

# MYANMAR



+ ICRC delegation    + ICRC sub-delegation    + ICRC office  
+ ICRC-supported prosthetic/orthotic centre

## KEY RESULTS/CONSTRAINTS

### In 2013:

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

EXPENDITURE (in KCHF)	
Protection	3,633
Assistance	6,976
Prevention	1,166
Cooperation with National Societies	1,438
General	-
	<b>13,212</b>

of which: Overheads 806

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>84%</b>

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

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

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

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

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

## CONTEXT

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

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

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

## ICRC ACTION AND RESULTS

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

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

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

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

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

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

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

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

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

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

## CIVILIANS

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

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

## **Muslim and Rakhinese residents and IDPs access preventive health care**

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

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

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

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

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

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

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

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees benefit again from ICRC visits**

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

### **Inmates maintain health and hygiene**

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

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

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

## **WOUNDED AND SICK**

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

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

## **Weapon-wounded patients in Kachin state access improved medical care**

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

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

## **More disabled patients referred to ICRC-supported rehabilitation centres**

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

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

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

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

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

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

### **Police officers learn more about international policing standards**

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

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

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

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

### **Armed groups discuss humanitarian issues with the ICRC**

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

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

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

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

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **National Society helps families restore contact**

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

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



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

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

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

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

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

\* Unaccompanied minors/separated children

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

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