

# MYANMAR



ICRC delegation (Sittoung), ICRC office (Yangon), ICRC-supported prosthetic/orthotic centre (Hpa-an)

## EXPENDITURE (IN KCHF)

Protection	1,449
Assistance	2,068
Prevention	745
Cooperation with National Societies	1,041
General	-

► **5,302**

of which: Overheads 324

## IMPLEMENTATION RATE

Expenditure/yearly budget	108%
---------------------------	------

## PERSONNEL

Expatriates	9
National staff (daily workers not included)	101

## KEY POINTS

### In 2012, the ICRC:

- with the Myanmar Red Cross Society, helped people cope with the effects of violence in Rakhine State by providing them with emergency medical care, health services and adequate water and sanitation facilities
- began discussions with the authorities on a pilot visit to detainees following the government's announcement in November of its agreement to the resumption of such visits
- through infrastructure projects, improved water and hygiene conditions in three prisons, benefiting 1,945 detainees
- resumed support to three of the Ministry of Health's physical rehabilitation centres
- with the Ministry of Foreign Affairs, fostered dialogue and interest in IHL through a one-day workshop on the subject for senior government officials
- in conflict/violence-prone areas, supported the training of National Society volunteers in first aid and the Safer Access approach, enabling them to assist victims more safely and effectively

The ICRC began working in Myanmar in 1986. It supports physical rehabilitation centres run by the Ministry of Health and the Myanmar Red Cross Society to ensure quality services for mine victims and other disabled patients. It also works to: improve water and sanitation in prisons, although it has not yet been able to resume its visits to detainees according to its standard procedures, which were interrupted in 2005; promote IHL/humanitarian issues; and help build the capacity of the Myanmar Red Cross to respond effectively to needs of communities in areas prone to conflict/tensions or affected by natural disasters.

## CONTEXT

The government of Myanmar pursued its path of reform, initiated when it came to power in 2011. Four major amnesties granted since then had led to the release of more than 20,000 detainees. Discussions on possible areas of cooperation with various international humanitarian and development organizations began. During the by-elections in April, the National League for Democracy, led by Daw Aung San Suu Kyi, won the majority of the disputed seats in parliament. Many countries responded to the reforms by sending high-profile diplomatic missions to Myanmar to meet with both President Thein Sein and Daw Aung San Suu Kyi, increasing economic engagement and suspending or lifting sanctions.

Since the start of talks with armed groups in 2011, the government had concluded initial ceasefire agreements with a reported 10 of them, including the Karen National Union, the country's longest-standing armed group. However, negotiations with the Kachin Independence Organization (KIO) were unsuccessful. In December, clashes between government forces and the Kachin Independence Army – the military wing of the KIO – intensified, reportedly leading to the displacement of tens of thousands of people.

In June and October, waves of intercommunal violence between Muslim and Rakhinese communities in Rakhine State left several dozen people dead or injured and displaced over 115,000 people, according to official figures.

## ICRC ACTION AND RESULTS

In 2012, the ICRC was able to increase contact and strengthen its dialogue with the authorities and subsequently develop its operations through ongoing and new activities. In particular, it gained access to violence-affected communities in Rakhine State and undertook preparatory work to resume visits to detainees following the government's announcement in November of its agreement to such visits. However, talks on possible assistance to conflict-affected communities in the east made no new progress.

The Myanmar Red Cross Society received ICRC support to strengthen its capacities to respond to emergencies resulting from conflict/violence and natural disaster, to conduct dissemination sessions on IHL and basic humanitarian principles and to provide family-links services. Capacity-building training, including in first aid and the Safer Access approach, helped National Society

Main figures and indicators	PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Tracing requests, including cases of missing persons</b>				
			Women	Minors
People for whom a tracing request was newly registered		16	1	1
People located (tracing cases closed positively)		30		
Tracing cases still being handled at the end of the reporting period (people)		21	2	
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>				
			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		12		12
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Restoring family links</b>				
Detainees visited by their relatives with ICRC/National Society support		199		
People to whom a detention attestation was issued		39		

\* Unaccompanied minors/separated children

volunteers safely address the humanitarian needs of violence-affected communities. Joint National Society/ICRC assessment missions and dissemination sessions across the country led to an ICRC presence in some conflict/tension-prone areas, in some cases for the first time since 2006.

Following the outbreak of violence in Rakhine State, affected Muslim and Rakhinese communities received assistance from the National Society/ICRC acting in their neutral and impartial role. Material, staff and logistical support, including the protection/safe passage of medical vehicles and staff, enabled the emergency evacuation of the injured and sick to hospitals and the delivery of preventive and curative care by government-run mobile clinics. Other activities focused on providing communities with safe drinking water through the installation of water tanks and hand pumps, on ensuring the maintenance of good sanitation conditions in camps for displaced people and on providing family-links services where needed.

The completion of water and sanitation projects in three prisons led to the expansion of such work to an additional four places of detention. Through seminars, prison officials learnt more about best practices in detention and carrying out infrastructure projects in line with internationally recognized standards. Detainees continued to enjoy visits from family members, while those released had the cost of their transport home covered by the ICRC.

Physically disabled people benefited from improved treatment and services at the Hpa-an Orthopaedic Rehabilitation Centre, run by the National Society with ICRC support, thanks to staff training, the construction of a new dormitory and the setting up of a prosthetic production unit. An agreement was reached with the Ministry of Health on the resumption of ICRC support to three of its physical rehabilitation centres. Referrals began again and improvement works got under way. Similar proposed activities with the Ministry of Defence were significantly delayed pending its authorization to visit the three centres under its responsibility.

The Ministry of Foreign Affairs and the ICRC organized a first workshop for senior government officials to familiarize them with IHL and the ICRC's role and mandate. As in previous years, a number of government representatives, armed and police force officers and university lecturers received ICRC sponsorship to participate in IHL teaching events abroad and in postgraduate IHL courses.

The ICRC worked closely with other Movement partners to coordinate efforts and to support the National Society's development.

## CIVILIANS

In parts of the country, people continued to suffer the effects of conflict and violence (see *Context*).

To meet the needs of communities in conflict/tension-prone areas, the Myanmar Red Cross Society strengthened its emergency response capacity with ICRC support. For example, over 300 volunteers attended training in the Safer Access approach, enabling them to deliver humanitarian assistance effectively and safely to affected people, while others participated in training sessions on first aid and on the proper implementation of water, sanitation and hygiene projects.

Communities in conflict/tension-prone areas of Kachin, Kayah and Shan border states received humanitarian assistance from the National Society operating alone or in partnership with the ICRC. Although joint National Society/ICRC activities in the eastern border states were limited to government-controlled areas, they led to an expanded ICRC presence. For example, a team assessed the feasibility of community project proposals submitted by six National Society township branches in Kayah and eastern Shan states, while two pilot community projects on hygiene promotion led by trained volunteers from two township branches in southern Shan State were already under way. Some 40 volunteers in Kachin State trained in first aid dealt with mass-casualty situations, including several mine explosions in the state capital Myitkyina. A substantive dialogue with the authorities on an ICRC proposal to deliver medical assistance in Kachin and Kayin states had yet to start.

The outbreak of violence in Rakhine State (see *Context*) had severe consequences. In particular, it prevented the populations in remote villages, enclaved communities or townships from accessing basic services, including health and medical care (see *Wounded and sick*). Both Muslim and Rakhinese communities benefited from assistance provided by National Society/ICRC teams acting in their neutral and impartial role. Immediately after the outbreak of violence, people affected received basic emergency, medical and psychological care from National Society volunteers trained in first aid and family-links services. Nearly 2,000 people received first aid, while 13 families in the Maungdaw township reunited with their separated children registered in the Buthidaung camp. In neighbouring countries, people who fled the unrest kept in touch with their relatives in Myanmar through 141 "safe and well" phone calls.

Main figures and indicators	ASSISTANCE	Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	23,193	50%	30%
	<i>of whom IDPs</i>	23,193		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Water and habitat activities	Beneficiaries	1,945		
<b>WOUNDED AND SICK<sup>1</sup></b>				
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	16		
<b>Physical rehabilitation</b>				
Centres supported <sup>2</sup>	Structures	7		
Patients receiving services	Patients	4,716	598	376
New patients fitted with prostheses	Patients	589	73	21
Prostheses delivered	Units	1,618	176	76
	<i>of which for victims of mines or explosive remnants of war</i>	914		
New patients fitted with orthoses	Patients	495	134	166
Orthoses delivered	Units	1,095	242	478
	<i>of which for victims of mines or explosive remnants of war</i>	10		
Number of patients receiving physiotherapy	Patients	971	85	50
Crutches delivered	Units	1,784		
Wheelchairs delivered	Units	25		

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

2. Four centres were directly supported. Three centres worked with material provided by the ICRC in previous years. Figures include data from all seven centres

In view of the magnitude of the needs, some additional 490 National Society volunteers from all over the country quickly arrived in the area in shifts of around 90 persons, further helping victims of the violence cope with their situation by providing them with emergency assistance and staff support to health services.

Some 18,200 people in Sittwe township had access to clean drinking water thanks to the installation of distribution points and water tanks, while in other townships, 5,000 people benefited from the installation of 15 hand pumps. Vector-control activities and the disinfection of latrines and wells, paired with health education sessions, helped prevent the spread of disease and improve sanitation facilities in these townships. Government-run mobile clinics received material and logistical support, including in ensuring the safe passage of medical vehicles and staff (see *Wounded and sick*).

People continued to approach the ICRC for help in clarifying the fate or whereabouts of relatives unaccounted for in the border areas. Written representations were submitted to the authorities regarding 12 minors who had allegedly been recruited into the armed forces. Most of the cases were still under review at year-end.

### PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees had not received ICRC visits to monitor their treatment and living conditions since 2005. Following the government's announcement in November of its agreement to the resumption of such visits according to the ICRC's standard procedures, a pilot visit was scheduled for early 2013.

Nearly 200 detainees continued to receive visits from family members, many of whom lived in remote areas of the country. Beneficiary numbers were lower than in previous years owing to

the numerous amnesties granted by the government (see *Context*). Upon their release, 363 former detainees had the cost of their journey home covered by the ICRC.

With the completion of construction and rehabilitation work in the three prisons of Hpa-an, Mawlamyaing and Myaungmya, 1,945 detainees gained improved access to adequate water and sanitation facilities and safe drinking water. The works included the installation of solar-powered water pumps, the rehabilitation of water supply systems and the construction or rehabilitation of toilet blocks. Prison Department officials expressed their satisfaction with the results and requested the ICRC's help with similar projects in four other prisons. Following assessments, improvement projects in two of the four prisons got under way. During a seminar, 70 representatives of the Ministry of Home Affairs and the Prison Department and officials and engineers from various prisons throughout the country learnt more about the ICRC and its prison infrastructure projects. Work with the prison authorities on health issues had yet to begin.

More broadly, two Prison Department officials shared their experiences and best practices in dealing with detention-related issues and discussed topics of common concern with their counterparts at a regional seminar on correctional management (see *Philippines*).

### WOUNDED AND SICK

In Rakhine State, the National Society/ICRC helped the local authorities and other organizations concerned boost medical services for affected populations (see *Civilians*). Over 350 patients benefited from emergency medical evacuations, while two hospitals received supplies, including dressing kits and surgical instruments, to respond to medical emergencies.

The Kachin State General Hospital increased its capacity to treat weapon-wounded patients and to respond to other emergencies after receiving dressing kits and packets of oral rehydration salts.

### **Amputees and mine victims have access to physical rehabilitation services**

In total, 1,789 physically disabled people, mainly from south-eastern Myanmar, received services at the Hpa-an Orthopaedic Rehabilitation Centre, run by the National Society with ICRC managerial, technical, financial and training support. Amputees in many regions, however, continued to face considerable difficulty in reaching the centre owing to financial or security constraints or other travel restrictions, while others did not know of the centre's existence. To help overcome these, the National Society, together with the ICRC, ran an outreach programme which referred 260 people to the Hpa-an centre. In order to increase the centre's capacity to meet patients' needs, the National Society recruited five additional employees, completed the construction of extension buildings, including a 16-bed dormitory, and set up a unit for the manufacturing of prosthetic feet that led to the production of 926 prostheses – an increase of 39% from the previous year. Victims of landmines were the recipients of 67% of these prostheses. Two staff members continued to enhance their professional skills on a three-year course at the Cambodian School of Prosthetics and Orthotics, while technicians and assistant physiotherapists at the centre benefited from anatomy and physiology lessons conducted by a consultant orthopaedic surgeon. A seminar organized in cooperation with national providers helped surgeons from the centre improve their abilities to perform amputations.

The Ministry of Health agreed to the ICRC's offer to resume support to three of its physical rehabilitation centres. Thus, improvement works began on its prosthetic foot manufacturing unit. The revived outreach programme run with the National Society referred 10 patients with lower-limb amputations from Kachin State to a ministry-run hospital. However, the full implementation of planned activities was held up owing to administrative and infrastructural constraints faced by the ministry. A similar cooperation proposal with the Ministry of Defence was delayed pending its authorization for the ICRC to visit the three centres under its responsibility.

For the first time, all current and potential actors in the field of physical rehabilitation came together to share experiences during a national round-table on prosthetics and orthotics organized by the Ministry of Social Welfare, Relief and Resettlement with ICRC support.

### **AUTHORITIES**

Contacts with officials at the national and regional level significantly expanded and provided more opportunities to explain the ICRC's mandate and activities and to explore areas for the possible development of ICRC work in Myanmar. These resulted in the expansion of ICRC activities, particularly in Rakhine State (see *Civilians* and *Wounded and sick*) and in places of detention; however, the ICRC's proposal to deliver medical assistance to people in conflict-affected areas had not yet received a response.

To further develop their understanding of and support for IHL, members of parliament and government officials, including from the Attorney-General's Office and various ministries (Defence,

Education, Social Welfare and Border, Home and Foreign Affairs), participated in national and regional events. For example, during a one-day IHL workshop co-organized by the Ministry of Foreign Affairs and the ICRC and backed by relevant literature, 14 attendees discussed issues such as the direct participation of civilians in hostilities, weapons treaties and possible accession by Myanmar to international treaties. Representatives also took part in regional conferences and teaching sessions (see *Iran, Islamic Republic of, Kuala Lumpur, New Delhi* and *Sri Lanka*). Furthermore, five officials followed a distance-learning postgraduate diploma course in IHL from the NALSAR University of Law in Hyderabad, India.

Government officials, particularly at the local level, learnt more about IHL, humanitarian principles and the Movement through dissemination sessions run by the National Society with ICRC support (see *Red Cross and Red Crescent Movement*). Members and staff of the parliament had access to additional IHL reference materials following the donation of an IHL library kit.

### **ARMED FORCES AND OTHER BEARERS OF WEAPONS**

Five military officers from the Office of the Judge Advocate-General and one police officer participated in the regional IHL conference in Bhutan (see *New Delhi*) and the teaching sessions held in Kish Island (see *Iran, Islamic Republic of*) and in Colombo (see *Sri Lanka*). While two military officers from the Office of the Judge Advocate-General and one police officer joined a one-day IHL workshop for senior government officials (see *Authorities*), mid-ranking police officers attended dissemination workshops (see *Red Cross and Red Crescent Movement*). Two military officers further deepened their understanding of IHL through the NALSAR distance-learning IHL course.

Security forces in Rakhine State demonstrated their understanding of the National Society's and the ICRC's roles and activities in the area by allowing unhindered humanitarian access to both Muslim and Rakhinese communities (see *Civilians* and *Wounded and sick*).

Representatives of Myanmarese armed groups in Thailand were reminded of the need to respect IHL, especially with regard to the use of anti-personnel mines and child soldiers (see *Bangkok*).

### **CIVIL SOCIETY**

Media and civil society representatives, university officials and students learnt more about the National Society/ICRC through dissemination sessions (see *Red Cross and Red Crescent Movement*). These sessions further encouraged the national and local media to continue reporting widely on National Society/ICRC activities, highlighting in particular the ICRC's detention-related work following the government's announcement of the resumption of the organization's visits to detainees.

To enhance IHL understanding and teaching capacities, two university lecturers participated in teaching sessions on IHL (see *Kuala Lumpur* and *Sri Lanka*), while another two lecturers took part in the NALSAR distance-learning IHL course. University students and military officers pursuing postgraduate studies in international law made 241 visits to the ICRC's resource centres in Mandalay and Yangon to consult reference works on IHL and the ICRC. Owing to limited resources, formal contact with the Ministry of Education could not be established.

---

## RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross responded to the needs of people affected by natural disaster and conflict/violence, strengthening its capacity to do so with ICRC financial, technical, logistical and infrastructural support (see *Civilians* and *Wounded and sick*). The Kyaing Tong Red Cross branch in eastern Shan State was in a better position to deliver humanitarian services following the ICRC-supported construction of a new office and warehouse.

To increase support for their activities and knowledge of IHL, humanitarian principles and the Movement, the National Society and the ICRC jointly conducted 27 dissemination sessions for nearly 2,000 police officers, health and education officials, religious and community leaders, civil society representatives, university students and National Society volunteers. Information material in local languages supported such work.

The National Society continued to boost its family-links services within the framework of an Australian Red Cross-supported project, with the ICRC providing technical advice. In May, the National Society launched its RCM service in 8 of the 16 states/regions.

The National Society continued revising its legal base with help from the ICRC and the International Federation. To strengthen coordination, it held regular meetings with Movement partners and established a tripartite body for the Movement's response in Rakhine State.