

ASIA AND THE PACIFIC

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	4,361
RCMs distributed	5,914
Phone calls facilitated between family members	10,976
Tracing cases closed positively (subject located or fate established)	1,768
People reunited with their families	28
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	267
Detainees in places of detention visited	290,821
<i>of whom visited and monitored individually</i>	4,475
Visits carried out	517
Restoring family links	
RCMs collected	7,641
RCMs distributed	5,128
Phone calls made to families to inform them of the whereabouts of a detained relative	718

EXPENDITURE IN KCHF	
Protection	50,638
Assistance	153,259
Prevention	37,266
Cooperation with National Societies	16,014
General	6,407
Total	263,584
<i>Of which: Overheads</i>	16,075

IMPLEMENTATION RATE	
Expenditure/yearly budget	91%
PERSONNEL	
Mobile staff	465
Resident staff (daily workers not included)	3,688

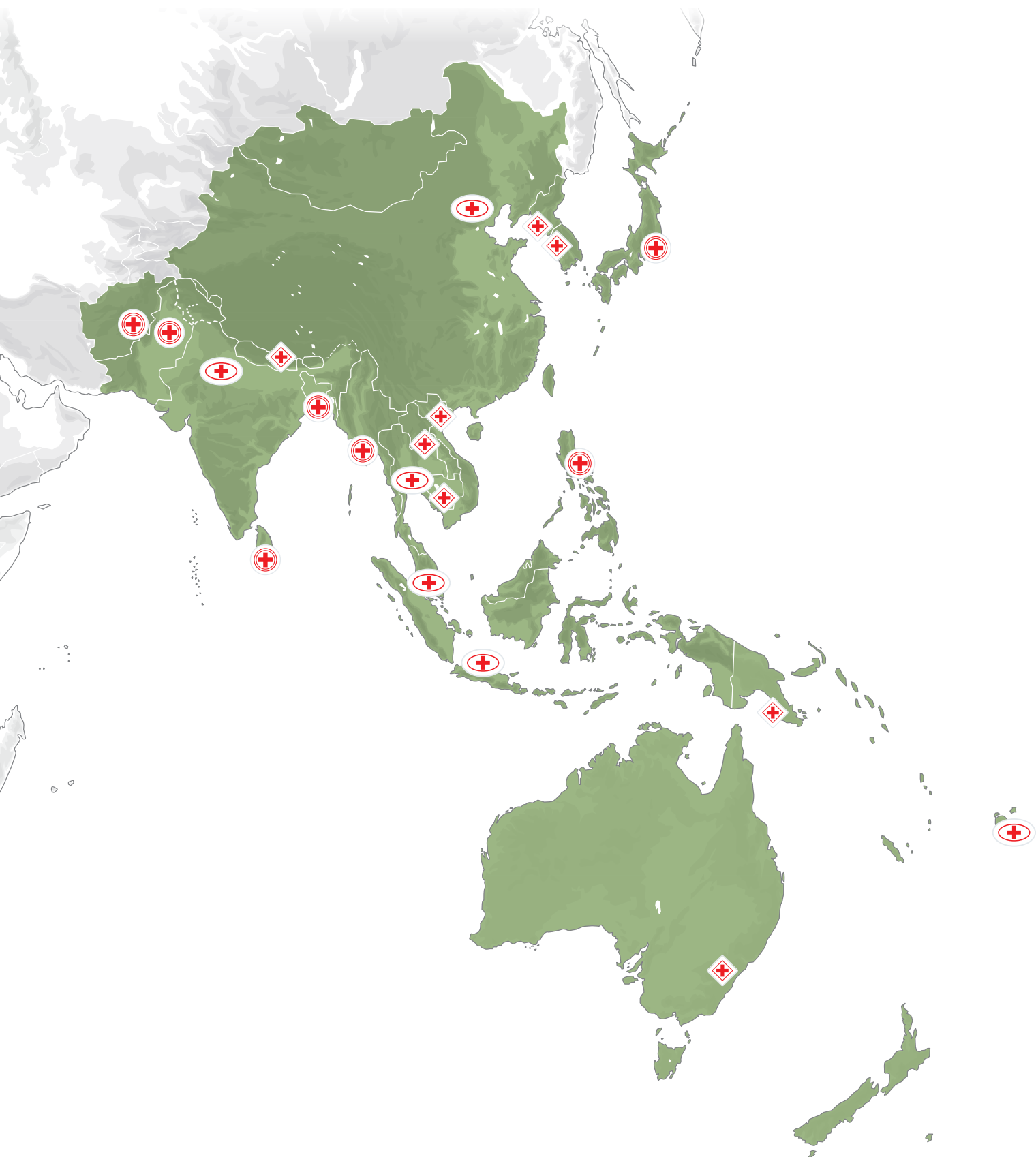
ASSISTANCE		2019 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	165,000	241,262
Food production	Beneficiaries	175,500	149,598
Income support	Beneficiaries	111,150	97,960
Living conditions	Beneficiaries	195,000	322,619
Capacity-building	Beneficiaries	19,400	2,169
Water and habitat			
Water and habitat activities	Beneficiaries	693,509	429,922
Health			
Health centres supported	Structures	91	96
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries		150
Living conditions	Beneficiaries	29,000	85,658
Water and habitat			
Water and habitat activities	Beneficiaries	84,526	107,021
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	51	67
Physical rehabilitation			
Projects supported	Projects	98	87
Water and habitat			
Water and habitat activities	Beds (capacity)	2,183	2,073

DELEGATIONS

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

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

-  ICRC delegation
-  ICRC regional delegation
-  ICRC mission



AFGHANISTAN

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Access and security constraints forced the ICRC to adapt its activities: projects to improve access to potable water were badly affected.
- The ICRC urged parties to conflict to ensure that civilians and medical workers were protected as required by IHL; these parties, the authorities, and others were also urged to facilitate humanitarian access to people in need.
- Wounded and sick people were treated by first responders, or at National Society-run clinics or the Mirwais Hospital – all of them supported by the ICRC. An ICRC-funded network of taxis ferried injured people to health facilities.
- Disabled people regained some mobility through the ICRC’s physical rehabilitation services. The ICRC helped them get an education, earn money, or improve their living conditions.
- More victims of IHL violations than foreseen were given cash by the ICRC to cover their basic expenses. Female breadwinners worked towards self-sufficiency, with the Afghan Red Crescent Society’s and the ICRC’s assistance.
- People held in connection with conflict contacted their relatives through the Movement’s family-links services. ICRC support made health care and clean water accessible, and improved living conditions, at some prisons.

EXPENDITURE IN KCHF

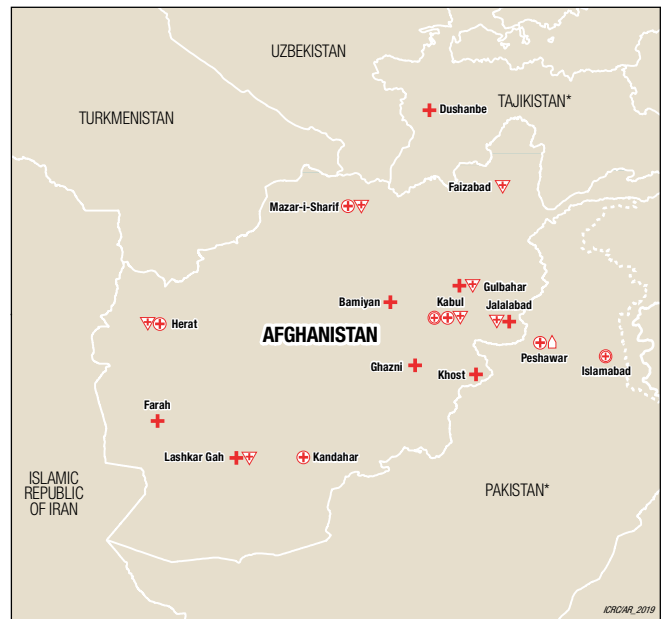
Protection	12,454
Assistance	53,456
Prevention	4,113
Cooperation with National Societies	1,854
General	1,176
Total	73,053
<i>Of which: Overheads</i>	<i>4,459</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	100
Resident staff (daily workers not included)	1,725



ICRC delegation ICRC sub-delegation ICRC official/presence ICRC-run physical rehabilitation project
 ICRC regional logistics centre *Map shows structures supporting ICRC operations in Afghanistan

PROTECTION CIVILIANS

	Total
Restoring family links	
RCMs collected	825
RCMs distributed	1,639
Phone calls facilitated between family members	8,119
Tracing cases closed positively (subject located or fate established)	705

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	25,685
<i>of whom visited and monitored individually</i>	1,212
Visits carried out	51
Restoring family links	
RCMs collected	2,933
RCMs distributed	2,279
Phone calls made to families to inform them of the whereabouts of a detained relative	254

ASSISTANCE

	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries 7,000	14,653
Living conditions	Beneficiaries	5,607
Water and habitat		
Water and habitat activities	Beneficiaries 328,400	124,300
Health		
Health centres supported	Structures 47	47

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security		
Living conditions	Beneficiaries 29,000	41,503
Water and habitat		
Water and habitat activities	Beneficiaries 30,000	30,892
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures 2	1
Physical rehabilitation		
Projects supported	Projects 9	9
Water and habitat		
Water and habitat activities	Beds (capacity) 1,282	791

CONTEXT

Conflicts between NATO-backed Afghan forces and armed groups, involving airstrikes as well as ground operations, remained intense, especially in eastern and southern Afghanistan, and in both urban and rural areas. International military forces continued to provide technical support for local troops. Peace negotiations between the Afghan government and the Islamic Emirate of Afghanistan (better known as the Taliban), and between the United States of America and the Taliban, were still at an early stage.

The presence of numerous armed groups, including the Islamic State group, and rising crime rates further complicated the situation. In November 2019, a number of ex-members of the Islamic State group and their families surrendered to the Afghan government.

Civilians bore the brunt of the fighting: many of them were wounded, killed, displaced or prevented from obtaining basic services. They struggled to meet their urgent needs and/or lost their livelihoods, as a consequence of armed conflict or other situations of violence, and/or because health, water and agricultural facilities and services, especially in rural areas, were inadequate or dysfunctional owing to the fighting and economic instability. Conflict, detention, migration and natural disasters dispersed many families. Arrests made in connection with the situation described above worsened the overcrowding in detention facilities.

Attacks against humanitarian personnel, and medical workers and facilities, and restrictions imposed on them, continued. From mid-April to mid-September, the Taliban's military commission restricted the ICRC and the WHO's activities and withdrew its security guarantees for both organizations.

A new parliament was inaugurated in April. Presidential elections were held in September.

ICRC ACTION AND RESULTS

The ICRC's delegation in Afghanistan adapted the scale and scope of its activities to access and security constraints in 2019, and to the residual effects of those from recent years. The ICRC's work was made more difficult by these constraints and by its having to adapt to them. In particular, many of its water and habitat projects were delayed, which led to fewer people being assisted than expected. Even so, the ICRC was able to assist a significant number of conflict-affected people in 2019.

The ICRC strove to secure acceptance among many different parties for its neutral, impartial and independent work and gain safe access to vulnerable people, through dialogue and other means. It continued to urge parties to conflict to ensure that civilians were protected as required by IHL, and to take measures to end or prevent abuses against them. It reminded parties to conflict to ensure access to basic services, protect medical personnel and facilities, and children, and permit the safe transfer of human remains.

ICRC-trained first-aiders provided life-saving care; an ICRC-funded taxi system transported seriously wounded people to health facilities. Wounded or sick people in the south were treated at the Mirwais Hospital, which continued to receive substantial support from the ICRC. Disabled people improved their mobility at ICRC-run physical rehabilitation centres; they also benefited from livelihood-support, education and sports initiatives to advance their social inclusion, and were given assistance for easing their living conditions. Primary health care was available at clinics run by the Afghan Red Crescent Society with the ICRC's support.

More victims of IHL violations than foreseen received cash to help offset the financial consequences of these violations, and cover basic expenses. Female breadwinners in violence-affected areas were given vocational training, livestock and cash-for-work opportunities to help them earn an income.

The ICRC visited detainees in accordance with its standard procedures. Findings from the visits, and recommendations concerning judicial guarantees, detention conditions and medical ethics, were discussed with detaining authorities, to help them ensure that detainees' treatment and living conditions met internationally recognized standards. Detainees contacted their families through the Movement's family-links services; their families visited some of them. Ailing detainees were treated by ICRC health staff or at ICRC-supported prison clinics. The ICRC donated hygiene kits and winter essentials for detainees, and helped several female detainees earn an income.

Following discussions with certain armed groups, the ICRC provided some people in their custody with winter essentials and enabled them to contact their families via RCMS.

National authorities were given expert assistance for advancing IHL implementation. The ICRC maintained contact with various influential actors, in order to advance their understanding of IHL, persuade them to facilitate humanitarian access, and gain support for the Movement's work. It sponsored their attendance at various events, including conferences on the common ground between Islamic jurisprudence and IHL, and on key humanitarian issues. Armed forces and security forces personnel of all ranks learnt about IHL and the ICRC at information sessions, round tables and other events.

The Afghan Red Crescent Society remained the ICRC's main partner in assisting people in need. It received financial, material and technical support, and training, from the ICRC. All Movement components working in Afghanistan coordinated their activities and strove to ensure that all Movement personnel in the country were protected.

CIVILIANS

Parties to conflict are urged to respect civilians

The ICRC reminded parties to conflict to ensure that people who were not or were no longer involved in the fighting were protected, as required by IHL and other applicable law. It urged them to prevent or end abuses against civilians. It had confidential discussions with them and made representations to

them about alleged IHL violations; these violations – alleged to have taken place during both airstrikes and ground operations – were linked to the principles of distinction, proportionality, and precaution in attack. In its discussions with parties to conflict, the ICRC reiterated that they must facilitate access to basic services; show due regard for medical personnel, transport and facilities; protect children and their right to education; and make possible the collection of human remains.

Authorities and weapon bearers learnt more about IHL, and the ICRC's mandate and activities, at training sessions and round tables, for instance, on the Health Care in Danger initiative, organized by the Afghan Red Crescent Society and/or the ICRC (see *Wounded and sick* and *Actors of influence*). Aided by the ICRC, defence authorities drafted policies to ensure protection for medical personnel and facilities.

The ICRC made conflict-affected communities aware of the humanitarian services available to them; it gathered their views and suggestions, with a view to designing activities that matched their needs more closely. Assistance was provided to thousands of victims of IHL violations (see below).

Families receive the remains of relatives killed in the fighting

Members of families separated by conflict, detention, migration or natural disaster reconnected, or searched for missing relatives, using family-links services provided by the ICRC or the National Society with ICRC technical and training support. A total of 705 tracing cases were resolved.

The ICRC and the National Society collected the remains of hundreds of civilians and fighters killed in conflict and handed them over to their families. Taxis transported the remains, and the drivers were paid in cash. Two families were given logistical support and other assistance to collect their relatives' remains themselves. The ICRC conducted workshops (see, for example, *Bangkok*), or provided material support, for government officials, taxi drivers, National Society volunteers and other first-responders, to develop their ability to manage human remains properly. Forensic, health and police authorities strove to prevent disappearances by improving certain aspects of their handling of human remains; meetings arranged by the ICRC facilitated this process. The ICRC also engaged religious scholars in discussions on practices in human-remains management from an Islamic perspective.

Vulnerable people meet some of their economic needs

The ICRC, in coordination with the National Society, helped disabled people and others affected by the fighting to preserve their income or to earn money (see also *Wounded and sick*). More victims of IHL violations and/or their families (723 households/7,917 people) than foreseen were given cash by the ICRC, which helped offset the financial consequences of these violations, and enabled them to pay for food, funerals, medical treatment and repairs to their houses. The ICRC provided food and household items for disabled people who were housebound, and their families (some 2,500 people in all), or made their homes more accessible to them. Some 400 female breadwinners (supporting about 2,800 people) benefited from cash grants, vocational training, livestock, or cash-for-work opportunities to help them earn money; seven of them started tailoring

businesses. Around 200 disabled breadwinners also received vocational training, and roughly 170 others (supporting 1,160 people) cash to run small businesses.

Material assistance from the ICRC helped ease the living conditions of disabled people and their families: some 4,000 received firewood, stoves and other winter essentials; around 1,600 students were given home tuition, school supplies or transport assistance.

National Society personnel attended ICRC training in project management and emergency response.

People obtain health care and potable water

The ICRC provided 46 National Society-run clinics, and the outpatient department of a district hospital, with medical supplies and equipment, staff training and expert guidance; preventive and curative care was available at all these facilities. Some 940,000 consultations were carried out, and roughly 185,000 doses of polio vaccinations were provided. Clinical staff attended ICRC workshops on infection prevention and nutrition. The ICRC made repairs to waste-management and other facilities at fewer clinics than initially planned.

Around 124,000 people in conflict-affected rural or suburban areas in seven provinces had better access to clean water; the ICRC repaired hand pumps in six provinces and trained water-management committees to maintain them, and upgraded a water-supply system in one province. Some of the ICRC's projects in rural or suburban areas were either not completed or never begun; none of its urban projects got off the ground.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, to monitor their treatment and living conditions. It paid particular attention to women, minors, foreigners and other vulnerable groups; 1,212 detainees were monitored individually. Findings and recommendations were discussed confidentially with detaining authorities to help them ensure that detainees' treatment and living conditions met internationally recognized standards. The ICRC referred several detainees to the Attorney-General's Office for release on humanitarian grounds; representatives from that office attended an ICRC round table on ensuring respect for judicial guarantees.

People held in connection with conflict reconnect with relatives

Detainees, including foreigners, reconnected with their relatives through the Movement's family-links services; 4,078 detainees were visited by their families. The ICRC helped some detainees to inform their families of their whereabouts; it continued to remind the authorities of the importance of notifying families of the arrest or detention of relatives.

The ICRC also reminded armed groups to inform it and/or the families concerned of people in their custody. Discussions with certain groups resulted in the ICRC being able to provide some people held by them with winter essentials and/or enable those people to contact their families via RCMS.

Detainees have access to basic health care

Ailing and physically disabled detainees in selected prisons were treated by ICRC health staff, or at four prison clinics that received ICRC support: drugs and other medical supplies, equipment, and/or expert guidance and training for staff. Notably, the clinics at the Herat and Kandahar provincial prisons continued to make basic health care available to detainees; detainees also benefited from consultations with specialists and health-education sessions conducted by staff. The ICRC followed up cases of detainees at the four clinics, and referred some detainees to other facilities for further care. The ICRC helped prison authorities treat thousands of detainees during scabies outbreaks and other medical emergencies.

Officials from the health and interior ministries attended an international conference organized by the ICRC on health care in places of detention (see *Philippines*). The ICRC also conducted seminars for prison doctors on medical ethics.

Living conditions improve for many detainees

The ICRC provided hygiene kits to roughly 31,000 detainees at 21 prisons (one more prison than planned). Some 4,000 detainees at the Kandahar provincial prison and the Herat prison also benefited from ICRC upgrades to water-supply systems and health facilities, including, in the Kandahar prison, the installation of solar panels at a quarantine facility for TB. The ICRC provided hygiene and infrastructure maintenance committees, or authorities, at five prisons with materials, training and technical support for carrying out other repairs. Fewer infrastructural upgrades than planned were implemented.

ICRC material assistance helped more than 41,000 people held in relation to the conflict to ease their living conditions. These included blankets and clothes for the winter, and/or some recreational materials for over 35,000 of them; at the authorities' request, the ICRC provided over 5,000 detainees with shoes. Vocational training enabled 30 female detainees to earn money by making and selling clothes. Such training for other detainees – to ease their social reintegration after being released – was postponed. Sixteen detainees were given financial support to return home after their release.

WOUNDED AND SICK

The ICRC continued to remind health workers, authorities and/or weapon bearers of the protection due medical personnel, facilities and vehicles under IHL, at discussions which it organized within Afghanistan (see *Civilians*) or elsewhere (see, for example, *Philippines*). The health ministry and the ICRC continued to work on a system for collecting data on attacks against patients and medical personnel or infrastructure, on which to base IHL-related discussions with the parties concerned.

Wounded and sick people receive medical care

Injured people were given life-saving care by first-aiders and/or reached hospitals with the ICRC's assistance. Hundreds of people were referred to ICRC health staff or transported to health facilities by an ICRC-funded network of taxis. The ICRC gave first-aid training, including refresher courses, and supplies to around 1,000 people (weapon bearers, and taxi

drivers and other civilians); in Kabul, it also trained ambulance workers in the treatment of blast injuries. Dozens of health facilities, including private clinics run by NGOs or armed groups, received ad hoc donations of drugs and other supplies for coping with mass casualties.

In southern Afghanistan, people had access to treatment at the Mirwais Hospital, which continued to enhance its services with the ICRC's comprehensive support: drugs and other medical supplies; equipment; expert guidance and training, particularly for infection control and for the emergency, surgical, paediatric, gynaecological and obstetric, and biomedical departments; and financial assistance for covering staff salaries and other running costs. Operations by local surgeons and a visiting ICRC surgical team enabled 18 patients to recover the use of their limbs. Hospital administrators took steps to revise their drug protocols and update contingency plans for mass influxes of casualties. They drew on the ICRC for guidance to ensure, in line with a new strategic plan, the long-term sustainability of the hospital's services.

Access and security constraints prevented the ICRC from supporting the emergency department at another hospital.

Disabled people regain some mobility and self-sufficiency

Over 160,000 disabled people¹ improved their mobility through good-quality rehabilitative services at seven ICRC-run physical rehabilitation centres, and/or with assistive devices made with parts from an ICRC components factory. The centres continued to be managed by ICRC-trained employees, many of whom were themselves disabled. The ICRC covered transportation and related expenses for disabled people travelling from remote areas to the centres or other facilities for specialized care.

People with spinal-cord injuries and other disabled people received home care and/or material assistance (see *Civilians*). The ICRC also provided the centres' patients and other disabled people with support for getting an education or achieving some measure of economic stability, with a view also to advancing their social inclusion. Six disabled people found jobs with the ICRC's help. About 240 disabled young people received home tutoring; 298, school supplies and financial aid for their studies; about 110, scholarships to attend university; and 70, monthly transportation allowances for school. Several disabled people trained with ICRC-funded sports teams.

Eighteen prosthetists or orthotists completed a course, at an ICRC-supported training institution, that they had begun in 2016.

The ICRC renovated or supported renovations to wards and water, sanitation and electrical facilities at the Mirwais Hospital (620 beds) and at another hospital (80 beds) in Tajikistan that treated wounded patients transferred from Afghanistan; at the surgical unit of a health centre (14 beds); and at two physical rehabilitation centres (77 beds). Maintenance staff at these

1. Based on aggregated monthly data, which include repeat beneficiaries.

facilities were given material and technical support. Upgrades to a few other hospitals were delayed, owing to security and access constraints.

ACTORS OF INFLUENCE

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

The ICRC, often in tandem with the Afghan Red Crescent Society, maintained contact with authorities, weapon bearers, religious leaders, journalists, and community members, including beneficiaries (see *Civilians*); however, because of access and security constraints, fewer meetings than planned took place. The primary aims of the ICRC's interaction with these actors remained unchanged: helping them understand IHL more fully, gaining their support for the Movement's work, and persuading them to facilitate humanitarian access.

Following discussions with the ICRC about neutral, impartial and independent humanitarian action, the Taliban lifted the restrictions it had imposed on the ICRC's activities (see *Context*) and restored its security guarantees; the ICRC was able to resume its activities in mid-September.

Government officials, religious scholars, academics and other influential figures furthered their understanding of IHL – its points of correspondence with Islamic law, for instance – at conferences organized by the ICRC within Afghanistan and abroad (see, for example, *Pakistan*). The ICRC also mounted photo exhibits, and maintained radio programmes and other public-communication initiatives to broaden awareness of IHL and its work in Afghanistan, particularly in physical rehabilitation, and of such issues as attacks on medical personnel and facilities. The National Society and the ICRC distributed informational materials on IHL.

The ICRC continued to provide judicial and other authorities – directly or through workshops – support for implementing IHL-related treaties. The foreign-affairs ministry drew on the ICRC's advice for submitting a letter to the UN on Afghanistan's intent to ratify the Arms Trade Treaty. Senior Afghan officials

discussed IHL implementation with their regional counterparts at an ICRC conference (see *Sri Lanka*). Sponsored by the ICRC, officials from the foreign ministry attended a meeting held outside Afghanistan (see *Bangladesh*), where they learnt how to set up a national IHL committee.

Weapon bearers strengthen their grasp of IHL

The ICRC continued to work with the armed forces and the security forces to integrate IHL and other applicable norms into their doctrine, training and operations; it also gave them first-aid training (see *Wounded and sick*). ICRC workshops enabled weapon bearers to strengthen their grasp of these norms and/or to become more capable of instructing others in them. The ICRC organized round tables for army officers on the findings of its study, *The Roots of Restraint in War*; at these round tables, the officers discussed the cultural influences on the conduct of weapon bearers during military operations.

RED CROSS AND RED CRESCENT MOVEMENT

The Afghan Red Crescent Society remained the ICRC's main partner in providing humanitarian assistance. It received comprehensive support from the ICRC (see *Civilians* and *Wounded and sick*) and other Movement components. It strove to become more capable of operating safely in conflict-affected areas. To that end, it developed protocols for managing security risks, trained instructors in the Safer Access Framework, and incorporated psychosocial support in its staff briefings. National Society personnel were also trained in public communication, at ICRC workshops.

The ICRC continued to give the National Society expert advice and/or technical support to reinforce its internal control mechanisms. It provided similar assistance for a steering committee set up to strengthen the National Society's legal base.

Movement components in Afghanistan coordinated their activities, finalized security agreements, and helped the National Society to mark its health facilities with the red crescent emblem and to document security incidents.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	825			
RCMs distributed	1,639			
Phone calls facilitated between family members	8,119			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	2,104			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	789	111	110	120
<i>including people for whom tracing requests were registered by another delegation</i>	124			
Tracing cases closed positively (subject located or fate established)	705			
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at the end of the reporting period (people)	3,195	674	668	849
<i>including people for whom tracing requests were registered by another delegation</i>	166			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered 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	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	20			
Detainees in places of detention visited	25,685	403	446	
Visits carried out	51			
		Women	Girls	Boys
Detainees visited and monitored individually	1,212	51	15	116
<i>of whom newly registered</i>	747	37	5	84
RCMs and other means of family contact				
RCMs collected	2,933			
RCMs distributed	2,279			
Phone calls made to families to inform them of the whereabouts of a detained relative	254			
Detainees visited by their relatives with ICRC/National Society support	4,078			
Detainees released and transferred/repatriated by/via the ICRC	10			
People to whom a detention attestation was issued	6			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	14,653	3,727	5,096
	<i>of whom IDPs</i>	149	44	61
Living conditions	Beneficiaries	5,607	1,516	2,827
Water and habitat				
Water and habitat activities	Beneficiaries	124,300	17,402	88,253
Health				
Health centres supported	Structures	47		
Average catchment population		1,026,618		
Consultations		943,346		
	<i>of which curative</i>	881,447	262,671	42,269
	<i>of which antenatal</i>	61,899		
Immunizations	Doses	435,850		
	<i>of which polio vaccines for children aged 5 or under</i>	184,586		
Referrals to a second level of care	Patients	7,646		
	<i>of whom gynaecological/obstetric cases</i>	124		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	41,503	699	428
Water and habitat				
Water and habitat activities	Beneficiaries	30,892	618	309
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,042	85	18
	<i>(including those related to mines or explosive remnants of war)</i>	426	52	15
	Non-weapon-wound admissions	26,638		
	Operations performed	24,924		
Medical (non-surgical) admissions		33,901	31,457	32
Gynaecological/obstetric admissions		29,036		
Consultations		480,952		
Patients whose hospital treatment was paid for by the ICRC		515,521		
First aid				
First-aid training				
	Sessions	67		
	Participants (aggregated monthly data)	1,056		
Water and habitat				
Water and habitat activities	Beds (capacity)	791		
Physical rehabilitation				
Projects supported		9		
	<i>of which physical rehabilitation projects supported regularly</i>	7		
People benefiting from ICRC-supported projects	Aggregated monthly data	162,384	25,303	66,822
	<i>of whom victims of mines or explosive remnants of war</i>	15,191		
Referrals to social integration projects		2,319		
Prostheses delivered	Units	4,370		
Orthoses delivered	Units	22,589		
Physiotherapy sessions		243,794		
Walking aids delivered	Units	20,874		
Wheelchairs or postural support devices delivered	Units	2,668		

BANGKOK (regional)

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

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 ratification and implementation of IHL treaties and IHL integration into military training. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. The ICRC seeks to protect and assist violence-affected people in Thailand and visits detainees there and in Cambodia. It helps meet the need for assistive devices for people with physical disabilities in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Detainees in Cambodia benefited from repairs and renovations made by the ICRC to prison facilities. Penitentiary authorities and prison health staff were given training and guidance to improve health care for detainees.
- In Cambodia, disabled people obtained good-quality care at ICRC-supported physical rehabilitation centres. Aided by the ICRC, the authorities were in the process of assuming more financial responsibility for the centres at year's end.
- Weapon bearers in the region learnt more about international norms and standards applicable to their duties; academics added to their IHL knowledge. The National Societies and the ICRC promoted IHL and the Movement online.
- The Lao PDR ratified the Treaty on the Prohibition of Nuclear Weapons, while Cambodian authorities and the ICRC discussed the creation of a national IHL committee. Thailand adopted a law on the ICRC's legal status in the country.

EXPENDITURE IN KCHF

Protection	4,052
Assistance	5,693
Prevention	3,344
Cooperation with National Societies	996
General	1,243
Total	15,327
<i>Of which: Overheads</i>	<i>935</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	64
Resident staff (daily workers not included)	186



ICRC regional delegation ICRC sub-delegation ICRC mission

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1,519
RCMs distributed	2,236
Phone calls facilitated between family members	109
Tracing cases closed positively (subject located or fate established)	9
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	30
Detainees in places of detention visited	40,730
<i>of whom visited and monitored individually</i>	131
Visits carried out	54
Restoring family links	
RCMs collected	2,371
RCMs distributed	1,369
Phone calls made to families to inform them of the whereabouts of a detained relative	25

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Income support	Beneficiaries	2,000	1,286
Capacity-building	Beneficiaries	4,200	845
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		3,606
Water and habitat			
Water and habitat activities	Beneficiaries	25,226	13,545
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures		9
Physical rehabilitation			
Projects supported	Projects	21	16

CONTEXT

The situation in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR), Thailand and Viet Nam remained relatively stable. However, some socio-economic and political tensions in the region persisted, such as territorial disputes among certain countries. Irregular migration remained an issue throughout the region, with migrants sometimes being at risk of losing contact with their families; some were arrested.

Violent incidents continued to occur in southern Thailand, causing casualties and disrupting daily life; arrests were made in connection with these incidents. Peace talks between the government and representatives of armed groups remained stalled.

Clashes between armed groups and the Myanmar military continued along the Myanmar–Thailand border; some people injured in the violence sought treatment in Thailand. Over 90,000 refugees from Myanmar were reportedly still in Thailand.

The effects of past conflicts continued to be felt in Cambodia, the Lao PDR and Viet Nam, where mines and explosive remnants of war (ERW) continued to maim and kill people, particularly along the Cambodia–Thailand border. Natural disasters remained a source of regional concern.

General elections took place in Thailand in March; the ruling party retained power.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok strove to help people cope with the effects of past armed conflict and other ongoing situations of violence. It also sought to foster acceptance for its neutral, impartial and independent humanitarian action among influential parties, with a view to gaining or maintaining safe access to people in need.

In southern Thailand, the ICRC continued to help people strengthen their resilience to the effects of violence. It provided violence-affected people with support adapted to their needs, and income support for the economically vulnerable.

The ICRC maintained contact with detaining and other pertinent authorities in the region, with a view to gaining access to all detainees within its purview and to helping the penitentiary authorities improve detainees' treatment and living conditions. It continued to visit places of detention in Cambodia; and visited two prisons in Thailand in the first quarter of the year, as part of a pilot project that it started to implement in 2018 after regaining some access to prisons that year. After these visits, which were conducted in accordance with its standard procedures, it shared its findings and recommendations confidentially with the authorities concerned. The ICRC also visited people held at immigration detention centres in Thailand, to help them restore or maintain contact with their relatives; family-links services were also made available to

detainees in Cambodia and Thailand. Penitentiary authorities and prison health staff from Cambodia and Thailand strove to improve detainees' access to good-quality health services and responded to disease outbreaks or other emergencies in prisons, with ICRC support. Detainees in Cambodia, and some in Thailand, benefited from ICRC projects to renovate or construct prison infrastructure. Some detainees in Cambodia, including minors, attended educational programmes or vocational training organized by a local NGO and the ICRC; these initiatives aimed to ease detainees' social reintegration after their release.

Emergency responders from Myanmar learnt how to treat people wounded in clashes along the Myanmar–Thailand border, through ICRC training in first aid. The ICRC covered treatment costs for mine victims or people otherwise wounded during clashes in Myanmar. People suffering from violence-related trauma obtained psychosocial support through peer-support sessions organized by the ICRC. In Cambodia, disabled people obtained good-quality services at two physical rehabilitation centres that received comprehensive ICRC support; they also benefited from efforts to promote their social inclusion. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia and the Lao PDR: it provided the authorities with technical support for taking increased financial responsibility for physical rehabilitation centres, and supported education in prosthetics and orthotics, respectively.

Mine-action authorities in the Lao PDR attended ICRC first-aid courses in treating blast injuries. ICRC workshops and training sessions helped enable forensic professionals from the Lao PDR, Thailand and Viet Nam to strengthen their capacities in identifying and managing human remains.

Military and security forces personnel in the region strengthened their grasp of IHL and international human rights law at ICRC workshops and other events. The ICRC also conducted dissemination sessions on IHL for members of armed groups from Myanmar. Students tested their grasp of IHL at national and international moot court competitions; academics, including religious scholars from Thailand, were sponsored to attend ICRC-organized events on IHL within the region and elsewhere. Public-communication efforts by the National Societies, especially in Cambodia and Thailand, and the ICRC helped to broaden awareness of the Movement and its work. Guided by the ICRC, authorities in the region took steps to broaden support for IHL and IHL-related treaties. The Lao PDR ratified the Treaty on the Prohibition of Nuclear Weapons. Thailand adopted a law formalizing the ICRC's legal status in the country.

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

CIVILIANS

The ICRC continued to monitor the situation in the countries covered. In all its contact with the pertinent authorities and weapon bearers – especially in Thailand – it sought to broaden acceptance for its neutral, impartial and independent humanitarian action, with a view to gaining or maintaining safe access to people in need. However, dialogue with these actors on protection-related issues remained limited.

Violence-affected people receive support adapted to their needs

The ICRC strove to help communities in southern Thailand cope with their situation. Violence-affected people received support adapted to their needs: for example, a disabled person's home was made more accessible. Where possible, the ICRC visited the families of victims of violence and helped them cover the expenses of their relatives' funerals. One community benefited from the rehabilitation of infrastructure at a health centre, which was undertaken by the ICRC in coordination with the local authorities.

People in southern Thailand pursue livelihoods

In southern Thailand, nearly 30 economically vulnerable breadwinners (supporting 146 people overall) started small businesses with ICRC cash grants; some of them also received training in basic business skills. Around 220 households (1,140 people) were able to run small-scale livelihood projects, with cash provided by the ICRC; other community members benefited. ICRC financial support enabled a local training institute to help develop the capacities of 169 recipients of the initiatives mentioned above (supporting 845 people overall) in marketing and other skills relevant to their income-generating activities.

Mine-action authorities in the Lao PDR attended ICRC first-aid courses in treating blast injuries; the ICRC also gave them first-aid supplies.

Forensic professionals learn best practices in managing human remains

People separated by past armed conflict or other violence, detention, migration or other circumstances restored or maintained contact with their relatives through the Movement's family-links services. The ICRC continued to give the four National Societies in the region technical and financial support to provide these services. It also enabled National Society staff and volunteers to attend meetings, training sessions and other events in the region, to develop their ability to restore family links, especially during emergencies and in connection with migration. Prospective migrants learnt about the ways in which they could lose contact with their families, and means to mitigate these risks, at pre-departure briefings conducted by the Cambodian Red Cross Society.

At a regional workshop organized by a Thai institute and the ICRC, Thai and Vietnamese forensic professionals learnt more about best practices in collecting, storing and managing ante-mortem data. Other forensic experts from these countries exchanged best practices at ICRC-organized events held abroad

(see *Jakarta, Kuala Lumpur and Paris*). Senior officials from the defence and foreign ministries of the Lao PDR attended a seminar, organized by the Lao Red Cross and the ICRC, on managing human remains during emergencies. Forensic actors in Viet Nam attended ICRC training sessions on identifying the remains of victims of disasters.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought to secure access to all detainees within its purview and to help the pertinent authorities improve detainees' treatment and living conditions. To that end, it kept up regular dialogue with the detaining authorities in Cambodia; however, engagement with the detaining authorities from the other countries covered, such as the Lao PDR and Thailand, remained limited in scope.

The ICRC visited 15 prisons in Cambodia; and visited 2 prisons in Thailand in the first quarter of the year, as part of a pilot project that it started to implement in 2018 after regaining some access to prisons that year. After these visits, which were conducted in accordance with its standard procedures, the ICRC communicated its findings and recommendations confidentially to the authorities concerned. In Cambodia, the ICRC also discussed with the detaining authorities the cases of people in prolonged detention, emphasizing the importance of relaying these to the judicial authorities and expediting judicial proceedings. The ICRC also visited people held at 13 Thai immigration detention centres – specifically, to enable them to restore or maintain contact with their family members.

Some detainees in Cambodia and Thailand were also able to reconnect with their relatives using the Movement's family-links services. Around 160 detainees, for example, were visited by their relatives, whose transport and accommodation costs were covered by the ICRC.

Detainees in Cambodia have access to education and vocational training

In Cambodia, the ICRC and detaining authorities discussed various issues related to prison management. The ICRC made its expertise available for finalizing a bill establishing standards for prison infrastructure in the country; and participated in events aimed at addressing overcrowding in prisons. Sponsored by the ICRC, penitentiary officials attended an event held abroad, where they exchanged best practices with their peers.

Young people studying to be judges or prosecutors joined a study tour to prisons – arranged by a university with the ICRC's logistical and financial support – where they learnt more about the necessity of respecting judicial guarantees.

With a view to easing detainees' social integration after their release, the ICRC continued to work with a local NGO to conduct vocational training and personal development programmes for detained minors. It also provided expert advice to a technical working group in charge of drafting legislation to provide educational opportunities in prisons.

The authorities receive support for improving health care in prisons

In Thailand, the ICRC organized a seminar – the first of its kind in the country – for members of the penitentiary administration and prison health staff, on applying best practices in the provision of health care for detainees. The authorities continued to draw on the ICRC's expertise for establishing a working group to oversee a course for prison health staff on health care in detention.

Prison health staff in Cambodia expanded their capacities through ICRC training; aided by the ICRC, the health ministry also trained them in TB management and emergency response. The authorities, guided by the ICRC, took steps to formally establish a technical working group for dealing with health-related matters in prisons. The ICRC also helped detaining authorities in responding to an outbreak of a vitamin-deficiency illness at one prison, and gave them technical support for carrying out an anti-scabies campaign at another.

Sponsored by the ICRC, penitentiary and health authorities from Cambodia and Thailand attended a regional conference, where they discussed the health needs of detainees and how these might be addressed more effectively (see *Philippines*).

Detainees see some improvements in their living conditions

Around 13,470 detainees in Cambodia and Thailand had better living conditions after the ICRC renovated or constructed infrastructure at prisons – for example, it installed water filters and tanks, and rehabilitated waste-management systems; in Cambodia, it also made improvements to the health facilities at one prison, and built a special cell for female inmates at another. The ICRC provided hygiene kits to around 3,600 detainees in Cambodia; the detaining authorities gradually took over this activity.

In Cambodia, the ICRC trained some 70 engineers and technicians in operating and maintaining prison facilities. The detaining authorities continued to draw on ICRC expertise to revise national standards for renovating and constructing prisons.

In Thailand, public health engineers working in prisons attended an ICRC course on health care in detention (see above). The ICRC, together with the environmental department of a Thai university, gave expert advice to the detaining authorities on tackling sanitation issues in prisons. It also helped the university's architectural department to develop its curriculum, and delivered lectures to students on prison design; some of the students' designs were presented at a conference held abroad.

WOUNDED AND SICK

Violence-affected people in Thailand obtain medical care

Community health workers and paramedics from Myanmar were trained to provide first aid to violence-affected people along the Myanmar–Thailand border, at trauma-management sessions organized by the ICRC together with local and international actors. Migrants at educational facilities in border areas were given training in first aid.

People wounded in clashes in Myanmar sometimes sought treatment in Thailand (see *Context*). The ICRC worked with a network of 13 referral hospitals on the Thai side of the border, and supported 9 of them with financial assistance. It covered treatment costs for some of the wounded people admitted to the hospitals, and referred those in need of higher-level care to other facilities. Amputees at these hospitals were given post-operative care and had their cases followed up by an ICRC team; they were also informed of the services available at an ICRC-supported rehabilitation centre in Myanmar.

In southern Thailand, people traumatized by violence received psychosocial care through ICRC-organized peer-support sessions; the ICRC also conducted workshops for health workers on mental-health and psychosocial support. However, fewer people than planned benefited from these activities, owing to access constraints.

Disabled people obtain rehabilitative care

In Cambodia, some 10,510 people¹ obtained good-quality services at two physical rehabilitation centres or through their outreach programmes. The centres obtained ICRC material support, such as supplies and equipment, and personnel at the centres received training and guidance through courses taken at a local training institute backed by the ICRC. However, owing to administrative constraints, the outreach programme at one centre eventually concluded. Aided by the ICRC, the pertinent authorities were in the process of assuming financial responsibility for running the centres at year's end. During information sessions conducted by the ICRC together with a disabled people's organization, people learnt about the services offered at these centres. A local physiotherapy association was able to cover its running costs with financial support from the ICRC.

Nine hospitals received ICRC technical support as they worked to incorporate national standards for physiotherapy in their services, a process still in its initial stages. The ICRC also helped a university develop the curriculum for a degree course in physiotherapy; it gave students scholarships to study related courses there.

The ICRC worked to promote disabled people's social inclusion. It helped some of them to attend vocational training or find employment; and referred others to the Cambodian Red Cross Society's livelihood-support programme (see *Red Cross and Red Crescent Movement*). Disabled children were given educational materials. The ICRC enabled some disabled people to participate in sporting activities, and gave technical support to the Cambodian Wheelchair Basketball Federation for its formal recognition by the government.

Authorities in the Lao PDR strive to ensure the sustainability of the physical rehabilitation sector

The Lao PDR health ministry and the ICRC continued to work together to strengthen the physical rehabilitation sector in the country, following the adoption of a national strategy – drafted with the ICRC's help – in 2018. An official from the health ministry was sponsored to attend an event held abroad

1. Based on aggregated monthly data, which include repeat beneficiaries.

on developments in prosthetics and orthotics. Six physiotherapists from provincial hospitals participated in a study tour to an ICRC-supported rehabilitation centre. Students began or continued their studies in prosthetics and orthotics at schools in Cambodia, Thailand and Viet Nam; the ICRC paid their tuition.

ACTORS OF INFLUENCE

Weapon bearers advance their understanding of IHL

Weapon bearers in the countries covered strengthened their grasp of IHL and international human rights law at events organized by the ICRC or with its support. Military and police officers conducting security operations attended a regional workshop in Cambodia on the international norms applicable to their duties. Cambodian troops bound for peace-support operations were briefed on IHL and the ICRC's mandate. Cadets at a military academy in the Lao PDR learnt more about IHL during ICRC-conducted lectures.

The ICRC helped armed forces personnel in the region to become more adept at applying IHL in their operations; it provided them with training, and enabled them to participate in various ICRC events held in the region or elsewhere. With the ICRC's help, senior military officers reached a fuller understanding of IHL by attending advanced courses, round tables and other events (see, for example, *Kuala Lumpur*, *Sri Lanka* and *International law and policy*). Senior military officials from the Lao PDR and Thailand were sponsored to attend a regional conference on IHL and contemporary peacekeeping operations (see *Jakarta*).

Armed groups, including some from Myanmar, continued to draw on the ICRC's advice for applying IHL in specific situations. They attended IHL workshops and first-aid training sessions conducted by the ICRC.

Members of civil society learn about the Movement's work

The ICRC maintained contact with key members of civil society in the region. It did so through regular meetings and dissemination sessions – conducted with the pertinent National Societies – on humanitarian principles and IHL. Together with the National Societies, particularly in Cambodia and Thailand, the ICRC strove to broaden awareness of the Movement and its work (see *Red Cross and Red Crescent Movement*). Audiovisual materials on IHL and humanitarian issues, and on the ICRC's activities, were posted on ICRC social media platforms and reached a broad audience. The ICRC maintained its network of contacts among journalists.

Academics, including religious scholars from Thailand, increased their knowledge of IHL at ICRC events in the region and elsewhere. Sponsored by the ICRC, students tested their grasp of IHL at national and international moot court competitions (see *Beijing*). The ICRC gave technical support to some universities for organizing IHL courses and workshops.

Authorities in the region cultivate support for IHL

Authorities drew on the ICRC's expertise to foster support for IHL throughout the region. They discussed IHL and/or IHL-related treaties at regional conferences (see, for example, *Jakarta*). The Lao PDR ratified the Treaty on the Prohibition of Nuclear Weapons. The ICRC met with Cambodian and Thai authorities to discuss the creation of national IHL committees in their countries, and made recommendations to the Cambodian foreign ministry for creating a national IHL committee. The ICRC also maintained dialogue with the pertinent government ministries' ASEAN (Association of Southeast Asian Nations) departments on possibilities for cooperation.

The Lao PDR government and the ICRC organized a regional seminar on weapon contamination and the threat of mines and ERW. In Viet Nam, a local university and the ICRC conducted a regional IHL training session for government officials and academics.

Thailand adopted a law formalizing the ICRC's legal status in the country. Discussions with the Vietnamese authorities, concerning the ICRC's legal status, continued.

RED CROSS AND RED CRESCENT MOVEMENT

The four National Societies continued to draw on financial, material and technical support, and training, from the ICRC to strengthen: their ability to respond to emergencies, restore family links, manage human remains properly and other operational capacities (see also *Civilians* and *Wounded and Sick*); and their statutes and/or legal bases. Young people volunteering for the Lao PDR and Thai National Societies were trained in first aid and were briefed on the Movement and on the red cross emblem.

Aided by the ICRC, the Cambodian Red Cross Society continued to provide microeconomic support for people in areas affected by mines/ERW. It also organized mine-risk education sessions for patients at an ICRC-supported physical rehabilitation centre. The Viet Nam Red Cross conducted such sessions for victims of mines/ERW; with the ICRC's help, it also gave them livelihood assistance.

The ICRC continued to help National Society staff and volunteers incorporate the Safer Access Framework more fully in their activities. In May, it organized its first seminar on the Safer Access Framework for the four National Societies in the region.

The Cambodian, Thai and Vietnamese National Societies – with technical and financial support from the ICRC – organized dissemination sessions and similar events for influential actors on such subjects as IHL, the Movement and the proper use of the red cross emblem. The ICRC supported the Lao PDR and Vietnamese National Societies in producing informational materials on the protective function and proper use of the red cross emblem.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,519	1		
RCMs distributed		2,236	1		
Phone calls facilitated between family members		109			
Names published in the media		25			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		27	4	3	8
<i>including people for whom tracing requests were registered by another delegation</i>		15			
Tracing cases closed positively (subject located or fate established)		9			
<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)		102	17	12	24
<i>including people for whom tracing requests were registered by another delegation</i>		40			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		30			
Detainees in places of detention visited		40,730	2,912	1,485	
Visits carried out		54			
			Women	Girls	Boys
Detainees visited and monitored individually		131	9	1	13
<i>of whom newly registered</i>		74	8	1	12
RCMs and other means of family contact					
RCMs collected		2,371			
RCMs distributed		1,369			
Phone calls made to families to inform them of the whereabouts of a detained relative		25			
Detainees visited by their relatives with ICRC/National Society support		161			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	1,286	350	734
Capacity-building	Beneficiaries	845	595	
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	3,606	1,162	87
Water and habitat				
Water and habitat activities	Beneficiaries	13,545	548	68
Health				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	9		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2		
Weapon-wound admissions (surgical and non-surgical admissions)		40		1
Weapon-wound surgeries performed		29		
Patients whose hospital treatment was paid for by the ICRC		41		
Physical rehabilitation				
Projects supported		16		
<i>of which physical rehabilitation projects supported regularly</i>		2		
People benefiting from ICRC-supported projects	Aggregated monthly data	10,519	1,685	1,345
<i>of whom victims of mines or explosive remnants of war</i>		4,100		
Referrals to social integration projects		197		
Prostheses delivered	Units	1,446		
Orthoses delivered	Units	1,023		
Physiotherapy sessions		29,065		
Walking aids delivered	Units	1,250		
Wheelchairs or postural support devices delivered	Units	623		

BANGLADESH

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist civilians affected by violence, including people who had fled across the border from Myanmar, and visits detainees to monitor their treatment and living conditions. It helps improve local capacities to provide physical rehabilitation services for people with physical 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/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Displaced people from Myanmar received ICRC emergency aid, and obtained health care at three facilities supported or run by the Bangladesh Red Crescent Society and the ICRC; some residents benefited as well.
- Residents of Cox's Bazar District and the Chittagong Hill Tracts used ICRC cash grants to stabilize their economic situation. Administrative obstacles constrained ICRC projects for improving water and sanitation infrastructure.
- Briefings for military and security forces, and events with key members of civil society, helped maintain the ICRC's access to displaced people and vulnerable residents; the ICRC reminded the authorities to protect and assist them.
- Detainees at several prisons benefited from improvements to health services and water and sanitation infrastructure – supported in various ways by the ICRC. Officials learnt more about prison management.
- The ICRC completed renovations to the emergency department of a hospital in Cox's Bazar; tens of thousands of people were treated there afterwards. Disabled people obtained rehabilitative care at ICRC-supported centres.
- The Bangladesh Red Crescent Society, supported by the ICRC, provided first aid for casualties of political violence, and helped displaced people reconnect with their relatives abroad.

EXPENDITURE IN KCHF

Protection	4,205
Assistance	18,105
Prevention	1,510
Cooperation with National Societies	942
General	133
Total	24,896
<i>Of which: Overheads</i>	<i>1,518</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Mobile staff	50
Resident staff (daily workers not included)	152



⊕ ICRC delegation + ICRC office

PROTECTION CIVILIANS

	Total
Restoring family links	
RCMs collected	996
RCMs distributed	531
Phone calls facilitated between family members	582
Tracing cases closed positively (subject located or fate established)	722
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	39,158
<i>of whom visited and monitored individually</i>	<i>144</i>
Visits carried out	23
Restoring family links	
RCMs collected	74
RCMs distributed	24
Phone calls made to families to inform them of the whereabouts of a detained relative	25

ASSISTANCE CIVILIANS

	2019 Targets (up to)	Achieved
Economic security		
Food consumption	Beneficiaries 45,000	61,520
Food production	Beneficiaries 2,500	4,917
Income support	Beneficiaries 11,500	9,073
Living conditions	Beneficiaries 45,000	102,465

Water and habitat		2019 Targets (up to)	Achieved
Water and habitat activities	Beneficiaries	110,000	33,742

Health		2019 Targets (up to)	Achieved
Health centres supported	Structures	4	3

PEOPLE DEPRIVED OF THEIR FREEDOM

Water and habitat		2019 Targets (up to)	Achieved
Water and habitat activities	Beneficiaries	12,000	12,719

WOUNDED AND SICK

Medical care		2019 Targets (up to)	Achieved
Hospitals supported	Structures	3	1

Physical rehabilitation		2019 Targets (up to)	Achieved
Projects supported	Projects	5	4

Water and habitat		2019 Targets (up to)	Achieved
Water and habitat activities	Beds (capacity)	335	335

CONTEXT

Some 720,000 people who had fled violence in Rakhine State, Myanmar after August 2017 (see *Myanmar*) remained in Bangladesh, along with hundreds of thousands who had arrived before then. The governments of Bangladesh and Myanmar continued discussions on facilitating their return, but no returns took place. Some displaced people were at camps in Cox's Bazar – in Teknaf and Ukhiya – and in shelters near or within host communities. Others settled along the Bangladesh–Myanmar border.

Most of the displaced people mentioned above were destitute; some were injured or sick. The camps in Cox's Bazar were overpopulated. Basic goods and services, already scarce, were overstretched – leading to tensions between displaced people and host communities. Many families remained separated by displacement.

Security forces in Cox's Bazar conducted operations against allegedly violent groups, following a reported surge in crime there. They stepped up their operations in Cox's Bazar, in response to a reported surge in crime. Prisons were overcrowded, and detainees lacked access to health care and other basic services.

Communal tensions persisted in the Chittagong Hill Tracts, as did political violence. Heavy monsoon rain and the resulting floods exacerbated people's difficulties.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the urgent needs of displaced people – at camps in Cox's Bazar, and in an area along the Bangladesh–Myanmar border that was inaccessible to most organizations – and to assist vulnerable residents in host communities. It conducted most of its activities with the Bangladesh Red Crescent Society, which led the Movement's response in the country with comprehensive ICRC support. The ICRC coordinated its work with Movement components and other organizations, and with local authorities.

It monitored the concerns of displaced people and vulnerable residents, and reminded the authorities, and military and police commanders, of the importance of protecting them and ensuring their safe access to humanitarian and basic services, in compliance with applicable international law. Where possible, the ICRC passed on allegations of unlawful conduct confidentially to the pertinent authorities, with a view to ending or preventing such misconduct. Military and security forces personnel in violence-prone areas were briefed on international policing standards. The ICRC's interaction with them, and members of civil society, helped it to cultivate support for the Movement and IHL, and maintain its access to vulnerable people.

The ICRC distributed emergency aid regularly to people in camps at Cox's Bazar and at the border with Myanmar; it also provided such aid on an ad hoc basis – for instance, after natural disasters. It assisted in the provision of health care for displaced people and residents by giving technical, material

and other support to one health facility and two National Society-run mobile clinics. Aided by the ICRC, residents in host communities, and in the Chittagong Hill Tracts, worked to stabilize their economic situation. Some residents and displaced people had access to clean water and sanitation facilities and their communities were better placed to deal with natural disasters, because of various infrastructural projects and other support from the ICRC; administrative obstacles delayed the completion of some projects until 2020.

The ICRC renovated and re-equipped the emergency department of the Cox's Bazar district hospital; the new emergency department opened in July and treated tens of thousands of cases. The ICRC also provided the hospital with technical guidance and other support. It provided first-aid training and equipment for National Society staff and volunteers and other first responders. People injured during political violence and in fires were treated by ICRC-supported National Society teams.

The ICRC helped make physical rehabilitation services more widely available. It covered treatment costs – and in some instances, food, transportation and accommodation costs – for the disabled people it referred to the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP), and to a government-run centre at the Proyash Institute. It also provided material and technical support, and training, for all three facilities. It ended its support for the centre in Proyash Institute in July, and transferred its work to the institute's management. Technicians at these facilities included graduates of an ICRC-supported school for prosthetics and orthotics; students on ICRC scholarships continued their studies at the school. Together with national sports authorities, the ICRC organized tournaments and training camps for disabled athletes.

The ICRC visited detainees and communicated its findings and recommendations confidentially to the authorities. It provided authorities at some of the prisons with training, and material and other support, to improve health services in prisons. It maintained a project at one prison to medically screen new arrivals, and renovated water and/or sanitation infrastructure at four other prisons.

The ICRC provided support for the National Society's family-links services for members of separated families, including displaced people. It helped government officials and first responders to develop their ability to identify and/or manage human remains, and thereby help prevent disappearances.

CIVILIANS

The ICRC engaged authorities and armed or security forces in dialogue on international norms for protecting vulnerable people – in particular, displaced people from Rakhine and residents of the Chittagong Hill Tracts – and facilitating their access to humanitarian aid, and to health care and other basic services. Where possible, it communicated allegations of unlawful conduct, confidentially, to the pertinent authorities, with a view to preventing such conduct. Border guards, and police and army officers and personnel, attended workshops on international law enforcement standards.

Hundreds of displaced people and/or residents in Cox's Bazar expressed their concerns about their situation and their views on the ICRC's activities, at community engagement sessions; due to administrative constraints, the ICRC was unable to conduct risk-awareness and self-protection sessions for these people.

Interaction with these community members, the national authorities, and military and security forces officers helped the ICRC to gather support for its work and maintain its access to violence-affected people.

Members of dispersed families maintain or re-establish contact

The Bangladesh Red Crescent Society continued, with financial and technical support from the ICRC, to provide family-links services for members of dispersed families. Displaced people used RCMs to reconnect with relatives and tracing services to locate them; 582 phone calls were facilitated between family members. One displaced child was reunited with his relatives. At information sessions in host communities, the ICRC described these services and asked how they might be improved.

First responders were given body bags, and two officials from the national disaster-management system were sponsored to attend a forensics conference abroad. The ICRC met with representatives from the government bodies involved in recovering, managing and identifying human remains, and explained the importance of developing mechanisms for coordinating their activities. The ICRC gave burial cloths to some families, to help them give their dead relatives dignified burials.

Displaced people from Rakhine meet their immediate needs

The ICRC and the National Society – working with other local partners where possible – provided emergency aid and health care in Cox's Bazar and in a border area inaccessible to most organizations. National Society personnel participated in ICRC-organized training sessions in the management of aid distributions.

Some 12,100 displaced households (62,000 people) in camps were given food. Most people received food parcels every two weeks; some received ready-to-eat food on an ad hoc basis, for example when arriving from other camps. About 12,500 households (102,000 people) also received various essential items, such as: hygiene kits, bundled with the food parcels; gas burners and monthly refills of clean-burning fuel, to reduce reliance on firewood and the potential deforesting impact of its use; and blankets for flood victims. Administrative obstacles prevented plans to shift from in-kind to cash-based assistance. Displaced people and residents in host communities obtained health care, including mother-and-child care, at one health facility and two National Society-run mobile clinics. The ICRC provided technical, material and other support for all these facilities, which, collectively, gave some 55,000 consultations. The mobile clinics operated in camps in Teknaf and remote border areas. Personnel from all the facilities mentioned above attended numerous ICRC training sessions in mental health,

psychosocial support, and other subjects. The ICRC worked with them and with community members to facilitate referrals to these facilities, and from these facilities to hospitals for further care.

Vulnerable people have better access to water and sanitation facilities

The ICRC upgraded water, sanitation and other basic infrastructure, and carried out other related projects, for about 34,000 people in Cox's Bazar and the Chittagong Hill Tracts; these included both people displaced from Myanmar and residents of host communities. In the Chittagong Hill Tracts, for example, it constructed latrines, water points and other infrastructure to benefit some 3,700 people. It also made renovations at three evacuation centres and provided guidance for a disaster-management committee – which it had helped set up – all of which benefited roughly 10,000 people. In Cox's Bazar, the ICRC repaired infrastructure at a camp and conducted hygiene-promotion sessions regularly, benefiting some 16,000 displaced people; some 4,000 residents benefited from similar infrastructural work in host communities. The ICRC also trained local technicians in Cox's Bazar in infrastructure maintenance, and National Society volunteers in disaster response. The ICRC repaired infrastructure damaged by floods or gave people the tools for doing so; it also distributed clean drinking water when necessary.

In Cox's Bazar, the ICRC made minor renovations at a government health centre and began to construct two new health posts; due to administrative constraints, the health posts were not fully constructed by the end of the year. Administrative constraints also delayed the completion of a sewage system in Teknaf, and its handover to authorities, to early 2020.

Breadwinners work to provide for their families

The ICRC provided cash grants and other support for starting small businesses to about 1,800 households (8,900 people) in Cox's Bazar and the Chittagong Hill Tracts, and to 50 people (supporting 192 others) referred by ICRC-supported physical rehabilitation centres (see *Wounded and sick*). A total of 614 breadwinners (supporting 3,075 people) from the same communities earned money through ICRC cash-for-work projects to construct communal infrastructure such as water sources, to support food production; 1,842 residents who had received cash in 2018 learnt new methods for farming and raising livestock profitably at ICRC training sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in 11 places of detention to monitor their treatment and living conditions. Particular attention was given to women, minors, foreigners and ill or disabled detainees; 144 detainees were monitored individually. Findings and recommendations – on such matters as overcrowding – were discussed confidentially with the penitentiary authorities. The ICRC continued to discuss – with detaining authorities, intelligence services and the pertinent ministries – the possibility of gaining regular access to all detainees within its purview, particularly security detainees.

Detainees restored or maintained contact with relatives through family-links services, such as RCMs relayed by the Bangladesh Red Crescent Society and the ICRC; 74 RCMs were collected from, and 24 distributed to, detainees.

Detainees benefit from improvements to preventive health care

The ICRC monitored the availability of suitable health care to detainees at 11 prisons; it made its findings and recommendations known to prison managers and to national health and penitentiary authorities. This helped officials to, for example, set up a vaccination programme at one prison, and create isolation wards for detainees with TB at two others; it also helped the prison directorate to establish a committee for tackling TB in places of detention. Health officials strengthened their capacities through ICRC training and by attending conferences in Bangladesh and elsewhere. Detainees and prison staff learnt best practices for preventing the spread of infectious diseases at ICRC information sessions.

The ICRC donated diagnostic and other medical supplies and/or equipment to five of the prisons mentioned above. It continued to run a project at the Tangail prison, under which new detainees and the children with them were medically screened on arrival. Due to administrative constraints, plans to replicate the project at the Keraniganj prison did not push through.

Penitentiary officials learn to improve prison facilities

At ICRC round tables, penitentiary and other authorities discussed issues related to prison management, such as mitigating the impact of overcrowding on health services in places of detention; the ICRC made expert contributions to these discussions. Authorities also attended ICRC training sessions in prison management.

Around 12,000 detainees at four prisons had improved access to water and more sanitary living conditions after renovations conducted by the ICRC; detainees at one of the four prisons also benefited from a campaign to eradicate bed bugs. The ICRC enabled prison officials to go abroad for a conference where they learnt about designing, maintaining and improving prison facilities; it also gave them expert advice on the subject. However, meetings to discuss these subjects took place only infrequently, delaying some construction projects at the four prisons.

Law enforcement officers attended training sessions on international standards applicable to their work (see *Actors of influence*).

WOUNDED AND SICK

Disabled people obtain suitable care

Around 3,100 physically disabled people¹ obtained rehabilitative services at two CRP branches – in Chattogram and Savar – and one government-run centre at the Proyash Institute. The ICRC provided the three centres with materials, equipment and technical support for producing assistive devices. It referred

85 displaced people and residents – identified during outreach activities in northern Bangladesh and Cox's Bazar – to the Chattogram centre. About 2,500 orthoses and 300 prostheses in total were delivered to disabled people, including those displaced; walking aids and wheelchairs were also distributed. The ICRC covered food, transportation and accommodation expenses for 394 patients. It ended its support for the centre at the Proyash Institute in July, and the institute's management took over its work.

On-the-job training from the ICRC enabled clinical and technical staff at the centres to strengthen their capacities in physical rehabilitation. They included ten people who graduated from the ICRC-supported Bangladesh Health Professions Institute and began working at the centres in 2019; 27 people on ICRC scholarships continued their studies at the institute. The ICRC gave the CRP expert guidance to help it manage its supply chain for producing assistive devices and to set up a prosthetics and orthotics department at a third branch.

The ICRC sought to advance the social inclusion of disabled people by helping them earn income (see *Civilians*) and participate in sports activities. Working through two sports associations, the ICRC helped about 100 disabled people participate in sports. For example: it helped organize a wheelchair basketball tournament for 60 players, and sponsored a team of 16 disabled cricketers to compete abroad in the Physical Disability World Cricket Series 2019.

Tens of thousands of people receive emergency care

The Bangladesh Red Crescent Society, with support from the ICRC, organized first-aid training for its volunteers; hundreds of students affiliated with political parties and religious institutions; police officers; and journalists. Participants also learnt about the Health Care in Danger initiative at these sessions. The National Society – with technical and material assistance from the ICRC – assigned teams of volunteers to major cities and various districts, where they provided first aid to people injured during political violence, fires and other emergencies. The ICRC gave the health ministry expert assistance to develop a national ambulance service. In its interaction with the authorities, the ICRC emphasized the importance of ensuring that emergency responders had safe access to injured people in violence-prone areas.

The ICRC renovated and re-equipped the emergency department of the Cox's Bazar district hospital (capacity: 250 beds); the new emergency department opened in July and treated tens of thousands of cases. The ICRC also provided the hospital with technical guidance and other support.

A number of patients were referred to the hospital from two government health facilities in Teknaf and Ukhiya. The ICRC prioritized support for the hospital, but it also supplied the two facilities (total capacity: 85 beds) with tools, equipment and spare parts for maintaining electrical and other infrastructure, and renovated the waste-management system at the facility in Teknaf.

Staff from the three facilities mentioned above expanded their capacities – through ICRC training – in emergency-room trauma care and other areas.

1. Based on aggregated monthly data, which include repeat beneficiaries.

ACTORS OF INFLUENCE

Military and police officials broaden their knowledge of IHL and/or other pertinent norms

Armed and security forces personnel, including border guards or troops bound for UN peacekeeping missions, learnt first aid (see *Wounded and sick*), and added to their knowledge of IHL and/or international human rights law – particularly provisions governing the use of force during arrests and detention – at ICRC training sessions. Senior officials attended advanced ICRC courses, in Bangladesh and elsewhere, which dealt with IHL and international human rights law in greater depth; a course held at the police academy, for example, included additional material on preventing sexual violence. These courses enabled officers to integrate the international laws and norms mentioned above more fully into their doctrine, training and operations.

The ICRC also supported the authorities' efforts to incorporate IHL and international human rights law in domestic legislation more broadly. For example, it organized training in this regard for judicial officials and diplomats; it also provided the law ministry with Bengali translations of draft bills for implementing the 1949 Geneva Conventions and the Anti-Personnel Mine Ban Convention. The national IHL committee and the ICRC organized a regional meeting at which representatives from the national IHL committees of numerous countries discussed IHL implementation.

Academics, journalists and religious leaders learn more about IHL and the Movement's activities

The Bangladesh Red Crescent Society and the ICRC cultivated support for IHL and for their neutral, impartial and independent humanitarian action in all their interaction with the authorities and members of civil society. Academics, journalists and humanitarian workers discussed the obstacles

to implementing IHL at a conference organized by the Diplomatic Correspondents Association of Bangladesh and the ICRC. University students learnt more about IHL through ICRC information sessions. At an ICRC-supported National Society information session, journalists familiarized themselves with the ICRC's activities in the country, the proper use of the red cross emblem, and key aspects of the Health Care in Danger initiative. The National Society and the ICRC also produced informational materials on good hygiene for displaced people.

The ICRC continued to engage with religious leaders on the points of correspondence between their religious teachings and IHL: Islamic – and increasingly, Buddhist – scholars and leaders advanced their understanding of the subject at ICRC events in Bangladesh and elsewhere (see, for example, *Sri Lanka*).

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society continued to lead the Movement's efforts to assist both people from Myanmar and vulnerable residents; it received comprehensive support from the ICRC, the International Federation and other National Societies. Movement partners in the country met regularly to coordinate their activities and discuss matters of common concern, such as the return of displaced people to Rakhine. National Society officials attended Movement meetings abroad with ICRC support.

The ICRC conducted or supported first-aid and other training for National Society staff and volunteers (see *Wounded and sick*). The National Society took steps to implement the Safer Access Framework more fully, with ICRC training and guidance. It also recruited staff, and upgraded office facilities and equipment, with the ICRC's assistance.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	996			
RCMs distributed	531			
Phone calls facilitated between family members	582			
Reunifications, transfers and repatriations				
People reunited with their families	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	402	40	17	49
<i>including people for whom tracing requests were registered by another delegation</i>	42			
Tracing cases closed positively (subject located or fate established)	722			
<i>including people for whom tracing requests were registered by another delegation</i>	20			
Tracing cases still being handled at the end of the reporting period (people)	1,483	100	63	264
<i>including people for whom tracing requests were registered by another delegation</i>	100			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	5	1		
UAMs/SC reunited with their families by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	10	5		
Documents				
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	11			
Detainees in places of detention visited	39,158	1,090	592	
Visits carried out	23			
		Women	Girls	Boys
Detainees visited and monitored individually	144	28	1	9
<i>of whom newly registered</i>	139	28	1	9
RCMs and other means of family contact				
RCMs collected	74			
RCMs distributed	24			
Phone calls made to families to inform them of the whereabouts of a detained relative	25			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	61,520	24,440	18,740
Food production	Beneficiaries	4,917	2,035	1,035
Income support	Beneficiaries	9,073	2,974	3,348
Living conditions	Beneficiaries	102,465	36,127	31,655
Water and habitat				
Water and habitat activities	Beneficiaries	33,742	10,123	13,497
Health				
Health centres supported	Structures	3		
Average catchment population		30,507		
Consultations		54,938		
	<i>of which curative</i>	52,250	23,753	20,955
	<i>of which antenatal</i>	2,688		
Immunizations	Doses	215		
	<i>of which polio vaccines for children aged 5 or under</i>	38		
Referrals to a second level of care	Patients	138		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	12,719	508	
Health				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		55,398		
Services at hospitals not monitored directly by ICRC staff				
Patients whose hospital treatment was paid for by the ICRC		10,533		
First aid				
First-aid training				
	Sessions	18		
	Participants (aggregated monthly data)	513		
Water and habitat				
Water and habitat activities	Beds (capacity)	335		
Physical rehabilitation				
Projects supported		4		
	<i>of which physical rehabilitation projects supported regularly</i>	3		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,126	215	2,105
	<i>of whom victims of mines or explosive remnants of war</i>	21		
Referrals to social integration projects		163		
Prostheses delivered	Units	298		
Orthoses delivered	Units	2,460		
Physiotherapy sessions		709		
Walking aids delivered	Units	174		
Wheelchairs or postural support devices delivered	Units	124		

BEIJING (regional)

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

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL 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

KEY RESULTS/CONSTRAINTS IN 2019

- Disabled people obtained treatment at ICRC-supported centres in the Democratic People's Republic of Korea (DPRK), and China. Physical rehabilitation professionals enhanced their capacities through ICRC-supported training.
- The DPRK Red Cross, the ICRC and the local authorities implemented water projects in four towns. Logistical issues delayed the arrival of construction materials and prevented completion of these projects in 2019.
- The ICRC helped Chinese authorities and DPRK Red Cross personnel to develop their ability to manage food-security projects. Destitute households received livelihood support via a Chinese Red Cross programme funded by the ICRC.
- At ICRC workshops, medical officers from the People's Liberation Army of China and the Republic of Korea Armed Forces honed their skills in treating blast-related injuries; Chinese first responders boosted their emergency response.
- The Korean National Red Cross and the ICRC renewed their cooperation agreement for another five-year period.

EXPENDITURE IN KCHF

Protection	555
Assistance	7,807
Prevention	5,617
Cooperation with National Societies	1,946
General	205
Total	16,131
<i>Of which: Overheads</i>	985

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	63



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

ASSISTANCE		2019 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food production	Beneficiaries	40,000	
Capacity-building	Beneficiaries		24
Water and habitat			
Water and habitat activities	Beneficiaries	67,075	169
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	1	1
Physical rehabilitation			
Projects supported	Projects	7	5
Water and habitat			
Water and habitat activities	Beds (capacity)	171	120

CONTEXT

China continued to figure prominently in international affairs – for example, through the Belt and Road Initiative. It continued to streamline its policies concerning humanitarian aid – for instance, by establishing the China International Development Cooperation Agency. Disputes with some of its neighbours, over islands and maritime areas in the South China Sea, remained unresolved.

In June, hundreds of thousands of people in Hong Kong protested a bill that provided for extradition to mainland China. These protests – frequently violent – were still taking place at year's end. The bill was suspended in July and formally withdrawn in October.

In February, the leader of the Democratic People's Republic of Korea (hereafter DPRK) and the president of the United States of America (hereafter US) met in Hanoi to discuss the DPRK's nuclear weapons programme; this summit – the second of its kind – also ended without an agreement. In June, the DPRK, the Republic of Korea (hereafter ROK), and the US held a one-day summit in the Korean Demilitarized Zone. The ROK and the US conducted joint military exercises; the DPRK continued to test missiles.

People in the Korean peninsula continued to endure the consequences of the 1950–1953 Korean War: mines and explosive remnants of war (ERW) remained a threat in areas of the DPRK; separated family members were unable to contact each other; and some human remains were still unrecovered.

The availability of water, medical care and physical rehabilitation remained uncertain in the DPRK, owing to dilapidated infrastructure and unreliable power supply. Food production remained inadequate – a situation exacerbated by natural disasters – and food insecurity was chronic. UN Security Council sanctions against the DPRK remained in place; organizations delivering humanitarian aid, including the ICRC, were granted exemptions.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Beijing sought to expand dialogue with authorities, armed forces, and other influential parties throughout the region, with a view to securing acceptance for the ICRC and fostering support for its activities.

The ICRC pursued partnerships with authorities, National Societies and others to assist vulnerable people. The Red Cross Society of the Democratic People's Republic of Korea and the ICRC worked with local authorities to implement projects to improve the water supply in several peri-urban areas. Municipal authorities and their staff, and engineers and other technical personnel, participated in ICRC workshops on water-supply systems. The ICRC and the DPRK Red Cross also explored ways to help boost food production for vulnerable communities.

The physical rehabilitation centres in Rakrang and Songrim continued to receive ICRC support: supplies, training for staff, and improvements to facilities. The ICRC also helped the

emergency department of a hospital in Pyongyang to improve its provision of emergency medical care. Donations of medical supplies for treating wounds supported the health ministry's response to people affected by a typhoon that hit several provinces in the DPRK.

The ICRC continued to give the Yunnan branch of the Red Cross Society of China material and financial assistance to run a physical rehabilitation centre and a workshop where assistive devices were repaired. The prosthetics and orthotics unit of a hospital in Sichuan produced assistive devices with guidance from the ICRC. Destitute households in China undertook livelihood activities through a Chinese Red Cross programme funded by the ICRC.

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 tackling the humanitarian consequences of past conflict in the region and beyond. The ICRC continued to reiterate – to the governments and National Societies of the DPRK and the ROK – its readiness to help reconnect families separated by the 1950–1953 Korean War.

The ICRC worked with armed forces throughout the region to help ensure that their personnel understood the basic principles of IHL and other international norms. Medical officers from the People's Liberation Army (PLA) of China and the ROK Armed Forces attended an ICRC course in war surgery. University students and lecturers from China, Mongolia and the ROK learnt more about IHL and humanitarian issues at ICRC workshops. The ICRC boosted its public engagement in the region by strengthening its presence in broadcast, print and online media.

The ICRC worked in partnership with the National Societies and coordinated its work with other Movement components in the region.

CIVILIANS

Local DPRK authorities work with the ICRC to implement water projects and boost food production

The DPRK Red Cross and the ICRC worked with local authorities to implement water projects in four towns – such as renovating and/or constructing pumping stations, water-treatment systems, and reservoir tanks. Construction materials covered by UN Security Council sanctions – such as pumps and pipes – could be imported into the DPRK only after exemptions were granted in June; they arrived in December, delaying the completion of all water projects.

Municipal authorities and their staff, and engineers and other technical personnel (169 people in all), attended ICRC workshops on operating and managing water-supply systems, installing pipelines, and testing water quality. As part of one of these workshops, participants – from various parts of the DPRK – toured the sites of water projects carried out in the city of Kaesong over the years.

The ICRC and the DPRK Red Cross explored ways to boost food production for vulnerable people in rural areas. They identified two farms where the necessary agricultural and farming activities would be conducted to minimize the consequences of crop failure for these people; preparation for these farms were in progress. The ICRC and the DPRK Red Cross started the construction of greenhouses at the Rakrang, Songrim and Sunchon physical rehabilitation centres for the benefit of patients and staff; administrative obstacles, however, prevented the completion of these projects in 2019.

ICRC training helped DPRK Red Cross staff and volunteers to develop their ability to manage agricultural or farming projects.

Destitute households undertake livelihood activities

The ICRC continued to fund the Chinese Red Cross's integrated community resilience programme, through which destitute households received cash grants for undertaking livelihood activities. It trained local authorities (24 participants in all) to manage food-security projects.

Authorities receive ICRC support to reconnect separated families or establish the fate of the missing

The ICRC continued to help strengthen capacities at the Chinese Red Cross and the Mongolian Red Cross Society in restoring family links, and to assist them in incorporating these services in their emergency preparedness and response plans. The ICRC followed up the status of tracing cases with the Chinese Red Cross; it also submitted a proposal to train volunteers of the Yunnan branch in providing family-links services.

The ICRC continued to reiterate – to the governments and National Societies of the DPRK and the ROK – its readiness to help reconnect families separated by the 1950–1953 Korean War. The DPRK authorities rejected its offer to help recover, identify and repatriate human remains from the Korean War, because they saw no need for ICRC support at present.

The ICRC reminded ROK armed forces of the assistance it could provide in managing human remains and addressing the consequences of weapon contamination. Forensic officials from the ROK government attended a regional meeting on forensics organized by the ICRC and a workshop on the issue of missing people.

PEOPLE DEPRIVED OF THEIR FREEDOM

In China, the ICRC was not able to establish a dialogue with the justice ministry on prison management and health care in prisons. Initiatives planned for 2019, such as a workshop and a study tour on prison health, were not realized because of other more urgent priorities of the justice ministry. A pilot project at one prison hospital in Guangxi Province – for treating detainees with TB – could not be implemented because, according to authorities, the resources necessary were not available.

WOUNDED AND SICK

Authorities and first responders take steps to develop their capacities in emergency medical care

In China, the ICRC had discussions with various public-health authorities about the ways in which it could support their

efforts to deliver health care and respond to emergencies – particularly in areas in which it had developed expertise, such as emergency medical services. Some 80 first responders and members of rescue teams strengthened their emergency response capacities at an international seminar organized by the Ministry of Emergency Management (MoEM) and the ICRC. The seminar covered such subjects as: key principles of public health; managing human remains during disasters or emergencies; and tackling weapon contamination.

At a global health forum in Qingdao, China – attended by policy-makers and others – the ICRC made expert contributions to discussions about improving health care in vulnerable communities.

Military medical personnel – around 100 from the PLA and 34 from the ROK Armed Forces – attended ICRC courses in the treatment of blast injuries in Chongqing, China, and Seoul, ROK.

Disabled people in Sichuan and Yunnan receive treatment

Nearly 2,500 disabled people¹ in Sichuan and Yunnan obtained physiotherapy, and prostheses and other assistive devices, at a physical rehabilitation centre in Kunming and a repair workshop in Malipo – both managed by the Yunnan branch of the Chinese Red Cross, with material support from the ICRC – and at the prosthetics and orthotics unit of the Chengdu Second People's Hospital (CSPH), which received clinical and technical guidance from the ICRC.

The China Disabled Persons' Federation and the ICRC signed a letter of intent to cooperate, which enabled the ICRC to engage with the assistive device centre of the Sichuan August First Hospital (SAFH). Guided by the ICRC, physiotherapists, orthotists and prosthetists at the SAFH, and at the prosthetics and orthotics unit of the CSPH, began to use a patient-centred treatment approach.

Prosthetists and orthotists from various hospitals in China, including the CSPH and the SAFH, attended an ICRC training course in the production of insoles for people suffering from diabetic foot.

Physical rehabilitation centres in the DPRK improve their services

In the DPRK, nearly 3,200 disabled people¹ had access to good-quality services at the Rakrang and Songrim physical rehabilitation centres, which the ICRC, in cooperation with the DPRK Red Cross, continued to support – by renovating infrastructure, carrying out general maintenance, and providing technical advice and raw materials for assistive devices. The ICRC, the local authorities and the DPRK Red Cross continued to broaden public awareness of the services offered by these centres; as a result, the centres treated more people than in 2018.

With ICRC support, physical rehabilitation professionals at ICRC-supported centres added to their knowledge of orthotic treatment at a training course in Cambodia.

1. Based on aggregated monthly data, which include repeat beneficiaries.

The ICRC finished making renovations at both centres: the floor tiles on the second floor of the Rakrang centre were replaced; at the Songrim centre, roads were repaved, and pavements re-laid.

A hospital in Pyongyang strengthens its emergency department

The ICRC helped the emergency department of the Pyongyang Medical College Hospital develop and implement protocols for emergency care. Logistical and other factors, however, delayed the procurement of equipment and supplies, training for emergency-room staff, and upgrades to facilities. The renovation of a section in the emergency department was completed.

The ICRC donated medical supplies for treating wounds to support the health ministry's response to people affected by a typhoon that hit several provinces in the DPRK.

ACTORS OF INFLUENCE

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

To strengthen its engagement with China's business sector, the ICRC met with representatives from various corporate entities. It sought to encourage Chinese companies operating in complex environments to conduct business without exacerbating the plight of violence-affected people.

ICRC workshops and seminars draw attention to IHL-related issues

During meetings, workshops and regional events organized individually or jointly by the ICRC – government officials, military officers, scholars, representatives of the pertinent National Societies, and experts from think-tanks and academic institutions in China, Mongolia and the ROK strengthened their grasp of IHL and other related international norms.

The ICRC made presentations at conferences organized by various institutions in China and the ROK for military personnel, academics and others. On these occasions, it sought to explain where IHL stood on such matters as cyber warfare, artificial intelligence, data protection, and the use of autonomous weapons. Chinese, Mongolian and ROK authorities learnt the importance of protecting cultural property at a regional conference organized by the ICRC (see *Jakarta*).

The ICRC continued to persuade authorities in the region to advance the ratification or implementation of IHL treaties; it gave them training and reference materials to help them towards that end. Mongolian authorities attended a workshop

on the Arms Trade Treaty; members of a group in charge of IHL promotion in Mongolia, which was set up with the ICRC's support, received training in IHL dissemination. The national IHL committee in China was reactivated.

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

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

Peacekeepers from the PLA and the ROK Armed Forces, and police officers at the China Peacekeeping Police Training Centre, learnt more about IHL and the ICRC's humanitarian work during predeployment training conducted by the ICRC.

Military lawyers from China attended a regional workshop, organized by the ICRC, on maritime security (see *Kuala Lumpur*).

Students and lecturers add to their knowledge of IHL

The ICRC helped universities, think-tanks, the National Societies in the region and other local organizations to make information on IHL more readily available to the academic community. It conducted courses and organized lectures and moot court competitions – including one attended by students from 22 cities in the Asia-Pacific region – all of which enabled university students and lecturers from China, Mongolia, the ROK and other countries to strengthen their grasp of IHL. Students and lecturers also attended a course on military law organized by the ICRC at a Chinese university.

The ICRC and a university in Seoul signed an agreement to promote research and instruction in IHL.

Humanitarian activities are given broader coverage by the media

The ICRC strengthened its presence in print, online and social media in local languages – throughout the region – which helped to broaden awareness of humanitarian issues and the ICRC's work. The media in China and the ROK drew on materials from the ICRC to cover events or issues of humanitarian concern, such as the safe delivery of health care. The DPRK Red Cross launched its website, with ICRC support, and organized a workshop for journalists. Financial support from the ICRC helped the Mongolian Red Cross undertake various communication initiatives to promote its activities.

Expanded contact with members of the media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC activities, and IHL-related subjects.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC provided the National Societies in the region with support to further their organizational development and expand their operational capacities, particularly in improving emergency preparedness and response, humanitarian education, restoring family links, promoting IHL, and assisting vulnerable populations. National Society staff learnt about IHL and the ICRC's work through ICRC presentations.

The ICRC organized training for some 30 Chinese Red Cross first responders and representatives from MoEM to help them enhance their knowledge of weapon contamination – particularly in connection with chemical, biological, radiological and

nuclear agents – and address its consequences. With ICRC support, the Chinese Red Cross conducted first-aid training for its personnel. Within the framework of its cooperation with the Chinese Red Cross in humanitarian education, the ICRC helped the National Society organize train-the-trainer workshops for teachers and peer-educator workshops for students.

The Republic of Korea National Red Cross and the ICRC renewed their cooperation agreement for five more years.

The National Societies of China, Mongolia and the ROK participated in an ICRC round table on the Safer Access Framework.

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Capacity-building	Beneficiaries	24	13	
Water and habitat				
Water and habitat activities	Beneficiaries	169	79	41
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		10,380		
Water and habitat				
Water and habitat activities	Beds (capacity)	120		
Physical rehabilitation				
Projects supported		5		
	<i>of which physical rehabilitation projects supported regularly</i>	4		
People benefiting from ICRC-supported projects	Aggregated monthly data	5,716	1,504	373
	<i>of whom victims of mines or explosive remnants of war</i>	30		
Prostheses delivered	Units	2,437		
Orthoses delivered	Units	1,833		
Physiotherapy sessions		4,154		
Walking aids delivered	Units	1,077		
Wheelchairs or postural support devices delivered	Units	25		

JAKARTA (regional)

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

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. It supports the National Societies in boosting their emergency response capacities. It works with the armed forces 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.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	1,243
Assistance	64
Prevention	2,868
Cooperation with National Societies	682
General	92
Total	4,949
<i>Of which: Overheads</i>	<i>302</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	44

PROTECTION

	Total
CIVILIANS	
Restoring family links	
RCMs collected	25
RCMs distributed	55
Phone calls facilitated between family members	4
Tracing cases closed positively (subject located or fate established)	8
People reunited with their families	15

ASSISTANCE

	2019 Targets (up to)	Achieved
CIVILIANS		
Health		
Health centres supported	Structures	2

CONTEXT

Indonesia had seats on the UN Security Council and the UN Human Rights Council. It was a member of the Jakarta-based Association of Southeast Asian Nations (ASEAN), and remained active in multilateral forums.

ASEAN, particularly through its Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), continued to develop its ability to coordinate the humanitarian response to emergencies in the region.

According to recent UNHCR estimates, there were around 14,000 migrants, including asylum seekers, in Indonesia. Many of them were detained or stranded in the country, their legal status uncertain.

Authorities and humanitarian organizations in Timor-Leste kept up their efforts to ascertain the fate of thousands of people who went missing during the 1975–1999 armed conflict there.

In Indonesia, mass protests in several cities and communal or religious tensions elsewhere in the country occasionally led to violence. Earthquakes in Lombok and Maluku Islands injured thousands and killed scores of people. Floods and landslides in December also caused deaths, damaged property, and displaced people.

ICRC ACTION AND RESULTS

The ICRC met periodically with Indonesian and Timorese government officials, and with representatives of ASEAN bodies and other organizations, to broaden support for the Movement's work and to discuss various topics: humanitarian action in Asia; IHL; and the ICRC's neutral, impartial and independent approach to humanitarian action.

The ICRC aids efforts to protect cultural property during armed conflict

The ICRC and UNESCO organized a conference at which more than 55 representatives from 15 Asia-Pacific States discussed the protection of cultural property during armed conflict. In Indonesia, the ICRC provided expert advice for the national IHL committee and others involved in drafting legislation to implement the Hague Convention on Cultural Property. An Indonesian diplomat was sponsored to attend an IHL course abroad (see *Lebanon*).

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

At their request, detaining and health authorities in Indonesia were given advice on internationally recognized standards for detention, particularly in connection with the provision of health care and the treatment of elderly prisoners. Sponsored by the ICRC, five prison officials went abroad to attend a conference on prison health (see *Philippines*).

Indonesian and Timorese armed forces personnel attended ICRC workshops, seminars and briefings, and expanded their knowledge of IHL and other norms. The ICRC sponsored several senior officers to attend courses abroad. At a regional conference in Jakarta, 145 military officials, including defence attachés, from 28 States discussed IHL and contemporary peacekeeping operations. The ICRC organized a round table on IHL and autonomous weapons, which was attended by Indonesian government officials, members of think-tanks, and others.

The ICRC briefed the Indonesian and Timorese police on international policing standards, and distributed pertinent reference materials to their personnel.

Civil society familiarizes itself with IHL and the Movement's work

At workshops, and during discussions with the National Societies and the ICRC in other settings, religious scholars learnt more about IHL and humanitarian principles. Around 45 lecturers from Islamic universities in Indonesia attended an ICRC course on the common ground between IHL and Islamic law; the ICRC also briefed 20 Timorese lecturers on IHL. Two Indonesian universities, aided by the ICRC, were in the process of incorporating the basic elements of IHL in their curricula. Courses taught by ICRC-trained lecturers and moot court competitions enabled law students to strengthen their grasp of IHL.

In November, the ICRC organized a conference in Bali on humanitarian reporting through digital means; 33 journalists and other members of the media from 16 countries attended. In Timor-Leste, 46 journalists attended an ICRC workshop where they learnt about humanitarian principles, the Movement's work, and humanitarian journalism. News releases and social media posts by the delegation were picked up and cited by the media, which helped broaden awareness of the ICRC's activities.

Members of separated families benefit from the Movement's family-links services

Members of families separated by armed conflict or other situations of violence, disasters, migration or detention maintained or restored contact with each other through the Movement's family-links services. The ICRC enabled an Indonesian family to make a video call and send parcels to a relative detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba; other families visited relatives detained in the Philippines.

Fourteen people, separated from their families since childhood, were reunited with relatives in Timor-Leste. The ICRC provided tracing services, and financial and logistical support for those involved in bringing about this reunion: the Timor-Leste Red Cross and other local humanitarian organizations, and the authorities. A Portuguese citizen, originally from Timor-Leste and separated from her family since 1973, was also reunited with relatives.

First responders receive training in the management of human remains

Armed forces and police personnel, Indonesian Red Cross Society volunteers, and first responders from Indonesia, Timor-Leste and elsewhere attended ICRC workshops on the management of human remains after large-scale disasters. The ICRC provided material and technical support for the Indonesian police's DNA laboratory and for forensic authorities in Timor-Leste. Indonesian and Timorese doctors were sponsored to attend forensics courses abroad.

Two regional events in Jakarta organized by the ICRC with the ASEAN Secretariat and with the AHA Centre enabled various disaster-response agencies from ASEAN Member States and from the International Federation and other organizations to exchange best practices in managing human remains and discuss the current state of humanitarian work in the region.

Through the joint efforts of the ICRC and the Indonesian authorities, a death certificate was issued for a deceased migrant and their personal belongings sent to relatives in Australia.

National Societies and the ICRC continue to work together

In remote areas of Indonesia, where ophthalmological services were not readily available, cataracts remained a major cause of blindness. Inhabitants of the Maluku Islands were given free eye examinations by Indonesian Red Cross and ICRC personnel working with local health-care providers; 107 people had cataract surgery and 687 received reading glasses.

The Indonesian and Timorese National Societies, guided by the International Federation and the ICRC, strove to coordinate their humanitarian activities in border areas more closely. The ICRC gave the two National Societies financial and technical support to develop their capacities in various areas: family-links services; managing human remains; first aid; operating in line with the Safer Access Framework; disseminating information on IHL and the Movement's activities; contingency planning; and fundraising.

Administrative constraints prevented the ICRC from providing support for two health facilities in the Indonesian province of Papua.

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	1,878
Assistance	1,047
Prevention	3,813
Cooperation with National Societies	583
General	228
Total	7,548
<i>Of which: Overheads</i>	<i>461</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	45

PROTECTION

CIVILIANS	Total
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Restoring family links

RCMs collected	37
RCMs distributed	96
Phone calls facilitated between family members	1,581
Tracing cases closed positively (subject located or fate established)	21

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits

Places of detention visited	14
Detainees in places of detention visited	21,165
<i>of whom visited and monitored individually</i>	471
Visits carried out	23

Restoring family links

RCMs collected	87
RCMs distributed	13
Phone calls made to families to inform them of the whereabouts of a detained relative	371

ASSISTANCE

2019 Targets (up to)

Achieved

PEOPLE DEPRIVED OF THEIR FREEDOM

Economic security

Living conditions	Beneficiaries		3,454
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CONTEXT

Migration, human trafficking and disputed maritime areas in the South China Sea remained prominent subjects of discussion in the countries covered.

Estimates of the number of irregular migrants in Malaysia ranged from 2 million to 5 million; reportedly, nearly 1 million were in the state of Sabah. In addition, there were some 178,000 UNHCR-registered refugees or asylum seekers in Malaysia, many of them from Myanmar and other Asian countries. Irregular migrants were often detained or deported; those in Sabah struggled to obtain health services.

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

The 126th emperor of Japan ascended the throne in May, marking the beginning of the Reiwa or "Beautiful Harmony" era.

ICRC ACTION AND RESULTS

The ICRC cultivates support for humanitarian work and IHL

To promote neutral, impartial and independent humanitarian action among key parties in the region, and among members of the public, the ICRC organized events, reached out to traditional media, and was active on social media and other digital platforms. The ICRC's president spoke at international conferences in Japan and Singapore, and its vice-president visited Malaysia and Singapore; both officials met with senior government officials and leaders of civil society.

Academics and university students in Brunei Darussalam, Malaysia and Japan, with ICRC assistance, organized or participated in IHL-related activities. The ICRC organized discussions at Bruneian and Malaysian universities on the common ground between IHL and Islam, and sponsored an Islamic scholar to attend a regional conference on the subject.

National authorities continued to receive support for incorporating key IHL provisions in domestic legislation. The ICRC conducted an IHL workshop for Bruneian government officials, and sponsored Malaysian officials to attend IHL-related events abroad. Government officials and/or National Society representatives in Japan, Malaysia and Singapore prepared for the 33rd International Conference with the ICRC's assistance.

The National Societies in Brunei Darussalam, Japan, Malaysia and Singapore continued to receive support for strengthening their ability to deliver humanitarian services and promote the Movement's work. Aided by the ICRC, the Singapore Red Cross Society hosted an event to celebrate the 70th anniversary of the Geneva Conventions.

Weapon bearers strengthen their grasp of norms applicable to their work

The ICRC's discussions with armed forces focused on the integration of IHL into their decision-making processes. Military officers from throughout the region attended courses at an ICRC-supported IHL teaching centre at the National Defence University of Malaysia. The ICRC participated in a joint exercise between Japan's Self-Defense Forces and US troops. Bruneian and Malaysian peace-support troops attended ICRC predeployment briefings.

ICRC personnel discussed international law enforcement standards and other applicable norms, and the ICRC's humanitarian role, with police and security forces personnel. These discussions took place at various events – in particular, an Association of Southeast Asian Nations (ASEAN) course hosted by the Bruneian police, an ICRC regional workshop on maritime security, and an ICRC workshop for Malaysian military, police and security forces operating jointly in Sabah. Malaysian and Singaporean police officers were sponsored to attend regional conferences.

Detainees in Malaysia receive ICRC visits

In Malaysia, the ICRC visited detainees at three prisons – including a men's prison in Sabah and a women's prison – and at 11 immigration detention centres, to monitor their treatment and living conditions. Afterwards, it communicated its findings and recommendations confidentially to the authorities concerned; it also discussed such matters as finding alternatives to detention for migrants and respecting the principle of *non-refoulement*. It offered the authorities technical assistance for addressing overcrowding and making other improvements, focusing on the needs of particularly vulnerable detainees: migrants, women, minors, and people with disabilities or medical conditions, including mental illness. The ICRC remained without access to people detained on security-related charges.

Detainees reconnected with their relatives through the ICRC's family-links services. The ICRC provided hygiene items to a total of 3,454 detainees at three immigration detention centres, and donated recreational equipment to the women's prison.

The Malaysian authorities continued, with the ICRC's assistance, to strengthen their capacities in prison management. Some 400 junior prison officers learnt about internationally recognized standards for detention through ICRC information sessions. After attending an ICRC round table, health, penitentiary and immigration officials began to work more closely together to provide health care for detainees. ICRC health staff visited six detention facilities and donated medical supplies and equipment to benefit detainees at four of them. Government officials and prison health staff participated in an ICRC seminar on prison health services; the ICRC sponsored a senior penitentiary official to attend a regional conference on the subject.

The Japanese justice ministry, together with a Thai NGO and the ICRC, hosted a conference on prison planning and design; representatives from 13 countries, and from a regional UN body, took part.

Vulnerable communities in Sabah learn how to protect their health

In Sabah, community volunteers trained by the health authorities, the Malaysian Red Crescent Society and the ICRC, promoted good health practices through home visits to vulnerable people; aided by the ICRC, National Society personnel conducted similar activities at schools, for some 1,000 children.

The National Society provided first-aid training for people in remote villages and other parts of Sabah. National Society first-aid instructors enhanced their skills at ICRC train-the-trainer workshops.

National authorities take steps to prevent disappearances

People in Malaysia got in touch with their relatives abroad through RCMs and other ICRC family-links services. Three families contacted relatives held at the US detention facility at the Guantanamo Bay Naval Station in Cuba through video calls, and sent them parcels.

Authorities in the countries covered continued to receive support for their efforts to prevent disappearances during migration or periods of emergency. The ICRC organized a regional course on improving medico-legal systems to enable speedier identification of human remains. Officials from Malaysia's national forensic institute and an ASEAN law-enforcement body were sponsored to attend regional events. At an ICRC workshop in Sabah, officers from the police and the security forces discussed good practices in managing human remains.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	37			
RCMs distributed	96			
Phone calls facilitated between family members	1,581			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	53	3	3	3
<i>including people for whom tracing requests were registered by another delegation</i>	39			
Tracing cases closed positively (subject located or fate established)	21			
<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases still being handled at the end of the reporting period (people)	231	17	13	36
<i>including people for whom tracing requests were registered by another delegation</i>	167			
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	14			
Detainees in places of detention visited	21,165	3,432	547	
Visits carried out	23			
		Women	Girls	Boys
Detainees visited and monitored individually	471	101	28	36
<i>of whom newly registered</i>	443	95	27	37
RCMs and other means of family contact				
RCMs collected	87			
RCMs distributed	13			
Phone calls made to families to inform them of the whereabouts of a detained relative	371			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total	Women	Children
Economic security				
Living conditions	Beneficiaries	3,454	775	58
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	33		
	Participants	692		

MYANMAR

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- As security constraints and other restrictions made vulnerable communities less accessible, the ICRC engaged with the authorities and weapon bearers to foster support for its work and broaden its access to violence-affected people.
- ICRC support enabled health facilities, and health workers conducting outreach activities, to provide good-quality health care and physical rehabilitation for people in Kachin, Rakhine and Shan States, including in hard-to-reach areas.
- People affected by intensified hostilities or previous violence had access to water and food, and better living conditions and livelihood prospects, because of the efforts of the Myanmar Red Cross Society and the ICRC.
- The ICRC engaged with weapon bearers to promote respect for IHL and other applicable norms, and to discuss the threat posed by mines and explosive remnants of war. Weapon bearers were trained in these norms and in first aid.
- Various activities carried out by the authorities, with the ICRC's help, resulted in better living conditions at several places of detention and broader access to health care for detainees.
- The National Society strengthened its ability to deliver humanitarian services, with support from the ICRC and other Movement partners.

EXPENDITURE IN KCHF

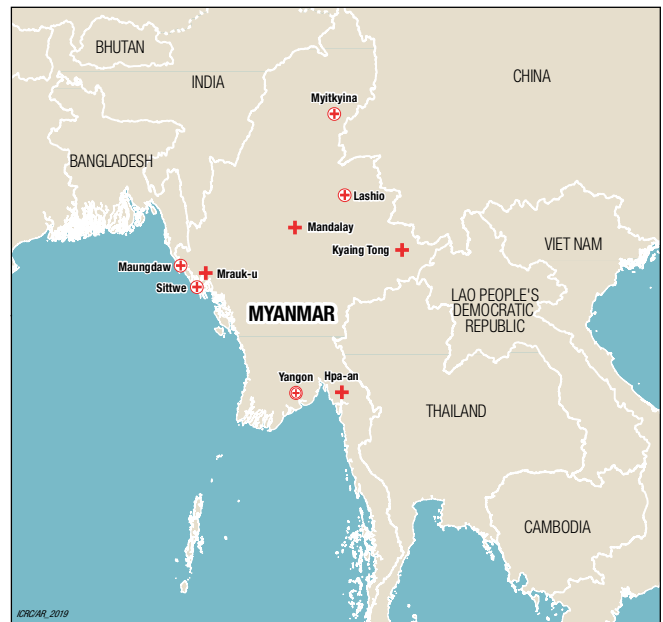
Protection	8,880
Assistance	39,836
Prevention	2,840
Cooperation with National Societies	3,375
General	722
Total	55,654
<i>Of which: Overheads</i>	<i>3,386</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	100
Resident staff (daily workers not included)	690



ICRCAR, 2019
 ⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	776
RCMs distributed	913
Tracing cases closed positively (subject located or fate established)	785
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	22
Detainees in places of detention visited	47,773
<i>of whom visited and monitored individually</i>	859
Visits carried out	32
Restoring family links	
RCMs collected	1,854
RCMs distributed	1,331

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	105,000	154,477
Food production	Beneficiaries	125,000	129,812
Income support	Beneficiaries	42,000	44,548
Living conditions	Beneficiaries	132,500	178,993
Capacity-building	Beneficiaries	15,200	300
Water and habitat			
Water and habitat activities	Beneficiaries	107,000	208,562
Health			
Health centres supported	Structures	33	41
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Living conditions	Beneficiaries		36,239
Water and habitat			
Water and habitat activities	Beneficiaries	9,000	41,078
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	21	28
Physical rehabilitation			
Projects supported	Projects	6	6
Water and habitat			
Water and habitat activities	Beds (capacity)	395	827

CONTEXT

Fighting between military forces and an armed group in Rakhine State increased in intensity and spread over more areas in 2019. The effects of the situation on civilians – which included injuries and deaths, destruction of property, and displacement – were severe.

In Shan State, hostilities between the military and an alliance of armed groups escalated in August and September. In Kachin State, ceasefires de-escalated fighting between military forces and an armed group.

Mines and explosive remnants of war (ERW) endangered people in a majority of Myanmar's 14 states or regions, particularly in Kachin and Shan and, increasingly in 2019, in Rakhine.

People affected by intensified hostilities or past violence remained displaced in Kachin, Rakhine and Shan; some of them were in IDP camps.

The escalation in fighting exacerbated the strain that past situations of violence had placed on essential services; the people affected, particularly IDPs, struggled to obtain basic necessities, including health care.

More than 720,000 people remained in Bangladesh after fleeing violence in Rakhine after August 2017 (see *Bangladesh*).

Some 23,000 detainees were released after an amnesty in April. A number of people were still being held in connection with the prevailing situation.

The country's transition from military rule to democracy continued.

ICRC ACTION AND RESULTS

The ICRC endeavoured – together with the Myanmar Red Cross Society and other Movement partners – to address the needs of people affected by armed conflict or other situations of violence, particularly the escalation of hostilities in Rakhine and Shan. Security conditions, restrictions on movement, and other constraints made vulnerable communities less accessible, and delayed some of the ICRC's planned activities. The ICRC engaged with the authorities, weapon bearers and other key parties, to foster support for its work and broaden its access to violence-affected people.

The ICRC reminded parties to conflict of the necessity of respecting civilians and facilitating their access to essential services. It met with members of vulnerable communities to discuss their protection-related concerns. Together with the National Society, it promoted safe practices around mines/ERW among people in weapon-contaminated areas. It sponsored Myanmar government officials to attend a regional conference on mines/ERW and to visit a mine-action centre in Thailand; it discussed the threat posed by mines/ERW with two armed groups.

Aided by the National Society and the ICRC, IDPs in Kachin, Rakhine and Shan – including people affected by intensified

fighting – had access to water and food, and better living conditions; vulnerable households were assisted to grow food or boost their livelihoods.

The ICRC continued to help strengthen the continuum of care for violence-affected people: funding and material aid enabled health facilities, and health workers conducting outreach activities, to provide good-quality preventive and curative care to people in Kachin, Rakhine and Shan, including in hard-to-reach areas. Community members and weapon bearers received first-aid training. The ICRC provided supplies and equipment to hospitals in Kachin, Rakhine and Shan, and funded the health ministry's emergency transport system that conveyed people to hospitals in Rakhine.

Disabled people obtained rehabilitative care at five centres, or through outreach activities, all of which received ICRC assistance. The ICRC continued to support efforts to ensure the sustainability of local physical rehabilitation services and advance the social inclusion of disabled people. It helped the health ministry develop a strategy for strengthening the national physical rehabilitation sector, and provided support for the work of the Myanmar Paralympic Sport Federation.

The ICRC visited, in accordance with its standard procedures, people detained under the authority of the ministry of home affairs. It monitored detainees' treatment and living conditions, and communicated its findings and recommendations confidentially to the authorities. Aided by the ICRC, the authorities upgraded infrastructure at several places of detention and reinforced detainees' access to health care. Detainees reconnected with their relatives through the ICRC's family-links services. The ICRC remained without access to people being held by border guards or by other armed groups.

The ICRC strove to persuade weapon bearers to respect IHL and other applicable norms, and to integrate these norms into their decision-making. It organized seminars and other events for military officers and provided IHL teaching materials to a military academy. It held IHL workshops for four armed groups.

The ICRC continued to encourage the authorities to establish a national IHL committee. It sponsored government officials to attend regional events, and organized a national moot court competition. The ICRC also continued advocating and advising authorities on the creation of a national inter-ministerial committee for the implementation of IHL. The National Society, guided by the ICRC, took part in the drafting of legislation on the emblems protected under IHL.

The National Society remained the ICRC's primary partner in the country. It strove to develop its operational capacities and pursue organizational development, with support from the ICRC and other Movement partners. Movement components operating in Myanmar worked closely together to strengthen their emergency preparedness and response.

CIVILIANS

Security conditions, restrictions on movement, and other constraints made vulnerable communities less accessible, and delayed some of the ICRC's planned activities. The ICRC

strove to assist civilians wherever it could, particularly those affected by the escalation of hostilities in Rakhine and Shan, and to monitor their situation; it engaged with the authorities, weapon bearers and other key parties to strengthen their support for its work, and broaden its access to violence-affected people (see *Actors of influence*). Whenever possible, it worked closely with the Myanmar Red Cross Society, the International Federation and other Movement partners.

The ICRC reminded parties to conflict – through confidential dialogue and written representations – of the importance of respecting and protecting civilians and facilitating their access to essential services. It emphasized the necessity of allowing IDPs to return to their homes voluntarily, safely and with dignity, and providing sustainable alternatives, such as local integration or resettlement, to those unable or unwilling to return. The ICRC held discussions with members of vulnerable communities to identify their protection-related concerns and help them develop measures for self-protection, particularly with regard to mines/ERW (see below).

The National Society and the ICRC helped people contact or locate their relatives, and assessed people's needs in this regard. With the ICRC's assistance, the National Society set up a family-links website and began using new software for its family-links services.

Administrative constraints delayed the ICRC's plans to help develop local capacities in the management of human remains.

People in weapon-contaminated areas learn safe practices

Some 67,900 people in nine states or regions learnt safe practices around mines/ERW through National Society/ICRC teaching sessions; the ICRC also promoted these practices on its social-media channels.

Representatives from Myanmar were sponsored to attend a regional conference on mines/ERW (see *Bangkok*). The ICRC organized a visit to the Thailand Mine Action Centre for military officers and officials from the social-welfare ministry; administrative constraints delayed its plans to train military personnel in humanitarian demining. The threat of mines/ERW and the necessity of humanitarian demining were discussed at ICRC workshops on IHL for armed groups (see *Actors of influence*).

People injured by mines/ERW were referred for physical rehabilitation and other support (see *Wounded and sick*).

Emergency-affected people meet their most pressing needs

IDPs in Kachin, Rakhine and Shan, including people affected by intensified fighting, benefited from National Society/ICRC relief aid. Households in Kachin and Shan received food, or cash for buying food; in Rakhine, after the authorities withdrew permission for cash aid in March, only in-kind assistance was provided. People in all three states also received hygiene items and other household essentials, winter clothes, and blankets; people at IDP camps were given fuel sticks, so that they would not have to search for firewood in mine/ERW-affected areas. In total, 154,477 people benefited from food assistance, and 178,993 people received household essentials.

In Rakhine and Shan, the ICRC donated water filters, water containers, emergency latrines and septic tanks; refilled ponds during the dry season; and repaired shelters in preparation for the rainy season. Some 157,600 people benefited from these activities.

Mobile clinics and outreach activities broaden the availability of health care

People in Kachin, Rakhine and Shan obtained good-quality preventive and curative care at 41 primary-health-care centres, including mobile clinics in Rakhine; the ICRC gave these facilities medical supplies and equipment. It also provided financial assistance for 12 mobile clinics that served IDPs in Rakhine – until June, when the WHO took over.

Funding and material support from the ICRC enabled the health ministry to train community health workers and birth attendants, and to conduct various outreach activities: for instance, teams providing antenatal care and immunization in Shan were given clothes and backpacks suitable for the weather; vaccination teams rented speedboats to reach children in remote areas of Rakhine.

Plans to train community members in providing psychosocial support for violence-affected people were postponed to 2020.

Communities affected by past violence boost their livelihoods

IDPs in Kachin and Shan, and both host communities and IDPs in Rakhine – 129,812 people in all – grew food with National Society/ICRC assistance. Seed, tools and fertilizer were distributed in time for the two main agricultural seasons: the monsoon and winter seasons.

In Kachin, Rakhine and Shan, 44,548 people were assisted to increase or preserve their income: some of them started small businesses or earned money through cash-for-work community projects to build bridges, dikes or roads; others received financial support for medical, educational and other expenses.

Training, supplies and equipment from the ICRC helped expand capacities among 300 community-based animal-health workers and agricultural-support workers in the three states. Administrative constraints delayed the ICRC's plans to assist the agriculture and social-welfare ministries.

ICRC infrastructural projects made clean water and sanitation available to 39,662 people in rural areas of Kachin, Rakhine and Shan. Plans to carry out similar work in urban areas were obstructed by restrictions on access and delays in authorization; 4,585 people – fewer than planned – were assisted through the construction of two ponds in Rakhine and the renovation of a school in Kachin. The ICRC built a road in Shan, and homes in Kachin and Shan, benefiting 6,626 people, including returnees and displaced or resettled individuals. It also renovated four health facilities in Rakhine.

ICRC support enabled the National Society to develop its capacities in economic assistance and hygiene promotion. Staff and volunteers were trained in data collection and monitoring, in preparation for implementing economic-assistance projects;

staff in Kachin were also equipped with mobile phones and laptops. Volunteers in Rakhine and Shan were trained in hygiene promotion.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at 22 prisons or labour camps under the authority of the home-affairs ministry, including nine priority facilities selected for their proximity to areas affected by conflict or other violence; visits were conducted in accordance with standard ICRC procedures. ICRC delegates monitored detainees' treatment and living conditions, with a view to ensuring that these met internationally recognized standards, and communicated their findings and recommendations confidentially to the authorities. The ICRC remained without access to people being held by border guards or by other armed groups.

Detainees reconnected with their families through RCMs; with the ICRC's help, foreign detainees notified the UNHCR or their consular representatives of their detention. The authorities were encouraged to notify families of their relatives' arrest or transfer, and/or their whereabouts. The ICRC sponsored family visits for nearly 1,400 detainees, including people with relatives in Rakhine. It built a new facility for family visits at the largest prison in Myanmar; the authorities installed a computerized registration system at the facility that reduced relatives' wait time by about 30 minutes.

More than 6,600 released detainees, including people freed after the amnesty (see *Context*), were given financial assistance to return home after their release.

The ICRC donated hygiene items and other household essentials, recreational items, and educational materials to some 36,200 detainees at 28 facilities. Infrastructural upgrades carried out by the ICRC, or by the authorities with the ICRC's support, benefited some 41,000 detainees at eight facilities, including six priority prisons.

ICRC expertise aided the authorities in drafting a law on parole and probation, aimed at addressing overcrowding in prisons. The ICRC also helped the authorities to draw up procedures for giving detainees vocational training; it built a vocational training centre at a prison in Mandalay. A local organization agreed to conduct the training.

Detainees have better access to health care

The ICRC monitored the accessibility and the quality of health care for detainees, and helped the penitentiary authorities and the health ministry coordinate more closely to provide health services in places of detention. ICRC health staff visited 19 places of detention; 9 were provided with medical supplies and equipment. Prison health personnel were given guidance, particularly in medical screening and documentation.

Penitentiary and health-ministry officials were sponsored to attend events related to health-care provision in prisons, including a regional conference (see *Philippines*) and a course in Switzerland. Prison doctors and engineers, and health-ministry personnel, participated in an ICRC round table on designing prison health facilities.

WOUNDED AND SICK

Despite restrictions on access and other constraints, the ICRC – together with the National Society whenever possible – sought to reinforce the continuum of care for violence-affected people. Parties to conflict were reminded of the necessity of showing due regard for medical personnel and facilities.

Violence-affected people obtain medical treatment

In Kachin, Rakhine and Shan, first-aid training was provided for community health workers, schoolteachers, police officers, and members of armed groups. The ICRC continued to fund the health ministry's emergency transport system that conveyed people to the main hospitals in Rakhine. The transport system's services were extended to two more townships, making hospital care accessible to people at the IDP camps there; 4,057 people benefited. The ICRC helped 110 patients cover their hospital expenses; 93 patients were assisted with other costs.

The ICRC provided medical supplies and equipment for 28 hospitals in Kachin, Rakhine and Shan. It conducted a train-the-trainer workshop – on controlling and preventing infections – for hospital personnel in Shan, and funded repairs at a facility producing medical-grade oxygen in Rakhine. It upgraded waste-management systems and other infrastructure at six hospitals in Rakhine and Shan (a total of 827 beds), including two hospitals that were treating people wounded during the escalation of hostilities in Rakhine. Doctors and nurses from several military hospitals, and medics from Shan, attended ICRC courses in trauma management and/or wound surgery.

Restrictions on access delayed the ICRC's plans to provide regular support to a hospital in Kachin.

Disabled people improve their mobility

Disabled people in several states or regions obtained physical rehabilitation at five centres that received comprehensive ICRC assistance. Owing to access constraints, the ICRC was unable to support a sixth centre in Mandalay. ICRC-trained health workers and National Society volunteers referred people needing rehabilitative care to the centres nearest them. People unable to travel to the centres were assisted through ICRC-supported outreach: mobile repair workshops and a network of roving technicians that covered several states or regions, including remote areas; and a new team that served people in Rakhine. Some 4,000 people¹ benefited from these activities.

Staff at the five centres were trained in technical and/or managerial skills; the ICRC worked with the health ministry to hire four technicians for two of the centres. ICRC scholarships enabled 14 technicians from four centres to study abroad. Two centres and a military medical facility were given material support for producing prosthetic feet.

The ICRC continued to foster the sustainability of local physical rehabilitation services. Together with the WHO, it helped the

1. Based on aggregated monthly data, which include repeat beneficiaries.

health ministry to draft a strategic plan to strengthen the national rehabilitation sector, and to make preparations for setting up a steering committee to guide this work.

The ICRC supported the work of the Myanmar Paralympic Sport Federation, to help advance the social inclusion of disabled people. A training session was organized for wheelchair-basketball players and coaches; amputee athletes were fitted with “blade runner” prostheses. The ICRC enabled 275 people to participate in various sporting events.

The ICRC made two basketball courts, and one person’s home, disabled-accessible. It provided vocational training, or assistance to start small businesses, for 72 disabled people.

ACTORS OF INFLUENCE

Through meetings and other events, the ICRC engaged with the authorities, weapon bearers, community and religious leaders and other key parties, in order to strengthen their support for neutral, impartial and independent humanitarian action and for IHL, and broaden its access to violence-affected people. It kept journalists and the general public up to date on its work through digital platforms: for instance, social media posts, in the local language, featured its activities for people in Rakhine. Press coverage of its activities – notably, the construction of a facility for family visits at the country’s largest prison (see *People deprived of their freedom*) – helped broaden awareness of the ICRC’s humanitarian role.

Through social media, radio broadcasts, surveys and other means, the ICRC asked the people it assisted to comment on its activities; it used their feedback to adapt its activities to match their needs more closely.

Weapon bearers strengthen their grasp of IHL and other applicable norms

The ICRC strove to persuade weapon bearers to respect IHL and other applicable norms, and to integrate them into their decision-making. Military officers learnt about IHL and the ICRC’s work through various means. For instance, 24 senior officers participated in a three-week study visit to Switzerland that was organized by the Swiss authorities and the ICRC; officials from the Office of the Judge Advocate General attended IHL courses at an ICRC-supported centre in Malaysia (see *Kuala Lumpur*). The ICRC also provided IHL teaching materials to a military academy. Translation of the 1949 Geneva Conventions into the local language, in coordination with the military, was in progress.

The ICRC conducted IHL workshops – two in Myanmar and two in Thailand – for four armed groups.

Police officers in Rakhine attended an ICRC training session on international norms and standards applicable to their work. Senior officers participated in a regional conference on policy-making in law enforcement (see *New Delhi*).

Government officials attend regional IHL events

The ICRC continued to encourage the authorities to establish a national IHL committee. Representatives from Myanmar were sponsored to attend a regional IHL seminar (see *Bangkok*) and a conference on the Hague Convention on Cultural Property (see *Jakarta*). The ICRC organized a national moot court competition; students from six universities participated, and academics and military lawyers served as judges.

Drafting of legislation on the emblems protected under IHL continued; the National Society, guided by the ICRC, contributed to the process.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society continued to strengthen its operational capacities and pursue organizational development, with financial, material and/or technical support from the International Federation, the ICRC and other Movement partners.

National Society staff and volunteers participated in ICRC workshops on incorporating the Safer Access Framework in their emergency response plans. Financial support from the ICRC enabled National Society first-aid trainers to attend refresher training, and the National Society to train its personnel in volunteer management and in promoting the Fundamental Principles and the Movement’s work. The ICRC renovated facilities at two National Society offices in Shan.

The ICRC and the International Federation helped the National Society explore possibilities for raising additional funds.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		776			
RCMs distributed		913			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		449	53	33	48
	<i>including people for whom tracing requests were registered by another delegation</i>	243			
Tracing cases closed positively (subject located or fate established)		785			
	<i>including people for whom tracing requests were registered by another delegation</i>	662			
Tracing cases still being handled at the end of the reporting period (people)		1,243	93	48	206
	<i>including people for whom tracing requests were registered by another delegation</i>	1,006			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered 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		6	3		
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		22			
Detainees in places of detention visited		47,773	5,828	649	
Visits carried out		32			
			Women	Girls	Boys
Detainees visited and monitored individually		859	85	2	21
	<i>of whom newly registered</i>	718	54	1	15
RCMs and other means of family contact					
RCMs collected		1,854			
RCMs distributed		1,331			
Detainees visited by their relatives with ICRC/National Society support		1,394			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	154,477	40,168	77,237
	<i>of whom IDPs</i>	51,487	13,387	25,743
Food production	Beneficiaries	129,812	33,751	64,901
	<i>of whom IDPs</i>	30,191	7,849	15,096
Income support	Beneficiaries	44,548	11,584	22,264
	<i>of whom IDPs</i>	14,396	3,740	7,183
Living conditions	Beneficiaries	178,993	46,531	89,383
	<i>of whom IDPs</i>	126,194	32,817	63,093
Capacity-building	Beneficiaries	300	63	114
	<i>of whom IDPs</i>	38	10	19
Water and habitat				
Water and habitat activities	Beneficiaries	208,562	83,408	41,755
	<i>of whom IDPs</i>	66,831	26,732	13,366
Health				
Health centres supported	Structures	41		
Average catchment population		1,023,074		
Consultations		181,090		
	<i>of which curative</i>	159,838	3,021	2,947
	<i>of which antenatal</i>	21,252		
Immunizations	Doses	276,455		
	<i>of which polio vaccines for children aged 5 or under</i>	172,640		
Referrals to a second level of care	Patients	1,373		
	<i>of whom gynaecological/obstetric cases</i>	438		

PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	36,239	5,060	
Water and habitat				
Water and habitat activities	Beneficiaries	41,078	4,928	411
Health				
Places of detention visited by health staff	Structures	19		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	28		
	<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	7	1	
	(including those related to mines or explosive remnants of war)	6	1	
	Non-weapon-wound admissions	834		
	Operations performed	216		
Medical (non-surgical) admissions		596	274	12
Gynaecological/obstetric admissions		525	525	
Consultations		16,947		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		8,761		
Weapon-wound admissions (surgical and non-surgical admissions)		601	29	14
Weapon-wound surgeries performed		99		
Patients whose hospital treatment was paid for by the ICRC		110		
First aid				
First-aid training				
	Sessions	38		
	Participants (aggregated monthly data)	1,056		
Water and habitat				
Water and habitat activities	Beds (capacity)	827		
Physical rehabilitation				
Projects supported		6		
	<i>of which physical rehabilitation projects supported regularly</i>	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	4,097	520	356
	<i>of whom victims of mines or explosive remnants of war</i>	460		
Referrals to social integration projects		347		
Prostheses delivered	Units	1,274		
Orthoses delivered	Units	289		
Physiotherapy sessions		13,670		
Walking aids delivered	Units	1,211		
Wheelchairs or postural support devices delivered	Units	151		

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives, Nepal

Opened in 1982, the regional delegation in New Delhi seeks to broaden understanding and implementation of IHL and encourage respect for humanitarian principles among the authorities, armed and security forces, and members of civil society. It helps vulnerable people, including detainees, maintain contact with their relatives. In Nepal, its work focuses on helping clarify the fate of persons missing in relation to past conflict and supporting their families. The ICRC helps improve local capacities to provide physical rehabilitation and emergency response services. It supports the development of the region's National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Military and security forces personnel, government officials and others learnt more about IHL and the ICRC's work at events organized or supported by the ICRC, such as the Raisina Dialogue in New Delhi, India.
- The ICRC resumed its visits to detainees in the Maldives and checked on their well-being. It had no access to detainees in India but continued to provide economic support for vulnerable families of current and former detainees.
- Vulnerable people in India worked towards gaining some degree of self-sufficiency with ICRC support. Because of security risks, some livelihood-support activities in Jammu and Kashmir had to be curtailed.
- Indian and Nepalese medical staff were trained in emergency-room trauma care, and Indian first responders in first aid and/or basic life support, at courses organized by the ICRC – sometimes with local actors.
- Disabled people obtained good-quality treatment through ICRC-supported projects in India and Nepal, including clubfoot clinics. Physical rehabilitation professionals developed their capacities through ICRC-supported training.
- In Nepal, authorities were urged to address the needs of missing people's families and others affected by the past conflict. The ICRC helped improve the management of human remains in India, the Maldives and Nepal.

EXPENDITURE IN KCHF

Protection	2,741
Assistance	3,743
Prevention	2,825
Cooperation with National Societies	1,096
General	507
Total	10,911
<i>Of which: Overheads</i>	<i>666</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	149



ICRC/AR, 2019
 ICRC regional delegation ICRC mission

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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	30
RCMs distributed	95
Tracing cases closed positively (subject located or fate established)	9
People reunited with their families	9
<i>of whom unaccompanied minors/separated children</i>	4
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	1,788
<i>of whom visited and monitored individually</i>	4
Visits carried out	9
Restoring family links	
RCMs collected	122
RCMs distributed	33

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Food production	Beneficiaries 5,000	9,835
Income support	Beneficiaries 1,150	922
Living conditions	Beneficiaries 2,500	
Water and habitat		
Water and habitat activities	Beneficiaries 15,254	3,393
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects 13	14

CONTEXT

India's relations with some of its neighbours remained tense, particularly because of border issues. The country continued to tackle various economic, social and security issues while also seeking to raise its profile internationally.

Armed violence between security forces and militants continued, particularly in Jammu and Kashmir, and in some sections of central, eastern and north-eastern India. The Indian government revoked Jammu and Kashmir's special status, changing it from a "state" to a "union territory". This was preceded by prolonged restrictions on movement and a communications blackout; thousands of security forces were mobilized. Essential services became comparatively inaccessible because of the security situation: people had no means to contact others; livelihoods were disrupted; and students were unable to attend school. Thousands of people were reportedly arrested and/or detained.

In Nepal, the government granted a one-year extension to the Commission on Investigation of Enforced Disappeared Persons (CIEDP) and the Truth and Reconciliation Commission (TRC) – which were created to address the needs of missing people's families and of victims/survivors of sexual and other violence, both linked to the past conflict.

The government sought to enforce democratic principles in the Maldives; judicial and prison reforms remained matters of priority. The country faced challenges arising from the possible repatriation of Maldivians who have participated in fighting abroad and/or of their families.

Because of their geographical situation, the countries covered had to deal with migration-related issues and natural disasters.

ICRC ACTION AND RESULTS

The ICRC – most of the time in cooperation with National Societies and local organizations – sustained its efforts to help people in need: physically disabled people; vulnerable families of detainees; households affected by violence or natural disasters; missing people's families; and others.

The ICRC's interaction with authorities, armed forces and security forces, members of civil society, and the general public – helped foster understanding and broadened acceptance for humanitarian principles, IHL and other applicable norms, and for the ICRC's neutral, impartial and independent humanitarian action. Briefings and training on IHL and IHL-related matters were conducted for armed forces and security forces personnel – including troops bound for peacekeeping missions – authorities, decision makers and members of the judiciary. A broad range of other people – including academics and journalists – learnt about IHL and the ICRC at information sessions and briefings, and through Web-based and other media.

In India, the ICRC assisted communities to work towards self-sufficiency. It carried out various initiatives for vulnerable households. They were aimed at increasing food production and funding small businesses, particularly for households with disabled people or female breadwinners. The Indian Red Cross

Society and the ICRC upgraded water and sanitation facilities and conducted hygiene-promotion sessions at several schools.

The ICRC continued to reiterate to the Nepalese authorities the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence through the TRC. Conflict victims' associations, which continued to receive ICRC support, lobbied for the creation of legal and administrative mechanisms to address these needs. Forensic professionals in India, the Maldives, and Nepal drew on ICRC expertise to strengthen their ability to manage and identify human remains. The Nepal Red Cross Society visited missing people's families and kept them informed of developments in the search for their relatives.

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

Disabled people in India and Nepal received specialized care through ICRC-supported physical rehabilitation projects, including clubfoot clinics in India. The ICRC provided technical and material support for physical rehabilitation centres, and training for doctors and staff. Patients at one ICRC-supported centre in India, and at supported centres in Nepal, had access to training in disability sports.

The ICRC remained without access to detention facilities in India but continued to support economically vulnerable families of current and former detainees through micro-economic initiatives. It resumed making detention visits in the Maldives and checked on the well-being of detainees; findings were communicated confidentially to the authorities. The ICRC arranged for some detainees in Bhutan and India to be visited by their families.

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

The National Societies in Bhutan, India, the Maldives and Nepal received comprehensive support from the ICRC for bolstering their organizational capacities. The National Society in Bhutan was formally recognized by the Movement.

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

CIVILIANS

Members of dispersed families restore or maintain contact

The ICRC continued to provide family-links services – such as RCMs and tracing – to members of families separated by violence, civil unrest, migration, or disasters. It maintained its support for the Indian Red Cross and the Nepal Red Cross Society to build their capacities in restoring family links; the ICRC also urged them to incorporate these services in their emergency response. It provided training for staff and

volunteers of the two National Societies on the provision of these services; it also sponsored several National Society personnel to participate in meetings abroad.

The Nepalese Red Cross and the ICRC continued to collect tracing requests related to the past conflict in Nepal; nine such cases were resolved positively. The ICRC shouldered the transportation cost of six migrant workers returning from immigration detention centres in Malaysia.

The Movement's family-links services were promoted through printed leaflets and radio spots.

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

The ICRC reminded various Nepalese authorities of the necessity of addressing the needs of people affected by the past conflict: that is, of helping missing people's families via the CIEDP, and victims/survivors of sexual and other violence through the TRC. At the authorities' request, the ICRC gave its views on draft amendments to a law that recognizes victims' right to reparations.

The ICRC also met regularly with other stakeholders – such as members of the National Human Rights Commission and representatives of the International Centre for Transitional Justice – and continued to urge the establishment of a mechanism to facilitate transitional justice.

Nepalese Red Cross volunteers, supported by the ICRC, visited some 1,000 missing people's families and kept them abreast of developments in the search for their relatives, and of the government services available to them. Income support was provided by the ICRC to 28 households consisting of missing people's families (68 people) to help them cope with their situation.

The ICRC continued to provide support for the National Network of the Families of the Disappeared and Missing, the Conflict Victims' Common Platform (CVCP), the newly formed Conflict Victims' National Alliance for Justice, and others advocating the creation of legal and administrative mechanisms for addressing the needs of people affected by the past conflict. It helped the CVCP organize a national conference for its members and for government policy-makers.

The ICRC, together with local partners, organized events to mark the International Day of the Disappeared.

Forensic professionals expand their capacities

The ICRC discussed humanitarian forensics with forensic institutions, government officials and others; it strove to build local capacities in handling human remains properly, with a view to preventing disappearances and clarifying the fate of people who went missing. It organized or supported training, meetings and other events for authorities, forensic specialists, first responders, and others involved in managing human remains, including CIEDP personnel. These events – held in India, the Maldives, Nepal and elsewhere – covered specific areas such as management of forensic data, identification of disaster victims and forensic odontology. The International

Centre for Humanitarian Forensics in India and the ICRC conducted a workshop for senior police officials on managing human remains after disasters.

In Nepal, the authorities adopted national guidelines for managing human remains, which had been revised with technical support from the ICRC. The ICRC donated body bags and other supplies to various institutions doing forensic work in Nepal. Guided by the ICRC, the Maldivian Red Crescent drafted guidelines and standard operating procedures for transporting human remains.

Pertinent parties in the region were urged to adapt their medico-legal frameworks in view of contemporary challenges to human-remains management.

Some vulnerable people in India receive livelihood support

In Jammu and Kashmir, the ICRC gave 38 households of current or former detainees (198 people) financial support for starting small businesses, which also helped advance ex-detainees' socio-economic reintegration. Such support was put on hold in August, owing to security considerations.

A total of 185 female breadwinners (supporting 650 people) benefited from cash grants and vocational training; those in Jammu and Kashmir were trained in tailoring and other areas to improve their earning prospects. Changes in the security situation hindered the delivery of raw materials and sewing equipment. Elsewhere, skills training and material support from the ICRC enabled female breadwinners to start small businesses (e.g. poultry farming, fishing, weaving).

In violence-affected communities, 1,967 farming and herding households (9,835 people) were given training and material support (livestock and seed) to resume producing food. These households included female farmers and physically disabled people.

The ICRC trained 20 Indian Red Cross staff and volunteers to assess the economic needs of vulnerable people.

Students and staff at some schools in India have broader access to safe water

The Indian Red Cross and the ICRC made minor upgrades to water and sanitation facilities and conducted information sessions – on good hygiene and proper storage of water – at seven schools; as a result, around 3,400 students, teachers and others had better access to safe drinking water and were less at risk of disease.

Because of time constraints, plans to train local technicians in installing and maintaining solar panels were not realized.

PEOPLE DEPRIVED OF THEIR FREEDOM

In the Maldives, the ICRC re-established dialogue with the authorities on systemic issues in detention. It resumed its visits to detainees, which were carried out in accordance with its standard procedures. Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

The ICRC conducted a workshop on prison planning and design for authorities and prison staff, and a training session on management for prison managers.

The ICRC enabled officials from the Maldivian Correctional Services to attend conferences abroad, where they exchanged best practices in health care in detention, and in designing and managing prisons, with their counterparts from other countries.

In India, the ICRC was not able to establish a dialogue with the pertinent authorities on detention-related matters. It remained without access to places of detention.

Detainees reconnect with their relatives

Some detainees in Bhutan and India reconnected with relatives via the Movement's family-links services. The ICRC arranged family visits for 57 people held in India in connection with the situation in Jammu and Kashmir, and for six detainees in Bhutan. It also covered transportation costs for six ex-detainees returning to Nepal from Malaysian detention centres. In India, ex-detainees, and families of current and former detainees, received economic assistance from the ICRC (see *Civilians*).

WOUNDED AND SICK

Local capacities in life-saving care are expanded

People in violence- or disaster-prone areas of India, including Indian Red Cross volunteers and trainers, attended workshops organized by health institutions, the ICRC's partner NGOs, the National Societies concerned and/or the ICRC. There, they developed their ability to provide or instruct others in first aid and/or basic life support; some of them were given the necessary equipment. The ICRC assisted the Indian Red Cross to replicate these workshops and ensure the existence of a sustainable pool of trainers. The Indian Red Cross drew on the ICRC's expertise to draft standards for first-aid training. Plans to support the Nepal Red Cross' first-aid services were not realized, as such support was not needed.

Medical professionals in India and Nepal attended training courses in emergency-room trauma care that were organized by the ICRC and/or its local partners. These were conducted by ICRC-trained instructors; the ICRC sponsored several of them in Nepal to undergo training in advanced life support. Training in wound surgery did not take place, owing to budgetary constraints.

A regional course for medical staff, on health emergencies in large populations, was postponed because of administrative challenges.

Physically disabled people obtain rehabilitative care

Some 25,000 people¹ improved their mobility through specialized care and/or assistive devices provided by physical rehabilitation centres – twelve in India, including one run by the Indian Red Cross, and two in Nepal; these centres and

clinics received materials, equipment and technical support from the ICRC. The ICRC also supported local clubfoot clinics managed by an organization in India; it conducted management training for managerial staff. The ICRC covered expenses – for assistive devices, treatment, transport and accommodation – for destitute patients in India and Nepal.

The ICRC helped to ensure the sustainability and accessibility of good-quality physical rehabilitation services, by sponsoring staff training and providing them with expert advice. In India, doctors refreshed their skills in treating clubfoot, staff from the supported centres developed their ability to provide wheelchair services and spinal orthotics, and wheelchair users learnt to instruct other wheelchair users in health, mobility, and related matters. Aided by the ICRC, medical professionals from supported centres in Nepal attended local and international workshops.

An ICRC-supported centre in India held a training camp in disability cricket; patients in ICRC-supported centres in Nepal had access to wheelchair basketball training. The ICRC also donated sports equipment to the Paralympic Committee of India.

ACTORS OF INFLUENCE

Decision makers and other influential figures strengthen their grasp of IHL and humanitarian issues

Authorities and other decision makers, members of the judiciary and the diplomatic community, and representatives of multilateral organizations attended various events organized by the ICRC to explain and broaden acceptance and support for IHL, humanitarian principles and the ICRC's neutral, impartial and independent approach to humanitarian work. For instance, during a session sponsored by the ICRC at the annual Raisina Dialogue in New Delhi, more than 1,500 participants learnt about developments in means and methods of warfare and their implications for IHL. The Raisina Dialogue enabled the ICRC to communicate its views on other humanitarian issues, and to promote humanitarian action to a large audience of influential figures. Government officials, members of the academic community and others took part in a round table – organized by a New Delhi-based think-tank and the ICRC – on IHL and autonomous weapons.

In Nepal, the ICRC organized an IHL training session for government officials, military and police personnel, academics and members of civil society from eight South Asian nations; discussions at this event focused on the applicability of IHL to peacekeeping; protection of civilians and cultural property during armed conflict; and transitional justice. The ICRC provided expert advice for drafting amendments to the laws concerning the CIEDP and the TRC.

The ICRC continued to offer its support to the authorities for ratifying IHL-related treaties. The Maldives signed the Treaty on the Prohibition of Nuclear Weapons; the ICRC provided technical support during the process.

1. Based on aggregated monthly data, which include repeat beneficiaries.

Military and police forces learn more about pertinent norms and standards

Military and security forces personnel in India and Nepal advanced their understanding of IHL and other pertinent norms, and international policing standards, at workshops and events organized or supported by the ICRC.

In India, Nepal and the Maldives, the ICRC organized or supported seminars – on the applicability of IHL to maritime operations, modern warfare and peacekeeping – for coast-guard and other military personnel stationed in the country or bound for deployment elsewhere.

The ICRC and the Nepalese police hosted a conference in Kathmandu – with participants from fifteen Asia-Pacific countries – at which senior police officers involved in policy-making discussed various issues related to policing.

Academics and journalists discuss IHL-related issues

The ICRC strove to stimulate academic interest in IHL in India, Nepal and elsewhere in the region. It organized or supported various events; training and courses conducted locally or elsewhere – including an advanced IHL course for South Asian academics in Nepal; and moot court competitions for students. These events covered subjects such as artificial intelligence, data protection, and the common ground between IHL and certain religions.

A broad range of people had access to ICRC-produced materials via traditional or online platforms (including social media), and could therefore learn about IHL, the humanitarian situation in the region, and the Movement's work. Journalists learnt about these matters at information sessions and other events organized by the ICRC.

The National Societies in Bhutan, India, Nepal and the Maldives strengthened their public communication with the ICRC's assistance.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Bhutan, India, Nepal and the Maldives carried out their activities, and strengthened their organizational capacities, with comprehensive support from the ICRC. Guided by the ICRC, they strove to ensure that their personnel worked in accordance with the Safer Access Framework.

The Indian Red Cross – which worked mainly in the areas of health care, youth education and disaster response – continued to receive financial, material, technical and structural support from the ICRC to address the needs of vulnerable communities, especially in violence-affected and remote areas. The ICRC provided the Maldivian Red Crescent with the same kind of support to ensure the sustainability of its programmes, especially for emergency response. The Nepal Red Cross, which received ICRC support for strengthening its legal base, submitted a draft law on its legal status to the relevant authorities.

The National Society in Bhutan was formally recognized by the Movement in the latter part of the year. The ICRC provided support for the National Society throughout this process. It also helped the National Society to broaden its base of volunteers, and trained about 300 volunteers in first aid.

The ICRC and the National Societies in the region met with other Movement components regularly, with a view to ensuring a coherent response to emergencies and developing operational partnerships.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		30			
RCMs distributed		95			
Names published on the ICRC family-links website		1,333			
Reunifications, transfers and repatriations					
People reunited with their families		9			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		5	1	1	
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		9			
Tracing cases still being handled at the end of the reporting period (people)		1,544	160	71	148
<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 reunited with their families by the ICRC/National Society		4	3		
Documents					
People to whom travel documents were issued		2			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		5			
Detainees in places of detention visited		1,788	64	6	
Visits carried out		9			
			Women	Girls	Boys
Detainees visited and monitored individually		4			1
<i>of whom newly registered</i>		3			1
RCMs and other means of family contact					
RCMs collected		122			
RCMs distributed		33			
Detainees visited by their relatives with ICRC/National Society support		63			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	9,835	3,402	3,190
Income support	Beneficiaries	922	354	390
Water and habitat				
Water and habitat activities	Beneficiaries	3,393	30	3,303
PEOPLE DEPRIVED OF THEIR FREEDOM				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	3		
	Participants (aggregated monthly data)	49		
Physical rehabilitation				
Projects supported		14		
	<i>of which physical rehabilitation projects supported regularly</i>	10		
People benefiting from ICRC-supported projects	Aggregated monthly data	25,068	6,822	7,353
	<i>of whom victims of mines or explosive remnants of war</i>	32		
Referrals to social integration projects		72		
Prostheses delivered	Units	707		
Orthoses delivered	Units	16,831		
Physiotherapy sessions		16,323		
Walking aids delivered	Units	6,482		
Wheelchairs or postural support devices delivered	Units	496		

PAKISTAN

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, including the weapon-wounded. It holds discussions on the humanitarian consequences of violence and on neutral and independent humanitarian action, IHL and other relevant norms with the government, weapon bearers, religious leaders and academics. It supports rehabilitation services for people with physical disabilities, while working with the Pakistan Red Crescent in such areas as first aid and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2019

- Disabled people, including mine victims, obtained care at ICRC-supported physical rehabilitation centres, which received raw materials and other supplies from a local organization that was taking over the task from the ICRC.
- Aided by the ICRC, health facilities in Pakistan-administered Kashmir provided medical consultations for vulnerable communities, and in Khyber Pakhtunkhwa, emergency treatment for violence-affected people.
- The ICRC and its partners facilitated discussions among government officials, medical personnel and other parties, on preventing violence against health workers and facilities. They held workshops on this subject for health workers.
- The penitentiary authorities, assisted by the ICRC, strengthened their ability to provide health care for detainees. The ICRC pursued discussions with them regarding the issue of overcrowding in prisons.
- Government officials, military and police officers, and religious leaders attended ICRC courses in IHL. An institute of Islamic studies included material about the common ground between Islamic law and IHL in its curriculum.

EXPENDITURE IN KCHF

Protection	1,952
Assistance	8,341
Prevention	2,776
Cooperation with National Societies	1,659
General	1,150
Total	15,878
<i>Of which: Overheads</i>	<i>969</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	249



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

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	94
RCMs distributed	279
Phone calls facilitated between family members	552
Tracing cases closed positively (subject located or fate established)	35
People reunited with their families	3
PEOPLE DEPRIVED OF THEIR FREEDOM	
Restoring family links	
RCMs collected	2
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries	382
Capacity-building	Beneficiaries	1,000
Health		
Health centres supported	Structures	1 1
WOUNDED AND SICK		
Medical care		
Hospitals supported	Structures	4 4
Physical rehabilitation		
Projects supported	Projects	36 32

CONTEXT

Clashes and shelling occurred regularly along Pakistan's borders with Afghanistan, India and the Islamic Republic of Iran. In February, tensions between India and Pakistan culminated in air strikes by both. Fighting continued intermittently throughout the year.

Military and police operations against armed groups continued in Khyber Pakhtunkhwa (hereafter KP), Balochistan, and other parts of Pakistan. In May, violent encounters between civilian protesters and the army took place in North Waziristan District in KP. Mines and explosive remnants of war (ERW) continued to endanger people, particularly in Balochistan, KP and Pakistan-administered Kashmir.

Accessibility of health services was an issue in much of the country. Attacks on medical facilities and other civilian infrastructure made matters worse.

Members of families dispersed by violence, detention, migration, natural disasters, or other circumstances, often lost touch with one another.

By year's end, the administrative merger of the former Federally Administered Tribal Areas (FATA) with KP had been completed, and most displaced people had returned to their places of origin in the former FATA.

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

ICRC ACTION AND RESULTS

The ICRC's delegation in Pakistan addressed the needs of violence-affected communities through activities listed in the 1994 headquarters agreement, and through others agreed upon with the government. To reach more people, it worked closely with the Pakistan Red Crescent and other local partners. The delegation remained a logistical hub for ICRC operations in the country and elsewhere.

Following a rise in tensions between India and Pakistan, the ICRC reminded the Pakistani authorities of their obligation to conduct military operations in line with IHL.

Thousands of people in Muzaffarabad, in Pakistan-administered Kashmir, learnt about good health and hygiene practices, and about preventing and managing diabetes, through information sessions conducted by National Society staff or ICRC-trained health workers. The ICRC continued to support a health centre that provided consultations to pregnant women and people with medical conditions, including diabetes.

The ICRC provided the emergency departments at four hospitals in KP with comprehensive support, including material donations and staff training, for treating violence-affected people. Doctors and surgeons from hospitals throughout Pakistan, and nurses and other health workers in KP, expanded their capacities through training made available by the ICRC.

Disabled people, including victims of mines/ERW, obtained physical rehabilitation services at ICRC-supported centres. The ICRC covered transportation, food and accommodation expenses, and the costs of follow-up home care, for a number of patients. It also made some patients' homes disabled-accessible.

The ICRC continued to support efforts to strengthen the national physical rehabilitation sector. It helped the health authorities in KP and Pakistan-administered Kashmir to draw up policies and strategies to ensure the sustainability of local physical rehabilitation services. It assisted a local organization that began taking over its task of distributing raw materials and other supplies to physical rehabilitation centres. Three institutions that provided training in prosthetics and orthotics, and three organizations that promoted the social inclusion of disabled people, including young amputees, also received ICRC support.

Together with the National Society, local institutes, the health authorities and other partners, the ICRC continued to promote protection for medical personnel and facilities, in line with the goals of the Health Care in Danger initiative. The ICRC and its partners completed a study on violence against health workers in 16 cities, and held workshops to help health personnel protect themselves against violence. Representatives from the government and the medical community, and others, formed a "community of concern" to strengthen efforts to prevent violence against health-care personnel and facilities.

National Society personnel and community members were given support to instruct people in safe practices around mines/ERW.

The National Society and the ICRC helped people contact or locate their relatives. The ICRC provided family-links services for people with relatives detained abroad.

Meetings with penitentiary authorities and other government officials focused on helping them understand the nature of the ICRC's detention-related activities, and on fostering their acceptance for these activities. The ICRC pursued discussions with the authorities regarding the recommendations of a study it had conducted, in 2018, on the causes and consequences of overcrowding in Pakistani prisons. It helped penitentiary officials strengthen their managerial capacities, particularly in connection with health care for detainees.

The ICRC continued to help develop local forensic capacities, to ensure that human remains are managed properly and identified, particularly during and after emergencies.

In all its interaction with the authorities, weapon bearers and other influential parties, the ICRC strove to broaden awareness of humanitarian issues, foster acceptance and support for its work, and promote IHL and other applicable norms. Government officials, religious leaders, and policy and academic experts attended courses in IHL. Military and police officers, academics, and university students were sponsored to participate in events held abroad.

CIVILIANS

Through written representations, the ICRC reminded the Pakistani authorities of their obligation to conduct military operations in line with IHL, following increased tensions between India and Pakistan.

Health workers learn how to handle potentially violent encounters

In line with the goals of the Health Care in Danger initiative, the ICRC and its partners – including the Pakistan Red Crescent, local institutes and health officials – continued to promote protection for medical personnel and facilities (see *Actors of influence*). With several universities, the ICRC conducted workshops on self-protection for health personnel and emergency responders. These included a train-the-trainer workshop at a health institute in KP on de-escalating violent encounters.

The ICRC and its partners completed a study on violence against health workers in 16 cities in the Islamabad Capital Territory, KP, Punjab, and Sindh; they presented the findings to the public in December. Other studies – on community members' views on protection for medical personnel and facilities; on the wider impact of violent attacks on hospitals; and on the effectiveness of community- and hospital-based measures for dealing with violence against medical personnel and facilities – were in progress.

Officials in KP and Sindh received assistance to draft laws prohibiting attacks on health facilities. The ICRC helped the Sindh authorities publicize amendments to an ordinance on motor vehicles, issued in 2018, which prohibited obstruction of ambulances and ensured their right of passage.

Community members have access to health education

With the health ministry and the Diabetes Centre, the ICRC carried out public-health campaigns in Muzaffarabad on preventing and managing diabetes. Some 10,300 people attended information sessions on diabetes, conducted by ICRC-trained health workers. An ICRC-supported health centre in Muzaffarabad provided some 7,000 curative consultations, which included around 2,400 consultations for diabetics and some 300 consultations for pregnant women.

Aided by the ICRC, National Society staff conducted information sessions on good health and hygiene practices for nearly 13,300 people, including women of child-bearing age.

Material assistance provided by the ICRC to a training centre benefited 1,000 prison staff in KP.

Families stay in touch with relatives detained abroad

The National Society and the ICRC helped people reconnect with relatives separated from them by violence, detention, migration or other circumstances. Members of 18 households – evacuated when tensions rose between India and Pakistan – were assisted to make phone calls to their relatives; 140 people received psychological first aid.

People lodged requests with the National Society and the ICRC to trace their missing relatives. Assisted by the ICRC, the National Society conducted information sessions for

some 12,500 people on preventing family separation during migration, and produced leaflets on the subject. The National Society continued to receive ICRC assistance for improving its family-links services.

The ICRC arranged for families to make phone and video calls to relatives held at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and at the Parwan detention facility in Afghanistan; detainees at both facilities also received parcels from their families. Three families were assisted to visit their relatives detained in Afghanistan. From mid-April to mid-September, when the ICRC's activities in Afghanistan were restricted (see *Afghanistan*), families used RCMs to stay in touch with relatives detained there.

The ICRC provided cash grants for households (382 people) whose breadwinners detained abroad.

Communities in mine-affected areas learn safe practices

The ICRC provided training in safe practices around mines/ERW for National Society personnel involved in emergency response, particularly in areas affected by tensions between India and Pakistan. The National Society also received support for instructing people in weapon-contaminated areas in these practices. With schoolteachers and other community members, National Society staff conducted information sessions on the subject for some 79,700 people. These sessions were supplemented by radio broadcasts and posters in public places; communities inaccessible to the National Society received information on these practices through radio spots and text messages.

Police officers and emergency responders in KP were trained in basic life-saving procedures for treating blast injuries. Staff from a hospital in Karachi participated in an ICRC workshop on managing injuries caused by hazardous materials. The National Society and the ICRC attended meetings with the authorities, and other parties involved, to discuss possibilities for closer coordination in mine action. The National Society received support for collecting data on mine-related incidents and weapon-contaminated areas.

People injured by mines/ERW were referred to ICRC-supported physical rehabilitation centres (see *Wounded and sick*).

Forensic specialists expand their capacities

The ICRC urged the authorities to develop national guidelines, and sought to strengthen coordination among emergency responders and forensic institutions, for managing human remains during emergencies. Forensic specialists were sponsored to attend a course on improving medico-legal systems to enable speedier identification of human remains (see *Kuala Lumpur*), and another one on best practices in data management (see *Bangkok*). An ICRC course enabled dental surgeons to learn more about the use of forensic dentistry in identifying human remains. The role of law enforcement agencies in managing human remains was discussed during an ICRC information session for police officers.

Representatives from ten countries took part in an annual ICRC course in Islamabad, on managing human remains during emergencies; participants from Balochistan and Sindh

attended a similar course in Karachi. The ICRC also conducted a train-the-trainer workshop for 18 people on recovering human remains during emergencies.

Plans to train hospital staff in managing human remains were postponed to 2020.

PEOPLE DEPRIVED OF THEIR FREEDOM

Discussions with penitentiary authorities and other government officials focused on helping them fully understand the nature of the ICRC's detention-related activities, and on fostering their acceptance for these activities. The ICRC pursued discussions with the authorities regarding the recommendations of a study it had conducted, in 2018, with the National Counter Terrorism Authority and a local organization, on the causes and consequences of overcrowding in Pakistani prisons.

The government authorized the Pakistan Red Crescent to begin providing family-links services to foreign detainees. The National Society drew on ICRC support to improve these services.

Penitentiary officials received assistance for developing their managerial capacities, particularly in connection with health care for detainees. With the National Academy of Prison Administration and a local organization, the ICRC held a round table on mental-health care for detainees; government officials, academics and mental-health experts took part. Officials from KP and Sindh were sponsored to attend a regional conference on health care in prisons (see *Philippines*).

Administrative constraints delayed the ICRC's plans to help improve access to health care for detainees with HIV/AIDS.

WOUNDED AND SICK

Violence-affected people have better access to emergency treatment

The Pakistan Red Crescent set up emergency response teams in Balochistan, KP, Pakistan-administered Kashmir, and Punjab, and provided first-aid training for potential first responders, both male and female, with assistance from the ICRC.

The ICRC strove to ensure that violence-affected people in KP had access to medical treatment in line with national and international standards. It continued to provide comprehensive support, which included donations of supplies and equipment, and staff training in infection control, waste management, and mass-casualty management, to the emergency departments of the Lady Reading Hospital and the Jamrud Civil Hospital; the district hospitals in Bajaur and Parachinar also began to receive such assistance. Three of the four hospitals received advice for developing triage systems and improving patient flow through their emergency departments; a triage clinic was built at the Jamrud Civil Hospital.

A total of 412 doctors and surgeons from hospitals throughout Pakistan attended ICRC courses, including train-the-trainer workshops, in trauma management or wound surgery. They

received continuing-education credits for attending these courses, which helped them maintain their professional certification.

A development programme established by a local university, the Lady Reading Hospital, and the ICRC enabled nurses and other health workers in KP to learn more about basic life support, intravenous therapy, operating-room nursing, and other areas.

Disabled people receive suitable care

Some 34,000 disabled people¹ were treated at 24 centres – including the Muzaffarabad Physical Rehabilitation Centre (MPRC) – that received comprehensive ICRC support and at one centre that received ad hoc assistance. Financial, material and/or technical support, including training and scholarships for their staff and guidance for their managers, helped the centres provide good-quality care and become more efficient. Administrative obstacles delayed the ICRC's plans to support five other centres.

The ICRC covered transport, food and/or accommodation expenses for 3,456 patients, and the costs of follow-up home care for 312 patients with spinal-cord injuries. A total of 1,223 children were treated for clubfoot, and the homes of 58 patients with spinal-cord injuries were made disabled-accessible.

The health authorities in Pakistan-administered Kashmir signed a five-year agreement with the MPRC and the ICRC. In April, as per this agreement, they began to cover MPRC staff members' salaries and increased their pension benefits; the ICRC continued to provide the MPRC with raw materials and staff training, and to fund treatment for children with clubfoot.

The ICRC continued to help strengthen the national physical rehabilitation sector. It gave health officials in KP and Pakistan-administered Kashmir advice for drafting policies and strategies to ensure the sustainability of local physical rehabilitation services. It also supported three institutions that provided training in prosthetics and orthotics.

Rehab Initiative, a government-registered private entity, was helped to set up a warehouse and to begin taking over from the ICRC the task of distributing raw materials and prosthetic or orthotic components to physical rehabilitation centres. It trained 40 prosthetists/orthotists, and worked on public-communication materials for use in advocacy for disabled people.

Three organizations received ICRC support for advancing the social inclusion of disabled people. Two of them helped 486 people to participate in sports. The third aided young amputees: 65 were assisted to continue their schooling; 17 others obtained vocational training.

1. Based on aggregated monthly data, which include repeat beneficiaries.

ACTORS OF INFLUENCE

Military and police officers strengthen their grasp of pertinent international norms and standards

In all its interaction with authorities, weapon bearers, members of civil society and other key parties, the ICRC sought to broaden awareness of issues of humanitarian concern, increase acceptance and support for its work, and promote IHL and other applicable norms. It kept the general public informed of its activities through various means, including social media and other online platforms.

A senior military officer was sponsored to attend an IHL course in San Remo, Italy. Police officers from the Islamabad Capital Territory, Gilgit-Baltistan, KP, Pakistan-administered Kashmir, and Sindh attended ICRC courses or train-the-trainer workshops on international human rights law and international law enforcement standards. Sponsored by the ICRC, senior police officers attended a regional conference on policy-making in law enforcement (see *New Delhi*).

The ICRC sought to foster interest in IHL and develop local expertise in it, by organizing IHL courses for military and police officers, parliamentarians, judicial officials, experts from think-tanks, and academics.

Islamic scholars attended an ICRC course on the points of correspondence between Islamic law and IHL; an institute of Islamic studies incorporated the subject in its curriculum. Academics and university students were sponsored to take part in regional events, including a moot court competition in Nepal (see *New Delhi*). Students specializing in IHL received ICRC scholarships or internships.

The ICRC and the Centre for Excellence in Journalism (CEJ), an organization based in Karachi, urged journalists to cover issues of humanitarian concern. The CEJ and the ICRC held workshops on humanitarian reporting for journalists and bloggers, and established a fellowship for journalists who had attended previous workshops. Five people were selected for the fellowship and mentored by a veteran journalist; two of them subsequently published feature stories on showing due regard for ambulances.

The Pakistan Red Crescent continued to receive financial and technical assistance from the ICRC for broadening public awareness of its humanitarian role, and for developing its capacities in public communication. It conducted dissemination sessions on the Fundamental Principles and the Movement in a number of communities, broadcast radio spots in Gilgit-Baltistan, and used social media to promote its activities and raise funds.

Local actors advocate protection for medical personnel and facilities

The ICRC and its local partners continued to advocate protection for medical personnel and facilities, in line with the goals of the Health Care in Danger initiative (see *Civilians*); in July, they launched a nationwide public-awareness campaign. In October, Khyber Medical University and the ICRC hosted the first meeting of a “community of concern”, which brought together government officials, emergency responders, and representatives from hospitals, health institutes, associations of health professionals, the police, and civil society. The community of concern aimed to strengthen efforts to prevent violence against medical personnel and facilities. A technical working group was set up during the meeting; it held its first meeting in December.

Together with a number of law and policy institutions, including the Federal Judicial Academy and the Karachi Urban Lab, the ICRC set up several study centres and research clinics to examine behavioural patterns among people in conflict settings and the various factors thought to contribute to urban violence.

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistan Red Crescent strengthened its ability to deliver humanitarian services, with comprehensive support from the ICRC. It continued to work towards incorporating the Safer Access Framework in its working procedures. It obtained accreditation from the health ministry for its first-aid curriculum, put together 35 first-aid teams throughout the country, and conducted refresher training for its first-aid trainers. The ICRC sponsored Pakistan Red Crescent personnel to visit Afghanistan, where they studied the Afghan Red Crescent Society’s first-aid programme.

The Pakistan Red Crescent continued to pursue organizational development. With the ICRC’s assistance, it improved its internal communication procedures, created a new volunteer-management system, and organized training in project management for its personnel; it also explored ways to raise more funds and ensure the sustainability of its activities. Several branches, guided by the ICRC, reviewed their activities in 2019 and made plans for 2020. The Pakistan Red Crescent, with support from several Movement components, began using new software to manage its business dealings.

Movement components in Pakistan coordinated their activities through monthly meetings and various other means.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		94	1		
RCMs distributed		279			
Phone calls facilitated between family members		552			
Reunifications, transfers and repatriations					
People reunited with their families		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		81	17	15	11
Tracing cases closed positively (subject located or fate established)		35			
Tracing cases still being handled at the end of the reporting period (people)		187	39	28	26
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		5			
PEOPLE DEPRIVED OF THEIR FREEDOM					
RCMs and other means of family contact					
RCMs collected		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	382	100	268
Capacity-building	Beneficiaries	1,000	20	
Health				
Health centres supported	Structures	1		
Average catchment population		20,000		
Consultations		7,371		
	<i>of which curative</i>	7,002	2,874	2,423
	<i>of which antenatal</i>	369		
Immunizations	Doses	160		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		1,835,763		
Physical rehabilitation				
Projects supported		32		
	<i>of which physical rehabilitation projects supported regularly</i>	24		
People benefiting from ICRC-supported projects	Aggregated monthly data	34,345	3,142	20,089
	<i>of whom victims of mines or explosive remnants of war</i>	259		
Prostheses delivered	Units	4,180		
Orthoses delivered	Units	11,866		
Physiotherapy sessions		12,991		
Walking aids delivered	Units	2,255		
Wheelchairs or postural support devices delivered	Units	2,624		

PHILIPPINES

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 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/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- People displaced by armed violence received food, water and other essentials from the Philippine Red Cross and the ICRC. The findings of assessments led to relief aid being given to more people than initially planned for the year.
- Some households were able to resume farming with the ICRC's financial support. The ICRC provided livelihood assistance to fewer people than expected, as it prioritized addressing the urgent needs of IDPs in remote areas.
- Because of ICRC training and material support, first responders, primary-health-care centres and hospitals in conflict-stricken areas were better equipped to treat ailing or critically injured people.
- Victims of violence took steps towards physical or mental recovery: an ICRC-supported facility provided physical rehabilitation for disabled people; people in psychological distress attended ICRC-led counselling sessions.
- At the ICRC's recommendation, detaining authorities worked more closely with the health department to provide health care for detainees; this helped lower mortality rates at certain detention facilities.
- The Philippines ratified the Convention on Cluster Munitions and began to draft legislation for its domestic implementation.

EXPENDITURE IN KCHF

Protection	5,616
Assistance	9,414
Prevention	3,054
Cooperation with National Societies	1,066
General	633
Total	19,783
<i>Of which: Overheads</i>	<i>1,207</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	39
Resident staff (daily workers not included)	193



⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office

PROTECTION

CIVILIANS **Total**

Restoring family links		
RCMs collected		49
RCMs distributed		60
Phone calls facilitated between family members		27
Tracing cases closed positively (subject located or fate established)		38

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits		
Places of detention visited		88
Detainees in places of detention visited		90,737
<i>of whom visited and monitored individually</i>		735
Visits carried out		148

Restoring family links		
RCMs collected		156
RCMs distributed		51
Phone calls made to families to inform them of the whereabouts of a detained relative		23

ASSISTANCE

CIVILIANS **2019 Targets (up to)** **Achieved**

Economic security			
Food consumption	Beneficiaries	15,000	25,265
Income support	Beneficiaries	45,000	25,237
Living conditions	Beneficiaries	15,000	23,361

Water and habitat			
Water and habitat activities	Beneficiaries	60,660	58,161

PEOPLE DEPRIVED OF THEIR FREEDOM			
Water and habitat			
Water and habitat activities	Beneficiaries	3,000	4,675

WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	20	23

Physical rehabilitation			
Projects supported	Projects	1	1

CONTEXT

Fighting persisted between the Armed Forces of the Philippines (AFP) and the Bangsamoro Islamic Freedom Fighters in central Mindanao, and between the AFP and the Abu Sayyaf Group (ASG) in the Sulu archipelago. The battle in Marawi between the AFP and the Islamic State–Ranao group (also known as the Maute Group) and the ASG ended in 2017; however, infrastructure and private property in the areas most affected remained in ruins. Thousands of displaced people were in host communities, which did not have adequate water and sanitation facilities. Families continued to search for missing relatives.

Low-intensity conflict – between the AFP and the New People’s Army – continued in parts of Mindanao and in remote areas of the Luzon and Visayas regions.

Armed violence between government forces and the different armed groups caused numerous casualties and large-scale displacement. Displaced people – thousands of them – had little or no access to basic services and were unable to pursue their livelihoods.

Detention facilities in the Philippines remained among the most overcrowded in the world owing to limited resources and slow judicial processes.

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

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

ICRC ACTION AND RESULTS

The ICRC, together with the Philippine Red Cross, assisted people struggling with the consequences of armed conflict and other situations of violence. The ICRC provided the National Society – its primary partner in the country – with various forms of support to expand its operational and managerial capacities.

The ICRC continued to monitor the protection-related concerns of vulnerable communities. It reminded authorities and weapon bearers of their obligations under IHL and emphasized the necessity of protecting civilians from abuse and facilitating their access to essential services. It also conducted dissemination sessions for national and local officials, government forces and other weapon bearers, civil-society figures, and community members, and launched public-communication campaigns, to broaden awareness of humanitarian principles and strengthen acceptance for the Movement’s work. These efforts enabled the ICRC to secure direct access to people in need.

Because of the violence and the resulting displacement of people, delivering emergency assistance remained a priority; activities to build communities’ long-term self-sufficiency were carried out whenever possible. Together with the National Society, the ICRC provided IDPs and residents in Mindanao

with food, water and shelter items; installed latrines; and set up communal kitchens. It restored electricity in certain areas and repaired water-supply systems. Where markets were functioning, vulnerable households were given cash grants to cover their basic expenses or buy farming supplies. Cash-for-work projects to improve local infrastructure were a source of income for some community members. As more people needed relief aid than foreseen, the ICRC reallocated some of its resources from income support to distributions of food and other items for IDPs in remote areas.

Local first responders and health-care providers received support for providing life-saving care to people who were injured or critically ill. The ICRC backed the National Society’s first-aid and blood-bank services. Material and financial assistance from the ICRC enabled hospitals and primary-health-care facilities to treat violence-affected people. People traumatized by conflict attended individual or family counselling sessions facilitated by the ICRC. Physically disabled people obtained rehabilitative care at the Davao Jubilee Foundation, which received comprehensive ICRC support.

Members of families dispersed by conflict, migration or detention reconnected through the Movement’s family-links services. The ICRC conducted workshops – for authorities, mortuary personnel and first responders – on managing human remains properly, and with future identification always in mind.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to security detainees. It discussed its findings confidentially with detaining authorities, and continued to support their efforts to address recurrent issues, such as overcrowding, through systemic reforms. Guided by the ICRC, the authorities took steps towards setting minimum requirements for staffing places of detention, and drafted national standards for prison planning. Detaining authorities implemented standard medical screening procedures and worked more closely with national health authorities, as recommended by the ICRC in previous years; this helped lower mortality rates at certain places of detention. Repairs were made at detention facilities.

The authorities drew on the ICRC’s expertise as they worked towards becoming party to IHL treaties and incorporating them in domestic law. The Philippines ratified the Convention on Cluster Munitions and began to draft legislation for its national implementation.

CIVILIANS

The ICRC monitored the situation of people in violence-affected areas and raised their protection-related concerns with the relevant authorities and weapon bearers. Focus group discussions were held with community members to assess concerns linked to sexual violence.

Bilateral talks were held with the authorities, military and police personnel, and members of armed groups to remind them of their obligation under IHL to protect civilians and civilian objects, and to facilitate safe access to essential

services, such as health care and education. The ICRC also briefed them on its activities, with a view to building support for its work (see *Actors of influence*).

The ICRC sought to support the self-protection measures of conflict-affected communities. At an ICRC-facilitated session, school authorities learnt about safer behavior that children and others should practice in areas affected by mines or explosive remnants of war. Infrastructure projects and relief distributions helped people avoid travelling long distances to obtain water or food.

Violence-affected people in Mindanao receive emergency aid and livelihood support

The ICRC provided emergency assistance to people displaced or otherwise affected by hostilities in Mindanao. Wherever possible, the ICRC helped to restore their livelihoods and build their communities' self-sufficiency. The ICRC usually carried out these activities, along with family-links services, with the Philippine Red Cross, for which it provided staff training and other capacity-building assistance.

Some 25,000 people (4,793 households) benefited from one-off distributions of rice, fish and other food sufficient for half a month. Most of them were also given shelter materials or hygiene items. Where markets were functioning, the ICRC gave 5,391 households (25,237 people) cash to cover their daily needs or buy supplies to resume farming and earn money. Some of them took part in cash-for-work projects to clear waterways or build sanitation facilities. As more people needed relief aid than foreseen, the ICRC reallocated some of its resources from income support to distributions of food and other essentials for IDPs in remote areas.

A total of 58,161 IDPs and residents had access to clean water, electricity and/or sanitation facilities thanks to ICRC projects, some of which were begun in 2018. During emergencies, the ICRC trucked water into areas hosting displaced people, and provided water-purification tablets. It installed latrines and set up temporary communal kitchens. It also carried out or supported improvements to existing infrastructure: it rehabilitated spring-water catchment systems, donated spare parts and equipment to local water authorities, and helped restore electricity in two villages. National Society volunteers conducted information sessions on good hygiene practices, with a view to preventing the spread of water-borne diseases; the ICRC trained them in the management of water and sanitation facilities, to ensure the long-term functioning of these facilities.

Displaced people restore contact with relatives

Together with the National Society, the ICRC continued to help people search for relatives separated from them by conflict – including people missing in connection with the Marawi crisis – or by detention or migration. A total of 38 tracing cases – some linked to the Marawi crisis – were resolved.

To reach more families of missing people, the ICRC established phone hotlines and conducted information sessions on the Movement's family-links services. It assessed the needs of

missing people's families and began to provide them with food or livelihood assistance (see above) and psychosocial support (see *Wounded and sick*), and organized commemorative events where families could discuss their concerns and support one another.

Activities to develop local expertise in forensics, and management of human remains, continued. The authorities, mortuary personnel and others involved in recovering human remains from Marawi were instructed in good practices to ensure identification of the remains. First responders also learnt about these practices at workshops conducted jointly by the ICRC and the National Society. Technical support from the ICRC enabled the pertinent authorities to recover and identify several sets of human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people held in places of detention run by various government bodies, including the Bureau of Jail Management and Penology (BJMP) and the Bureau of Corrections. It followed up 735 inmates, including security detainees, individually.

Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions. They were encouraged to implement recommendations submitted by the ICRC in the past, particularly in connection with overcrowding. When he visited the Philippines in June, the ICRC's president discussed various matters with the president of the Philippines: humanitarian issues related to detention were among them.

Detainees continued to benefit from family-links services. The ICRC arranged for 269 detainees to be visited by their families, and provided financial assistance for 37 security detainees to travel home after their release.

Jail officials pursue systemic reforms

The ICRC continued to support the authorities' efforts to address longstanding issues in places of detention through structural reforms.

The BJMP sought to improve prison management. To that end, it reviewed its organizational structure and, aided by the ICRC, began to draft minimum hiring requirements for prison staff. The ICRC supported the BJMP in conducting conferences on enhancing paralegal services to inmates, to facilitate more effective follow-up of their cases and ensure that judicial guarantees were respected. At an ICRC seminar, police authorities discussed how to prevent sexual violence and ill-treatment in police lock-ups.

BJMP officials drew on ICRC expertise to develop national standards for prison planning. The ICRC supported improvements to prison infrastructure that aimed to mitigate the effects of overcrowding. Over 4,000 people at five places of detention had better living conditions thanks to newly built or improved water and sanitation facilities, dormitory areas, kitchens, recreational spaces and medical wards.

With ICRC support, jail and penitentiary officials took part in workshops abroad at which they exchanged best practices in prison design and management with their counterparts from other countries.

Authorities work to improve health care for detainees

The ICRC continued to help develop national capacities in providing health care to detainees; it focused on 19 places of detention. Prison health workers were given material and technical support, and training – particularly to ensure compliance with procedures for medical screening and referral, and enable early detection and treatment of diseases such as TB. Notably, ICRC support made it possible for some 1,500 inmates to undergo medical tests. The ICRC renovated a TB-treatment centre for detainees, expanding its capacity to accommodate 120 additional beds.

Detaining authorities implemented standard medical screening procedures and worked more closely with national health authorities, as recommended by the ICRC in previous years; this helped lower mortality rates at certain places of detention. The health department also started supplying places of detention with more medicines for inmates with hypertension and diabetes.

Prison officials and representatives from universities and medical associations attended an ICRC course where they learnt about various aspects of health care in detention and about the importance of inter-institutional cooperation in the provision of health care to detainees. At the Asian and Pacific Conference on Prison Health, organized by the ICRC in November, 150 participants from 21 countries in the region discussed the health needs of detainees and how the various sectors could work together to address them more effectively.

WOUNDED AND SICK

Violence-affected people are treated at local hospitals

Wounded and sick people were treated at nine hospitals that received quarterly supplies of medicines from the ICRC. Some hospitals were also given financial assistance. The ICRC made ad hoc donations of supplies to 14 other hospitals for treating people injured by bomb blasts or wounded during armed violence. The Philippine Red Cross established a blood bank in one province and upgraded the equipment at a blood bank in another province, with financial support from the ICRC. Primary-health-care centres also provided the necessary care for violence-affected people, with medical supplies from the ICRC. Dozens of people, including a victim of sexual violence, were given financial assistance for medical consultations or treatment.

Over 600 people – including National Society volunteers, community members and weapon bearers – learnt first aid through courses organized or supported by the ICRC; some of them also received supplies. Medical personnel and military and police officers took part in ICRC seminars on managing blast injuries.

During the courses mentioned above, the ICRC also emphasized the importance of ensuring safe access to medical services for all wounded or sick people. At a meeting held in Manila and organized by the National Society and the ICRC,

representatives from nine countries agreed that there was an urgent need to safeguard health care in the region and signed a statement to that effect. Police, military and health officials worked towards developing administrative measures and standard procedures to strengthen protection for medical personnel and facilities.

Victims of conflict work towards mental or physical recovery

Violence-affected people, including victims/survivors of sexual violence, families of missing people, and others in severe psychological distress, obtained psychosocial support through individual counselling (52 people) or family therapy sessions (77 people) under an ICRC programme in Mindanao. Most of them came for regular follow-up sessions, and some were referred for a higher level of care.

Information sessions enabled communities in violence-affected areas to learn about the mental-health services available to them. The ICRC began to train health workers in psychosocial support.

The ICRC provided financial and technical support for the Davao Jubilee Foundation in Mindanao, which continued to develop its capacities in physical rehabilitation. ICRC training introduced personnel to technological advances that would enable them to produce high-quality assistive devices. Some 100 people,¹ mainly amputees, increased their mobility through rehabilitative care at the Foundation. Three amputees were fitted with especially sturdy prosthetic devices to enable them to resume farming.

ACTORS OF INFLUENCE

The ICRC maintained contact with local and national authorities, government forces and other weapon bearers, civil-society figures, and community members; it conducted dissemination sessions for them on IHL and the ICRC's mission or discussed these matters with them. This enabled it to maintain or broaden acceptance for its activities, and preserve its direct access to people in need.

The ICRC's public-communication efforts were directed towards broadening awareness of the humanitarian needs arising from hostilities in the country, and gathering support for its joint response with the Philippine Red Cross. Radio spots reached people in remote areas, providing them with information on the ICRC's services. Local and national media produced some 100 reports based on ICRC briefings and press releases, and drew public attention to the ICRC's activities in the country.

The National Society received support for its own public-communication activities. The ICRC's train-the-trainer courses enabled National Society staff to run orientation sessions for volunteers on the Movement's work and on the basic principles of IHL.

1. Based on aggregated monthly data, which include repeat beneficiaries.

The Philippines ratifies the Convention on Cluster Munitions

The authorities continued to work towards ratifying and implementing IHL instruments, with technical support from the ICRC. The Philippines ratified the Convention on Cluster Munitions and took steps to draft implementing legislation for this treaty and for the Anti-Personnel Mine Ban Convention.

Officials from the defence and foreign ministries broadened their understanding of IHL-related issues by attending regional conferences on weapons treaties and the protection of cultural property. Judges, prosecutors, and public defenders added to their knowledge of IHL at ICRC training sessions.

Key military officials attended IHL courses abroad with ICRC support; this helped them become more capable of leading the effort to integrate IHL into military doctrine and operations. At an ICRC seminar, senior police officials learnt about IHL and its applicability to police officers involved in internal security operations. Some of them also took part in train-the-trainer sessions. On all these occasions, and during bilateral talks, the ICRC emphasized the necessity of ensuring safe access to health care and preventing sexual violence.

While lawmakers worked on amending a law on counter-terrorism, the ICRC sought to persuade key government officials to include a humanitarian exemption clause that would avert obstruction of principled humanitarian action within the context of counter-terrorism efforts.

Some 350 students and teachers in Mindanao attended information sessions on the common ground between Islamic law and IHL. The ICRC met with representatives of key academic

institutions to discuss incorporation of this subject in their curricula. The delegation launched a certificate course on Islamic law and IHL, which was attended by 30 Islamic scholars. Leaders from other religious groups also learnt more about IHL during briefings by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross, particularly its branches in conflict-affected areas of Mindanao, remained the ICRC's primary partner in responding to the needs of people affected by violence in Mindanao. ICRC training and financial support helped the National Society to continue to develop its ability to promote humanitarian principles and to provide emergency assistance, health care, first aid, and family-links services during armed conflict or other violence. At ICRC workshops, National Society staff and volunteers also learnt how to incorporate the Safer Access Framework in their activities.

To maximize the impact of the Movement's response, the ICRC coordinated its activities with those of the International Federation and National Societies working internationally, particularly in Mindanao. For example, the ICRC and other Movement components supported the Philippine health department's efforts to contain a polio outbreak: the ICRC focused on conflict-stricken areas in Mindanao, while other Movement components addressed needs elsewhere. The ICRC also provided Movement partners with updates on the security situation and led discussions on humanitarian issues linked to climate and conflict.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
RCMs and other means of family contact		UAMs/SC		
RCMs collected	49			
RCMs distributed	60			
Phone calls facilitated between family members	27			
Reunifications, transfers and repatriations				
Human remains transferred or repatriated	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	69	7	4	7
Tracing cases closed positively (subject located or fate established)	38			
Tracing cases still being handled at the end of the reporting period (people)	189	16	17	22
PEOPLE DEPRIVED OF THEIR FREEDOM				
ICRC visits		Women	Minors	
Places of detention visited	88			
Detainees in places of detention visited	90,737	4,867	27	
Visits carried out	148			
		Women	Girls	Boys
Detainees visited and monitored individually	735	64		4
<i>of whom newly registered</i>	272	33		4
RCMs and other means of family contact				
RCMs collected	156			
RCMs distributed	51			
Phone calls made to families to inform them of the whereabouts of a detained relative	23			
Detainees visited by their relatives with ICRC/National Society support	269			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food consumption	Beneficiaries	25,265	7,587	10,091
	<i>of whom IDPs</i>	24,625	7,393	9,839
Income support	Beneficiaries	25,237	7,570	10,110
	<i>of whom IDPs</i>	1,154	341	474
Living conditions	Beneficiaries	23,361	7,013	9,335
	<i>of whom IDPs</i>	22,646	6,798	9,050
Water and habitat				
Water and habitat activities	Beneficiaries	58,161	20,356	17,448
PEOPLE DEPRIVED OF THEIR FREEDOM				
Water and habitat				
Water and habitat activities	Beneficiaries	4,675	935	
Health				
Places of detention visited by health staff	Structures	25		
Health facilities supported in places of detention visited by health staff	Structures	19		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	23		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		17,915		
Weapon-wound admissions (surgical and non-surgical admissions)		656	6	11
Weapon-wound surgeries performed		680		
Patients whose hospital treatment was paid for by the ICRC		14		
First aid				
First-aid training				
	Sessions	21		
	Participants (aggregated monthly data)	631		
Physical rehabilitation				
Projects supported		1		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	288	77	58
	<i>of whom victims of mines or explosive remnants of war</i>	14		
Referrals to social integration projects		17		
Prostheses delivered	Units	153		
Orthoses delivered	Units	13		
Physiotherapy sessions		15		
Walking aids delivered	Units	27		
Wheelchairs or postural support devices delivered	Units	2		

SRI LANKA

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Missing people’s families received ICRC support to cope with their psychological distress, start income-generating activities, and/or avail themselves of locally available legal, administrative and financial assistance.
- The government office in charge of clarifying the fate of missing people and assisting their families continued to draw on ICRC support as it opened new regional offices and developed its approach to providing mental-health support.
- The ICRC regained access, in April, to prisons and other places of detention under the justice ministry. It also supported efforts by prison officials to shift medical record-keeping from paper-based to electronic systems.
- Law enforcement personnel, and troops bound for missions overseas, learnt more about international law and internationally recognized standards applicable to their work at ICRC briefings and training sessions.
- The ICRC urged authorities to ratify and implement IHL-related treaties, and supported their efforts to do so – for example, it facilitated a drafting workshop for legislators in relation to the Convention on Cluster Munitions.

EXPENDITURE IN KCHF

Protection	3,815
Assistance	2,680
Prevention	1,177
Cooperation with National Societies	274
General	165
Total	8,112
<i>Of which: Overheads</i>	495

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	20
Resident staff (daily workers not included)	116



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	9
RCMs distributed	10
Tracing cases closed positively (subject located or fate established)	136
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	44
Detainees in places of detention visited	19,860
<i>of whom visited and monitored individually</i>	847
Visits carried out	125
Restoring family links	
RCMs collected	42
RCMs distributed	27
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE	2019 Targets (up to)	Achieved
CIVILIANS		
Economic security		
Income support	Beneficiaries	2,500
		1,859
PEOPLE DEPRIVED OF THEIR FREEDOM		
Economic security		
Living conditions	Beneficiaries	
		392
Water and habitat		
Water and habitat activities	Beneficiaries	5,000
		3,889

CONTEXT

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

Following a resolution adopted by the UN Human Rights Council in October 2015, the Sri Lankan authorities took steps to set up mechanisms for addressing the needs of these families. They continued to implement legislation recognizing the status of missing people by providing “certificates of absence” that enabled their families to apply for State assistance. The Office on Missing Persons, established to ascertain the fate of missing people and address the needs of their families, continued to carry out its duties; commissioners for an office for reparations were appointed in April.

Communal tensions and social unrest persisted; they sometimes manifested in violence during protests, and attacks against asylum seekers and refugees, causing arrests, injuries, death and property damage.

A series of bombings in April killed over 250 people and injured hundreds; security operations in response to this led to numerous arrests.

A new president was elected in November.

ICRC ACTION AND RESULTS

The ICRC continued to support the authorities in addressing the consequences of past conflict in Sri Lanka: it emphasized to them and others concerned the necessity of ascertaining the fate of missing people and addressing their families’ needs. It also reminded authorities to address and prevent unlawful conduct during law enforcement and security operations.

The Office on Missing Persons continued to receive ICRC support as it expanded its reach by opening new regional offices and took steps to develop its capacity in the provision of mental-health and psychosocial support to missing people’s family members. ICRC expertise – in such areas as managing and protecting confidential data and information – was made available to it; the ICRC also enabled personnel from the Office to exchange information and best practices with their counterparts abroad. The ICRC continued to implement an accompaniment programme, with a view to providing comprehensive support to missing people’s families. Through this programme, the families received help for coping with their psychological distress, cash grants and other support to earn an income, and referrals to other, locally available, services as appropriate.

With ICRC support, a justice ministry committee finalized recommendations for reforming a law on inquests into deaths; the recommendations were aimed at: requiring the identification of human remains and, when possible, the involvement

of family members during inquests; and at facilitating greater coordination among the different government bodies involved in managing and identifying human remains. The ICRC also helped the Institute of Forensic Medicine and Toxicology (IFMT) to promote best practices in the management of human remains in its mortuary, by giving it material support, expert advice and staff training; this support ceased with the expiry of the agreement between the institute and the ICRC.

In April, following high-level dialogue with the pertinent authorities, the ICRC regained access to prisons and other places of detention under the justice ministry, to which its access had been restricted since September 2018. When and where it had access, the ICRC visited detainees – including people held in connection with the bombings – in prisons and other places of detention, in accordance with its standard procedures. It communicated its findings and recommendations confidentially to the authorities.

Prison officials improved medical screening procedures for detainees, with technical assistance from the ICRC; they also began to shift medical record-keeping at four prisons from paper-based to electronic systems. The ICRC provided expert advice to an interministerial task force set up to address the legal and judicial causes of overcrowding in places of detention. Penitentiary authorities and staff also drew on technical guidance and other support from the ICRC to improve their management and maintenance of detention facilities. The ICRC worked with the authorities to carry out minor improvements to detention facilities, benefiting thousands of people; it also made ad hoc distributions of clothes and hygiene and other items to detainees.

At ICRC workshops, briefings and other events, military personnel, and political and judicial authorities, advanced their understanding of humanitarian principles and IHL. The ICRC facilitated a drafting workshop for legislators to help in the implementation of the Convention on Cluster Munitions. The national IHL committee continued to be given advice on the ratification or implementation of IHL-related treaties.

The Sri Lanka Red Cross Society and the ICRC enabled migrants, detainees, and others to restore or maintain contact with relatives. The National Society continued to bolster its operational and managerial capacities, particularly in emergency response, with the ICRC’s help.

CIVILIANS

The ICRC reminded authorities, through representations based on documented allegations, to address and prevent unlawful conduct during law enforcement operations. This was supplemented by information sessions, during which over a hundred senior police officials learnt more about international human rights law, international policing standards and the legal frameworks applicable to searches and the use of force during arrests and detention; communal tensions – especially in light of the April bombings – made these sessions particularly pertinent (see *Context*).

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

The authorities, members of civil society and the ICRC continued to discuss issues linked to the past conflict, particularly the necessity of ascertaining the fate of missing people and addressing their families' needs. The families of around 15,000 people had pending tracing requests with the ICRC.

The Office on Missing Persons expanded its activities to clarify the fate and whereabouts of missing people and assist their families. It opened new regional offices and developed a strategy for addressing mental-health and psychosocial issues, which it presented to mental-health professionals, academics, and the ICRC and other organizations, such as the WHO. The ICRC supported the Office's efforts by lending its expertise in such areas as tracing missing people, forensics, providing psychosocial support, and managing and protecting confidential data and information. Sponsored by the ICRC, senior officials from the Office attended the International Symposium on Humanitarian Forensic Action in Portugal, and other similar events abroad.

The ICRC also sought to provide missing people's families with comprehensive support through an accompaniment programme. It reached some 2,700 families and assessed their needs, despite various obstacles, including security concerns arising from the bombings. Around 900 people received help to cope with their psychological distress at support-group sessions facilitated by local partners trained and supported financially by the ICRC; about 50 people received individual visits for the same purpose, and learnt ways to help their family members cope as well. A total of 467 particularly vulnerable households (some 1,900 people), most of them headed by women, received cash grants for starting income-generating activities, such as small businesses; some of them also attended basic business training. Families in the programme were referred to local authorities or service providers for legal, administrative and financial assistance when necessary. Missing people's families learnt about the accompaniment programme, as well as the Office on Missing Persons' activities and mandate, through the ICRC's public communication.

Government officials, academics, professional counsellors, the ICRC's local partners and others learnt more about some of the issues that missing people's families had to deal with, such as the psychological concept of ambiguous loss. They did so through workshops, meetings, university lectures and other events organized by the ICRC; for example, it held a panel discussion on ambiguous loss during a launch event for a special issue of the *International Review of the Red Cross* on missing people.

Authorities draft a framework for amending legislation on inquests into deaths

With ICRC support, a justice ministry committee finalized recommendations for reforming the law on inquests into deaths, pending approval by its leadership. The reforms were aimed at requiring the identification of human remains and, when possible, the involvement of family members during inquests; and at facilitating greater coordination among the

different government bodies involved in managing and identifying human remains. The need for closer cooperation in forensic activities was also emphasized by the ICRC in discussions with the pertinent authorities.

The ICRC helped the IFMT to promote best practices in the management of human remains in its mortuary, through material support, expert advice and staff training; this helped bolster the IFMT's response to bombings in April. The letter of agreement between the health ministry – which oversees the IFMT – and the ICRC expired during the year, and government officials opted not to renew it; efforts to repair and/or upgrade mortuary facilities at the IFMT, and at other morgues, were suspended.

Armed forces, navy and police personnel, and first responders from the Sri Lanka Red Cross Society, learnt – during ICRC information sessions – how they could help ensure respect for the dead and enable the proper management and identification of human remains. At a regional conference organized by the ICRC, forensic experts exchanged views on best practices in managing human remains in natural disasters, conflict and other situations. A university drew on expert advice from the ICRC for its efforts to develop a forensic anthropology curriculum.

National Society staff improve their ability to conduct family-links activities

Members of dispersed families, including migrants and people injured during the bombings in April, connected with their relatives through family-links services provided by the National Society and the ICRC. The ICRC issued emergency travel documents, attestations of detention and other similar documents, or coordinated with the pertinent embassies and international organizations to help people obtain them. These documents enabled recipients to travel, to reunite with family members or were needed for legal or administrative purposes.

National Society staff improved their ability to conduct family-links activities, at a regional ICRC meeting abroad and other similar events within Sri Lanka. With technical and financial support from the ICRC, the National Society took steps to improve the planning and monitoring of its family-links activities, and recruited additional staff for this purpose. The National Society and the ICRC continued to work towards conducting a joint large-scale assessment of the family-links needs in the country, but were held up by administrative obstacles.

The ICRC continued – in coordination with the International Federation, the UNHCR and others – to monitor the situation of migrants along migration routes and in detention centres (see *People deprived of their freedom*), and communicated its findings to the pertinent authorities. Naval officers attended an ICRC information session on the issues being faced by migrants.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 44 places of detention, holding nearly 20,000 people in all. These facilities included police stations and other places that were used to temporarily detain people in connection with the April bombings (see *Context*); the Mirihana migration detention centre; and the last Protective Accommodation and Rehabilitation Centre, which held people arrested in relation to past conflict. Following high-level dialogue with the pertinent authorities in April, the ICRC regained access to prisons and other facilities under the justice ministry, to which its access had been restricted since September 2018.

During visits, 847 particularly vulnerable detainees were monitored individually; they included people held in connection with the bombings and related communal tensions, or with the past conflict; migrants, including asylum seekers; people held on drugs-related charges; women; and minors.

The ICRC communicated its findings – and when appropriate, its recommendations – confidentially to the authorities. It engaged the authorities regularly in dialogue on ensuring that detainees' living conditions and treatment, including procedural safeguards and judicial guarantees, complied with domestic and international law and met internationally recognized standards.

Detainees were able to avail themselves of family-links services, including RCMs. Some 240 detainees were visited by their families, whose transportation costs the ICRC covered. The ICRC helped some foreign detainees to notify their embassies of their detention, and referred others to the UNHCR and the IOM.

Detaining authorities worked to digitize medical record-keeping systems

ICRC support enabled officials from the health and justice ministries to learn more about best practices in ensuring detainees' access to health care. They drew on ICRC expertise to assess existing health services and staff training needs at several facilities. Senior health ministry officials and prison medical officers attended conferences and short courses abroad.

At ICRC workshops, officials drafted new forms for use in current and future health screening initiatives; they drew on lessons learnt from past ICRC pilot projects. Authorities at four prisons worked to shift medical record-keeping from paper-based to electronic systems. The ICRC lent expert advice for these efforts, and also supplied the newly updated health screening forms to two of these prisons. Where necessary, the ICRC provided medical care to detainees directly.

Detention officials and personnel attended ICRC workshops and training sessions on standards applicable to the treatment of detainees. Planned seminars for prison doctors and others on the forensic examination of injuries and the investigation of detainees' deaths did not push through.

Authorities work to improve the living conditions and treatment of detainees

The ICRC provided advice to an interministerial task force set up to address the legal and judicial causes of overcrowding in places of detention. The ICRC also met with detaining officials and representatives of the country's board of statistics, to discuss a regional project on overcrowding.

Police officers deepened their understanding of judicial guarantees at ICRC training sessions. A legal aid organization at one university's law faculty received ICRC support for research into remand prisoners facing delays in trial and/or lengthy detentions. A joint UNHCR–ICRC training session helped staff from migrant detention centres to strengthen their grasp of internationally recognized standards for detention.

Penitentiary authorities drew on ICRC support to improve maintenance and management at detention facilities. Detention staff developed key technical skills – for example, in using and maintaining electrical infrastructure – at ICRC training sessions. Detention officials added to their knowledge of best practices in prison design at an ICRC workshop; some of them, sponsored by the ICRC, attended a conference in Japan. Planned ICRC support for improving waste management at one prison was not fully implemented, owing to administrative constraints

Some 3,900 detainees in several places of detention benefited from minor improvements – carried out or supported by the ICRC – to, for example, cooking facilities, electrical and sanitation infrastructure, a visitors' area, and a ward for female prisoners. At four places of detention, about 400 detainees, including migrants, eased their living conditions with clothes and hygiene, recreational and other items that were donated on an ad hoc basis.

ACTORS OF INFLUENCE

Military officers deepen their understanding of humanitarian issues

The ICRC strove to strengthen understanding and support for IHL among the authorities and weapon bearers. Officers and legal advisers from the armed forces drew on ICRC support to further integrate IHL into military training and doctrine. To help them, the ICRC arranged seminars, round tables and train-the-trainer sessions, some of which took place during events organized by the Sri Lankan military; one such event was a regional naval symposium that took place in November and was attended by participants from 16 countries. At the request of the Sri Lankan military, the ICRC conducted information sessions on IHL for about 90 troops bound for peacekeeping missions abroad.

Legislators take steps to implement the Convention on Cluster Munitions

The authorities and the ICRC continued to engage in dialogue on domestic legislative initiatives; the ICRC urged the authorities to ratify and implement IHL-related treaties, such as the Convention on Enforced Disappearance, and provided them with technical and other support for doing so. At the request of the foreign affairs ministry, the ICRC facilitated a drafting

workshop for legislators to help in the implementation of the Convention on Cluster Munitions. In October, the foreign affairs ministry and the ICRC hosted a regional IHL conference in Colombo.

The national IHL committee met throughout the year and discussed the ratification of IHL-related treaties, and the drafting of domestic legislation to implement treaties already ratified. The ICRC made its expertise available to the committee; together with the committee, it hosted an event to mark the 70th anniversary of the Geneva Conventions.

Religious scholars examine the common ground between Buddhist teachings and IHL

The ICRC continued to cultivate its relationship with religious scholars. It solicited academic papers on the points of convergence between Buddhist teachings and IHL; proposals were submitted by Buddhist scholars, religious leaders and active or retired military personnel from 23 countries. Thirty were selected for presentation at a global conference in Dambulla, organized in September by the ICRC. About 80 Buddhist scholars and monks learnt more about IHL at ICRC information sessions.

The ICRC sought to build local expertise in IHL and other norms. Government officials, judges, academics and others were sponsored to attend regional and international IHL seminars and conferences, such as the 33rd South Asia Teaching Session on IHL held in Nepal. Sri Lankan diplomats-in-training learnt more about IHL and humanitarian diplomacy at an ICRC information session hosted by the Bandaranaike International Diplomatic Training Institute. Law students demonstrated their grasp of IHL at local and international moot court competitions; the local editions were held in Sinhala or Tamil.

The Sri Lanka Red Cross Society developed its capacities in public communication with technical support from the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society strengthened its operational capacities – particularly in restoring family links (see *Civilians*) – and improved its financial management with technical, financial and material support from the ICRC.

Aided by the ICRC, the National Society strove to apply the Safer Access Framework more effectively. Its personnel learnt more about the framework, the Fundamental Principles and the Movement at information sessions organized or supported by the ICRC. The National Society also centralized the design and distribution of the jackets worn by its staff and volunteers during field activities, and began issuing them ID cards, for them to be more easily identified during their work.

ICRC funding helped to sustain first-aid and disaster-response training for National Society personnel, and to replenish stocks of emergency relief goods. The ICRC also provided financial support for the National Society to repair water filters and pumps at a hospital in Vavuniya.

Revisions to legal instruments pertaining to the National Society's legal status, prepared with the ICRC's help, awaited the approval of the pertinent authorities.

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

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		9			
Phone calls facilitated between family members		10			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		227	17	4	19
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases closed positively (subject located or fate established)		136			
Tracing cases still being handled at the end of the reporting period (people)		15,509	766	447	1,325
<i>including people for whom tracing requests were registered by another delegation</i>		173			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		7	4		
Documents					
People to whom travel documents were issued		22			
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		44			
Detainees in places of detention visited		19,860	1,291	19	
Visits carried out		125			
			Women	Girls	Boys
Detainees visited and monitored individually		847	52	5	5
<i>of whom newly registered</i>		683	40	4	6
RCMs and other means of family contact					
RCMs collected		42			
RCMs distributed		27			
Phone calls made to families to inform them of the whereabouts of a detained relative		3			
Detainees visited by their relatives with ICRC/National Society support		239			
People to whom a detention attestation was issued		42			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Income support	Beneficiaries	1,859	801	538
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Living conditions	Beneficiaries	392	31	1
Water and habitat				
Water and habitat activities	Beneficiaries	3,889	233	39
Health				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	3		
	Participants (aggregated monthly data)	364		

SUVA (regional)

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

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, the ICRC promotes respect for IHL and other international norms among armed and security forces and 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/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2019

- Violence-affected people in Papua New Guinea received essential items from the ICRC and National Society that helped ease their living conditions. They expanded their ability to produce food, with ICRC cash grants and training.
- In Papua New Guinea, people made use of essential services at schools and health facilities that were repaired or built by community members and the ICRC; however, operational and access constraints delayed other projects.
- Wounded and sick people, children, pregnant women and victims/survivors of sexual violence in Papua New Guinea obtained suitable care, including mental-health and psychosocial support, at ICRC-supported health posts.
- In Bougainville, discussions with the authorities on ICRC activities for the missing and their families were stalled, owing to the political situation. Logistical constraints hindered the provision of psychosocial support to these families.
- With ICRC support, the penitentiary authorities sought to address health-related issues at the prison level and more broadly. Detainees had better living conditions after the ICRC renovated essential infrastructure at detention facilities.
- Governments in the region maintained their efforts to implement IHL-related treaties, with ICRC support. Together with the Samoan government, the ICRC organized a round table on IHL for representatives from 11 countries.

EXPENDITURE IN KCHF

Protection	3,246
Assistance	3,074
Prevention	3,329
Cooperation with National Societies	1,541
General	153
Total	11,342
<i>Of which: Overheads</i>	<i>692</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	76



ICRC regional delegation ICRC sub-delegation ICRC mission ICRC office

PROTECTION	Total
CIVILIANS	
Restoring family links	
RCMs collected	1
Phone calls facilitated between family members	2
PEOPLE DEPRIVED OF THEIR FREEDOM	
ICRC visits	
Places of detention visited	33
Detainees in places of detention visited	3,925
<i>of whom visited and monitored individually</i>	72
Visits carried out	52
Restoring family links	
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	16

ASSISTANCE	2019 Targets (up to)	Achieved	
CIVILIANS			
Economic security			
Food production	Beneficiaries	3,000	5,034
Living conditions	Beneficiaries		12,193
Water and habitat			
Water and habitat activities	Beneficiaries	5,120	1,595
Health			
Health centres supported	Structures	4	4
PEOPLE DEPRIVED OF THEIR FREEDOM			
Economic security			
Food consumption	Beneficiaries		150
Living conditions	Beneficiaries		464
Water and habitat			
Water and habitat activities	Beneficiaries	300	223

CONTEXT

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, unabated communal tensions often led to violence, which damaged homes and disrupted essential services. The police conducted operations in areas of unrest.

Migrants, including asylum seekers and refugees, in Nauru and Papua New Guinea awaited resettlement or the resolution of their cases. Per a 2017 agreement between the governments of Australia and the United States of America (hereafter US), some refugees were resettled in the US. However, many migrants still contended with uncertainty surrounding their fate, and some reportedly suffered from mental-health issues as a result. In Papua New Guinea, many of the asylum seekers at accommodation centres on Manus Island were transferred to Port Moresby, and some placed in administrative detention.

Australia continued to take part in an international military coalition to combat armed groups (see *Iraq*) and, with New Zealand, helped the Iraqi government to train its armed forces. Australia and Fiji provided troops for international peacekeeping operations.

In Papua New Guinea, a new prime minister was sworn in following elections in May, after weeks of political uncertainty. An independence referendum was held in November and December in the Autonomous Region of Bougainville (hereafter Bougainville).

General elections took place in the Solomon Islands in April.

Countries in the Pacific region remained vulnerable to natural disasters and climate shocks.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Suva endeavoured to protect and assist people affected by communal violence or deprived of their freedom. It supported efforts to advance IHL implementation and helped National Societies in the region to strengthen their operational capacities.

The ICRC sustained its multidisciplinary response to the humanitarian needs of violence-affected people in Papua New Guinea. It kept up its dialogue with the pertinent parties, emphasizing the necessity of protecting civilians – from sexual violence and other unlawful conduct – and facilitating safe and impartial access to medical care and education. At ICRC workshops, community members learnt how to mitigate risks to their safety; whenever possible, they were included in the planning and implementation of the ICRC's assistance activities. Violence-affected people received household essentials from the ICRC, which helped ease their living conditions. The ICRC trained vulnerable households in food production activities – farming and raising livestock – or gave them cash grants for starting small businesses. The renovation and construction of schools and health posts, undertaken by community members and the ICRC, helped to broaden access to essential services in violence-affected areas of the Southern Highlands; however, other projects were met with

obstacles that hampered their progress. The ICRC maintained its support for health posts in these areas, which provided good-quality medical care and psychosocial support; the staff were trained to provide integrated care for victims/survivors of violence, including sexual violence.

Discussions with the authorities in Australia and Papua New Guinea focused on migrants' concerns, such as their access to health care, psychological well-being, and legal status.

The ICRC visited detainees, in accordance with its standard procedures, in Fiji, Kiribati, Papua New Guinea, Samoa, the Solomon Islands and Vanuatu; it visited detainees in Tonga for the first time. It also visited migrants at an immigration detention facility in Papua New Guinea. Findings and recommendations were shared confidentially with the authorities concerned, to help them make the necessary improvements. The ICRC supported their efforts to ensure the availability of good-quality health services for detainees. It distributed hygiene kits and renovated infrastructure at some police lock-ups and correctional facilities in Papua New Guinea, to help improve detainees' living conditions. Under an ICRC-supported pilot project, detainees at two prisons had a more diversified diet with produce from vegetable gardens that they had cultivated themselves.

Members of families separated by detention, migration or other circumstances reconnected using the Movement's family-links services. The ICRC arranged for detainees in Papua New Guinea and the Solomon Islands to be visited by their relatives. In Bougainville, owing to the political situation, discussions with the authorities on the ICRC's activities for missing people and their families were stalled; nevertheless, the ICRC continued to assist the families in commemorating their missing relatives.

The ICRC fostered support for IHL and other relevant norms, and for the Movement's work, through regional events and dialogue with national and regional authorities and key members of civil society. At ICRC training sessions and other events, weapon bearers strengthened their grasp of IHL, international human rights law and/or international standards applicable to their duties. In Australia, the ICRC organized a round table for the authorities and military, where they discussed challenges and best practices in applying IHL during military operations. Together with the Samoan government, the ICRC organized a round table on IHL for representatives from 11 countries, where they were briefed on key IHL issues and instruments, particularly the Treaty on the Prohibition of Nuclear Weapons. Kiribati later became party to this treaty and acceded to the Rome Statute; it also set up a national IHL committee.

The ICRC and other Movement components helped to strengthen organizational and other capacities among Pacific Island National Societies.

CIVILIANS

The ICRC promotes protection for migrants and people affected by communal violence

In Papua New Guinea, the ICRC continued to monitor the situation of people affected by communal violence in Enga, Hela and the Southern Highlands. During discussions with the pertinent parties – including local leaders and fighters – it endeavoured to promote respect for the basic principles of humanity. It highlighted the humanitarian consequences of the fighting through meetings and dissemination sessions, where it emphasized the necessity of protecting medical personnel and facilities and facilitating impartial access to health care; preventing sexual violence; and safeguarding children and their access to education. Theatrical plays, staged by the ICRC, helped to raise awareness of these issues among community members.

Violence-affected communities in the Southern Highlands participated in ICRC workshops where they discussed their protection-related concerns, the risks to their safety and measures to mitigate these. The ICRC carried out assistance activities that aimed to help them further develop their ability to cope with the effects of violence (see below).

Security forces in Fiji and Papua New Guinea strengthened their grasp of international policing standards, particularly in connection with the use of force, at ICRC briefings and training sessions (see also *Actors of influence*). The ICRC documented allegations of unlawful conduct during law enforcement operations in Papua New Guinea, and relayed them to the parties concerned, with a view to preventing or ending such misconduct.

The ICRC and authorities in Australia and Papua New Guinea continued to discuss matters of pressing humanitarian concern to migrants in Papua New Guinea: access to health care, mental-health issues, and uncertainty about their status. The ICRC urged the authorities to find lasting solutions to these issues. It made confidential representations to the Australian authorities on such matters as the importance of unhindered access to medical services for critically ill migrants. It gained access to an immigration detention facility in Port Moresby, Papua New Guinea (see *People deprived of their freedom*).

Violence-affected people in Papua New Guinea are able to meet their needs and produce more food

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, 12,100 people (2,119 households) who lost all their possessions when their homes were looted or burnt during communal violence or law enforcement operations were provided with hygiene kits, shelter materials and other essentials by the ICRC together with the Papua New Guinea Red Cross Society. Ninety-three schoolchildren were also given new school uniforms, which enabled them to continue going to school.

Nearly 840 particularly vulnerable households (5,034 people) – including those whose breadwinners were women or minors – used ICRC livelihood support to produce more food, and regain a measure of self-sufficiency. They learnt more about farming and raising livestock at ICRC-organized training sessions and/or started or operated small businesses with the help of ICRC cash grants.

Around 1,590 people in violence-affected communities in the Southern Highlands had improved access to essential services after the ICRC provided material and technical support to renovate or construct educational and health facilities – sometimes together with community members (see below). For example, it gave community members tools to rebuild schools destroyed in the fighting, including those that had begun to be rebuilt in 2018. Clean water became more widely available after rainwater-harvesting systems were installed at some of these schools and health posts. Other water projects – to benefit displaced communities, for instance – were delayed by operational and access constraints; thus, fewer beneficiaries than intended were reached.

With training and other support from the ICRC, the National Society was able to strengthen its capacities in various areas, such as: implementing and monitoring economic-security projects; instructing people in first aid; providing mental-health and psychosocial support during emergencies; and restoring family links (see also *Red cross and red crescent movement*).

Victims of violence obtain suitable care at ICRC-supported health posts

Hundreds of community members – including young people – in Papua New Guinea learnt how to administer first aid at training sessions conducted by the National Society and the ICRC. At ICRC dissemination sessions, people learnt about the importance of protecting those seeking or providing medical care, preventing sexual violence, and addressing mental health-issues; they also learnt about the services available to them, especially those for victims/survivors of sexual violence.

People in remote areas of the Southern Highlands obtained free preventive and curative care at three community health posts that received ICRC support. In January, the local health authorities assumed responsibility for a health centre in Uma built by the ICRC in 2018. The three facilities provided vaccinations, mainly for children, and antenatal consultations for women; some patients in need of further treatment were referred for advanced care. The ICRC trained health staff at these centres in midwifery, with a view to improving the quality of antenatal care being offered. Victims/survivors of sexual violence obtained suitable care, including post-exposure prophylactic treatment, from ICRC-trained personnel. Some of them were referred to a family-support centre at a hospital backed by the ICRC, and had their travel expenses covered. Community health workers were given training in mental-health and psychosocial support for victims of violence, including sexual violence.

The ICRC renovated infrastructure, including waste-management systems, at two of the health posts mentioned above. Community volunteers were trained to operate and maintain the facilities.

Staff at various referral hospitals across Papua New Guinea were better prepared to cope with emergencies after receiving medical supplies for treating weapon-wounded people and training in emergency-room trauma care from the ICRC.

Forensic professionals attend a workshop on managing human remains properly

The ICRC conducted a workshop for forensic professionals in Papua New Guinea on managing human remains properly. Plans to enable forensic specialists from Fiji and the Solomon Islands to attend events for medico-legal professionals did not push through, as further capacity-building assistance in this regard was found to be unnecessary.

In Bougainville, the ICRC was unable to discuss the creation of a mechanism to clarify the fate of people unaccounted for since the 1990s and assist their relatives; owing to the political situation (see *Context*), these discussions – with the authorities and a working group – were stalled. Nevertheless, it maintained its support for missing people's families: for instance, it helped them commemorate their missing relatives in various ways, such as events to mark the International Day of the Disappeared. It was, however, unable to provide them with psychosocial support as planned, owing to logistical constraints.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at selected places of detention in Fiji, Kiribati, Papua New Guinea, Samoa, the Solomon Islands and Vanuatu; it also visited detainees in Tonga for the first time. In Papua New Guinea, people held in police lock-ups and at facilities run by the correctional services were paid particular attention; the ICRC also visited migrants held at an immigration detention centre.

Findings and recommendations from these visits were communicated confidentially to the pertinent authorities, to help them improve detainees' treatment and living conditions. The ICRC discussed a number of key issues with them: respect for judicial guarantees; accessibility of health care and increased ventilation; and family visits for especially vulnerable detainees. Dialogue with police commands in Papua New Guinea covered various subjects, including the needs of particularly vulnerable detainees, such as minors, women and the mentally ill.

Detainees are able to obtain health care

Penitentiary authorities in Papua New Guinea, the Solomon Islands and Vanuatu strove to ensure detainees' access to good-quality health care, including treatment for diseases such as TB; the ICRC supported these efforts with expert guidance and training for health staff. Medical screening systems for newly arrived detainees were established at two correctional centres in Papua New Guinea and one in the Solomon Islands, with the ICRC's help.

At regional events organized by the ICRC – such as the first Pacific Correctional Executives round table in Vanuatu, and an annual conference in Papua New Guinea – authorities and senior prison officials learnt more about how to handle various issues related to health care in detention and exchanged best practices with their peers.

Around 220 detainees in Papua New Guinea had better living conditions after the ICRC made infrastructural improvements – renovations to water-supply and wastewater management systems, and installation of solar-powered lighting – to the facilities of police lock-ups and correctional centres. Some 460 detainees in Papua New Guinea and Vanuatu received hygiene kits and other essential items.

Under a pilot project set up by the penitentiary authorities and the ICRC, 150 detainees at two correctional centres in the Southern Highlands diversified their diet with produce from the vegetable gardens they maintained at the centres; an additional benefit was the physical exercise the detainees derived from gardening.

Detainees restore or maintain contact with their relatives

In Papua New Guinea, detainees in Bougainville and Kerevat were visited by their relatives, whose transport costs were covered by the ICRC. Requests made by the ICRC to facilitate the transfer of particularly vulnerable detainees to prisons situated closer to their families were not approved, owing to security concerns. In the Solomon Islands, detainees serving life sentences received family visits arranged by the Solomon Islands Red Cross with the ICRC's financial support. A detainee held in the US detention facility at the Guantanamo Bay Naval Station in Cuba was able to stay in touch with his relatives in Australia, through a phone call facilitated by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji Islands	Kiribati	Papua New Guinea	Samoa	Solomon Islands	Tonga	Vanuatu
ICRC visits							
Places of detention visited	6	2	14	2	2	3	4
Detainees in places of detention visited	1,387	92	1,240	412	395	186	213
<i>of whom women</i>			97	16	7	10	
<i>of whom minors</i>			49	2	5		
Visits carried out	9	2	25	2	5	3	6
Detainees visited and monitored individually	3		33		36		
<i>of whom women</i>			4				
<i>of whom boys</i>			5				
Detainees newly registered	2		32		27		
<i>of whom women</i>			4				
<i>of whom boys</i>			5				
RCMs and other means of family contact							
RCMs distributed	1						
Phone calls made to families to inform them of the whereabouts of a detained relative	4		12				
Detainees visited by their relatives with ICRC/National Society support			17		22		

ACTORS OF INFLUENCE

The ICRC continued to engage national and regional authorities in dialogue on humanitarian affairs – such as migration-related issues, ICRC operations in major contexts, and policy issues of common concern – and cultivated support among them for IHL and the ICRC's work. It also maintained contact with various influential regional bodies and other relevant stakeholders.

Military and security forces strengthen their grasp of norms and standards applicable to their duties

Military personnel in the region participated in IHL training courses and other events organized by the ICRC, some of which took place abroad. For example, Australian military officials attended advanced courses at an IHL teaching centre in Malaysia (see *Kuala Lumpur*). Senior officers drew on technical advice from the ICRC to plan training exercises, two of which the ICRC attended. The ICRC organized a round table for the authorities and military, where they discussed challenges and best practices in applying IHL during military operations. In Papua New Guinea, military officers bound for peacekeeping operations overseas learnt more about IHL at predeployment briefings conducted by the ICRC. One military legal adviser, sponsored by the ICRC, attended a regional round table for senior military lawyers.

Police forces in Fiji and Papua New Guinea strengthened their grasp of international policing standards at ICRC training sessions; the ICRC sponsored some senior officers to attend events held abroad, such as an advanced seminar on rules governing law enforcement operations. At the request of the Fijian police, the ICRC conducted two workshops for senior officers. ICRC train-the-trainer sessions helped police officers in Papua New Guinea to develop their ability to instruct others in the application of international law enforcement standards in their operations; the ICRC also helped to revise the training curriculum for police cadets.

States discuss the implementation of IHL-related treaties

The annual Pacific Islands Forum (PIF) took place in Tuvalu, and was attended by leaders from countries and territories in the Pacific; the ICRC attended a summit organized for PIF leaders, where it participated in discussions on the implementation of IHL and humanitarian principles in the region.

The ICRC continued to promote the ratification and/or implementation of IHL-related treaties – such as the Arms Trade Treaty, which Palau ratified in April. Together with the Samoan government, the ICRC organized a round table on IHL for representatives from 11 countries; here, participants also drew on ICRC expertise to familiarize themselves with key IHL issues and instruments, particularly the Treaty on the Prohibition of Nuclear Weapons. Kiribati later completed the process of ratification for this treaty, after having signed it in 2017, and acceded to the Rome Statute. The ICRC continued to make its expertise available to national IHL committees; Kiribati set up a national IHL committee in 2019.

Key members of civil society advance their understanding of IHL and issues of humanitarian concern

As a key reference organization on IHL, the ICRC arranged or participated in various regional conferences and other IHL-related events. Together with Australian academics, it also contributed to IHL courses and training sessions conducted by the Australian Red Cross for officials from the Australian defence and foreign ministries. At a colloquium on international law in Australia, organized by the government, the ICRC made presentations on various topics, including the use of concepts and methods from behavioural science to promote respect for IHL.

In Australia, New Zealand and Papua New Guinea, the ICRC partnered with local universities and delivered presentations and guest lectures for students on various humanitarian issues, IHL, and the ICRC's work. In Papua New Guinea, a local university offered an IHL course in cooperation with the military and the ICRC. An Australian university and the ICRC established a centre that disseminated information on

IHL. Students from Australia and New Zealand competed in national and international IHL moot court competitions (see, for example, *Beijing*) with the ICRC's support. Sponsored by the ICRC, an Australian academic attended an advanced IHL course abroad.

Public events organized by the ICRC – for instance, an exhibition on the consequences of communal violence in Papua New Guinea – drew attention to humanitarian issues and helped to foster awareness of the Movement's work. Members of the general public also learnt about these matters through other means, such as presentations, articles and short educational videos by the ICRC that were made available online. Journalists in Papua New Guinea attended an ICRC workshop aimed at helping them to report more accurately on the ICRC's activities. The ICRC maintained contact with a regional news organization based in Suva: upon their invitation, it participated in events – such as conferences and training sessions for members of the media – hosted by the organization.

The ICRC continued to give the National Societies in the region technical and financial support for developing their public-communication capacities.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies drew on technical, material and financial support from the ICRC and other Movement partners to reinforce their operational capacities and broaden awareness of IHL.

Together with the National Societies of Australia and New Zealand, and the International Federation, the ICRC continued to provide support for the Papua New Guinea Red Cross Society's organizational development. It covered some of the National Society's running costs, and trained staff in carrying out assistance activities (see also *Civilians*) and conducting community-based workshops on protection-related matters. Representatives from Pacific Island National Societies and the ICRC continued to discuss how to develop family-links and other capacities in order to respond more effectively to natural disasters and other emergencies in the region; the ICRC also provided the Solomon Islands Red Cross with first-aid supplies for use in emergencies, such as elections-related violence.

The National Societies coordinated their activities with those of the ICRC, and other Movement partners in the region, through regularly held meetings.

MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
Phone calls facilitated between family members		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1			
Tracing cases still being handled at the end of the reporting period (people)		13	4		1
PEOPLE DEPRIVED OF THEIR FREEDOM					
ICRC visits			Women	Minors	
Places of detention visited		33			
Detainees in places of detention visited		3,925	130	56	
Visits carried out		52			
			Women	Girls	Boys
Detainees visited and monitored individually		72	4		5
	<i>of whom newly registered</i>	61	4		5
RCMs and other means of family contact					
RCMs distributed		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		16			
Detainees visited by their relatives with ICRC/National Society support		39			

MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
Economic security				
Food production	Beneficiaries	5,034	1,806	930
	<i>of whom IDPs</i>	959	321	160
Living conditions	Beneficiaries	12,193	5,107	3,271
	<i>of whom IDPs</i>	4,001	1,517	1,207
Water and habitat				
Water and habitat activities	Beneficiaries	1,595		1,582
Health				
Health centres supported	Structures	4		
Average catchment population		37,340		
Consultations		27,433		
	<i>of which curative</i>	25,603	358	91
	<i>of which antenatal</i>	1,830		
Immunizations	Doses	18,318		
	<i>of which polio vaccines for children aged 5 or under</i>	9,134		
Referrals to a second level of care	Patients	31		
	<i>of whom gynaecological/obstetric cases</i>	18		
PEOPLE DEPRIVED OF THEIR FREEDOM				
Economic security				
Food consumption	Beneficiaries	150	23	23
Living conditions	Beneficiaries	464	67	32
Water and habitat				
Water and habitat activities	Beneficiaries	223	27	2
Health				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	40		
	Participants (sum of monthly data)	1,178		