertained respect for the rights of the detainees/internees transferred from US to Afghan custody at the Parwan detention facility (see *Context*). The detaining authorities, notably, tackled the legal and humanitarian implications of the transfers and ensured the continuation of family-links services. Afghan National Army units newly in charge of the facility regularly sought the ICRC's guidance in connection with standards of treatment and living conditions for detainees. Foreign detainees remaining in US custody benefited from ICRC representations on their situation and ICRC-facilitated visits from their consular officials.

A working group reviewing Afghanistan's penal code welcomed ICRC advice.

Detainees contact families in remote areas through new ICRC telephone system

Detainees/internees held in Afghanistan and in the US internment facility at Guantanamo Bay Naval Station in Cuba communicated with their families through RCMs, phone/video services, oral messages relayed by delegates during visits, and for detainees in Parwan, through ICRC-organized family visits and a new

telephone system extending the service to their families in remote areas. Families were reassured of the whereabouts of 929 detained relatives through notifications of arrest/transfer/release furnished by US and NATO/ISAF authorities to the ICRC. Five foreigners released from detention returned home with ICRC support.

Inmates gain access to safe drinking water and better health services

Mobilizing international stakeholders to invest in prison infrastructure became difficult, with many of them in the process of pulling out. While coordination with all concerned continued, the rising prison population strained the authorities' capacities, prompting the ICRC to combine emergency and long-term support.

Hence, over 38,000 detainees received hygiene items, clothing and other essentials, as did people held by armed groups, while detainees used ICRC-supported libraries to ease the monotony of their confinement.

Some 25,800 inmates had access to safe drinking water and better functioning sanitation facilities following repairs/improvements to infrastructure, including in a prison for women, a juvenile centre in Kabul as well as at the Sarpoza prison clinic. Over 26,000 detainees improved their hygiene using kits and information learnt from health promotion sessions conducted by dedicated committees composed of staff and detainees; they included some 4,000 people facing fewer health risks following scabies and bloody diarrhoea treatment campaigns.

Further to promoting hygiene and controlling disease outbreaks in provincial and central prisons, prison health staff treated ailing inmates, including mentally ill detainees at Pul-i-Charkhi prison, and referred them to hospital. They conducted such activities with the help of ICRC-provided equipment, supplies and technical advice, on standardizing medical screening, for instance. Detainees at Sarpoza prison relied on the ICRC to temporarily provide health services following the withdrawal of the Health Ministry's service provider.

WOUNDED AND SICK

Much of the population continued to have difficulty in obtaining timely and appropriate treatment, as attacks on medical staff/facilities impeded services (see *Civilians and Authorities, armed forces and other bearers of weapons, and civil society*). Despite these challenges, wounded and sick patients benefited from various levels of treatment provided by ICRC partners.

Wounded people given first aid by skilled responders

Injured people received emergency care from National Society volunteers and some 2,700 National Society/ICRC-trained first-aiders, including Health Ministry staff, taxi drivers, police personnel (including 14 instructors) and other weapon bearers. Informal surveys indicated that in Kandahar nearly all weapon-wounded patients received first aid before arriving at hospital, helping save lives.

Some 1,100 weapon-wounded patients in southern Afghanistan reached hospital through an ICRC-funded transport system, with a new referral procedure that improved system monitoring.

Hospitals reduce security-related risks for patients/staff

More than 52,000 inpatients and nearly 265,000 outpatients were treated at the Health Ministry-run Mirwais hospital in Kandahar (420 beds) and Shiberghan hospital in Jawzjan (150 beds). Both hospitals received regular, comprehensive ICRC support, helping them implement the Ministry's Essential Package of Hospital Services.

In Mirwais, patients' treatment, notably in surgery, obstetrics and paediatrics, improved owing to streamlined hospital protocols and management, including use of an infection prevention/control checklist, regular staff assessments and improved hygiene promotion on the premises and among patients and their families. With some guidance, maintenance teams carried out infrastructure repairs; the construction of a new operating theatre in Mirwais met some delays.

PEOPLE DEPRIVED OF THEIR FREEDOM		AFGHAN GOVERNMENT	US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
ICRC visits				
Detainees visited		28,663	645	132
	<i>of whom women</i>	570		
	<i>of whom minors</i>	697	9	5
Detainees visited and monitored individually		2,517	525	11
	<i>of whom women</i>	9		
	<i>of whom minors</i>	90	9	
Detainees newly registered		1,035	401	8
	<i>of whom women</i>	7		
	<i>of whom minors</i>	50	8	
Number of visits carried out		149	9	15
Number of places of detention visited		70	2	8
Restoring family links				
RCMs collected		7,769	1,738	
RCMs distributed		5,665	655	
Phone calls made to families to inform them of the whereabouts of a detained relative		629	241	
Detainees visited by their relatives with ICRC/National Society support		2,595	131	
Detainees released and transferred/repatriated by/via the ICRC		5		
People to whom a detention attestation was issued		26	3	

Prompted by a 2012 security incident, the Health Ministry and the ICRC reduced conflict-related risks in Mirwais by renovating/reconfiguring entrances and rooms and employing other practical measures. They continued to discuss protection for medical services (see *Authorities, armed forces and other bearers of weapons, and civil society*) and their roles with regard to service delivery.

Emergency supplies enabled 22 other hospitals to cope with mass casualties; 52 Afghan surgeons refined their war-surgery techniques at a seminar organized with the Kabul Medical University. The Tirin Kot hospital repaired its water system with ICRC support.

Disabled people improve their mobility

Some 94,000 disabled Afghans benefited from physiotherapy and prosthetic/orthotic devices provided by one component factory and seven ICRC-run physical rehabilitation centres managed by disabled employees educated and trained with ICRC assistance. Patients from remote areas were transported to the centres or referred to specialist care, while those with spinal cord injuries received some 8,000 home visits. Disabled people became more self-sufficient (see *Civilians*) and added to their well-being through sports.

Construction of a new centre in Faizabad was suspended owing to technical problems, but work was carried out on other facilities: for instance, construction work on a sports facility for the disabled in the centre in Kabul and repairs to the roof of the Jalalabad centre.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Parties to the conflict encouraged to comply with IHL and grant humanitarian access

Parties to the conflict were reminded of their obligation under IHL to respect the principles of distinction and proportionality in the conduct of hostilities. In particular, they were reminded to protect people not/no longer participating in the fighting and to allow civilians access to basic services, including by protecting medical services.

The parties were contacted regularly, with a view to securing acceptance for neutral, impartial and independent humanitarian action and support for National Society/ICRC access to people affected. High-level meetings with the parties resulted in the restoration of some of the ICRC's supply lines (see *Civilians*) and helped shape the ICRC's thinking about its operations after the Jalalabad attack (see *Context* and *ICRC action and results*). Contact at working level, including with influential members of civil society, resulted in, for example, fewer ambulances being delayed at checkpoints in Helmand and Kandahar and renewed ICRC access to detainees in certain places of detention (see *People deprived of their freedom*). ICRC dialogue with Afghan and international forces in Afghanistan and abroad (see *Brussels, London and Washington*) helped address humanitarian issues related to the conduct of hostilities and detention and helped advance the debate on the use of remotely piloted aircraft and other IHL-related topics.

Afghan authorities increase protection for medical services

Incorporating ICRC recommendations, the Defence, Health and Interior Ministries worked on a joint agreement safeguarding medical services. The Interior Ministry assigned a focal point to monitor police conduct towards ambulances and medical personnel at checkpoints and facilities. The Health

Ministry continued discussions on safeguarding the neutrality and impartiality of health services. International forces issued specific orders for protecting medical personnel/facilities and trained their troops accordingly.

Afghan armed forces and police include IHL in training

The Interior Ministry, with ICRC input, enacted a policy to teach IHL regularly across the police force, similar to a 2009 Defence Ministry directive incorporating IHL in army doctrine, training and operations.

Hence, over 250 army and police instructors honed their IHL teaching skills at ICRC courses. Military and police personnel (e.g. three participants to San Remo, some 130 senior Afghan National Security Force (ANSF) officers attending the Command and Staff College and over 9,000 ANSF and police troops), Afghanistan-bound international personnel on predeployment training, and members of armed groups increased their knowledge of IHL through ICRC briefings and materials.

Community/religious leaders enhance their support for the Movement

About 5,000 influential community leaders, including elders, religious teachers and *shura* council members, diplomats and representatives of international organizations, deepened their understanding of IHL and the Movement through presentations and ICRC materials, some in local languages. Religious scholars/leaders and sharia law students discussed the links between IHL and Islam at conferences and courses in Afghanistan and abroad (see *Lebanon*).

The public learnt more about Movement activities and their rights and obligations under IHL through local-language radio programmes broadcast across the country. Using ICRC materials for their stories and guided by insights from ICRC seminars on conflict reporting, international and local media highlighted humanitarian issues, including those raised by the Health Care in Danger project, and helped rally support for Movement activities, such as those related to health care.

Progress in IHL treaty ratification remains slow

Treaty implementation remained stalled by the conflict. Nevertheless, publications, including an IHL handbook in Dari and Pashto for parliamentarians, round-tables and conferences, some abroad (see *Bangladesh* and *Nepal*), encouraged Afghan authorities and civil society representatives to incorporate IHL provisions into domestic legislation, particularly recognition/protection of the red cross and red crescent emblems. The authorities considered forming a national IHL committee. After a participant in a past ICRC IHL conference circulated a proposal, including to the Ministry of Foreign Affairs and the president's office, the matter was discussed at a round-table.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent remained the ICRC's main partner and, governed by an approach emphasizing joint service delivery, worked alongside it in assisting victims (see *Civilians* and *Wounded and sick*), many of whom were beyond the reach of overstretched/unreliable government services or other humanitarian actors.

With ICRC support, the National Society developed its institutional and branch-level capacities, including in financial management and project monitoring and evaluation. It also drew

on Swedish Red Cross/ICRC assistance to strengthen its volunteer management by pursuing volunteer registration, establishing data-bases across the country and completing a programme review.

The National Society created a committee to oversee its implementation of the Safer Access Framework and shared its experience in this field at a regional consultation (see *Kuala Lumpur*) and as chair of an experts' workshop at the Council of Delegates.

The organization's constitution remained pending the approval of the president of Afghanistan.

Movement partners met regularly to strengthen their security and access framework and coordinate activities.

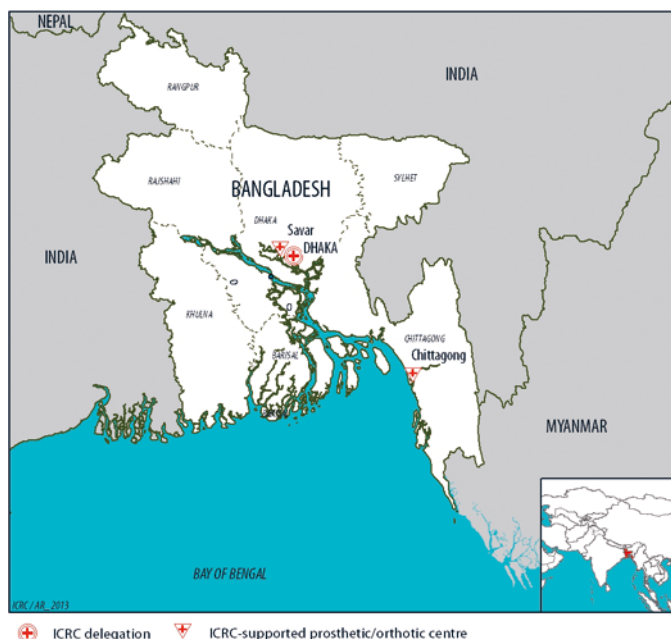
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		6,919		
RCMs distributed		9,193		
Phone calls facilitated between family members		3,122		
Reunifications, transfers and repatriations				
People transferred/repatriated		1		
Human remains transferred/repatriated		620		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		1,497	103	241
People located (tracing cases closed positively)		1,081		
Tracing cases still being handled at the end of the reporting period (people)		361	57	128
Documents				
Official documents relayed between family members across border/front lines		257		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		29,440	570	711
Detainees visited and monitored individually		3,053	9	99
Detainees newly registered		1,444	7	58
Number of visits carried out		173		
Number of places of detention visited		80		
Restoring family links				
RCMs collected		9,507		
RCMs distributed		6,320		
Phone calls made to families to inform them of the whereabouts of a detained relative		870		
Detainees visited by their relatives with ICRC/National Society support		2,726		
Detainees released and transferred/repatriated by/via the ICRC		5		
People to whom a detention attestation was issued		29		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	112,261	29%	29%
	<i>of whom IDPs</i>	Beneficiaries	58,793	
Essential household items	Beneficiaries	82,335	20%	18%
	<i>of whom IDPs</i>	Beneficiaries	52,037	
Productive inputs	Beneficiaries	625,690	33%	37%
	<i>of whom IDPs</i>	Beneficiaries	24,469	
Cash	Beneficiaries	80,170	33%	36%
	<i>of whom IDPs</i>	Beneficiaries	1,226	
Vouchers	Beneficiaries	11,200	45%	35%
Work, services and training	Beneficiaries	255,141	30%	40%
	<i>of whom IDPs</i>	Beneficiaries	161	
Water and habitat activities	Beneficiaries	386,390	28%	38%
Health				
Health centres supported	Structures	45		
Average catchment population		974,295		
Consultations	Patients	1,076,427		
	<i>of which curative</i>	Patients	276,362	434,055
	<i>of which ante/post-natal</i>	Patients	86,092	
Immunizations	Doses	478,109		
	<i>of which for children aged five or under</i>	Doses	369,316	
Referrals to a second level of care	Patients	311		
Health education	Sessions	9,045		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	38,230		
Work, services and training	Beneficiaries	1		
Water and habitat activities	Beneficiaries	25,804		
Health				
Number of visits carried out by health staff		182		
Number of places of detention visited by health staff		35		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	24		
	<i>of which provided data</i>	Structures	2	
Patients whose hospital treatment has been paid for by the ICRC	Patients	40		
Admissions	Patients	52,474	35,715	2,412
	<i>of whom weapon-wounded</i>	Patients	134	30
	<i>(including by mines or explosive remnants of war)</i>	Patients	950	
	<i>of whom other surgical cases</i>	Patients	13,570	
	<i>of whom medical cases</i>	Patients	8,424	
	<i>of whom gynaecological/obstetric cases</i>	Patients	28,457	
Operations performed		16,253		
Outpatient consultations	Patients	264,919		
	<i>of which surgical</i>	Patients	99,347	
	<i>of which medical</i>	Patients	83,365	
	<i>of which gynaecological/obstetric</i>	Patients	82,207	
Water and habitat				
Water and habitat activities	Number of beds	896		
Physical rehabilitation				
Centres supported ¹	Structures	8		
Patients receiving services	Patients	94,868	14,936	28,945
New patients fitted with prostheses	Patients	1,084	109	87
Prostheses delivered	Units	4,335	401	247
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,630	
New patients fitted with orthoses	Patients	5,421	1,133	2,228
Orthoses delivered	Units	12,775	2,211	5,998
	<i>of which for victims of mines or explosive remnants of war</i>	Units	40	
Patients receiving physiotherapy	Patients	56,291	9,603	21,965
Crutches delivered	Units	13,812		
Wheelchairs delivered	Units	1,144		

1. Including a component factory

BANGLADESH



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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ people injured during political strikes in Chittagong and Dhaka divisions received life-saving care from ICRC-supported Bangladesh Red Crescent Society first-aid teams
- ▶ victims of communal clashes in Chittagong and Rajshahi divisions covered their immediate needs through National Society/ICRC distributions of emergency relief
- ▶ the Bangladeshi government showed support for IHL by establishing a national IHL committee and acceding to Protocol V and Amended Article I of the Convention on Certain Conventional Weapons
- ▶ ICRC-trained/supported emergency responders, including the National Society and members of the Fire Service and Civil Defence, properly handled human remains during a rescue operation at a collapsed building in Savar
- ▶ more members of security forces' training academies, Islamic institutions and student wings of main political parties increased their knowledge of humanitarian principles, IHL and the Movement's activities in Bangladesh

EXPENDITURE (in KCHF)	
Protection	407
Assistance	1,095
Prevention	1,167
Cooperation with National Societies	365
General	-

3,035

of which: Overheads 185

IMPLEMENTATION RATE	
Expenditure/yearly budget	104%
PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	31

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	112
RCMs distributed	214
Phone calls facilitated between family members	17
People located (tracing cases closed positively)	7

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	892
Essential household items	Beneficiaries	7,500
Cash	Beneficiaries	613
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
Physical rehabilitation		
Centres supported	Structures	2
Patients receiving services	Patients	900

CONTEXT

Tensions, unrest and strikes (*hartals*) that surfaced during early 2013 increased in frequency by year-end, leading to confrontations between demonstrators and security forces and disrupting daily life in Bangladesh.

Verdicts pronounced by Bangladesh's International Crimes Tribunal on alleged 1971 war criminals triggered several days of unrest. Garment factory workers staged frequent demonstrations over issues such as wages and working conditions.

Sporadic communal clashes in parts of the country, notably in Chittagong division, resulted in casualties and the destruction of houses.

Natural and man-made disasters occurred regularly. In April, over 1,100 people died when a garment factory collapsed in Savar, near Dhaka, the capital.

ICRC ACTION AND RESULTS

Working closely with the Bangladesh Red Crescent Society, the ICRC continued to promote humanitarian principles and IHL, as well as strengthen and support the Movement's neutral, impartial and independent action in the country. It provided technical, material and financial support to the National Society to help boost the organization's institutional, operational and emergency response capacities, particularly in first aid, restoring family links and communication.

Independently or with the National Society, the ICRC held bilateral meetings and organized information campaigns and events to raise awareness of humanitarian principles, the Movement and the need to respect the red crescent emblem and to permit the safe passage of medical personnel during violence/*hartals*. Contacts with security forces' training academies, Islamic institutions and student wings of main political parties expanded, and relations with other actors of influence were developed. The ICRC pursued its dialogue with the authorities regarding its offer of services to visit people deprived of their freedom, according to its standard procedures. This was still being discussed with the authorities at year-end.

These efforts, as well as technical input and tailored activities, encouraged the incorporation of IHL and/or international human rights law into domestic law, the training and operations of the armed forces and the police, and the curricula of institutions of higher education. Activities included training courses, the 23rd South Asian Teaching Session (SATS) on IHL in Dhaka, and sponsorship of representatives of Bangladeshi institutions at IHL events abroad. As a result, the government acceded to Protocol V and Amended Article I of the Convention on Certain Conventional Weapons (CCW), signed the Arms Trade Treaty (ATT) and established a national IHL committee, while two academic institutions included IHL in their curricula. The police and the National Society/ICRC took steps to incorporate first aid into the training manual for constables.

The National Society/ICRC organized training sessions on family-links services and management of human remains for National Society volunteers, security forces and emergency responders from other institutions concerned. This helped ensure that vulnerable migrants and people affected by violence/*hartals* or disasters were

provided with the means to keep in touch with their families and that human remains were accounted for. In coordination with the Bangladeshi Foreign and Home Affairs Ministries, the National Society/ICRC, in Bangladesh and elsewhere, helped families of Bangladeshi migrants detained abroad re-establish and maintain contact with their relatives and provided ad hoc assistance to the most vulnerable migrants following their repatriation. With ICRC support, the National Society conducted search and rescue operations and tracing activities at a collapsed building and offered family-links services to foreign detainees.

National Society/ICRC assistance helped people cope with the consequences of violence, notably in Chittagong and Rajshahi divisions. Food, essential household items and cash grants helped cover the immediate needs of families affected by communal clashes. National Society first-aid teams administered life-saving treatment to those injured during *hartals*; people who needed secondary care were referred to hospitals, some of which used ICRC-donated materials to treat patients. The National Society/ICRC submitted a proposal to the authorities for a project to provide health care services for communities in Cox's Bazar district.

Outreach activities, referrals and financial assistance enabled more disabled people to benefit from the services of the trained staff at the Chittagong and Savar branches of the ICRC-supported Centre for the Rehabilitation of the Paralyzed (CRP). The ICRC also provided technical and financial support for prosthetic/orthotic training institutes to develop their services at the national level.

CIVILIANS

Emergency responders apply their improved capacities to handle human remains

The authorities concerned and the ICRC maintained regular dialogue, notably on the authorities' responsibilities to protect and assist victims of political unrest, intercommunal tensions, migration and natural and man-made disasters.

During an orientation workshop, representatives from various ministries, the penitentiary system and the media learnt more about the consequences stemming from the separation of relatives and the family-links services offered by the National Society/ICRC.

With ICRC technical and financial input and training, the National Society further enhanced its capacities in providing the abovementioned services. For example, volunteers from all National Society branches underwent training in conducting tracing activities. Medical personnel, members of the Disaster Management and Relief Ministry, Fire Service and Civil Defence, the security forces and four branches of a local NGO collecting and burying unclaimed dead bodies and the National Society were better equipped to respond to disasters after attending ICRC workshops. They, including some 50 National Society volunteers, applied what they learnt and used ICRC-provided helmets, gloves and over 1,100 body bags during the rescue operation at a collapsed building in Savar (see *Context*). In coordination with hospitals, the police and civil authorities, the National Society followed up 457 tracing requests and facilitated 95 phone calls. Following this rescue operation, a Disaster Management and Relief Ministry/ICRC lessons learnt round-table enabled stakeholders to discuss and clarify their roles during disasters.

Family members of migrants detained abroad restore contact with their relatives

Relatives of Bangladeshi migrants used family-links services offered by the National Society/ICRC in Bangladesh and other countries, and in cooperation with the Bangladeshi Foreign and Home Affairs Ministries. Families of Bangladeshi detainees, including those held in Iraq, Jordan and Lebanon, and of Muslims from Rakhine state, Myanmar, detained in Malaysia and Thailand, received 214 and/or sent 112 RCMs; others exchanged 115 oral messages through ICRC delegates. Out of the 74 Bangladeshis previously detained in Georgia, Malaysia and Sri Lanka who returned home, 17 informed their families of their arrival through ICRC-enabled phone calls, while 60 benefited from transportation home, provided by the National Society, with ICRC support.

Victims of violence repair their damaged houses

Following intercommunal clashes in parts of the country, those affected recovered from their losses with the help of material assistance from the National Society/ICRC. In Chittagong division, 106 families (552 people) in two districts repaired their damaged houses using cash grants. In two other districts, one in Chittagong and the other in Rajshahi division, 892 people (194 households) covered their immediate needs with donated food, of which 702 (156 households) also benefited from essential items.

In response to the government's request for the National Society to provide assistance to vulnerable communities in Cox's Bazar district, in-depth assessments on existing health care services in two sub-districts were conducted by the National Society/ICRC. Based on the findings, a project proposal was submitted to the Health and Family Welfare Ministry for review and approval.

PEOPLE DEPRIVED OF THEIR FREEDOM

Foreign detainees restore contact with their families

According to the authorities, over 70,000 people were detained in some 68 prisons in Bangladesh, including people held in connection with violence/*hartals* and unrest or for reasons of State security.

The Foreign and Home Affairs Ministries and the ICRC maintained dialogue on the organization's 2011 offer of services for people deprived of their freedom, particularly visits to detainees in accordance with the ICRC's standard procedures. The offer was still under discussion at year-end.

Security personnel learnt more about international norms, notably those linked to arrest and detention, via ICRC information sessions (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Some 300 vulnerable foreign detainees in 15 prisons eased their living conditions thanks to National Society/ICRC-provided hygiene kits. Those who so wished restored contact with their relatives at home or their embassies through the ICRC-supported National Society family-links services. A detainee who already completed his sentence had his release papers processed by the authorities concerned, with the facilitation of the ICRC.

WOUNDED AND SICK

Injured people receive life-saving treatment

With violence/*hartals* leading to casualties, the authorities, security forces and members of civil society, including student wings of main political parties, learnt more about the need to ensure the safe

passage of medical services and enhanced their ability to provide or conduct training in first aid during National Society and/or ICRC activities. Military personnel assessed health care delivery during violence/*hartals* at a Directorate General Medical Services/ICRC round-table. Over 20 newly trained instructors from the police and the Ansar and Village Defence Party independently held first-aid sessions for their colleagues.

Starting October, National Society first-aid teams in Chittagong and Dhaka divisions provided emergency assistance for people injured during *hartals*; nearly 70 received timely first aid and the most severely wounded were referred to hospitals. Donations of medical supplies to two facilities enabled prompt treatment for patients.

More financially vulnerable patients access quality rehabilitative care

Representatives of a referral hospital in Chittagong, NGOs and other organizations in the physical rehabilitation sector, and 2,000 National Society volunteers attended dissemination sessions to help disabled people increase their knowledge of and therefore access to the ICRC-supported CRP branches in Chittagong and Savar. CRP Chittagong's community-based workers and National Society youth volunteers trained in patient identification conducted an outreach programme in Cox's Bazar district and identified 44 new patients.

With the ICRC covering the cost of their treatment and transportation, 630 patients, including 19 victims of the Savar building collapse, accessed and received rehabilitative care from the two CRP branches. Both centres offered improved prosthetic/orthotic services, as 73 physiotherapists underwent training and some updated their knowledge of the service during an international conference; a prosthetist started training on the management of upper limb amputation. Infrastructure improvement projects to further enhance patient care were done in 2012. Patients participated in various sporting events that promoted their social inclusion.

Stakeholders at the national level worked with the ICRC and received financial and technical support to improve their services. Construction of a training facility at the Bangladesh Health Professions Institute began after the Institute received government approval to offer the first diploma course on prosthetics and orthotics in the country. At its inaugural conference, the Bangladesh Society for Prosthetics and Orthotics discussed ways to develop and standardize its professional training programme with prosthetists/orthotists.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Civil society actors understand the Movement and IHL better

With violence/*hartals* occurring throughout the country, familiarizing key actors and the public with humanitarian issues and principles and with the Movement was essential.

Bangladeshis learnt about National Society/ICRC activities through various events and through traditional and social media. Two journalists participated at an international conference (see *New Delhi*), thereby encouraging the continued and accurate coverage of humanitarian issues in Bangladesh. Bilateral meetings, ICRC-supported door-to-door National Society campaigns,

and publications in the local language helped the authorities, civil society, and communities in four districts increase their knowledge of the Movement and/or the importance of protecting the red crescent emblem.

Relations with Islamic organizations developed and led to National Society/ICRC participation in an international event in Dhaka. The Islamic University of Kushtia co-produced a booklet on Islam and IHL in Bangla and promoted it among Islamic academic institutions.

Dissemination sessions with security forces expanded to include the Air Force, the Naval Academy and the National Defence College. Paramilitary and police officers boosted their knowledge of the Movement, IHL and international human rights law, including law enforcement provisions on arrest and detention. During predeployment briefings, troops learnt more about such matters in relation to peacekeeping missions.

Government establishes a national IHL committee

Representatives of the parliament, government ministries, security forces, Islamic organizations and academia, as well as SATS alumni, took part in various ICRC-supported initiatives aimed at encouraging IHL integration into national law, the curricula of higher education institutions and the training and operations of security forces. For instance, they discussed IHL implementation and the relationship between IHL and human rights law with their regional counterparts from eight countries at the 23rd SATS in Dhaka, co-organized with the Foreign Affairs Ministry. Government officials and academics attended similar events abroad (see *Lebanon* and *Nepal*); others took an online postgraduate IHL course offered by an Indian law university.

Bangladesh acceded to Protocol V and Amended Article I of the CCW and signed the ATT. Dialogue continued with the authorities regarding their pledge at a “Strengthening IHL” process seminar (see *International law and cooperation*), notably on the review of the 1949 Geneva Conventions translated into Bangla. Officials concerned participated in a workshop aimed at updating the 1936 Geneva Convention Implementing Act and incorporating the changes into the Bangladesh Code. A national IHL committee, established with material and technical support from the ICRC, began its work.

Future leaders stood to benefit from improved and standardized IHL courses following the integration of IHL into the respective curricula of the Foreign Service Academy and the Al-Fiqh Department of the Islamic University of Kushtia. Moreover, 40 law teachers from six universities underwent basic IHL training, and

some universities added ICRC-donated resource materials to their libraries. Students enriched their knowledge of IHL by participating in national or regional moot court and essay writing competitions (see *New Delhi*).

Security forces develop their teaching capacities

In accordance with written agreements previously made, the armed forces, the police and paramilitary forces continued to work with the ICRC to incorporate IHL and, where applicable, international human rights law into their training and operations. Instructors from all three underwent train-the-trainer programmes to enhance their teaching techniques, while two senior police officers took part in a regional seminar on public order management (see *Jakarta*). The police and the National Society/ICRC continued to work on incorporating first aid into the training manual for constables.

RED CROSS AND RED CRESCENT MOVEMENT

National Society boosts emergency response capacities

Having renewed its partnership framework agreement with the ICRC, the National Society continued to work with the organization to provide first-aid and family-links services to people affected by violence/*hartals* or disasters and to conduct needs assessments and communication/dissemination sessions. The partnership enabled the National Society to continue strengthening its capacities in these areas (see above).

The final version of the new Red Crescent law, drafted by the National Society with the support of the International Federation and the ICRC, was pending at the Cabinet Division for endorsement to the parliament.

The National Society continued to coordinate its activities with Movement partners.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		112		
RCMs distributed		214		
Phone calls facilitated between family members		17		
Reunifications, transfers and repatriations				
People transferred/repatriated		4		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		8	5	
People located (tracing cases closed positively)		7		
Tracing cases still being handled at the end of the reporting period (people)		13	5	

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	892	31%	39%
Essential household items	Beneficiaries	4,022	48%	7%
Cash	Beneficiaries	613	29%	39%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	630	29	438
New patients fitted with prostheses	Patients	150	12	8
Prostheses delivered	Units	161	12	9
New patients fitted with orthoses	Patients	480	17	430
Orthoses delivered	Units	887	21	818

MYANMAR



KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees in 17 prisons and labour camps benefited from visits conducted according to the ICRC's standard procedures, following an eight-year suspension of visits
- ▶ 4 hospitals in government- and armed opposition-controlled areas in Kachin state boosted their capacities to treat weapon-wounded patients through the provision of medical and surgical supplies
- ▶ Muslim and Rakhinese households earned income through agricultural input from and cash-for-work initiatives implemented by the ICRC, despite the organization facing some difficulties in securing acceptance in Rakhine state
- ▶ more disabled patients, including victims of landmines, accessed services at the 4 ICRC-supported physical rehabilitation centres, some with the help of Myanmar Red Cross Society outreach programmes and referrals
- ▶ high-level officials of the government and armed groups developed their dialogue with the ICRC on humanitarian issues concerning victims of conflict/violence and detainees
- ▶ during two seminars, senior police officials from throughout the country, as well as from Rakhine state, enhanced their understanding of international policing standards and crowd control practices

EXPENDITURE (in KCHF)

Protection	3,633
Assistance	6,976
Prevention	1,166
Cooperation with National Societies	1,438
General	-

13,212

of which: Overheads 806

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	29
Resident staff (daily workers not included)	165

The ICRC began working in Myanmar in 1986. It visits detainees, offers them family-links services and helps improve conditions in prisons; and promotes IHL and other internationally recognized standards and humanitarian principles. Working with the Myanmar Red Cross Society in most cases, it responds to the needs of communities in areas prone to armed conflict/other situations of violence. It supports health and hospital care and physical rehabilitation centres run by the Ministry of Health and the National Society to ensure quality services for mine victims and other disabled patients. It helps the Myanmar Red Cross build its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	123
RCMs distributed	124
People located (tracing cases closed positively)	25
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	20,918
Detainees visited and monitored individually	153
Number of visits carried out	22
Number of places of detention visited	18
Restoring family links	
RCMs collected	695
RCMs distributed	130
Phone calls made to families to inform them of the whereabouts of a detained relative	106

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	26,000	28,153
Productive inputs	Beneficiaries	17,500	13,687
Cash	Beneficiaries		3,422
Work, services and training	Beneficiaries		5,282
Water and habitat activities	Beneficiaries	85,000	28,305
Health			
Health centres supported	Structures		183
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	6	16
Water and habitat			
Water and habitat activities	Number of beds		200
Physical rehabilitation			
Centres supported	Structures	4	4
Patients receiving services	Patients	3,100	4,559
Comments			
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.			

CONTEXT

After coming to power in 2011, the government of Myanmar continued on its path of reform. Initiatives included: amnesties that led to the release of a reported 20,000 detainees, including opposition figures; parliamentary by-elections; the resumption of peace talks with armed groups; and the start of discussions on possible areas of cooperation with various humanitarian and development organizations. Many countries responded to the reforms by increasing their economic engagement and suspending and/or lifting sanctions, with the exception of the arms embargo. A committee composed of parliamentarians began a review of the 2008 Constitution with the aim of updating/amending it.

The 2011 bilateral peace talks led to initial ceasefire agreements with a reported 10 groups. Discussions about the potential return to Kayah and Kayin states of an estimated 400,000 persons displaced within the country and abroad yielded no results yet. Despite a preliminary ceasefire agreement in May, tensions between the Myanmar Armed Forces (MAF) and the Kachin Independence Army (KIA) persisted in Kachin state. In northern Shan state, skirmishes between the MAF and armed groups resumed. Fighting in these two states left thousands of civilians displaced, with some facing difficulties in accessing basic health and other essential services. Mines/explosive remnants of war remained a source of concern in an estimated 10 out of 14 regions/states.

In Rakhine state, Muslim and Rakhinese residents and over 145,000 IDPs continued to endure the consequences of the intercommunal violence which erupted in 2012. Fear and mutual distrust between Muslims and Rakhinese limited people's access to essential services, such as health care, and livelihoods and obstructed the delivery of humanitarian aid. Around 7,000 people in central and eastern Myanmar were also affected by intercommunal clashes that spread to those areas. The violence posed a serious challenge to the security forces, particularly the police.

ICRC ACTION AND RESULTS

Strengthened relations between the ICRC and the Myanmar authorities, including during the first-ever visit of an ICRC president in the country, paved the way for more substantial discussions about and cooperation in tackling humanitarian issues of common concern. These focused on victims of conflict/violence in Kachin and Rakhine states and on people deprived of their freedom. The ICRC stepped up its operations in Myanmar and appealed for additional funds to support its efforts.

The Myanmar Red Cross Society used ICRC support to strengthen its capacities in first aid, needs assessment and project implementation and in promoting awareness of humanitarian principles and the Movement. Acting in their neutral and impartial role, the National Society/ICRC addressed the humanitarian needs of conflict/violence-affected communities, notably in Rakhine state where they had some difficulty in securing acceptance.

The ICRC resumed its visits to detainees, which had been suspended for eight years. It monitored detainees' treatment and living conditions according to its standard procedures and shared its findings and recommendations confidentially with the authorities. The construction/rehabilitation of water and sanitation facilities and provision of cleaning/recreational materials improved living conditions for detainees. Inmates restored/maintained contact with their relatives through regular National Society/ICRC

family-links services. Some of those released had the cost of their transport home covered.

The ICRC, with permission from both parties, assessed needs of and provided the necessary medical/surgical supplies to four hospitals in government- and KIA-controlled areas in Kachin state. Workshops boosted the capacities of Health Ministry medical staff in Kachin and Shan states to treat weapon-wounded patients.

In Rakhine state, National Society/ICRC material, staff and logistical support, including for the protection/safe passage of medical vehicles and personnel, enabled the emergency referral of wounded or sick Muslims and Rakhinese to secondary-level care and allowed people from both communities to access government health services. Health facilities enhanced their services with the provision of medical/surgical supplies and infrastructure rehabilitation.

More disabled people, including mine victims, received treatment at the four ICRC-supported centres. Efforts began to establish physical rehabilitation services in two states not covered by currently supported facilities. An ICRC proposal to resume support to three Defence Ministry centres remained unanswered.

Independently or with the National Society, the ICRC provided emergency relief and early recovery support for communities affected by conflict/violence in north-eastern border areas and in Mandalay and Rakhine states. Household items and improved water and sanitation facilities helped victims cover their basic needs; livelihood support, particularly cash-for-work initiatives, enabled households to earn additional income.

National Society and/or ICRC bilateral dialogue and dissemination activities familiarized the authorities, security forces, other weapon bearers, key members of civil society, universities and the public with humanitarian issues, IHL and the Movement's neutral, impartial and independent action. The ICRC sponsored their participation in courses and other events abroad to further understanding of these matters. Cooperation with the police force began in the form of seminars on international policing standards. Dialogue with the Defence Ministry/armed forces was established.

The ICRC worked closely with Movement partners and other humanitarian actors to coordinate efforts and prevent duplication.

CIVILIANS

In conflict/violence-affected parts of the country, the local authorities, community leaders, members of civil society groups, health personnel and the ICRC discussed the need to respect and protect civilians and medical staff/facilities and to allow people to access basic services. Regular contact with stakeholders in Rakhine state also focused on clarifying the National Society/ICRC's neutral, impartial and independent humanitarian activities. This facilitated the organizations' delivery of assistance, which were sometimes delayed by constraints related to acceptance.

The authorities and the ICRC began discussions based on ICRC written representations submitted to the authorities about 11 minors who had allegedly been recruited into the armed forces. While seven of these minors reunited with their family on their own, six cases were still under review by year-end.

Muslim and Rakhinese residents and IDPs access preventive health care

To meet the needs of communities in conflict- and violence-prone areas, Myanmar Red Cross volunteers, particularly those from other regions deployed in Rakhine state, used ICRC support to strengthen their emergency response capacities, in accordance with the Safer Access Framework. National Society staff and volunteers from the Mong Hsat branch in eastern Shan state delivered humanitarian assistance more efficiently after the construction of a new office. Training in Kachin and Shan states, and joint National Society/ICRC vulnerability and capacity assessments of five villages in Mon and northern Shan states, helped volunteers develop their skills in assessing the water, sanitation and economic security needs of communities and in implementing assistance projects.

In Rakhine state, the Health Ministry worked with the National Society/ICRC to improve/restore basic health care delivery for around 636,000 Muslim and Rakhinese residents and IDPs in Sittwe and five other townships. A total of 183 facilities and 282 midwives affiliated to the Health Ministry continuously catered to the needs of patients with ICRC financial, material, infrastructural, rehabilitation and logistical (safe transport) support. Health Ministry-conducted polio vaccination campaigns helped boost the immune systems of mothers and children, while trained midwives/traditional birth attendants helped mothers maintain their health. A 24-hour emergency medical evacuation scheme enabled nearly 1,900 wounded or sick people in and around Sittwe to have prompt and safe access to secondary-level care, across communal lines, at Sittwe General Hospital. In Kachin state, 15 midwives became more adept at providing mother and child care through a six-month training programme.

Violence-affected families earn additional income through cash-for-work projects

Distributed essential household items and hygiene kits helped some 39,650 victims (7,966 households) of intercommunal clashes in Mandalay and Rakhine states cope with their losses. Beneficiaries included over 3,900 Muslim and Rakhinese IDPs (around 800 households) in two camps in Sittwe who limited their need to collect firewood outside of the camp and thus their risk of being attacked, by using ICRC-provided fuel sticks to cook their food.

A total of 2,284 Muslim and Rakhinese heads of resident, returnee and resettled IDP households in Rakhine state earned additional income (benefiting 8,704 people) through conditional cash grants or cash-for-work projects such as building/expanding community footpaths and drinking ponds. Support in the form of winter crop seed and fishing equipment for nearly 2,670 families (some 13,700 people) helped them diversify their diets and acquire/restore livelihoods. In Kachin state, 63 IDP households (315 people) began income-generating activities following the implementation of the National Society's community-based pilot projects.

Conflict/violence-affected communities accessed drinking water close to their homes and improved their living conditions with the help of National Society and/or ICRC projects. These projects were adapted according to needs and thus reached less people than initially planned. In Rakhine state, over 5,600 Rakhinese IDPs in Sittwe benefited from water trucking services. The installation/rehabilitation of water points, latrines and shelters enabled some 20,000 Muslim IDPs and resettled Rakhinese IDPs to maintain their health. ICRC-trained National Society volunteers in

southern Shan state helped over 1,100 people protect themselves from disease by conducting hygiene-promotion sessions and upgrading communal water sources within walking distance of people's homes.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees benefit again from ICRC visits

In November 2012, the government announced the resumption of ICRC visits to detainees in prisons and labour camps, suspended since 2005; this was confirmed during the ICRC president's visit to Myanmar in January 2013. Detainees in 18 of those facilities, including in Kachin, Rakhine and Shan states, received ICRC visits according to the organization's standard procedures. During these visits, delegates discussed their findings and recommendations confidentially with the Home Affairs Ministry and prison authorities. As a result, the authorities in some prisons informed detainees' families of their relatives' arrest/transfer and increased the weekly soap ration for inmates. Moreover, to further improve the material conditions of detainees, dialogue on cooperation began with the medical and engineering offices of the Prisons Department; three of the Department's engineers participated in a regional seminar on international standards governing prison infrastructure and design (see *Bangkok*).

Inmates maintain health and hygiene

Some 15,700 detainees in all the prisons visited eased the monotony of their incarceration with the help of recreational items, including books and sports equipment. The installation/rehabilitation of water storage tanks, solar water heaters, kitchens, clinics and waste management systems enhanced the living conditions of over 18,100 detainees in four prisons. In 11 other prisons, detaining authorities helped nearly 10,000 inmates, who also received hygiene kits, stay healthy by eradicating pests and renovating facilities using ICRC-provided vector control and basic construction materials. Donated medicines helped the Prisons Department tackle diseases commonly occurring in prisons.

Inmates restored/maintained contact with their families through National Society/ICRC family-links services. Seventy detainees received ICRC-facilitated visits from relatives living far away and nearly 700 wrote to their families using RCMs. At their request, 41 foreign detainees notified their embassies or the UNHCR of their situation, with ICRC facilitation. Transport costs enabled 47 released detainees to safely return home and to use their resources for other necessities.

People detained by the KIA in relation to the armed conflict received two visits from ICRC delegates during field trips to Laiza in Kachin state (see *Wounded and sick*).

WOUNDED AND SICK

Around 300 National Society volunteers from Kayah, Mon, Rakhine and Shan states received training to provide or teach first aid; those in Rakhine state passed on what they had learnt to IDP volunteers in camps.

Twelve hospitals in areas affected by the intercommunal violence in Rakhine state, including Sittwe General Hospital, bolstered their emergency response capacities with the provision of medical/surgical equipment and supplies. Six of these hospitals further improved their services thanks to the rehabilitation of their water, sanitation and medical waste management facilities.

Weapon-wounded patients in Kachin state access improved medical care

In February, ICRC delegates, with permission from both sides concerned, carried out field visits to assess hospitals in Kachin state and to discuss with local authorities possibilities for long-term assistance to those hospitals. Following two ICRC visits, four hospitals – two run by the government in Bhamo and Myitkyina, and two run by the KIA in Laiza and Ma Ja Yan – treated weapon-wounded patients with provided medical/surgical supplies. The government approved an ICRC proposal to provide infrastructural support to hospitals in Laiza and training for its staff.

During Health Ministry/ICRC workshops in Kyaing Tong (Shan state) and Myitkyina (Kachin state), over 60 medical staff, including surgeons, sharpened their skills in triage, treating gunshot and mine wounds and performing amputations.

More disabled patients referred to ICRC-supported rehabilitation centres

Around 4,560 disabled people improved their mobility at the four ICRC-supported physical rehabilitation centres – one run by the National Society and three by the Health Ministry – with mine victims receiving 44% of the prostheses delivered. Following the construction/refurbishment of their foot production units, the Health Ministry and the National Society-run Hpa-an Orthopaedic Rehabilitation Centre (HORC) created 3,842 prosthetic feet for their patients.

Amputees in some parts of the country learnt about these centres through dissemination sessions and information materials. National Society/ICRC outreach programmes referred 547 people from south-eastern Myanmar to the HORC and 148 patients from central and northern Myanmar to a Health Ministry centre near Mandalay. A trial mobile workshop offered foot and strap repair services to 29 patients who could not go to the HORC.

To further improve the quality and reliability of the HORC's services, four staff members continued to enhance their professional skills through prosthetic/orthotic or physical rehabilitation courses abroad. Surgeons from the centre became more adept at performing amputations through a seminar organized with the National Society and local physical rehabilitation providers. The centre, with ICRC support, upgraded some of its infrastructure, including storage, water and emergency facilities.

To address the needs of a greater number of disabled people not covered by the ICRC-supported centres, the Health Ministry and the ICRC began to discuss the establishment of physical rehabilitation centres in Kachin and Shan states and to conduct assessments in this connection. An ICRC proposal to resume support to three Defence Ministry-run physical rehabilitation centres remained unanswered.

The Social Welfare, Relief and Resettlement Ministry, with ICRC support, continued to take steps to establish a national coordinating body for prosthetic and orthotic services.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Police officers learn more about international policing standards

Owing to the political developments in the country, dialogue between the authorities and the ICRC expanded and strengthened.

President Thein Sein and other high-level government officials met with the ICRC's president during his visit to Myanmar and discussed issues of common concern, primarily the plight of detainees and of people affected by conflict/violence.

The ICRC president's visit also initiated dialogue on incorporating internationally recognized standards on policing into the training and operations of the Myanmar Police Force. This resulted in the organization of two seminars wherein over 20 senior officials/ commanders from throughout the country and 30 officers in Rakhine state learnt more about international policing standards, including those governing crowd control practices and the exercise of police powers. Two officers discussed their experiences in this connection with their counterparts at a regional seminar (see *Jakarta*).

Increased contacts with the Defence Ministry led to discussions on possible in-country, IHL-related activities involving the armed forces.

Armed groups discuss humanitarian issues with the ICRC

During the ICRC's visits in Kachin state (see *Wounded and sick*), KIA officials and ICRC delegates established dialogue on displaced people's concerns, including access to health care, and on IHL issues. In Thailand, representatives of armed groups from Myanmar continued to be reminded of the need to respect IHL, especially with regard to the use of anti-personnel mines and the recruitment of child soldiers (see *Bangkok*).

As conflict and violence persisted in parts of Myanmar, fostering understanding of and support for humanitarian principles, IHL, ICRC activities and the Movement's neutral, impartial and independent action among the authorities, security forces and key civil society actors was essential. Nearly 2,500 local authorities, police officers, school teachers, university students, members of social and civil society organizations and Red Cross volunteers learnt more about these topics at National Society/ICRC dissemination sessions. This was supplemented by information materials in local languages. These communication efforts also encouraged the media to feature various National Society/ICRC activities in Myanmar, such as the provision of assistance for victims of violence in Rakhine state, ICRC detention visits and police seminars, thereby helping raise public awareness.

Government officials, military/police officers and university lecturers participated in IHL teaching sessions or workshops abroad (see *International law and cooperation, Nepal and Philippines*). Several officials completed an online post-graduate IHL course offered by the NALSAR University of Law in India.

Students pursuing law degrees consulted reference works on IHL at the ICRC's resource centres in Mandalay and Yangon. Contact with the Education Ministry could not be established.

RED CROSS AND RED CRESCENT MOVEMENT

National Society helps families restore contact

The Myanmar Red Cross continued to strengthen its capacity to respond to the needs of people affected by conflict/violence with ICRC financial, material, logistical and technical support (see *Civilians* and *Wounded and sick*). Senior volunteers in Shan state developed leadership skills at a workshop.

Through training conducted by the International Federation/ ICRC, National Society volunteers in Chin and Kachin states furthered their understanding of humanitarian principles,

IHL and the Movement, and learnt how to organize dissemination/information sessions on these matters (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The National Society continued to enhance its family-links services within the framework of an Australian Red Cross-supported project, with the ICRC providing technical advice. It coordinated with National Societies in the region to deliver RCMs/oral messages from migrants or refugees abroad to their relatives in Myanmar.

The National Society submitted a revised Red Cross Act, aimed at strengthening its legal base and updated with the help of the International Federation/ICRC, to the authorities concerned for their approval.

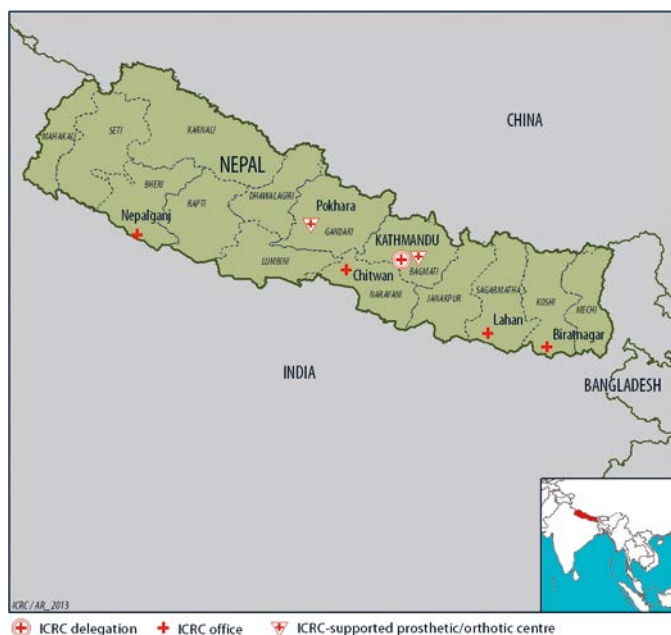
Regular meetings with partners in Myanmar and abroad, including on the National Society's revised strategic plan, helped strengthen Movement coordination and response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		123		
RCMs distributed		124		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		4		
People located (tracing cases closed positively)		25		
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		6		6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		20,918	3,258	187
Detainees visited and monitored individually		153	2	31
Detainees newly registered		110	2	31
Number of visits carried out		22		
Number of places of detention visited		18		
Restoring family links				
RCMs collected		695		
RCMs distributed		130		
Phone calls made to families to inform them of the whereabouts of a detained relative		106		
Detainees visited by their relatives with ICRC/National Society support		70		
People to whom a detention attestation was issued		11		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries	28,153	25%	29%
	of whom IDPs	28,153		
Productive inputs	Beneficiaries	13,687	28%	47%
	of whom IDPs	1,360		
Cash	Beneficiaries	3,422	30%	43%
	of whom IDPs	348		
Work, services and training	Beneficiaries	5,282	50%	10%
Water and habitat activities	Beneficiaries	28,305	30%	19%
	of whom IDPs	25,625		
Health				
Health centres supported	Structures	183		
Average catchment population		636,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	15,701		
Water and habitat activities	Beneficiaries	28,106		
Health				
Number of visits carried out by health staff		19		
Number of places of detention visited by health staff		17		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
Water and habitat				
Water and habitat activities	Number of beds	200		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	4,559	637	377
New patients fitted with prostheses	Patients	538	77	22
Prostheses delivered	Units	1,741	200	85
	of which for victims of mines or explosive remnants of war	761		
New patients fitted with orthoses	Patients	393	90	155
Orthoses delivered	Units	1,071	235	485
	of which for victims of mines or explosive remnants of war	1		
Patients receiving physiotherapy	Patients	952	79	46
Crutches delivered	Units	1,846		
Wheelchairs delivered	Units	15		

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



The ICRC initially worked in Nepal out of its regional delegation in New Delhi, opening a delegation in Kathmandu in 2001. Since the May 2006 agreement between the government and the Communist Party of Nepal-Maoist, the ICRC has focused on: helping clarify the fate of missing persons and supporting their families; promoting full compliance with IHL; and improving medical care for the wounded and physical rehabilitation services for those in need. It works closely with and helps the Nepal Red Cross Society strengthen its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the authorities were encouraged to clarify the fate of persons missing in connection with past conflict, while in 25 districts, families of missing persons received support through a Nepal Red Cross Society/ICRC/NGO project
- ▶ forensic workers and officers from the Armed Police Force (APF) and the Nepal Police (NP) enhanced their ability to manage data on missing persons and human remains with National Society/ICRC support
- ▶ people injured during unrest/natural disasters received care from trained National Society and security forces first-responders, while over 60 medical specialists honed their emergency room trauma-management skills at courses
- ▶ cooperation with the Nepalese Army in IHL training for its officers resumed, while training on international human rights law for APF and NP officers took place on an ad hoc basis
- ▶ the National Society strengthened its emergency response capacities – particularly in the run-up to elections – by integrating its volunteers into district disaster-response teams countrywide and training first-responders

EXPENDITURE (in KCHF)

Protection	661
Assistance	1,184
Prevention	766
Cooperation with National Societies	407
General	-

3,018

of which: Overheads 184

IMPLEMENTATION RATE

Expenditure/yearly budget	75%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	67

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	41
RCMs distributed	43
People located (tracing cases closed positively)	29
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	56
RCMs distributed	31

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	3,725
Cash	Beneficiaries	4,366
Work, services and training	Beneficiaries	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	36
Physical rehabilitation		
Centres supported	Structures	2
Patients receiving services	Patients	1,371

CONTEXT

The absorption of former members of the Maoist People's Liberation Army (PLA) into the Nepalese Army was officially completed, but progress in the peace process remained slow. Nepal, without a legislative body since May 2012, was mired in a constitutional and political crisis. Elections for a new Constituent Assembly took place in November; they were conducted by the Interim Election Council, which acted as a caretaker government following the resignation of the coalition government in March. The formation of a new government was envisaged for 2014.

The absence of a fully functioning political apparatus slowed down reform and the adoption of a unified bill on the establishment of transitional justice mechanisms. The Ordinance on Investigation of Disappeared Persons, Truth and Reconciliation Commission was issued by presidential decree, but it remained pending at the Supreme Court, as its provisions were challenged by various parties.

Countrywide protests and strikes persisted alongside political unrest and intercommunal tensions. They remained limited in scale, although violent incidents intensified in the run-up to the elections. Explosive remnants of war (ERW) from the past conflict and improvised explosive devices (IEDs) linked to criminality or election-related violence endangered lives.

The country had to endure a number of natural disasters.

ICRC ACTION AND RESULTS

The ICRC, together with its main partner, the Nepal Red Cross Society, continued to assist people suffering from the residual effects of past conflict, while monitoring and responding to the humanitarian needs of people affected by present unrest and natural disasters.

The organization kept up comprehensive efforts to help ascertain the fate of almost 1,400 persons missing in connection with the past conflict. The ICRC, together with trained National Society volunteers, compiled and verified information on missing persons gathered from their families, and submitted it to the former parties to the conflict, with a view to clarifying the fate of these persons. National Society staff/volunteers served as primary contacts with the families and kept them abreast of developments. As there was no national mechanism that comprehensively addressed the needs of the families of missing persons, the ICRC encouraged the authorities to take measures to alleviate their suffering. National Society/ICRC help facilitated financial assistance – through the government's interim relief programme – for families.

The families of missing persons had access – through a project run with the National Society and local partners – to comprehensive support for their psychosocial, legal and economic needs. The Nepalese Red Cross and partner NGOs recruited and trained community volunteers, some of whom were themselves relatives of missing persons, to facilitate peer support group meetings and provide individual counselling for the families. A 2012 review showed that the project had markedly improved the well-being of beneficiary families; it was therefore expanded to 10 districts, benefiting 746 families in total. Forensic support for the authorities and other relevant actors – for instance, donation of ante/post-mortem data-management software for the Institute of Medicine – aimed to facilitate exhumations and help resolve cases of missing persons.

In addition to promoting safe access to medical care for wounded people, the ICRC provided hospitals with ad hoc medical supplies, ensuring that people injured during internal disturbances or natural disasters received timely and appropriate treatment. It also supported the National Society's first-aid and ambulance services, and the integration of additional volunteers into district disaster-response teams countrywide. First-aid and human remains management training for National Society staff/volunteers and Armed Police Force (APF) and Nepal Police (NP) instructors/officers helped build up local capacities. To the same end, doctors and medical students attended emergency room trauma-management courses, conducted with local instructors. To address the needs of disabled people, including conflict-amputees, the ICRC supported two physical rehabilitation centres, including through staff training. National Society risk-education sessions helped prevent further casualties among communities in mine/ERW-contaminated areas.

Though the political situation hampered IHL-treaty accession and domestic IHL implementation, the national IHL committee, with ICRC support, prepared documents to guide the pertinent authorities in advancing such processes. The 22nd South Asia Teaching Session on IHL, hosted with the Kathmandu School of Law, enabled the sharing of best practices in IHL implementation. The ICRC maintained dialogue with the armed/security forces on incorporating IHL and other applicable law in their doctrine, training and operations. It resumed cooperation with the Nepalese Army after a two-year gap, leading to the organization of various training courses for officers, some of whom were preparing for deployment abroad. Although cooperation with them had not yet been formalized, the APF and the NP included sessions on IHL and international norms applicable to law enforcement in their training courses, on an ad hoc basis. Discussions with influential members of civil society, including the media, raised public awareness of humanitarian concerns and the Movement's work.

The National Society boosted its emergency capacities and pursued organizational development with ICRC support. Movement components met regularly to coordinate their activities.

CIVILIANS

Bearing in mind the prevailing political uncertainty and the country's susceptibility to natural disasters, the ICRC reminded the authorities of their obligations to meet the basic needs of civilians affected and to permit them to have access to medical care (see *Wounded and sick*). ICRC support helped the Nepalese Red Cross boost its emergency response capacities. The National Society integrated 100 additional trained volunteers in disaster-response teams in 37 districts. It distributed essential household items to 3,725 victims of natural disasters such as landslides and floods.

Families ascertain the fate of missing relatives

Families were still seeking 1,359 relatives missing in connection with the past conflict, which ended in 2006. Information on missing persons collected from the families and verified by the National Society/ICRC was submitted to the former parties to the conflict – the security forces and the PLA – with a view to clarifying their fate. National Society/ICRC teams also cross-checked data against publicly available records, such as a voters' register and a list of missing persons drawn up by NGOs/international organizations dealing with the issue. In the process, 45 new cases of missing persons were registered – including 3 women and 11 others who were minors at the time of disappearance – and

the fate of 29 people ascertained: among them, 3 were found alive and the graves of 2 others located, giving closure to their families, who visited the graves with ICRC support. An updated list of people who remained unaccounted for was published on the ICRC's family-links website (familylinks.icrc.org). Attestations confirming the deaths of 21 persons provided closure to their families and enabled them to access government benefits/compensation.

The Nepalese Red Cross, primarily in charge of maintaining contact with the families of missing persons, did so through a pool of 245 trained staff/volunteers, who visited the families regularly, informed them of developments concerning the fate of their relatives and helped facilitate their access to government benefits (see below).

Families of missing persons access support for various needs

While waiting for information on the whereabouts of their missing relatives, 746 families (4,295 people) in 25 districts received assistance for their psychosocial, legal and economic needs within the framework of a comprehensive support project launched in 2010 and implemented with the National Society and partner NGOs. The families included 272 households in 10 districts to which the project was extended after a 2012 review of its implementation in one district demonstrated a marked improvement in the families' psychological well-being. Under the project, families coped with their situation through peer support/other activities facilitated by trained community volunteers for 41 groups of mothers, wives and fathers. Among these volunteers were 35 who had been recruited when the project was expanded; some of them were relatives of missing persons. About 170 people had individual consultations with trained counsellors; nine people with mental health disorders were referred for professional treatment, the costs of which were covered. Around 100 people benefited from legal/administrative assistance and 38 from vocational training, owing to referrals by partners/the ICRC. Adolescents learnt life skills during National Society/ICRC training sessions. The holding of commemorative events and construction of memorials fostered communities' understanding of issues related to missing persons and reduced the stigma attached to them.

During interviews, 348 families in nine districts where the project ended by year's end confirmed the strengthening of their ability to function, at individual, family and community levels.

Families receive government assistance

As there was still no national mechanism that comprehensively addressed the needs of families of missing persons, the ICRC encouraged the authorities to take measures to alleviate their suffering. A report on the ten-year effort by the National Society/ICRC to resolve issues related to missing persons was not yet ready; however, an updated publication on missing persons in Nepal was issued.

With National Society/ICRC help, families received financial support under the government's interim relief programme. To date, of the 1,359 cases registered by the ICRC (see above), 1,219 received first installment payments and 1,041 families received first and second installment payments; the ICRC followed up the cases of families who had yet to receive such support. As in previous years, children of missing persons, and children detained during the conflict or orphaned as a result of it, did not regularly benefit from government assistance, owing to lack of funding. Nonetheless,

through referrals/follow-up, 84 such children received scholarships from the government or private establishments.

Acting on ICRC recommendations, the Nepal Society of Families of the Disappeared and Missing (NEFAD; formerly the National Network of Families of Disappeared and Missing) worked with various agencies to raise awareness countrywide of the plight of the families of the missing, and support for them.

Stakeholders boost forensic capacities

The authorities and other relevant actors received ICRC input for facilitating exhumations and ensuring that people did not go unaccounted for. The department of forensic medicine at Nepal's Institute of Medicine installed ICRC-provided ante/post-mortem data-management software to help it – and any future commission on the missing – resolve cases of missing persons. The National Human Rights Commission and the ICRC worked to obtain court approval for exhuming human remains related to cases of disappearance, including at five gravesites identified by National Society/ICRC teams; however, the exhumations had yet to be carried out.

APF/NP officers became more adept at managing human remains through National Society/ICRC train-the-trainer courses; afterwards, they passed on what they had learnt to peers, including at a disaster-management course. Nearly 400 APF/NP officers underwent basic training in the subject. National Society instructors and 175 volunteers attended similar sessions.

Refugees and vulnerable detainees re-establish contact with relatives

After obtaining permission from the Department of Prison Management with ICRC help, trained National Society teams resumed family-links services – in June, following a year-long suspension – at three prisons in Kathmandu Valley, benefiting foreign detainees and vulnerable Nepalese inmates who had had no contact with relatives.

Families separated from relatives abroad, particularly Bhutanese refugees in Nepal and their relatives detained in Bhutan (see *New Delhi*), restored/maintained contact through such services. Forty-three refugees visited 20 relatives detained in Bhutan, and one family travelled to Bhutan to bury a deceased, formerly detained relative.

Six people, who were detained during the conflict, obtained government compensation after receiving detention attestations.

WOUNDED AND SICK

Injured people receive emergency care

Almost 13,600 people, including those wounded during unrest (see *Context*), received first aid from ICRC-supported National Society teams. Ad hoc donations of medical supplies helped 36 hospitals provide medical/surgical care to wounded and other patients.

Reports of obstruction of/damage sustained by ambulances, including those belonging to the National Society, prompted a need to reinforce the messages of the Health Care in Danger project. Through bilateral contacts and seven round-tables, all relevant actors were reminded of their obligation to permit the wounded access to care. At one such round-table, representatives of various sectors – including health authorities, ambulance service providers and the media – and of National Society branches discussed

the misuse of ambulances and obstacles to service delivery. They adopted a code of conduct harmonizing ambulance services and set up a committee to monitor its implementation. District ambulance management committees and National Society branches coordinated the provision of first-aid training to ambulance drivers. Jingles in local languages, aired on radio in 62 districts, also raised awareness of the need to respect medical personnel/infrastructure. Some 25 hospital directors attended a workshop – organized with the Nepal Medical Association – on these issues.

Nepalese doctors upgrade trauma-management skills

Local capacities were strengthened by National Society/ICRC-supported training, helping overcome constraints in the provision of emergency/health services. Over 330 APF/NP officers added to their first-aid skills and to their ability to teach the subject. Particularly in the run-up to the elections, National Society instructors and nearly 540 volunteers attended similar sessions on first aid. The National Society maintained/repaid its ambulances with ICRC support, enabling services to resume in some districts.

Through emergency room trauma-management courses facilitated with instructors from the Kathmandu University Hospital, 63 doctors, including 2 from the Bangladesh army, and 40 medical students upgraded their skills. One orthopaedic surgeon learnt more about mass-casualty management at a course abroad.

Disabled people improve their mobility

In all, 1,371 disabled people, including mine/ERW/IED victims, received physical rehabilitation services at the ICRC-supported Yerahiti National Rehabilitation Centre and the Green Pastures Hospital. They included amputees whose mobility was enhanced by artificial limbs. Over 160 people, including conflict-disabled patients, received free treatment; 51 had their transport costs covered. Technical support from both the centre and the hospital enabled 119 disabled people in a camp in Butwal, southern Nepal, to receive follow-up care, such as repairs to their devices or referrals for new ones.

To enhance local capacities/service quality, three technicians from the centre and the hospital underwent formal schooling abroad; others benefited from on-the-job training. To ensure sustainability, the National Association of Service Providers in Rehabilitation, with ICRC input, drafted a national plan for physical rehabilitation services. Discussions with the Peace and Reconstruction Ministry explored the possibility of providing interim support for disabled people.

National Society mine-risk education sessions helped reduce the risks to communities in mine/ERW-contaminated areas, as did radio advertisements broadcast countrywide – including on government stations – in coordination with the Peace and Reconstruction Ministry.

Two conflict-disabled people restored a degree of self-sufficiency through ICRC-supported micro-economic initiatives.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Authorities and public broaden their awareness of humanitarian concerns

National Society/ICRC dialogue with the authorities, military/security forces and key members of civil society raised awareness of and garnered support for humanitarian principles and concerns

(see *Wounded and sick*), IHL, international human rights law, and the Movement's activities. Given the potential for unrest, this was especially important.

Media coverage of National Society/ICRC activities, based on ICRC press releases, interviews, round-tables and audiovisual materials – including a documentary on the plight of the families of missing persons in Nepal – raised public awareness of humanitarian concerns and the Movement, as did National Society IHL-promotion activities backed by updated materials. These activities included a photo exhibition marking the Nepalese Red Cross's 50th anniversary and a weekly radio programme. At a regional conference, two Nepalese journalists shared best practices with peers and bolstered their ability to report on humanitarian affairs (see *New Delhi*).

Human rights advocates, lawyers, lecturers and students furthered their understanding of IHL at ICRC-supported briefings/events. Students from three universities tested each other's knowledge of IHL at a competition. Two universities received updated IHL publications for their libraries.

Cooperation in IHL training with army resumes after two years

National Society/ICRC briefings and courses in IHL enhanced knowledge of the subject among the Nepalese Army/APF/NP and encouraged its dissemination among their ranks.

Following the resumption of cooperation after a two-year gap, the Nepalese Army organized two advanced IHL courses for instructors and, for the first time, one IHL course exclusively for legal officers (totalling 66 participants). Officers from the Army Command and Staff College and 50 peacekeepers attended pre-deployment briefings. Two senior military officers attended advanced IHL courses in San Remo, and in Colombia (see *International law and cooperation*).

Although formal cooperation with the APF in training officers in IHL/international human rights law remained on hold as the Home Affairs Ministry was reviewing it, the APF and the ICRC kept up dialogue on incorporating international norms in the former's doctrine, training and operations. The APF/NP included ICRC briefings on IHL and international norms on the use of force in law enforcement, on an ad hoc basis, in their training courses in these subjects; the courses were attended by some 250 and 20 officers, respectively.

National IHL committee pursues initiatives despite political impasse

The prevailing political situation and the absence of a legislative body hampered the adoption of mechanisms to address the needs of families of missing persons and of a stand-alone Red Cross Act to strengthen the National Society's legal status. The situation also delayed accession to IHL-related treaties and domestic IHL implementation. Nevertheless, through the initiatives of the national IHL committee and with National Society/ICRC input, the authorities engaged in discussions on the Hague Convention on Cultural Property, voted in favour of the Arms Trade Treaty and continued working on an official Nepali translation of the 1949 Geneva Conventions. The national IHL committee finalized, and prepared to issue, an IHL handbook for parliamentarians and civilian authorities, which was drafted in 2012. It had not yet approved the Geneva Conventions Bill.

The Public Service Commission incorporated IHL in the training of civil servants. Two government officials contributed to a regional consultation on the “Strengthening IHL” process (see *Kuala Lumpur*). At the 22nd South Asia Teaching Session on IHL, organized with the Kathmandu School of Law, 46 officials from 10 countries, among them 11 from Nepal, shared best practices in implementing IHL. Others discussed similar subjects at events abroad, including a meeting of national IHL committees from member States of the Commonwealth of Nations (see *Caracas*).

RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross – the ICRC’s key operational partner – reinforced its capacities in restoring family links, human remains management, first aid, mine-risk education and IHL promotion, and strove to strengthen its legal status and government-auxiliary role; the ICRC provided financial/material/technical/training support for this (see above).

National Society volunteers underwent training in applying the Safer Access Framework, particularly important in light of the potential for emergencies. This also enhanced the public image of the National Society among stakeholders, locally and nationally.

The National Society continued to review its constitution, in accordance with organizational development initiatives begun in 2012. Its gender and social inclusion department organized workshops at which staff/volunteers from headquarters and district chapters shared their views on promoting gender diversity and social inclusion within the National Society.

The National Society, the International Federation and the ICRC renewed their cooperation agreement and met regularly to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		41		
RCMs distributed		43		
Names published in the media		1,360		
Names published on the ICRC family-links website		1,401		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		45	3	11
People located (tracing cases closed positively)		29		
Tracing cases still being handled at the end of the reporting period (people)		1,359	94	148
Documents				
People to whom travel documents were issued		44		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links			Women	Minors
RCMs collected		56		
RCMs distributed		31		
People to whom a detention attestation was issued		6		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	3,725	51%	
Cash	Beneficiaries	4,366	36%	32%
Work, services and training	Beneficiaries	6	50%	33%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	36		
First aid				
First-aid posts supported	Structures	43		
	of which provided data	Structures	43	
Wounded patients treated	Patients	13,597		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	1,371	409	114
New patients fitted with prostheses	Patients	79	23	4
Prostheses delivered	Units	115	31	7
	of which for victims of mines or explosive remnants of war	Units	13	
New patients fitted with orthoses	Patients	87	23	28
Orthoses delivered	Units	138	39	46
	of which for victims of mines or explosive remnants of war	Units	1	
Patients receiving physiotherapy	Patients	186	58	19
Crutches delivered	Units	321		
Wheelchairs delivered	Units	150		

PAKISTAN



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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the government approved ICRC activities within the terms of the 1994 headquarters agreement, namely: cooperation with the Pakistan Red Crescent Society, IHL-promotion activities and logistical support to ICRC Afghan operations
- ▶ at the government's request, the ICRC initiated consultations on continuing activities outside the 1994 agreement, later submitting a draft annex updating the 1994 agreement to reflect current needs and proposed ICRC activities
- ▶ disabled people had much shorter waits to obtain quality prostheses/orthoses at ICRC-supported centres, which had, with the ICRC's technical support, improved work processes and increased production
- ▶ vulnerable populations learnt to reduce their exposure to risks of weapon contamination, following the resumption of Pakistani Red Crescent/ICRC mine-risk education activities
- ▶ the authorities received an ICRC report containing recommendations for protecting medical services, made by government, health and private sector representatives over the course of more than 20 consultations
- ▶ the air force, navy and a training institution for peacekeepers took steps to strengthen knowledge of IHL among their personnel, accepting/reviewing ICRC support/input for their training programmes

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	557
RCMs distributed	1,427
Phone calls facilitated between family members	402
People located (tracing cases closed positively)	44

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Health		
Health centres supported	Structures 6	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	1
Physical rehabilitation		
Centres supported	Structures 4	4
Patients receiving services	Patients 18,300	16,836

EXPENDITURE (in KCHF)

Protection	1,521
Assistance	5,970
Prevention	4,188
Cooperation with National Societies	2,130
General	-

13,808

of which: Overheads 843

IMPLEMENTATION RATE

Expenditure/yearly budget	66%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	352

CONTEXT

For the first time since its independence and despite some election-related violence, Pakistan experienced a successful transition between two civilian governments after a general election in May. The new government had to deal with complex, long-standing economic and security issues.

Fighting continued between Pakistani armed forces and armed groups in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP), as did violence by armed elements against civilians and medical services in these provinces as well as in Balochistan and the city of Karachi in Sindh. Thousands of people were killed or displaced; the government estimated that more than 22,000 households were displaced in FATA alone. People's access to essential services was also disrupted.

Weapon contamination from previous armed conflicts continued to affect people in areas along the borders with Afghanistan and India, with many injured or killed while pursuing daily activities. Natural disasters often aggravated the effects of the fighting.

Independent humanitarian action across the country remained constrained by government restrictions on access and by security concerns arising from continued attacks on humanitarian and health workers.

ICRC ACTION AND RESULTS

Having received approval from the Pakistani government in February to continue its activities under the terms of the 1994 headquarters agreement, the ICRC pursued its cooperation with the Pakistan Red Crescent Society and provision of logistical support to ICRC operations in Afghanistan; it also resumed its IHL-related activities. At the government's request, the ICRC initiated further consultations on resuming activities not covered by the agreement, notably the provision of support to the casualty care chain, including through a field surgical hospital in Peshawar. At year-end, also at the government's request, the ICRC submitted for their approval an annex updating the 1994 agreement to reflect current humanitarian needs and its proposed scope of action. These changes followed the ICRC's suspension in mid-2012 of all of its activities – except physical rehabilitation work, family-links services and cooperation with the Pakistani Red Crescent – owing to government reservations and restrictions on its operations and significant security concerns, marked by the kidnapping and murder of an ICRC delegate in April 2012.

Within the limited humanitarian space in which it could operate, the ICRC thus continued to help the Pakistani Red Crescent boost its capacities to conduct joint activities and develop its own programmes. It provided material, technical and financial assistance to the National Society, enabling it to respond to emergencies with trained and equipped disaster response teams in FATA and KP; first-aid teams in key branches helped each other enhance their skills through a peer-training project. With the ICRC's guidance, the National Society improved the services offered by its basic and mobile health units to people affected by conflict and disasters in Balochistan, FATA and KP provinces. The ICRC helped the National Society sharpen its staff and volunteers' skills in delivering family-links services and in promoting IHL; it also supported the National Society's efforts to improve its institutional set-up and management methods, and encouraged it to share its experiences at Movement meetings.

Disabled people received treatment at ICRC-supported physical rehabilitation centres. Improved workflow increased the annual production of prostheses/orthoses at the centres; as a result, patients did not have to wait as long for their devices. The ICRC worked with local authorities, other key stakeholders and partner centres to ensure the sustainability of services. The Pakistan-administered Kashmir government assumed responsibility for the Muzaffarabad Physical Rehabilitation Centre, but the ICRC would continue to provide technical support until 2018.

National Society/ICRC family-links services helped various groups of people – the families of people detained abroad, relatives separated during fighting or disasters, refugees, stateless persons and asylum seekers – contact their relatives.

Following the government's decision about the ICRC's activities in the country, joint National Society/ICRC mine-risk education activities resumed for communities living in areas strewn with mines and explosive remnants of war (ERW), in FATA, KP and Pakistan-administered Kashmir. Both the air force and the navy accepted ICRC offers of support for their IHL training programmes, and reviewed draft IHL training modules presented to them.

At various events throughout the year, the authorities, armed/security forces, key stakeholders, including academics and religious scholars, and the ICRC built up trust and mutual understanding of each other's work and views on humanitarian action. The ICRC organized consultations with a broad range of actors on the issue of protecting medical services in Pakistan; a report summarizing their recommendations was submitted to the authorities concerned.

The ICRC met regularly with Movement partners, NGOs and other humanitarian organizations to coordinate activities and discuss developments in humanitarian access in the country.

CIVILIANS

Civilians affected by the violence, and often by natural disasters as well, did not benefit from direct ICRC help (see *Authorities, armed forces and other bearers of weapons, and civil society*). However, the National Society addressed some of their needs, drawing on its improved capacities to carry out assistance activities; it did so with material and technical ICRC support, including for the training of six disaster response teams in FATA and KP.

Vulnerable people access basic health care at National Society clinics

Fighting- or disaster-affected populations, including those affected by two powerful earthquakes in Balochistan, received treatment and care at five basic and one mobile health units run by the National Society with material and financial ICRC support. The clinics – in Balochistan (4), FATA (1) and KP (1) – helped the country's overstretched health system cope with the mounting needs of the population. Altogether, close to 74,500 patients were given consultations, including some 4,750 who received ante/post-natal care. Many others were immunized against common diseases: among them, children under the age of five, who received some 2,930 doses of vaccines. Over 59,000 people learnt more about key health issues and good hygiene practices at 2,745 health education sessions.

The National Society, with the ICRC's help, improved its documentation tools and clinical protocols, such as for monitoring drug consumption/procurement and staff activity, and coordination between its headquarters and branches and with district health authorities. With such mechanisms in place, ICRC support for the clinics concluded at year-end, in line with the National Society/ICRC partnership agreement.

Communities at risk learn to protect themselves from mines/ERW

National Society/ICRC mine/ERW-risk education activities for vulnerable communities resumed in FATA, KP and Pakistan-administered Kashmir following the government's decision on ICRC operations in Pakistan (see *Authorities, armed forces and other bearers of weapons, and civil society*). Some 79,110 people living in high-risk communities in these three areas learnt to reduce their exposure to mine/ERW-related risks at information sessions facilitated by specially trained National Society staff and supplemented by National Society/ICRC-produced materials.

Opportunities to liaise with national authorities and other stakeholders on a data collection network and legal frameworks comprehensively addressing the issue of weapon contamination remained limited, given the prevailing political and security sensitivities and the ongoing consultations about the ICRC's work. However, at a National Society-organized fair celebrating the International Day for Mine Awareness and Assistance in Mine Action, government representatives, journalists, students, teachers and civil society representatives in Rawalakot district discussed the issue during related National Society/ICRC activities. Mine/ERW victims and other beneficiaries of the Muzaffarabad Physical Rehabilitation Centre (see *Wounded and sick*) attended the fair; they were featured in a documentary highlighting their reintegration into society through sports.

Separated relatives restore contact

Using National Society/ICRC tracing and RCM services, separated family members – including refugees, stateless persons, asylum seekers and people who had lost touch with their families during fighting – contacted relatives in Pakistan and abroad.

Families communicated with their relatives interned/detained abroad – notably at the US internment facility at Guantanamo Bay Naval Station in Cuba or at the Parwan detention facility in Afghanistan – via ICRC-facilitated video or telephone calls (see *Afghanistan and Washington*), or through oral messages relayed by ICRC interpreters/delegates during visits. One family visited a relative detained in Afghanistan. The families of eight Pakistani nationals detained in India were notified of their relatives' situation through ICRC services.

Trained National Society volunteers pursued a review of its family-links services to determine needs and areas for improvement. The review, begun in 2012, continued in one province, after having been completed in six others.

Pending the government's approval for its local training courses, the ICRC made little progress in helping to strengthen capacities for managing human remains, to prevent cases of missing persons during violence or disasters. However, two NGO representatives and one senior police officer participated in an ICRC course abroad on managing human remains and preserving data for future identification efforts.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 890 vulnerable detainees in KP prisons got through the winter with ICRC-donated clothing and hygiene items. One person, previously detained in Afghanistan, received medical care on returning to Pakistan after his release. The families of 16 people in long-term detention abroad met some of their basic needs with ICRC packages containing food and other essential items.

WOUNDED AND SICK

ICRC emergency medical services for people wounded in fighting remain suspended

Despite existing needs, ICRC activities to improve the availability and quality of services throughout the casualty care chain were heavily restricted. The ICRC field surgical hospital in Peshawar remained closed (see *Authorities, armed forces and other bearers of weapons, and civil society*); training courses on handling weapon wounds could not be conducted.

However, 133 weapon-wounded patients received ICRC-funded treatment on an ad hoc basis. Others were treated at hospitals which received ICRC donations of drugs and supplies to help them cope with influxes of mass casualties.

National Society first-aid teams learn from each other

In the meantime, injured people stood to benefit from the efforts of National Society branches to help each other enhance their first-aid capacities through ICRC-supported peer-to-peer refresher training. The more experienced first-aid teams shared their knowledge with their counterparts during inter-branch visits. The National Society/ICRC also helped train in first aid and equip some 140 officers from 28 police stations in FATA and KP, including in Peshawar. As a result of an ICRC-supported review of its first-aid programme, the Pakistani Red Crescent began the process of drafting a new strategy, with some delay owing to internal constraints.

Disabled people have much shorter waits for quality care and devices

Throughout the year, some 16,840 disabled patients received treatment and assistive devices at four centres in northern Pakistan, which maintained/improved the quality of their services/devices with ICRC-donated materials, equipment and staff training. House-bound patients in KP benefited from care, home nursing kits and house-modification services provided by the Paraplegic Centre Hayatabad. Patients had much shorter waits for prostheses/orthoses, thanks to improved production capacities, particularly in two of the centres. The centres increased production collectively by 123% compared with 2012, partly owing to ICRC-sponsored scholarships, sharing of staff experiences between the centres, and practical mentoring.

Different sectors seek to sustain physical rehabilitation services

The partner centres, local authorities, other key stakeholders and the ICRC sought to ensure the sustainability of physical rehabilitation services. The Christian Hospital Rehabilitation Centre in Quetta reopened under the management of the CHAL Foundation, having closed shortly after the 2012 kidnapping and murder of an ICRC health delegate in the area. The government of Pakistan-administered Kashmir assumed responsibility for the Muzaffarabad Physical Rehabilitation Centre after the Legislative Assembly passed an act to this effect, and after the appointment of a board of directors. The authorities and the ICRC signed an

agreement on ICRC technical and financial support to the centre until 2018.

Various groups of people, including government officials and members of the general public, learnt about the needs of disabled people and the risks associated with mines/ERW at events jointly organized by partner centres, other stakeholders and the National Society/ICRC (see *Civilians*); at one, 150 children disabled by ordnance received ICRC-donated school supplies.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Authorities redefine scope of ICRC activities in Pakistan

In February, following inter-ministerial consultations, the government approved ICRC activities within the scope of the 1994 headquarters agreement, namely: cooperation with the National Society; IHL-promotion activities with the authorities, armed forces and civil society; and logistical support for the ICRC's operations in Afghanistan. Joint activities with the National Society thus continued (see *Civilians* and *Wounded and sick*). IHL-promotion activities resumed, as did meetings/contacts with local authorities (see below), following the reopening of ICRC offices.

At the government's request, further consultations with them took place on activities outside the 1994 agreement, particularly ICRC support throughout the casualty care chain, including through a field hospital. In December, the authorities received, per their request, a draft annex updating the 1994 agreement to reflect current humanitarian needs and the proposed scope of ICRC activities. This document was based on previous consultations and on a concept paper submitted to them in August 2012; it remained pending approval at year-end.

At meetings/events held in parallel to the consultations, the authorities, armed/security forces, key stakeholders, including academics and religious scholars, and the ICRC worked to build trust and mutual understanding of each other's work and perspectives on humanitarian action.

The air force and navy review new IHL training modules

The air force and navy took steps to reinforce their personnel's knowledge of IHL, accepting ICRC support for their training programmes and reviewing ICRC-proposed IHL modules. The army, with which contacts remained limited, had not responded to a similar proposal. The National University of Sciences and Technology, which trains peacekeeping forces, institutionalized IHL training under a five-year agreement with the ICRC.

Three senior officers, one from each of the three corps, learnt more about their obligations under IHL at ICRC-sponsored/organized courses in Geneva, Switzerland and in San Remo. Some 650 air force and naval officers of various ranks and 60 army peacekeepers did the same at briefings/seminars.

Police officers honed their understanding of internationally recognized policing standards through ICRC publications distributed to their central and provincial training centres. Some enhanced their emergency-response capacities at National Society/ICRC-facilitated training initiatives (see *Civilians* and *Wounded and sick*).

Weapon bearers and the ICRC discussed the organization's operations in Pakistan and how they related to operations in Afghanistan.

Stakeholders share recommendations on curbing violence against health care

Government, health sector, civil society and National Society representatives discussed protection for medical services in Pakistan at over 20 ICRC-organized consultations/meetings. An ICRC report containing their recommendations was submitted to the authorities for review and helped shape future cooperation with stakeholders in this regard. Some 40 Islamic scholars, at a workshop on the same subject, reaffirmed that both Islam and IHL call for the protection of medical facilities and personnel.

Academics promoted the link between sharia law and IHL, offering certificate courses for men and women, co-organizing moot court competitions and briefings for their students, and attending training sessions, including at an Arabic IHL course (see *Lebanon*), to enhance their teaching of IHL.

Diverse groups of people enriched their understanding of humanitarian principles, neutral, impartial and independent humanitarian action and the Movement's work through National Society/ICRC communication initiatives, documentary materials on the ICRC's history in Pakistan, and various events. These initiatives and events enabled government/private-sector contacts and the organization to reconnect, fostering an environment conducive to the resumption of ICRC activities. Twelve senior reporters familiarized themselves with humanitarian perspectives in conflict reporting at an ICRC session.

Treaty implementation remains stalled

No progress was made in the domestic implementation of IHL, although the ministries concerned continued to receive ICRC input for advancing the process, including at teaching sessions (see *Bangladesh* and *Nepal*) and at a consultation in connection with the "Strengthening IHL" process (see *Kuala Lumpur*). An official from the Ministry of Law, Justice and Parliamentary Affairs proposed the establishment of a national IHL committee after attending a meeting of such committees from Commonwealth States (see *Caracas*).

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistani Red Crescent remained the ICRC's main partner in running existing activities (see *Civilians* and *Wounded and sick*). At central and provincial/branch levels, especially in FATA and KP, it consolidated its operations and institutional set-up, with technical/financial ICRC support.

The National Society, with Movement support, reviewed its constitution and strategies and made changes to its internal structure. Its staff and volunteers upgraded their skills, particularly in family-links services, emergency response and IHL promotion. At meetings/conferences in the region (see *Iran*, *Islamic Republic of* and *Kuala Lumpur*) and in Geneva, the National Society shared its experiences in restoring family links for migrants and the Safer Access Framework, and its views on issues covered by the Health Care in Danger project.

Movement partners met regularly to coordinate their activities, especially in view of developments in the ICRC's status in Pakistan.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		557		
RCMs distributed		1,427		
Phone calls facilitated between family members		402		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		25	7	5
People located (tracing cases closed positively)		44		
Tracing cases still being handled at the end of the reporting period (people)		79	14	24
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		3		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Health				
Health centres supported		Structures	6	
Average catchment population			67,782	
Consultations		Patients	74,499	
		Patients		17,556
		Patients		37,814
		Patients		4,754
Immunizations		Doses	4,167	
		Doses	2,931	
Referrals to a second level of care		Patients	102	
Health education		Sessions	2,745	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items		Beneficiaries	891	
Cash		Beneficiaries	8	
WOUNDED AND SICK				
Hospitals				
Hospitals supported ¹		Structures	1	
		Structures	1	
Patients whose hospital treatment has been paid for by the ICRC		Patients	133	
Admissions		Patients	538	267
		Patients	133	33
		Patients	2	7
		Patients	405	
Operations performed			570	
Physical rehabilitation				
Centres supported		Structures	4	
Patients receiving services		Patients	16,836	1,572
New patients fitted with prostheses		Patients	2,239	228
Prostheses delivered		Units	2,578	266
		Units	724	
New patients fitted with orthoses		Patients	3,771	450
Orthoses delivered		Units	5,830	582
		Units	320	
Patients receiving physiotherapy		Patients	7,087	1,039
Crutches delivered		Units	2,660	
Wheelchairs delivered		Units	423	

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

PHILIPPINES



KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ IDPs in Zamboanga, Filipino migrants returning from Malaysia and Typhoon Haiyan victims recovered from the effects of conflict/violence or natural disasters with emergency provisions of food, water and household items
- ▶ families affected by Typhoon Bopha in 2012 restored their livelihoods through various activities, including the community-based construction of 3,200 shelters under a cash-for-work initiative
- ▶ with ICRC support, 22 Philippine Red Cross Action Teams in conflict/violence-prone areas boosted their emergency response capacities, particularly in providing first aid and family-links services
- ▶ more detainees in Manila City Jail had their cases resolved speedily, which contributed to a 33% decrease in the number of people incarcerated there for over three years
- ▶ the Bureau of Jail Management and Penology and the Health Department introduced their improved national health information system in seven pilot jails, benefiting some 9,000 detainees
- ▶ the Philippines signed into law the Red Cross and Other Emblems Act, aimed at enhancing respect for and penalizing the misuse of the red cross emblem, and protecting humanitarian assistance during conflict/violence

EXPENDITURE (in KCHF)	
Protection	3,784
Assistance	42,922
Prevention	2,018
Cooperation with National Societies	2,534
General	-

51,259

of which: Overheads **2,928**

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%

PERSONNEL	
Mobile staff	55
Resident staff (daily workers not included)	272

In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence, including on the southern islands of Mindanao. It acts as a neutral intermediary between opposing forces in humanitarian matters. It visits persons deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons, through direct interventions and prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	13
RCMs distributed	16
People located (tracing cases closed positively)	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	79,712
Detainees visited and monitored individually	1,025
Number of visits carried out	397
Number of places of detention visited	195
Restoring family links	
RCMs collected	18
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	163

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	665,715
Essential household items	Beneficiaries	637,335
Productive inputs	Beneficiaries	185,000
Cash	Beneficiaries	152,000
Work, services and training	Beneficiaries	196,000
Water and habitat activities	Beneficiaries	157,500
Health		
Health centres supported	Structures	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	17
Water and habitat		
Water and habitat activities	Number of beds	200
Physical rehabilitation		
Centres supported	Structures	1
Patients receiving services	Patients	408
Comments		
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.		

CONTEXT

National/local midterm elections in May were generally peaceful. President Benigno Aquino III's Liberal Party won a majority, allowing the administration to pursue its economic and political priorities, including finalizing a peace deal with the Moro Islamic Liberation Front (MILF). In September, fighting broke out between government forces and elements of the Moro National Liberation Front (MNLF) in Zamboanga. This resulted in hundreds of casualties and tens of thousands of displaced people. In parts of Mindanao, clashes occasionally occurred between government troops and armed groups and among powerful clans.

Peace talks between the government and the Communist Party of the Philippines (CPP) were put on hold. Tensions between government forces and the New People's Army (NPA) – the military wing of the CPP – increased in areas of Mindanao and the Visayas. The NPA declared a unilateral ceasefire in the Visayas until January 2014 to facilitate the delivery of humanitarian assistance to communities – in all, some 16 million people – severely affected by Typhoon Haiyan, which struck in November and left over 6,000 people dead. In eastern Mindanao, post-Typhoon Bopha rehabilitation continued. Reaching communities affected by the two typhoons presented logistical challenges owing to the remoteness of the areas concerned and damaged infrastructure.

In February, members of the so-called “Royal Armed Forces of the Sultanate of Sulu” from the Philippines entered and laid claim to Sabah, Malaysia. The ensuing confrontation with Malaysian government troops led to deaths, arrests and the flight of thousands of Filipino migrants or people of Filipino origin back to the Philippines, primarily through western Mindanao.

The Philippines sought arbitration under the UN Convention on the Law of the Sea (UNCLOS) for its territorial dispute with China over parts of the South China Sea.

ICRC ACTION AND RESULTS

In response to various crises that struck the Philippines in 2013, the ICRC worked closely with the Philippine Red Cross to address the needs of victims of conflict/violence and natural disasters. The National Society drew on ICRC technical, material and financial support to strengthen its emergency response capacities. Together, they launched emergency operations in western Mindanao, notably Zamboanga, and in eastern Visayas. The ICRC appealed for additional funds to complete National Society/ICRC assistance activities for Typhoon Bopha victims in eastern Mindanao, which began in 2012, and again increased its budget to respond to the needs resulting from Typhoon Haiyan. Overstretched resources owing to these emergencies delayed the implementation of some of the delegation's planned activities.

Dialogue with parties to the conflicts enabled the ICRC to promote protection of and respect for people affected by armed conflict/other situations of violence and to foster support for the safe delivery of humanitarian aid. Dissemination sessions for the authorities, weapon bearers and civil society on humanitarian principles, IHL, other relevant international standards and the Movement sought to increase support for the Movement's activities.

National Society/ICRC-provided emergency food rations, water and essential household items and repaired water systems helped

victims of conflict/violence and natural disasters meet their daily needs. Cash-for-work initiatives and the provision of supplies and equipment/training expanded their income-generating capacities and facilitated their early recovery.

With the local health authorities and partner National Societies, the Philippine Red Cross/ICRC offered health/medical services to vulnerable populations. The provision of medical supplies and equipment, rehabilitation of infrastructure and training for health staff helped local facilities resume their services or strengthen their capacity to deal with influxes of patients. People injured during clashes benefited from first aid/medical care and/or had their treatment costs covered. Training for its staff and the construction of a physiotherapy unit improved the Davao Jubilee Foundation (DJF) physical rehabilitation centre's ability to help people regain their mobility.

The ICRC continued to visit, in accordance with its standard procedures, people deprived of their freedom. Particular attention was paid to security detainees, who also benefited from National Society-facilitated family visits. Under the “Call for Action” process, the authorities and the ICRC tackled the causes and consequences of overcrowding in prisons. A taskforce sped up the processing of cases of inmates in one jail, which contributed to a decrease in that facility's population. The strengthening of the national health information system and the development of a pilot TB programme helped detainees maintain/improve their health. Material assistance and rehabilitated infrastructure improved living conditions for inmates.

With ICRC support, the armed forces and the police took steps to incorporate IHL or internationally recognized policing standards into their training and operations; for instance, the police revised its training module. The president signed into law the Red Cross and Other Emblems Act, and the government pursued various means to facilitate domestic IHL implementation.

The ICRC continued to coordinate its activities with its partners within the Movement and other humanitarian agencies to maximize impact, identify unmet needs and avoid duplication.

CIVILIANS

Local authorities, security forces, armed groups, religious/community leaders and the ICRC regularly discussed the need to protect civilians and to ensure the safe delivery of aid, including medical services. Representations to parties to the conflicts informed them of documented allegations of IHL violations and reminded them to take corrective action.

With ICRC material, technical and financial support, National Society staff/volunteers, particularly in eastern Mindanao, Samar island and Zamboanga, responded to the needs of communities affected by conflict/violence and natural disasters. They strengthened their operational capacities through training in: the Safer Access Framework; water and livelihood needs assessments; emergency-response planning and implementation; and restoring family links.

Victims of clashes in Zamboanga and Typhoon Haiyan survivors reconnect with relatives

In Zamboanga, IDPs contacted relatives using ICRC-supported National Society phone services. Following Typhoon Haiyan, a Movement website allowed people to register a request for news

about missing relatives or inform others of their whereabouts. Some 3,090 survivors registered as “I’m alive”, while 974 cases of people missing were recorded, of which 504 were resolved by the National Society. The authorities used ICRC-provided body bags and received technical input to manage human remains.

Conflict/typhoon-affected people access drinking water

As a priority, National Society/ICRC teams, in coordination with the local authorities, addressed the basic water and hygiene requirements of conflict/typhoon-affected communities, including through National Society hygiene-promotion sessions. Such efforts also aimed to reduce health hazards.

Over 38,000 IDPs in seven evacuation centres in Zamboanga maintained their health/hygiene thanks to the distribution of drinking water and the construction of toilets/bathing cubicles. They included heads of household who earned cash by building tents, clearing debris and managing waste in the largest evacuation facility, thereby also supporting themselves and their families financially (31,140 people). Until November, some 14,600 Typhoon Bopha survivors accessed potable water from emergency water trucking and newly installed water points. Starting mid-November, around 40,000 Typhoon Haiyan-affected people, notably those living along Samar island’s eastern coast, benefited from daily distributions of drinking water.

ICRC-supported health facilities serve Zamboanga IDPs and typhoon-affected communities

Vulnerable people accessed free preventive and curative care – including immunizations, mother and child care, health sessions and referrals to hospital – at ICRC-supported emergency health facilities.

In Zamboanga, some 19,000 patients attended consultations at a City Health Office/National Society health station in the largest evacuation centre, while over 25,000 people dealt better with the effects of the fighting thanks to psychological support offered by the station. A basic health care unit (BHCU) provided by the Japanese Red Cross in Davao Oriental treated over 7,100 people following Typhoon Bopha; children coped with their trauma through art therapy, which schools replicated when the BHCU ended its activities in March upon the resumption of local facilities’ operations. By end-November, a BHCU and an emergency hospital (with emergency surgery and obstetric services) set up with the Finnish Red Cross and the Norwegian Red Cross in Eastern Samar and Samar, respectively, began providing services to Typhoon Haiyan survivors. Over 30 rural health facilities, including 12 that reopened, maintained/restarted their services with ICRC material support.

Thousands of typhoon-affected people, IDPs in Zamboanga and migrants returning from Malaysia ease their living conditions with emergency relief

The provision of food packs and essential household items, such as hygiene kits and tarpaulins for shelters, helped victims of conflict/violence and natural disasters, including IDPs, restore part of their food security and pre-emergency living conditions. Beneficiaries included around 66,000 persons displaced (some 11,000 households) because of the conflict in central Mindanao.

Around 385,000 people affected by Typhoon Bopha (67,427 households) got back on their feet with the help of four-round distributions of half-month food rations; some 234,000 of them (37,429 households) also received one-off provisions of household items. In Zamboanga, after receiving meals and essential items, 6,400 IDP households improved their food intake and personal hygiene using unconditional cash grants (benefiting 38,400 people). Over 194,000 typhoon-affected people (nearly 39,000 households) in Samar received emergency food kits; over 147,000 of them (nearly 30,000 households) also benefited from household essentials.

Several thousand Filipino migrants returning home from Malaysia and transiting through permanent and temporary government processing centres in Zamboanga and in Tawi-Tawi, respectively, eased their living conditions with hygiene kits from the National Society/ICRC.

Victims of conflict/natural disasters work towards early recovery, including typhoon-affected community members building storm-resilient shelters

Once the situation allowed and in coordination with the local authorities, the National Society/ICRC focused on helping communities regain some self-sufficiency through short- and long-term livelihood activities, and on supporting health facilities in restoring/resuming their services.

The construction of two gravity-fed pipelines provided a reliable source of drinking water for some 1,200 people, helping them boost their resilience to the effects of violence in North Cotabato. With productive supplies and equipment, such as vegetable seed, fishing kits and paddleboats, 5,919 farmers and fishermen in Negros Oriental (Visayas), North Cotabato and Surigao del Sur improved/restored their families’ livelihoods; 2,074 also benefited from training and veterinary/other services.

In Typhoon Bopha-affected Compostela Valley and Davao Oriental provinces, rehabilitated water systems, which became operational by April, helped 13,350 people decrease their exposure to health risks. Health services resumed/improved owing to: the rehabilitation of 16 damaged health facilities; financial/material support to health infrastructure, including three health posts; and

CIVILIANS		BOPHA	HAIYAN	ZAMBOANGA	OTHERS
Economic security, water and habitat					
Food commodities	Beneficiaries	385,164	194,095	6,000	74,466
	<i>of whom IDPs</i>			6,000	68,970
Essential household items	Beneficiaries	234,623	147,590	67,458	160,668
	<i>of whom IDPs</i>			67,458	160,668
Productive inputs	Beneficiaries	163,620			35,514
Cash	Beneficiaries	77,316	5,120	69,540	4
	<i>of whom IDPs</i>			69,540	
Work, services and training	Beneficiaries				12,444
Water and habitat activities	Beneficiaries	53,136	72,000	38,836	1,612

training of health staff and midwives in basic life support and administrative management. The Health Department, other stakeholders and the ICRC drafted a contingency plan for post-Bopha emergency disease surveillance. In May, some 25,200 households started growing vegetables for their consumption using seed distributed in conjunction with their fourth food ration (see above). Productive inputs/training enabled 27,270 households to improve/restore their livelihoods, while 12,886 households boosted their income by participating in community-based cash-for-work projects, such as the construction of 3,200 storm-resilient shelters benefiting 16,005 people.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held under the responsibility of the Bureau of Jail Management and Penology (BJMP), Bureau of Corrections, provincial authorities and security forces received ICRC visits, conducted according to the organization's standard procedures, aimed at monitoring their treatment and living conditions. Particular attention was paid to 1,025 security detainees, some held in relation to the tensions in Zamboanga and Sabah (see *Context*), migrants, women, the elderly and the mentally ill. The authorities and ICRC delegates confidentially discussed any findings and recommendations resulting from visits. In its dialogue with the authorities concerned, the ICRC – mindful of the allegations of arrest reported to it – sought to secure access to those detained.

Nearly 300 security detainees maintained contact with relatives through National Society-facilitated family visits. Upon their release, 20 security detainees had the costs of their transport home covered.

Dialogue between the NPA and the ICRC confirmed to some families the detention of their relatives by the NPA and allowed the organization to meet a few detainees before their release, with a view to addressing possible concerns.

Inmates of one jail benefit from speedy case resolution

Detaining authorities and government agencies at central and local levels strove to tackle the causes and consequences of prison overcrowding within the framework of the ICRC-supported “Call for Action” process. Three working groups addressed shortcomings in the management of TB, prison infrastructure and the criminal justice system, particularly procedural delays, one of the main causes of overcrowding.

Taskforce “Katarungan at Kalayaan”, consisting of detaining authorities and members of the judiciary, reviewed the cases of inmates in Manila City Jail who had been awaiting trial, some for drug-related charges, for excessive periods of time. Some 390 detainees had their cases resolved, resulting in their acquittal or conviction. Between November 2011 and December 2013, the number of male detainees held at the jail for over three years decreased by 33%. The jail's paralegal and records office used the national electronic database and two donated computers to manage inmate data. Over 60 paralegal officers gained a clearer understanding of their tasks at a BJMP-organized training session and created a plan to reduce overcrowding in jails they were assigned to.

Prison engineers improve detention infrastructure

Detaining authorities also took steps to directly improve living conditions and health services for inmates. BJMP and Bureau of Corrections engineers/technical staff deepened their knowledge of infrastructure quality, safety and maintenance during local/

regional training sessions (see *Bangkok*). With ICRC support, including the training of 50 technical staff, these specialists helped ease the living conditions of 8,919 detainees in 12 prisons by renovating drinking water supply and sewage systems, sleeping facilities, kitchens, clinics and, in Manila City Jail, the drainage system. Ad hoc provisions of hygiene kits and recreational items supplemented these efforts, benefiting 14,675 inmates, including those held in Typhoon Haiyan-affected facilities.

Detainees in two prisons learn more about TB

The Health Department/BJMP pursued efforts to strengthen the national health information system. They launched a pilot project in seven jails, with a view to improving the quality of health care provided to around 9,000 detainees there. Trained nurses examined detainees and referred those needing specific treatment to the appropriate services. Nearly 40,000 detainees in these seven jails and in 21 other places of detention benefited from the ICRC's health monitoring efforts; vulnerable detainees needing further care received treatment at external facilities. The provision of medical equipment/supplies helped improve services at 21 prison clinics.

Around 21,000 detainees in New Bilibid Prison and Quezon City Jail accessed TB-prevention and -treatment services, enhanced by ICRC material and technical input and the renovation of New Bilibid Prison's 500-square-metre medical facility, including laboratory, pharmacy, examination, treatment and administrative spaces. Inmates better understood TB-infection control and cough surveillance from trained wardens, health aids and peer educators, and from a booklet titled *TB Behind Bars*, also available in the local language. Some 580 detainees received TB treatment, including underweight patients who improved their diet through supplementary meals. Treatment for TB patients continued after their release with the help of the ICRC, which followed them up regularly.

WOUNDED AND SICK

The weapon-wounded receive life-saving treatment in Zamboanga

People injured as a result of the fighting in Zamboanga received first aid from trained and well-equipped National Society emergency responders.

In Mindanao and the Visayas, including in Eastern Samar and Samar, 23 hospitals enhanced their services with ICRC-supplied drugs and surgical materials, of which 15 provided data. Around 980 weapon-wounded patients received treatment in ICRC-supported facilities. They included, in Zamboanga, 50 seriously injured people evacuated by the National Society to makeshift/private hospitals, as the main referral hospital in the area was caught in the crossfire. Twenty-four patients had their treatment costs covered.

Medical specialists learnt more about weapon-wound management from an ICRC surgeon during a workshop organized by the armed forces. Following accreditation, the Philippine College of Surgeons independently conducted advanced courses in trauma care.

Amputees improve their mobility

The DJF continued to upgrade its services with ICRC material, financial and technical support, which included sponsoring advanced studies abroad for a technician and constructing

a physiotherapy workshop; work on the dormitory was planned for 2014. Around 400 patients benefited from the DJF's services, including 63 who had their treatment and transportation costs covered and 45 who were fitted with prostheses for the first time. Discussions with stakeholders on sustainable cooperation with the DJF began.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Government enacts into law the Red Cross and Other Emblems Act

Judges and lawyers, particularly those in areas affected by conflict/violence, learnt more about implementing Republic Act 9851 (the national IHL law) during training sessions, some organized with the Philippine Judiciary Academy. With ICRC support, the Presidential Human Rights Committee submitted to the Executive Secretary of the Philippines a draft administrative order to establish an interministerial IHL body.

The president signed into law the Red Cross and Other Emblems Act, which aimed to enhance respect for and penalize misuse of the red cross emblem, and to protect and enable safe access for humanitarian assistance during tensions/conflict. Drafting of the Act's Implementing Rules and Regulations began. While the Senate continued to review the Hague Convention on Cultural Property for ratification and bills on IDPs and landmines, the Congress benefited from ICRC technical input for crafting IHL- and detention-related bills.

During the Southeast and East Asia Teaching Session on IHL in Manila, organized with the University of the Philippines, representatives of governments, security forces and academic institutions from 11 countries discussed matters related to domestic IHL implementation and the regulation of the means and methods of warfare. Academic experts attended IHL training and post-graduate programmes, and a specialist on information technology governance participated in a cyber-warfare round-table (see *Kuala Lumpur*).

Police revises its IHL training module

The human rights offices of the armed forces/police continued to work with the ICRC in incorporating IHL or international human rights law in their training and operations. Through updated training modules, police officers stationed in conflict-affected areas in the Visayas and/or Mindanao boosted their understanding of international policing standards and the national IHL law. Nearly 30 officers from the navy, army and air force participated in a workshop on humanitarian considerations in operational planning. Senior military and police officers attended international workshops on public order management and rules governing military operations (see *International law and cooperation* and *Jakarta*).

Regular dialogue and field dissemination sessions helped reinforce understanding of IHL, humanitarian principles and of the ICRC's neutral, impartial and independent humanitarian action among security forces (see also *Civilians*) and members of the MILF, the NPA and other armed groups. Predeployment briefings performed the same service for some 150 personnel bound for peacekeeping missions.

Journalists feature the Movement's emergency operations

The authorities, members of the diplomatic community and civil society, including NGOs, think-tanks and religious/community leaders, enhanced their knowledge of humanitarian issues and principles, IHL and the Movement's activities through bilateral dialogue, dissemination sessions held by ICRC-trained National Society volunteers and ICRC delegates, and informational materials, such as press releases, videos and social media updates. Photo exhibits and national/regional competitions stimulated university students' interest in IHL (see *Bangkok* and *Beijing*).

The Red Cross Award for Humanitarian Reporting, launched with the National Society and media-related NGOs, generated interest in humanitarian issues and ethical reporting among journalists/photojournalists throughout the country. Following field trips, local and foreign media reported on the Movement's response, particularly to the Zamboanga crisis and Typhoons Bopha and Haiyan.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		13		
RCMs distributed		16		
Names published on the ICRC family-links website		4,064		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		15	1	2
People located (tracing cases closed positively)		8		
Tracing cases still being handled at the end of the reporting period (people)		8	1	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		79,712	5,836	400
Detainees visited and monitored individually		1,025	54	17
Detainees newly registered		496	18	15
Number of visits carried out		397		
Number of places of detention visited		195		
Restoring family links				
RCMs collected		18		
RCMs distributed		5		
Phone calls made to families to inform them of the whereabouts of a detained relative		163		
Detainees visited by their relatives with ICRC/National Society support		298		

* Unaccompanied minors/separated children

RED CROSS AND RED CRESCENT MOVEMENT

More Red Cross Action teams enhance their emergency response capacities

The Philippine Red Cross played an important role in the Movement's response to emergencies and large-scale disasters. Movement meetings took place regularly to coordinate activities and security management.

The National Society remained a key operational partner of the ICRC. With ICRC support, Red Cross Action Team leaders from

22 chapters bolstered their ability to provide first aid, family-links services and psychological and social support and to conduct dissemination sessions; they shared their learning with some 670 volunteers who later responded to various emergencies in the country (see above). The construction of offices for and the provision of vehicles to National Society chapters in Compostela Valley, Davao Oriental and Surigao del Sur provinces enhanced their preparedness for possible future crises.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	659,725	33%	40%
	<i>of whom IDPs</i>	74,970		
Essential household items	Beneficiaries	610,339	27%	29%
	<i>of whom IDPs</i>	228,126		
Productive inputs	Beneficiaries	199,134	36%	44%
Cash	Beneficiaries	152,000	26%	27%
	<i>of whom IDPs</i>	69,540		
Work, services and training	Beneficiaries	12,444	40%	40%
Water and habitat activities	Beneficiaries	165,584	42%	34%
Health ¹				
Health centres supported	Structures	1		
Average catchment population		53,426		
Consultations	Patients	7,193		
	<i>of which curative</i>		2,766	2,500
	<i>of which ante/post-natal</i>		174	
Referrals to a second level of care	Patients	32		
Health education	Sessions	328		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	14,675		
Water and habitat activities	Beneficiaries	30,824		
Health				
Number of visits carried out by health staff		376		
Number of places of detention visited by health staff		28		
WOUNDED AND SICK				
Hospitals ¹				
Hospitals supported	Structures	23		
	<i>of which provided data</i>	15		
Patients whose hospital treatment has been paid for by the ICRC	Patients	24		
Admissions	Patients	200,662	99,025	61,960
	<i>of whom weapon-wounded</i>	978	162	64
	<i>(including by mines or explosive remnants of war)</i>	89		
	<i>of whom other surgical cases</i>	34,513		
	<i>of whom medical cases</i>	110,540		
	<i>of whom gynaecological/obstetric cases</i>	54,631		
Operations performed		48,198		
Outpatient consultations	Patients	401,457		
	<i>of which surgical</i>	103,884		
	<i>of which medical</i>	219,782		
	<i>of which gynaecological/obstetric</i>	77,791		
Water and habitat				
Water and habitat activities	Number of beds	200		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	408	39	198
New patients fitted with prostheses	Patients	45	5	3
Prostheses delivered	Units	98	11	13
	<i>of which for victims of mines or explosive remnants of war</i>	4		
New patients fitted with orthoses	Patients	7	3	4
Orthoses delivered	Units	13	1	4
Patients receiving physiotherapy	Patients	346	29	179
Crutches delivered	Units	66		
Wheelchairs delivered	Units	5		

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

SRI LANKA



ICRC delegation ICRC-supported prosthetic/orthotic centre

The ICRC has worked in Sri Lanka since 1989. Operations focus on assisting civilians affected by the past armed conflict; visiting detainees; enabling family members to remain in touch; supporting the Sri Lanka Red Cross Society in helping boost the economic security of returnees, former detainees and particularly vulnerable residents; improving access to physical rehabilitation facilities; and supporting military training in IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees in prisons and rehabilitation centres benefited again from previously suspended ICRC visits aimed at monitoring their treatment and living conditions
- ▶ some 2,250 detainees in 3 prisons enjoyed better living conditions owing to the renovation of water facilities, wards and a kitchen
- ▶ dialogue developed between the authorities and the ICRC regarding missing persons and their families, resulting in the resumption of some ICRC tracing activities in the north
- ▶ 152 former weapon bearers released from rehabilitation centres and 650 households headed by women and disabled persons increased their incomes by restarting livelihoods with the help of cash grants
- ▶ vulnerable people in the northern and eastern provinces accessed drinking water and sanitation facilities despite delays in the implementation of Sri Lanka Red Cross Society/ICRC projects

EXPENDITURE (in KCHF)	
Protection	2,574
Assistance	1,087
Prevention	814
Cooperation with National Societies	438
General	-

4,913

of which: Overheads 300

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	68

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	18
RCMs distributed	126
Phone calls facilitated between family members	80
People located (tracing cases closed positively)	55
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited and monitored individually	834
Number of visits carried out	53
Number of places of detention visited	27
Restoring family links	
RCMs collected	157
RCMs distributed	25
Phone calls made to families to inform them of the whereabouts of a detained relative	50

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Cash	Beneficiaries	3,200	615
Water and habitat activities	Beneficiaries	31,500	12,985
WOUNDED AND SICK			
Physical rehabilitation			
Centres supported	Structures	1	1
Patients receiving services	Patients	1,000	1,573
Comments			
Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.			

CONTEXT

With macro-economic growth and stability restored after the end of the armed conflict in 2009, Sri Lanka continued on its path to recovery. The closure of Menik Farm in Vavuniya district in 2012 marked the end of major displacement in the country, with IDPs returning to their areas of origin – an undertaking that entailed allocating massive resources, rebuilding essential government services, demining land, and coordinating various aid providers. Despite these efforts, many returnees had still not established their livelihoods and access to basic services in some areas was still inadequate. Thousands of people remained unaccounted for, leaving their relatives in a constant state of anguish over their uncertain fate.

The number of people held in relation to the past conflict – both in places of temporary and permanent detention and in rehabilitation centres – decreased to 961.

The government implemented an action plan – created in response to recommendations of the Lessons Learnt and Reconciliation Commission – to tackle the needs of those affected by the conflict, including returnees, families of missing persons and detainees; however, this met some delays. It also established a Commission of Inquiry on Disappearances and began an island-wide survey to determine the number of people killed and to assess the damage to property, with a view to compiling a list of the missing and the dead and creating a compensation scheme for the families affected.

Intercommunal tensions broke out in some parts of the country and demonstrations over the rising cost of living sometimes led to violent confrontations and arrests.

ICRC ACTION AND RESULTS

The ICRC continued to contribute to addressing the consequences of the past armed conflict in Sri Lanka. Whenever possible, it operated in partnership with the Sri Lanka Red Cross Society, which used ICRC financial, material and technical support to develop its emergency response and recovery capacities and its family-links services.

Following discussions with the Ministry of Rehabilitation and Prison Reforms (MoRPR), the ICRC regained access to prisons and rehabilitation centres. It resumed its visits to these places and also continued to visit persons held under the Terrorism Investigation Department (TID) and the Criminal Investigation Division (CID) and at police stations. ICRC delegates monitored inmates' treatment and living conditions, in accordance with the organization's standard procedures, and reported their findings and recommendations confidentially to the detaining authorities. The ICRC also restarted discussions with the authorities on addressing the causes and consequences of overcrowding. In some prisons, living conditions for inmates improved as a result of infrastructure rehabilitation projects implemented and material assistance provided by the authorities or the ICRC. National Society- and/or ICRC-facilitated family visits and RCMs helped detainees restore/maintain contact with their relatives, including those living abroad.

Dialogue developed between the authorities and the ICRC regarding missing persons and their families, notably on the need to establish a centralized database and a national mechanism and on an ICRC proposal to assess the needs of families of the missing. The government allowed the ICRC to resume some tracing activities in the north.

The National Society/ICRC continued to offer and reinforce their family-links services to people, including migrants, seeking to restore/maintain contact with their relatives. To help build national forensic capacities – particularly in relation to disaster response – the ICRC sponsored the participation of forensic experts in local and international training courses.

People in the northern provinces still struggling with the effects of the past armed conflict improved their livelihoods with National Society/ICRC support. Rehabilitates and households headed by women or disabled persons increased their incomes with the help of cash grants. A review of the micro-economic initiative launched in Vavuniya in 2011 and completed in 2013 showed that over half of the beneficiaries had increased their income by 60%. Despite some delays faced by the National Society/ICRC, vulnerable people in the northern and eastern provinces, including school-children, accessed drinking water and maintained their hygiene with the installation of water points and toilets.

The Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR) continued to provide services for people with conflict-related disabilities and worked towards self-sustainability, with ICRC technical and material support. Financial assistance to amputees treated at the Navajeevana physical rehabilitation centre ended by year's close.

In addition to helping address residual humanitarian needs, the ICRC held meetings, conducted study tours and organized events to encourage the authorities and civil society members to participate in scholarly discussions on IHL in post-conflict Sri Lanka and to advance IHL implementation. The armed forces/police developed their training programmes through evaluations and workshops conducted jointly with the ICRC; military officers deepened their knowledge of the relevant norms and standards on law enforcement.

CIVILIANS

Vulnerable communities in the northern and eastern provinces still struggling to cope with the consequences of the past armed conflict covered some of their needs with Sri Lankan Red Cross/ICRC assistance. With material, technical and training support from the ICRC, National Society staff in these provincial branches expanded their capacities to assess needs, to follow up and monitor livelihood activities, notably micro-economic initiatives, and to manage and maintain water sources. Administrative constraints faced by the National Society during the first half of the year led to delays in the implementation of National Society/ICRC projects, the cancellation of joint activities in Kilinochchi district and the partial reallocation of the ICRC budget for water improvement projects to prison infrastructure rehabilitation (see *People deprived of their freedom*). Increased dialogue between the two organizations helped overcome constraints in the provision of micro-economic initiatives by year-end.

Rehabilitates and returnees speed up their social reintegration

With the conclusion of the pilot micro-economic initiative launched in the Vavuniya district in 2011, a review confirmed that 70% of the primarily female or disabled heads of households who had received training and financial support had ensured the sustainability of their livelihoods and that half of the total beneficiaries had increased their income by 60%.

In Mullaitivu district, 650 female and disabled heads of households (3,250 people) restored their livelihoods through cash grants. Around 70% of them covered their daily expenses with their earnings; some of them used their income to repair their houses or to pay for their children's education.

At the government's request, similar livelihood support was provided to rehabilitees – people linked to the past armed conflict who had been released from the rehabilitation centres where they were being held. As a result, 152 of them increased the income of their families (in total 615 people) by starting/resuming businesses, such as livestock breeding, thereby easing their social reintegration. These rehabilitees replaced the remaining cash grant beneficiaries in Mullaitivu.

Over 9,100 vulnerable people in remote and disaster-prone areas of the northern and eastern provinces regained access to safe drinking water following the disinfection of public and school wells or the construction of open dug wells. In Mullaitivu district, around 3,800 people, including schoolchildren, maintained their health and hygiene following the installation of water tanks and toilets and their participation in National Society hygiene-promotion sessions.

Families of missing persons have their tracing requests pursued

Dialogue developed between the authorities and the ICRC, particularly on the need to create a national mechanism and a centralized system for data collection and on an ICRC proposal to conduct an assessment on the needs of families of the missing. During a workshop, government officials, representatives of NGOs involved in counselling, and mental health providers learnt more about supporting the families of the missing, especially by helping them cope with uncertainty and loss.

Foreigners and Sri Lankans in the country, as well as migrants abroad, continued to seek help in tracing relatives with whom they had lost contact or who were unaccounted for, submitting tracing requests to National Society branches or the ICRC in Sri Lanka and elsewhere. The authorities allowed the ICRC to resume its tracing activities in the northern province for potential cases related to the armed conflict. Nearly 30 families confirmed being reunited with previously missing relatives.

The National Society, with ICRC support, developed its family-links services, strengthening its relations with migration and prison authorities, embassies concerned and National Societies abroad, and regularly facilitating the collection/distribution of RCMs for detained migrants (see *People deprived of their freedom*). It also contributed to a workshop on enhancing the Movement's family-links strategy for migrants (see *Kuala Lumpur*). Coaching/training equipped volunteers from branches in the northern and eastern provinces to collect or respond to tracing requests and RCMs efficiently. The National Society also drew up contingency plans for mobilizing additional volunteers in the event of monsoon-related emergencies.

Forensic specialists better equipped to respond to disasters

To help build national expertise and capacities for responding to disasters, 42 specialists, mainly Health Ministry consultants, took part in the first forensic anthropology training session in Colombo, jointly held by the Health Ministry and an international organization specializing in the subject. Some of their colleagues also

participated in various forensics courses abroad, including one co-organized by the ICRC (see *Iran, Islamic Republic of*). A draft set of guidelines for managing dead bodies after disasters, drawn up by the Health Ministry-chaired national steering committee, awaited approval by the authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits again

Following discussions between the MoRPR and the ICRC, the MoRPR permitted the organization to resume its visits to detainees in prisons and rehabilitation centres under its authority, after a one- and three-year suspension of visits in these facilities, respectively.

Detainees in MoRPR facilities, as well as those held in places of detention under TID, CID and police responsibility, received visits from ICRC delegates who assessed their treatment and living conditions according to the ICRC's standard procedures. They included people held in relation to the past armed conflict and under the Prevention of Terrorism Act. In total, 834 inmates in 27 places of detention benefited from individual monitoring. During visits, ICRC delegates provided the detaining authorities with confidential reports containing their findings and recommendations.

In parallel, the authorities, particularly from the MoRPR, and the ICRC resumed dialogue on the organization's 2011 offer to work with the authorities in addressing the causes and consequences of severe overcrowding that affected inmates in all prisons, including through possible support to detainee health care. The Justice Ministry, with input from an ICRC-sponsored consultant, completed the new Prison Administration Act, which was pending the approval of ministries concerned. Two MoRPR senior staff shared experiences and identified best practices in prison management at a course in Switzerland.

Detainees ease their living conditions

Independently or with ICRC material and technical support, detaining authorities in some facilities sought to improve the living conditions and diet of inmates, including high security detainees, as well as the family visits programme; for example, prisoners in TID centres participated in carpentry, computer and machine-repair workshops. ICRC infrastructure projects, which included the rehabilitation of water facilities, renovation of a kitchen and a visitors' area, and thermal insulation of wards, enhanced the living conditions of some 2,250 inmates in three prisons.

Around 9,800 detainees in the facilities visited, including migrants and those being held on drug-related charges, maintained their hygiene with cleaning materials and hygiene kits and eased the monotony of their incarceration with books and indoor/outdoor games. Disabled inmates regained their mobility with the help of crutches.

National Society/ICRC family-links services, such as RCMs, helped inmates in MoRPR and TID facilities keep in touch with their families. Migrants informed relatives of their detention through phone calls, and over 920 detainees maintained contact with family members who visited them every six weeks. Coverage of their transport costs home enabled 13 released detainees to save their often meagre resources for essentials.

WOUNDED AND SICK

ICRC-supported centre works toward sustainability

Some 1,500 amputees regained their mobility and functional ability with the help of the various services provided by the ICRC-supported JJCDR, the only longstanding physical rehabilitation centre in the north, which notably produced 297 prostheses and 278 orthoses, as well as other assistive devices.

The JJCDR, with ICRC technical/administrative support, raised most of the funds for its services from various sources. Two of its technicians refined their skills during a week-long training course at the Sri Lanka School of Prosthetics and Orthotics.

Nearly 70 economically vulnerable amputees had the cost of their rehabilitative care covered at the Navajeevana centre, a local NGO dedicated to helping disabled people in the south. ICRC financial support for these patients ended by year's close, as various actors already addressed their needs.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Authorities discuss post-conflict humanitarian needs

The authorities, members of civil society, academic institutions and students participated in various events aimed at furthering understanding of the humanitarian priorities in Sri Lanka and cultivating support for IHL and the ICRC. Two round-tables, one co-organized with a local think-tank, enabled high-level authorities, academics and IHL experts to debate contemporary issues related to IHL. University students maintained their interest in the topic by participating in national and regional competitions (see *New Delhi*).

Government/army officials and university lecturers attended workshops abroad and local training courses that promoted the government's accession to several treaties, as well as the incorporation of IHL and/or internationally recognized standards in domestic law, in university curricula and in security forces' training and operations (see *Bangladesh*, *Caracas* and *International law and cooperation*).

The national IHL committee, with ICRC technical support, assessed the integration of IHL-related treaties into domestic law and continued the translation of the 1949 Geneva Conventions into the local languages. Bilateral dialogue with ministry officials focused on implementing weapon-related treaties and on the ICRC's offer to help the government put into practice some aspects of its action plan (see *Context*).

Police instructors enhance their teaching capacities

Over 40 army instructors reviewed their training programme with ICRC delegates to improve its quality and ensure its sustainability; advanced IHL seminars better prepared 64 air force, army and navy instructors for their tasks. Workshops and refresher courses, including for civil-military liaison officers and military officers from abroad, promoted respect for IHL. Moreover, 36 senior and 175 army officers underwent training that improved their grasp of relevant norms and standards on law enforcement.

The Sri Lanka Police Department, with ICRC input, reviewed its departmental orders, while its instructors evaluated their training programme at a curriculum development workshop. Trainers enhanced their teaching capacities by means of a resource centre set up with ICRC support; nearly 230 of them took part

in train-the-trainer courses. As a result, police officers, including newly recruited female inspectors and Tamil police officers, furthered their understanding of internationally recognized standards on the use of force and firearms.

At the UN peacekeeping training school, 2,215 personnel departing on peacekeeping missions learnt about IHL and the Movement's neutral, impartial and independent humanitarian action.

Journalists report on remaining humanitarian issues

Several initiatives, such as field trips and international conferences on conflict reporting (see *New Delhi*), for members of the media enabled them to report on remaining humanitarian issues in Sri Lanka and on National Society/ICRC activities for people affected by the consequences of the past conflict. At a round-table, local journalists and a veteran journalist from Nepal exchanged experiences and challenges in reporting the needs of families of the missing. Two reporters undertook a study tour in Nepal to see how the Nepalese authorities dealt with the needs of the families of missing persons. Over 10,000 people learnt about humanitarian principles and the Movement through dissemination sessions and community activities conducted by ICRC-trained National Society volunteers; World Red Cross and Red Crescent Day (8 May) celebrations reached an even broader audience.

RED CROSS AND RED CRESCENT MOVEMENT

National Society boosts its emergency response capacities

The Sri Lankan Red Cross remained the ICRC's main operational partner. With ICRC financial, technical and material support, it responded to the needs of vulnerable communities by restoring family links, supporting income-generation activities and carrying out water and habitat projects (see *Civilians*). Training in first aid, search and rescue, rapid assessment and mine-risk education helped disaster response teams throughout the country strengthen their emergency preparedness and implement activities in accordance with the Safer Access Framework. These teams included 100 volunteers trained at the Anuradhapura and Bentota training centres, established with ICRC support.

ICRC-trained National Society volunteers helped promote humanitarian principles and the Movement through various activities (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The National Society, with technical support from the ICRC, proceeded with the revision of its statutes and the drafting of a Red Cross Act. It regularly coordinated with Movement components to ensure a coherent response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		18		
RCMs distributed		126		
Phone calls facilitated between family members		80		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		95	20	18
People located (tracing cases closed positively)		55		
Tracing cases still being handled at the end of the reporting period (people)		16,137	831	1,583
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		18	8	
Documents				
People to whom travel documents were issued		15		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited and monitored individually		834	40	
Detainees newly registered		193	8	
Number of visits carried out		53		
Number of places of detention visited		27		
Restoring family links				
RCMs collected		157		
RCMs distributed		25		
Phone calls made to families to inform them of the whereabouts of a detained relative		50		
Detainees visited by their relatives with ICRC/National Society support		922		
People to whom a detention attestation was issued		709		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Cash ¹	Beneficiaries	615	28%	37%
Water and habitat activities	Beneficiaries	12,985	44%	44%
	<i>of whom IDPs</i>	3,246		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	9,839		
Cash	Beneficiaries	13		
Water and habitat activities	Beneficiaries	2,250		
Health				
Number of visits carried out by health staff		11		
Number of places of detention visited by health staff		11		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	1,573	423	130
New patients fitted with prostheses	Patients	104	28	2
Prostheses delivered	Units	320	87	6
	<i>of which for victims of mines or explosive remnants of war</i>	109		
New patients fitted with orthoses	Patients	153	44	57
Orthoses delivered	Units	325	81	108
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	708	200	99
Crutches delivered	Units	234		
Wheelchairs delivered	Units	30		

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

BANGKOK (regional)

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



Having first 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 the ratification and implementation of IHL treaties and IHL integration into military training regionwide. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect and assist vulnerable populations in Thailand and Lao People's Democratic Republic, visits detainees in Thailand and in Cambodia, where it supports the authorities in improving prison management, and helps meet the need for prostheses.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ in the Lao People's Democratic Republic, 1,100 detainees in 1 facility accessed safe drinking water from a reliable source following a first-ever ICRC water improvement project
- ▶ Cambodian ministries concerned/other stakeholders continued to identify ways to tackle the causes and consequences of prison overcrowding, including by training peer educators to conduct hygiene-promotion sessions
- ▶ disabled patients at 2 Cambodian physical rehabilitation centres advanced their social reintegration by joining wheelchair basketball teams and enrolling in vocational courses
- ▶ more people in Cambodia and the Lao People's Democratic Republic, and foreign detainees held in Thailand, restored or maintained contact with their relatives through the expansion of the Movement's family-links services
- ▶ Lao government officials broadened their understanding of humanitarian principles, IHL and the ICRC during a Lao Red Cross/ICRC round-table
- ▶ the Thai Education Ministry and the Thai Red Cross Society assumed full responsibility for the Exploring Humanitarian Law programme, aimed at teaching secondary school students about humanitarian principles and IHL

EXPENDITURE (in KCHF)	
Protection	4,360
Assistance	3,636
Prevention	2,808
Cooperation with National Societies	987
General	861

12,651

of which: Overheads 772

IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	41
Resident staff (daily workers not included)	109

PROTECTION	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	64,129
Detainees visited and monitored individually	555
Number of visits carried out	122
Number of places of detention visited	63
Restoring family links	
RCMs collected	705
RCMs distributed	363
Phone calls made to families to inform them of the whereabouts of a detained relative	412

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	125
Essential household items	Beneficiaries	384
Productive inputs	Beneficiaries	360 354
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures	3 3
Patients receiving services	Patients	11,063

Comments

Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.

CONTEXT

In November, the lower house of the Thai National Assembly passed a national reconciliation bill proposing amnesty for all those involved in Thailand's six-year political crisis. Opponents of the current government staged protests in the capital, Bangkok, which led to injuries and arrests, and to the government dissolving the parliament and calling for snap elections in early 2014.

Some of Thailand's southern border provinces continued to be plagued by violence, particularly drive-by shootings and bombings in public places. The implementation of emergency laws continued to affect people's lives. The year ended without any progress having been made in the peace talks between the Thai government and the Barisan Revolusi Nasional.

While intercommunal violence in parts of Myanmar led to an influx of people into southern Thailand, ceasefire negotiations between the Myanmar government and some ethnic groups in eastern states brought about a decrease in clashes near the Thailand-Myanmar border.

The International Court of Justice ruled that the disputed Preah Vihear promontory belonged to Cambodia, but allowed Cambodia and Thailand to discuss border demarcation. These countries' security forces, redeployed along their border in early 2013, remained there.

In Cambodia, demonstrations against the ruling Cambodian People's Party's victory in the general elections in July resulted in injuries and arrests. The operations of the Extraordinary Chambers in the Courts of Cambodia (the Khmer Rouge Tribunal) continued despite a decrease in staff owing to financial constraints.

In the Lao People's Democratic Republic (hereafter Lao PDR), the presence of mines and explosive remnants of war (ERW) remained a major concern. In Viet Nam, the government took steps, such as working with various agencies and mobilizing international support, to accelerate the clearance of mines/ERW.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok pursued dialogue with authorities, security forces, civil society representatives and universities in the countries covered to raise awareness of and gain support for humanitarian principles, IHL and the organization's activities. This helped promote respect for the dignity of detainees and of people affected by violence.

Detention-related activities in the Lao PDR began, such as the provision of a reliable water source to detainees in one centre and a study tour for Lao prison officials to some ICRC-supported prisons in Cambodia. Visits aimed at monitoring the treatment and living conditions of detainees in Cambodia and Thailand, including those arrested in relation to the violence in southern Thailand, continued. ICRC delegates reported their findings and recommendations, particularly on improving prison health care, confidentially to the authorities. In Cambodia, two round-tables encouraged government officials and the General Department of Prisons (GDP) to take concrete steps to reduce prison overcrowding. With ICRC support, the detaining authorities in both countries strove to improve prison health care and infrastructure; for example, trained peer educators conducted hygiene-promotion sessions for women and juveniles in a Cambodian prison. Inmates

in both countries, including foreign detainees in Thailand, eased their living conditions with material assistance and restored/maintained contact with relatives through the Movement's family-links network.

ICRC delegates continued to monitor and/or address the effects of violence on civilians in southern Thailand and along the Thailand-Myanmar border. Regular contact with leaders of armed groups from bordering Myanmar states and with Thai authorities allowed them to discuss humanitarian concerns, such as the presence of anti-personnel mines, child recruitment by weapon bearers and access for the weapon-wounded to medical care, as well as to promote IHL and humanitarian principles. With ICRC support, violence-affected families in southern Thailand set up sustainable small businesses to restore their livelihoods. Weapon-wounded people from Myanmar seeking treatment in Thailand had their expenses covered.

Communities in the Lao PDR and Viet Nam reduced their vulnerability to the effects/presence of mines/ERW through National Society/ICRC first-aid training and livelihood support. Disabled people in Cambodia received suitable care and eased their social reintegration thanks to the services provided at ICRC-supported centres.

The ICRC continued to promote understanding of and respect for humanitarian principles and IHL throughout the region, for instance, through workshops/briefings for security forces. National authorities discussed the scope and application of IHL instruments at workshops in Thailand and in Viet Nam; at national and regional competitions, university students tested their grasp of IHL. The Thai Education Ministry and the Thai Red Cross Society assumed responsibility for the countrywide Exploring Humanitarian Law programme, and the Thai Red Cross Youth Bureau developed its "IHL ambassador" project for out-of-school youth.

With the ICRC's support, the region's National Societies strengthened their capacity for providing emergency assistance and family-links services and for promoting awareness of IHL and the Movement.

CIVILIANS

Female heads of household in southern Thailand increase earnings through sustainable livelihoods

Civilians in southern Thailand continued to bear the brunt of the ongoing violence; people seeking refuge in Thailand from the armed conflict in Myanmar remained vulnerable. The Thai authorities, security forces and religious/community leaders and the ICRC maintained dialogue on the humanitarian concerns of the people affected and the need to protect and assist them; the parties to the armed conflict in Myanmar and the ICRC discussed the same issues (see *Authorities, armed forces and other bearers of weapons, and civil society*).

In southern Thailand, 65 heads of household (354 people), mostly wives of detainees, started small businesses such as food stalls, with training and material support from the ICRC. Around 95% of them increased their income through these projects. Ad hoc assistance for funerals lessened the financial burden on families who had lost relatives.

Mine/ERW victims in the Lao PDR and Viet Nam improve their economic security

In Attapeu and Sekong provinces, Lao PDR, and Quang Binh and Quang Tri provinces, Viet Nam, communities at risk from the presence of mines/ERW lessened their vulnerability with material assistance and training from their respective National Societies and the ICRC. First-aid sessions boosted their emergency response capacities and encouraged the adoption of safer practices. Over 30 families affected by mines/ERW increased their income by setting up livelihood projects. These income-generating activities replaced the assistance planned for other vulnerable communities in the Lao PDR. Owing to the reorganization of the Lao mine/ERW sector, technical support for the national mine-clearance operator was delayed. The Cambodian Red Cross Society continued its community-based mine action programme with ICRC support.

More separated relatives stay in touch

Civilians in the region, including those in camps along the Thailand-Myanmar border, maintained contact with their relatives through tracing and RCM services facilitated by ICRC-trained National Society volunteers. More people in Cambodia and the Lao PDR used these services after National Society volunteers in several provinces in each country underwent a National Society/ICRC training course. The Thai Red Cross developed its family-links capacities during the Association of Southeast Asian Nations (ASEAN) Regional Forum Disaster Relief Exercise in Thailand.

Refugees accepted for resettlement in third countries received ICRC travel documents, issued in coordination with IOM, UNHCR and the embassies concerned.

Owing to limited resources, capacity-building support for Cambodian authorities in human remains management did not push through.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Cambodia and Thailand received regular ICRC visits, carried out according to the organization's standard procedures, to monitor their treatment and living conditions, as well as respect for basic judicial guarantees. Vulnerable people – security detainees, migrants, women and minors – received particular attention. During the visits, delegates shared their findings and any recommendations confidentially with the detaining authorities, including

security forces. Material assistance, for instance, recreational items, helped improve the living conditions of vulnerable inmates.

Cambodian, Lao and Thai detaining authorities, along with their counterparts from the region, discussed national standards on environmental engineering and design and lessons learnt from joint projects with stakeholders/the ICRC during the 3rd Regional Water and Habitat in Detention Seminar in Cambodia.

Thai authorities establish technical working group to improve prison facilities

Over 55,600 detainees in Thai prisons, police stations, military facilities, correctional centres for women and young offenders and immigration detention centres received ICRC visits. They included people arrested in connection with the violence in southern Thailand and migrants from Myanmar. Dialogue on detention-related issues between the authorities concerned and the ICRC continued. The Justice Ministry invited the ICRC to give presentations on its detention-related activities at four international conferences on detention, one of which was the Asian Conference of Correctional Facilities, Architects and Planners.

The Department of Corrections received an ICRC 2012 assessment of health services in nine prisons in southern Thailand aimed at helping them improve their prison health system. Discussing the assessment's findings was prioritized, putting an ICRC national health assessment on hold. An ICRC-facilitated coordination meeting among officials from the Public Health Ministry, local prison health authorities and other stakeholders resulted in the re-establishment of a steering committee for strengthening health management at two prisons in Pattaya and Songkhla provinces.

The detaining authorities also created a technical working group and conducted joint assessments with the ICRC, with a view to improving/maintaining facilities. Over 15,000 detainees in seven prisons and one correctional centre for drug addicts gained access to safe drinking water and functioning sanitation facilities following infrastructure rehabilitation. They included over 1,900 inmates in two prisons in eastern Thailand who coped with the effects of flooding with emergency equipment such as water pumps. In some cases, blankets, clothes and hygiene kits, as well as emergency food rations, were provided.

PEOPLE DEPRIVED OF THEIR FREEDOM	CAMBODIA	THAILAND
ICRC visits		
Detainees visited	8,508	55,621
<i>of whom women</i>	638	2,609
<i>of whom minors</i>	265	2
Detainees visited and monitored individually	58	497
<i>of whom women</i>	1	9
<i>of whom minors</i>		2
Detainees newly registered	10	198
<i>of whom women</i>	1	2
<i>of whom minors</i>		2
Number of visits carried out	44	78
Number of places of detention visited	17	46
Restoring family links		
RCMs collected		705
RCMs distributed		363
Phone calls made to families to inform them of the whereabouts of a detained relative		412
Detainees visited by their relatives with ICRC/National Society support		117

Detainees, including women and children from Myanmar separated from their families upon arriving in Thailand, restored/maintained contact with their relatives by sending 705 RCMs and receiving 363; they also exchanged 412 oral messages relayed by delegates. At two facilities not usually visited by the ICRC, foreign detainees did the same using a pilot RCM service implemented by trained prison staff. Nearly 120 inmates in the south and in Bangkok received ICRC-facilitated visits from relatives.

Female and juvenile detainees in a Cambodian prison maintain their hygiene

The GDP continued its efforts to improve detainees’ living conditions in Cambodian prisons. Together with the Finance and Economy, Interior, and Justice Ministries and other stakeholders, it took part in two round-tables that tackled prison overcrowding. The Interior and Justice Ministries received an ICRC summary report highlighting the round-tables’ achievements and the challenges that remained.

Based on an ICRC prison health assessment in 2012 and on joint in-depth assessments, the Health and Interior Ministries, the GDP and the ICRC began developing a pilot health project in two prisons, which included the provision of medical equipment. Some 780 female and juvenile detainees at one of these prisons maintained good hygiene, using what they had learnt from hygiene-promotion sessions conducted by Health Ministry/GDP-trained detention officers/guards and 33 peer educators. Over 4,000 inmates in two other prisons lessened their risk of scabies infection through GDP/ICRC awareness campaigns. The regular provision of hygiene items supported these initiatives, benefiting 12,786 detainees in these prisons and elsewhere, including 2,366 women and 812 prison officials. GDP staff enhanced health services by taking note of ICRC recommendations regarding general access to health care and individual medical cases.

In parallel, the GDP Construction Office strengthened its capacities to assess and address prison infrastructure issues during ICRC-supported field missions and after staff training and the renovation of its office. Some 11,100 detainees in 15 prisons, including those who benefited from the hygiene campaigns mentioned above, enjoyed improved sleeping, kitchen, and water and sanitation facilities constructed/rehabilitated by the GDP/ICRC.

Detainees in a Lao facility gain access to a reliable water source

Developments in the relations between the Lao Public Security Ministry and the ICRC led to first-ever ICRC activities in places of detention. At one facility, a borehole provided 1,100 inmates with a sustainable water source; these inmates also benefited from improved medical care owing to donations of supplies. With the

ministry’s permission, tours to two other prisons allowed the ICRC to better understand the health situation there. During a study tour of some Cambodian prisons, Lao officials saw the concrete measures taken by the GDP, with ICRC support, to improve the prison system.

WOUNDED AND SICK

Despite reduced fighting in parts of Myanmar, 42 weapon-wounded patients from there sought treatment in Thai hospitals and had their medical costs covered.

A proposal by the National Society to jointly evaluate the emergency capacities of surgeons in southern Thailand was under ICRC review. No training took place along the Thailand-Myanmar border.

Disabled women in Cambodia ease their social reintegration

Mines/ERW continued to pose a threat to rural communities in Cambodia. Survivors among the recorded total of 60,000 mine/ERW casualties and other physically disabled people still needed regular rehabilitative and/or medical care.

The Social Affairs, Veterans and Youth Rehabilitation Ministry continued to work with the ICRC and to receive financial and technical support for managing/improving services at the orthopaedic component factory in Phnom Penh, which supplied the 11 physical rehabilitation service providers in the country, including the ICRC-supported centres in Battambang and Kompong Speu. The factory produced 14,454 prosthetic/orthotic components and 8,392 walking aids.

Senior staff and technicians from the factory and the two ICRC-supported rehabilitation centres developed their capacities through mentoring and workshops. The Battambang centre benefited from the services of a prosthetist/orthotist who had just completed a three-year advanced training course abroad.

Outreach activities and National Society dissemination campaigns informed people of the services available at the two ICRC-supported centres. Of the more than 7,600 patients assessed/assisted by outreach teams, some 200 received further treatment at the centres via referrals. Around 11,000 disabled people, including some who had their treatment/travel costs covered, enjoyed the services at these centres, which produced 1,597 prostheses, 1,166 orthoses and 580 wheelchairs. Female patients eased their social reintegration by joining wheelchair basketball teams organized by a local NGO in each of the centres, with ICRC support. Over 60 other patients undertook vocational training with the help of NGOs specializing in the field.

PEOPLE DEPRIVED OF THEIR FREEDOM		CAMBODIA	LAO PEOPLE'S DEMOCRATIC REPUBLIC	THAILAND
Economic security, water and habitat				
Food commodities	Beneficiaries			542
Essential household items	Beneficiaries	12,786		40,987
Water and habitat activities	Beneficiaries	11,169	1,100	15,094
Health				
Number of visits carried out by health staff		32		16
Number of places of detention visited by health staff		14		11

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Thai authorities discuss scope of application of Additional Protocol I

Thai and Vietnamese government officials and security personnel participated in local IHL-related workshops jointly organized by their Defence and/or Foreign Affairs Ministries. The Thai authorities made clarifications regarding Additional Protocol I, primarily its scope of application and universal jurisdiction over grave breaches; Vietnamese officials and the National Society discussed and expressed support for their country's accession to Additional Protocol II. Cambodia ratified Protocol II to the Hague Convention on Cultural Property.

Lao, Thai and Vietnamese government representatives discussed their plans for domestic IHL implementation at a regional seminar (see *Beijing*).

University students test their grasp of IHL at regional competitions

Students at State-run secondary schools in Thailand continued to learn about humanitarian principles and IHL from the Exploring Humanitarian Law programme, incorporated into the national Red Cross curriculum. The Education Ministry/National Society assumed full responsibility for the programme and focused on its implementation, including by bringing together instructors to share their experiences in teaching the subject. Plans to replicate the programme in Cambodia and Viet Nam were no longer pursued. The Thai Red Cross Youth Bureau continued its "IHL ambassador" project for out-of-school youth by training 80 master trainers and 600 National Society volunteers countrywide.

University students throughout the region – for the first time from the Lao PDR and Viet Nam as well – demonstrated their grasp of IHL at national and regional moot court competitions (see *Beijing*) and the 2013 Jean-Pictet Competition on IHL in Thailand. Three universities in Thailand and Viet Nam included IHL in law or international studies courses.

Military units deployed to southern Thailand are briefed on humanitarian norms

In an effort to enhance their decision-making processes, Cambodian and Thai military officers participated in national and international workshops on the application of humanitarian norms to military planning. Thai armed forces, primarily those already or about to be deployed along the Cambodia-Thailand border and in southern Thailand, heightened their awareness of law enforcement in military operations; the need to respect humanitarian principles, medical staff/infrastructure and the red cross emblem; and the ICRC during presentations/seminars.

Similar sessions – organized with the police forces and, in Thailand, with military officials in attendance – enabled senior police officers in Cambodia and southern Thailand to deepen their understanding of internationally recognized policing standards. Topics included prison supervision, overcrowding and judicial guarantees. Lao police officers learnt more about public order management during a regional seminar (see *Jakarta*).

Cambodian officers familiarized themselves with IHL and the ICRC at predeployment briefings.

Periodic bilateral meetings with and two seminars for members of armed groups from Myanmar focused on respect for IHL and humanitarian principles and on various humanitarian issues such as the presence of anti-personnel mines, the recruitment of child soldiers by weapon bearers and victims' access to health care.

Lao authorities learn more about humanitarian principles, IHL and the ICRC

Regionwide, the authorities, as well as staff of diplomatic missions and ASEAN national secretariats, and civil society actors, particularly NGOs, academia, Islamic institutions and community/religious leaders in southern Thailand, enhanced their knowledge of humanitarian principles, IHL and the Movement during dissemination sessions and bilateral meetings. Lao government officials familiarized themselves with these matters at a National Society/ICRC round-table, while 50 people from the Institute of Foreign Affairs increased their IHL knowledge during an ICRC seminar, the first of its kind.

Contacts with the media, Movement events and National Society/ICRC publications in the local languages helped raise public awareness of the above-mentioned topics. At a regional training session organized by a journalism graduate school, senior correspondents and media representatives from South and South-East Asia learnt more about humanitarian issues, challenges faced by humanitarian organizations and working with the ICRC when covering such issues.

RED CROSS AND RED CRESCENT MOVEMENT

Cambodian and Thai National Societies bolster their emergency response capacities

The region's National Societies and the ICRC strengthened their partnerships, with a view to assisting victims of violence and vulnerable communities, including those in mine/ERW-affected areas (see *Civilians*). ICRC technical and material support enhanced the National Societies' ability to conduct courses on first aid, humanitarian principles, the red cross emblem, the Fundamental Principles and IHL (see *Authorities, armed forces and other bearers of weapons, and civil society*). Cambodian and Thai National Society volunteers, notably in seven provinces each along their common border, boosted their emergency response capabilities, including by adopting the Safer Access Framework. In Cambodia, senior National Society staff and volunteers underwent training in restoring family links, mine-risk education and managing and assisting IDPs.

The region's National Societies participated in various Movement events, including the 10th Annual South-East Asia Red Cross and Red Crescent Leaders Meeting in the Lao PDR, where representatives agreed on the importance of strengthening partnership and communication with the ICRC at the regional level.

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)			
Documents			
People to whom travel documents were issued	37		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
ICRC visits		Women	Minors
Detainees visited	64,129	3,247	267
Detainees visited and monitored individually	555	10	2
Detainees newly registered	208	3	2
Number of visits carried out	122		
Number of places of detention visited	63		
Restoring family links			
RCMs collected	705		
RCMs distributed	363		
Phone calls made to families to inform them of the whereabouts of a detained relative	412		
Detainees visited by their relatives with ICRC/National Society support	117		

* Unaccompanied minors/separated children

1. Cambodia, Thailand

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)^{1,2}				
Food commodities	Beneficiaries	125	8%	5%
Essential household items	Beneficiaries	384	15%	1%
Productive inputs	Beneficiaries	354	40%	29%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)³				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries	542		
Essential household items ¹	Beneficiaries	53,773		
Water and habitat activities	Beneficiaries	27,363		
Health				
Number of visits carried out by health staff		48		
Number of places of detention visited by health staff		25		
WOUNDED AND SICK				
Hospitals²				
Patients whose hospital treatment has been paid for by the ICRC	Patients	42		
Physical rehabilitation⁴				
Centres supported ⁵	Structures	3		
Patients receiving services	Patients	11,063	1,533	891
New patients fitted with prostheses	Patients	204	23	5
Prostheses delivered	Units	1,597	129	32
<i>of which for victims of mines or explosive remnants of war</i>	Units	1,287		
New patients fitted with orthoses	Patients	310	61	150
Orthoses delivered	Units	1,166	205	533
Patients receiving physiotherapy	Patients	3,191	590	314
Crutches delivered	Units	3,156		
Wheelchairs delivered	Units	580		

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

2. Thailand

3. Cambodia, Lao People's Democratic Republic, Thailand

4. Cambodia

5. Including a component factory

BEIJING (regional)

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



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

KEY RESULTS/CONSTRAINTS

In 2013:

- authorities in the region, including those at the highest level, expressed interest in developing their partnership with the ICRC, confirming existing projects and considering new areas of cooperation, including in the Korean Peninsula
- Chinese authorities refined their understanding of prison management at seminars on health in places of detention and on study tours to detention facilities abroad
- Chinese military officials learnt more about applying IHL in military operations and planning at a training course organized with the ICRC
- in the Democratic People's Republic of Korea, patients in selected provincial hospitals benefited from orthopaedic treatment standards and facilities improved under extended Health Ministry/National Society/ICRC cooperation
- by developing its training packages and participating in high-level fora, the Red Cross Society of China boosted its capacity to address the needs of vulnerable people and to promote IHL/humanitarian principles and its own role

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

ASSISTANCE		Targets	Achieved
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	5
Water and habitat			
Water and habitat activities	Number of beds		3,223
Physical rehabilitation			
Centres supported	Structures	4	3
Patients receiving services	Patients		957

EXPENDITURE (in KCHF)

Protection	913
Assistance	3,576
Prevention	3,164
Cooperation with National Societies	1,500
General	-

9,154

of which: Overheads 559

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	39

CONTEXT

In early 2013, the Democratic People's Republic of Korea (hereafter DPRK) conducted a nuclear test. Members of the international community voiced their objections, the UN Security Council imposed new sanctions, and the DPRK's relations with the Republic of Korea (hereafter ROK) were further strained. These developments exacerbated the already deteriorating humanitarian situation in the country, although calm was eventually restored.

The resumption of the six-party talks on the DPRK's nuclear programme remained uncertain.

The ROK's new president took office pledging to ensure the country's security and also to mend bridges with the DPRK.

Conflicting territorial claims in the South and East China Seas continued to test relations between States in the region. Incidents of unrest continued to be reported in several parts of China. The new Chinese leadership emphasized reform, including that of the judiciary and detention system.

ICRC ACTION AND RESULTS

The Beijing regional delegation continued to focus on promoting IHL and humanitarian principles and securing support for ICRC operations in the region and beyond. Dialogue with decision-makers and influential parties was further strengthened through high-level meetings and events, at which current IHL issues, the need for neutral, impartial and independent humanitarian action, and the Movement's work were discussed. Notably during the ICRC president's visits, authorities in China, the DPRK and the ROK expressed interest in gradually expanding their partnership with the organization.

Cooperation between the Ministries of Justice and Public Security and the ICRC continued: they organized seminars on health issues in prison and study tours to exchange experiences and deepen mutual understanding of detention systems in China and abroad. The People's Liberation Army organized a training course with the ICRC to help officers from the various military regions add to their knowledge of IHL and teach it to their troops. Organizing the course also helped them prepare to host an international seminar on military planning and operations in 2014.

Dialogue with the ROK authorities and armed forces developed. The Ministry of Unification reaffirmed the need for regular discussions with the ICRC on their respective roles and responsibilities. ROK authorities and the ICRC finalized a cooperation agreement; the ICRC prepared to open an office in Seoul in 2014. Contact was maintained with the Mongolian authorities.

In the DPRK, together with the Ministry of Public Health and the Red Cross Society of the Democratic People's Republic of Korea, the ICRC strove, as before, to help improve the quality of surgical/medical services at the three partner provincial hospitals of Hamhung, Pyongsong and Sariwon: joint surgical operations were conducted and a team of ICRC specialists provided on-site staff training. Water and sanitation systems were rehabilitated and equipment, materials and consumables provided. The partnership between the three organizations developed positively: a new agreement was signed, extending cooperation for two more years and expanding it to one more hospital, in Kaesong.

The National Societies and the ICRC maintained their key roles in providing physical rehabilitation services in China and the DPRK.

The ICRC assisted the Chinese, Mongolian and ROK governments, through their national IHL committees and National Societies, in the domestic implementation of IHL. It facilitated the participation of government representatives in various events, including a regional consultation on the "Strengthening IHL" process and a meeting hosted by the Chinese national IHL committee for their counterparts from 12 Asian countries.

The ICRC, together with think-tanks, universities and the National Societies, organized academic initiatives to promote IHL and humanitarian issues, including advanced courses for lecturers and a regional moot court competition. It provided technical assistance to help teachers stimulate interest in humanitarian principles and action among their students, including through university undergraduate IHL courses and the Exploring Humanitarian Law programme in secondary schools or under the Red Cross youth curricula in China, Mongolia and the ROK.

The ICRC continued to support the National Societies' efforts to build their capacities, especially in the promotion of IHL/humanitarian principles and in the field of emergency preparedness/response. It conducted joint assessment visits to Chinese Red Cross branches in selected areas of the country and provided advice on training tools and on the design of a livelihood-assistance project for physically disabled people and their communities. It helped the Chinese Red Cross organize cooperation fora with African, Central Asian and Asia-Pacific National Societies and discussed contingency plans with the Republic of Korea National Red Cross.

CIVILIANS

Earthquake-affected families access Chinese Red Cross website to restore contact

Families separated by an earthquake that struck China's Szechuan province in April learnt of their relatives' fates through a Chinese Red Cross website that helped them trace their relatives. The National Society launched such a website for the first time, with ICRC support.

Following Chinese Red Cross/ICRC assessment visits, disabled people and the communities in three villages around the physical rehabilitation centre in Kunming (see *Wounded and sick*) stood to gain more secure livelihoods through their potential participation in an assistance project planned for 2014. The project was developed within the National Society's Integrated Community Resilience Programme, in which the ICRC played an advisory role. Chinese Red Cross/ICRC missions, helped by regular contact with the Beijing, Hong Kong, Shanghai, Xinjiang, Yanbian and Yunnan National Society branches, continued to assess needs and areas for further cooperation.

Vulnerable people to benefit from National Society branches' improved capacities

Some 30 participants from the National Society branches mentioned above, and from Macau and Taiwan, learnt more about large-scale emergency responses at the Health Emergencies in Large Populations (H.E.L.P.) course organized by Peking University, the Chinese Red Cross and the ICRC. DPRK Red Cross representatives attended a H.E.L.P. course in Geneva, Switzerland.

Chinese Red Cross personnel were better equipped to promote IHL/humanitarian principles and deliver family-links services and assistance programmes after the implementation of a training/information package developed by a National Society working group, with ICRC assistance. The Hong Kong branch of the Chinese Red Cross shared its family-links expertise at an implementation group meeting in Geneva and at a training session in mainland China.

Chinese Red Cross leaders visited ICRC operations in Afghanistan and returned with new ideas for boosting their own work, particularly with regard to medical care and physical rehabilitation (see *Wounded and sick*), and a willingness to support the ICRC's operations.

Authorities and the ICRC discuss humanitarian needs in the Korean Peninsula

The DPRK Red Cross and the ICRC continued to explore the possibility of conducting assessments to determine the needs of vulnerable people. At high-level meetings during the ICRC president's visit, DPRK officials discussed the expansion of ICRC activities in the medical field and examined the potential for cooperation in improving peri-urban communities' access to water and sanitation systems.

In the ROK, dialogue with the authorities, including the president, the armed forces and the National Society, focused on humanitarian needs that might arise in the event of an escalation of tensions in the Korean peninsula. At separate meetings, the Ministry of Unification, the National Society and the ICRC reviewed their roles in the event of a deterioration in the situation.

Humanitarian concerns related to families separated since the 1950–53 Korean War remained on the agenda of the ICRC's meetings with DPRK and ROK officials and both National Societies; planned and potential activities to help families restore contact, including possible ICRC technical support, were discussed. However, tensions in the peninsula blocked progress in this matter. A batch of temporary family reunions planned for September was cancelled by DPRK authorities five days before schedule.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in China to benefit from cooperation between Chinese detention authorities and the ICRC

The Ministries of Justice and Public Security and the ICRC consolidated their dialogue, including during meetings parallel to that between the Chinese president and the ICRC president (see *Authorities, armed forces and other bearers of weapons, and civil society*). Both ministries confirmed their interest in working with the ICRC and gradually expanding their cooperation.

Prison authorities broaden knowledge of prison management, including of health-related issues

Notably, the two aforementioned ministries each organized, jointly with the ICRC, a seminar on health in detention, where some 80 prison managers, doctors, medical staff from 15 provinces, and ministry officials discussed such matters as disease prevention and control with international and ICRC experts.

Officials from the Justice Ministry gained insights for possible adoption into their own prison management practice, studying such during ICRC-organized visits to detention facilities,

including those housing high-security detainees, in Switzerland and the United Kingdom of Great Britain and Northern Ireland. Officials from the Public Security Ministry were however unable to participate in a similar study tour abroad and in a regional seminar on arrest and detention.

The ICRC acquired a better understanding of the Chinese detention system and the reforms in progress – and, consequently, improved its dialogue with the ministries – during tours conducted by the ministries of facilities under their jurisdiction. For instance, ICRC observations from tours of four prisons/drug rehabilitation centres under the Public Security Ministry fed into discussions during the aforementioned health seminars.

Cooperation with Mongolian authorities on health issues in detention was put off, owing to internal constraints.

WOUNDED AND SICK

Patients in three DPRK hospitals benefit from improved surgery standards

The Ministry of Public Health, the DPRK Red Cross and the ICRC broadened the effort to improve surgery standards by renewing their project for two more years and beginning support to the city hospital in Kaesong, in addition to the referral hospitals in Hamhung, Pyongsong and Sariwon. This was formalized in a new agreement.

Hence, an assessment of the Kaesong hospital's water and electrical systems began, while patients and medical personnel in the three other hospitals benefited from the repair/upgrading of the water and power supply systems, operating theatres and orthopaedic wings. This concluded the first phase of the rehabilitation part of the project, which was met with delays and practical constraints along the way. In the second phase, patients requiring special attention were better monitored following renovations to the orthopaedic ward. Improvements to toilet facilities in the orthopaedic wards and to sterilization units were completed while work on the operating theatres neared completion.

The surgical/medical teams of the three provincial hospitals continued to improve treatment methods and raise standards, drawing on ICRC input provided during joint surgical operations and at training and information sessions. The local medical teams gradually implemented certain ICRC recommendations – for instance, the use of internationally recognized documentation tools, such as the Glasgow Coma Scale and temperature sheets – and improved medical logistics processes, particularly in pharmacy and supplies management. Physiotherapy continued to gain acceptance. Besides support in the form of long-term, capacity-building measures, the three hospitals also received medical/surgical equipment and supplies.

Disabled people make use of improved facilities at DPRK physical rehabilitation centre

Physically disabled people from the DPRK continued to receive suitable treatment at the Rakrang Physical Rehabilitation Centre, which, with DPRK Red Cross and ICRC assistance, improved the quality of its services and the production of prostheses and orthoses. The centre's surgical annex carried out amputations and pre-fitting procedures for both military personnel and civilians, using ICRC-donated materials and under the guidance of an ICRC surgical team; 128 cases were admitted.

The centre treated more patients by increasing its capacity, hiring more trained staff and adjusting its set-up to maintain production in anticipation of the departure of staff members for long-term ICRC-supported training abroad. Other staff members continued to sharpen their skills – in physiotherapy, stock management, and workshop safety and maintenance – at regular in-house training sessions. With material support from the ICRC, the centre added accommodation facilities for patients, in addition to those constructed in 2012. It also rehabilitated dilapidated infrastructure and made improvements to its power grid, sauna, workshop and other facilities.

Disabled people in China receive treatment

Over 400 patients received physical rehabilitation services at the Kunming centre and its Malipo workshop, run by the Yunnan branch of the Chinese Red Cross. With ICRC support and supervision, the centre's clinical personnel improved their capacity to provide adequate care to lower-limb amputees. At the Malipo workshop located in a rural area, patients benefited from regular prosthetic repair/maintenance without having to travel long distances. The Chinese Red Cross closed the Kaiyuan workshop owing to its low activity level.

The National Society explored the possibility of expanding the range of services, devices and support offered to disabled people in the communities surrounding the centre, conducting assessments jointly with the ICRC (see *Civilians*) and drawing on its advice.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Authorities expand support for IHL implementation and the ICRC

Discussions with decision-makers in the region, including the Shanghai Cooperation Organization, continued to concentrate on IHL-related and humanitarian issues, with a view to gaining support for the ICRC's neutral, impartial and independent humanitarian action. Notably during visits by the ICRC's president, high-level authorities in China, the DPRK and the ROK expressed willingness to gradually expand their partnership with the organization (see *Civilians* and *People deprived of their freedom*). The Chinese authorities' interest in supporting ICRC operations in Afghanistan

underscored their appreciation of the ICRC's mandate and the National Society's role (see *Civilians*).

Further to reviewing issues of mutual interest with the ICRC, such as the adoption of the Arms Trade Treaty and the Health Care in Danger project, government and armed forces representatives, including national IHL committee members, and academics exchanged ideas on advancing domestic IHL implementation at various fora. These included a regional consultation on the "Strengthening IHL" process (see *Kuala Lumpur*), a teaching session (see *Philippines*) and a meeting hosted by the Chinese national IHL committee for their counterparts from 12 Asian countries. Mongolian authorities informed the ICRC of their progress in acceding to the Mine Ban Convention.

Weapon bearers take steps to include IHL in operations and training

On the ROK military's request, the ICRC worked on training modules to enhance their legal advisers' capacities to provide operational advice to commanders.

Chinese armed/security forces and the ICRC explored new ways to promote IHL and other internationally recognized standards. Over 275 officers and instructors from various military regions of the People's Liberation Army learnt about incorporating IHL in military operations and planning at a seminar and a training course. Participants in the latter also learnt alternative methods for teaching IHL. Organizing the latter course also helped Chinese officials prepare for an international seminar on planning military operations, which they had agreed to host in 2014.

The People's Armed Police Force, the China University of Political Science and Law and the ICRC jointly organized two in-depth training sessions on internationally recognized policing standards, including those related to detention, for some 75 instructors and graduating national defence students.

Military and police personnel, including officers handling civil-military relations and peacekeepers from Mongolia, the ROK and 14 countries participating in a peacekeeping exercise in Mongolia, added to their knowledge of IHL, the ICRC and various

WOUNDED AND SICK			China	DPRK
Physical rehabilitation				
Centres supported		Structures	2	1
Patients receiving services		Patients	415	542
	of whom women	Patients	77	69
	of whom children	Patients	22	17
New patients fitted with prostheses		Patients	58	320
	of whom women	Patients	4	43
	of whom children	Patients	4	5
Prostheses delivered		Units	238	565
	of which for women	Units	37	69
	of which for children	Units	15	12
	of which for victims of mines or explosive remnants of war	Units	29	1
New patients fitted with orthoses		Patients		6
	of whom children	Patients		1
Orthoses delivered		Units	1	9
	of which for women	Units	1	
	of which for children	Units		4
Patients receiving physiotherapy		Patients	229	498
Crutches delivered		Units		516
Wheelchairs delivered		Units		41

humanitarian issues at ICRC briefings. Some 40 government and security industry representatives, as well as academics, discussed their overseas operational framework in relation to the Montreux document on private military and security companies.

Think-tanks and academic institutions raise awareness of IHL and the Movement

Experts from the region contributed to the humanitarian debate at various events, including a round-table on cyber warfare and IHL (see *Kuala Lumpur*) and an ROK Red Cross seminar with around 80 academics and government staff. Some 30 professors from the DPRK's three largest universities discussed IHL and humanitarian subjects such as POWs and humanitarian issues related to the 1950–53 Korean War at a DPRK Red Cross-organized seminar, the first in five years.

China's Shandong University's law faculty created a standardized undergraduate IHL course that other universities could use as well. Over 40 lecturers, including some from Chinese police-affiliated academies, learnt more about teaching IHL at two advanced courses organized with Jilin University in China and Korea University and the National Society in the ROK. University students throughout the region tested their IHL knowledge at a debate and at moot-court competitions, including one organized by the Chinese Red Cross branch in Hong Kong for 20 teams from 15 Asia-Pacific cities.

The Mongolia State University of Education formally completed the development, review and incorporation of an IHL course in its syllabus, enabling aspiring teachers to introduce IHL and humanitarian principles to secondary school students through the Exploring Humanitarian Law programme. In China and the ROK where the programme was also offered, education authorities and school administrators received implementation support from their National Societies. The Shanghai branch offered programme-related school visits, teacher training and competitions at their new teaching and training centre. Trained facilitators from the Jiangsu branch delivered an adapted programme at 24 Red Cross clubs. The Beijing and Macau branches worked on their implementation plan and contextualized version, respectively. The ROK Red Cross completed the Korean translation of a condensed version of the

programme and worked on incorporating it in their Red Cross youth curriculum.

General and specialist audiences across the region accessed materials on IHL and the ICRC in their own languages through the ICRC's Chinese and Korean webpages, other online/social media platforms and print and broadcast media.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies prepare for 2013 Council of Delegates

The region's National Societies, the ICRC and other Movement partners met regularly, deepening cooperation and mutual understanding of plans and working methods.

Before the 2013 Council of Delegates, at meetings in Hong Kong and Geneva, legal advisers from the region's National Societies reviewed progress in implementing resolutions and pledges from the 31st International Conference.

Chinese Red Cross shares experiences with emergency services at experts' workshop

At three cooperation fora, the Chinese Red Cross explored partnerships with its Movement counterparts in Africa, Central Asia and the Asia-Pacific. The National Society spoke about the Beijing branch's ambulance and pre-hospital services at an international experts' workshop on emergency services during armed conflict (see *Mexico City*).

The Mongolian and ROK National Societies translated family-links documents into their local languages, strengthening their services.

With Movement support, the Mongolian Red Cross worked to reinforce its legal base, developing amendments to its statutes and the Red Cross law.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
WOUNDED AND SICK				
Hospitals¹				
Hospitals supported	Structures	5		
	<i>of which provided data</i>	Structures	1	
Admissions	Patients	128	28	
	<i>of whom other surgical cases</i>	Patients	128	
Operations performed		128		
Water and habitat¹				
Water and habitat activities	Number of beds	3,223		
Physical rehabilitation²				
Centres supported	Structures	3		
Patients receiving services	Patients	957	146	39
New patients fitted with prostheses	Patients	378	47	9
Prostheses delivered	Units	803	106	27
	<i>of which for victims of mines or explosive remnants of war</i>	Units	30	
New patients fitted with orthoses	Patients	6		1
Orthoses delivered	Units	10	1	4
Patients receiving physiotherapy	Patients	727	95	29
Crutches delivered	Units	516		
Wheelchairs delivered	Units	41		

1. DPRK

2. China, DPRK

JAKARTA (regional)

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



KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ in Indonesia, the authorities and the ICRC continued discussions on formalizing the ICRC's presence and scope of activities there, with visits to detainees and cooperation with detaining authorities remaining on hold in the process
- ▶ the joint Indonesia/Timor-Leste ministerial commission made no progress in addressing the issue of persons unaccounted for in connection with the 1975-99 situation in East Timor
- ▶ in Timor-Leste, families of missing persons found some closure upon the recovery of their relatives' remains and/or through the construction of memorials
- ▶ while continuing to enhance their family-links capacities through training initiatives, the Indonesian and Timorese Red Cross Societies moved slowly towards establishing/offering services at the border between the two countries
- ▶ the Indonesian authorities/armed forces and other key actors built up their knowledge of humanitarian principles and IHL and other applicable norms, as well as their incorporation in military decision-making, at ICRC sessions/events

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	45
RCMs distributed	35
People located (tracing cases closed positively)	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	339
Number of visits carried out	1
Number of places of detention visited	1
Restoring family links	
RCMs distributed	1

EXPENDITURE (in KCHF)

Protection	1,031
Assistance	-
Prevention	1,832
Cooperation with National Societies	617
General	-

3,480

of which: Overheads 212

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	52

CONTEXT

Indonesia continued to play a key role in international affairs, including within the Jakarta-based Association of Southeast Asian Nations (ASEAN). It hosted several important multilateral conferences, such as the Fifth Ministerial Conference of the Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime.

Social, economic, ethnic and religious tensions continued to cause sporadic outbreaks of violence – including attacks on ambulances and health workers – in parts of the country, such as Papua. Owing to various restrictions, these places remained inaccessible for most international humanitarian organizations, including the ICRC. The country had to cope with numerous natural disasters, which varied in scale. Migrants continued to pass through Indonesia, with some 200 people reportedly arrested per month and several more missing at sea. The 2014 elections loomed large on the socio-political landscape.

Timor-Leste entered an adjustment period following the 2012 elections and the withdrawal of the UN integrated mission in early 2013, but was generally stable. The new leadership occupied itself with issues related mainly to poverty reduction and consequences of the past situation and conflict. Thousands of families were still seeking information about relatives unaccounted for, but neither the Indonesian nor the Timorese side took steps to discuss and/or adopt mechanisms to address the issue.

ASEAN continued to promote cooperation on regional concerns, such as disaster management, migration, peacekeeping and mine action.

ICRC ACTION AND RESULTS

In Indonesia, discussions with the Ministry of Foreign Affairs to finalize an agreement on the basis and scope of ICRC action in the country and to formalize the organization's presence made little progress. Pending the conclusion of such an agreement, ICRC operational activities, including for detainees, remained on hold. The delegation worked on enhancing mutual understanding with the Indonesian authorities and relevant stakeholders through regular dialogue and activities, many of which were organized jointly with local actors.

The ICRC endeavoured to address the issue of people who went missing during the past situation in East Timor. Some families of persons unaccounted for in Timor-Leste found closure after the recovery of their relatives' remains and/or the construction of memorials. The ICRC reviewed the provision of psychological support to the families and, finding that the project did not fully respond to the families' expectations, adjusted its response. To help resolve more cases, the Indonesian and Timor-Leste police, other partners and the ICRC sought to reinforce standards/practices concerning exhumation and identification of human remains through co-organized training events and regular dialogue. The Timor-Leste Red Cross and the ICRC prepared a list of missing persons' cases for possible follow-up with the authorities; data on priority cases were checked and verified.

The Indonesian Red Cross Society and the Timorese Red Cross moved slowly towards establishing family-links services at the border between their countries. With ICRC assistance, they boosted their capacities in this field, as well as in emergency preparedness

and in promoting IHL and humanitarian principles. Through its participation in a range of international events, including those held in line with the Health Care in Danger project, the Indonesian Red Cross Society deepened its understanding of priority humanitarian concerns and developed its approach accordingly.

Facilitating their participation in local and regional ICRC training courses and briefings, the ICRC fostered knowledge of humanitarian issues and of IHL and other international norms among diplomats, government officials, members of the armed forces/police (including counter-terrorism personnel), peacekeepers, academics, Islamic organizations and other civil society representatives.

The ICRC worked with the Indonesian Red Cross to promote domestic IHL implementation, collaborating with parliament and government departments on an emblem law, on national guidelines for health services in conflict and other situations of violence and on rules of engagement for the military/police. It helped the military incorporate IHL in their operational decision-making during training sessions with senior officials and legal advisers.

The National Societies, education officials and teachers of both countries continued to cooperate with the ICRC to implement the Exploring Humanitarian Law programme. Following the conclusion of the pilot phase in 11 Islamic schools in Indonesia, 20 teachers and a project-testing working group recommended the implementation of the programme. Programme testing continued in Timor-Leste, with the National Society/ICRC providing implementation support for the Education Ministry.

The ICRC maintained regular dialogue with ASEAN on issues of mutual interest.

CIVILIANS

Families of persons unaccounted for in East Timor find closure

In Timor-Leste, thousands of families continued to seek information on relatives who went missing in relation to the 1975–99 situation and conflict in East Timor.

Under a pilot project initiated in 2011, 289 families received help to cope with the loss of relatives whose remains had not been found or buried. A review of the project in late 2012 revealed that for these Timorese families, psychological support provided during group activities mattered least. They valued more the referrals and practical assistance that enabled them to bring up their legal or economic concerns with pertinent authorities and organizations or to recover their relatives' remains (see below). They appreciated most the cash grants for activities that helped them find closure: organizing commemorative ceremonies and building memorials. It was decided therefore to modify the project to provide only referrals/practical assistance and cash grants in the future. Two memorials were completed within the year.

One Timorese family recovered a relative's remains, after nearly 30 years without news, thanks to cooperation between the Timor-Leste police forensic unit, the Victorian Institute of Forensic Medicine (VIFM) and the ICRC.

To support the resolution of other cases of persons unaccounted for and prevent future cases, the Timor-Leste police forensic unit and VIFM – along with the forensic arm of the Indonesian police and the International Forensics Team on Timor-Leste (composed

of VIFM and other partners) – bolstered their standards and practices concerning human remains management, including in relation to migrants and victims of disasters, through regular dialogue and strengthened cooperation with the ICRC and the respective National Societies.

They also exchanged best practices by co-organizing/participating in local/regional events and seminars/workshops: for instance, with ICRC support, Indonesian and Timorese police officers participated in a regional meeting of medico-legal institutes held in Malaysia, and some 30 Timorese forensic and investigative specialists took part in a local workshop where they discussed mapping and management of mass graves. During the Indonesian National Police's hosting of the 5th International Conference of the Islamic Countries Organization for Forensic Medicine, it included such subjects in the programme as working with international forensic missions and families of missing persons as well as an ICRC workshop on managing human remains in armed conflicts and disasters.

Progress remains slow on joint mechanisms for addressing the issue of persons unaccounted for

The joint Indonesia/Timor-Leste ministerial commission took no steps to address this issue; no progress was made in either the repatriation of remains of deceased members of armed forces (discussed in 2012) or the cases of 90 missing minors (submitted to the authorities and followed up since 2010), although meetings were held on these matters. A draft law establishing a mechanism to assist the families of missing persons remained pending at the Timor-Leste parliament, despite the sustained advocacy of the ICRC and other organizations.

Meanwhile, Timorese Red Cross/ICRC teams continued checking and verifying their information on persons unaccounted for, including data on priority cases in the Lautem and Manufahi districts, so as to finalize the cases for follow-up with the authorities.

People relocated to Atauro Island, Timor-Leste between 1981 and 1984 as a consequence of the past situation received 1,019 attestations in support of their claims for government compensation.

People affected by the past situation also learnt more about humanitarian action, including the Movement's work, at information sessions organized by the Timorese Red Cross with ICRC support.

Dispersed family members maintain contact through Red Cross family-links services

Families contacted relatives detained abroad through Movement services: for instance, one family in Indonesia sent RCMs, video messages and parcels to a relative at the US internment facility at Guantanamo Bay Naval Station in Cuba, while 18 people made an ICRC-sponsored visit to nine Indonesian relatives detained in the Philippines.

Families of migrants reported missing during sea transit through Indonesia filed 22 tracing requests for their relatives.

The Indonesian and Timorese National Societies and the ICRC sought to enable families separated at the border between the two countries to re-establish contact, but met a number of obstacles. On the Timorese side, the radio programme launched in 2012 by the National Society failed to produce tangible results, none of those being sought coming forward. Owing to internal constraints, the Indonesian Red Cross postponed planned coordination meetings aimed at helping the National Society branches involved resolve issues with the transmission of RCMs across the border.

While solutions for services at the border were being explored, National Society volunteers and staff, including those from Indonesian Red Cross branches at the border and from six key branches of the Timorese Red Cross, enhanced their abilities to restore family links through various training initiatives and, for Indonesian Red Cross members, internships at their headquarters. The Indonesian Red Cross participated in Movement meetings and in a regional conference on restoring family links for migrants (see *Iran, Islamic Republic of*).

Vulnerable communities benefit from Indonesian Red Cross/ICRC health outreach projects

In remote areas in Papua, 407 individuals, including women and children, had eye examinations, 232 received eyeglasses and 76 underwent ICRC-sponsored ophthalmic surgery through joint initiatives of the Dian Harapan hospital, the National Society and the ICRC.

Indonesian stakeholders consider measures to protect health services

The Indonesian Red Cross lobbied for protection for health care services, exchanging views on the issue with volunteers and members of the armed/security forces at a workshop in Papua.

CIVILIANS	INDONESIA	TIMOR-LESTE
Red Cross messages (RCMs)		
RCMs collected	17	28
RCMs distributed	29	6
Reunifications, transfers and repatriations		
People transferred/repatriated	1	
Tracing requests, including cases of missing persons¹		
People for whom a tracing request was newly registered	22	
of whom women	4	
of whom minors at the time of disappearance	10	
People located (tracing cases closed positively)	2	5
Tracing cases still being handled at the end of the reporting period (people)	37	2,569
of whom women	9	354
of whom minors at the time of disappearance	11	618

In the framework of the Health Care in Danger project, it also participated in discussions at a regional experts' workshop (see *Iran, Islamic Republic of*) and a dedicated meeting of Movement partners in Geneva, Switzerland.

The National Society incorporated the issue of safe delivery of health care in its recommendations to the Health Ministry on national guidelines for health crisis management in conflict situations. The national IHL committee and academics, with ICRC encouragement, considered ways to adapt national regulations to provide better protection for health personnel. The Indonesian armed forces provided operational perspectives on the subject at various round-tables.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Indonesia receive no ICRC visits

People deprived of their freedom in Indonesia had received no ICRC visits since March 2009, as all of the ICRC's activities for detainees (e.g. local training seminars and technical/structural support in the fields of health, water and habitat) had been on hold pending a new agreement to formalize the ICRC's presence in the country (see *Authorities, armed forces and other bearers of weapons, and civil society*).

Nonetheless, with ICRC support, two representatives from the Indonesian corrections service attended a regional seminar on rehabilitating water systems in prisons (see *Bangkok*).

In Timor-Leste, 52 former detainees/internees or their families received attestations from the ICRC, which facilitated their registration as war veterans and determination of their eligibility for pensions and compensation. While one partial visit took place in 2013, regular visits to inmates in Timorese detention facilities were postponed to 2014.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Influential Indonesian actors learn more about IHL and the ICRC

Discussions between the Indonesian Foreign Affairs Ministry and the ICRC on an agreement formalizing the ICRC's presence and scope of activities made no headway, preventing the implementation of detention-related activities. It therefore remained essential to ensure understanding of humanitarian principles, IHL and other international norms, and the ICRC's mandate and activities among the authorities, armed forces, National Society and other stakeholders.

Cooperation to this end with the Foreign Affairs Ministry resulted in over 80 diplomats and 60 private-sector stakeholders enhancing their knowledge of IHL at jointly organized briefings.

Moreover, during ICRC-backed courses/presentations, some 1,000 military/security personnel, 1,600 peacekeepers and 200 officers, including 20 commanders assigned to sensitive areas, learnt more about humanitarian norms governing their duties and about other IHL-related topics, such as sexual violence in armed conflict and other situations of violence. Senior military officers took IHL courses in San Remo, as well as at a decentralized version held in Indonesia. For the first time, 20 officers of the police counter-terrorism unit attended an ICRC seminar on law enforcement. Some 20 police officials from 12 countries, including two from Indonesia, discussed public order management at an ICRC workshop.

Timorese military training on IHL, provided by the Australian Defence Force, included ICRC input.

Indonesian military to draft new detention guidelines with ICRC assistance

Some 15 senior officers and 40 legal experts and instructors from the Indonesian military enhanced their capacities to instruct ground units on IHL compliance following ICRC training in incorporating humanitarian norms in operational decision-making. The training was organized through the Indonesian armed forces' IHL working group and Legal Development Agency.

The Agency established a working group, which included the ICRC, to draft new guidelines for military detention. This followed from an Agency-requested ICRC workshop where some 60 military judges, legal officers and commanders responsible for detention facilities discussed internationally recognized standards, including those applicable to military forces with law enforcement responsibilities.

The Indonesian police, with ICRC input, developed a training curriculum for peacekeepers.

Authorities work on laws/policies for implementing IHL

The Indonesian authorities requested and received National Society/ICRC advice on weapon-related treaties, but the country abstained from voting on the Arms Trade Treaty. The authorities announced that the country would not ratify the Rome Statute in the near future.

Nevertheless, Indonesian authorities, through their national IHL committee, pursued domestic IHL implementation, with parliament receiving National Society/ICRC input on a draft emblem law and on adherence to the International Voluntary Principles on Security and Human Rights. The authorities also reviewed domestic laws covering cultural property and protection of medical services (see *Civilians*), and drafted new rules of engagement for domestic military/police operations.

Indonesian authorities and academics also received further input at seminars organized with the Ministry of Law and Human Rights, a regional teaching session (see *Philippines*) and a regional meeting of national IHL committees (see *Beijing*). Timor-Leste authorities attended the last two events.

Academics promote humanitarian principles

Indonesian Islamic organizations and academic institutions promoted the compatibility of IHL and Islam at briefings/events, including a conference organized by the Universitas Muhammadiyah Yogyakarta, the NGO Dompot Dhuafa and the ICRC, at which some 40 scholars from five countries contributed their views for publication in a forthcoming book. Students from 14 Islamic schools participated in an IHL-related poster-making contest organized by Dompot Dhuafa/ICRC.

Students in Indonesian Islamic schools stood to learn humanitarian principles through the Exploring Humanitarian Law programme, after 20 trained teachers and a working group completed its pilot and recommended its implementation, having found no incompatibility with their curriculum. The National Society, supported by ICRC-trained volunteers/facilitators, worked on adapting the programme for selected Youth Red Cross units in public schools.

Schoolchildren in 13 Timorese schools participated in programme testing, which met some delays in connection with translating the materials into the local language. The Education Ministry, with ICRC support, incorporated the programme in the national curriculum, continued drafting supplementary materials and, with the National Society, monitored implementation in two districts.

Students refined their understanding of IHL under the tutelage of ICRC-trained lecturers and at university-organized events, such as moot court competitions, including a regional contest (see *Beijing*), and a national debate.

Some 60 media representatives enhanced their understanding of IHL protection for journalists at Movement seminars, including one that incorporated first-aid training. Indonesians across the archipelago accessed information on humanitarian concerns and ICRC activities via online media in Bahasa Indonesia.

ASEAN takes further steps to establish Mine Action Centre

ASEAN leaders adopted the terms of reference establishing a regional Mine Action Centre, proposed in 2012 by the Cambodian government with ICRC advice. ASEAN and the ICRC maintained regular contact on other issues of mutual interest, such as peacekeeping, migration and disaster management, although a formal cooperation agreement between the two organizations remained pending.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies strengthen operational/institutional capacities

The Indonesian and Timorese Red Cross Societies strengthened their capacities to respond to humanitarian needs (see *Civilians*) and to promote IHL and humanitarian principles, and pursued organizational development initiatives, supported by the ICRC and other Movement partners.

The Indonesian Red Cross worked on contingency plans and operational procedures for situations of violence, incorporating the Safer Access Framework to enhance volunteer/staff security. It organized an event for 3,000 volunteers from across Indonesia, at which the ICRC provided input on water and sanitation, communication and cooperation. At a regional meeting of legal advisers (see *Beijing*), the National Society shared updates on its progress in promoting domestic IHL implementation. Together with the National Post Office and the ICRC, it supported Movement action through funds raised through the sale of special edition postage stamps.

The Timorese National Society, tasked by the government to deliver first aid in emergencies, trained volunteers at two branches in disaster preparedness and received guidance in restoring family links (see *Civilians*).

Both National Societies discussed Movement coordination with their South-East Asian peers at their annual leaders' summit (see *Bangkok*). The Indonesian Red Cross and the ICRC signed a cooperation agreement in May.

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	45		
RCMs distributed	35		
Tracing requests, including cases of missing persons		Women	Minors
People for whom a tracing request was newly registered	22	4	10
People located (tracing cases closed positively)	7		
Tracing cases still being handled at the end of the reporting period (people)	2,606	363	629
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
ICRC visits		Women	Minors
Detainees visited	339		25
Number of visits carried out	1		
Number of places of detention visited	1		
Restoring family links			
RCMs distributed	1		
People to whom a detention attestation was issued	52		

* Unaccompanied minors/separated children

1. Timor-Leste

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



Having worked in Malaysia since 1972, the ICRC established a regional delegation in Kuala Lumpur in 2001 and an independent mission in Japan in 2012. It works with governments and National Societies to promote IHL and humanitarian principles and to gain support for its activities. In Malaysia, the ICRC visits detainees, including detained migrants, and works with authorities to address issues identified during those visits. It enables detained migrants to contact their families. The regional resource centre supports delegations in East and South-East Asia and the Pacific in promoting IHL and strengthening support for the ICRC and Movement cooperation.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees in Malaysian immigration centres and prisons benefited from ICRC visits, and from recommendations on their treatment and living conditions given to the authorities, with most minors moving to a new dedicated facility
- ▶ separated family members, including detained migrants, reconnected with their relatives using Movement family-links services, such as RCMs and oral messages relayed by ICRC delegates
- ▶ in Malaysia, about 40 prison managers and health care personnel added to their knowledge and skills related to health care in custodial settings at 2 seminars organized by the Prison Department and the ICRC
- ▶ Japan's highest authorities, Japanese Red Cross Society representatives and the ICRC's president reaffirmed the high level of trust, cooperation and dialogue on humanitarian issues between Japan and the ICRC
- ▶ the Royal Malaysian Police force enhanced its capacities in public order management through ICRC training for its instructors and briefings for over 200 senior officers
- ▶ in Malaysia, political developments led to the delay/cancellation of some activities, including visits to detainees and Malaysian Red Crescent Society/ICRC initiatives for migrants in Sabah

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	72
RCMs distributed	137
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,946
Detainees visited and monitored individually	672
Number of visits carried out	29
Number of places of detention visited	15
Restoring family links	
RCMs collected	128
RCMs distributed	27
Phone calls made to families to inform them of the whereabouts of a detained relative	1,035

EXPENDITURE (in KCHF)

Protection	1,474
Assistance	-
Prevention	1,977
Cooperation with National Societies	445
General	218

4,114

of which: Overheads 251

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	33

CONTEXT

Migration remained a pressing concern for the region's authorities and the public. Some migrants continued to be victims of human trafficking.

In Malaysia, general elections were held in May. The Royal Commission of Inquiry began hearings on issues surrounding migrants in Sabah, looking into the legal and social ramifications of migration, the process of issuing identity documents and the problem of statelessness. In February, Malaysian armed and security forces clashed with a group of armed men in Lahad Datu, Sabah for over three weeks, leading to deaths, arrests and displacement and the establishment of new security mechanisms. These three events dominated the Malaysian political landscape and occupied authorities during the first half of the year.

Japan's new leadership made a commitment to constitutional reform and to pursuing reconstruction efforts following the 2011 disaster. Nuclear weapons remained a topic of concern in the country.

Interest in humanitarian affairs grew in Singapore, with the number of charitable donations from the private sector tripling in six years and the government promoting itself as a hub for NGOs/humanitarian organizations.

Brunei Darussalam chaired the Association of Southeast Asian Nations (ASEAN).

Countries in the region contributed military and police personnel to peacekeeping operations abroad.

ICRC ACTION AND RESULTS

The ICRC worked with national authorities, National Societies and other stakeholders in the region, as well as with regional bodies, to highlight and address humanitarian concerns. It pursued efforts to increase awareness of IHL, humanitarian issues, and the ICRC.

In Malaysia, people detained in immigration detention centres and in prisons were visited by ICRC delegates, who shared their findings and recommendations confidentially with the relevant authorities, helping them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. Following such recommendations, most unaccompanied minors held in immigration depots were less vulnerable to abuse and more easily looked after following their transfer to a dedicated facility set up by the authorities. The Prison Department improved its ability to address detainees' health needs, co-organizing with the ICRC two seminars for prison directors and medical staff. The political situation, however, caused the delay or cancellation of several planned activities.

The Malaysian Red Crescent Society and the ICRC strove to acquire a fuller understanding of migrants' needs, with a view to developing and delivering appropriate responses. On the basis of initial consultations with government and NGO contacts, the ICRC, together with the National Society branch in Sabah, began to plan its approach to assessing/addressing the health needs of vulnerable communities there; however, there was no progress in the assessments of human trafficking victims' concerns, which had begun the previous year.

Families separated by migration improved their chances of reconnecting following commitments by Movement partners in the Asia-Pacific region to strengthen their family-links services.

The ICRC maintained its dialogue with governments and other regional actors to foster understanding of humanitarian issues, IHL and the ICRC. The ICRC president's visits to Japan and Singapore helped strengthen relationships and develop the scope of cooperation. These visits confirmed the quality of dialogue with the highest authorities and the respective Red Cross Societies and enhanced the ICRC's profile.

The Malaysian government and the ICRC co-organized a regional workshop on the "Strengthening IHL" process, at which over 20 countries were represented. The authorities pursued domestic IHL implementation with technical and training support from the ICRC. Experts shared their views on cyber warfare at a round-table.

At public campaigns, briefings and other events, the media, academics, civil society representatives, including Islamic organizations in Malaysia, and the ICRC encouraged information exchange and cooperation in addressing humanitarian concerns, such as migration, the protection of civilians, including unaccompanied and separated minors in South-East Asia, and civil-military relations.

The region's armed and self-defence forces continued to cooperate with the ICRC to increase knowledge of IHL and the ICRC's role and mandate among their troops, including during national/multinational training exercises and predeployment briefings for peacekeepers. With ICRC support, instructors from the Royal Malaysian Police enhanced their teaching of applicable international norms.

As before, the National Societies/ICRC cooperated with educational authorities in implementing the Exploring Humanitarian Law programme for schoolchildren in their respective countries.

All four National Societies received ICRC support to strengthen their capacities to restore family links and/or promote IHL. The Malaysian National Society recruited and trained volunteers to boost the capacities of its branch in Sabah. Several Movement conferences, including on the Safer Access Framework, sought to strengthen the implementation of the Movement approach in the region.

The Kuala Lumpur delegation's regional resource centre continued to provide expert support to ICRC delegations in East and South-East Asia and the Pacific to enhance prevention-related activities.

CIVILIANS

People in Malaysia contact relatives detained/interned abroad through Movement family-links network

Families used Malaysian Red Crescent/ICRC family-links services to restore/maintain contact with their relatives detained or interned abroad. The families of three individuals held at the US internment facility at Guantanamo Bay Naval Station in Cuba contacted their relatives through RCMs, oral messages exchanged via the ICRC, and direct family news relayed by an ICRC delegate who had visited the Guantanamo Bay internees.

No requests were made for travel documents for the resettlement of refugees and asylum seekers in third countries.

Migrants and separated children stand to benefit from developing Movement approaches, including to restoring family links

The National Society/ICRC learnt more about the health care services available to vulnerable communities in Sabah during consultations with Health Ministry and NGO representatives and medical professionals. Despite delays in opening an office in Sabah, the ICRC expanded its presence there. The aforementioned consultations, along with cooperation with the National Society branch there, for instance, in recruiting and training volunteers, helped both organizations define their approach to addressing the humanitarian needs of vulnerable communities, including migrants.

Contacts were made with the Malaysian authorities, with a view to pursuing dialogue and continuing assessments begun last year on the living conditions and welfare of human trafficking victims in shelters, but yielded few results.

Noting the incidence of Muslims fleeing the violence in parts of Myanmar and of migrants lost at sea, key stakeholders and the ICRC helped foster understanding of regional developments in migration and contributed to drafting appropriate responses through regular contact and joint activities. The ICRC contributed its perspective on the situation of unaccompanied and separated children in South-East Asia to an analysis prepared by the Regional Support Office of the Bali Process on People Smuggling, Trafficking in Persons and Related Transnational Crime, and to a related regional round-table on tracing and other issues surrounding the return of such children and other vulnerable people. People affected by migration-related issues stood to benefit from improved responses to their family-links needs following commitments/recommendations made by Movement partners from seven Asia-Pacific countries at a workshop in Kuala Lumpur.

Emergency-affected people meet urgent needs through National Society assistance

People displaced by the clashes in Lahad Datu met their nutritional needs with meals prepared by Malaysian Red Crescent volunteers, who attended ICRC briefings on the Safer Access Framework to help them safely attend to the needs of people affected. As events unfolded, the ICRC informed Malaysian authorities of its willingness to provide humanitarian assistance if needed.

Typhoon-affected people in the southern Philippines received medical care at a health facility set up by the Japanese Red Cross whose staff, for the first time, formed part of an emergency team dispatched by the ICRC (see *Philippines*). On the basis of their Philippine experience, the Japanese Red Cross and the ICRC discussed supplementary training and other ways to improve rapid deployment mechanisms for future emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Malaysia, close to 18,000 people detained in 9 immigration detention centres and 6 prisons benefited from ICRC visits to monitor their treatment and living conditions, conducted according to the organization's standard procedures. Among the detainees were juveniles and people held in relation to the Lahad Datu incident under a new security offences act passed in 2012. The ICRC had, in principle, received permission to visit the Sabah

immigration detention centres, but owing to political developments in the country (see *Context*), only one visit could be conducted during the year.

Equipped with feedback and recommendations from the ICRC after its visits, the detaining authorities sought to ensure that detainees' treatment and living conditions were in line with internationally recognized standards (see below). They discussed, with other stakeholders and the ICRC, the responsibilities of various government departments for providing health services in custodial settings. At a government-organized round-table, they explored alternatives to detention, particularly for unaccompanied minors, and reviewed related models and legal frameworks.

Detainees, including migrants, and their relatives used Malaysian Red Crescent/ICRC family-links services, such as RCMs and oral or "safe and well" messages, to stay in touch.

Migrants held at one facility in Sabah stood to benefit from better conditions after detaining authorities took steps, on ICRC advice, to adjust the facility's food service and maintenance regimes.

Unaccompanied minors in Malaysian immigration detention centres move to dedicated facility

Unaccompanied minors from several immigration detention centres were less vulnerable to potential abuse and had their specific needs better addressed, as a result of their transfer to a dedicated facility. The facility, set up by the authorities on the ICRC's recommendation, was intended to house minors separately from adults. However, the authorities received ICRC follow-up as incidences of adults being housed with minors continued. Specific cases of unaccompanied minors were followed up directly with other Movement partners (with one child returning to his family in Bangladesh) or, for children seeking asylum, with UNHCR.

Particularly vulnerable individuals, such as children and pregnant/breastfeeding women, eased their confinement through ICRC donations of food, hygiene kits and recreational items. One former detainee underwent ICRC-supported vocational training.

Detainees in Malaysia stand to benefit from training for prison managers and health workers

Some 40 prison managers and health care personnel enhanced their abilities to address health needs in detention settings at two seminars organized by the Prison Department and the ICRC. The participants discussed such issues as medical ethics and TB and HIV management with government and ICRC panellists. Two Prison Department officials attended a regional seminar on water and sanitation management (see *Bangkok*).

Owing to constraints created by the political situation and restructuring in some government departments, discussion with the authorities, of a report on a 2012 assessment of the mental health needs of juveniles in three prisons, remained pending; workshops with heads of immigration detention centres, on juveniles in detention, were also cancelled.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

The region's governments, as well as the Malaysian national IHL committee, pursued efforts to implement IHL, with National Society/ICRC technical support, including that provided at a regional teaching session (see *Philippines*). Malaysian authorities

continued to prepare legislation to facilitate its accession to the Rome Statute; to this end, they participated in a workshop and received ICRC advice. Brunei Darussalam considered acceding to the Optional Protocol to the Convention on the Rights of the Child and implementing the Rome Statute – despite not having acceded to it – and was finalizing legislation on the Chemical Weapons Convention. Singaporean authorities and the ICRC discussed implementation of the above-mentioned Protocol. The Japanese Red Cross endeavoured to revive Japan's national IHL committee.

Government representatives, especially Foreign Affairs and Defence Ministry officials, deepened their understanding of humanitarian issues and the Movement's work through regular contact with the ICRC, including at high-level meetings during the ICRC president's visits to Japan (see below) and Singapore. They participated in local/regional ICRC-supported events, including a "Strengthening IHL" process workshop hosted by Malaysia for participants from 23 countries and Japanese Red Cross/ICRC activities on the margins of the 5th Tokyo International Conference on African Development. Foreign affairs-affiliated institutes organized fora on protection for civilians: a Malaysian event included an ICRC session on issues raised by the Health Care in Danger project, while a series of ICRC-supported talks in Japan led to the drafting of policy recommendations by a study group at the Japan Institute of International Affairs. Malaysian officials/diplomats learnt more about the ICRC at sessions periodically included in their training programmes.

High-level Japanese officials engage ICRC on key humanitarian issues

Japanese officials and the ICRC pursued bilateral discussions on key humanitarian/operational issues, notably during the ICRC president's meetings with the emperor and the prime minister. The authorities, other stakeholders and the National Society sought ICRC input on humanitarian issues linked to nuclear weapons, with the National Society organizing related events at the 2013 Council of Delegates and establishing a resource centre on the subject.

The ASEAN departments of Brunei Darussalam and Singapore and the ICRC maintained contact, with a view to planning joint activities on matters of mutual interest, such as disaster management, peacekeeping, mine action and migration.

Civil society organizations and universities debate humanitarian issues

Specialists from eight Asia-Pacific countries discussed cyber warfare and the application of IHL at a round-table co-organized by a Singaporean think-tank and the ICRC. In Malaysia, Muslim NGOs with humanitarian activities abroad discussed humanitarian principles with the ICRC, as well as approaches to dealing with access and security constraints.

Students at leading Japanese, Malaysian and Singaporean universities, including those studying journalism, learnt more about IHL at National Society/ICRC-supported courses, such as one in Japan for East Asian students and National Society staff. With National Society/ICRC input, the International Islamic University of Malaysia developed a postgraduate course in humanitarian affairs; other universities considered doing the same. Students tested their knowledge of IHL at local/regional debate and moot court competitions (see *Beijing*). Schoolchildren learnt about humanitarian principles through the Exploring Humanitarian Law programme.

The Malaysian Education Ministry incorporated the programme in a professional development course for officials and pre-school teachers, while Bruneian officials studied the implementation of the programme in Thailand.

Media representatives enhanced their reporting on humanitarian issues and activities, aided by regular contact with the ICRC and ICRC-facilitated field visits and training, including abroad (see *New Delhi*). The public learnt more about salient humanitarian issues at National Society-organized events, such as those held in Japan on nuclear weapons and during the ICRC president's visit, and others in Singapore.

The Singapore Red Cross Society and the ICRC began consultations on a joint private sector fundraising strategy and notably launched a fundraising campaign in partnership with an international online company.

Armed forces take IHL into account during regional training exercises

Instructors and officers of the region's armed and self-defence forces attending command and staff colleges/warfare training centres, or participating in national/multinational exercises, enriched their knowledge of IHL and the ICRC during training sessions, including in an advanced course (see *International law and cooperation*), and related events. These included: the Cobra Gold exercise and the 26th Annual International Military Law and Operations Conference in Thailand; the Tokyo Defense Forum; an annual seminar at the National Institute for Defense Studies in Japan; and in Singapore, the 15th Asia-Pacific Programme for Senior Military Officers and the armed forces' new civil-military relations course.

The Japanese Self-Defense Forces, building on discussions in 2012 with the ICRC, worked on a training manual covering POW-related concerns.

Peacekeeping troops from Brunei Darussalam, Japan and Malaysia attended ICRC predeployment briefings. Interaction with the Malaysian and Singaporean armed forces became less frequent with the end of their deployment to Afghanistan; nonetheless, Singapore's military and the ICRC prepared to co-organize a regional workshop in 2014 on IHL at sea.

Malaysian police instructors bolster their teaching

Police officers in Malaysia, including in Sabah, maintained contact with the ICRC. Cooperation with the Royal Malaysian Police continued; over 200 senior officers refreshed their understanding of public order management at ICRC briefings/courses, including in Sabah and abroad (see *Jakarta*). Police instructors strengthened their ability to teach applicable international norms at a trainers' workshop.

Contact with Singapore's police force continued to develop.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies, with ICRC support and in coordination with other Movement partners, enhanced their ability to respond to humanitarian needs, improving their family-links services and strengthening their organizational frameworks, including by reviewing their statutes (Brunei Darussalam) and finalizing areas of cooperation (Singapore). They promoted IHL, humanitarian principles and the Movement and its principles and activities in their respective countries.

All four National Societies worked with their educational authorities to train instructors for the Exploring Humanitarian Law programme and to incorporate the programme in their educational systems. The Japanese Red Cross translated modules and adapted them to the local context, while the Brunei Darussalam Red Crescent Society discussed its programme implementation plans with the ICRC.

Movement partners consolidated their approaches, participating in regional conferences in Malaysia, including on youth and organizational development and the Safer Access Framework, and meetings of National Society leaders and legal advisers (see *Bangkok and Beijing*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		72		
RCMs distributed		137		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		2	1	
Tracing cases still being handled at the end of the reporting period (people)		1	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		17,946	1,664	637
Detainees visited and monitored individually		672	38	316
Detainees newly registered		671	38	315
Number of visits carried out		29		
Number of places of detention visited		15		
Restoring family links				
RCMs collected		128		
RCMs distributed		27		
Phone calls made to families to inform them of the whereabouts of a detained relative		1,035		

* Unaccompanied minors/separated children

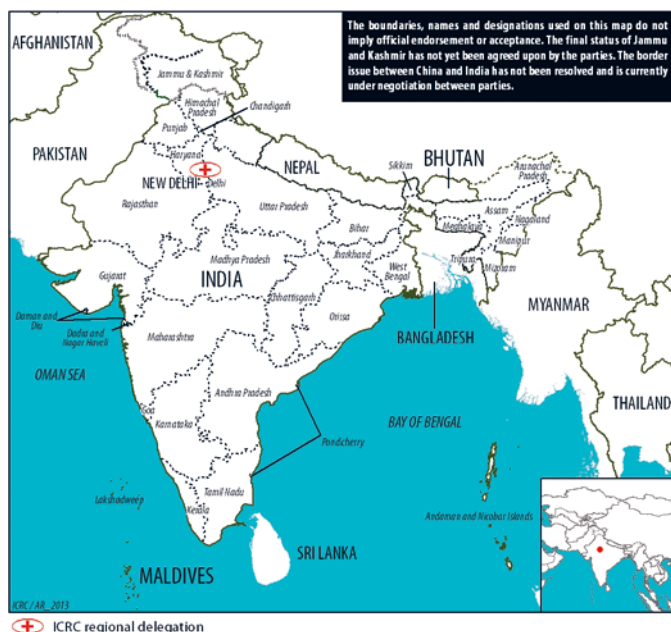
1. Malaysia

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	1,136		
Essential household items	Beneficiaries	5,587		
Work, services and training	Beneficiaries	1		
Health				
Number of visits carried out by health staff		11		
Number of places of detention visited by health staff		8		

1. Malaysia

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ while detainees held in relation to the situation in Jammu and Kashmir, India, continued to receive ICRC visits, prison and health authorities there discussed steps on improving health care for inmates
- ▶ a limited number of violence-affected communities in Chhattisgarh, India, benefited from ICRC health care services and water improvement projects, which ended in June at the government's request
- ▶ with ICRC support, the Indian Red Cross Society strengthened some of its capabilities to provide family-links services; however, only a few migrants benefited from such services
- ▶ various academic and legal institutions and organizations worked with the ICRC to raise awareness of humanitarian issues and IHL among members of civil society and government representatives throughout the region
- ▶ at a workshop co-organized by the Indian Armed Forces, senior military officers discussed the need to ensure unhindered delivery of health care services to violence-affected populations
- ▶ the Maldivian Red Crescent, with volunteers trained in the Safer Access Framework and equipped with first-aid kits, stood ready to provide medical assistance during tensions in the run-up to the elections

EXPENDITURE (in KCHF)	
Protection	2,679
Assistance	4,619
Prevention	2,346
Cooperation with National Societies	1,104
General	-
	10,747
	<i>of which: Overheads 656</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	75%
PERSONNEL	
Mobile staff	26
Resident staff (daily workers not included)	178

PROTECTION	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	451
Detainees visited and monitored individually	411
Number of visits carried out	30
Number of places of detention visited	17
Restoring family links	
RCMs collected	1
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	420
Essential household items	Beneficiaries	6,000
Productive inputs	Beneficiaries	6,300
Cash	Beneficiaries	388
Vouchers	Beneficiaries	2,100
Water and habitat activities	Beneficiaries	10,000
		3,064
Health		
Health centres supported	Structures	2
		4
WOUNDED AND SICK		
Physical rehabilitation		
Centres supported	Structures	4
		5
Patients receiving services	Patients	900
		1,422

CONTEXT

In Jammu and Kashmir, India, tensions between security forces and militants persisted and frequent protests often resulted in casualties. Security forces and armed groups continued to clash in central and eastern India. Major ethnic and tribal groups in the north-eastern states were already in peace negotiations with the central government, but sporadic outbreaks of violence continued. India's borders with China and Pakistan remained tense. State elections in 2013 kicked off the election season ahead of the 2014 national polls. India continued to face economic, developmental and humanitarian challenges, in addition to natural disasters that occurred regularly.

Presidential elections in the Maldives concluded in November, despite tensions leading up to it and delays in the polling process. The political crisis ended with all parties accepting the results.

Bhutan held its second National Assembly elections and pursued its transition to parliamentary democracy.

ICRC ACTION AND RESULTS

The New Delhi regional delegation maintained its activities for people deprived of freedom, particularly those held in relation to the prevailing situation in Jammu and Kashmir. Detainees' treatment and living conditions, including respect for their judicial guarantees, formed the basis of confidential dialogue with the authorities concerned. Efforts to improve health care for detainees continued, notably through a seminar that enabled stakeholders to exchange ideas on enhancing their services and through the mobilization of specialists to regularly provide mental health care to inmates in one prison. ICRC-supported family visits for inmates in Bhutan and India continued. In India, vulnerable families of detainees received basic material assistance, while newly released detainees settled back into civilian life with the help of in-kind support to kick-start livelihood activities and professional care to address their social and mental and physical health needs.

Promoting understanding of IHL and support for the ICRC's operations, particularly in India, remained a priority for the delegation. Independently or with the Indian Red Cross Society, the ICRC conducted dissemination sessions, workshops and competitions aimed at increasing awareness of IHL, humanitarian principles and the Movement among the authorities, civil society and the media. It strove to strengthen relations with the central authorities, including through high-level dialogue, and enhanced its cooperation with various academic and legal institutions, with a view to gaining support for its humanitarian and IHL-related activities in the country and worldwide. The ICRC also developed relationships with some of India's security forces, which resulted in more officers learning about IHL and international human rights law, and about the need to ensure that violence-affected civilians have safe access to medical services. The armed forces took steps to include IHL in its training. To further interest in IHL and promote its domestic implementation in the countries covered, the ICRC sponsored the participation of government officials in events abroad and pursued dialogue with them regarding various IHL instruments, notably weapon-related treaties.

With ICRC support, the National Societies in India and the Maldives boosted their emergency response capacities, particularly in first aid. The Indian Red Cross also strengthened some of its family-links restoration capabilities and participated in flood rescue operations.

During the first half of 2013, the delegation faced government restrictions in conducting assistance activities in Chhattisgarh, India. At the central authorities' request, it ceased its operations in the state by June. As a result, only a few vulnerable communities benefited from ICRC support. They included people who received preventive and curative health care at ICRC-supported primary health care centres and a mobile health unit and through a patient referral system in Bijapur and Sukma districts. Health-education sessions helped schoolchildren and others to protect themselves against disease, as did the upgrading of water infrastructure. In Maharashtra, a National Society mobile health unit provided preventive and curative services to communities. The ICRC completed the rehabilitation of the Tzurangkong primary health centre, which assisted vulnerable and isolated civilians in Nagaland; the project was then formally handed over to the Health and Social Welfare Ministry. In parts of India, notably in the Kashmir region, National Society/ICRC first-aid training and train-the-trainer sessions for National Society volunteers and Health Ministry medical officers helped them strengthen their capacities to provide first-level care for the wounded and sick and to share their knowledge with their colleagues. Upon the government's request and on specific occasions, the ICRC worked with the Health Ministry in boosting hospitals' abilities to treat patients through training and material support.

To ensure uninterrupted and sustainable services for disabled people, including mine victims, the ICRC provided material, technical and financial support for five physical rehabilitation centres and developed relationships with national rehabilitation training institutes and associations.

CIVILIANS

The Indian Red Cross and the ICRC worked together to meet the needs of the vulnerable, such as people who had lost contact with relatives owing to unrest, natural/man-made disasters and migration. Four National Society state branches drew on ICRC material and technical input, enhancing some of their capacities to provide family-links services and psychological and social support and to handle human remains properly; however, only a few migrants benefited from family-links services.

In flood-affected Uttarakhand state, the National Society used 1,500 ICRC-donated body bags to collect and identify human remains. Discussions with the authorities regarding National Society/ICRC technical support to help them implement the National Guidelines for Dead Body Management remained limited.

Over 680 refugees in India, lacking the necessary identification papers, resettled in third countries using travel documents issued by the ICRC in coordination with UNHCR.

Limited number of violence-affected communities in Chhattisgarh receive assistance

Dialogue with the authorities focused solely on issues promoted by the Health Care in Danger project (see *Wounded and sick*). Moreover, restrictions imposed by the central authorities limited ICRC assistance activities in Chhattisgarh during the first half of 2013. At the authorities' request, these activities had been halted by June; as a result, comparatively few vulnerable people benefited from ICRC support.

In Chhattisgarh, some 2,750 people learnt more about good hygiene practices and safe handling and storage of water through

hygiene-promotion sessions. About 1,050 of them in 10 remote rural settlements in Bijapur district accessed safe drinking water owing to the installation/rehabilitation of hand pumps, while others started using water filters and pots. In coordination with the state's Public Health Engineering and Tribal Development Division, teachers and 308 schoolchildren, also in Bijapur district, participated in hygiene-education sessions, such as storytelling.

Good working relations with the state's health authorities enabled the provision of immunizations and mother and child care and the implementation of malaria-prevention activities, as well as the strengthening of a patient referral system (see *Wounded and sick*). Some 14,500 vulnerable people accessed curative and preventive care at ICRC-supported health facilities. They included 10,799 patients who received such services at the rehabilitated primary health centres in Kutru, Bijapur and in Chintalnar, Sukma and 3,660 patients who visited a mobile health unit providing weekly services in three locations. On-site health-education sessions helped people living in remote areas protect themselves against illness and disease.

In Gadchiroli, Maharashtra, around 1,700 people from 36 villages with limited access to the state's health services benefited from an ICRC-supported National Society mobile health unit, which provided preventive and curative care and conducted health-education sessions. These activities came to an end in June.

Communities in 18 villages in Mokokchung, Nagaland, enjoyed better basic health care at the rehabilitated Health and Social Welfare Ministry-run Tzurangkong primary health centre. The project was formally turned over by the ICRC to the ministry in April.

Released detainees ease their social reintegration through health and material assistance

More released detainees in Jammu and Kashmir accessed medical assistance with around 50 of them benefiting from medical consultations. Following ICRC home visits, 35 released detainees received physical and mental health care from specialists and some of them also had their expenses covered.

Over 1,700 people (families of 205 detainees and 99 released detainees) covered their basic needs through distributions of clothing, utensils, hygiene kits and school materials for students. Nearly 200 former detainees or relatives of detainees set up businesses

such as clothing shops with the help of cash grants or productive inputs, boosting their income and benefiting 1,044 people.

No National Society/ICRC relief and livelihood activities for vulnerable communities in other parts of India took place.

PEOPLE DEPRIVED OF THEIR FREEDOM

Among those detained in India were people held in connection with the prevailing situation in Jammu and Kashmir, some outside the state. They continued to receive ICRC visits, conducted according to the organization's standard procedures. Particular attention was paid to vulnerable inmates, such as foreigners, minors and the mentally ill. The authorities concerned and ICRC delegates discussed confidentially delegates' findings and recommendations regarding detainees' treatment and living conditions, including their access to medical care and respect for their judicial guarantees. Dialogue with the authorities continued, with a view to gaining full access to all detainees held in relation to the prevailing situation in Jammu and Kashmir, in accordance with the existing agreement between the authorities and the ICRC.

Owing to limited contact with police officials in the state, discussions about internationally recognized standards applicable to arrest and detention could not be pursued.

Prison and health authorities discuss ways to improve health care for detainees

Prison/health authorities and the ICRC continued to work together to improve health care for detainees. A health in detention seminar brought together, for the first time, nearly 50 representatives from the Health and Medical Education and Prisons Department – including prison medical officers and jail superintendents – in Jammu and Kashmir. After discussing international standards on health in detention, the participants called for better cooperation amongst themselves and set out steps to improve their services.

A total of 35 detainees received follow-up visits from ICRC doctors, while 44 in Srinagar Central Jail enhanced their mental well-being with the help of regular fortnightly visits conducted by two local psychiatrists, who used ICRC-provided neurological examination kits during their consultations. No material support was provided to vulnerable detainees.

Over 100 detainees in India maintained contact with their relatives through ICRC-facilitated family visits. In Bhutan, 20 inmates were

PEOPLE DEPRIVED OF THEIR FREEDOM	BHUTAN	INDIA
ICRC visits		
Detainees visited		451
<i>of whom women</i>		1
<i>of whom minors</i>		8
Detainees visited and monitored individually		411
<i>of whom women</i>		1
<i>of whom minors</i>		8
Detainees newly registered		146
<i>of whom women</i>		1
<i>of whom minors</i>		5
Number of visits carried out		30
Number of places of detention visited		17
Restoring family links		
RCMs collected		1
RCMs distributed	10	
Phone calls made to families to inform them of the whereabouts of a detained relative		8
Detainees visited by their relatives with ICRC/National Society support	20	103

visited by relatives from refugee camps in Nepal. The family of a deceased detainee was able to hold a funeral for its relative, with ICRC support.

No ICRC detention visits were conducted in the Maldives.

WOUNDED AND SICK

More emergency responders in Jammu and Kashmir enhance their life-saving skills

To help ensure that the wounded and sick received timely and adequate care, the authorities, security forces and the National Society/ICRC maintained dialogue on the need to respect patients and health care services. During National Society/ICRC training sessions, emergency responders in Chhattisgarh, Kashmir, Maharashtra and the north-eastern states boosted their capacities to provide and/or teach first-level care. National Society volunteers, Health Ministry staff and representatives of NGOs took first-aid courses, while first-responders from 17 National Society state branches and 31 Health Ministry medical officers from Jammu and Kashmir participated in train-the-trainer workshops. These medical officers, along with others previously trained, shared what they knew with 1,036 colleagues and 100 journalists.

Before ICRC operations in Chhattisgarh ceased (see *Civilians*), 48 patients from Chintalnagar and Kutru reached referral hospitals in Bijapur or Jagdalpur via two fully equipped ICRC-run ambulances, in close coordination with the state's health authorities.

Hospitals in the Kashmir region boosted their capacities thanks to ICRC support provided upon the government's request and on specific occasions. Twenty medical officers from various districts who had completed a Health Ministry/ICRC course shared what they had learnt about handling surgical and medical emergencies with 185 other officers. The staff at three district hospitals benefited from a course on the same subject conducted independently by the ministry. Ad hoc provisions of medical supplies strengthened the emergency services of four other hospitals.

Mine victims access rehabilitative care

Information campaigns and referral networks raised public awareness of the physical rehabilitation services available at the five ICRC-supported centres in Chhattisgarh, Jammu and Kashmir and Nagaland. These included the Bone and Joint Hospital in Srinagar, Kashmir, which requested for the resumption of ICRC assistance. The centres' technicians used ICRC-supplied raw materials and equipment to manufacture assistive devices; specialists improved their services with the help of in-house mentoring/training abroad, including on amputee assessment and stump care. Some 1,400 patients, including around 65 mine-related referrals, benefited from these services, with the most vulnerable having their transport, food and accommodation costs covered. In May, support to the centre in Nagaland was terminated because the centre had suspended operations, the staff not having received their salaries on time. Over 121 other patients who lived far from these supported centres had the costs of their treatment elsewhere covered.

Regular contacts between rehabilitation training institutes or associations and the ICRC helped promote the sustainability of physical rehabilitation services throughout India.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Indian think-tanks, NGOs and academic institutions promote humanitarian principles and IHL

In India, increasing awareness and fostering acceptance of humanitarian principles, IHL and the Movement remained essential. Bilateral dialogue with members of parliament and government ministers, as well as meetings with community leaders, aimed at explaining the ICRC's efforts to address humanitarian issues in India and around the world. Think-tanks and NGOs invited the ICRC to enrich discussions of humanitarian issues and IHL during their events, for instance, the Fourth Biannual Conference of the Asian Society of International Law.

Central and state authorities and members of civil society increased their knowledge of the Movement's activities during various National Society and/or ICRC dissemination sessions and events, including World Red Cross and Red Crescent Day (8 May) celebrations. Media representatives, including reporters in the north-eastern states, covered these activities; they also participated in competitions and workshops aimed at encouraging accurate reporting on IHL-related issues. During the Regional Senior Editors Conference co-organized by the Jamia Milia Islamia University, over 20 senior editors from South and South-East Asia shared best practices, particularly on tackling the difficulties of reporting on conflict/violence.

While university lecturers and students used up-to-date IHL publications and reference documents for their courses, cooperation with various universities and legal institutions promoted IHL teaching and interest in the subject. Lecturers enriched their knowledge of IHL at a regional teacher-training programme and at a national conference; two senior professors did the same at an advanced IHL course in Switzerland. Students tackled IHL-related issues at national and regional competitions, such as the South Asian Essay Writing Competition and the Henry Dunant Memorial Regional Moot Competition, both held in India. Members of the Indian team who won a regional moot court competition in Hong Kong, China (see *Beijing*), served an internship with the ICRC office in Bosnia and Herzegovina.

Indian armed forces discuss the need to provide health care services to violence-affected populations

Relations with some of India's security forces developed, but dialogue on protecting civilians remained limited. Dissemination sessions and predeployment briefings helped raise awareness of humanitarian principles and the Movement's activities among members of the security forces, notably those stationed in tension-prone areas, and among some 840 troops departing on peace-keeping missions. Military officers deepened their knowledge of IHL and over 1,400 paramilitary and police officers learnt more about basic human rights and international standards on the use of force and firearms. Following a new agreement between the Home Affairs Ministry and the ICRC, members of the Rapid Action Battalion also took part in these awareness raising/information sessions.

Although senior army officers did not participate in IHL-related events abroad, various local activities encouraged the integration of IHL into their training and operations. An Indian Armed Forces/ICRC Health Care in Danger workshop encouraged senior military officers to consider including the unhindered delivery of health care for violence-affected populations in their

operational planning. Eight faculty members from the Air Force Administrative College attended a train-the-trainer course. Dialogue with the Coast Guard on incorporating IHL into their training and operations was ongoing. The National Law School of India University in Bangalore finalized an advanced IHL course for senior army officers and planned its launch for 2014.

Activities with the National Police Academy and the Bureau of Police Research and Development did not take place because these institutions were going through a process of reorganization.

The region's governments engage in dialogue on the Arms Trade Treaty

The region's governments pursued efforts to accede to IHL instruments and to enact implementing legislation. Indian government officials participated in a seminar on the "Strengthening IHL" process (see *International law and cooperation*) and, through regular dialogue with the ICRC, learnt more about the Chemical Weapons Convention and the Hague Convention on Cultural Property. Government representatives of the three countries covered shared their experiences regarding the implementation of IHL provisions with their counterparts during regional events (see *Bangladesh and Nepal*) and discussed the Arms Trade Treaty with the ICRC (see *New York*). The Indian government declined to co-host the annual South Asian Regional Conference on IHL, which was therefore postponed to 2014 and moved to another venue.

An ICRC statement at the 52nd Annual Session of the Asian-African Legal Consultative Organization encouraged representatives of Member States to ratify and implement IHL treaties and to ensure that civilians and health care services were protected at all times.

RED CROSS AND RED CRESCENT MOVEMENT

Maldivian Red Crescent boosts its capacity to respond to outbreaks of violence

The Indian Red Cross drew on ICRC financial, technical and material support and worked with the organization to enhance its branches' capacities in providing first aid and family-links services to vulnerable communities (see *Civilians and Wounded and sick*) and youth education. Several state branches published newsletters and held various events in their states and nationwide (see *Authorities, armed forces and other bearers of weapons, and civil society*); others independently conducted first-aid training for their volunteers and trainers.

Induction courses that also covered the Fundamental Principles and communication techniques enabled nearly 800 Red Cross volunteers from six state branches to have a better grasp of their role in providing humanitarian assistance.

Supplies of first-aid equipment and training in the Safer Access Framework helped the Maldivian Red Crescent to sharpen its emergency response capacities before the country's presidential elections (see *Context*).

Movement partners in India and the Maldives coordinated their activities to maximize impact and avoid duplication of services.

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)			
Tracing requests, including cases of missing persons		Women	Minors
Tracing cases still being handled at the end of the reporting period (people)	7		1
Documents			
People to whom travel documents were issued	687		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹			
ICRC visits		Women	Minors
Detainees visited	451	1	8
Detainees visited and monitored individually	411	1	8
Detainees newly registered	146	1	5
Number of visits carried out	30		
Number of places of detention visited	17		
Restoring family links			
RCMs collected	1		
RCMs distributed	10		
Phone calls made to families to inform them of the whereabouts of a detained relative	8		
Detainees visited by their relatives with ICRC/National Society support	123		

* Unaccompanied minors/separated children

1. Bhutan, India

MAIN FIGURES AND INDICATORS: ASSISTANCE ¹		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	420	38%	33%
Essential household items	Beneficiaries	1,772	35%	38%
Productive inputs	Beneficiaries	656	32%	35%
Cash	Beneficiaries	388	30%	35%
Water and habitat activities	Beneficiaries	3,064	30%	40%
Health				
Health centres supported	Structures	4		
Average catchment population		57,800		
Consultations	Patients	16,422		
	<i>of which curative</i>		4,583	5,911
	<i>of which ante/post-natal</i>		263	
Immunizations	Doses	10		
Referrals to a second level of care	Patients	69		
Health education	Sessions	408		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Number of visits carried out by health staff		23		
Number of places of detention visited by health staff		15		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	5		
Patients receiving services	Patients	1,422	247	358
New patients fitted with prostheses	Patients	164	25	28
Prostheses delivered	Units	285	38	34
	<i>of which for victims of mines or explosive remnants of war</i>	63		
New patients fitted with orthoses	Patients	213	36	92
Orthoses delivered	Units	339	61	172
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	768	141	205
Crutches delivered	Units	187		
Wheelchairs delivered	Units	47		

1. India

SUVA (regional)

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



Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, it assists governments in ratifying and implementing IHL treaties and promotes respect for IHL and other international norms among armed and security forces, as well as among academic circles, the media and civil society. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care, while 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

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ detainees benefited from ICRC visits, recommendations and assistance programmes, which in particular improved the water supply in the women's ward of a facility in Papua New Guinea
- ▶ violence-affected communities in the Papua New Guinea Highlands region met some basic needs with Papua New Guinea Red Cross Society/ICRC support
- ▶ Pacific States ratified/implemented IHL-related treaties, including the Convention on Cluster Munitions, Additional Protocol III, and the Hague Convention on Cultural Property, with 8 States signing the Arms Trade Treaty
- ▶ military experts from 20 countries discussed how to protect medical services at a workshop hosted by the Australian authorities, as well as at pre-workshop events with the ICRC
- ▶ Pacific Island National Societies, supported by the Australian and New Zealand National Societies, the International Federation and the ICRC, became more adept at first aid, restoring family links and the Safer Access Framework

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	44
RCMs distributed	47
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,299
Detainees visited and monitored individually	55
Number of visits carried out	45
Number of places of detention visited	24
Restoring family links	
RCMs collected	72
RCMs distributed	37
Phone calls made to families to inform them of the whereabouts of a detained relative	9

EXPENDITURE (in KCHF)	
Protection	886
Assistance	1,612
Prevention	1,915
Cooperation with National Societies	1,278
General	-

5,691

of which: Overheads 347

IMPLEMENTATION RATE	
Expenditure/yearly budget	107%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	24

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	5,000	8,075
Water and habitat activities	Beneficiaries	6,000	1,410
Health			
Health centres supported	Structures	5	

CONTEXT

Natural disasters, fragile national economies and intercommunal violence remained the main threats to stability and prosperity in the Pacific Islands region. An 8.0-magnitude earthquake caused deaths and displacement in the Solomon Islands. Three major tropical cyclones resulted in localized flooding and destruction of homes across the region.

Papua New Guinea was generally stable under its new government. However, the level of violent crime in the country and intercommunal fighting in the Highlands region prompted the government to take several measures: for instance, it deployed its defence forces to the Highlands for law enforcement purposes.

Fiji approved a new constitution, and general elections were scheduled for 2014.

Implementation of the recommendations in the Solomon Islands' Truth and Reconciliation Commission's report on the 1998–2003 violence remained uncertain. The Australian Defence Force gradually withdrew its troops from the Regional Assistance Mission to Solomon Islands.

The governments of Australia and New Zealand, the former holding a seat on the UN Security Council until end-2014, maintained their strong involvement in humanitarian affairs.

Australia, Fiji, Papua New Guinea and Tonga continued to provide troops for peacekeeping operations and/or international coalitions; the deployment of Australian forces to Afghanistan, the Solomon Islands and Timor-Leste came to an end.

ICRC ACTION AND RESULTS

The ICRC focused on building up its operations in Papua New Guinea to address humanitarian needs arising from past conflict in Bougainville and ongoing intercommunal violence in the Highlands. It also helped enhance the capacities of the region's National Societies in coordination with the International Federation and contributed to increasing the impact of Movement activities in the Pacific. It nurtured relations with States influential in humanitarian affairs and contributing to Movement operations.

In Papua New Guinea, the ICRC continued to provide assistance in two priority areas in the Highlands that were the scene of intercommunal violence: communities resumed daily activities with tools, essential household items and agricultural supplies/equipment distributed by Papua New Guinea Red Cross Society/ICRC teams. Residents in one community ensured that people wounded in the violence could receive immediate care, by building a first-aid post with their health authority and the ICRC. In another community, National Society volunteers improved access for people to safe water by rehabilitating their water supply system, using adapted methods learnt from ICRC training. The communities and the ICRC discussed humanitarian principles such as respect for health facilities; owing to prevailing conditions, such dialogue with the leaders and members of the fighting groups remained limited.

People affected by past conflict in Bougainville, as well as civil society actors and other key stakeholders, and the ICRC continued discussions on the issue of persons unaccounted for as a result of the conflict, ways to resolve the issue and possible areas for cooperation.

In Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu, delegates visited detainees in accordance with the ICRC's standard procedures and reported their findings and recommendations in confidence to the authorities, to help them improve detainees' treatment and living conditions. In Papua New Guinea, the ICRC supported the authorities in addressing health/hygiene issues among detainees, taking steps to offset prohibitive construction costs and other constraints. With the National Society, it also organized family visits for some detainees.

The ICRC visited migrants detained at offshore processing centres established within the framework of agreements between the Australian government and those of Nauru and Papua New Guinea. The Australian Red Cross provided support for the ICRC to visit the centre in Manus Island, Papua New Guinea; the two organizations jointly visited the centre in Nauru. The ICRC shared its findings bilaterally with the authorities concerned.

Progress was made in domestic IHL implementation throughout the region, with several countries ratifying or signing IHL-related treaties, including the Arms Trade Treaty. Several others passed domestic laws implementing IHL. The governments of Australia and New Zealand contributed to a meeting associated with the "Strengthening IHL" process. Their National Societies, together with the International Federation/ICRC, followed up pledges made by the Pacific region at the 31st International Conference, in advance of the Movement's statutory meetings in Sydney, Australia. Several National Societies prepared to launch IHL handbooks for parliamentarians.

Periodic bilateral and multilateral dialogue, including at high levels in Australia and New Zealand, as well as contacts with the region's armed/security forces and civil society, enabled the ICRC to address humanitarian concerns such as civil-military relations and new technologies in warfare. Military experts from 20 countries made recommendations for protecting medical services during armed conflict and other emergencies at a workshop hosted by the Australian government and armed forces in connection with the Health Care in Danger project.

National Societies of the Pacific Islands boosted their capacities in emergency preparedness, first aid, restoring family links, promotion of IHL, and the Safer Access Framework, with technical and financial support from the Australian Red Cross, the New Zealand Red Cross, the International Federation and the ICRC.

CIVILIANS

Violence-affected communities in the Papua New Guinea Highlands region meet some basic needs

In Papua New Guinea, intercommunal violence in the Highlands continued to cause injuries and death, destruction of homes and livelihoods, and displacement. Violence-affected people in two areas particularly affected by the fighting benefited from National Society/ICRC activities, conducted in line with findings of past studies that showed, *inter alia*, that communities involved in fighting respected the principle of neutrality as long as their agreement was obtained before delivering assistance.

At preparatory meetings and information sessions held around the distribution of assistance, communities learnt about the ICRC's activities and discussed humanitarian principles such as respect for schools and health facilities. Although some leaders of the communities involved in fighting were met, substantial dialogue with

them and with the Highlands authorities on broader humanitarian concerns remained sporadic, owing to the adverse environment.

Nonetheless, over 8,000 people (1,615 households) affected by fighting eased their conditions, thanks to National Society/ICRC-donated tools, household essentials and agricultural instruments.

People affected by Highlands violence build a community first-aid post

Building on its relations with district- and provincial-level health authorities, the ICRC collected allegations of violence against patients, health staff and facilities via health centres and, whenever possible, communicated these to the actors concerned, with a view to promoting unhindered access to health care. The strengthened relations were helpful in carrying out improvements at some health centres.

With ICRC support, community representatives, local police, and health authorities boosted their capacities to treat people injured during fighting: they learnt first aid at National Society/ICRC training sessions and received dressing materials. Residents of Uma in the heavily affected Kagua Erave district in the Southern Highlands built a first-aid post using ICRC-supplied construction materials. The provincial health authority committed to providing medicines and training health workers to staff the post. Health services there were expected to begin in 2014; meanwhile, people accessed safe water through a tapstand installed in the facility.

One victim with severe injuries was evacuated by the ICRC for hospital treatment. Otherwise, people injured during fighting were treated at three health facilities that received ad hoc donations of medical equipment and dressing kits; damaged/dilapidated facilities also received solar lamps and basic furnishings from the ICRC.

Violence-affected people gain access to safe water through National Society/ICRC-rehabilitated system

Conditions for communities in the Western Highlands region improved after they acquired better access to safe drinking water, thanks to ICRC efforts to devise provisional/alternative solutions such as water treatment kits and well-construction methods adapted to the prohibitive costs, transportation issues and other obstacles to construction in the country. After learning such methods during on-the-job training with the ICRC, National Society volunteers rehabilitated the water system in one community; two other communities benefited from ICRC-installed rain-water harvesting systems.

In southern Bougainville, 190 violence-affected households resumed daily activities with donated household items. As the violence subsided, support for the Tabago hospital ended, after a final donation of a generator and six months’ fuel. A local organization, with ICRC support, rehabilitated two safe houses sheltering female victims of violence.

Bougainvillean authorities, civil society representatives and residents discuss consequences of past conflict

Three exhibits organized by the University of Papua New Guinea and the ICRC featured paintings by Bougainville residents, done in 2012 to express their feelings about the past crisis and their hopes for the future. Such events provided a platform for discussions with the authorities and communities affected about the issue of persons reported missing during the crisis. Stakeholders, including Bougainvillean and Papua New Guinean government representatives, key diplomatic officials and NGOs, increased their awareness of the issue at various meetings.

An assessment of the situation of Bougainvillean citizens who were children during the past crisis and had been placed in foster homes in mainland Papua New Guinea revealed that those who wished to had remained in contact with their families or had returned to Bougainville. National Society/ICRC family-links services were thus not required.

Disaster victims stand to benefit from improved Movement response

Given the sporadic unrest and the region’s susceptibility to natural disasters, people stood to benefit from regional efforts – including under the International Federation’s disaster management and response platforms and/or with the support of the Australian and New Zealand National Societies – to bolster emergency preparedness, including first aid during periods of violence; family-links services during disasters; the promotion of humanitarian principles; and the Safer Access Framework.

PEOPLE DEPRIVED OF THEIR FREEDOM

People deprived of their freedom in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu received visits from delegates, conducted in accordance with the ICRC’s standard procedures. Detaining authorities received confidential feedback to help them improve detainees’ treatment and living conditions.

Although a memorandum of understanding formalizing ICRC access to detention facilities remained pending with the authorities, in Papua New Guinea, people held at eight correctional

PEOPLE DEPRIVED OF THEIR FREEDOM	FIJI	NAURU	PAPUA NEW GUINEA	SOLOMON ISLANDS	VANUATU
ICRC visits					
Detainees visited	23	788	3,405	26	57
of whom women		102	209		
of whom minors		83	113		1
Detainees visited and monitored individually	22	13		20	
Detainees newly registered	10	13			
Number of visits carried out	8	6	27	2	2
Number of places of detention visited	4	2	14	2	2
Restoring family links					
RCMs collected			72		
RCMs distributed			37		
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			30	21	
People to whom a detention attestation was issued	3		1		

institutions and five police stations benefited from regular visits to monitor their treatment and living conditions. Dialogue with the authorities and the police covered such subjects as judicial guarantees and respect for detainees' other rights.

Government bodies in Australia, Nauru and Papua New Guinea and the ICRC discussed the situation of hundreds of migrants detained in two offshore processing centres in Nauru and on Manus Island, Papua New Guinea. The authorities concerned also received reports containing the ICRC's findings and recommendations following its visits to the migrants, including those made in Nauru with the Australian Red Cross.

Former internees of the US facility at Guantanamo Bay Naval Station in Cuba who had been resettled in Palau received continued ICRC support for their communications needs and to follow up their situations with the authorities concerned.

Detainees in Papua New Guinea have better access to water

In Papua New Guinea, detainees at seven correctional institutions and six police stations had better living conditions owing to ICRC donations of hygiene materials and recreational items. Inmates at two facilities, including one for women, had better access to safe water following ICRC-supported installation of water tanks and a rainwater collection system. Detainees at four correctional institutions also met their health needs at on-site clinics refurbished with ICRC-provided equipment.

In Fiji, inmates at three cyclone-affected prisons received mattresses and shelter materials distributed by the ICRC.

Practical technical solutions, such as adapted water treatment kits, and partnerships with the authorities and other key stakeholders were developed in Papua New Guinea to improve conditions in other detention facilities quickly and at lower cost, mitigating constraints to construction work (see also *Civilians*). Two members of the correctional services staff learnt more about water and sanitation issues at an international seminar in Cambodia (see *Bangkok*).

Detainees reconnect with relatives through family visits

At two detention facilities in Papua New Guinea, 30 detainees originally from Bougainville were visited by relatives through a National Society/ICRC family visits programme. With ICRC financial support, two detainees returned home three months after their release.

In the Solomon Islands, 21 detainees benefited from family visits facilitated by the ICRC.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

States pass legislation implementing IHL

Bilateral and multilateral relations with the region's governments and within bodies such as the Pacific Island Law Officers' Network (PILON), helped promote IHL implementation and awareness of humanitarian issues.

Australia ratified the Convention on Cluster Munitions and enacted legislation activating the ICRC's headquarters agreement. New Zealand passed implementing legislation on Additional Protocol III and the Hague Convention on Cultural Property, as did the Federated States of Micronesia on the Chemical Weapons Convention. Eight Pacific States signed the Arms Trade Treaty.

Samoa and the Solomon Islands considered domestic legislation on the 1949 Geneva Conventions.

The Australian and New Zealand authorities, including their national IHL committees, followed up IHL developments, receiving ICRC input on guidelines for protecting civilians and on a national action plan on women, peace and security (Australia) and on the Montreux document on private military and security companies (New Zealand).

In Papua New Guinea, the Department of Foreign Affairs and Trade and the ICRC discussed accession to the Additional Protocols, the establishment of a national IHL committee and an agreement formalizing the ICRC's presence in the country. No progress was made on either front, but ICRC activities continued in the country (see above).

During PILON's annual meeting, representatives of most of the States in the region learnt more about ICRC-recommended best practices in implementing IHL domestically. The Australian and New Zealand governments contributed to a regional meeting on the "Strengthening IHL" process (see *Kuala Lumpur*).

Military experts endorse methods for protecting medical services

Some 30 military experts from over 20 countries discussed methods for protecting medical personnel and facilities during combat operations, and ways to implement these throughout the chain of command, at a workshop hosted by the Australian government and armed forces in connection with the Health Care in Danger project. Relations between the participants, particularly Australians and New Zealanders, and the ICRC developed further during in-depth exchanges at pre-workshop events.

Armed/security forces learn more about IHL during training with Pacific counterparts

The Australian military/police forces conferred with the ICRC on IHL-related, humanitarian or operational issues, including lessons learnt from their Afghanistan operations and prospects for cooperation thereafter, and various training initiatives, including pre-deployment briefings, programmes with the Australian Red Cross and multinational military exercises.

The New Zealand armed forces launched a civil-military relations course, with ICRC support.

The Papua New Guinean armed forces and the ICRC discussed the issue of persons unaccounted for in Bougainville (see *Civilians*) and other IHL-related matters. The Royal Papua New Guinea Constabulary and the ICRC maintained contact, allowing the former to deepen its understanding of internationally recognized policing standards. Private security companies operating in sensitive areas in the country and the ICRC updated each other on their activities.

Officers added to their knowledge of IHL and other applicable norms at local/overseas briefings/courses. These included: sessions at Australia and New Zealand's command and staff colleges; a Fijian military-sponsored workshop for Fijian and Papua New Guinean military/police/corrections officers; workshops for senior Papua New Guinean military officers and Bougainville/Highlands police forces; an international workshop on public order management (see *Jakarta*); and a workshop on military sanctions in

Switzerland, attended by Fijian military officials. Top officials also attended advanced courses in Colombia (see *International law and cooperation*) and in San Remo.

Peacekeeping troops attended ICRC-facilitated predeployment briefings.

Public and civil society sectors in Australia and New Zealand extend humanitarian debate

Authorities (including at high level in Australia and New Zealand), think-tanks, academic institutions, civil society organizations and the Australian and New Zealand National Societies promoted IHL among various audiences and raised awareness of domestic/global humanitarian issues such as the goals of the Health Care in Danger project, new technologies in warfare, civil-military relations and the Arms Trade Treaty. They incorporated humanitarian themes and ICRC presentations in their programmes/activities, which included exhibits/events around the Movement's statutory meetings, courses at the Asia Pacific Centre for Military Law in Australia and the annual conference of the Australian and New Zealand Society of International Law and work with an NGO coordinating body in New Zealand.

In Australia, government employees, Civilian Corps members, humanitarian/NGO workers and students furthered their understanding of IHL, humanitarian issues and the ICRC's mandate at National Society/ICRC lectures.

University students from Australia and New Zealand participated in moot court competitions, including at regional level (see *Beijing*). A Fijian high school student spoke about nuclear weapons at the Movement's statutory meetings, in consequence of winning an ICRC-supported Pacific-wide speech competition organized by the New Zealand Red Cross.

The media raised awareness of humanitarian issues, using ICRC resources for their stories on the organization's activities in their countries – e.g. family visits for detainees in Papua New Guinea – and abroad. An Australian correspondent contributed to an international conference on conflict reporting (see *New Delhi*). Online initiatives helped expand the ICRC's audience in Australia.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies – together with the Australian, French, Japanese and New Zealand National Societies – strengthened common approaches to humanitarian priorities at Movement-organized events, including one for legal advisers (see *Beijing*).

The Republic of the Marshall Islands Red Cross strengthened its legal base after obtaining government recognition. As with other National Societies, it received support in this process and/or in clarifying their auxiliary roles. The National Societies in the Cook Islands, the Federated States of Micronesia, Papua New Guinea, Samoa, and the Solomon Islands, with Australian Red Cross support, drafted/launched IHL handbooks for their parliamentarians.

The National Societies boosted their leadership and governance with help from the Movement's Pacific Governance Enhancement Programme Working Group, which reviewed its terms of reference and formed a complementary group focusing on finance.

The Australian/New Zealand National Societies, with the International Federation/ICRC, followed up pledges made by the Pacific region at the 31st International Conference, in advance of the Movement's statutory meetings in Sydney.

National Societies furthered their IHL promotion and emergency response capacities through ICRC-supported events, (see *Civilians*); the International Federation and the ICRC developed family-links data collection templates and a training curriculum for Pacific Island National Societies. Australian and New Zealand Red Cross staff interested in working in overseas operations attended ICRC briefings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		44		
RCMs distributed		47		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		14	3	7
Tracing cases still being handled at the end of the reporting period (people)		14	3	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹				
ICRC visits			Women	Minors
Detainees visited		4,299	311	197
Detainees visited and monitored individually		55		
Detainees newly registered		23		
Number of visits carried out		45		
Number of places of detention visited		24		
Restoring family links				
RCMs collected		72		
RCMs distributed		37		
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		51		
People to whom a detention attestation was issued		4		

* Unaccompanied minors/separated children

1. Fiji, Nauru, Papua New Guinea, Solomon Islands, Vanuatu

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	8,075	17%	48%
	<i>of whom IDPs</i>	Beneficiaries		
		8,075		
Water and habitat activities	Beneficiaries	1,410	43%	14%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,043		
Water and habitat activities	Beneficiaries	2,700		

1. Papua New Guinea