

ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People affected by violence in Rakhine, Myanmar and by fighting in Marawi, Philippines, met their immediate needs with ICRC emergency aid. Vulnerable households in the region built their self-sufficiency with livelihood support.
- ▶ Wounded and sick people, particularly in violence-affected areas, received timely and good-quality first aid, hospital services and curative and preventive care. Disabled people obtained appropriate care.
- ▶ Detainees – including migrants in processing centres – benefited from ICRC visits and from the authorities' ICRC-supported efforts to improve their treatment and living conditions, including access to health care.
- ▶ Families dispersed by violence, detention or migration stayed in touch via Movement family-links services. With ICRC support, the authorities pursued efforts to address the issue of missing persons and their families' needs.
- ▶ The authorities, weapon bearers and civil society members learnt more about humanitarian principles, IHL and related topics, and the ICRC's work, through dialogue with the ICRC and at local and regional forums and events.
- ▶ Security concerns prompted the ICRC to reduce its presence in northern Afghanistan. Elsewhere in the region, it adapted its operations – for instance, by reinforcing its partnerships with National Societies – to reach people in need.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,391
RCMs distributed	5,698
Phone calls facilitated between family members	27,963
Tracing cases closed positively (subject located or fate established)	1,845
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	271
Detainees in places of detention visited	218,922
<i>of whom visited and monitored individually</i>	2,734
Visits carried out	448
Restoring family links	
RCMs collected	6,764
RCMs distributed	4,847
Phone calls made to families to inform them of the whereabouts of a detained relative	802

ASSISTANCE		2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	280,000	440,150
Essential household items	Beneficiaries	334,750	324,712
Productive inputs	Beneficiaries	261,500	50,916
Cash	Beneficiaries	244,430	63,525
Services and training	Beneficiaries	80	45,779
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	972,390	307,715
Health			
Health centres supported	Structures	59	84
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	13	47
Water and habitat			
Water and habitat activities	Beds	4,155	4,716
Physical rehabilitation			
Projects supported	Projects	51	57
Patients receiving services	Patients	197,301	256,318

EXPENDITURE IN KCHF	
Protection	41,575
Assistance	131,813
Prevention	36,618
Cooperation with National Societies	16,746
General	3,897
Total	230,649
<i>Of which: Overheads</i>	<i>13,989</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	433
Resident staff (daily workers not included)	3,440



DELEGATIONS

- Afghanistan
- Bangladesh
- Myanmar
- Pakistan
- Philippines
- Sri Lanka

REGIONAL DELEGATIONS

- Bangkok
- Beijing
- Jakarta
- Kuala Lumpur
- New Delhi
- Suva

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Bangladesh–Myanmar border, Konapara. Refugees who had fled the violence in Rakhine, Myanmar, receive medicines distributed jointly by the Bangladesh Red Crescent Society and the ICRC.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, the ICRC's delegations in the Asia and the Pacific region worked to address the humanitarian needs of people affected by ongoing or past armed conflicts and other situations of violence. They adjusted their activities, as necessary, to adapt to security constraints and other developments in the working environment.

The ICRC's operation in Afghanistan remained its largest in the region, although its activities benefited fewer people than planned, as the ICRC reduced its operations in the country after seven of its staff were killed, and two others abducted – and later released – in different incidents. Activities in violence-affected areas in Myanmar were also hampered by access constraints. It thus remained essential for the ICRC – in those areas and across the region – to communicate regularly with the authorities and other parties, so as to enhance their understanding of, and build acceptance for, the organization's neutral, impartial and independent approach to humanitarian action. The ICRC also reinforced its partnerships with the pertinent National Societies and other local organizations, so as to increase its ability to assist vulnerable communities.

The ICRC monitored the needs and concerns of people in violence-affected areas; where applicable, it shared documented allegations of abuse with the authorities and/or parties concerned, urging them to prevent the recurrence of such abuse. In Afghanistan, Myanmar and the Philippines, dialogue with parties to conflict highlighted the need to respect and protect civilians and ensure people's access to basic services, including medical care. The ICRC complemented such dialogue with efforts to foster an environment conducive to respect for IHL and principled humanitarian action

(see below). With the ICRC as a neutral intermediary, health personnel and weapon bearers in Afghanistan discussed issues of common concern; on some occasions, the ICRC worked to help ensure that weapon bearers did not occupy health facilities. Within the first week of the hostilities in Marawi, Philippines, the ICRC secured permission from the parties concerned to facilitate the safe evacuation of civilians – including the wounded, sick and disabled, and children and their relatives – to nearby municipalities. It directly consulted some violence-affected people to better understand their needs.

Assistance activities were adapted to meet the most pressing needs of violence-affected people in the region. Following the intensified violence in Rakhine, Myanmar, the ICRC scaled up its emergency aid – consisting of food, essential household items and/or cash – for the people affected, including those who had fled the violence and settled in makeshift camps or temporary shelters in Cox's Bazar district and other border areas in Bangladesh. These expanded activities were supported by two budget extension appeals; the appeal for Myanmar was launched with the International Federation and the Myanmar Red Cross Society. The ICRC also opened a new office in Cox's Bazar. After the outbreak of hostilities in Marawi, the ICRC postponed some of its planned projects and focused on addressing the urgent needs, for essential supplies and basic services, of the people affected. Other groups of vulnerable people – particularly IDPs in Afghanistan who were staying in areas accessible to the ICRC – also benefited from emergency aid.

Where security and/or market conditions were relatively stable, the ICRC helped vulnerable households to build their self-sufficiency. Violence-affected households in Kachin, Rakhine

and Shan states, Myanmar, pursued livelihood activities with ICRC support: cash grants coupled with business-skills training, or donations of seed and tools. Similar assistance, albeit on a smaller scale, helped improve livelihood opportunities for IDP or returnee households in violence-affected parts of the Philippines, and destitute households affected by communal tensions in Bangladesh. Pastoral farmers in Afghanistan received training in animal husbandry and other support; however, such assistance and planned cash-for-work projects were halted as the ICRC scaled back its activities in the country. Often with the National Societies concerned, the ICRC provided livelihood assistance to help other vulnerable people work towards self-sufficiency and/or facilitate their social reintegration: people with disabilities in Cambodia and China; households of current or former detainees in India; and families of missing persons, including those headed by women, in Sri Lanka.

Over 300,000 people gained or maintained access to water and related basic services through ICRC initiatives. Most of them were in conflict-affected rural and suburban areas in Afghanistan, where the ICRC repaired and renovated water facilities and/or trained service providers. Similar activities benefited people in Myanmar and those who settled along border areas in Bangladesh. In Kaesong City, the Democratic People's Republic of Korea (hereafter DPRK), the National Society and the ICRC carried out ongoing water and sanitation projects for residents without direct connection to a water source. Students in parts of Papua New Guinea and Sri Lanka benefited from school facilities upgraded by the ICRC with the National Societies concerned.

With ICRC training in first aid and/or material assistance, emergency responders – including National Society staff and/or volunteers, local health personnel and weapon bearers – bolstered their capacity to provide life-saving care to wounded and sick people. The ICRC funded a transport system of taxis in Afghanistan and the health ministry's emergency patient transport system in Myanmar, enabling the injured to reach hospital. People requiring hospital-level care received treatment at facilities that maintained their services with ICRC support, such as infrastructural upgrades, provision of medical materials, and/or staff training. These ICRC-supported services benefited people affected by violence in Rakhine, including those who fled to Bangladesh; those affected by the Marawi crisis; weapon-wounded people, including mine victims, in Afghanistan; and violence-affected people in the Federally Administered Tribal Areas (FATA) and in Khyber Pakhtunkhwa (KP), Pakistan.

Vulnerable people had access to basic health services, including curative and preventive care, at various ICRC-supported facilities, including health centres near Marawi; National Society-run fixed or mobile clinics in Afghanistan, Bangladesh and Myanmar; health ministry-run mobile health services in Rakhine state; and other health centres and satellite posts – including in areas controlled by armed groups – in Myanmar. In Pakistan, people who had fled their homes because of the fighting, including those returning from Afghanistan, obtained care at facilities run by the Pakistan Red Crescent, in the FATA and at an IDP camp in KP. In Papua New Guinea, victims of sexual violence received care at ICRC-assisted family-support centres.

Disabled people obtained physical rehabilitation services at ICRC-supported centres in Afghanistan, Bangladesh, China, Cambodia, the DPRK, India, the Lao People's Democratic Republic,

Myanmar, Nepal, Pakistan and the Philippines. Such support included the provision of equipment and tools, infrastructural upgrades, and/or training courses or scholarships for professionals and students. In Myanmar, the health ministry opened an ICRC-constructed centre. In some countries, the National Societies and/or the ICRC helped particularly vulnerable patients, especially those living in remote areas, to obtain treatment by, among other means, covering their transportation costs or supporting mobile technicians. The ICRC worked to bolster the self-sufficiency and social inclusion of people with physical disabilities, providing them with livelihood assistance and backing their participation in sporting events. With the ICRC, the National Societies in Myanmar and Pakistan conducted mine-risk education sessions to help prevent further casualties of mines and explosive remnants of war.

In accordance with its standard procedures, the ICRC visited detainees – including people held in relation to armed conflicts or for security reasons – in 14 countries, to monitor their treatment and living conditions. Visits to detainees in Thailand remained suspended, but discussions with the authorities continued. Owing to its operational adjustments in Afghanistan, the ICRC visited detainees in fewer facilities than in previous years. After its visits, the ICRC shared its feedback confidentially with the authorities. Dialogue with them sought to further their understanding of the ICRC's neutral and independent stance in the field of detention, to encourage cooperation in addressing detainees' humanitarian needs, and to secure access to those the ICRC had not yet visited.

Penitentiary authorities and/or staff across the region drew on ICRC technical, material and/or other support to improve detainees' treatment and living conditions. In Myanmar, the authorities continued drafting a law that sought to foster respect for internationally recognized standards for prisons. In the Philippines, an ICRC-backed local task force worked to resolve legal procedural delays for inmates held in prolonged pre-trial detention. Detainees had better access to health care owing to ICRC-supported initiatives undertaken by the authorities in, for instance, Afghanistan, Bangladesh, Cambodia, China and Papua New Guinea. In India, inmates at selected prisons obtained appropriate care from psychiatrists assigned by health officials, at the ICRC's recommendation. Some 98,700 detainees benefited from ICRC improvements to water and sanitation facilities, mostly in Afghanistan, Bangladesh and Myanmar.

The ICRC discussed the humanitarian needs of vulnerable migrants with the authorities and other stakeholders, and helped them meet those needs. Around 7,000 migrants passing through government processing centres on their way back to the Philippines from Malaysia received hygiene or first-aid kits. ICRC delegates visited migrants, for instance, in Malaysia and Sri Lanka. With the Australian Red Cross' support, the ICRC checked on the circumstances of migrants in processing centres or transit facilities in Nauru and Papua New Guinea. Following such visits, it discussed the plight of migrants with the authorities concerned. Movement components in the region regularly communicated to coordinate their response to the humanitarian consequences of migration.

Family members separated by conflict or other violence, detention, migration or natural disasters maintained or restored contact using Movement services: RCM, phone and tracing services; family visits for detainees; and travel documents for asylum seekers resettling in host countries.

The ICRC maintained its support for the efforts of governments and local entities in Nepal, Papua New Guinea and Sri Lanka to address the issue of missing persons and meet the needs of their families by, for instance, establishing legal mechanisms. In Sri Lanka, missing persons' families obtained assistance for their economic, psychosocial and other needs through a comprehensive ICRC-run support programme. With a view to preventing people from becoming unaccounted for, the ICRC lent its expertise to and organized training in the proper handling of human remains for the authorities and/or local organizations in, for instance, India, Nepal, Pakistan, Sri Lanka and Timor-Leste. It also continued to act as a neutral intermediary in the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan; by year's end, that activity had been suspended indefinitely, pending the results of a dialogue between the authorities and the ICRC on ensuring that newly issued government regulations for collecting and transferring human remains were in line with IHL.

The ICRC pursued its dialogue with national authorities and other key actors in the region, including the Association of Southeast Asian Nations, to promote understanding of IHL and to foster support for its activities in the region and elsewhere. Discussions with these actors – during meetings, conferences attended by the ICRC and other venues – covered issues of regional interest, such as migration.

The ICRC continued to offer its expertise to State authorities in implementing IHL provisions domestically, and in maintaining or establishing a national IHL committee. With the help of such efforts, Afghanistan ratified the Convention on Certain Conventional Weapons and acceded to the Hague Convention on Cultural Property; Sri Lanka ratified the Anti-Personnel Mine Ban Convention; Papua New Guinea established its national IHL committee; and Indonesia adopted a national Red Cross law. With ICRC technical input, armed and security forces in the region discussed or took steps to integrate IHL, relevant human rights norms and international standards on policing and detention, as applicable, into their doctrine, training and operations. At various ICRC-organized or -supported activities, journalists were encouraged to report on humanitarian issues; religious leaders discussed the similarities between Islamic law and IHL; and students and teachers deepened their understanding of IHL.

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



PROTECTION MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC														
	CIVILIANS													
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	Human remains transferred or repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors
Afghanistan	933	1,306	12,270					233	378		20	26,293	523	401
Bangladesh	697	9	8,665				6		1		7	16,924	745	71
Myanmar	1,178	1,609							677		19	42,157	5,612	990
Pakistan	50	142	2,137		1	1	9		57					
Philippines	23	31							179		112	76,590	5,093	42
Sri Lanka	16	17	2				10		502	15	31	13,226	2,315	11
Bangkok (regional)	1,446	2,467	546						1	7	23	13,339	1,280	764
Jakarta (regional)	6	40	3						7					
Kuala Lumpur (regional)	26	64	4,339						34		20	24,584	3,733	618
New Delhi (regional)	16	13	1	1,335					8	13	4	1,668	82	8
Suva (regional)									1		35	4,141	213	94
Total	4,391	5,698	27,963	1,335	1	1	25	233	1,845	35	271	218,922	19,596	2,999

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	People to whom a detention attestation was issued	
61	704	24	4	83	404	18	3	58	2,012	1,990	323	5,028	9	Afghanistan
8	61	1		2	50	1		2	23					Bangladesh
26	268	35	2	46	177	23	2	43	2,431	1,495		1,650	1	Myanmar
														Pakistan
158	382	42		12	159	38		9	40	20	6	354		Philippines
42	382	17	1	6	209	10		7	7	3	17	121	99	Sri Lanka
64	47	3			12	1			2,116	1,228	51	266		Bangkok (regional)
														Jakarta (regional)
34	827	56	28	80	772	51	28	72	123	103	403			Kuala Lumpur (regional)
4	4				1				6	4		70	2	New Delhi (regional)
51	59				53				6	4	2	56		Suva (regional)
448	2,734	178	35	229	1,837	142	33	191	6,764	4,847	802	7,545	111	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC												
	CIVILIANS										PEOPLE DEPRIVED OF THEIR FREEDOM	
	CIVILIANS - BENEFICIARIES						HEALTH CENTRES					
	Food commodities	Essential household items	Productive inputs	Cash	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	Essential household items	Water and habitat activities
Afghanistan	60,298	55,450	11,979	2,981	176	124,772	47	1,051,949	1,038,941	814,001	32,501	31,186
Bangladesh	82,980	46,270		3,820		31,670	4	756,788	247,153		17,831	21,422
Myanmar	228,825	106,335	25,327	37,100	45,476	80,959	25	525,201	64,232	89,160	31,970	24,385
Pakistan				291			2	24,000	51,220			
Philippines	68,047	97,943	9,909	16,095		59,454						11,596
Sri Lanka				1,988		973					11,952	3,673
Bangkok (regional)			551	301		40					6,957	6,062
Beijing (regional)						9						
Kuala Lumpur (regional)											1,202	
New Delhi (regional)		5,000	3,150	949	127	9,043						
Suva (regional)		13,714				795	6	32,628	5,472	179		411
Totals	440,150	324,712	50,916	63,525	45,779	307,715	84	2,390,566	1,407,018	903,340	102,413	98,735
<i>of whom women</i>	134,819	97,083	14,682	17,896	11,945	54,141						
<i>of whom children</i>	185,629	129,052	22,162	29,941	22,793	32,431						
<i>of whom IDPs</i>	165,673	188,286	11,607	24,838	7,750	83,872						

WOUNDED AND SICK

FIRST AID		HOSPITALS					PHYSICAL REHABILITATION								
Sessions	Participants (sum of monthly data)	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	SURGICAL ADMISSIONS			Projects supported	Patients receiving services (sum of monthly data)	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy		
				Weapon-wound admissions	Non-weapon-wound admissions	Operations performed									
67	1,006	2	1	1,179	14,061	18,922	8	139,221	1,055	6,498	4,352	17,112	87,615	Afghanistan	
							2	1,024	211	568	316	1,300	2,356	Bangladesh	
19	458	13	1	5	166	135	5	4,125	386	65	865	114	1,070	Myanmar	
4,562	110,440	2	2				25	52,219	3,738	6,672	5,480	14,197	30,460	Pakistan	
35	1,274	22					1	347	107	11	130	21	222	Philippines	
														Sri Lanka	
							2	11,088	261	382	1,602	1,175	3,761	Bangkok (regional)	
		4					5	2,210	637	83	1,786	181	1,160	Beijing (regional)	
														Kuala Lumpur (regional)	
75	1,711						9	46,084	650	7,164	825	11,230	18,267	New Delhi (regional)	
11	169	4												Suva (regional)	
4,769	115,058	47	4	1,184	14,227	19,057	57	256,318	7,045	21,443	15,356	45,330	144,911	Total	
								46,020	1,067	3,990	2,031	7,120	24,539	<i>of whom women</i>	
								84,528	508	10,464	1,124	25,649	61,515	<i>of whom children</i>	
														<i>of whom IDPs</i>	

AFGHANISTAN



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ After several attacks on its staff, the ICRC scaled back its presence, particularly in the north, and restructured its operations in the country. Thus, fewer people than planned benefited from ICRC activities in 2017.
- ▶ Parties to the conflict, the authorities, weapon bearers, religious leaders, community members and media professionals furthered their understanding of IHL and the Movement during discussions with the ICRC.
- ▶ Wounded and sick people received treatment at the Mirwais hospital, which continued to receive ICRC support. Support for the Shiberghan hospital was halted, as part of the restructuring mentioned above.
- ▶ Disabled people, including some detainees, improved their mobility through ICRC physical rehabilitation services. Some regained a measure of self-sufficiency by pursuing livelihood activities, with the ICRC's support.
- ▶ Detainees reconnected with their relatives through the Movement's family-links services. ICRC infrastructural support helped improve living conditions and access to clean water at some prisons.
- ▶ IDPs benefited from material support provided by the Afghan Red Crescent Society and the ICRC. Pastoral households' livestock were healthier and more productive after they were treated by ICRC-supported veterinary clinics.

EXPENDITURE IN KCHF

Protection	13,492
Assistance	54,042
Prevention	4,652
Cooperation with National Societies	1,860
General	1,055
Total	75,102
<i>Of which: Overheads</i>	<i>4,584</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Mobile staff	127
Resident staff (daily workers not included)	1,783

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	933
RCMs distributed	1,306
Phone calls facilitated between family members	12,270
Tracing cases closed positively (subject located or fate established)	382
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	26,293
<i>of whom visited and monitored individually</i>	704
Visits carried out	61
Restoring family links	
RCMs collected	2,012
RCMs distributed	1,990
Phone calls made to families to inform them of the whereabouts of a detained relative	323

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	105,000
Essential household items	Beneficiaries	105,000
Productive inputs	Beneficiaries	220,500
Cash	Beneficiaries	107,800
Services and training	Beneficiaries	176
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	564,800
		124,772
Health		
Health centres supported	Structures	47
		47
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
		2
Water and habitat		
Water and habitat activities	Beds	999
		1,430
Physical rehabilitation		
Projects supported	Projects	8
		8
Patients receiving services	Patients	108,000
		139,221

CONTEXT

The security situation in Afghanistan deteriorated further after the intensification of fighting between Afghan forces – backed by NATO and the United States of America (hereafter US) – and armed groups. The situation continued to be exacerbated by the fragmentation of weapon bearers and the presence of the Islamic State group. International military forces maintained their technical support for local troops; the US expanded its military presence in Afghanistan. Arrests made in relation to the security situation added to the congestion in detention facilities.

Civilians continued to bear the brunt of the fighting: many of them were prevented from obtaining basic services, or were displaced, wounded or killed.

Pakistan launched military operations against an armed group reportedly based in Afghanistan; this raised tensions between the two countries.

Parliamentary elections, long delayed, were postponed again, to 2018.

The volatility of the situation and the complexity of the political and military situation continued to restrict humanitarian access. Attacks on humanitarian and medical workers persisted.

ICRC ACTION AND RESULTS

Seven ICRC staff members were killed in two incidents in northern Afghanistan. Six died in an attack on an ICRC aid convoy in February; two others travelling with the convoy were abducted and released seven months later. The seventh staff member was shot and killed at an ICRC-run physical rehabilitation centre in September.

These incidents led the ICRC to suspend its activities; eventually, it scaled back its presence and restructured its operations in the country, in order to ensure the safety of the rest of its personnel. It closed two offices in northern Afghanistan (Kunduz and Maymana) and reduced the activities of its office in Mazar-i-Sharif. Although the ICRC was able to conduct many of its activities (see below), these operational adjustments affected the implementation of cash-for-work and other livelihood-support projects, water supply-related projects, and hospital support. Thus, fewer people than planned benefited from ICRC assistance in 2017.

The ICRC maintained contact with the parties to the conflict, to further their understanding of IHL and the Movement; it reminded them of their duty to protect civilians, ensure access to basic services, and allow the safe transfer of human remains. Dialogue with conflict-affected communities helped the ICRC assess people's needs and prioritize its activities.

Emergency responders, trained and equipped by the ICRC, provided life-saving care; and an ICRC-funded transport system enabled seriously wounded people to be taken to hospital. Wounded and sick people in the south were treated at the Mirwais hospital, which continued to receive substantial support from the ICRC, but less than planned. Disabled people received physical rehabilitation services at ICRC-run centres; livelihood-support and other initiatives helped them reintegrate into society. People also benefited from primary-health-care services at clinics run by the Afghan Red Crescent Society and supported by the ICRC.

In areas to which it had safe access, the ICRC distributed food and essential household items to displaced people, provided training in animal husbandry and other livelihood support to pastoral households, and improved access to potable water by repairing hand pumps.

Because of the security situation, ICRC delegates were able to visit only a few detention facilities to monitor the living conditions and treatment of detainees. A number of issues were discussed with the pertinent authorities, such as unimpeded access for the ICRC to detainees and ensuring respect for judicial guarantees. The ICRC helped restore communication between detainees and their relatives: for example, it organized video calls for detainees whose relatives lived in other countries. Following the ICRC's discussions with certain armed groups, some people being held by these groups were able to contact their families via RCMs. Detainees at some prisons received medical consultations; authorities at those prisons were given medicines and other supplies. The ICRC also upgraded water systems and other infrastructure at certain prisons. Items donated by the ICRC helped detainees to cope with the cold weather and maintain personal hygiene.

National authorities received technical support for ratifying or acceding to IHL and IHL-related treaties, and for incorporating IHL provisions in domestic legislation. The ICRC maintained contact with various influential actors to promote IHL and acceptance for the Movement among them; it also sponsored their attendance at conferences abroad, including those focusing on the similarities between Islamic law and IHL. These actors were urged to promote IHL within their own communities. Armed and security forces personnel and their instructors, and members of armed groups, learnt more about IHL and the ICRC at workshops and information sessions.

The Afghan Red Crescent remained the ICRC's main partner in providing assistance to people in need. It continued to receive financial, material and technical support and training from the ICRC. Other Movement components and the ICRC reviewed their security framework agreement, to help ensure a structured approach to protecting all Movement components working in Afghanistan.

CIVILIANS

The ICRC and parties to the conflict strengthen their dialogue on IHL

The ICRC and parties to the conflict strengthened their dialogue on the protection afforded by IHL to people who were not or were no longer taking part in hostilities, and on the necessity of facilitating their access to basic services; these parties included those who sometimes imposed restrictions on the delivery of humanitarian aid.

With the ICRC acting as a neutral intermediary, health-service providers and weapon bearers met to discuss issues of common concern. The ICRC stepped in occasionally to help ensure that health facilities were accessible to those who needed these services, and that they were not occupied by weapon bearers. Some parties took additional measures to prevent civilian casualties. The ICRC brought up the goals of the Health Care in Danger project in discussions with parties to the conflict and other influential actors.

Dialogue with conflict-affected communities was reinforced; this helped the ICRC to better assess people's needs and prioritize its activities for their benefit, and enabled community members to understand the ICRC's work more fully.

Families are able to bury their relatives according to custom

Members of families separated by conflict, detention or migration reconnected through the Movement's family-links services (see also *People deprived of their freedom*). People filed tracing requests for missing relatives; there was a significant increase in requests coming from Afghans in Europe. The ICRC ascertained the fate and whereabouts of some 380 people and informed their families.

The families of 233 deceased civilians and fighters buried their relatives in accordance with their customs after the ICRC – acting as a neutral intermediary and with the Afghan Red Crescent Society's help in some instances – handed over the remains to them. Such transfers of human remains took place only intermittently throughout the year, because of the operational adjustments mentioned above; by year's end, they had been suspended indefinitely, pending the results of a dialogue between the authorities and the ICRC on ensuring that newly issued government regulations for collecting and transferring human remains were in line with IHL.

People have access to health care and potable water

Preventive and curative care was available at 47 National Society clinics throughout the country. At these clinics – which continued to receive material and technical support from Movement partners, including the ICRC – over a million consultations took place and some 814,000 people were vaccinated. The health ministry carried out polio vaccination campaigns; the ICRC facilitated its access to the people in need.

Some 125,000 people in conflict-affected rural and suburban areas – in the provinces of Farah, Ghazni, Herat, Kapisa and Logar – gained access to potable water after the ICRC repaired hand pumps and wells, and renovated water-supply systems. In eight communities, committees in charge of water management received maintenance training. The ICRC's plans to improve irrigation and water-harvesting systems in rural areas, and to renovate urban water systems, were cancelled for security reasons.

Some conflict-affected people receive material and financial support

Pastoral farmers were able to have their livestock dewormed and treated at 22 ICRC-supported veterinary clinics. About 820 pastoral farmers (benefiting some 5,700 people) received materials for and training in animal husbandry; some 540 livestock owners (benefiting some 3,800 people) received fodder to see their herds through the harsh winter. However, such assistance, and planned cash-for-work projects, had to be halted when the ICRC curtailed its activities.

Some 8,100 displaced households (57,000 people) received a month's ration of food from the National Society and the ICRC; most of them – some 6,790 households (47,500 people) – also received essential household items. About 100 female bread-winners augmented their income by selling poultry products with the help of ICRC-donated kits. Victims of IHL violations and/or their families (170 families/1,200 people) received cash assistance, which helped offset the financial consequences of these violations and enabled them to pay for food, medical treatment and funerals.

Around 520 housebound people with spinal-cord injuries received hygiene and medical items, and other material assistance, for example, to improve their accessibility around their homes; they also received food rations for themselves and their families (for a total of some 3,620 people).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their families through the Movement's family-links services

Because of the security incidents mentioned above, the ICRC visited only 20 places of detention; visits were conducted in accordance with its standard procedures. It monitored the treatment and living conditions of detainees, paying particular attention to vulnerable groups such as women, minors and foreigners; some 700 persons detained in relation to the conflict were monitored individually. Findings from the visits were discussed with the authorities concerned, including the defence and interior ministries and the National Directorate of Security. These discussions focused on certain issues of particular concern to the ICRC: unimpeded access to detainees; ensuring respect for judicial guarantees and the principle of *non-refoulement*; and existing mechanisms to prevent ill-treatment. The ICRC also engaged members of armed groups in dialogue, with a view to fostering respect among them for the rights of the people they were holding.

Detainees reconnected with their relatives via the Movement's family-links services. Some informed their families of their whereabouts with the help of the ICRC, which passed on notices issued by the detaining authorities. Around 5,000 detainees received family visits. Foreign detainees, and others with families living elsewhere, reconnected with their relatives via ICRC-organized video calls.

Following the ICRC's discussions with certain armed groups, a number of people being held by these groups were able to contact their families via RCMs.

Detainees have better living conditions after infrastructural improvements

Authorities at the Herat and Kandahar provincial prisons received various kinds of ICRC support: financial incentives for key staff, drugs and other medical supplies, and expert assistance, including on-the-job training. Some 9,000 detainees at these two prisons received medical consultations in line with the health ministry's standards. Some detainees regained their mobility after being fitted with orthotic devices by ICRC personnel. The health clinic at the Pul-i-Charkhi prison received an ad hoc donation of office supplies from the ICRC.

Detainees at the Herat prison (approximately 3,500 people) benefited from ICRC-supported repairs to the prison's water-supply system (serving about 800 people) and the construction of a wastewater treatment system (designed to serve 4,100 persons). A scabies-eradication campaign helped protect both detainees and prison guards at the Herat facility. The ICRC continued to dispose of wastewater at the Kandahar prison (holding about 2,700 people); local authorities were preparing to take over this task.

Other infrastructural upgrades – improvements to kitchens, renovation of old cells, and reconfiguration of facilities to separate female from male detainees – helped enhance living conditions for some 3,100 detainees in the provincial prisons of Balkh, Farah, Faryab and Jawzjan. Hygiene and maintenance committees at various prisons continued to address issues of concern to them, with material assistance, training and other support from the ICRC.

Some 29,000 detainees in 13 places of detention used ICRC-donated blankets and clothes to cope with the harsh winter. They also received soap, detergent and dental items to maintain personal

hygiene. Because of the security situation, no other distributions of hygiene items took place. Vocational training for detainees was also cancelled. Two people released from prison received ICRC assistance to cover the costs of their journey home.

WOUNDED AND SICK

Wounded and sick people are treated at the Mirwais hospital

Injured people received life-saving care from emergency responders trained and equipped by the ICRC – among them, Afghan Red Crescent Society volunteers, medical workers, taxi drivers and weapon bearers, including members of armed groups. About a thousand of these responders sharpened their first-aid skills at training sessions and refresher courses. About 420 wounded people reached hospital via an ICRC-funded transport system of taxis.

Two ICRC-supported hospitals gave consultations, provided obstetric and gynaecological care, and treated wounded people, including mine victims. Support for the Shiberghan hospital in the north lasted until February, when the ICRC suspended some of its activities before eventually closing its offices in northern Afghanistan. Before leaving, the ICRC gave the hospital three months' worth of medical supplies; it remained committed to completing the construction of the hospital's emergency department by 2018.

In the south, people were able to obtain services at the Mirwais hospital, which continued to receive supplies of drugs, medical consumables and fuel, assistance for covering staff salaries, and training from the ICRC. Technical support for the management – and for the paediatric, gynaecological and obstetric, biomedical and laboratory departments – was sustained, albeit with some interruptions after the security incidents. The hospital's medical personnel, guided by the ICRC, drew up new protocols for the neonatal and intensive care units. Its central dispensary and female wards were renovated with ICRC assistance.

The ICRC provided ad hoc assistance to repair the water-supply systems of the main hospitals in Jalalabad and Ghazni.

As part of its operational adjustments, the ICRC cancelled plans to deploy a mobile surgical team that had been established in 2016 to help hospitals across Afghanistan strengthen their capacity to handle influxes of patients.

ICRC-run physical rehabilitation centres help disabled people to improve their mobility

Disabled people improved their mobility through physical rehabilitation services at seven ICRC-run centres managed by ICRC-trained employees, many of whom were themselves disabled. Some detainees were fitted with orthotic devices. The parts used to make assistive devices were manufactured by an ICRC component factory in Kabul. The ICRC covered transportation costs for patients travelling from remote areas to the centres or elsewhere for specialized care. Over 4,000 patients obtained specialized treatment through the referral system that linked various health facilities to the ICRC-run centres. The perimeter fence at one centre was reinforced with ICRC assistance; no other facilities were upgraded owing to the operational adjustments mentioned above.

Disabled people and their families regained a measure of self-sufficiency, with ICRC support. Some breadwinners pursued livelihood activities using microcredits. Over 170 people attended

vocational training. ICRC sponsorship enabled some people to attend university or take certain courses. Severely disabled children benefited from ICRC-funded home schooling. Students – and their teachers – were given school supplies. People with spinal-cord injuries received home visits and other forms of ICRC assistance (see *Civilians*).

Media coverage of wheelchair sports tournaments broadened awareness of opportunities for disabled people. The national men's and women's wheelchair basketball teams competed in international tournaments, with support from the International Wheelchair Basketball Federation and the ICRC.

Some 75 orthopaedic technicians and physical therapists, sponsored by the ICRC, attended courses and training sessions; this strengthened their capacities and helped to ensure the sustainability of the country's physical rehabilitation sector. One training session focused on treatment for children affected by cerebral palsy, a common medical condition in Afghanistan.

ACTORS OF INFLUENCE

Influential members of civil society learn more about humanitarian issues and the ICRC

It met with them less frequently than planned, but the ICRC maintained contact with various authorities, weapon bearers, religious leaders, media professionals and community members, including beneficiaries. These people advanced their understanding of IHL, humanitarian issues, and the Movement's activities through discussions with the Afghan Red Crescent Society and the ICRC, and at conferences held in Afghanistan and elsewhere (see *New Delhi, Lebanon, Pakistan, Sri Lanka and Tunis*), on such matters as the points of correspondence between IHL and Islamic law. They were encouraged to promote IHL within their own communities.

The security incidents attracted the attention of both local and international media, but the ICRC's own public-communication activities were on hold for most of 2017. Contact with key media organizations in Afghanistan was maintained; this led, for example, to coverage of the ICRC's physical rehabilitation services and the impact of the conflict on its operations and on humanitarian action in general. The National Society continued to receive financial and technical support for its public-communication activities.

Pertinent authorities – including the justice ministry, the National Security Council, and the offices of the attorney-general and the president – were given technical support for incorporating IHL provisions in domestic legislation, particularly those provisions concerning the protection due to people deprived of their freedom and the management of human remains (see above). Sponsored by the ICRC, Afghan officials attended conferences abroad (see *New Delhi*), at which they discussed, with their regional counterparts, implementation of the Convention on Certain Conventional Weapons and the Hague Convention on Cultural Property; Afghanistan ratified the former and acceded to the latter in 2017.

Weapon bearers are given help to instruct their personnel in IHL

The ICRC organized a meeting for senior officers from the armed forces and the security forces who had previously attended IHL courses abroad – such as the Senior Workshop on International Rules governing Military Operations – to discuss the progress made in incorporating IHL in their forces' doctrine, training and

operations. Military academies, and instructors from the armed forces and the security forces, enhanced their ability to teach IHL through train-the-trainer courses, round-tables and other events; the ICRC also provided them with educational materials and guidance on conducting practical exercises.

Armed and security forces personnel, and members of armed groups, learnt more about IHL and the ICRC during dissemination sessions that covered such matters as the protection of civilians and medical services and the use of explosive weapons in densely populated areas. Some of these sessions were supplemented by first-aid training, to enable weapon bearers to treat wounded personnel (see *Wounded and sick*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society builds its capacity to deliver aid safely

The Afghan Red Crescent Society remained the ICRC's main partner in assisting people in need (see *Civilians* and *Wounded and sick*). It continued to receive financial, material and technical support, and training, from the ICRC, which also helped it to carry out its activities.

The National Society leant on ICRC expertise in carrying out its task of authorizing civilian health-care providers – including

international NGOs – to use the emblems protected under IHL; the ICRC sought to ensure that the use of the emblems remained in line with IHL and the Movement's Fundamental Principles. The National Society was given this responsibility after the combined law on the National Society and protection for the red crescent emblem was passed by the authorities in 2016.

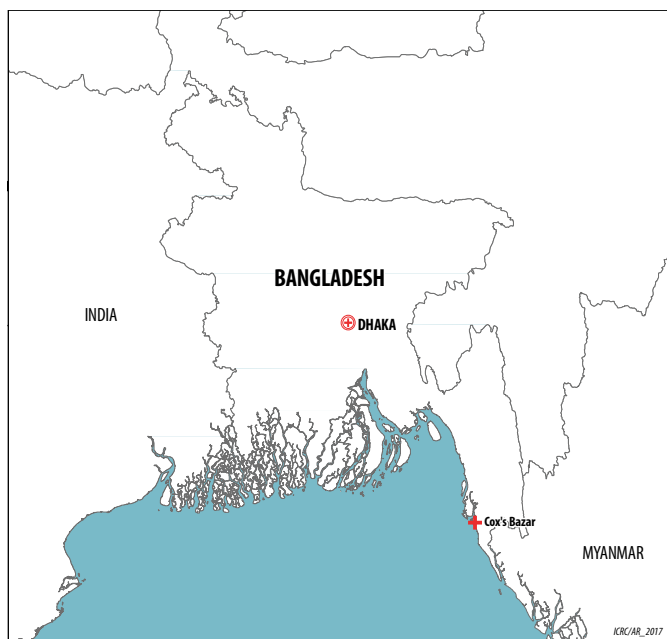
Aided by the ICRC, the National Society identified and reached out to key contacts and stakeholders; it sought by this means to ensure that it could conduct its activities in safety and broaden its access to people in need. It incorporated measures based on the Safer Access Framework in its operational plans, and trained its instructors to brief staff members and volunteers, at headquarters and in various branches, on the framework. The National Society worked on finalizing guidelines for protecting medical services and held information sessions on the subject for medical staff assigned to its health clinics.

Movement partners met regularly and reviewed their security framework agreement and guidelines for public communication, to help ensure a structured approach to protecting all Movement components in Afghanistan.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		933			
RCMs distributed		1,306			
Phone calls facilitated between family members		12,270			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		233			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,404	227	291	293
<i>including people for whom tracing requests were registered by another delegation</i>		14			
Tracing cases closed positively (subject located or fate established)		382			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		2,812	499	651	589
<i>including people for whom tracing requests were registered by another delegation</i>		15			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		20			
Detainees in places of detention visited		26,293	523	401	
Visits carried out		61			
			Women	Girls	Boys
Detainees visited and monitored individually		704	24	4	83
<i>of whom newly registered</i>		404	18	3	58
RCMs and other means of family contact					
RCMs collected		2,012			
RCMs distributed		1,990			
Phone calls made to families to inform them of the whereabouts of a detained relative		323			
Detainees visited by their relatives with ICRC/National Society support		5,028			
People to whom a detention attestation was issued		9			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	60,298	17,880	20,210
	<i>of whom IDPs</i>	49,003	14,917	16,776
Essential household items	Beneficiaries	55,450	15,648	16,863
	<i>of whom IDPs</i>	47,509	14,470	16,089
Productive inputs	Beneficiaries	11,979	3,788	4,367
	<i>of whom IDPs</i>	1,019	306	713
Cash	Beneficiaries	2,981	813	1,737
	<i>of whom IDPs</i>	1,033	310	720
Services and training	Beneficiaries	176	92	15
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	124,772		
Health				
Health centres supported	Structures	47		
Average catchment population		1,051,949		
Consultations		1,038,941		
	<i>of which curative</i>	968,947	281,958	103,816
	<i>of which antenatal</i>	69,994		
Immunizations	Patients	814,001		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	357,756		
Referrals to a second level of care	Patients	8,771		
	<i>of whom gynaecological/obstetric cases</i>	336		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	32,501	889	664
Services and training	Beneficiaries	2		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,186		
Health				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,179	134	21
	(including those related to mines or explosive remnants of war)	476	81	14
	Non-weapon-wound admissions	14,061		
	Operations performed	18,922		
Medical (non-surgical) admissions		7,176	2,546	
Gynaecological/obstetric admissions		26,100		
Consultations		383,394		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		548		
Weapon-wound admissions (surgical and non-surgical admissions)		37		
Weapon-wound surgeries performed		37		
Patients whose hospital treatment was paid for by the ICRC		449,175		
First aid				
First-aid training				
	Sessions	67		
	Participants (sum of monthly data)	1,006		
Water and habitat				
Water and habitat activities	Beds	1,430		
Physical rehabilitation				
Projects supported	Projects	8		
Patients receiving services (sum of monthly data)		139,221	21,396	52,069
New patients fitted with prostheses	Patients	1,055	104	97
Prostheses delivered	Units	4,352	401	312
	<i>of which for victims of mines or explosive remnants of war</i>	2,542	121	59
New patients fitted with orthoses	Patients	6,498	1,190	3,243
Orthoses delivered	Units	17,112	2,458	9,909
	<i>of which for victims of mines or explosive remnants of war</i>	119	2	12
Patients receiving physiotherapy	Patients	87,615	14,567	41,753
Walking aids delivered	Units	18,022	2,028	2,566
Wheelchairs or tricycles delivered	Units	1,644	227	533

BANGLADESH



ICRC delegation ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People who fled violence in Myanmar, and communities hosting them in Cox's Bazar and other border areas, received ICRC emergency aid, and health care at two ICRC/National Society-run mobile clinics and two government facilities.
- ▶ Vulnerable residents of the Chittagong Hill Tracts strove for economic stability, aided by ICRC cash grants. They had access to potable water, and sanitary conditions, after ICRC-led repairs to water and sanitation facilities.
- ▶ The authorities launched ICRC-backed pilot projects at one prison to improve detainees' access to health care and family contact; detainees in nine prisons had better living conditions, owing to material assistance from the ICRC.
- ▶ Disabled people obtained rehabilitative care at two centres receiving comprehensive ICRC support. Students on ICRC scholarships pursued physical rehabilitation studies; disabled athletes attended ICRC training sessions.
- ▶ Some 6,000 military and security forces personnel learnt about IHL and international policing standards, particularly in relation to their work in Cox's Bazar and other violence-affected areas.
- ▶ Supported by the ICRC, the National Society reinforced its capacities in emergency response and restoring family links; it led the Movement's humanitarian activities in Cox's Bazar and other border areas.

EXPENDITURE IN KCHF

Protection	2,538
Assistance	9,380
Prevention	1,235
Cooperation with National Societies	656
General	155
Total	13,964
<i>Of which: Overheads</i>	<i>852</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	74

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	697
RCMs distributed	9
Phone calls facilitated between family members	8,665
Tracing cases closed positively (subject located or fate established)	9
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	7
Detainees in places of detention visited	16,924
<i>of whom visited and monitored individually</i>	61
Visits carried out	8
Restoring family links	
RCMs collected	23

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	75,000	82,980
Essential household items	Beneficiaries	10,000	46,270
Cash	Beneficiaries	4,000	3,820
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	155,100	31,670
Health			
Health centres supported	Structures	3	4
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	2	2
Patients receiving services	Patients	800	1,024

CONTEXT

Between August and December, over 650,000 people fled violence in the Rakhine state of Myanmar (see *Myanmar*) and sought refuge in Bangladesh; they joined the roughly 300,000 people who did so until January 2017. Most of them settled in existing makeshift camps or built temporary shelters along or near the Bangladesh–Myanmar border, in the Cox’s Bazar district, and in the Bandarban district of the Chittagong Hill Tracts; some lived in host communities.

New arrivals in remote border areas had virtually no access to food, clean water and health care. Resources in overcrowded camps and host communities in Teknaf and Ukhiya, in Cox’s Bazar, were scarce; basic goods and services were almost unobtainable for residents and people from Myanmar already there. By October, the Bangladeshi authorities and the UN had begun relocating some of these displaced people to a new site in Cox’s Bazar. The conditions in camps, made worse by the heavy rain and the floods, put displaced people at even greater risk of contracting infectious diseases.

Violence in Bangladesh damaged property and led to arrests, injuries or deaths: in Dhaka and other areas, local authorities conducted security operations against certain groups committing acts of violence; communal tensions persisted in the Chittagong Hill Tracts.

People lost contact with their families, owing to migration or violence. Bangladesh remained prone to natural disasters.

ICRC ACTION AND RESULTS

The ICRC and the Bangladesh Red Crescent Society worked closely together. They scaled up their response to the urgent needs and protection concerns of people from Myanmar and residents in host communities, in the Cox’s Bazar district and the Chittagong Hill Tracts. The ICRC prioritized providing emergency relief over other planned activities, reallocating its resources and/or implementing certain activities later in the year than planned. It also launched a budget extension appeal¹ and opened a new office in Cox’s Bazar.

The ICRC engaged the authorities, military and security forces, and religious leaders in dialogue on the Movement’s humanitarian activities, and on IHL and other applicable norms; its aim was to facilitate safe access, for vulnerable people, to emergency aid. The ICRC and the National Society also carried out public-communication initiatives to broaden awareness, among the public and in civil society, of IHL and the plight of the people from Myanmar.

As the ICRC’s main partner, the National Society received comprehensive support for boosting its capacity to deliver humanitarian services, and for training students and first responders to provide first aid and/or family-links services. With such support, the National Society also led the Movement’s response to the spillover effects of the humanitarian crisis in Rakhine. All the Movement components in Bangladesh met regularly to coordinate their work.

The ICRC, primarily with the National Society, provided people from Myanmar with emergency food, water and essential household items, and enabled members of separated families to reconnect. It helped increase the availability of health care in Cox’s Bazar and other border areas, to both residents and people from Myanmar: it backed two National Society-run mobile clinics, and maintained its support for the Teknaf and Ukhiya health facilities, where authorities worked to upgrade services. In the Chittagong Hill Tracts, Bangladeshi residents affected by communal tensions worked towards economic stability with cash grants from the ICRC; households that had been receiving similar aid from 2014 onwards, increased their income significantly. These people also benefited from ICRC repairs to water and sanitation facilities.

Referrals and financial support enabled disabled people to receive treatment at the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralyzed (CRP), for which the ICRC provided comprehensive assistance; it began providing material support to an institute in Proyash, part of which was still under construction. Thirty-four people on ICRC scholarships pursued studies in physical rehabilitation, in Bangladesh or elsewhere. As part of its social-inclusion initiatives, the ICRC, together with the national sports authorities, organized training sessions and tournaments for disabled athletes.

The ICRC visited prisons and communicated its findings and recommendations confidentially to the authorities. In coordination with the authorities, the ICRC helped local and regional officials attend various conferences and courses to reinforce their capacities in prison management. ICRC technical, financial and material support helped prison officials launch pilot health and family-visit programmes at one prison, and improve the infrastructure at several others. These efforts contributed to improved living conditions for detainees.

CIVILIANS

The ICRC documented the needs and concerns of people who had fled the violence in Rakhine, and shared them, confidentially, with the relevant parties, including in Myanmar (see *Myanmar*). It coordinated its activities with the Bangladeshi authorities, armed forces and security forces, and other pertinent parties, and engaged them in dialogue on protecting violence-affected people from Myanmar and ensuring their safe access to essential aid and to health-care and other services (see *Actors of influence*).

These meetings and discussions, including contact with key members of civil society, helped the ICRC to foster support for its mandate and activities, particularly the Movement’s family-links services, and maintain its access to violence-affected people in Cox’s Bazar, the Chittagong Hill Tracts and other disaster-prone places or border areas.

Members of families separated by migration or violence stay in touch

With ICRC material, technical and training support, Bangladesh Red Crescent Society staff and volunteers helped Bangladeshi residents and people from Myanmar contact their relatives abroad through the Movement’s family-links services. The National Society and the ICRC prioritized providing phone services to people from Myanmar, so that they could inform their relatives of their situation as they moved around Cox’s Bazar and other border areas (see *Context*); they were able to charge their phones at five

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/renxdonors.nsf/0/B43F62AD36E9E9DEC12581D8000B9DB1/\\$File/BEA_Bangladesh_2017_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/renxdonors.nsf/0/B43F62AD36E9E9DEC12581D8000B9DB1/$File/BEA_Bangladesh_2017_Final.pdf)

ICRC-provided solar-charging stations at new makeshift camps, or at older established ones. The ICRC registered six unaccompanied children from Myanmar. Together with the National Society, it also helped a Bangladeshi national who had been detained abroad to return home to his family.

To help prevent disappearances during migration and natural disasters, the Ministry of Disaster Management and Relief provided people nationwide, especially first responders, with 7,000 copies of guidelines – that it developed in 2016 with ICRC support – for managing human remains. The ICRC distributed to religious leaders copies of a book that discussed the management of human remains from the perspective of both Islamic law and IHL. Border guards, members of the coast guard, and police officers developed their ability to manage human remains at ICRC workshops; hundreds of them also received body bags.

People from Myanmar receive emergency aid and health care

ICRC emergency aid helped people from Myanmar in Cox's Bazar, Bandarban and other border areas – and some residents hosting them – meet their dietary and shelter needs, maintain good hygiene and obtain clean water and curative and/or preventive care. Some beneficiaries moved around or were relocated to a new camp (see *Context*); this meant that ICRC upgrades to facilities in border areas benefited fewer people than planned.

A total of 82,980 people (15,956 households) were given food; among them, almost 46,300 people (9,254 households) also received essential household items and clothes for the winter. Some of these people received such aid more than once. The ICRC repaired or installed water and sanitation facilities, and donated chlorine water-purification tablets for people who had settled in border areas: more than 27,000 people benefited. The ICRC gave the authorities and some vulnerable people tools for repairing their makeshift shelters or the facilities in camps; the authorities built showers for women, away from the bathing areas for men, in part to help them avoid harm.

The National Society and the ICRC set up a mobile clinic from January to April in Cox's Bazar, which served mostly people from Myanmar. After the mass influx of people in August (see *Context*), they deployed another clinic to four other border areas, where new arrivals had been stranded. At the clinics, several doctors and paramedics, aided by ICRC training, provided people with psycho-social care in addition to daily health-care services; two of them learnt to provide suitable treatment for victims of sexual violence.

Residents of host communities and people from Myanmar also continued to obtain care from two government health facilities in Teknaf and Ukhiya that received comprehensive support from the National Society and the ICRC. Notably, the authorities installed security lights at the Ukhiya facility with ICRC assistance, helping ensure safer access at night for patients and health staff. Emergency departments at these facilities and another one in Cox's Bazar – aided by medical supplies from the ICRC – treated people with diphtheria and measles contracted in camps.

Bangladeshis in the Chittagong Hill Tracts have access to clean water and some economic stability

In the Chittagong Hill Tracts, cash from the ICRC enabled about 760 destitute households (supporting 3,820 people) affected by

communal tensions to start or expand small businesses; two families reunited with their children by the National Society and the ICRC in 2016, received material support to sustain their households. Notably, most households that had been receiving similar aid since 2014, increased their income by around 60%.

A total of 1,270 Bangladeshi residents of six communities in the Khagrachari district had more sanitary surroundings and access to potable water after the ICRC installed latrines and water points. Roughly 50 community members were trained to operate and maintain water facilities; about 20 others learnt good hygiene practices and how to promote them within their communities.

In the Bandarban and Rangamati districts, the ICRC built storage and cooking facilities at three schools that sheltered residents during natural disasters. ICRC-donated equipment helped the National Society prepare for such emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people in seven prisons and communicated its findings and recommendations confidentially to penitentiary officials, to help them improve detainees' treatment and living conditions. It continued, through dialogue with the authorities, to seek access to all detainees within its purview.

Foreign detainees restored or maintained contact with relatives through RCMs relayed by the Bangladesh Red Crescent Society and the ICRC; at the request of some of them, the ICRC notified their embassies of their detention.

Prison and public-works officials – sponsored by the ICRC – attended conferences and courses abroad, organized or supported by the organization, on prison management and health care in detention. Notably, in May, the home-affairs ministry and the ICRC jointly hosted a regional conference on prison management in Dhaka; 28 prison officials from 12 countries participated. Owing to administrative constraints, the authorities had not yet established a training institute for prison managers; and no ICRC activities in this regard took place.

Authorities launch pilot projects to improve family contact and access to health care for detainees

The authorities, with ICRC material and technical support, sought to improve family contact and access to health care for detainees; the ICRC gave prison officials at six prisons expert advice on health-care provision. The authorities launched pilot projects at the Tangail prison, with a view to replicating them in other prisons: for instance, as part of these projects, prison health staff developed protocols for medical assessments and data management. The ICRC also renovated the clinic at the prison and built a facility where detainees could make phone calls or receive family visits.

Around 21,400 detainees had better living conditions after the authorities – with ICRC support – repaired or constructed water-supply, sanitation and electrical power systems or kitchen facilities, or the ICRC distributed hygiene kits, at nine prisons. Detainees, including women and foreigners, received clothing and/or recreational materials, some of which were distributed by the National Society. The ICRC built a playground at one prison and donated toys to several others – benefiting children who lived with their detained parents.

WOUNDED AND SICK

Destitute disabled people improve their mobility with ICRC-supported treatment

People with physical disabilities – many of whom were destitute – obtained physical rehabilitation services at two CRP branches in Chittagong and Savar; the ICRC covered their expenses for treatment, transport, accommodation and food. The ICRC helped enhance the quality of services at these centres, and at an institute in Proyash, by providing expert guidance and financial and/or material support. The authorities began constructing a new prosthetics and orthotics unit at the Proyash institute with material aid and guidance from the ICRC.

ICRC support contributed to the sustainability of local physical rehabilitation services. The ICRC gave the CRP-affiliated Bangladesh Health Professions Institute (BHPI) advice for improving its courses in prosthetics and orthotics. ICRC scholarships enabled 34 people to pursue courses in physical rehabilitation at the BHPI or abroad.

Disabled cricketers competed in a tournament organized by the authorities and the ICRC; afterwards, about 20 of them were selected to form the national team. The Bangladesh Cricket Board, encouraged by the ICRC, officially endorsed disability cricket and included the sport in its mandate and activities. A team of wheelchair basketball players attended an ICRC-supported training session; with the ICRC's financial support, they also competed in a tournament in Nepal (see *New Delhi*). These ICRC-backed initiatives helped promote the social inclusion of disabled people.

Students in disaster-prone and border areas learn first aid

Hundreds of students, including those affiliated with political parties and religious institutions, law enforcement officers, and Bangladesh Red Crescent Society volunteers in Cox's Bazar and the Chittagong Hill Tracts attended first-aid and search-and-rescue workshops organized by the National Society. Imams participated in similar workshops and received training materials, to help them teach others first aid. During the Bishwa Ijtema, a congregation of Muslims, an ICRC-backed National Society medical team gave consultations to roughly 1,000 people and referred some disabled people to ICRC-supported physical rehabilitation centres.

The ICRC conducted no courses on emergency-room trauma care, because it planned to shift its focus to supporting the emergency department of a hospital in Cox's Bazar, which was dealing with the humanitarian consequences of the crisis in Rakhine.

ACTORS OF INFLUENCE

Military and government officials strengthen their grasp of IHL

Some 6,000 military and/or security forces personnel – including border guards and members of the coast guard and troops bound for UN peacekeeping missions – learnt more about IHL and international human rights law, especially in relation to detention (see *People deprived of their freedom*) and their work in violence-affected areas, during ICRC briefings and training sessions in Bangladesh. Some of them, sponsored by the ICRC, attended similar sessions elsewhere (see *New Delhi*). Military and police officers, with ICRC material and technical support, worked on incorporating key provisions of IHL, international human rights law and international policing standards in their training and operations. Notably, the police academy used a Bengali version of an ICRC publication,

translated by local experts with ICRC support, as a source of reference on international policing standards; about 20 senior instructors attended training courses and developed their ability to teach these standards to others.

Courses, workshops and other events held abroad, supported or organized by the ICRC, enabled military and government officials – including members of the national IHL committee – and academics to learn about IHL implementation and related matters. Senior government and military officials attended courses in preventing sexual violence and protecting cultural property during armed conflict (see, for example, *New Delhi* and *Sri Lanka*). Several military lawyers and law professors helped review the ICRC's updated commentaries on the 1949 Geneva Conventions (see *International law and policy*).

Religious leaders and the media learn more about IHL and the ICRC's activities

Dialogue and information sessions with religious leaders, and with media representatives and other key members of civil society, helped the ICRC foster support for IHL and the Movement in Bangladesh. Scholars, religious leaders and others in Cox's Bazar, the Chittagong Hill Tracts and elsewhere added to their knowledge of the similarities between Islamic law and IHL – in relation to the goals of the Health Care in Danger project, for instance – at seminars organized by local institutions and the ICRC, or through courses conducted abroad in Arabic (see *Lebanon* and *Tunis*). The ICRC donated roughly 500 publications on this and other subjects to religious schools.

The media, which drew on ICRC briefings and online publications, helped keep the public informed of the plight of people from Myanmar and host communities in Bangladesh, and of the Movement's response. Journalists, local authorities and the general public learnt more about the use of the emblems protected under IHL through an ICRC-supported information campaign and radio shows produced by the Bangladesh Red Crescent Society.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society reinforced its operations and led the Movement's response to the needs of people from Myanmar and their host communities in Bangladesh (see above), with comprehensive support from the ICRC, the International Federation, and other National Societies. Movement partners in the country met regularly to coordinate their activities.

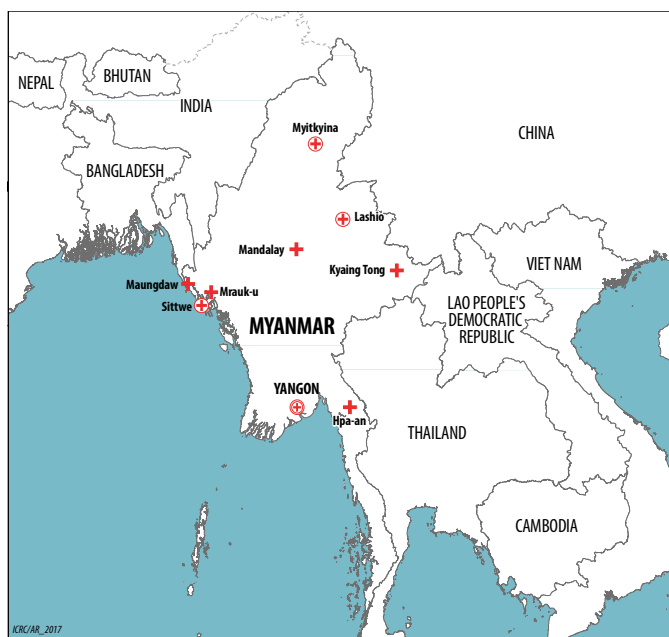
The ICRC conducted or supported training, in the provision of family-links services, for National Society staff and volunteers (see *Civilians* and *Wounded and sick*); workshops on the Safer Access Framework showed them how to protect themselves more effectively in remote and/or violence-prone areas. The National Society recruited new volunteers and made improvements to its offices with ICRC financial, material, and technical assistance.

With ICRC financial and logistical support, the National Society also attended meetings with Movement partners outside Bangladesh on matters of common concern, such as coordination, certain humanitarian issues and promotion of IHL.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		697			
RCMs distributed		9			
Phone calls facilitated between family members		8,665			
Reunifications, transfers and repatriations					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		89	14	11	18
	<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases closed positively (subject located or fate established)		9			
	<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases still being handled at the end of the reporting period (people)		83	14	8	13
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		6	4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		7			
Detainees in places of detention visited		16,924	745	71	
Visits carried out		8			
			Women	Girls	Boys
Detainees visited and monitored individually		61	1		2
	<i>of whom newly registered</i>	50	1		2
RCMs and other means of family contact					
RCMs collected		23			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	82,980	37,027	21,057
Essential household items	Beneficiaries	46,270	18,504	13,883
Cash	Beneficiaries	3,820	1,383	1,149
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,670	16,468	12,668
Health				
Health centres supported	Structures	4		
Average catchment population		756,788		
Consultations		247,153		
	<i>of which curative</i>	238,733	5,205	19,930
	<i>of which antenatal</i>	8,420		
Referrals to a second level of care	Patients	3,743		
	<i>of whom gynaecological/obstetric cases</i>	333		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	17,831	788	104
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	21,422	1,071	
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		1,024	80	648
New patients fitted with prostheses	Patients	211	30	25
Prostheses delivered	Units	316	41	50
New patients fitted with orthoses	Patients	568	35	459
Orthoses delivered	Units	1,300	51	1,143
Patients receiving physiotherapy	Patients	2,356	173	1,483
Walking aids delivered	Units	2		

MYANMAR



ICRC/AR_2017
 (+) ICRC delegation (◻) ICRC sub-delegation (+) ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In response to the intensified violence in Rakhine, the International Federation, the Myanmar Red Cross Society and the ICRC scaled up their emergency efforts to assist people affected.
- ▶ People in Kachin, Rakhine and Shan obtained health care at hospitals and other health facilities receiving various forms of ICRC support.
- ▶ Prison health staff, assisted by the ICRC, strengthened their ability to respond to detainees' health concerns. Detainees benefited from the ICRC's renovation or construction of basic infrastructure in prisons.
- ▶ Physically disabled people improved their mobility with rehabilitative care from ICRC-supported centres, including a new one in Shan, and services from mobile workshops and roving technicians.
- ▶ At an ICRC workshop, military officers, including instructors from military training schools, expanded their knowledge of IHL and its applicability to their duties.
- ▶ The ICRC's access to Kachin and Shan was limited and uneven throughout the year, which hampered some of the activities that it had planned.

EXPENDITURE IN KCHF

Protection	6,253
Assistance	26,110
Prevention	2,812
Cooperation with National Societies	3,835
General	472
Total	39,482
<i>Of which: Overheads</i>	<i>2,321</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	78%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	508

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,178
RCMs distributed	1,609
Tracing cases closed positively (subject located or fate established)	702
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	42,157
<i>of whom visited and monitored individually</i>	268
Visits carried out	26
Restoring family links	
RCMs collected	2,431
RCMs distributed	1,495

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	100,000	228,825
Essential household items	Beneficiaries	122,500	106,335
Productive inputs	Beneficiaries	22,500	25,327
Cash	Beneficiaries	54,000	37,100
Services and training	Beneficiaries	80	45,476
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	135,300	80,959
Health			
Health centres supported	Structures	5	25
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	2	13
Water and habitat			
Water and habitat activities	Beds	645	992
Physical rehabilitation			
Projects supported	Projects	5	5
Patients receiving services	Patients	5,650	4,125

CONTEXT

On 25 August 2017, armed elements mounted coordinated attacks on around 30 police outposts in and around Maungdaw township in northern Rakhine state. Government forces responded by intensifying security operations. The violence – which reportedly included killing of civilians, sexual violence and burning of villages – lasted several weeks and led to a new and massive wave of displacement: more than 650,000 people fled to Bangladesh and around 27,000 sought refuge in other parts of Rakhine. These events heightened communal tensions even more, affecting Buddhist, Muslim and other communities still suffering the effects of previous attacks by armed elements on government forces in October 2016. Even as people in Rakhine continued to leave for Bangladesh, the governments of Bangladesh and Myanmar reached agreements on these people's return, which were yet to take effect.

Peace negotiations between the government and various armed groups continued. However, clashes between the parties persisted and displaced thousands of people in Kachin and Shan states. IDPs and other violence-affected people struggled to maintain or restore their livelihoods and to obtain basic services.

Security concerns and restrictions on access imposed by the authorities hampered humanitarian organizations' efforts to reach people affected by the fighting.

Mines and explosive remnants of war (ERW) remained a source of concern in many areas of the country. Cyclone Mora hit Rakhine at the end of May 2017.

ICRC ACTION AND RESULTS

In 2017, the ICRC scaled up its response to the needs of victims of armed conflict and other situations of violence in Myanmar. In all its contacts with the authorities, armed groups and members of civil society, it sought to foster support for humanitarian principles, IHL and the Movement. This helped improve the Movement's access to vulnerable communities, particularly in northern Rakhine. However, the ICRC's access to Kachin and Shan was limited and uneven throughout the year, which hampered some of the activities that it had planned.

Following the events of August 2017, the ICRC, in coordination with the International Federation and the Myanmar Red Cross Society, launched a budget extension appeal¹ to support the Movement's emergency efforts to assist people affected by the crisis in Rakhine. Aid in the form of food, essential household items and cash helped violence-affected people cope with their situation. Those affected by the fighting also obtained water and/or shelter assistance from the ICRC.

Households in Kachin, Rakhine and Shan started, resumed or boosted livelihood activities with seed and tools, and/or cash grants coupled with training in business skills, from the ICRC. People were less exposed to various health risks after the ICRC repaired and constructed water and sanitation facilities.

The ICRC worked closely with the health ministry and others to broaden access to health care. People within reach of ICRC-supported

hospitals, health centres and satellite posts obtained preventive and curative care. In Rakhine, the ICRC increased its financial support for the health ministry's emergency patient transport system and outpatient referral service; they enabled Buddhist, Muslim and other communities to have safe and ready access to the Sittwe General Hospital and other facilities. After Cyclone Mora and the intensification of violence in Rakhine, the ICRC provided hospitals in Buthidaung, Maungdaw, Mrauk-U and Sittwe with medical supplies, to help them respond to the needs of those affected. It also provided support for the health ministry to send rapid-response teams that, together with trained community health workers, delivered mobile health services to people in Rakhine.

Disabled people received treatment at four ICRC-supported physical rehabilitation centres. Mobile workshops and roving technicians repaired assistive devices for people who lived far from these centres.

Dialogue with the authorities contributed to the ICRC regaining access to prisons in Rakhine, including the Buthidaung prison, which held people arrested in relation to the events of October 2016 and August 2017. The ICRC continued to visit, in accordance with its standard procedures, detainees in prisons and labour camps under the authority of the home affairs ministry. Findings from these visits were discussed confidentially with prison authorities, with a view to improving detainees' living conditions. Senior prison staff attended courses abroad with ICRC sponsorship, and learnt more about internationally recognized standards for prison administration. Detainees benefited from the ICRC's renovation or construction of basic infrastructure.

Dialogue, dissemination sessions and workshops helped the authorities, weapon bearers and members of civil society to advance their understanding of IHL and the Movement's work. The ICRC president's visit to Myanmar in May, and the delegation's social media account in the local language, helped broaden public awareness of and foster support for the Movement's response to humanitarian issues in the country.

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

CIVILIANS

In areas affected by conflict and other violence, the ICRC bolstered its dialogue with the authorities, community leaders and others on such matters as the necessity of protecting civilians and of permitting access to basic services. These discussions helped the ICRC and its Movement partners broaden their access to vulnerable communities, particularly in northern Rakhine, and respond to their needs. However, the ICRC's access to Kachin and Shan was limited and uneven throughout the year, which hampered some of the activities that it had planned.

Members of families dispersed by conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services, such as RCMs and tracing; Myanmar Red Cross Society staff, with the ICRC's assistance, strengthened their ability to deliver these services.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/81EF5A61706E1BC4C12581D8000B63D7/\\$File/BEA_Myanmar_2017.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/81EF5A61706E1BC4C12581D8000B63D7/$File/BEA_Myanmar_2017.pdf)

Violence-affected people obtain relief

Following the crisis in Rakhine, a budget extension appeal – launched in coordination with the International Federation and the Myanmar Red Cross Society – enabled the ICRC to expand its distributions of relief items and bolster its logistical capacity to ensure the efficient delivery of aid.

A total of 228,825 people (41,622 households) affected by clashes in Rakhine received food. The National Society and the ICRC were able to distribute much more food than planned in the budget extension appeal, owing to their broadened access in Rakhine. In Kachin, Rakhine and Shan, distributions of essential household items helped 84,700 violence-affected people (16,047 households) cope with their situation. Up to 26,780 people (6,420 households) with access to markets were given cash, including through cash-for-work projects, to meet their basic needs.

Over 21,600 IDPs living in camps in Rakhine met more than half of their cooking-fuel needs with fuel sticks from the ICRC; this meant that they did not have to leave the camps, to collect firewood, as often, and were therefore less at risk of harm.

Households resume livelihood activities

In Kachin, Rakhine and Shan, around 2,050 violence-affected households (10,315 people) started, resumed or boosted livelihood activities, such as handicrafts, agriculture and livestock farming, through ICRC cash grants coupled with training in business skills. A total of 4,922 households (25,327 people) received seed and tools to grow more food and diversify their diet. The ICRC helped the Food and Agriculture Organization of the UN distribute rice and fertilizer to violence-affected people in Rakhine.

Over 9,150 households (45,476 people) that breed livestock received technical advice from, and had their herds treated, when necessary, by community-based animal health workers trained by the local veterinary services and the ICRC.

Rapid-response teams deliver mobile health services

In Kachin, Rakhine and Shan, the ICRC provided 25 health centres and satellite posts – including facilities in areas controlled by armed groups – and other relevant actors with various forms of support that helped to improve access to preventive and curative care, including mother-and-child care. For instance, in Rakhine, ICRC training helped traditional birth attendants to bolster their skills; and material assistance from the ICRC enabled the health ministry to maintain its immunization programmes. Patients in need of more advanced treatment in Rakhine were referred to the Sittwe General Hospital and other facilities (see *Wounded and sick*). Infrastructural projects were completed in ten rural health centres.

Following the events of August 2017, the ICRC scaled up its material and financial assistance for the health ministry. Notably, it provided support for the health ministry to train and deploy rapid-response teams that, together with trained community health workers, delivered mobile health services, to people in Rakhine. The ICRC also supported the National Society's mobile health services.

A total of 33,662 people in Kachin, Rakhine and Shan were less exposed to various health risks after the ICRC repaired and constructed water and sanitation facilities. Nearly 47,300 people affected by violence and/or Cyclone Mora obtained water and/or shelter assistance from the ICRC.

People in mine-affected areas learn safe practices

A total of 24,447 people living in areas affected by mines/ERW learnt safe practices at sessions conducted by the National Society and the ICRC; these sessions were supplemented by the distribution of informational materials. The National Society, with ICRC support, trained its volunteers and others to conduct such sessions. Nineteen mine/ERW victims in Kachin and Shan received ICRC medical or livelihood support.

The ICRC held meetings with military engineers and others to discuss humanitarian demining and other means of protecting mine-affected communities. The ICRC also organized a study tour of the Bosnia and Herzegovina Mine Action Centre and the ICRC headquarters for military engineers.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Rakhine receive ICRC visits

Dialogue with the authorities contributed to the ICRC regaining access to prisons in Rakhine, including the Buthidaung prison, which held people arrested in relation to the events of October 2016 and August 2017.

The ICRC visited, in accordance with its standard procedures, detainees in prisons and labour camps under the authority of the home affairs ministry. Its aim was to monitor detainees' treatment and living conditions. Afterwards, it discussed its findings confidentially with the detaining authorities, with a view to helping them improve detention conditions and basic services.

Inmates restored or maintained contact with their relatives through RCMs; 1,650 detainees benefited from family visits sponsored by the ICRC. A total of 3,016 released detainees returned home with financial assistance from the ICRC.

Prison managers strengthen their capacities

With ICRC support, senior prison staff bolstered their technical and managerial capacities at international conferences on prison management (see, for example, *Bangladesh*). These events gave prison managers and specialists, including engineers and doctors, opportunities to evaluate their working procedures and discuss humanitarian issues and internationally recognized standards for prison administration. Detaining authorities drew on the ICRC's expertise to draft a new law that sought to foster respect for internationally recognized standards for detention.

Prison health staff developed treatment protocols, and strengthened their ability to respond to detainees' health concerns, with the ICRC's technical assistance. At a round-table, detaining authorities and the ICRC discussed the development of standard procedures for managing scabies in prisons. The ICRC urged the home affairs ministry, the health ministry and others to work together to improve detainees' access to health care.

The ICRC constructs a school within the Mandalay Central Prison

The ICRC's renovation or construction of basic infrastructure, such as medical facilities, benefited over 24,000 inmates at 13 places of detention; upgraded sewage systems eliminated the need for inmates to empty septic tanks manually. Detainees also benefited from newly constructed rooms for family visits and multi-purpose facilities for women. The ICRC distributed hygiene, recreational and educational items to them. As part of a pilot project, the ICRC

built a school for detainees within the Mandalay Central Prison; the school was formally certified by the education ministry.

WOUNDED AND SICK

Hospitals bolster their capacities

Myanmar Red Cross Society staff and volunteers, health workers and/or other community members in Kachin, Rakhine and Shan strengthened their capacity to provide timely medical assistance; the ICRC provided material support and first-aid training sessions to this end. The ICRC also trained first-aid instructors to conduct such sessions.

The ICRC increased its financial support for the health ministry's emergency patient transport system and outpatient referral service; this enabled Buddhist, Muslim and other communities in Rakhine to have safe and ready access to hospital care. For instance, 1,075 people in central Rakhine used the health ministry's emergency patient transport system to reach the Sittwe General Hospital; the hospital's outpatient referral service enabled 2,269 IDPs with chronic illnesses to obtain specialized treatment. In northern Rakhine, 212 patients used the emergency patient transport system to reach other facilities, such as the township hospital in Maungdaw.

ICRC support – infrastructural upgrades and/or material aid – enabled several hospitals in Kachin, Rakhine and Shan to boost their capacities. ICRC personnel maintained contact with the staff of one hospital in Laiza, Kachin, and gave them technical advice and training; they were, however, mostly without direct access to the hospital. After Cyclone Mora and the events of August 2017, the ICRC provided hospitals in Buthidaung, Maungdaw, Mrauk-U and Sittwe with medical supplies and equipment, to help them respond to the health needs of those affected.

New physical rehabilitation centre in Shan opens

In March, the health ministry opened the physical rehabilitation centre in Shan constructed by the ICRC.

Physically disabled people improved their mobility by using the services at four ICRC-supported physical rehabilitation centres: the Hpa-an Orthopaedic Rehabilitation Centre (HORC) run by the National Society; and the Myitkyina centre in Kachin, the new facility in Shan, and the Yenanthar Leprosy Hospital, all run by the health ministry. They obtained assistive devices and physiotherapy, and the ICRC covered their treatment costs. Mine victims received 34% of the prostheses delivered. To improve services at the HORC and one other facility, the National Rehabilitation Hospital in Yangon, the ICRC upgraded infrastructure at the two facilities and supported their production of prosthetic feet. The ICRC also sponsored selected staff members from the HORC and the Yenanthar Leprosy Hospital to attend courses in prosthetics or orthotics and/or meetings in Myanmar and elsewhere.

Amputees elsewhere in the country learnt about the ICRC-supported physical rehabilitation centres through dissemination sessions and informational materials conducted and distributed by the ICRC, respectively, and media reports. The referral system jointly operated by the National Society and the ICRC helped inform disabled people of the centre or service provider nearest them: for instance, 280 people from south-eastern Myanmar received referrals to the HORC. A summer prosthetics programme implemented by the National Society and the ICRC referred children to the HORC or the Yenanthar Leprosy Hospital.

Mobile workshops stationed near their communities repaired assistive devices for 1,471 disabled people living far from the HORC; people also received such services from ICRC-supported roving technicians covering several states or regions. Twelve technicians from Kachin and Shan sharpened their skills through ICRC-sponsored training at the HORC.

The ICRC sponsored 12 disabled athletes to participate in the 9th Association of Southeast Asian Nations Para Games in Malaysia, with a view to helping advance the social inclusion of disabled people in Myanmar.

ACTORS OF INFLUENCE

The ICRC sought, in various ways, to engage with authorities, weapon bearers and other key actors in Myanmar; its aim was to foster support for humanitarian principles, IHL, and the Movement, and to persuade them to facilitate access to violence-affected communities (see *Civilians*). For instance, the ICRC president's visit to Myanmar in May, and his meetings with the country's president and the military's commander-in-chief, helped advance dialogue with the authorities. Operational constraints, however, delayed some of the activities planned by the ICRC. The ICRC also expanded its contact with people affected by the fighting, with a view to understanding their needs more fully and responding more effectively.

Military officers learn more about IHL

At an ICRC workshop, military officers, including instructors from military training schools, strengthened their grasp of IHL and its applicability to their operations. The workshop was organized to assist the military's efforts to incorporate IHL in the training for its officers. The military followed up the meeting between the ICRC president and the military's commander-in-chief by assigning a focal point to liaise with the ICRC. Senior army officers, sponsored by the ICRC, attended IHL courses abroad (see *International law and policy*).

The Myanmar police and the ICRC discussed various matters, such as the handling of police investigations. Handbooks on police conduct and first aid were completed and set to be distributed by the ICRC. Two senior police officers, sponsored by the ICRC, attended international seminars on such subjects as police custody. The ICRC had planned to conduct a number of workshops for police officers, but various administrative difficulties prevented them from taking place.

The ICRC maintained contact with representatives of armed groups, with a view to broadening their awareness of IHL.

Members of civil society improve their understanding of humanitarian issues

To broaden acceptance for its presence and to help facilitate its work, the ICRC continued to cultivate relationships with key figures in civil society. ICRC dissemination sessions enabled about 7,230 people – community, religious and IDP camp leaders, members of civil society organizations, students and others – to learn about humanitarian principles, the ICRC's mandate and activities, and other related matters. The ICRC, in some instances with the Myanmar Red Cross Society, also conducted briefing sessions about the Movement and/or IHL for parliamentarians and other government representatives. National Society trainers learnt the basic principles of IHL at a course conducted by the ICRC.

Students and professors, sponsored by the ICRC, took part in moot court competitions in Myanmar and elsewhere. Academics and military lawyers exchanged views on IHL implementation, and experiences in this connection, at an ICRC seminar. ICRC support enabled academics to strengthen their grasp of IHL at seminars abroad.

The ICRC president's visit, the delegation's social media account in the local language, and interviews given to local and international media organizations about the Rakhine crisis helped broaden public awareness of the Movement's response to humanitarian issues in the country, and foster support for it. The ICRC sponsored two journalists to attend a conference for members of the media.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society remained the ICRC's primary operational partner in Myanmar, particularly during the Rakhine crisis, but also in Kachin and northern Shan at other times. Most of the ICRC's assistance activities in response to the situation in Rakhine were conducted with the National Society.

The National Society focused on structural reform, with a view to strengthening its branches throughout the country; Movement partners provided technical, material and financial support. It expanded its capacities through ICRC training in such areas as mine-risk education, restoring family links and applying the Safer Access Framework. The International Federation, with ICRC support, also conducted capacity-building sessions for the National Society, to bolster its response to the crisis in Rakhine.

The National Society, guided by the ICRC, continued to discuss its draft of the emblem law with the authorities concerned. It drew on International Federation and ICRC expertise to develop regulations for implementing the Red Cross Act.

Movement components operating in Myanmar met regularly and worked closely to improve coordination and their overall emergency response, and to avoid duplication of effort, particularly in Rakhine.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,178			
RCMs distributed		1,609			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		984	74	45	162
	<i>including people for whom tracing requests were registered by another delegation</i>	82			
Tracing cases closed positively (subject located or fate established)		702			
	<i>including people for whom tracing requests were registered by another delegation</i>	25			
Tracing cases still being handled at the end of the reporting period (people)		119	16	9	27
	<i>including people for whom tracing requests were registered by another delegation</i>	49			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		19			
Detainees in places of detention visited		42,157	5,612	990	
Visits carried out		26			
			Women	Girls	Boys
Detainees visited and monitored individually		268	35	2	46
	<i>of whom newly registered</i>	177	23	2	43
RCMs and other means of family contact					
RCMs collected		2,431			
RCMs distributed		1,495			
Detainees visited by their relatives with ICRC/National Society support		1,650			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	228,825	59,495	114,413
	<i>of whom IDPs</i>	49,035	12,748	24,518
Essential household items	Beneficiaries	106,335	27,649	53,168
	<i>of whom IDPs</i>	42,282	10,994	21,142
Productive inputs	Beneficiaries	25,327	6,586	12,661
	<i>of whom IDPs</i>	10,588	2,754	5,293
Cash	Beneficiaries	37,100	9,646	18,555
	<i>of whom IDPs</i>	18,539	4,820	9,270
Services and training	Beneficiaries	45,476	11,809	22,696
	<i>of whom IDPs</i>	7,750	2,012	3,877

Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	80,959	32,558	16,279
	<i>of whom IDPs</i>	24,418	9,767	4,883
Health				
Health centres supported	Structures	25		
Average catchment population		525,201		
Consultations		64,232		
	<i>of which curative</i>	53,370	1,889	2,552
	<i>of which antenatal</i>	10,862		
Immunizations	Patients	89,160		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	45,198		
Referrals to a second level of care	Patients	809		
	<i>of whom gynaecological/obstetric cases</i>	282		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	31,970	6,156	285
Cash	Beneficiaries	3,016	543	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	24,385	2,926	244
Health				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	13		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	5	1	
	(including those related to mines or explosive remnants of war)	2	1	
	Non-weapon-wound admissions	166		
	Operations performed	135		
Medical (non-surgical) admissions		249	114	1
Gynaecological/obstetric admissions		319	319	
Consultations		11,020		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4,403		
Weapon-wound admissions (surgical and non-surgical admissions)		62	117	41
Weapon-wound surgeries performed		38		
Patients whose hospital treatment was paid for by the ICRC		1		
First aid				
First-aid training				
	Sessions	19		
	Participants (sum of monthly data)	458		
Water and habitat				
Water and habitat activities	Beds	992		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services (sum of monthly data)		4,125	487	283
New patients fitted with prostheses	Patients	386	68	13
Prostheses delivered	Units	865	102	61
	<i>of which for victims of mines or explosive remnants of war</i>	298	10	1
New patients fitted with orthoses	Patients	65	14	31
Orthoses delivered	Units	114	20	61
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	1,070	165	89
Walking aids delivered	Units	1,438	195	87
Wheelchairs or tricycles delivered	Units	106	21	25

PAKISTAN



ICRC/AR_2017
 ⊕ ICRC delegation ⊕ ICRC sub-delegation △ ICRC regional logistics centre

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Violence-affected people in the Federally Administered Tribal Areas and in Khyber Pakhtunkhwa obtained timely treatment, including primary health care and surgery for wounds, at ICRC-supported facilities.
- ▶ Disabled people received specialized care at ICRC-supported physical rehabilitation centres. The Indus Hospital took over the management of three centres in Karachi, Lahore and Muzaffargarh.
- ▶ Army, air force and navy personnel learnt more about IHL, and its applicability to their duties, at ICRC workshops, seminars and dissemination sessions.
- ▶ A local organization – CODE Pakistan – and the ICRC studied the causes and consequences of overcrowding in the country's prisons, with a view to making recommendations to the authorities for addressing the issue.

EXPENDITURE IN KCHF

Protection	1,514
Assistance	9,206
Prevention	3,496
Cooperation with National Societies	2,139
General	224
Total	16,579
<i>Of which: Overheads</i>	<i>1,012</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	241

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 holds discussions on the humanitarian consequences of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports rehabilitation services for disabled people and IHL instruction among the armed forces, while working with the Pakistan Red Crescent to provide primary health care and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	50
RCMs distributed	142
Phone calls facilitated between family members	2,137
Tracing cases closed positively (subject located or fate established)	58
People reunited with their families	15
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	291
Health		
Health centres supported	Structures	2 2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1 2
Physical rehabilitation		
Projects supported	Projects	21 25
Patients receiving services	Patients	31,500 52,219

CONTEXT

Displaced people – including those who had fled to Afghanistan – continued to return to their places of origin in North Waziristan, in the Federally Administered Tribal Areas (FATA), after the conclusion in 2016 of a major military operation to address security issues there. Military and law enforcement operations against armed groups continued elsewhere in the FATA and in Khyber Pakhtunkhwa (KP), and were extended to the Pakistani province of Punjab. The administrative integration of the FATA into KP was under review. In Balochistan, violent encounters between government forces and armed elements persisted, disrupting the provision of health care and other essential services. Attacks against civilian infrastructure – schools, hospitals and places of worship – took place in different parts of the country; various armed groups claimed responsibility.

Mines and explosive remnants of war (ERW) threatened the safety of certain communities in Balochistan, the FATA, KP and Pakistan-administered Kashmir.

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

International humanitarian organizations had little operational presence in Pakistan, owing to security concerns and administrative obstacles and restrictions imposed by the government.

ICRC ACTION AND RESULTS

In Pakistan, the ICRC had only a limited amount of space for its humanitarian activities. Therefore, in addressing the needs of violence-affected communities, it concentrated on the activities listed in the 1994 headquarters agreement and on others mutually agreed upon with the government. It worked closely with the Pakistan Red Crescent and other local partners to reach more people. The National Society was given various forms of assistance to strengthen its first-aid programme and family-links services.

National Society-run facilities supported by the ICRC provided health care for people who had fled their homes because of the fighting, including those returning from Afghanistan. Through ICRC training, health workers in Muzaffarabad learnt how to explain methods of preventing diabetes. Lady Reading Hospital in Peshawar and the Jamrud Civil Hospital in the FATA received assistance for treating violence-affected people. Doctors and nurses from Balochistan, the FATA, KP, Punjab and Sindh enhanced their skills at seminars on weapon-wound surgery and courses in emergency-room trauma care organized by the ICRC. The Dow University of Health Sciences in Karachi partnered with the ICRC to implement a module on treating wounded people.

Physically disabled people received free specialized care and assistive devices at ICRC-supported physical rehabilitation centres. The ICRC's closer collaboration with local partners contributed to the increase in the number of patients receiving services, compared to previous years. The ICRC handed over responsibility for managing three centres – in Karachi, Lahore and Muzaffargarh – to the Indus Hospital. Together with local partners, the ICRC sought to help strengthen the national physical rehabilitation sector. A government-registered private entity set to take over the ICRC's distribution of raw materials to partner organizations began its operations. The ICRC continued to provide support

for the social inclusion of disabled people: for instance, disabled children were given financial aid to continue their schooling.

A local organization – Cursor of Development and Education (CODE) Pakistan – and the ICRC studied the causes and consequences of overcrowding in the country's prisons, with a view to making recommendations to the authorities for addressing the issue. This entailed consulting and collecting data from the police, the judiciary, and bar councils.

The National Society, the ICRC and others conducted sessions on mine-risk education in mine/ERW-affected areas in the FATA, KP and Pakistan-administered Kashmir.

Members of families separated by violence, natural disasters, migration, or for other reasons, reconnected through family-links services from the National Society and the ICRC. People used a network set up by the National Society, with ICRC support, to report or call relatives with whom they had lost touch. The ICRC arranged for families to communicate, via phone and video calls, with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba, the Parwan detention facility in Afghanistan, and elsewhere. At the request of the foreign ministry, the ICRC repatriated Pakistanis stranded in Somalia and Yemen, and together with the National Society, reunited them with their families.

At ICRC courses, national and international emergency responders and other pertinent actors learnt more about managing human remains during emergencies. The ICRC continued to work with the National Disaster Management Authority (NDMA) and other organizations to develop national guidelines for managing human remains after emergencies.

Various events organized by the ICRC and its partners enabled the authorities, academics, weapon bearers and others to learn more about IHL and the Movement. The ICRC organized a public awareness campaign and an essay competition to foster respect for ambulance services. Platforms such as the delegation's social media account offered the general public opportunities to familiarize itself with humanitarian issues and the ICRC's activities.

The delegation remained a key logistical hub for ICRC operations.

CIVILIANS

Women and children receive health care at National Society facilities

People who had fled their homes because of the fighting, including those returning from Afghanistan – particularly women and children – obtained primary health care at two facilities: one in the FATA and the other at a camp in KP for people displaced from North Waziristan. The Pakistan Red Crescent ran these facilities with the ICRC's financial, material and technical support. Over 50,600 medical consultations – for acute respiratory infections, diarrhoea and other illnesses – took place at the facilities; almost 27% of these consultations were for children under the age of five. About 570 pregnant women had at least one antenatal consultation. Dissemination sessions on health in communities helped broaden awareness of these centres' services.

The ICRC signed a memorandum of understanding with the health ministry, and another with The Diabetes Centre; both concerned

the implementation of a diabetes-prevention programme. ICRC training helped around 100 female health workers, doctors and paramedics in Muzaffarabad learn how to explain methods of preventing diabetes to patients and their relatives.

Communities in mine-affected areas learn safe practices

The National Society and the ICRC strove to mobilize the parties concerned, through a mine-action working group, to provide comprehensive assistance to mine-affected people. Over 71,540 people in areas affected by mines and ERW in the FATA, KP and Pakistan-administered Kashmir learnt safe practices at ICRC-supported mine-risk education sessions conducted by the National Society with teachers, Islamic scholars, police officers, and others. Informational materials – such as leaflets and posters – supplemented these sessions. The ICRC broadcast messages on the threat of mines and ERW on the radio and through the Special Communications Organization, with a view to keeping people in inaccessible areas informed as well. The International Day for Mine Awareness and Assistance in Mine Action provided various opportunities for raising public awareness of mines/ERW.

The National Society referred 79 new victims of mines/ERW to ICRC-supported physical rehabilitation centres (see *Wounded and sick*).

Pakistani nationals are repatriated from Somalia and Yemen, and reunited with their families

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

The ICRC arranged phone and video calls for 190 families to communicate with relatives held at the Guantanamo Bay internment facility, the Parwan detention facility, and elsewhere. Families in Pakistan sent books and food, through ICRC delegates, to 65 relatives detained abroad. Eight families from Pakistan visited relatives detained in Afghanistan. Fourteen families had confirmation, through the ICRC, of the release of relatives detained abroad.

People lodged requests with the National Society and the ICRC to trace their relatives. One unaccompanied minor was reunited with her father in Austria; nine other children restored or maintained contact with their relatives through phone and video calls. At the request of the foreign ministry, the ICRC repatriated 14 Pakistani nationals from Somalia and Yemen, and together with the National Society, reunited them with their families.

The National Society continued to strengthen its family-links services with the ICRC's assistance. People, including patients in public hospitals, used a network established by the National Society to report or call family members with whom they had lost contact and/or to obtain certain services, such as counselling from ICRC-trained psychologists. The National Society facilitated 1,505 phone calls, 50,528 referrals to other service providers, and counselling for 99,909 people, mainly during emergencies. It conducted dissemination sessions in various communities, on preventing loss of family contact and dispersal of families during migration. The ICRC sponsored one National Society representative to attend a regional event in Bangkok on the needs of migrants separated from their families.

Emergency responders bolster their capacity to manage human remains

The NDMA and the ICRC, along with other partner organizations, continued to develop national guidelines for managing human remains after emergencies. Three representatives of the NDMA and two health ministry officials attended a regional conference on the management of the dead organized by the ICRC in Nepal (see *New Delhi*).

At the International Course on the Management of the Dead in Emergencies hosted by the ICRC in Islamabad, 34 representatives of National Societies, disaster-management authorities, law enforcement agencies, emergency-management service providers, and other organizations from various countries exchanged best practices in managing dead bodies during disasters, armed conflict and other situations of violence. At a similar course organized in Lahore, 32 participants learnt how to recover human remains and document the information taken from them, and minimize the traumatizing consequences for the victims' families. An ICRC presentation at a conference organized by a local college in Faisalabad, enabled over 200 medico-legal professionals to understand more fully the importance of managing human remains in emergencies. The delegation also continued to develop a 'centre of excellence' for managing dead bodies during and after emergencies in Pakistan.

ICRC training helped staff at a mortuary in Lahore to expand their capacities in managing human remains and documenting information taken from them. The ICRC gave a local emergency-management service provider two rapid deployment kits for responding to mass-casualty incidents.

PEOPLE DEPRIVED OF THEIR FREEDOM

A local organization – CODE Pakistan – and the ICRC studied the causes and consequences of overcrowding in the country's prisons, with a view to making recommendations to the authorities for addressing the issue and devising a strategy for reducing pre-trial detention. This entailed consulting and collecting data from the police, detaining authorities, the judiciary, and bar councils.

With ICRC support, Pakistani authorities attended international conferences on prison management (see *Bangladesh*) and on prison health (see *Bangkok*).

The ICRC gave the families of 49 detainees held abroad cash grants for buying basic necessities. Owing to operational constraints, the Pakistan Red Crescent was unable to implement a family-links programme at one prison.

WOUNDED AND SICK

As part of its expanded first-aid programme (see *Red Cross and Red Crescent Movement*), and with a view to improving people's chances of receiving timely medical attention, the Pakistan Red Crescent conducted first-aid training sessions for potential first responders – male and female – such as students and ambulance drivers; the ICRC provided support for these sessions and supplied emergency responders throughout the country with wound-dressing kits.

A hospital in Peshawar strengthens its capacities with comprehensive support

The accident and emergency department of Lady Reading Hospital in Peshawar continued, with the ICRC's assistance, to treat violence-affected people in the FATA and KP. The assistance was provided within the framework of a memorandum of understanding signed by the hospital and the ICRC in 2015 and renewed in 2017 for another three years. It covered such areas as hospital management, training for health and other staff, and maintenance of infrastructure. The College of Physicians and Surgeons Pakistan recognized the hospital's accident and emergency department as a post-graduate training centre. A training facility was built for the hospital's nurses, with ICRC support.

The Jamrud Civil Hospital in the FATA also received ICRC support. The ICRC finished renovating its pharmacy. The FATA health directorate and the ICRC reached an agreement to cooperate in improving access for the wounded and the sick to good-quality health services.

Around 300 doctors and nurses from Balochistan, the FATA, KP, Punjab and Sindh enhanced their skills at ICRC seminars on weapon-wound surgery and courses in emergency-room trauma care. The Dow University of Health Sciences in Karachi and the ICRC signed a memorandum of understanding to implement a module on treating wounded people. The ICRC maintained its partnership with Isra University in Islamabad on a similar module.

Management of three physical rehabilitation centres is handed over to the Indus Hospital

A total of 22 physical rehabilitation centres, including a school under one of the centres, and one training institute, received comprehensive support from the ICRC. Physically disabled people received specialized care at the centres. The ICRC's closer collaboration with local actors in the physical rehabilitation sector contributed to the increase in the number of patients receiving services, compared to previous years. A total of 1,179 children were treated for clubfoot; the home-care team at the Paraplegic Centre in Hayatabad made follow-up visits to 313 people with spinal-cord injuries. The ICRC covered transport, food and accommodation costs for 6,000 patients and their attendants.

The centres provided 19,677 prosthetic and orthotic devices to disabled people free of charge; raw materials, equipment, and other support for producing these devices were supplied by the ICRC. The ICRC gave 17 staff members financial assistance for training abroad; around 90 prosthetists, orthotists, technicians and physiotherapists furthered their education with ICRC-sponsored scholarships and short courses.

The ICRC handed over responsibility for managing three physical rehabilitation centres – in Karachi, Lahore and Muzaffargarh – to the Indus Hospital, with a view to ensuring the sustainability of the centres' services.

Together with local partners, the ICRC sought to help strengthen the national physical rehabilitation sector. For instance, it gave training institutes guidance and material assistance to gain accreditation from the International Society for Prosthetics and Orthotics. With ICRC assistance, training institutes for prosthetics and orthotics developed and submitted a national curriculum for physical rehabilitation to

the pertinent authorities, with a view to setting uniform standards for schools. A government-registered private entity set to take over the ICRC's distribution of raw materials to partner organizations began its operations and trained physiotherapists in rehabilitation for lower-limb amputees. It also lobbied for disabled people to be included in the national health-insurance programme.

Disabled people received assistance for their social reintegration through the ICRC's projects with local partners. Notably, with financial aid from the ICRC, 86 disabled children continued their schooling and 15 children had corrective surgery. Some 390 disabled children attended ICRC-supported programmes and sporting events. The ICRC sponsored vocational training for 82 disabled people. It also signed a partnership agreement with the Children Amputees Rehabilitation Programme (C-ARP) to provide vocational training for disabled women and mothers of disabled children.

ACTORS OF INFLUENCE

The ICRC sought engagement with pertinent authorities and institutions to broaden understanding of and acceptance for its work, and to foster respect for IHL and facilitate its domestic implementation. The ICRC and the Research Society for International Law – through its Centre of Excellence in IHL – finished preparing IHL manuals for policy-makers and conducted training in specific areas for various parties concerned. An Urdu translation of the 1949 Geneva Conventions was being reviewed by the office of the Special Assistant to the Prime Minister on Law at year's end.

Weapon bearers advance their understanding of IHL

Army, air force and navy personnel learnt more about IHL, and its applicability to their duties, at ICRC workshops, seminars and dissemination sessions: for instance, representatives of the Judge Advocate General Branch of the Pakistan Armed Forces attended a course in IHL. More than 25 judges and prosecutors learnt more about IHL and its domestic implications during a seminar in Islamabad.

The police and the ICRC continued to explore possibilities for cooperation. Staff and students at police training institutions learnt about international policing standards from ICRC publications. Police officers developed their ability to provide first aid and/or maintain public order in line with international standards through courses organized by the ICRC, in some instances with the Pakistan Red Crescent.

Law students test their grasp of IHL at moot court competitions

More than 1,100 government officials, students, teachers, religious scholars and others learnt more about IHL and its points of correspondence with Islamic law through courses and information sessions organized jointly by local universities and the ICRC. Ten of them joined the national pool of IHL experts that aimed to offer advice on the law's implementation. Law students participated in moot court competitions in the country and abroad; those who were specializing in IHL were given ICRC scholarships and internship opportunities. The ICRC donated a set of books on Islam and on IHL to two local universities; this helped to stimulate students' interest in these subjects. The ICRC sponsored four religious scholars to attend an IHL course abroad (see *Lebanon*).

Staff from the International Federation and National Societies working in Pakistan advanced their understanding of IHL at an ICRC information session.

The public learns more about threats to health-care delivery and other humanitarian issues

Local partners and the ICRC continued to strive to prevent violence against health-care personnel and facilities through such means as: advocating changes in the law and in policies; humanitarian diplomacy; and public communication. For instance, in Sindh, pertinent government bodies, the ICRC and others proposed amendments to existing legislation on ambulance services. The ICRC, along with 40 partner organizations, launched a nationwide public-awareness campaign on the necessity of respecting ambulance services; it also organized an essay competition on the same subject.

Workshops offered by the Centre of Excellence in Journalism (CEJ) and the ICRC helped 48 journalists to develop their ability to report on humanitarian issues. The CEJ and the ICRC also established the Humanitarian Reporting Awards, to honour Pakistani journalists working in this field. The ICRC provided first-aid training for 38 journalists from the FATA and KP. Feature articles published in the local press drew attention to the ICRC's work in physical rehabilitation and forensics. The public was able to learn about humanitarian issues and the ICRC's activities through online platforms such as the delegation's social media account, ICRC communication materials, and events organized by

the National Society and the ICRC. About 4,000 people attended an ICRC sporting event to mark the International Day of Persons with Disabilities.

RED CROSS AND RED CRESCENT MOVEMENT

Despite organizational difficulties, the Pakistan Red Crescent remained the ICRC's primary partner in Pakistan. It worked with the ICRC to assist vulnerable communities, conduct first-aid training and promote the Movement's work. With the ICRC's assistance, it expanded its presence in the FATA.

Under new leadership, the National Society focused on structural reform in areas such as finance, human resources and logistics; it continued to strengthen its first-aid programme, with ICRC support. Its branch in the KP trained disaster-response teams from four districts in basic first aid. National Society first-aid trainers bolstered their capacities at ICRC-supported train-the-trainer courses. The National Society also pursued efforts to incorporate the Safer Access Framework in its working procedures. It participated in activities to prevent violence against health-care services, in line with the Health Care in Danger project (see *Actors of Influence*).

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

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	50			
RCMs distributed	142			
Phone calls facilitated between family members	2,137			
Reunifications, transfers and repatriations				
People reunited with their families	15			
<i>including people registered by another delegation</i>	14			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	143	30	28	25
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	58			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	200	39	35	40
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	8	5		
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	9	4		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	291	82	191
Health				
Health centres supported	Structures	2		
Average catchment population		24,000		
Consultations		51,220		
	<i>of which curative</i>	50,646	13,056	27,825
	<i>of which antenatal</i>	574		
Referrals to a second level of care	Patients	870		
	<i>of whom gynaecological/obstetric cases</i>	248		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Gynaecological/obstetric admissions		4,037	670	
Consultations		787,699		
First aid				
First-aid training				
	Sessions	4,562		
	Participants (sum of monthly data)	110,440		
Physical rehabilitation				
Projects supported	Projects	25		
Patients receiving services (sum of monthly data)		52,219	6,426	21,796
New patients fitted with prostheses	Patients	3,738	622	300
Prostheses delivered	Units	5,480	876	526
	<i>of which for victims of mines or explosive remnants of war</i>	586	63	38
New patients fitted with orthoses	Patients	6,672	928	3,721
Orthoses delivered	Units	14,197	1,707	8,676
	<i>of which for victims of mines or explosive remnants of war</i>	110	14	19
Patients receiving physiotherapy	Patients	30,460	3,766	12,346
Walking aids delivered	Units	1,987	305	222
Wheelchairs or tricycles delivered	Units	845	99	203

PHILIPPINES



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Conflict-affected people in Marawi received food, water, medical and household essentials from the Philippine Red Cross and the ICRC. Construction of sanitation and cooking facilities at evacuation centres benefited the IDPs there.
- ▶ In violence-affected parts of Mindanao and Visayas, breadwinners, including returnees, reinforced their livelihoods with supplies and equipment, and cash, from the ICRC; others earned money by repairing community facilities.
- ▶ Hospitals and first-aid posts received ICRC supplies to treat wounded and sick people. Health workers and weapon bearers in Mindanao were trained in first aid.
- ▶ In coordination with the parties involved in the fighting in Marawi, the ICRC safely transported 600 civilians from the city to evacuation centres and neighbouring municipalities.
- ▶ A local taskforce drew on ICRC expertise to expedite the cases of detainees in prolonged pre-trial detention. Some 560 paralegals working in prisons used ICRC e-learning modules to expand their knowledge of legal procedures.
- ▶ The National Society, with support from the ICRC and other Movement partners, expanded its emergency response capacities and assisted conflict-affected people in Mindanao.

EXPENDITURE IN KCHF

Protection	4,166
Assistance	9,006
Prevention	2,715
Cooperation with National Societies	1,133
General	322
Total	17,342
<i>Of which: Overheads</i>	<i>1,058</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	29
Resident staff (daily workers not included)	179

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	23
RCMs distributed	31
Tracing cases closed positively (subject located or fate established)	179
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	112
Detainees in places of detention visited	76,590
<i>of whom visited and monitored individually</i>	382
Visits carried out	158
Restoring family links	
RCMs collected	40
RCMs distributed	20
Phone calls made to families to inform them of the whereabouts of a detained relative	6

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	68,047
Essential household items	Beneficiaries	85,000
Productive inputs	Beneficiaries	17,500
Cash	Beneficiaries	72,500
		16,095
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	87,650
		59,454
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	6
		22
Water and habitat		
Water and habitat activities	Beds	62
		62
Physical rehabilitation		
Projects supported	Projects	1
		1
Patients receiving services	Patients	101
		347

CONTEXT

Discussions on various subjects, including peace and development in Mindanao, continued between the Philippine government, the Moro Islamic Liberation Front and the Moro National Liberation Front. Talks between the government and the Communist Party of the Philippines (CPP) were cancelled. Government troops and the CPP's military wing, the New People's Army, continued to fight each other in various parts of the country. In Mindanao, skirmishes continued to take place – between government forces and armed groups, and among local clans. These caused casualties and displaced people, and hampered access to basic services and livelihoods in the communities affected.

In May, fighting broke out between the military and Islamic State-Ranao (also known as the Maute Group) and the Abu Sayyaf Group in Marawi, a city in the province of Lanao del Sur. Roughly 350,000 civilians fled the city and sought safety in evacuation centres or in their relatives' homes in neighbouring areas. The government declared martial law over the entire island of Mindanao, which was later extended to the end of 2018. After the fighting ended, in late October, nearly 100,000 people returned to their homes; others stayed away owing to security or other concerns.

Overcrowding in places of detention remained an issue of pressing concern. The increase in arrests linked to drug-related crimes exacerbated the situation.

The Philippines chaired the Association of Southeast Asian Nations (ASEAN) in 2017 and hosted State summits in April and November. Territorial disputes in the South China Sea remained a subject of discussion among States in the region.

Undocumented Filipino migrants continued to be deported from Malaysia.

ICRC ACTION AND RESULTS

The ICRC continued to help protect and assist communities affected by armed conflict and other situations of violence, particularly in Mindanao. It worked with the Philippine Red Cross and was able – in coordination with the authorities, weapon bearers and community leaders concerned – to assist violence-affected people in remote areas of Mindanao.

In its dialogue with the authorities, weapon bearers, judicial officials, civil society figures and community members, the ICRC focused on promoting IHL and its own humanitarian work. It also discussed international policing standards and applicable international norms among military and police forces and other weapon bearers. Print and online media regularly reported on ICRC activities, which helped broaden awareness of humanitarian issues.

The ICRC launched an emergency response in Marawi after the outbreak of hostilities there, which required postponing some projects in other areas. In coordination with the parties concerned, it safely evacuated vulnerable civilians from Marawi to neighbouring municipalities. The Philippine Red Cross and the ICRC distributed food, drinking water and household essentials, and installed sanitation facilities, for IDPs at evacuation centres. In violence-affected sections of Mindanao and Visayas, the ICRC provided economically vulnerable households, including returnees, with cash, supplies and equipment for starting or resuming livelihood activities; others earned money through cash-for-work projects.

Health facilities – for instance, in Marawi – reinforced their services for wounded and sick people with the help of ICRC-donated medical supplies. Disabled people in Mindanao obtained suitable care at an ICRC-supported physical rehabilitation centre. Health workers, community volunteers and weapon bearers received first-aid training, and learnt more about the goals of the Health Care in Danger project.

Migrants returning from Malaysia and passing through State-run processing centres were given first-aid or hygiene kits; these had been donated by the ICRC and were distributed by the National Society.

The ICRC visited detainees in accordance with its standard procedures; afterwards, it communicated its findings confidentially to the authorities concerned, to help them align detainees' treatment and living conditions with internationally recognized standards. The ICRC engaged the pertinent authorities in dialogue on getting access to security detainees within its purview. Infrastructural upgrades and donations of bunk beds and fans helped improve living conditions for detainees in overcrowded facilities. A local taskforce expedited the cases of inmates in prolonged pre-trial detention; paralegals working in prisons used ICRC e-learning modules to expand their knowledge of legal procedures. The authorities continued to run TB-control programmes at two facilities; they did so unassisted at one prison, having taken over full responsibility for it from the ICRC in 2016.

The National Society drew on comprehensive support from the ICRC to strengthen its ability to assist violence-affected people in line with the Safer Access Framework. Movement components continued to coordinate their activities, among themselves and with others.

CIVILIANS

In its dialogue with the authorities and weapon bearers, the ICRC emphasized the necessity of protecting civilians; it made representations to the parties concerned to draw attention to alleged violations of IHL, with a view to preventing their recurrence. The ICRC also emphasized, to the authorities, the necessity of upholding the protection afforded by IHL to schools and hospitals in conflict-affected areas. It also discussed with the relevant authorities the conduct of hostilities by government forces in Marawi (see *Context*), particularly in connection with the protection of medical personnel and facilities, health workers' access to wounded people, and the management of human remains. The ICRC interviewed conflict-affected civilians and assessed their situation, in order to understand their concerns more fully and give them the support they needed.

People separated from their families during crises, such as natural disasters, availed themselves of family-links services provided by the Philippine Red Cross with ICRC financial support. Migrants returning from Malaysia reconnected with their relatives through phone calls and RCMs arranged by the National Society. Thirty-one families heard from relatives who were detained, most of them abroad, and had been visited by the ICRC.

Emergency responders and forensic professionals learnt more about managing human remains at an ICRC course in Pakistan (see *Pakistan*). In response to the Marawi crisis, the ICRC trained body recovery teams and gave them the equipment necessary to manage and identify dead bodies.

Members of armed groups attended ICRC first-aid training sessions (see *Wounded and sick*); these sessions afforded the ICRC an opportunity to explain its mandate and activities, which helped broaden its access to violence-affected communities in remote areas, especially in Mindanao.

People displaced by fighting in Marawi and elsewhere meet their basic needs

Within the first week of the outbreak of hostilities in Marawi, the ICRC secured permission from the parties to the conflict to evacuate around 600 civilians – including wounded, sick or disabled people, and children and their relatives – to nearby municipalities. The ICRC gave food to 55,975 people (11,195 households) and essential household items to 78,905 (15,781 households); these people were either in evacuation centres or with host families around the Lanao lake. The National Society and the ICRC set up 11 water distribution points that made potable water available every day to 23,859 returnees in Marawi and 27,769 IDPs in evacuation centres. Roughly 4,600 IDPs benefited from the construction of toilets, showers, and washing and cooking areas at evacuation centres.

Some 11,660 people (2,332 households) affected by fighting in Maguindanao, in central Mindanao, received emergency supplies of food and household essentials; water and sanitation facilities were built in the areas most affected by the fighting, benefiting 600 residents and IDPs.

In Tamparan, in Lanao del Sur, 7,131 people – residents, IDPs and health staff at the district hospital – had drinking water after the National Society and the ICRC installed a mobile water-treatment unit; two generators, to power the municipal water system, were donated.

Health facilities, including first-aid posts (see *Wounded and sick*), in Marawi and surrounding areas were given medical supplies by the ICRC, on an ad hoc basis, to help them cope with the influx of displaced people seeking health-care services. The ICRC repaired the damage sustained by one of the centres during fighting in 2016; a health unit was refurbished and fitted with new solar panels after being looted during the clashes.

Following clashes in Masbate, 141 households (655 individuals) were given cash to meet their basic needs.

Owing to the emergency response activities described above, the ICRC temporarily postponed the construction of water facilities and the rehabilitation of a school in Lanao del Sur.

Returnee households obtain support for livelihood activities

The ICRC endeavoured to improve livelihood opportunities for vulnerable violence-affected people, particularly displaced households and returnees. In Bukidnon, 83 returnee households (411 people) were given seed and tools to earn money through farming; they also received food and essential household items to see them through this period of transition. In Surigao del Sur, 366 vulnerable families (1,863 people) restored their livelihoods with ICRC cash grants; repairs to a corn mill in the area benefited 634 households (3,170 people). Livelihood support, in the form of cash, was given to 1,914 households (9,570 people) in Lanao del Sur.

In Mindanao and the Visayas, 141 households (705 people) earned money through cash-for-work projects to make repairs at

community facilities. In Samar, 1,264 households (6,320 people) were given seed to grow vegetables.

Roughly 7,000 migrants returning from Malaysia and passing through government processing centres were given first-aid or hygiene kits; these had been donated by the ICRC and were distributed by the National Society.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, places of detention run by various authorities, including the Bureau of Jail Management and Penology (BJMP). Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

The ICRC sought access to all security detainees within its purview, and continued to discuss the matter with the pertinent authorities. It followed up 382 security detainees individually; among them were people arrested in connection with the conflict in Marawi. Family visits arranged by the Philippine Red Cross and the ICRC enabled roughly 350 security detainees to stay in touch with their relatives. The relatives of one detainee were given financial assistance to attend his funeral.

Taskforce expedites detainees' cases

Katarungan at Kalayaan (Justice and Freedom), a government taskforce led by the Supreme Court and supported by the ICRC, continued to work on ensuring that judicial guarantees for detainees in the Manila City Jail were respected. It reviewed cases of detainees whose pre-trial detention had exceeded the legal limit. By October, only 32 out of the 550 detainees whose cases the taskforce had taken on – since 2014 – were left in prison awaiting trial.

Around 560 paralegals working in prisons used e-learning modules, developed by the ICRC in cooperation with the BJMP, to expand their knowledge of legal procedures. At ICRC workshops, some 100 paralegals drafted plans of action to maximize their legal assistance for detainees awaiting trial. Aided by the ICRC, the BJMP designed posters about detainees' basic rights and distributed them to 475 prisons.

Following an ICRC-supported public forum, government and prison authorities in Cebu set up a regional committee for fast-tracking the resolution of cases, to alleviate prison overcrowding.

Detaining authorities learn more about prison management and health care in detention

Prison managers, sponsored by the ICRC, attended conferences on best practices in designing, constructing and managing prisons (see *Bangladesh* and *Jakarta*). The ICRC gave the authorities expert advice to revise planning procedures and design standards for BJMP prisons, to help them construct facilities meeting internationally recognized standards for detention.

The ICRC provided basic medical equipment to nine prisons and made monthly health-monitoring visits to seven prisons. At two workshops organized by the ICRC and the BJMP, prison nurses discussed solutions to the challenges they faced in their work. Through ICRC sponsorship, representatives from the BJMP, and from the justice and health departments, exchanged best practices with their counterparts in other countries at a regional conference on prison health in Thailand (see *Bangkok*), and three

representatives from the BJMP, the Bureau of Corrections and the health department attended a course in Azerbaijan, where they learnt more about TB-control in prisons.

With ICRC support, the BJMP launched a mobile application for monitoring and averting crises in prisons; nearly 100 prisons in four regions began piloting the system.

Detainees with TB obtain suitable treatment

More than 12,000 inmates were screened for TB at the New Bilibid Prison (NBP), as part of an ICRC-supported programme; 731 were enrolled for treatment.

The ICRC monitored the TB-control programme at the Quezon City Jail, after having handed over responsibility for its management to the BJMP at the end of 2016; its findings showed that the authorities had been able to maintain standards. The ICRC carried out repairs in the prison's TB-isolation ward; renovation of toilets and water-supply facilities benefited around 2,700 inmates. Some 430 inmates at the Danao City Jail had better living conditions after the ICRC provided bunk beds and constructed a secure outdoor area.

Twenty-two prisons in different regions, including four that received technical support directly from the ICRC, implemented a TB-control programme using tools, and best practices, from prisons that had piloted ICRC TB-control programmes.

Detainees' living conditions improve

The ICRC carried out a comprehensive assessment of prisons that were particularly congested and helped the authorities address some of the most urgent issues: insufficient ventilation, bedding of poor quality and lack of water. Some 6,000 detainees at 18 prisons benefited from the provision of fans and bunk beds; while infrastructural upgrades at seven prisons – for example, the construction of a recreational area – benefited about 5,500 inmates.

The ICRC assessed custodial conditions at ten police stations, and provided the authorities with material support for improving sanitation. Roughly 230 police officers learnt more about international policing standards through ICRC information sessions.

WOUNDED AND SICK

In Mindanao, the ICRC conducted first-aid training for roughly 1,000 people, including 199 weapon bearers; they also learnt about IHL and the protection due to patients and medical workers and facilities. Among these people were members of Islamic State-Ranao, who participated in these training sessions for the first time. After these sessions, one armed group conducted first-aid training, unassisted, for its members.

The ICRC also organized a training course on trauma care for 36 doctors and nurses from conflict-affected areas in Mindanao.

At an ICRC round-table on the Health Care in Danger project in November, health ministry officials and representatives of medical professional associations, from the Philippines and elsewhere, explored areas of cooperation in enhancing protection for health workers and facilities during armed conflict.

Wounded people and others obtain medical care

Eight hospitals in Mindanao treated people who were sick or wounded, including trauma cases, with the help of emergency medical supplies provided by the ICRC on a quarterly basis. The

ICRC also renovated operating and delivery rooms at two 25-bed district hospitals, enabling them to resume functioning.

Ad hoc donations of medical supplies helped 14 hospitals and 44 first-aid posts in conflict-affected areas of Mindanao. Financial support was given to 337 wounded people to meet expenses not covered by the national health system.

Disabled people were treated at the Davao Jubilee Foundation's physical rehabilitation centre, which received comprehensive support from the ICRC, including for the construction of a 12-bed dormitory on its premises. The ICRC's financial support covered: the salaries of managerial staff; staff participation in a workshop abroad; and treatment costs for 44 patients.

ACTORS OF INFLUENCE

Military and police forces learn more about IHL and internationally recognized policing standards

Dialogue and coordination with the parties concerned enabled the ICRC to carry out humanitarian activities in remote areas of Mindanao (see *Civilians*). A working group consisting of military officials and ICRC delegates met regularly to discuss issues of humanitarian concern, including those arising from the fighting in Marawi.

ICRC dissemination sessions and workshops aimed to advance understanding of IHL, international policing standards and other applicable norms – and respect for them – among weapon bearers. Military officers expanded their knowledge of IHL provisions on the conduct of hostilities and learnt how to incorporate them in their decision-making. Senior military personnel, and their police counterparts, discussed the military's responsibilities when it took part in law enforcement operations. Police officers added to their knowledge of the standard minimum rules for the treatment of detainees; legal and ethical conduct in policing; and the use of force during arrests and investigation. A military officer sponsored by the ICRC learnt more about the applicability of IHL at sea through a workshop held in Malaysia (see *Kuala Lumpur*).

Judges, lawyers and members of the academic community and other sectors of civil society also expanded their knowledge of IHL at ICRC training sessions and seminars, which focused on the situation in Mindanao. University students demonstrated their grasp of IHL at a regional competition in China (see *Beijing*). Two universities included IHL in their curricula.

ICRC seminars enabled 75 media professionals throughout the country to familiarize themselves with IHL and the ICRC. Journalists kept abreast of ICRC activities through the organization's print and online communication materials.

Over 400 people discussed how IHL and Islamic law applied to armed conflict, during ICRC seminars in Manila and Mindanao. These events helped the ICRC to cultivate relationships among religious circles, members of which expressed support for promoting respect for humanitarian norms in connection with the conflict in parts of Mindanao.

Influential parties discuss humanitarian issues and IHL implementation

In October, around 200 representatives from ASEAN Member States, international organizations, and academic and religious institutions from the region convened at a two-day ICRC seminar

in Manila (see also *Jakarta*). Participants discussed humanitarian action and diplomacy, respect for humanitarian norms and areas of cooperation among States in the region.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross and the ICRC worked together to address the immediate needs of people displaced by fighting in Marawi (see *Civilians*). With financial assistance from the ICRC, the National Society provided material aid, water and health services, and installed sanitation facilities, in Iligan, Lanao del Norte and Lanao del Sur; there were 4,700 volunteer deployments to Lanao del Sur for these activities. With support from other National Societies working in the country and the ICRC, the Philippine Red Cross assisted around 100,000 displaced people.

The National Society and the ICRC took steps to cooperate more closely in preparing for and responding to emergencies. With ICRC support, the National Society recruited more than 750 volunteers for its Red Cross Action Teams throughout Mindanao, and trained them in IHL, risk reduction, first aid, and emergency relief. A total of 164 National Society staff and volunteers were trained in other areas as well: public communication, promoting IHL, and applying the Safer Access Framework in their activities. The ICRC provided financial support for training National Society staff and volunteers at four water-and-sanitation hubs in Mindanao.

The ICRC sponsored the participation of National Society representatives in a partnership meeting in Switzerland, and in the Council of Delegates in Turkey. A draft agreement outlining the roles of the National Society, the International Federation and the ICRC during humanitarian emergencies in the Philippines was awaiting approval.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		23			
RCMs distributed		31			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		216	45	4	6
Tracing cases closed positively (subject located or fate established)		179			
Tracing cases still being handled at the end of the reporting period (people)		43	6	3	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		112			
Detainees in places of detention visited		76,590	5,093	42	
Visits carried out		158			
			Women	Girls	Boys
Detainees visited and monitored individually		382	42		12
	<i>of whom newly registered</i>	159	38		9
RCMs and other means of family contact					
RCMs collected		40			
RCMs distributed		20			
Phone calls made to families to inform them of the whereabouts of a detained relative		6			
Detainees visited by their relatives with ICRC/National Society support		354			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	68,047	20,417	29,949
	<i>of whom IDPs</i>	67,635	20,294	29,784
Essential household items	Beneficiaries	97,943	29,144	39,220
	<i>of whom IDPs</i>	92,015	27,610	38,952
Productive inputs	Beneficiaries	9,909	2,973	4,031
Cash	Beneficiaries	16,095	4,816	6,964
	<i>of whom IDPs</i>	5,229	1,568	2,604
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	59,454		
	<i>of whom IDPs</i>	59,454		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,596		
Health				
Places of detention visited by health staff	Structures	39		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	22		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		7,824		
Weapon-wound admissions (surgical and non-surgical admissions)		852	16	12
Weapon-wound surgeries performed		567		
Patients whose hospital treatment was paid for by the ICRC		117		
First aid				
First-aid training				
	Sessions	35		
	Participants (sum of monthly data)	1,274		
Water and habitat				
Water and habitat activities	Beds	62		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		347	80	112
New patients fitted with prostheses	Patients	107	28	8
Prostheses delivered	Units	130	30	19
	<i>of which for victims of mines or explosive remnants of war</i>	1		
New patients fitted with orthoses	Patients	11	1	8
Orthoses delivered	Units	21	2	16
Patients receiving physiotherapy	Patients	222	42	86
Walking aids delivered	Units	71	25	
Wheelchairs or tricycles delivered	Units	19	2	15

SRI LANKA



ICRC/AR_2017
 ○ ICRC delegation + ICRC office/presence

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Families of missing persons, helped by ICRC-backed local partners, met their economic, psychosocial and legal needs through a comprehensive support programme developed by the ICRC and expanded based on a 2015 assessment.
- ▶ Vulnerable households affected by past conflict, including households headed by women, started livelihood activities using ICRC cash grants. ICRC-constructed infrastructure broadened access to clean water in schools and villages.
- ▶ Forensic professionals developed their capacities in managing and identifying human remains, with ICRC support. Drawing on the ICRC's expertise in forensics, the authorities developed a training module for first responders.
- ▶ Penitentiary authorities and the ICRC launched or maintained pilot projects in several prisons; the projects sought to improve prison maintenance systems and procedures for medical screening and information management.
- ▶ Sri Lanka ratified the Anti-Personnel Mine Ban Convention. Troops bound for missions abroad learnt more about IHL and other applicable law at ICRC briefings and other events.

EXPENDITURE IN KCHF

Protection	3,680
Assistance	3,855
Prevention	746
Cooperation with National Societies	312
General	131
Total	8,724
<i>Of which: Overheads</i>	<i>532</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	117

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	17
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	513
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	31
Detainees in places of detention visited	13,226
<i>of whom visited and monitored individually</i>	382
Visits carried out	42
Restoring family links	
RCMs collected	7
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	17

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	2,800
		1,988
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	1,000
		973

CONTEXT

People living in areas affected by the armed conflict that ended in 2009 continued to feel its effects. Many families remained without news of relatives who had gone missing during the conflict; in addition to psychosocial distress, they also faced difficulties navigating legal and administrative processes. Some struggled to pursue their livelihoods and meet their financial needs.

In line with a resolution adopted by the UN Human Rights Council in October 2015, the authorities developed a sequential plan for setting up mechanisms to address the needs of people affected by the past conflict; these mechanisms included an office for missing persons, a truth and reconciliation commission, a special court and an office for reparations. In 2016, they set up a legal framework for issuing “certificates of absence”; these documents attest to the absence of missing persons, in order to enable their families to request State assistance. That year, the government also passed a law that established the Office of Missing Persons, which is tasked with clarifying the fate of missing persons and addressing their families’ needs.

Some protests – arising from political and communal tensions – took place throughout the year.

ICRC ACTION AND RESULTS

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

With technical input and other support from the ICRC, the authorities began issuing “certificates of absence” to missing people’s families to help ease their legal and administrative burdens; efforts to set up the Office of Missing Persons continued (see *Context*). In parallel, the ICRC continued its comprehensive support programme for these families, and further expanded it based on the findings of a needs assessment it completed in November 2015. The programme enabled some 3,100 households in nine districts to obtain assistance – from ICRC-trained local partners or local authorities – to meet their economic, psychosocial, legal and financial needs. The ICRC continued to help authorities and forensic professionals to strengthen their capacities in managing and identifying human remains, particularly during natural disasters. Together with a local forensic institution, it set up a pilot project for improving the management of mortuaries.

The households of missing people’s families – some headed by women – received ICRC support to produce more food and to begin or resume livelihood activities; some of them started or expanded small businesses with cash grants and training. Schoolchildren and vulnerable households had better access to clean water after infrastructure was built in schools and villages.

The ICRC continued to visit detainees in prisons and places of temporary detention – in accordance with its standard procedures – and discussed its findings and recommendations confidentially with the authorities. In support of these authorities’ efforts to improve detainees’ treatment and living conditions, the ICRC continued to provide technical assistance and training, helped renovate prison facilities, donated medical equipment, and distributed hygiene and recreational items for detainees. In some

prisons, working jointly with the authorities, it launched or continued to implement pilot projects for improving prison maintenance systems and procedures for medical screening and information management. As the government was planning to relocate some prisons out of urban centres, the ICRC provided the authorities with expert advice on prison design, and other assistance. The national task force on the legal and judicial causes of overcrowding in prisons met regularly, with ICRC support, and issued a report containing recommendations for tackling this issue.

At ICRC workshops, briefings and other events, military personnel, including those bound for missions abroad, learnt more about humanitarian principles and IHL. Sri Lanka ratified the Anti-Personnel Mine Ban Convention. The ICRC continued to discuss issues of humanitarian concern with the authorities and urged them to ratify IHL-related treaties. The national IHL committee continued to discuss the ratification of IHL-related treaties and the drafting of legislation to implement treaties already ratified, with the ICRC’s support.

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

CIVILIANS

Missing people’s families meet their needs with help from local organizations

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

With the ICRC’s support, the Sri Lankan authorities took steps to address the needs of the families of missing persons. The government began to issue “certificates of absence” (see *Context*) at the beginning of the year – under legislation drafted with the ICRC’s input – and worked to make them available throughout the country; the ICRC shared reports with the authorities containing its observations on the rollout of the service, and made recommendations for improvement. To support the authorities in setting up the Office of Missing Persons, it gave them technical guidance and offered to provide training in forensics (see also below).

In parallel, the ICRC continued to implement a comprehensive support programme for the families of the missing and, based on the findings from an assessment it conducted in 2015, further expanded the programme to include families in nine districts in all. Under the programme, 3,100 families received assistance in meeting their psychosocial and economic needs from local partners trained or financed by the ICRC, and obtained legal, administrative or financial assistance from local authorities after being referred to them by the ICRC. Some 530 households among them also benefited from an ICRC livelihood programme (see below).

Authorities train emergency first responders in the management of human remains

Authorities and medico-legal professionals strove to strengthen national capacities in identifying and managing human remains.

Owing to limited progress made in 2016 in the establishment of a course on forensic anthropology at Colombo University, it was decided to discontinue support for the initiative. The ICRC shifted its focus to collaborating with the Institute of Forensic Medicine and Toxicology in Colombo; it helped to equip the institute's laboratory and worked with staff to set up a pilot project on training in mortuary management. Forensic professionals, including members of the police force, honed their practical skills at training sessions organized by the ICRC; three of them attended a course abroad with ICRC sponsorship.

At an ICRC-organized national conference, forensic professionals drew on the lessons learnt from the response to past natural disasters, and discussed how to improve standard working procedures and coordination. Following this event, a training module – on recovering and managing human remains during emergencies – was developed for first responders, with the ICRC's technical assistance; this module was included in the disaster management ministry's standard training programme. Authorities attended a regional conference on the management of human remains during emergencies, where they connected with peers and learnt more about best practices in the region.

Schoolchildren have better access to clean water

Households comprised of the families of missing persons, including some households headed by women, received cash grants under an ICRC livelihood programme to start income-generating activities (430 households/1,626 people) and increase their food production (100 households/362 people). As part of the programme, some of these households learnt more about basic business management during training sessions, helping them develop their businesses and seek support from relevant local organizations.

Around 460 children had better access to clean water after wells were constructed at their school. The completion of wells and boreholes in three villages – part of a project begun in 2016 – improved the supply of water for 510 people.

People use family-links services to restore contact with relatives

Members of dispersed families, including migrants, connected with their relatives through family-links services offered by the National Society and the ICRC. Nearly 12,600 people bound for jobs abroad learnt how not to lose touch with their relatives at awareness-raising sessions conducted by the National Society. Fifteen people in Sri Lanka received travel documents from the ICRC, to facilitate their resettlement in third countries.

The National Society reinforced its capacities in providing family-links services, particularly through local workshops and by participating in regional meetings on the consequences, in humanitarian terms, of migration.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees, including migrants, contact their relatives

The ICRC visited, in accordance with its standard procedures, 31 prisons and places of temporary detention holding over 13,200 people in all. It paid particular attention to those held in relation to the past conflict and other particularly vulnerable inmates, such as migrants – including asylum seekers – and minors; 382 detainees were individually monitored. The ICRC communicated its findings and, when appropriate, its recommendations confidentially to the authorities. It engaged the authorities in

dialogue regularly on ensuring that detainees' living conditions and treatment – including procedural safeguards, judicial guarantees and access to essential services – complied with domestic/international law and internationally recognized standards.

Detainees, including migrants, contacted their families through family-links services provided by the Sri Lanka Red Cross Society and the ICRC. Some 120 detainees were visited by their families; the ICRC covered their relatives' transportation costs. Almost 100 detainees received certificates from the ICRC attesting to their detention, which helped facilitate legal and administrative processes. Thirty-four detainees were referred to organizations providing legal aid; the ICRC helped some foreign detainees notify their embassies of their detention.

National taskforce on prison overcrowding submits its recommendations to parliament

Penitentiary authorities and staff learnt more about improving detainees' treatment and living conditions; the ICRC provided technical and other support for this. Officials from the health and penitentiary ministries attended regional conferences, where they discussed such matters as prison monitoring and the availability of mental-health services in places of detention. Prison staff familiarized themselves with issues pertaining to the provision of health care in line with medical ethics, and to prison maintenance and construction, at ICRC workshops and briefings. At a round-table abroad, senior police officers discussed the implementation of procedural safeguards during arrest and detention.

Forensic professionals and the ICRC, and other stakeholders, met regularly to discuss how to ensure that forensic examinations of injuries and investigations into detainees' deaths were conducted in line with international standards. A committee established by the justice ministry to recommend legislative reforms related to inquests of death continued its work with support from the ICRC.

A national taskforce – established by the authorities in 2015, with ICRC support – and stakeholders from the criminal justice system met to discuss the legal and judicial causes of overcrowding in prisons and ways to address them, and issues related to prison reform. The taskforce submitted a report to the parliament, which contained its recommendations for tackling the issue of overcrowding.

Authorities and a local university launch a pilot project to improve prison maintenance

The authorities maintained their efforts to construct new prisons, and to improve their management and maintenance of existing facilities, with the help of ICRC technical input. In view of plans to relocate certain prisons outside of urban centres, penitentiary officials attended a conference abroad, where they learned more about the processes involved in building new facilities; the ICRC also provided the engineering division of the penitentiary ministry with safety equipment and design software, and other material support. At an ICRC workshop, staff from a prison in the last stages of construction discussed what they had learnt during the process of building the facility.

The authorities, a local university and the ICRC launched a pilot project in one prison to improve maintenance management, with a view to replicating it at other facilities; this initiative followed up the results of a workshop conducted in 2015. Pilot projects for improving waste management were launched in two prisons.

The authorities and the ICRC continued to jointly implement a project, started in 2016, to improve procedures for medical screening and information management, and broaden access to health care. Standard forms and procedures for medical screening were developed and used at the two pilot sites, and the medical facilities at these sites were equipped and renovated; a new laboratory was constructed at one prison.

Over 5,000 detainees benefited from infrastructural upgrades carried out by penitentiary authorities and the ICRC; these included renovation of sanitation facilities and water-supply systems, and improvements to areas used during family visits. Almost 12,000 detainees – including migrants – received hygiene items, and recreational and educational materials, distributed by the National Society and the ICRC.

ACTORS OF INFLUENCE

Troops bound for missions abroad learn more about IHL

At workshops, seminars and dissemination sessions, over 800 military personnel advanced their understanding of humanitarian principles and IHL. At predeployment briefings, some 450 troops bound for missions abroad learnt more about IHL in the context of peace-support operations, and about the role and mandate of the ICRC. The ICRC continued to engage the military and the police in dialogue on IHL and international standards applicable to policing, respectively. It provided expert input during high-level and regional round-tables held by the army and the navy.

With the ICRC's help, 36 commanders added to their knowledge of the laws governing naval warfare; naval officers and an officer from the coast guard attended regional events on maritime security. One military officer attended a senior workshop abroad, with ICRC sponsorship.

At ICRC seminars, nearly 40 military instructors familiarized themselves with techniques and materials for teaching IHL. Two legal officers from the army and the navy learnt more, at a regional event, about incorporating IHL in their doctrine, training and sanctions. The ICRC had discussions with the armed forces on possibilities for further training for legal advisers, and for other activities; it also expanded its engagement with the police training unit, for example, in strengthening training on the use of force.

Sri Lanka ratifies the Anti-Personnel Mine Ban Convention

The authorities continued to engage the ICRC in dialogue on domestic legislative initiatives; the ICRC urged them to ratify and implement IHL-related treaties. In December, Sri Lanka ratified the Anti-Personnel Mine Ban Convention.

The national IHL committee continued to discuss the ratification of IHL-related treaties and the drafting of legislation to implement treaties already ratified, with the ICRC's support.

During a regional workshop on IHL, organized by the authorities and the ICRC, officials from various ministries discussed best practices in drafting legislation and issues related to the implementation of IHL-related treaties. Members of the judiciary and government officials attended conferences abroad and ICRC training sessions, where they added to their knowledge of IHL, especially of provisions that were pertinent to their duties.

Law students demonstrate their grasp of IHL at a moot court competition

The ICRC cultivated its relationship with religious leaders and scholars; during dialogue with the former, it emphasized the similarities between their teachings and IHL. Legal scholars added to their knowledge and understanding of IHL at training sessions and seminars overseas, which they attended with ICRC support; law students tested their grasp of IHL at a moot court competition.

Several articles published in media, which drew on information provided by the ICRC, raised public awareness of humanitarian issues such as the plight of missing people's families.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC technical, financial and material support, the Sri Lanka Red Cross Society strengthened its operational capacities, particularly in restoring family links (see *Civilians*); it provided an emergency response to floods in 2017, and this aspect of its work was also bolstered.

The National Society strove to strengthen its application of the Safer Access Framework. It developed action plans and implemented them in 10 branches across the country, leading to the purchase of additional protective equipment and more consistent use of the red cross emblem by staff and volunteers; it also conducted dissemination sessions on the framework for its staff. Over 520 staff and volunteers took basic or advanced first-aid courses; and 56 staff members were certified as instructors during National Society training sessions carried out with ICRC assistance. The National Society also conducted first-aid training sessions for the traffic police forces, with support from the ICRC. The National Society continued to prepare a first-aid handbook adapted for local use.

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

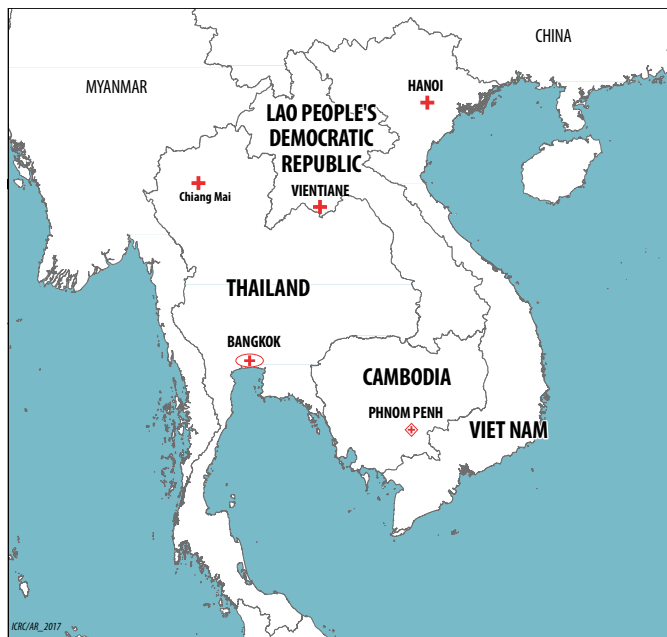
A draft Red Cross Act, prepared with the ICRC's guidance, awaited the approval of the pertinent authorities. Movement components met regularly to exchange information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		16			
RCMs distributed		17			
Phone calls facilitated between family members		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		472	45	23	83
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		513			
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases still being handled at the end of the reporting period (people)		16,343	811	497	1,407
<i>including people for whom tracing requests were registered by another delegation</i>		184			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		10	5		
Documents					
People to whom travel documents were issued		15			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		31			
Detainees in places of detention visited		13,226	2,315	11	
Visits carried out		42			
			Women	Girls	Boys
Detainees visited and monitored individually		382	17	1	6
<i>of whom newly registered</i>		209	10		7
RCMs and other means of family contact					
RCMs collected		7			
RCMs distributed		3			
Phone calls made to families to inform them of the whereabouts of a detained relative		17			
Detainees visited by their relatives with ICRC/National Society support		121			
People to whom a detention attestation was issued		99			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	1,988	786	797
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	973	487	243
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	11,952	728	26
Cash	Beneficiaries	4		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,673	331	37
Health				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	3		

BANGKOK (regional)

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



ICRC regional delegation ICRC mission ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Detainees in Cambodia received ICRC visits; they benefited from upgraded infrastructure and skills-training programmes provided by the authorities and the ICRC. In Thailand, the ICRC held a conference on prison health care.
- ▶ The ICRC visited detained irregular migrants in Thailand, and reconnected them with their families. Discussions with the Thai authorities on resuming its visits to other detainees, in line with its standard procedures, continued.
- ▶ Communities in southern Thailand spoke with the ICRC about strengthening their resilience to the effects of violence, and how the ICRC could help them. Some of them started or maintained small businesses with ICRC support.
- ▶ Disabled people obtained services at ICRC-supported physical rehabilitation centres. At one of these centres, the ICRC launched a programme that provided opportunities for employment and vocational training.
- ▶ In southern Thailand, police and military forces involved in law enforcement operations developed their understanding of international policing standards and other applicable norms at ICRC workshops.

EXPENDITURE IN KCHF

Protection	2,983
Assistance	5,104
Prevention	3,335
Cooperation with National Societies	1,169
General	527
Total	13,119
<i>Of which: Overheads</i>	<i>801</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	51
Resident staff (daily workers not included)	161

The ICRC established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam. It promotes the ratification and implementation of IHL treaties and the integration of IHL into military training. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It assists violence-affected populations in Thailand and visits detainees there and in Cambodia, supporting the authorities in improving prison management. It helps provide assistive devices for people with disabilities in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,446
RCMs distributed	2,467
Phone calls facilitated between family members	546
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	23
Detainees in places of detention visited	13,339
<i>of whom visited and monitored individually</i>	47
Visits carried out	64
Restoring family links	
RCMs collected	2,116
RCMs distributed	1,228
Phone calls made to families to inform them of the whereabouts of a detained relative	51

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Productive inputs	Beneficiaries	551
Cash	Beneficiaries	480 301
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	40
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	4 2
Patients receiving services	Patients	11,250 11,088

CONTEXT

In April, a new constitution took effect in Thailand. The one-year period of national mourning for the death of King Bhumibol Adulyadej ended in October.

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

Intermittent fighting between armed groups and the Myanmar military continued to take place along the Myanmar-Thailand border. Reportedly, over 100,000 Myanmar refugees were still in camps along the border, but others had returned voluntarily to Myanmar.

The countries covered by the regional delegation remained relatively stable, but social and political tensions persisted, particularly in Cambodia. Natural disasters, and the presence of mines and explosive remnants of war (ERW) – especially in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR) and Viet Nam – remained major sources of regional concern. Cambodia also had to deal with overcrowding in prisons. Many irregular migrants continued to be held in immigration detention centres in Thailand.

ICRC ACTION AND RESULTS

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

Discussions with the relevant authorities on resuming its visits to Thai prisons – in accordance with its standard procedures – continued; these visits were suspended in November 2016. However, it was unable to regain access to all detainees within its purview, including security detainees. The ICRC visited people held in prisons in Cambodia, and in immigration detention centres in Thailand, in accordance with its standard procedures; it paid special attention to irregular migrants. After its visits, it communicated its findings confidentially to the relevant authorities, to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. ICRC financial support enabled Cambodian officials to travel to provincial courts and finalize the sentences of three inmates in protracted detention. Detainees in Cambodia and irregular migrants in Thailand reconnected with their relatives through the Movement's family-links services.

Cambodian authorities and the ICRC provided skills-training programmes for detainees and carried out infrastructural upgrades at selected prisons. They continued to implement – at one detention facility where women and minors were held – a project to create a national model for health care and hygiene in prisons. The ICRC organized a regional conference in Thailand on prison health care; students at a Thai university learnt about this subject through a course developed by that university and the ICRC.

Discussions with violence-affected community members in southern Thailand led to the ICRC providing a women's group with technical support for maintaining their livelihoods. Vulnerable households in the area established small businesses with ICRC support. Physically disabled breadwinners in Cambodia received financial aid – from the ICRC and/or the Cambodian Red Cross Society – for starting similar businesses; ICRC assistance helped disabled children to go to school. People in three provinces in Viet Nam learnt safe practices at mine-risk awareness sessions conducted by the Viet Nam Red Cross with the ICRC's help.

Disabled people in Cambodia obtained services at two physical rehabilitation centres receiving comprehensive ICRC support; the centres also offered activities that facilitated disabled people's socio-economic reintegration, including through a new programme that provided opportunities for employment and vocational training. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia and the Lao PDR – for instance, by giving the authorities support to develop and implement national standards for physical rehabilitation services. The ICRC covered the costs of treatment, in Thailand, for people wounded during clashes in Myanmar.

The ICRC continued to advance understanding of humanitarian principles, IHL and/or international policing standards, and broaden support for them, among the authorities and other influential members of society in the four countries covered. Police and military forces from the region drew on the ICRC for guidance in applying the relevant principles and norms in their operations; government officials broadened support for IHL and IHL-related treaties. University students demonstrated their grasp of IHL through regional moot court competitions; professors and lecturers from the four countries honed their skills in teaching the topic at an ICRC seminar. In Cambodia and Thailand, public-communication efforts by the pertinent National Societies and the ICRC helped the general public learn about the Movement and its work.

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

CIVILIANS

The ICRC relayed to weapon bearers the concerns of people affected by the violence in southern Thailand, and urged them to comply with applicable norms while conducting their operations (see *Actors of influence*). People from violence-affected communities and the ICRC discussed possibilities for supporting community initiatives to strengthen resilience to the effects of violence. These discussions led to the ICRC providing a women's group with technical support for maintaining their livelihoods.

Around 100 vulnerable households in southern Thailand (551 people) began to earn money through small businesses, such as repairing motorcycles and growing vegetables; the ICRC helped them to buy the necessary productive inputs, instead of distributing cash directly to them, to speed up the delivery of aid. The ICRC repaired wells after various assessments revealed a need for it; some 40 people benefited. Ad hoc ICRC financial support enabled 26 households to pay for their relatives' funerals.

Physically disabled people in Cambodia start small businesses

Financial and/or material assistance from the ICRC helped 21 disabled breadwinners (supporting 104 people) in Cambodia to start income-generating activities, and 67 children to go to school. More than 30 patients of ICRC-supported physical rehabilitation centres were referred for vocational training or employment.

The Viet Nam Red Cross conducted – with ICRC support – risk-awareness sessions for communities in three provinces affected by mines or ERW. With technical support from the Thai National Institute for Emergency Medicine, the ICRC trained Lao medical staff in first aid and trauma management, particularly for injuries from mines and ERW.

Thai and Vietnamese authorities develop their capacity to manage human remains

Members of families dispersed by various circumstances restored or maintained contact through family-links services provided by the National Society in their country and the ICRC. National Societies from the four countries and in the wider region attended an ICRC conference on restoring family links, mainly after natural disasters and in connection with migration; representatives of UNHCR and Thai forensic authorities also took part in the event.

The Vietnamese National Society and the ICRC cooperated in providing and promoting family-links services; they published articles online about these services. The National Society received ICRC technical advice for revising its guidelines for restoring family links; its staff attended an ICRC training course in providing family-links services. Vietnamese forensic authorities also drew on ICRC guidance, for revising national standards for managing human remains. Forensic professionals learnt more about human remains management at ICRC information sessions.

At a regional conference organized by the authorities and the ICRC in Thailand, forensic professionals discussed their role in identifying human remains to help resolve cases of missing people. Thai authorities and the ICRC exchanged best practices in managing human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought to resume its visits to Thai prisons, which had been suspended since November 2016 because it was not permitted to work in accordance with its standard procedures. It continued to discuss the issue with the authorities, but was unable to regain access to all detainees within its purview, including security detainees.

The ICRC visited people held in prisons in Cambodia and immigration detention centres in Thailand, in accordance with its standard procedures; people with particular vulnerabilities, such as irregular migrants, received special attention. After its visits, the ICRC discussed its findings and recommendations confidentially with the relevant authorities, with a view to helping them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. In Cambodia, senior police and *gendarmerie* officers received ICRC input for strengthening compliance with the procedures outlined in domestic legislation concerning the treatment of people during arrests and the initial stages of detention.

Detainees in Cambodia and irregular migrants held at Thai immigration detention centres restored or maintained contact with their families through the Movement's family-links services. In both countries, inmates held far from their homes received family visits arranged by the ICRC.

Detainees in Cambodia benefit from skills training

The ICRC continued to have discussions with the Cambodian authorities on tackling overcrowding in prisons; alternatives to detention were considered. Officials from the Cambodian General Department of Prisons (GDP) and the Appeals Court travelled to provincial courts, with the ICRC's financial assistance, and followed up detainees' cases that had been pending for several years. As a result, rulings in three cases were finalized.

Local authorities and organizations worked with the ICRC to facilitate the social reintegration of detainees after their release, with a view to reducing recidivism. The GDP, a local organization and the ICRC provided vocational training, personal-development programmes and regular family visits for 40 detained minors. The authorities gradually began to assume responsibility for these services, as new batches of detained minors were enrolled. Over 2,000 detainees benefited from skills-training programmes developed by an ICRC-supported working group consisting of Cambodian government officials and other local stakeholders; the programmes were based on educational needs assessments conducted by the group in 2016.

Cambodian and Thai authorities seek to improve health care for detainees

Cambodian and Thai authorities continued to draw on ICRC support to improve health-care services in prisons; with ICRC financial assistance, they also attended conferences abroad on prison management and infrastructure (see *Bangladesh* and *Jakarta*).

In Thailand, the ICRC organized a conference on prison health care for prison officials and health staff, and government officials from 13 countries; participants discussed best practices and challenges in providing health care for detainees. Post-graduate students at a Thai university learnt about prison health care through a course developed by that university and the ICRC.

In Cambodia, the ICRC encouraged cooperation, among the parties concerned, in matters related to prison health care. The GDP and the ICRC continued to implement a project that provided basic health care and promoted good hygiene at a facility holding about 1,400 women and minors. The project focused on creating a model that could be replicated throughout the country.

The ICRC also helped Cambodian authorities to strengthen their response to disease outbreaks in prisons. It helped the GDP set up an emergency response team, and donated medical supplies – to treat scabies, for instance – to prison health clinics. Health staff at selected prisons were trained to conduct medical screenings for detainees. ICRC health teams followed up cases of ailing inmates, and referred them to secondary-level care where necessary. Nearly 7,000 detainees and prison guards at five prisons received hygiene items, clothes and other items from the ICRC.

Inmates in Cambodia have better living conditions

The Cambodian authorities maintained their efforts – with ICRC support – to upgrade prison infrastructure, with a view to easing the effects of prison overcrowding. For example, ICRC training sessions helped local officials and engineers to refresh their skills in assessing prison infrastructure and planning ways to improve them. The authorities drew on ICRC support to revise national standards for renovating and constructing prisons.

Roughly 3,400 detainees in Cambodia had better living conditions as a result of infrastructural work – renovation or construction of common areas, and of water and sanitation facilities – done by the authorities with ICRC technical and material support.

Although the ICRC was unable to construct water systems in Thai prisons because of the suspension of visits, it was able to provide a follow-up training session for some 2,700 inmates on the maintenance and proper use of a water system that it had installed in 2016.

PEOPLE DEPRIVED OF THEIR FREEDOM	Cambodia	Thailand
ICRC visits		
Places of detention visited	9	14
Detainees in places of detention visited	12,878	461
<i>of whom women</i>	1,234	46
<i>of whom minors</i>	593	171
Visits carried out	29	35
Detainees visited and monitored individually	44	3
<i>of whom women</i>	2	1
Detainees newly registered	9	3
<i>of whom women</i>		1
Restoring family links		
RCMs collected	1,884	232
RCMs distributed	1,102	126
Phone calls made to families to inform them of the whereabouts of a detained relative		51
Detainees visited by their relatives with ICRC/National Society support	3	263

WOUNDED AND SICK

A few people injured by clashes in Myanmar crossed the border into Thailand; the ICRC covered the medical expenses of 23 wounded people treated in Thai hospitals. Amputees in areas along the Myanmar-Thailand border were referred to two ICRC-supported physical rehabilitation centres in Myanmar.

Cambodian authorities approve national standards for practising physiotherapy

Some 3,760 disabled people – including those injured by mines or ERW – benefited from physiotherapy services at two physical rehabilitation centres receiving ICRC support: donations of materials and equipment, infrastructural upgrades, and training and technical guidance for personnel. These centres also provided assistive devices for disabled people. Around 860 disabled people living far from the centres had their assistive devices repaired through ICRC-supported outreach programmes.

The Cambodian authorities approved a set of national standards for practising physiotherapy that were drafted with the ICRC's assistance; staff at ICRC-supported centres were trained in standard practices. Twelve students, sponsored by the ICRC, took a course in physiotherapy; the course was developed by two local institutions and the ICRC in 2016. Physiotherapists sharpened their skills at training sessions conducted by an ICRC-supported local organization.

Together with local partners, the ICRC helped to ease the socio-economic reintegration of some disabled people (see *Civilians*). In November, the ICRC launched a programme that provided opportunities for employment and vocational training to disabled people at one ICRC-supported centre. ICRC support helped 36 female wheelchair basketball players to continue training for regional competitions; a new wheelchair basketball team was assembled in Siem Reap.

The Lao health ministry and the ICRC sign an agreement to strengthen physical rehabilitation services

In June, the health ministry in the Lao PDR and the ICRC signed a five-year agreement to strengthen the ministry's capacities in prosthetics and orthotics and to set clinical and managerial standards for physical rehabilitation services; this was in line with the ministry's plan to scale up rehabilitation services in the country. As part of the agreement, eight students were selected to go abroad in 2018, to study prosthetics and orthotics. To support the development of national standards for physical rehabilitation services, the ICRC sponsored officials from the health ministry to attend an event abroad on standards for prosthetics/orthotics.

ACTORS OF INFLUENCE

Thai police and military officers strengthen their grasp of international policing standards and IHL

Military and security forces personnel in the region learnt more about abiding by humanitarian principles, IHL and international policing standards in their operations. The ICRC held a regional workshop on this subject, in Thailand, for senior military officers from 11 countries. Local workshops were also held in southern Thailand – on norms and internationally recognized standards applicable to their work – for police and military officers engaged in law enforcement operations; participants received informational materials in the local language.

Armed forces personnel from all four countries covered learnt more about applying IHL in their operations; the ICRC gave them technical advice and sponsored their participation in events abroad. Military officers in the Lao PDR, Thailand and Viet Nam attended local ICRC workshops on IHL and other applicable norms; the ICRC also pursued dialogue with the Vietnamese security forces on incorporating IHL in their training curriculum. Senior military officers from Cambodia, Thailand and Viet Nam strengthened their grasp of IHL by exchanging views with their counterparts at

seminars and other events abroad (see *International law and policy and Kuala Lumpur*).

At predeployment sessions conducted by the ICRC, Cambodian peacekeepers familiarized themselves with provisions of IHL and international norms applicable to their duties.

Some representatives of armed groups continued to consult the ICRC for advice on applying IHL in specific situations.

Authorities in the region broaden support for IHL

Guided by the ICRC, authorities in the region took steps to broaden support for IHL, for instance, by engaging regional counterparts in dialogue at conferences on IHL or IHL-related treaties (see *Kuala Lumpur* and *New Delhi*). The ICRC encouraged the Cambodian authorities to establish an IHL committee; it also gave them support for translating the 1949 Geneva Conventions and Additional Protocols I, II and III into the local language. Lao government officials learnt more about the Hague Convention on Cultural Property at an ICRC seminar.

The ICRC maintained dialogue with relevant actors in the region, including the Association of Southeast Asian Nations departments of the pertinent government ministries. Discussions covered topics such as mine-action programmes, management of human remains, and emergency response during natural disasters or in relation to migration.

People in Cambodia and Thailand learn more about the Movement and its work

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

The National Societies in Cambodia and Thailand, and the ICRC, strove to broaden public awareness and advance understanding of the Movement and its work. They posted audiovisual materials on social media about National Society and ICRC operations in the region and the Movement's neutral, impartial and independent humanitarian approach, and gave journalists information for articles on these subjects. These and other informational materials, produced by or with the ICRC, were in the local languages.

Some 40 law students in the Lao PDR and Viet Nam learnt about IHL at ICRC workshops; Thai students strengthened their grasp of the subject through internships with the ICRC. University students from the four countries demonstrated their knowledge of IHL at national and regional moot court competitions (see *Beijing*). A regional workshop in Thailand helped professors and lecturers to hone their skills in teaching IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to work with the ICRC and to draw on its support to strengthen their ability to respond to emergencies, restore family links, and assist communities affected by mines and ERW (see *Civilians*). The Lao National Society and the ICRC signed a three-year partnership agreement. The revised statutes of the Lao National Society, prepared with technical support from the International Federation and the ICRC, awaited approval by the pertinent authorities.

With ICRC technical and financial support, the Lao and Thai National Societies organized dissemination sessions on IHL and the Movement for roughly 2,500 people. During ICRC train-the-trainer workshops, some 20 people from the Cambodian National Society developed their ability to conduct similar dissemination sessions; around 2,000 border troops, police personnel and military cadets attended information sessions organized jointly by the Cambodian National Society and the ICRC. With ICRC support, the Cambodian National Society maintained its livelihood-assistance activities for people in areas affected by mines and ERW. It developed guidelines for National Society personnel to operate according to the Safer Access Framework, and provided cash grants to nearly 180 breadwinners – most of them women – for starting small businesses in safer areas.

Movement components in the region coordinated their activities through periodic meetings and regional events, including a regional meeting held in Viet Nam; National Society staff and volunteers, from the four countries, attended these events with financial assistance from the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,446			
RCMs distributed		2,467	1		
Phone calls facilitated between family members		546			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		12			2
Tracing cases closed positively (subject located or fate established)		1			
Tracing cases still being handled at the end of the reporting period (people)		61	19	6	5
Documents					
People to whom travel documents were issued		7			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		23			
Detainees in places of detention visited		13,339	1,280	764	
Visits carried out		64			
			Women	Girls	Boys
Detainees visited and monitored individually		47	3		
	<i>of whom newly registered</i>	12	1		
RCMs and other means of family contact					
RCMs collected		2,116			
RCMs distributed		1,228			
Phone calls made to families to inform them of the whereabouts of a detained relative		51			
Detainees visited by their relatives with ICRC/National Society support		266			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	551	233	158
Cash	Beneficiaries	301	54	193
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	40		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	6,957	219	
Services and training	Beneficiaries	40		40
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,062	271	135
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		11,088	1,815	1,421
New patients fitted with prostheses	Patients	261	27	8
Prostheses delivered	Units	1,602	146	29
	<i>of which for victims of mines or explosive remnants of war</i>	1,257	81	2
New patients fitted with orthoses	Patients	382	61	154
Orthoses delivered	Units	1,175	169	553
Patients receiving physiotherapy	Patients	3,761	495	839
Walking aids delivered	Units	1,122	121	149
Wheelchairs or tricycles delivered	Units	666	227	61

BEIJING (regional)

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



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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In the Democratic People's Republic of Korea (hereafter DPRK), the Rakrang and Songrim physical rehabilitation centres continued to treat disabled people. The ICRC helped upgrade essential facilities at the centres.
- ▶ Teams from the DPRK's Ministry of Public Security developed their ability, through ICRC training, to dispose of explosive ordnance safely and respond to blast-related injuries.
- ▶ The ICRC's president advocated the inclusion of a humanitarian component in China's Belt and Road Initiative; the ICRC engaged Chinese officials on humanitarian issues of common interest.
- ▶ The ICRC reinforced its dialogue with authorities and other influential figures in the region. It emphasized the necessity of strengthening respect for IHL and of including IHL-related considerations in their contingency planning.

EXPENDITURE IN KCHF

Protection	190
Assistance	6,733
Prevention	5,165
Cooperation with National Societies	1,506
General	94
Total	13,689
<i>Of which: Overheads</i>	<i>835</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	60

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	1,600
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	13,000
		9
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1
		4
Water and habitat		
Water and habitat activities	Beds	2,511
		2,232
Physical rehabilitation		
Projects supported	Projects	3
		5
Patients receiving services	Patients	
		2,210

CONTEXT

China figured prominently in international affairs, exercising influence through its permanent seat on the UN Security Council, and through various trade initiatives in the region; it continued to promote globalization and the Belt and Road Initiative. Disputes over territory, including maritime areas, remained a feature of its relationships with some of its neighbours.

The Democratic People's Republic of Korea (hereafter DPRK) claimed to have expanded its nuclear capacities and tested several missiles, further straining its relations with the Republic of Korea (hereafter ROK). In response, the UN Security Council imposed a new set of sanctions against the country.

Mines and explosive remnants of war (ERW), from the 1950–1953 Korean War, continued to threaten the safety of civilians in the DPRK.

A new president was elected in the ROK after the previous occupant of the office was impeached in December 2016.

Mongolia maintained ties with China, the DPRK and the ROK; a new president was elected and a new cabinet installed.

ICRC ACTION AND RESULTS

The Beijing regional delegation sought a more expansive dialogue with influential figures on humanitarian issues in the four countries covered, with a view to securing support for its humanitarian activities in the region and beyond. It also continued to strive to engage with the authorities, military and police forces, academics, the media and others, in order to broaden knowledge of IHL and humanitarian principles, and acceptance for them.

The ICRC partnered the authorities, National Societies and others to help improve conditions – largely through its assistance projects – for vulnerable people. In the DPRK, the Red Cross Society of the Democratic People's Republic of Korea and the ICRC carried out water and sanitation projects – still in progress – in peri-urban areas of Kaesong, to benefit residents without direct connection to a water source. The ICRC continued to support three hospitals by giving them supplies and training, and upgrading infrastructure. The Rakrang and Songrim physical rehabilitation centres received similar support.

The ICRC gave the Red Cross Society of China technical assistance to run a physical rehabilitation centre and repair workshop in the Yunnan province; vulnerable people in Yunnan, including the disabled, also drew on the livelihood support provided by the Chinese Red Cross. The ICRC signed an agreement with a hospital in the Sichuan province to strengthen its capacities in physical rehabilitation.

As mines and ERW from the 1950–1953 Korean War continued to threaten public safety, training courses in explosive ordnance disposal (EOD) were organized for the DPRK's Ministry of Public Security officers. The ICRC signed an agreement with the DPRK Red Cross that defined its capacity-building support for the National Society.

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

The ICRC strove to expand its network of contacts in China, Mongolia and the ROK. Its discussions with influential parties – government officials, military officers, and academics and other members of civil society – focused on its role in addressing the humanitarian consequences of conflict in the region and beyond, and on the importance of including IHL-related considerations in national contingency plans and emergency-response measures. Participating in the Belt and Road forum in Beijing enabled it to enhance its dialogue with the Chinese authorities.

The ICRC worked with military and police forces throughout the region to advance understanding of IHL and other international norms among their personnel. Police officers and trainees in China and Mongolia attended workshops on international policing standards.

The ICRC conducted events to help university students and lecturers from China, Mongolia and the ROK get a stronger grasp of IHL and humanitarian activities. It assisted the Hong Kong Red Cross, Branch of the Red Cross Society of China, in hosting an international moot court competition.

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

The ICRC carried out working partnerships with the National Societies and coordinated its work with other Movement components in the region.

CIVILIANS

Water supply rehabilitation continues in the DPRK

The DPRK Red Cross and the ICRC continued to implement joint projects – begun in 2016 – to improve water supply and sanitation in the Unhak quarter of Kaesong. These projects were scheduled for completion in 2018 and would benefit roughly 15,000 civilians. Water technicians, sponsored by the ICRC, received training in France to strengthen their ability to ensure long-term maintenance of water facilities.

Authorities take steps to reduce risks posed by weapon contamination

With a view to minimizing civilian casualties of mines/ERW (see *Context*), the ICRC's Pyongyang mission, with support from the DPRK Red Cross and the ICRC's Weapon Contamination Unit, conducted training courses in EOD and risk awareness for police EOD teams under the Ministry of People's Security. The teams were also trained to treat blast-related injuries, and given the necessary medical equipment.

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

Destitute households pursue livelihoods

The Red Cross Society of China's integrated community resilience programme, funded by the ICRC, gave destitute households – some with disabled members – cash grants for undertaking livelihood activities. Roughly 300 Chinese Red Cross personnel took part in ICRC workshops on evaluating livelihoods and assessing related needs.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities expand their managerial capacities

The ICRC supported the Chinese authorities' ongoing prison reforms with expert advice. Senior officials from the justice ministry went on a study tour of places of detention in Geneva, in Switzerland, and London, in the United Kingdom of Great Britain and Northern Ireland; this broadened their knowledge of health-care provision in prisons, and of other matters. Two health ministry officials attended a conference on prison health in Thailand (see *Bangkok*). In cooperation with the justice ministry, the ICRC held a seminar in Yunnan to discuss detention-related issues such as TB control, and detainees' health and security. At a workshop in Zhengzhou, 39 prison staff learnt more about health care in prisons.

Finalization of a draft agreement – developed by the justice ministry, the Liaoning provincial government and the ICRC – for a TB-control programme, was pending at year's end. Justice ministry officials, and prison staff and government officials from Liaoning, went on an ICRC study tour of Azerbaijan, where they studied TB-control and management programmes in places of detention.

WOUNDED AND SICK

Disabled people in Yunnan are treated at a National Society centre

The Yunnan branch of the Red Cross Society of China continued, with ICRC material support, to manage a physical rehabilitation centre in Kunming and a repair workshop in Malipo. Disabled people received rehabilitative care, including physiotherapy and prostheses and other assistive devices, at these facilities; some were referred for economic assistance (see *Civilians*).

The ICRC provided clinical and technical guidance for the centre's management and staff, to help them improve their services. Monthly incentives from the ICRC helped the centre employ enough personnel and cover their salaries, thus ensuring uninterrupted services for disabled people.

The prosthetics and orthotics unit of the Chengdu Second People's Hospital, in Sichuan, received equipment and tools for producing assistive devices; the donation followed on from a capacity-building agreement between the hospital and the ICRC. The agreement enabled the ICRC to establish contact with the Sichuan Disabled Persons' Federation. The China Disabled Persons' Federation and the ICRC continued to discuss possibilities for cooperation.

Physical rehabilitation centres in the DPRK improve their services

In the DPRK, the Rakrang and Songrim physical rehabilitation centres continued to receive raw materials and components from the ICRC; disabled people obtained treatment at the centres, which also produced 1,566 prostheses, 181 orthoses and 1,279 walking aids. The ICRC provided on-site mentoring, and clinical and technical guidance, for personnel at the two centres. Personnel from the Songrim centre went on an ICRC study tour of Cambodia, where they learnt more about best practices in physical rehabilitation. The ICRC did not perform certain procedures – stump revision, for example – because the beneficiaries were inaccessible.

With ICRC support, infrastructure renovations were completed at the Songrim centre, and were at various stages of completion at the Rakrang centre. The patient's dormitories at Songrim

centre benefited from a major refurbishment, which included the construction of a new kitchen, and upgrades to the workshop, storeroom and clinical areas. Conditions for both staff and patients improved after the health and water-supply systems were upgraded. At both centres, the ICRC installed winter insulation and renovated toilets to make them more accessible to disabled people.

Facilities are upgraded at DPRK hospitals

Three hospitals (2,228 beds in all) – in Hamhung, Kaesong and Pyongsong – continued to receive ICRC support for improving their services: provision of medical supplies and essential drugs, and repairs to facilities. The ICRC upgraded the water- and electrical power-supply systems at these three hospitals; it also made repairs to or constructed sanitation facilities, including toilets and areas for washing clothes or managing solid waste. To promote the use of renewable energy, the ICRC installed solar-powered equipment for the hospital's heating systems. At the Pyongsong hospital, it installed a new X-ray machine that could run on photovoltaic power.

From September to November, an ICRC surgical team provided on-site technical support for the medical staff of the Pyongsong hospital; surgeons and other doctors learnt more about emergency-room trauma care at ICRC seminars.

The Rakrang hospital received ad hoc support from the ICRC for several months.

ACTORS OF INFLUENCE

The ICRC sought regular contact with government and military officials, and other influential parties in the region, to advance understanding of IHL and humanitarian issues and to foster support for its humanitarian activities in the region and elsewhere.

At the Belt and Road Forum for International Cooperation held in Beijing, the ICRC's president called for the inclusion of a humanitarian component in the initiative. During this event, the Chinese authorities and the ICRC discussed humanitarian issues of common interest and ICRC operations in key contexts. The ICRC discussed IHL and humanitarian principles with the governments of China and the ROK. The Chinese authorities sought the ICRC's technical support for the revision of the Red Cross Society law; the revised law was promulgated by the Standing Committee of the National People's Congress. While awaiting clarification of its legal status in the ROK, the ICRC explained – to various ministries – its mandate and its activities to reunite separated families.

In June, the Shanghai Cooperation Organization and the ICRC signed a memorandum of understanding, with a view to conducting a more structured dialogue on IHL and humanitarian issues arising from armed conflict and other situations of violence.

ICRC conferences highlight contemporary IHL issues

A local academic institution and the ICRC organized a two-day conference in Beijing to mark the 40th anniversary of the adoption of the 1977 Additional Protocols; participants learnt more about a broad range of IHL-related issues, including the conduct of hostilities and compliance with IHL in contemporary armed conflict. The event was attended by nearly 100 representatives, experts and scholars from the Chinese government and military, the national IHL committee, think-tanks, and academic institutions.

At a round-table organized by the China Arms Control and Disarmament Association and the ICRC in Beijing, participants discussed the humanitarian consequences of the unregulated transfer of arms and the international legal framework governing the arms trade; the event was attended by over 30 people, including representatives from military institutions and from weapons- and defence-related agencies of the Chinese government.

Students and lecturers learn more about IHL

University students and lecturers from China, Mongolia and the ROK developed a fuller understanding of IHL and humanitarian work – and of the obstacles to the latter – through courses, lectures and moot court competitions. These events were conducted in collaboration with universities, think-tanks, and National Societies and other local organizations in partnership with the ICRC. Roughly 100 students and lecturers from the Asia-Pacific region participated in a regional moot court competition organized jointly by the ICRC and the Hong Kong Red Cross branch of the Red Cross Society of China.

Legal experts from China and the ROK contributed to the ICRC's projects to update its commentaries on the Geneva Conventions and its study on customary IHL (see *International law and policy*).

The ICRC expands its dialogue with the armed forces and the security forces

The ICRC maintained its dialogue with the People's Liberation Army of China; discussions regarding IHL-related events for 2018 were ongoing. In the ROK, the ICRC conducted information sessions on IHL and the ICRC's activities at the Special Warfare Command and at the Korea National Defence University; this was in addition to its regular interaction with army and navy personnel. At a military exercise conducted by the United States Forces Korea, the ICRC briefed high-ranking officials of this command on its mandate and activities. In Mongolia, army officers attended ICRC refresher training in IHL.

Local-language coverage of humanitarian issues reaches wider audience

The ICRC boosted its public engagement in the region, in particular by strengthening its broadcast, print and online media presence in local languages. More contextualized digital content was produced and promoted online, including on social media platforms, which increased audience engagement. Expanded contact with members of the traditional and the electronic media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC operations, and subjects related to IHL.

The ICRC's partnership with China's main news agency enabled Chinese journalists to observe ICRC activities throughout the world – during ICRC-organized field trips – and report on them; they also reported on the ICRC president's visit to China, focusing on the ICRC's views on the Belt and Road Initiative.

The ICRC sought to widen its network of media contacts in the ROK and the Asia-Pacific region; to that end, it formed a partnership with an association of journalists; a conference in Seoul in October, attended by journalists from 18 countries, also gave the ICRC numerous opportunities for networking.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC pursued working partnerships with the National Societies and other Movement components in the region, with a view to shoring up emergency response capacities.

The ICRC trained personnel from the Red Cross Society of China in first aid, the Safer Access Framework and management of human remains. Some 100 staff from the Chinese Red Cross branches of three major cities participated in a simulation exercise in Beijing; Chinese Red Cross personnel and officials from the Shanghai government's emergency response office were given training pertinent to chemical, biological, radiological or nuclear events. After ICRC training in the management of human remains, held in Pakistan, the Chinese Red Cross began to incorporate in its manuals what it had learnt.

With ICRC support, the Chinese Red Cross incorporated elements of the Safer Access Framework and the Health Care in Danger project in its first-aid training curriculum. The ICRC enabled the Chinese Red Cross to visit ICRC delegations in conflict-affected contexts, to establish operational dialogue and enhance cooperation in the field within the Movement framework.

In Mongolia, the ICRC provided training in contingency planning for key members of the Mongolian Red Cross Society's emergency response teams, police officers and officials from the National Emergency Management Agency.

The Red Cross Society of the DPRK and the ICRC signed a cooperation agreement, which committed the ICRC to providing support for the National Society's public-communication, capacity-building and resource mobilization activities. The International Federation, the National Societies concerned and the ICRC continued to discuss contingency plans for emergencies in the region.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9	4	2
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		35		
Water and habitat				
Water and habitat activities	Beds	2,232		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services (sum of monthly data)		2,210	389	57
New patients fitted with prostheses	Patients	637	91	16
Prostheses delivered	Units	1,786	318	57
	<i>of which for victims of mines or explosive remnants of war</i>	9	1	
New patients fitted with orthoses	Patients	83	9	10
Orthoses delivered	Units	181	22	10
Patients receiving physiotherapy	Patients	1,160	228	34
Walking aids delivered	Units	1,279	225	55
Wheelchairs or tricycles delivered	Units	48	4	1

JAKARTA (regional)

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



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

KEY RESULTS/CONSTRAINTS IN 2017

- Movement family-links services reconnected people with relatives separated from them by detention, migration or other circumstances. Some people saw their families for the first time since the 1975–1999 conflict in Timor-Leste.
- Forensic and emergency response personnel developed their capacities in managing human remains at ICRC-sponsored workshops, including one on the issue of missing migrants and another on emergency situations.
- Findings from an assessment of the services available to victims of sexual violence in Papua – conducted by the Indonesian Red Cross Society and the ICRC – served as the basis for a 2018 action plan for addressing victims' needs.
- The Indonesian parliament adopted a Red Cross law drafted with the ICRC's help. Key Indonesian and Timorese actors learnt more about IHL and its implementation at ICRC events.
- The Association of Southeast Asian Nations and the ICRC held their first joint event: a symposium exploring the common ground between IHL and religious/customary norms and its helpfulness in tackling humanitarian issues.

EXPENDITURE IN KCHF

Protection	478
Assistance	398
Prevention	2,700
Cooperation with National Societies	820
General	56
Total	4,452
<i>Of which: Overheads</i>	<i>272</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	44

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6
RCMs distributed	40
Phone calls facilitated between family members	3
Tracing cases closed positively (subject located or fate established)	7

CONTEXT

Indonesia's capital city, Jakarta, was struck by two explosions in May, for which the Islamic State group claimed responsibility. Intensified police efforts to hunt down alleged "terror" networks resulted in some people being arrested. Socio-economic and communal or religious tensions caused episodic violence in some parts of the country; such incidents sometimes involved sexual abuse.

Migrants, including asylum seekers, continued to arrive in or pass through Indonesia. There were few options for resettling irregular migrants; many of them remained stranded in the country.

Indonesia continued to exert diplomatic influence in regional matters, notably through its membership of the Association of Southeast Asian Nations (ASEAN), the Organization of Islamic Cooperation and other multilateral bodies.

ASEAN, which is based in Jakarta, took steps to develop its capacity to coordinate humanitarian responses to emergencies in the region, including those created by armed conflict and other situations of violence, such as the events in Rakhine in Myanmar and in Marawi in the Philippines.

In Timor-Leste, security conditions remained relatively stable, but there were occasional incidents of urban violence that led to confrontations between the police and the alleged perpetrators. Thousands of families were still seeking information about relatives who went missing during the 1975–1999 armed conflict there. Presidential and parliamentary elections took place in 2017.

ICRC ACTION AND RESULTS

The ICRC kept up its efforts to advance understanding of IHL, pertinent international standards, humanitarian principles, and related issues – and build acceptance for the Movement's work – among government officials, armed forces and police personnel, religious and community leaders, and journalists, academics and other members of civil society, in Indonesia and Timor-Leste and within ASEAN. To that end, it organized workshops and other events in cooperation with local and regional institutions. It organized its first joint event with ASEAN – a symposium that explored the common ground between IHL and religious/customary norms and its helpfulness in tackling humanitarian issues in South-East Asia. At a round-table, representatives of faith-based organizations and ethnic communities in Indonesia shared their views – religious and traditional – on rules of conflict and humanitarian principles. The ICRC conducted several workshops for the armed forces and police units in Indonesia and Timor-Leste, with a view to helping them ensure that their senior officers, legal advisers and trainers were equipped to instruct their personnel in IHL and other applicable norms. Indonesian and Timorese authorities, sponsored by the ICRC, attended conferences on IHL and IHL-related treaties and their implementation. The Indonesian parliament adopted a Red Cross law; the pertinent officials and the Indonesian Red Cross Society had drafted the law with the ICRC's help.

The ICRC, together with the Indonesian Red Cross, implemented a pilot project to address the medical and psychological needs of victims of sexual violence in the Papua province of Indonesia. They also assessed the availability of services for victims; findings from this assessment were the basis of an action plan developed for implementation in 2018.

Members of families separated by armed conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services. Notably, several people of Timorese origin met their families for the first time since becoming separated from them as children during the 1975–1999 conflict; this was made possible by the joint efforts of local NGOs, the Indonesian and Timor-Leste authorities, the Timor Leste Red Cross and the ICRC.

The ICRC continued to provide support for building local and regional capacities in managing and identifying human remains. The aim was to reinforce the authorities' efforts to identify the remains of people who had died in past conflict and to prepare for future emergencies. Indonesian police personnel and other first responders, including from the Indonesian Red Cross, attended conferences and training sessions, organized or supported by the ICRC, on managing human remains. The Timorese police's forensic department received body bags and other supplies from the ICRC. The Timorese authorities and the ICRC continued to discuss a draft law on forensic activities and the drafting of a national policy for recovering human remains.

Indonesian penitentiary officials and police officers enhanced their understanding of internationally recognized standards for detention at ICRC workshops.

The Indonesian and Timor-Leste National Societies continued to receive ICRC support for strengthening their capacities in responding to emergencies and promoting IHL. A joint Indonesian Red Cross-ICRC programme continued to provide cataract surgery and other ophthalmic services to people in remote areas of East Nusa Tenggara, Maluku and Papua.

CIVILIANS

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

Members of families separated by armed conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services. Those who used these services included: Indonesian families who received news of relatives detained abroad through brief oral messages relayed by the ICRC; and Indonesian migrant workers returning from foreign countries, who used phone services from the Indonesian Red Cross Society to re-establish contact with their families. A family in Indonesia made video calls and sent RCMs and parcels to a relative in the US internment facility at Guantanamo Bay Naval Station in Cuba. Together with the Indonesian foreign ministry, the ICRC made arrangements for four families to visit relatives detained in the Philippines.

Other people – including asylum seekers and refugees in Indonesia, some of whom were unaccompanied minors – filed tracing requests for relatives in other countries; several were located through the efforts of various ICRC delegations.

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

The Indonesian Red Cross expanded its capacities in restoring family links, notably through ICRC-supported training and participation in Movement meetings, such as regional conferences on family-links needs in relation to migration. The Timor Leste Red Cross continued to receive technical support from the ICRC for improving its family-links services; its disaster management department incorporated tracing services in its structure and training curriculum.

A pilot project to assist victims of sexual violence gets under way

In Indonesia, the National Society and the ICRC, in coordination with the authorities, pursued the implementation – in one district in Papua – of a pilot project to address the medical and psychological needs of victims of sexual violence, and to advocate the prevention of such abuse. The National Society and the ICRC assessed these needs and the availability of services – including mental health care and psychosocial support – for victims. Findings from the assessment were shared with the authorities and other organizations, and were the basis of an action plan developed for implementation in 2018. An NGO and the ICRC also held training sessions for young people, to broaden awareness among them of sexual violence and to teach them what they could do to help prevent it.

Forensic professionals develop their skills

ICRC training sessions helped forensic personnel and emergency responders to develop their capacities in managing human remains; such training also helped them become more capable of identifying the remains of people who died in disasters or in relation to past conflict, as in Timor-Leste, and to prevent cases of disappearance in future emergencies. With ICRC sponsorship, forensic personnel from the Indonesian police attended courses and conferences abroad, including a meeting of the Asia Pacific Medico-Legal Agencies network, which tackled the issue of missing migrants (see *Bangkok*), and a regional conference on post-emergency human remains management (see *New Delhi*). These subjects were also discussed at events in Indonesia – for instance, at a workshop for 40 emergency responders in Sulawesi and during a course on international policing standards for some 30 police officers. First responders from the Indonesian Red Cross attended a training session on managing human remains.

The ICRC continued to follow up, with the Indonesian police, several cases of migrants who had died during their journey; the aim was to help the migrants' families locate and take possession of their relatives' remains.

The Timorese authorities and the ICRC continued to discuss the ICRC's recommendations – provided at the authorities' request – for a draft law on forensic activities and the drafting of a national policy for recovering human remains. The Timorese police's forensic department received body bags and other supplies from the ICRC. The ICRC did not receive any requests for transportation assistance from families collecting the identified remains of relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison officials learn more about internationally recognized standards for detention

With regard to the humanitarian situation of detainees in Indonesia and Timor-Leste, the ICRC continued to focus its efforts on discussing internationally recognized standards for detention with

the pertinent authorities; it sought by this means to create opportunities for cooperation in aligning detainees' treatment and living conditions with these standards. Indonesian prison officials learnt more about these standards at a seminar in Bangladesh for prison managers and during a conference in Thailand on health issues in prisons (see *Bangkok* and *Bangladesh*). They exchanged views with their regional counterparts at a conference in Jakarta on designing prisons, attended by architects and others involved in the planning and construction of prisons. The ICRC continued to explore possibilities for cooperating with the Indonesian police in promoting among their ranks the internationally recognized standards for the treatment for people in custody. At ICRC briefings, Indonesian police officers learnt about such standards applicable to arrests and detention (see also *Actors of influence*).

Forty-five former security detainees in Papua attended journalism and writing workshops organized by an Indonesian NGO with ICRC financial support.

The Indonesian Red Cross and the ICRC explored ways to provide family-links services for detained migrants.

ACTORS OF INFLUENCE

The Indonesian parliament adopts a Red Cross law

In December, the Indonesian parliament adopted a Red Cross law drafted with the ICRC's help. Other projects related to IHL implementation – a study on the compatibility of Indonesian law with weapons-related IHL treaties and a new penal code with provisions on war crimes – progressed slowly as the organizations concerned focused their attention to the Red Cross law. No progress was made in organizing, with the Timorese justice ministry, an assessment of the state of IHL implementation in Timor-Leste.

Through discussions with the ICRC and at events organized by it, Indonesian authorities – members of the national IHL committee, officials from the defence, judiciary, law, education and cultural affairs departments, and diplomats – advanced their understanding of IHL and its implementation and of related issues. At ICRC conferences, Indonesian government and military officials learnt more about implementing the Second Protocol to the Hague Convention on Cultural Property and the Convention on Certain Conventional Weapons (see *Kuala Lumpur* and *New Delhi*, respectively). Prosecutors, legislators and military and police officials in Papua benefited from ICRC information sessions. The Indonesian counter-terrorism agency and the ICRC discussed the humanitarian and protection issues that people returning to Indonesia, after participating in fighting elsewhere, might face.

Timorese officials, particularly those from the external affairs ministry, attended IHL conferences (for example, see *Kuala Lumpur*). The ICRC continued to encourage them to establish a national IHL committee.

ASEAN and ICRC hold first joint event

ASEAN and the ICRC held their first joint event: a symposium on IHL and humanitarian action. The event, which was held in the Philippines, brought together representatives from ASEAN bodies and Member States and from international organizations and Movement components, academics and religious and community leaders; they discussed how the common ground between IHL and religious/customary norms/practices helped to address specific humanitarian challenges in South-East Asia. At other meetings, including one between the ASEAN secretary-general and the ICRC

president, ASEAN and the ICRC continued to explore means of expanding cooperation in other issues of common concern, such as ASEAN States' efforts to ensure maritime security, curb violence and coordinate disaster response.

The ICRC continued to share its views on humanitarian issues of common interest at key multilateral forums, such as the Bali Democracy Forum.

Armed forces and security forces in the region strengthen their grasp of IHL and related norms

At events organized by the relevant authorities and the ICRC, military and police officers in the region learnt more about international norms and standards pertinent to their work. Where applicable, the ICRC laid emphasis on such matters as preventing sexual violence, protecting health-care services during armed conflict and other violence, and abiding by international policing standards.

Senior Indonesian and Timorese military officials, including military lawyers, exchanged views on the application of IHL with their peers, at ICRC-organized workshops on military operations (see *Bangkok* and *International law and policy*), armed conflict at sea (see *Kuala Lumpur*), and other related topics.

Peacekeeping personnel and other members of the Indonesian military added to what they knew of IHL at sessions conducted by ICRC-trained instructors and organized in coordination with the armed forces' Permanent Working Group on IHL and the National Law Development Agency.

Indonesian and Timor-Leste police officers learnt more about international law enforcement standards through ICRC briefings; the Indonesian personnel included commanders of crowd-control units and investigators working in violence-prone areas. These standards were also discussed during first-aid training sessions organized by the National Societies for the police forces in their countries.

As a result of ICRC training, military and police legal advisers, and trainers, from the countries covered were better placed to advise others on ensuring compliance with IHL and other applicable norms and to instruct their peers.

Religious and ethnic leaders share perspectives on rules of conflict

Various ICRC events gave religious leaders and others an opportunity to discuss IHL and related matters; they also contributed to fostering acceptance for the Movement's work. Indonesian academics, sponsored by the ICRC, attended IHL courses in

Arabic (see *Lebanon* and *Tunis*). At a round-table, representatives of faith-based organizations and ethnic communities in Indonesia shared their views – religious and traditional – on rules of conflict and humanitarian principles.

The ICRC sought to stimulate academic interest in IHL through seminars for Indonesian and Timorese lecturers, moot court and other competitions, and information sessions.

Indonesian and Timorese journalists learnt more about the protection afforded to them by IHL, and about the ICRC's work, through informational materials provided by the ICRC and at workshops, some of which included first-aid training.

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

RED CROSS AND RED CRESCENT MOVEMENT

With training and material, financial and technical support from the ICRC, the Indonesian and Timorese National Societies continued to strengthen their ability to respond to emergencies and promote humanitarian principles and IHL (see *Civilians* and *Actors of influence*). ICRC training sessions for them covered various topics: first aid, family-links services in disaster response, human remains management, and issues raised by the Health Care in Danger project. Both National Societies drew on ICRC expertise to update contingency plans and guidelines in accordance with the Safer Access Framework, and to monitor the application of the framework.

At a round-table organized by the Indonesian Red Cross, officials from the health ministry, military and police officers, representatives of disaster-management organizations, and others discussed strengthening the legal framework protecting humanitarian workers, particularly medical personnel.

Movement components based in Indonesia took stock of one another's capacities, to coordinate their response to large-scale disasters in the country.

People in isolated and violence-prone areas of Indonesia obtain ophthalmic care

Local health-care providers, the Indonesian Red Cross and the ICRC continued to work together to provide ophthalmic services for people in remote and violence-prone communities, particularly in East Nusa Tenggara, Maluku and Papua. Some 3,800 people had eye tests; among them, 411 underwent cataract surgery and 2,057 received spectacles. Roughly 190 medical staff from these provinces were trained in eye care.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	6			
RCMs distributed	40			
Phone calls facilitated between family members	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	74	11	29	15
Tracing cases closed positively (subject located or fate established)	7			
Tracing cases still being handled at the end of the reporting period (people)	95	12	31	25

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



ICRC regional delegation ICRC mission ICRC office

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ An anti-scabies campaign was carried out at one Malaysian prison; inmates had their prison cells and belongings disinfected. The ICRC provided staff training and material assistance for the campaign.
- ▶ Schoolteachers and National Society volunteers in Sabah were better placed to organize first-aid training and information sessions on good hygiene practices by themselves after the ICRC had instructed them in the basics.
- ▶ The National Defence University of Malaysia and the ICRC agreed to establish the Centre of Military and International Humanitarian Law, which will deliver IHL courses for the armed forces in the region.
- ▶ Government officials and members of civil society learnt about IHL and humanitarian issues at ICRC events such as the South-East and North-East Asian Teaching Session on IHL in Nagasaki, Japan.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	26
RCMs distributed	64
Phone calls facilitated between family members	4,339
Tracing cases closed positively (subject located or fate established)	38
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	24,584
<i>of whom visited and monitored individually</i>	827
Visits carried out	34
Restoring family links	
RCMs collected	123
RCMs distributed	103
Phone calls made to families to inform them of the whereabouts of a detained relative	403

EXPENDITURE IN KCHF

Protection	1,658
Assistance	868
Prevention	3,210
Cooperation with National Societies	614
General	152
Total	6,501
<i>Of which: Overheads</i>	397

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	42

CONTEXT

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

In Malaysia, irregular migrants were often detained or repatriated. New security laws and measures were introduced in recent years – in response, reportedly, to the increasing risk of violent attacks in the region and the alleged recruitment of Malaysians by foreign armed groups. The government established the Regional Digital Counter-Messaging Communication Centre and the King Salman Centre for International Peace. Malaysia signed a maritime patrol agreement with Indonesia and the Philippines. It also contributed troops to peacekeeping operations abroad.

In Japan, general elections to the House of Representatives took place in October. The country continued to hold a non-permanent seat at the UN Security Council. Japan withdrew its Self-Defense Forces from the UN Mission in South Sudan (UNMISS).

ICRC ACTION AND RESULTS

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

Residents and Malaysian Red Crescent Society volunteers bolstered their first-aid capacities at training sessions conducted by the National Society and the ICRC, so that they could provide basic emergency treatment in remote rural areas of Sabah. Schoolchildren and teachers learnt good hygiene practices at information sessions conducted by the ICRC together with the Sabah education department. Schoolteachers and National Society volunteers were better placed to organize such training and information sessions by themselves after the ICRC had instructed them in the basics.

The ICRC conducted visits, in accordance with its standard procedures, to detainees held in prisons, immigration detention centres and places of temporary detention in Malaysia. Afterwards, it discussed its findings on detainees' treatment and living conditions confidentially with the authorities concerned. The ICRC also organized information sessions and workshops for prison officers on internationally recognized standards for detention. The health ministry, the pertinent authorities and the ICRC continued to draft plans to improve health care in immigration detention centres and places of temporary detention. However, a project to improve health services at one immigration detention centre could not be carried out because of the authorities' decision to postpone it. Penitentiary and health ministry officials exchanged views with their counterparts from other countries at a regional conference on prison health. Medical equipment and supplies from the ICRC strengthened capacities at prison clinics. The ICRC provided staff at one prison with training in scabies control and material assistance for implementing an anti-scabies campaign.

Members of families separated by migration or detention restored or maintained contact through the Movement's family-links services. Notably, people held in immigration detention centres benefited from the increased availability of means to contact their families. Movement partners discussed their roles in improving family-links services along migration routes.

Authorities in the region drew on ICRC expertise to implement IHL-related treaties – particularly, the Arms Trade Treaty. In all the countries covered, the ICRC continued to work with the authorities, representatives of multilateral bodies and members of civil society – including academics and members of the media – to promote IHL and awareness of humanitarian issues. Students demonstrated their knowledge of IHL in essay-writing contests and moot court competitions in Malaysia and Japan. The ICRC organized or participated in various events for parties with influence over the humanitarian agenda. Notably, the ICRC organized the South-East and North-East Asian Teaching Session on IHL in Nagasaki.

Military and security forces in the region learnt more about IHL and/or international policing standards at ICRC workshops. The National Defence University of Malaysia and the ICRC signed a memorandum of understanding to establish the Centre of Military and International Humanitarian Law, which will serve as a platform for delivering IHL courses for military forces in the region. Military lawyers and naval officers from various countries strengthened their grasp of the applicability of IHL at sea during an ICRC event in Kuala Lumpur.

With support from Movement partners, National Societies in the region developed their ability to respond to humanitarian needs. They also consolidated their approach to civil-military relations into a roadmap that focused on developing a group of National Society managers in charge of civil-military relations during and after disasters.

CIVILIANS

Schoolchildren and others in Sabah learn about good hygiene and first aid

Health care of good quality remained comparatively inaccessible to people in remote rural areas of Sabah, some of whom were migrants and stateless people. With a view to at least partially remedying this, 132 residents and Malaysian Red Crescent Society volunteers learnt first aid at training sessions conducted by the National Society and the ICRC. Some 540 schoolchildren and 20 teachers also learnt good hygiene practices at information sessions held in coordination with the Sabah education department. Schoolteachers and National Society volunteers were better placed to organize such training and information sessions themselves after the ICRC had instructed them in the basics. The National Society branch in Sabah continued to receive guidance and support from the ICRC for improving and expanding its health-related activities.

Health officers from 11 districts, the National Society and the ICRC had several discussions about public-health needs and how to address them together. Following these discussions, the National Society and the ICRC were able to conduct a first-aid workshop for 24 members of the Sabah police's volunteer arm.

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

People in Malaysia used the Movement's family-links services to keep in touch with relatives separated from them by migration or detention. The families of three detainees held at the US internment facility at Guantanamo Bay Naval Station in Cuba exchanged news with their relatives through RCMs and video calls, and oral messages relayed by an ICRC delegate who visited the detainees. Movement components discussed their roles in improving family-links services along migration routes.

Owing to operational constraints, several planned protection and assistance activities for vulnerable migrants did not take place.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at places of temporary detention in Sabah receive ICRC visits

In Malaysia, detainees at nine immigration detention centres, eight prisons (including facilities for women and juveniles and a community rehabilitation centre) and three places of temporary detention received ICRC visits, conducted in accordance with standard ICRC procedures. During its dialogue with them, the ICRC sought to help the authorities reach a fuller understanding of its working procedures for prison visits. Expanded dialogue with the National Security Council enabled the ICRC to broaden its access to places of temporary detention in Sabah.

ICRC delegates monitored detainees' treatment and living conditions, and afterwards, discussed the findings confidentially with the authorities concerned. They focused on identifying and addressing the needs of detainees with specific vulnerabilities, such as migrants, minors, women and people who were ailing. The prison authorities used the ICRC's written reports on such matters to persuade their administration to carry out projects for detainees. At their own request, some foreign detainees were referred to the IOM, the UNHCR or their embassies for specific assistance.

Inmates restored or maintained contact with their relatives through family-links services such as RCMs, phone calls and oral messages. Those held in immigration detention centres continued to benefit from the increased availability of means to contact their families; this was a result of the Malaysian Red Crescent Society's efforts to expand, with the ICRC's support, family-links services at those facilities. With the ICRC's assistance, four people returned home, or were reunited with their families, after their release from detention. The ICRC provided them with transport assistance and/or essential items for their journey.

Prison cells are disinfected during an anti-scabies campaign

Prison officials and the ICRC maintained their dialogue on the welfare of detainees, particularly in connection with: health care (see below), water for personal use, living quarters, and the management of facilities. The ICRC was also invited by the prison department to participate in a meeting with prison directors. A total of 32 senior prison officers and 300 newly recruited prison guards learnt about internationally recognized standards for detention at ICRC workshops and/or information sessions.

The health ministry, the pertinent authorities and the ICRC continued to draft plans to improve health care in immigration detention centres and places of temporary detention. However, a project to improve health services at one immigration detention centre could not be carried out because of the authorities' decision to postpone it, owing to the turnover of staff in the facility. Officials from the health ministry and the prison and immigration departments learnt more about good practices for managing TB in the penitentiary sector during a study tour sponsored by the ICRC in Kyrgyzstan. Prison and health ministry officials also exchanged views with their counterparts from other countries at an ICRC conference on prison health care (see *Bangkok*). Prison clinics bolstered their capacities with medical equipment and supplies from the ICRC.

The ICRC provided staff at one prison with training in scabies control and material assistance for implementing an anti-scabies campaign, during which the cells and belongings of roughly 2,900 inmates were disinfected.

Some families at one place of temporary detention received kits for infant care, which included clothes. Soap donated by the ICRC helped about 1,100 detainees improve their personal hygiene.

ACTORS OF INFLUENCE

The ICRC sought various forms of engagement with key actors in the region – including representatives of multilateral bodies such as the Association of Southeast Asian Nations (ASEAN) and others with influence over the humanitarian agenda – with a view to promoting neutral, impartial and independent humanitarian action, broadening support both for itself and its Movement partners and fostering acceptance for IHL and other applicable norms. The ICRC offered its humanitarian perspective on issues of regional interest, including migration, during international events such as the Asia-Pacific Roundtable and the Shangri-La Dialogue.

The ICRC urged authorities in the region to ratify and/or implement IHL instruments, particularly the 1977 Additional Protocols, the Rome Statute and weapons-related treaties, including the Treaty on the Prohibition of Nuclear Weapons. The Malaysian and Singaporean governments were given technical guidance for implementing the Arms Trade Treaty. Brunei Darussalam's government participated in the consultation process for increasing compliance with IHL (see *International law and policy*). National authorities in the region were given IHL-related reference materials and technical advice, including on the role of national IHL committees. Policy-makers made use of reference materials produced by Movement components, such as an IHL handbook for Malaysian parliamentarians. Authorities in the region, sponsored by the ICRC, strengthened their grasp of IHL at national and international courses and events. The Singaporean authorities hosted a conference for government officials and academics from throughout the region on promoting respect for IHL.

The National Defence University of Malaysia and the ICRC agree to establish an IHL centre

The National Defence University of Malaysia and the ICRC signed a memorandum of understanding to establish the Centre of Military and International Humanitarian Law, which will serve as a platform for delivering IHL courses for military forces in the region. Officers attending command and staff colleges, peace-keeping training centres and exercises, and police command courses in Brunei Darussalam, Malaysia and Singapore learnt more about the ICRC's mandate and IHL at ICRC presentations or training sessions. In Japan, officials from the defence ministry and the Self-Defense Forces added to their knowledge of IHL at events organized by the ICRC with local partners.

Military lawyers and naval officers from various countries strengthened their grasp of the applicability of IHL at sea during an ICRC event in Kuala Lumpur. Military officers and/or lawyers, sponsored by the ICRC, attended IHL-related events elsewhere in the region and the Senior Workshop on International Rules governing Military Operations, which was held in Mexico.

Representatives of police forces in Brunei Darussalam and Malaysia advanced their understanding of international policing standards at ICRC workshops. The ICRC bolstered its dialogue with the ASEAN body for coordinating police work, ASEANAPOL, with a view to broadening support for IHL and the ICRC.

Civil society learns more about IHL and humanitarian issues

To promote IHL and its work, the ICRC maintained its engagement with influential members of civil society in the region: NGOs, academics, journalists and religious organizations. Through information sessions and other events for them, it encouraged academics to conduct research on subjects of humanitarian interest, and urged university lecturers to provide more effective IHL instruction. The public learnt more about IHL and humanitarian issues through various ICRC events and articles and features published by the media. Notably, students demonstrated their knowledge of IHL in essay-writing contests or moot court competitions in Malaysia and Japan. In Japan, young professionals from all over the country competed to develop virtual-reality tools to raise awareness of issues of humanitarian concern. Red Cross and Red Crescent Youth in Singapore and Malaysia, respectively, strengthened their grasp of IHL and humanitarian principles during ICRC-facilitated youth camps.

Some 45 representatives of government ministries, armed forces and National Societies in the Asia-Pacific region learnt more about IHL-related issues, including the humanitarian consequences of the use of nuclear weapons, at the South-East and North-East Asian Teaching Session on IHL, organized by the ICRC, in Nagasaki.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region, with assistance from Movement partners, enhanced their ability to respond to humanitarian needs. For instance, the Malaysian Red Crescent Society expanded its family-links services, and in Sabah, its health-related activities (see *Civilians*).

With ICRC support, the Japanese Red Cross Society's public-communication activities helped broaden public awareness of IHL-related issues and the Health Care in Danger project; the National Society organized a Movement symposium on the project. The Japanese Red Cross and the ICRC, in collaboration with the International Federation, hosted the Global High-level Movement Conference on Nuclear Weapons in Nagasaki in April; representatives of 35 National Societies attended the event.

The Brunei Darussalam Red Crescent Society, aided by the International Federation and the ICRC, reviewed its legal base and fundraising strategy. The ICRC also helped the Singapore Red Cross enhance its deployment of staff abroad and its fundraising capacities.

Movement components in the region bolstered their emergency preparedness and coordinated their emergency response, including to the Rakhine crisis in Myanmar. They also consolidated their approach to civil-military relations into a roadmap that focused on developing a group of National Society managers in charge of civil-military relations during and after disasters.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		26			
RCMs distributed		64			
Phone calls facilitated between family members		4,339			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		59	7	1	1
<i>including people for whom tracing requests were registered by another delegation</i>		24			
Tracing cases closed positively (subject located or fate established)		38			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		77	14	9	11
<i>including people for whom tracing requests were registered by another delegation</i>		27			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		20			
Detainees in places of detention visited		24,584	3,733	618	
Visits carried out		34			
			Women	Girls	Boys
Detainees visited and monitored individually		827	56	28	80
<i>of whom newly registered</i>		772	51	28	72
RCMs and other means of family contact					
RCMs collected		123			
RCMs distributed		103			
Phone calls made to families to inform them of the whereabouts of a detained relative		403			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,202	171	15
Cash	Beneficiaries	4	1	
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	4		

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives, Nepal



ICRC regional delegation ICRC mission

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In India, the Maldives and Nepal, armed and security forces personnel, government authorities and others added to their knowledge of IHL at ICRC events, such as a conference on the Convention on Certain Conventional Weapons.
- ▶ In Nepal, the authorities were again urged to address the needs of people affected by the past conflict, such as missing people's families. Some of them obtained government aid, with the Nepal Red Cross Society and the ICRC's help.
- ▶ Medical staff became more adept in emergency-room trauma and mass-casualty management, and others were trained in first aid and/or basic life support, at courses in India and Nepal organized by the ICRC, at times with local actors.
- ▶ Physically disabled people obtained good-quality rehabilitative services through ICRC-backed projects in India and Nepal. An ICRC contest, organized with various partners, encouraged the production of innovative assistive devices.
- ▶ The ICRC did not visit prisons in India, as it was unable to secure the authorities' permission; it continued economic programmes for the families of current and former detainees. Inmates in Maldivian prisons received ICRC visits.

EXPENDITURE IN KCHF

Protection	2,386
Assistance	4,939
Prevention	3,717
Cooperation with National Societies	1,200
General	559
Total	12,801
<i>Of which: Overheads</i>	<i>781</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	176

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	13
Phone calls facilitated between family members	1
Tracing cases closed positively (subject located or fate established)	8
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	1,668
<i>of whom visited and monitored individually</i>	4
Visits carried out	4
Restoring family links	
RCMs collected	6
RCMs distributed	4

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	5,000	
Productive inputs	Beneficiaries	1,000	3,150
Cash	Beneficiaries	1,250	949
Services and training	Beneficiaries		127
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	9,040	9,043
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	7	9
Patients receiving services	Patients	40,000	46,084

CONTEXT

India continued to tackle various economic, social and security challenges, while also seeking to raise its profile in the region and throughout the world. Relations with some of its neighbours remained tense, particularly because of border and security issues; attacks on Indian military facilities in the north-west continued to be reported. Tensions persisted between militants and security forces in the Jammu and Kashmir region, and in parts of central, eastern and north-eastern India; these often culminated in arrests, casualties and/or displacement.

Amid political and resource constraints, two government bodies in Nepal – the Commission of Investigation on Enforced Disappeared Persons (CIEDP) and the Truth and Reconciliation Commission (TRC), both formed in 2015 – sought to fulfil their duties towards people affected by the past conflict. Their terms were extended until 2019. Local, provincial and federal elections were held in several phases throughout the year, despite occasional outbreaks of violence. This concluded a protracted political process and laid the groundwork for the country's transition to a federal system of government.

In the Maldives, hundreds of people linked to political unrest following the arrest of the former president in 2015 remained in prison. Local elections took place in May. Political protests occurred intermittently, and sometimes led to violence.

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

ICRC ACTION AND RESULTS

The ICRC's regional delegation in New Delhi sustained its efforts to: help ease the situation of people in need, such as missing people's families and detainees; and build acceptance for IHL and the Movement among authorities, armed and security forces, members of civil society and the general public.

The ICRC's interaction with influential parties in India, the Maldives and Nepal helped: foster support for neutral, impartial and independent humanitarian action; broaden understanding of IHL and other norms; and raise awareness of humanitarian issues. Armed and security forces personnel, troops bound for peacekeeping missions, and judges and lawyers strengthened their grasp of IHL – through training sessions, briefings and courses, respectively. Various ICRC events in India and Nepal, such as a conference in New Delhi on the Convention on Certain Conventional Weapons, helped government representatives, scholars and others to familiarize themselves with recent developments in IHL. National and regional initiatives with teachers and students encouraged academic interest in the subject.

In Nepal, the ICRC continued to emphasize to the authorities the necessity of addressing the needs of people affected by the past conflict: by the CIEDP, for missing people's families; and by the TRC, for victims of sexual violence. The Nepal Red Cross Society and the ICRC helped missing people's families obtain government aid. The ICRC organized refresher courses for National Society personnel and started sending them updates on missing-persons cases, in support of their visits to the families. The CIEDP and others working in forensics drew on ICRC expertise to strengthen their ability to manage and/or identify human remains, with ICRC input.

In India and Nepal, training sessions organized by the ICRC, sometimes with local partners, enabled: people in tension-prone areas, including first responders, to become more capable of administering first aid and/or providing basic life support; and medical professionals to develop their capacities in weapon-wound surgery, emergency-room trauma care and mass-casualty management.

Disabled people in India and Nepal received specialized care through ICRC-backed physical rehabilitation projects. To help ensure that more disabled people had access to such care, the ICRC supported: training for patients and doctors; and a partner organization's establishment of a facility for manufacturing clubfoot braces in Jammu. In India, innovative assistive devices, produced by the finalists in a 2015 contest held by partner organizations and the ICRC, were undergoing clinical tests. With partner organizations, the ICRC promoted the social inclusion of disabled people in India and Nepal through sports.

The ICRC did not visit detention facilities in India, as it did not receive official permission for doing so. Nevertheless, detainees at facilities in Jammu and Kashmir received care from psychiatrists assigned by health officials to those facilities, at the ICRC's recommendation. ICRC economic-assistance programmes for the families of current and former detainees continued. During its visits to places of detention in the Maldives, the ICRC checked on the treatment and living conditions of detainees, and communicated its findings confidentially to the authorities afterwards. The ICRC arranged family visits for some detainees in Bhutan and India.

People separated from their families, such as refugees, used the Movement's family-links services to reconnect with relatives.

The Indian Red Cross Society, the Maldivian Red Crescent and the Nepal Red Cross Society bolstered their capacities, with comprehensive ICRC support. Bhutan formally launched the "Bhutan Red Cross Society", which took steps towards membership of the Movement. Movement components in the region met regularly; this helped them share information and coordinate their activities.

CIVILIANS

Members of families separated because of unrest, migration or disasters reconnected through the Movement's family-links services. Despite a shortage of personnel, the Indian Red Cross Society collected tracing requests from refugees at a camp in Tamil Nadu. Travel documents issued by the ICRC, in coordination with the authorities, the IOM and the UNHCR, helped 13 people without identification documents, in India and Nepal, to resettle abroad. A Nepalese worker detained abroad phoned her relatives and, with ICRC financial support, rejoined them after being deported.

The Nepal Red Cross Society promoted the Movement's family-links services among potential beneficiaries, through leaflets and radio spots. With ICRC support, the National Societies in India and the Maldives pursued initiatives to incorporate these services more fully in their regular activities.

Missing people's families in Nepal obtain government aid

In Nepal, the ICRC continued to emphasize to the authorities the necessity of addressing the needs of people affected by the past conflict: by the CIEDP, for missing people's families; and by the TRC, for victims of sexual violence.

The cases of 1,335 missing people, including 4 newly registered by the ICRC, remained unresolved. The National Society continued to visit the families concerned and kept them informed of developments in the search for their missing relatives. The ICRC organized refresher courses for National Society personnel and sent them updates on missing-persons cases, to help make their visits to families more efficient.

The Nepal Red Cross and the ICRC helped 32 families obtain financial aid under the government's interim relief programme; to date, 1,277 families had received such aid. The National Society and the ICRC continued to follow up with the authorities in behalf of the families who had not yet benefited from the programme.

A network of victims' associations arranged a workshop on transitional justice, and the ICRC and the Nepal Red Cross organized ceremonies to mark the International Day of the Disappeared; the ICRC covered transportation costs for victims of the past conflict who attended these events.

With ICRC support, the National Network of the Families of the Disappeared and Missing (NEFAD) continued to lobby for the creation of legal and administrative mechanisms to address the needs of missing people's families.

Forensic professionals in India and Nepal bolster their capacities

The ICRC worked with forensic professionals in India and Nepal to strengthen their capacities. It discussed various subjects with people involved in forensic work, such as: with the Nepalese authorities and armed forces, proper management and identification of human remains, particularly after disasters; and with key Indian institutions, developing cooperation in humanitarian forensics. In Nepal, ICRC input helped the home affairs ministry to review national guidelines for managing dead bodies, and a technical working group to standardize procedures for forensic odontological identification. The CIEDP – based on recommendations from an ICRC round-table in 2016 – established a committee to draw up a technical roadmap towards clarifying the fate of people missing in relation to the past conflict.

At events in Nepal organized or supported by the ICRC: government officials from the region and elsewhere learnt about the proper management of dead bodies; actors involved in human remains management after disasters shared lessons learnt and best forensic practices; and army personnel learnt how to collect ante-mortem data. Forensic specialists from India and Nepal, sponsored by the ICRC, attended courses or conferences abroad on matters related to forensics (see, for example, *Pakistan*).

Vulnerable people in India receive health and livelihood support

In Jammu and Kashmir, the ICRC referred about 60 former detainees to physical or mental-health care providers. The households of 125 current or former detainees (723 people) began income-generating activities through the ICRC's microeconomic initiative programme; this also helped ease their socio-economic reintegration.

Some 500 farming households (3,150 people) elsewhere in India reported an average increase of 40% in their crop yields, after participating in livelihood projects carried out by the Indian Red Cross with ICRC financial and technical support. The ICRC gave 42 female

breadwinners (supporting 127 people) economic grants and trained them in basic business management, to help them improve their income-generating activities. Some 1,000 families (5,000 people) affected by floods received hygiene kits and other household items, supplied by the ICRC and distributed by the National Society.

Young people in India learn more about good hygiene

About 7,140 people from various communities in India, including students, learnt good hygiene practices through ICRC-supported National Society campaigns. At 15 schools where similar campaigns were carried out in 2016, around 250 students and teachers added to their knowledge during follow-up sessions conducted by a local organization. Some 1,650 flood-affected households had potable water after the National Society and the ICRC distributed water-purification materials to them.

A local agency and the ICRC discussed possibilities for training local technicians in installing rooftop solar panels and disability-adapted toilets.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC did not visit detention facilities in India for 2017, as it did not receive official permission to do so. However, it sought to engage pertinent authorities in dialogue on detention-related matters, such as access to health care and family contact. During visits to four places of detention in the Maldives, conducted in accordance with its standard procedures, the ICRC checked on the treatment and living conditions of detainees, including people arrested in relation to political unrest (see *Context*). It paid close attention to particularly vulnerable inmates, such as minors, women and foreigners. Afterwards, the ICRC communicated its findings and recommendations confidentially to the authorities, covering such topics as prison management and respect for judicial guarantees in detention. Sponsored by the ICRC, prison and health authorities attended regional conferences on prison management and health in detention (see *Bangkok* and *Bangladesh*).

Detainees reconnect with their relatives

Some detainees in the countries covered reconnected with their relatives via the Movement's family-links services. The ICRC arranged family visits for 61 detainees in India. Nine detainees in Bhutan also received such visits, from relatives with refugee status in Nepal. With the permission of the authorities, detainees in Nepal, including foreigners, made use of the Nepal Red Cross' family-links services, which were supported by the ICRC.

Detainees at four facilities in Jammu and Kashmir were given appropriate care by psychiatrists assigned by health officials to those facilities, at the ICRC's recommendation.

In India, former detainees, and households of current and former detainees, received ICRC assistance (see *Civilians*).

WOUNDED AND SICK

Local actors become more capable of providing life-saving care

People in tension-prone areas of India and Nepal, including National Society volunteers and trainers, developed their ability to administer or instruct others in first aid and/or basic life support. They did so through seminars organized by the health authorities, the ICRC's partner NGOs, National Societies concerned and/or the ICRC. In Nepal, people injured in electoral violence were treated by first-aiders from the Nepal Red Cross, some of whom had received

ICRC training. The Indian Red Cross drew on ICRC expertise to help disaster-management authorities develop a first-aid training curriculum for schools nationwide. Aided by the ICRC, the Nepalese national ambulance service revised its operational guidelines, to improve its emergency response and prevent misuse of ambulances.

At ICRC training sessions, which were sometimes organized with local partners, some 380 medical professionals in India and Nepal developed their capacities in weapon-wound surgery, emergency-room trauma care and mass-casualty management; some of them also learnt how to instruct others in the field. Ten doctors from medical colleges in India broadened their understanding of trauma management through a visit, arranged by the ICRC, to a trauma centre in New Delhi. Owing to constraints faced by the ICRC's local partner, a planned Health Emergencies in Large Populations course could not be held.

Physically disabled people benefit from good-quality rehabilitative care

Disabled people obtained specialized care at ICRC-backed physical rehabilitation centres – seven facilities in India, including one run by the Indian Red Cross, and two facilities in Nepal. Patients received assistive devices manufactured at these centres using raw materials and equipment from the ICRC. The ICRC supported its partner organizations' outreach activities to broaden awareness of available physical rehabilitation services. It covered costs for devices, treatment, transport and/or accommodation for about 800 destitute people in India and 1,140 people in Nepal.

The ICRC – at times, together with other organizations – sought to help ensure that good-quality physical rehabilitation services became accessible to more disabled people. In Jammu and Kashmir, 105 doctors refreshed their understanding of clubfoot management, and a partner organization set up a facility for manufacturing clubfoot braces; through such projects, more people with clubfoot than in the past obtained suitable services. About 200 physical rehabilitation personnel in India, including staff from ICRC-supported facilities, were sponsored by the ICRC to attend conferences, seminars and training courses held locally or abroad. Wheelchair users from India and Nepal learnt to share practical knowledge to their peers on such topics as health and mobility, through courses organized by the ICRC and an international NGO.

In India, innovative assistive devices produced by the finalists of the Enable Makeathon, a contest organized by the ICRC and its partner organizations in 2015, were undergoing clinical tests. A second edition of the contest was launched in May 2017, and was still in progress at year's end.

With help from the ICRC and its partner associations, wheelchair basketball players and other disabled athletes from India, Nepal and elsewhere participated in local and international tournaments and/or training camps. These helped promote their social inclusion. The Indian Red Cross and the ICRC promoted the inclusion of disability-related concerns in disaster-management frameworks among the authorities concerned.

ACTORS OF INFLUENCE

Primarily in India and Nepal, the ICRC's interaction with influential parties – at times with the National Societies – helped: foster support for its neutral, impartial and independent humanitarian activities; broaden understanding of IHL and other relevant norms; and raise awareness of humanitarian issues, including

sexual violence in armed conflict and the goals of the Health Care in Danger project.

Judges, lawyers and law-makers strengthen their grasp of IHL

The ICRC sought to expand its contact with judicial officials. Judges and government lawyers in Nepal attended IHL courses – organized by the National Judicial Academy and the ICRC – that also covered transitional justice (see *Civilians*). In Jammu and Kashmir, lower-court judges attended an IHL workshop conducted by local and ICRC experts, held at the authorities' request, and judicial officials attended ICRC training in preventive detention and judicial guarantees.

In Nepal, parliamentarians received copies of an IHL handbook in Nepali, revised by the ICRC. The Nepal Red Cross, drawing on ICRC advice, prepared a draft law on its legal status, which it submitted to the home affairs ministry for review.

At an ICRC regional conference in Nepal, government officials and representatives of national IHL committees from various countries discussed recent developments and challenges to the protection of cultural property during armed conflict. Representatives from 24 States and from international organizations attended an ICRC conference in New Delhi on the Convention on Certain Conventional Weapons – its provisions and implementation, from a military perspective, and efforts to strengthen its protocols; during the conference, States were encouraged to ratify and/or implement the Convention. Sponsored by the ICRC, government officials, academics and others – from India, the Maldives and Nepal – attended regional IHL events (see *Pakistan* and *Sri Lanka*).

The New Delhi-based Asian-African Legal Consultative Organization (AALCO) sought the ICRC's advice for setting up a working group on IHL and cyber warfare; an issue of the AALCO's journal, on cultural property and international law, was prepared with ICRC guidance.

Military and police forces learn more about pertinent norms

At workshops organized or supported by the ICRC, armed and security forces personnel in India and the Maldives, and military instructors in Nepal, advanced their understanding of IHL and/or international policing standards. Senior officers and instructors of the Border Security Force in India, and officers of the Armed Police Force in Nepal, strengthened their grasp of international human rights law, at ICRC-supported training sessions.

At national or regional seminars organized by the ICRC with other organizations in India, armed and/or security forces personnel from different countries added to their knowledge of the applicability of IHL to maritime operations, modern warfare and peacekeeping.

In India and Nepal, the ICRC briefed troops bound for UN peacekeeping missions abroad, and their instructors, on IHL. During an international peacekeeping exercise in Nepal, the ICRC briefed 1,020 personnel from 29 countries on IHL and on its own activities.

Journalism students in India learn more about reporting during armed conflict

The ICRC worked to encourage academic interest in IHL, in India and elsewhere in the region. It provided support for: teacher-training

programmes, such as advanced workshops in Nepal – on IHL-related issues such as sexual violence during conflict – for scholars from countries in South Asia and beyond; student participation in national or regional moot court competitions; and workshops on ethical reporting during armed conflict for journalism students.

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

The Indian and Nepalese National Societies enhanced their public-communication activities with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

Comprehensive ICRC support enabled National Societies in the countries covered, primarily the Indian Red Cross Society, to strengthen their ability to help vulnerable people (see above) and

promote IHL and the Movement. The Indian Red Cross drew on the ICRC for guidance to ensure that its personnel applied the Safer Access Framework while carrying out their duties, and to improve its strategic development plan. The ICRC also helped the National Societies in India, the Maldives and Nepal to strengthen their legal base (see *Actors of influence*), and the Maldivian Red Crescent, its financial management and contingency plans for the forthcoming elections. The ICRC began to draft a strategy for helping the Indian Red Cross to deal with misuse of the emblems protected under IHL.

“Bhutan Red Cross Society” takes steps towards formal membership of the Movement

On World Red Cross and Red Crescent Day (8 May), the Bhutanese government formally launched the “Bhutan Red Cross Society”, which – with guidance from the International Federation and the ICRC – took steps towards formal membership of the Movement.

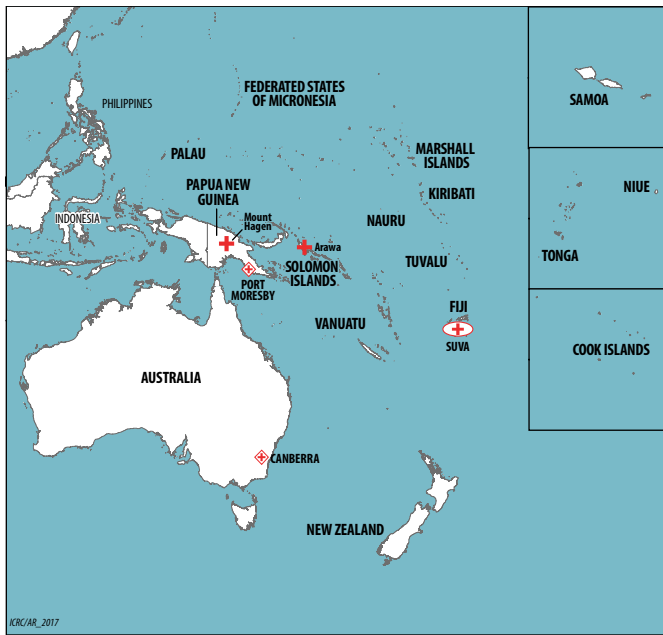
Movement components in the region met regularly; this helped them share information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected	16			
RCMs distributed	13			
Phone calls facilitated between family members	1			
Names published on the ICRC family-links website	1,335			
Reunifications, transfers and repatriations			Women	Girls
People reunited with their families	1			
	1			
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered	57	14	12	6
Tracing cases closed positively (subject located or fate established)	8			
Tracing cases still being handled at the end of the reporting period (people)	1,584	170	72	163
	2			
Documents				
People to whom travel documents were issued	13			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Places of detention visited	4			
Detainees in places of detention visited	1,668	82	8	
Visits carried out	4			
			Women	Girls
Detainees visited and monitored individually	4			
	1			
RCMs and other means of family contact				
RCMs collected	6			
RCMs distributed	4			
Detainees visited by their relatives with ICRC/National Society support	70			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	5,000	1,749	1,500
	<i>of whom IDPs</i>	1,250	437	375
Productive inputs	Beneficiaries	3,150	1,102	945
Cash	Beneficiaries	949	316	355
	<i>of whom IDPs</i>	37	6	16
Services and training	Beneficiaries	127	44	82
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9,043	4,431	2,713
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	75		
	Participants (sum of monthly data)	1,711		
Physical rehabilitation				
Projects supported	Projects	9		
Patients receiving services (sum of monthly data)		46,084	15,347	8,142
New patients fitted with prostheses	Patients	650	97	41
Prostheses delivered	Units	825	117	70
	<i>of which for victims of mines or explosive remnants of war</i>	20	2	
New patients fitted with orthoses	Patients	7,164	1,752	2,838
Orthoses delivered	Units	11,230	2,691	5,281
	<i>of which for victims of mines or explosive remnants of war</i>	5	1	
Patients receiving physiotherapy	Patients	18,267	5,103	4,885
Walking aids delivered	Units	4,816	1,303	354
Wheelchairs or tricycles delivered	Units	423	92	82

SUVA (regional)

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



ICRC regional delegation ICRC mission ICRC office

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The authorities concerned received ICRC feedback on issues faced by detained migrants in the processing centre on Manus Island – including those transferred to new facilities in November – in Papua New Guinea, and in Nauru.
- ▶ Victims of violence, including sexual abuse, in Papua New Guinea obtained suitable care at ICRC-backed facilities, such as a health post and a newly built family-support centre in the Western Highlands.
- ▶ Detaining authorities in Papua New Guinea strove to broaden detainees' access to health care, notably through a project implemented at three pilot prisons with the ICRC's help.
- ▶ Representatives from 12 Pacific countries participated in a regional round-table on IHL organized jointly by the government of Fiji and the ICRC. A national IHL committee was established in Papua New Guinea.
- ▶ The Marshall Islands Red Cross Society was formally recognized as a National Society; the ICRC supported it throughout the process leading up to its recognition.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	35
Detainees in places of detention visited	4,141
<i>of whom visited and monitored individually</i>	59
Visits carried out	51
Restoring family links	
RCMs collected	6
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	2

EXPENDITURE IN KCHF

Protection	2,236
Assistance	2,172
Prevention	2,835
Cooperation with National Societies	1,501
General	150
Total	8,894
<i>Of which: Overheads</i>	<i>543</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	54

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 12,250	13,714
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 6,500	795
Health		
Health centres supported	Structures 2	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4

CONTEXT

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal fighting caused casualties and displacement, and disrupted basic services. In the Autonomous Region of Bougainville, the government took steps to address issues remaining from the armed conflict in the 1990s, and made preparations for an independence referendum in 2019.

Efforts to intercept asylum seekers and other migrants off the coast of Australia reportedly continued. Hundreds of migrants, including refugees, on Manus Island in Papua New Guinea, and in Nauru, awaited resettlement or the resolution of their cases. After Papua New Guinea's supreme court declared in 2016 that the detention of migrants at the processing centre on Manus Island was unlawful, the government closed the centre in November and transferred all of the migrants to other facilities on the island, in Lorengau town. The United States of America was in the process of screening migrants for resettlement, in line with an agreement it had made with Australia in November 2016.

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

General elections were held in Papua New Guinea; this heightened political tensions in some areas.

ICRC ACTION AND RESULTS

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

The ICRC kept up its multidisciplinary efforts to mitigate the effects of communal violence, including sexual violence, in Papua New Guinea. It discussed allegations of unlawful conduct bilaterally with the parties concerned, emphasizing the necessity of facilitating, in an impartial manner, access to medical treatment for the wounded, the sick, and victims of sexual violence. In the Southern and Western Highlands, victims of sexual violence obtained specialized care at family-support centres receiving material assistance from the ICRC. ICRC courses enabled health workers to familiarize themselves with the specific needs of victims of sexual violence, and community members to learn first aid. Health posts, supported by the ICRC, offered primary-health-care services. Supplies from the ICRC helped health facilities in violence-affected areas to treat emergency cases.

The ICRC visited detainees in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu – in accordance with its standard procedures – to monitor their treatment and living conditions. With the Australian Red Cross's support, it checked on the situation of migrants on Manus Island and in Nauru. It also visited migrants undergoing treatment at medical facilities in Port Moresby, Papua New Guinea. After these visits, the ICRC discussed its findings with the authorities concerned, to help them make the necessary improvements. It also raised migrants' concerns – mental health, uncertainty about their status, and the situation on Manus Island – with the authorities in Australia, Nauru and Papua New Guinea.

In Papua New Guinea, the ICRC worked with the authorities to broaden access to health care for detainees and improve their living conditions – notably, by implementing a health-related project at pilot prisons, and by renovating or upgrading infrastructure.

Members of families separated by detention, migration or other circumstances reconnected through Movement family-links services. The ICRC arranged for inmates in Papua New Guinea and the Solomon Islands to be visited by relatives. Migrants on Manus Island and in Nauru filed tracing requests to locate relatives. The ICRC and a working group, comprising representatives from various local bodies, continued to discuss possibilities for creating a mechanism to address the needs of the families of people unaccounted for since the armed conflict in Bougainville in the 1990s.

Regional conferences and regular contact with national and regional authorities, armed forces personnel and members of civil society fostered support for IHL and other norms, and for Movement activities. Military legal advisers from the Asia-Pacific region learnt more about the application of IHL in military operations, through a workshop in Australia conducted by the Asia Pacific Centre for Military Law and the ICRC. The ICRC bolstered its efforts to foster respect for international law enforcement standards: it conducted workshops for police officers in Fiji, Nauru and Papua New Guinea, and took part in the annual conference of the Pacific Islands Chiefs of Police (PICP). At a regional round-table, organized jointly by the government of Fiji and the ICRC, representatives from 12 Pacific countries discussed IHL implementation. A national IHL committee was established in Papua New Guinea.

The ICRC – together with the International Federation and the National Societies of Australia and New Zealand – helped to strengthen the organizational and other capacities of the Pacific Islands National Societies. In December, the Marshall Islands Red Cross Society was formally recognized as a National Society.

CIVILIANS

In Papua New Guinea, the ICRC continued to promote respect for basic principles of humanity, with a view to mitigating the effects of communal violence in Enga, Hela and the Southern Highlands. It relayed documented allegations of unlawful conduct to the parties concerned and urged them to prevent the recurrence of such misconduct. During bilateral talks with these parties, the ICRC emphasized the necessity of: facilitating, in an impartial manner, access to basic services and to medical treatment for the wounded, the sick and victims of sexual violence; and protecting medical workers and facilities. Attention was drawn to these and other related issues of concern at workshops for police officers on international law enforcement standards, and through audiovisual presentations in violence-affected provinces (see *Actors of influence*).

The ICRC distributed household items to roughly 13,700 people (some 2,800 households) affected by fighting in Enga, Hela and the Southern Highlands; it also provided these items for distribution by the Papua New Guinea Red Cross Society to people affected by electoral violence in the Western Highlands.

Health-care providers familiarize themselves with the specific needs of victims of sexual violence

In Papua New Guinea, the National Society and the ICRC worked with local communities to mitigate the effects of violence on their

access to water and health care. The National Society strengthened its capacities in various areas – for example, in improving sanitation facilities – with training and other support from the ICRC (see also *Red Cross and Red Crescent Movement*).

National Society and ICRC training sessions helped prepare some 170 people – community members and nurses – to provide emergency treatment for people wounded in clashes. Training sessions conducted by the health ministry and the ICRC enabled 23 health staff from 16 health-care facilities to learn how to address the specific needs of victims of sexual violence. Victims of sexual and other abuse received counselling and specialized care at family-support centres in two hospitals in the Southern Highlands, and at a centre in the Western Highlands which was newly built by the ICRC; all three facilities received medical supplies and equipment. Staff at the Enga community hospital were trained in preparation for the opening of a support centre at their facility.

People in the Southern Highlands obtained primary-health-care services at the ICRC-supported health post in the village of Uma, and at a health post in the village of Yakisu that had just begun receiving ICRC support. These facilities vaccinated people, including children, against common diseases and provided care for pregnant and nursing women; in Yakisu, these services were enhanced by the construction of a maternity ward with additional rooms for deliveries and antenatal care. Several health facilities in Enga and in the Southern and Western Highlands, including some hospitals, used medical supplies from the ICRC to reinforce their preparedness for a possible influx of patients during the election period, and to treat patients seeking emergency care. The ICRC used a new referral system to cover transport costs for some patients. During awareness-raising sessions, community members learnt more about issues related to the provision of health care during violence.

Seven hundred people had better access to water after the ICRC installed rainwater-harvesting systems; among them were women who benefited from access to water sources closer to their homes. In Hela, clean water became more readily available to 95 children after ICRC-backed infrastructural upgrades at their school. National Society personnel – who were trained by the ICRC – built latrines at schools in Kuluwa.

Communities in Bougainville commemorate missing people

In Bougainville, the authorities and the ICRC – and a working group composed of representatives from various government bodies and an NGO – continued to discuss the creation of a mechanism to ascertain the fate of people unaccounted for since the armed conflict in Bougainville in the 1990s and to provide support for their relatives. The ICRC also met with local authorities and community members to raise awareness among them of the plight of missing people's families. Communities organized ceremonies and built a memorial for missing people, with the ICRC's assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Authorities are informed of the particular concerns of migrants held in processing centres

The ICRC visited detainees, in accordance with its standard procedures, to monitor their treatment and living conditions at selected places of detention in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu. In Papua New Guinea, people held in several

police stations, and at facilities run by the correctional services, received particular attention. ICRC visits to migrants, including asylum seekers, in processing centres on Manus Island and in Nauru took place with the support of the Australian Red Cross; the ICRC visited migrants who had been transferred to new facilities in Lorengau (see *Context*). ICRC also visited migrants undergoing medical treatment at transit facilities in Port Moresby.

After these visits, the ICRC discussed its findings and recommendations with the detaining authorities, to help them make the necessary improvements. Dialogue with police commands in Papua New Guinea covered such matters as international standards applicable to arrests and detention and the importance of ensuring respect for judicial guarantees. During dialogue with the pertinent authorities in Australia, Nauru and Papua New Guinea, and through written and oral interventions, the ICRC continued to draw these authorities' attention to matters of persistent concern to migrants in processing centres, in particular, mental-health issues and also child-protection issues, allegations of sexual abuse and uncertainty about their status. It intensified its engagement with the authorities on these matters after the closure of the processing centre on Manus Island.

Participation in forums and training sessions complemented detaining authorities' confidential dialogue with the ICRC. In Fiji, newly recruited police officers attended training sessions in international policing standards, particularly those applicable to arrests and detention (see *Actors of influence*). The ICRC also made expert contributions to a regional conference of penitentiary officials.

Detainees grow food for themselves through an ICRC-backed project

The authorities received ICRC material and technical assistance to intensify their efforts to improve detainees' living conditions, particularly the availability and quality of health care.

In Fiji, refrigerators from the ICRC enabled clinics at four places of detention to store their stocks of medicines, including insulin, properly.

In Papua New Guinea, correctional services authorities continued to implement a project to strengthen health-care provision at three pilot prisons; they worked to improve health-care services at other facilities as well. The ICRC provided assistance for these efforts: it backed various construction and renovation projects – a new clinic and additional space for storing medicines, for instance – and donated medical supplies. They improved their implementation of procedures such as the medical screening of detainees upon arrival, and the referral of ill detainees for suitable care; ICRC training for health staff strengthened these efforts. Senior penitentiary officials exchanged best practices with their peers at an ICRC regional conference on health in detention.

Penitentiary authorities and the ICRC launched a project at two prisons, under which detainees grew vegetables and other crops – which were then added to their meals; this enabled them to get some physical exercise and also diversify their diet.

Detainees at seven police lock-ups in the Southern Highlands and Bougainville benefited from infrastructural work carried out with the ICRC's support: windows were installed to let in more sunlight and fresh air, and showers and other sanitation facilities were constructed. Two prison managers, sponsored by the ICRC,

attended a regional conference abroad, where they learnt more about designing and constructing detention facilities. Detainees at four places of detention received hygiene and recreational items from the ICRC.

Detainees are visited by their families

In Bougainville and Kerevat, 28 detainees were visited by relatives, who stayed in tents put up by the ICRC near the prisons; the ICRC also covered the families' transport costs. In the Solomon Islands,

28 detainees serving life sentences received family visits financed by the Solomon Islands Red Cross with ICRC support.

The ICRC maintained its efforts to resolve tracing requests made in 2015 by people held at the Manus Island processing centre. Migrants at the processing centre in Nauru, including asylum seekers, continued to benefit from tracing services provided by the Australian Red Cross.

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji	Nauru	Papua New Guinea	Solomon Islands	Vanuatu
ICRC visits					
Places of detention visited	13	2	14	2	4
Detainees in places of detention visited	1,446	19	2,169	390	117
<i>of whom women</i>	77	1	124	9	2
<i>of whom minors</i>			88	6	
Visits carried out	18	3	24	2	4
Detainees visited and monitored individually	59				
Detainees newly registered	53				
Restoring family links					
RCMs collected	3			3	
RCMs distributed	1			3	
Phone calls made to families to inform them of the whereabouts of a detained relative			2		
Detainees visited by their relatives with ICRC/National Society support			28	28	

ACTORS OF INFLUENCE

Dialogue with them enabled the ICRC to draw the attention of authorities at national and regional levels to matters of humanitarian concern, and to cultivate support for its response to these issues. It also met with influential regional bodies: notably, with the Pacific Islands Forum, it discussed ways to strengthen cooperation in promoting respect for international policing standards. Talks with the Australian authorities dealt with such matters as migration-related issues, the Strengthening IHL process, and ICRC activities in key contexts, such as Myanmar and the Syrian Arab Republic; some parliamentarians made public statements in support of the ICRC and its work.

Military legal advisers throughout the Asia-Pacific region strengthen their grasp of IHL

The ICRC conducted workshops for weapon bearers in the region, with a view to promoting respect for IHL and pertinent international standards.

At training sessions in Australia, conducted jointly by the Asia Pacific Centre for Military Law and the ICRC, military legal advisers from throughout the Asia-Pacific region strengthened their ability to foster compliance with IHL during military operations. Participation in ICRC regional events enabled officers from the Australian Defence Force, and the Papua New Guinea Defence Force, to learn more about the implementation of IHL and its applicability, including at sea. Plans for sessions on the applicability of IHL to the use of new military technology – to be held with an Australian university, for the region's armed forces – were postponed to 2018.

ICRC workshops helped police personnel in Fiji and Papua New Guinea, and a senior police trainer from Vanuatu, to familiarize themselves further with international policing standards, for instance on arrests and detention; prison staff attended similar sessions on the international standards pertinent to their duties. The ICRC attended the PICP's annual conference as an observer.

Members of violence-prone communities in Papua New Guinea were urged to respect basic principles of humanity – particularly in relation to sexual violence; they learnt more about the Movement through bilateral discussions and from plays, photo exhibits and an ICRC-produced documentary film. The film – on the humanitarian consequences of the fighting in Papua New Guinea – was also shown in Port Moresby and in some places in Australia, and the media coverage it attracted helped to broaden awareness of the issue.

States discuss IHL implementation at a regional round-table

Twenty-five representatives from 12 Pacific countries attended a regional round-table on IHL organized by the government of Fiji with the ICRC. They discussed such matters as disseminating, implementing and teaching IHL, and the challenges and opportunities related to these activities.

Government officials drew on the ICRC for advice on becoming party to IHL-related instruments. At the ICRC's urging, authorities in Fiji and Papua New Guinea took steps towards ratifying the Arms Trade Treaty – and, in Papua New Guinea, Additional Protocols I, II, and III as well. Authorities in Tonga translated the Rome Statute into the local language, and drafted a document on its ratification. The ICRC continued to urge the Australian government to ratify the First and Second Protocol to the Hague Convention on Cultural Property.

With the ICRC's encouragement and support, Papua New Guinea authorities established a national IHL committee, which met regularly throughout the year. Government officials attended an ICRC training session on IHL held at the committee's request.

Legal experts, academics and media professionals advance their understanding of IHL

In Australia and New Zealand, conferences attended by legal professionals and academics, and briefings for university students, enabled the ICRC to stimulate debate on IHL and related issues.

The annual conference of the Australian and New Zealand Society of International Law included a panel discussion – organized by the Australian and New Zealand National Societies and the ICRC – on IHL and the 1977 Additional Protocols to the Geneva Conventions. In Australia and New Zealand, academics and experts in related fields were briefed on the updated Commentary on the Second Geneva Convention. During an ICRC presentation, delivered at the request of an Australian university and an association of medical professionals, the medical personnel in attendance familiarized themselves with the rights and responsibilities of health-care providers during conflict. Members of civil society learnt more about the ICRC’s activities and the plight of missing persons, among other topics, during briefings.

Students from Australia and New Zealand, and several students representing the University of the South Pacific, competed in national and regional moot court competitions. A lecturer from a university in Papua New Guinea was sponsored to attend an IHL seminar abroad; this contributed to IHL being included in the university’s law curriculum.

In Australia, the ICRC arranged briefings for foreign correspondents, to help their coverage of humanitarian issues. Journalists throughout the region used information provided by the ICRC in their work. Online content – such as social media posts and blog articles – raised awareness of ICRC activities throughout the world.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies broadened awareness of IHL and built their capacities with technical and material support from the ICRC and other Movement partners. Movement components in the region coordinated their activities, including during a meeting of leaders of Pacific Island National Societies.

Aided by the Australian Red Cross, the International Federation and the ICRC, the Papua New Guinea Red Cross Society continued to undertake organizational reforms. Representatives from several Pacific Island National Societies participated in regional forums on public communication and other key areas.

The Australian Red Cross, jointly with the ICRC, trained staff bound for humanitarian operations abroad; the New Zealand Red Cross opted not to conduct a similar activity in 2017.

In December, the Marshall Islands Red Cross Society was formally recognized as a National Society; the ICRC had given it technical and other support throughout the process leading up to its recognition.

The Fiji Red Cross Society continued to draw on the ICRC for advice on discussing, with national authorities, the enactment of a law recognizing its status.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered		7	2		
Tracing cases closed positively (subject located or fate established)		1			
Tracing cases still being handled at the end of the reporting period (people)		19	6		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
Places of detention visited		35			
Detainees in places of detention visited		4,141	213	94	
Visits carried out		51			
RCMs and other means of family contact					
Detainees visited and monitored individually		59			
	<i>of whom newly registered</i>	53			
RCMs collected		6			
RCMs distributed		4			
Phone calls made to families to inform them of the whereabouts of a detained relative		2			
Detainees visited by their relatives with ICRC/National Society support		56			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	13,714	4,389	4,418
	<i>of whom IDPs</i>	5,230	1,872	1,455
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	795	193	526
Health				
Health centres supported	Structures	6		
Average catchment population		32,628		
Consultations		5,472		
	<i>of which curative</i>	5,009	468	157
	<i>of which antenatal</i>	463		
Immunizations	Patients	179		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	963		
Referrals to a second level of care	Patients	53		
	<i>of whom gynaecological/obstetric cases</i>	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Productive inputs	Beneficiaries	531	76	54
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	411	33	
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		679		
Weapon-wound admissions (surgical and non-surgical admissions)		249		
Weapon-wound surgeries performed		170		
Patients whose hospital treatment was paid for by the ICRC		1		
First aid				
First-aid training				
	Sessions	11		
	Participants (sum of monthly data)	169		