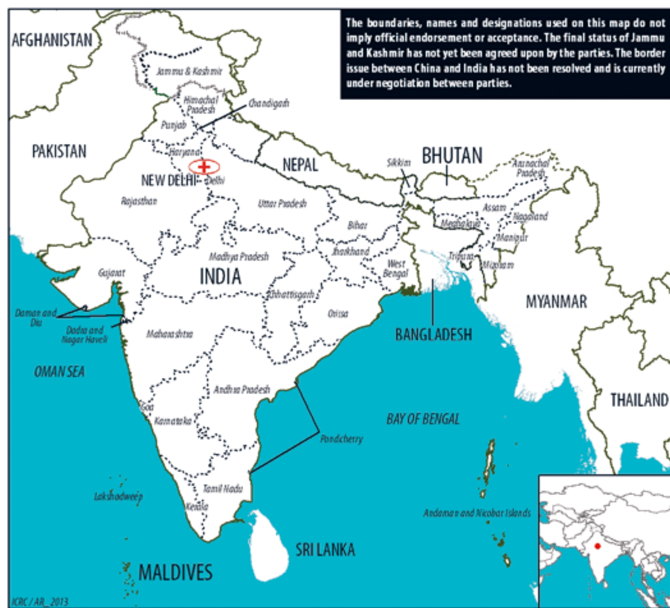
NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC regional delegation

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

YEARLY RESULT	
Level of achievement of ICRC yearly objectives/plans of action	MEDIUM

KEY RESULTS/CONSTRAINTS

In 2013:

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

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

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

ASSISTANCE		Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries		420
Essential household items	Beneficiaries	6,000	1,772
Productive inputs	Beneficiaries	6,300	656
Cash	Beneficiaries		388
Vouchers	Beneficiaries	2,100	
Water and habitat activities	Beneficiaries	10,000	3,064
Health			
Health centres supported	Structures	2	4
WOUNDED AND SICK			
Physical rehabilitation			
Centres supported	Structures	4	5
Patients receiving services	Patients	900	1,422

CONTEXT

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

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

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

ICRC ACTION AND RESULTS

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

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

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

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

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

CIVILIANS

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

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

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

Limited number of violence-affected communities in Chhattisgarh receive assistance

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

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

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

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

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

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

Released detainees ease their social reintegration through health and material assistance

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

Over 1,700 people (families of 205 detainees and 99 released detainees) covered their basic needs through distributions of clothing, utensils, hygiene kits and school materials for students. Nearly 200 former detainees or relatives of detainees set up businesses such as clothing shops with the help of cash grants or productive inputs, boosting their income and benefiting 1,044 people.

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

PEOPLE DEPRIVED OF THEIR FREEDOM

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

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

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

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

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

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

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

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

No ICRC detention visits were conducted in the Maldives.

WOUNDED AND SICK

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

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

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

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

Mine victims access rehabilitative care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

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

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

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

* Unaccompanied minors/separated children

1. Bhutan, India

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

1. India