

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC/AR_2016
ICRC regional delegation

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KEY RESULTS/CONSTRAINTS IN 2016

- ▶ In India, detainees had access to National Society family-links services and, in four prisons, to mental health care facilitated by detention authorities. Administrative constraints delayed some planned activities.
- ▶ The families of persons with disabilities, detainees and ex-detainees maintained or recovered some amount of economic security through livelihood activities carried out with ICRC support.
- ▶ In India, medical professionals and first-responders from the health ministry, NGOs and the National Society became more capable, through ICRC training, of providing life-saving care to the wounded and sick.
- ▶ Persons with disabilities had access to good-quality rehabilitation services at ICRC-supported centres in India; they stood to benefit from the assistive devices developed for a contest organized by the ICRC and several partners.
- ▶ Naval and coastguard officers, peacekeepers and government officials from the region furthered their understanding of IHL through discussions at events organized by think-tanks and/or the ICRC, such as a seminar on IHL at sea.
- ▶ The Bhutanese parliament passed a bill to establish a National Society in the country.

EXPENDITURE IN KCHF

Protection	2,108
Assistance	4,254
Prevention	3,073
Cooperation with National Societies	740
General	178
Total	10,353
<i>Of which: Overheads</i>	<i>631</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	139

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. It supports the development of the region's Red Cross and Red Crescent Societies. In India, the ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir. In mid-2016, the ICRC's operations in Nepal were integrated into the work of its regional delegation in New Delhi.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	4
Tracing cases closed positively (subject located or fate established)	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,913
Detainees visited and monitored individually	202
Number of visits carried out	13
Number of places of detention visited	13
Restoring family links	
RCMs collected	6
RCMs distributed	3

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Productive inputs	Beneficiaries	486
Cash	Beneficiaries	2,100
Services and training	Beneficiaries	486
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	15,050
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4
Physical rehabilitation		
Projects supported	Projects	7
Patients receiving services	Patients	3,000
		40,786

CONTEXT

India continued to tackle various economic, social and security issues while strengthening its regional and global relationships. Attacks on military facilities in the north-west continued to occur. India's relations with some of its neighbours remained tense, particularly with regard to border and security issues. Tensions persisted between militants and security forces in the Jammu and Kashmir region, and in parts of central, eastern and north-eastern India. This often culminated in arrests, casualties and/or displacement. The death of a young militant leader in July led to clashes, lasting several months, between protesters and police in the Kashmir valley; according to government figures, 76 civilians and two policemen died, and over 12,000 civilians were injured. In December, the Indian parliament passed a bill upholding the rights of persons with disabilities and expanding services for them.

In the Maldives, hundreds of people linked to political unrest following the arrest of the former president in 2015 remained in prison.

ICRC ACTION AND RESULTS

The regional delegation in New Delhi continued its activities for people deprived of their freedom in India – particularly those held in relation to the situation in Jammu and Kashmir – and in the Maldives. The ICRC engaged the relevant authorities in confidential dialogue on issues related to detainees' treatment and living conditions, including their access to medical care, legal assistance and means to contact relatives. In India, the ICRC continued to support prison and health authorities in improving conditions for detainees – for instance, by sponsoring their participation in international conferences. Inmates at four prisons received regular visits from a local psychiatrist, in line with the ICRC's recommendations. Medical referrals for newly released detainees helped them resettle into civilian life.

ICRC-supported family visits for detainees in Bhutan and India continued; detainees in the Indian state of West Bengal contacted their families through the services of the Indian Red Cross Society, after the authorities approved, in 2015, the provision of such services.

Others separated from their families contacted their relatives through Movement family-links services.

Together with the Indian Red Cross, the ICRC responded to the needs of vulnerable people in India. It extended its livelihood-support activities to the families of disabled people and to households headed by women, in addition to ex-detainees and the families of inmates in Jammu and Kashmir who were already getting such support.

The ICRC continued to strengthen capacities – among government health departments, partner NGOs and the Indian Red Cross – to make life-saving care more readily available to wounded and sick people. First-responders in violence-prone areas broadened their capabilities through training sessions on first aid and basic life support; the instructors were often people who had benefited from past training. Medical professionals – from the health ministry, government-run medical colleges, the Indian army and police and border-security forces, mostly in Jammu and Kashmir – strengthened their capacities in weapon-wound management and/or trauma management at ICRC-run seminars in India and elsewhere. The Indian Red Cross took steps towards applying the Safer Access Framework at national and branch levels.

The ICRC maintained its support for physical rehabilitation centres and developed its partnerships with various parties concerned; this helped to ensure uninterrupted and sustainable services for people with disabilities. The finalists of the Enable Makeathon contest – launched in 2015 to encourage innovation in the production of assistive devices for persons with disabilities – tested prototypes of their designs. The ICRC promoted social inclusion through sports by training disabled people for and facilitating their participation in tournaments.

The delegation continued to broaden understanding of, and support for, humanitarian principles, IHL and the Movement throughout the region, primarily in India. Efforts to engage the Indian authorities in dialogue continued; contacts were strengthened with various government bodies – judiciary departments, the external affairs ministry and the national security council, for example – during ICRC-organized events on such topics of common concern as new technologies in warfare and international laws regulating weapons. Dissemination sessions and presentations helped troops bound for peacekeeping missions, and Indian armed and security forces personnel, add to their knowledge of humanitarian principles and IHL. At a seminar organized by the National Maritime Foundation of India and the ICRC, officers from navies and coastguards operating in the Indian Ocean discussed IHL and humanitarian action at sea. Expanded initiatives with universities, and conferences and workshops held in India and elsewhere, helped academics in the region familiarize themselves with recent developments in IHL.

The Maldivian Red Crescent continued to revise its statutes. The Bhutanese parliament passed a bill to establish a National Society in the country.

Movement partners shared information on matters of common interest and coordinated their activities, such as their response to massive flooding in Chennai, India. This helped to maximize impact and prevent duplication of effort.

CIVILIANS

People in India restored contact with relatives within the country and elsewhere through the Movement's family-links network. For instance, a group of siblings – all minors – who had been separated from each other re-established contact through a video call facilitated by Movement partners in four countries.

The Indian Red Cross and the Maldivian Red Crescent, with ICRC support, pursued initiatives to incorporate family-links services more fully in their regular activities. In India, refugees in a camp in Tamil Nadu and detained migrants in West Bengal (see *People deprived of their freedom*) benefited from such services provided by National Society branches.

Travel documents issued by the ICRC, in coordination with the IOM or UNHCR, helped 130 refugees in India without identification papers to resettle in third countries.

Former detainees, families of detainees and violence-affected families increase their income

In Jammu and Kashmir, 59 newly released detainees returned to civilian life, aided by referrals to providers of physical or mental health care, medical assistance, and/or coverage of their transportation or accommodation costs; 38 completed medical treatment, including 6 who underwent surgery.

To ease their situation and/or their socio-economic reintegration, the households (around 680 individuals) of some 120 detainees, former detainees, and people with disabilities began income-generating activities – small businesses, livestock farming or crafts – with ICRC support. A survey undertaken in February, of over 100 households who received such support between 2011 and 2015, indicated that 82% of them increased their average monthly household income by more than 30% and sustained their livelihood.

With guidance from the ICRC, the Indian Red Cross launched projects to help other vulnerable groups, such as: over 80 farmers in violence-affected areas of Maharashtra who received crops to bolster their food production; and, in Manipur, women heading households that had lost their breadwinners to violence.

Students learn more about protecting their health through hygiene-promotion sessions

Trained personnel from a local partner organization maintained water systems and filters installed in 700 schools in India in 2015. Because of the filters, over 50,000 schoolchildren had access to potable water; 27,500 of them, and their teachers, learnt more about protecting their health at hygiene-promotion campaigns organized by state and district government departments and the National Society. A training course helped personnel from government agencies and NGOs in nine states become more capable of tackling water, sanitation and health needs during emergencies. Administrative constraints delayed the implementation of a National Society project to improve water supply for around 15,000 people.

The ICRC continued to discuss, with the authorities and other partners, proposals to design and install a solar-powered system for pumping drinking water and toilets adapted for disabled persons.

Forensic specialists and emergency responders learn more about managing human remains

Medical personnel and police officers learnt more about the proper management of human remains during ICRC courses in emergency response, or at ICRC-facilitated information sessions at their institutions. The ICRC held discussions with other organizations concerned on ways to build their forensic capacities.

The ICRC initiated a dialogue with national disaster management authorities on mine-risk education.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Jammu and Kashmir and in the Maldives receive visits from the ICRC

Detainees in Jammu and Kashmir and in the Maldives received visits from the ICRC, conducted in accordance with standard ICRC procedures; particular attention was paid to minors, vulnerable women, and foreigners. The detainees visited included people held in relation to the prevailing situation in Jammu and Kashmir, and people arrested following political unrest in the Maldives. The authorities concerned and the ICRC had confidential discussions about the ICRC's findings and recommendations on the treatment and living conditions of detainees, and their access to legal assistance. During discussions with Indian authorities, the ICRC sought to secure more regular access to people held in relation to the situation in Jammu and Kashmir.

Detainees in four facilities in Jammu and Kashmir benefited from the presence of psychiatrists assigned to those facilities by health officials, at the ICRC's recommendation. Former detainees with medical issues continued to receive treatment after their release (see *Civilians*), under an agreement between the prison authorities, a medical institute and the ICRC.

Detainees in 14 prisons in Jammu and Kashmir eased their confinement with donated books.

The authorities in the region were urged to use means of communication already available to help inmates maintain or restore contact with relatives; migrants detained in West Bengal reached their relatives through National Society family-links services, available after the authorities gave their approval last year for the provision of these services. The ICRC arranged family visits for detainees held far from home.

The ICRC sponsored the attendance of corrections officials from India and the Maldives at international conferences (see *Beijing* and *Sri Lanka*), where they discussed detention-related issues with their peers; the Maldivian authorities attended one on designing prison infrastructure.

Owing to the prevailing security situation in Jammu and Kashmir and/or administrative constraints, several planned activities for detainees in India, such as improvements to facilities for juveniles and an in-depth assessment of health needs in places of detention, were delayed or cancelled.

PEOPLE DEPRIVED OF THEIR FREEDOM		Bhutan	India	Maldives
ICRC visits				
Detainees visited			1,594	1,319
	<i>of whom women</i>		84	53
	<i>of whom minors</i>		3	13
Detainees visited and monitored individually			197	5
	<i>of whom boys</i>		3	
Detainees newly registered			74	5
	<i>of whom boys</i>		3	
Number of visits carried out			8	5
Number of places of detention visited			8	5
Restoring family links				
RCMs collected			6	
RCMs distributed		2	1	
Detainees visited by their relatives with ICRC/National Society support		15	58	
People to whom a detention attestation was issued		3		

WOUNDED AND SICK

People trained by the ICRC in first aid and basic life support share their skills with their communities

Life-saving care was more accessible in parts of India – particularly, Jammu and Kashmir, and Andhra Pradesh – after some 4,200 health ministry and other government staff, teachers, students and community members learnt first aid and/or basic life support. They attended training sessions organized by the health authorities, several partner NGOs, the Indian Red Cross and/or the ICRC, and were taught by National Society-trained instructors or people who had taken such training before.

Some 1,500 National Society staff in seven states also attended first-aid training. Several National Society instructors took refresher courses to improve their ability to train their peers and, during a programme review, provided feedback on these courses.

Medical professionals strengthen their ability to manage weapon wounds and trauma cases

With ICRC support, the Indian Red Cross provided medical supplies and equipment to four hospitals to help them cope with the influx of patients during protests in the Kashmir valley (see *Context*).

Over 30 medical professionals developed their ability to manage weapon wounds at seminars in India and Switzerland. They included doctors and orthopaedic technicians from the health ministry, government-run medical colleges, the Indian army or hospitals run by the police or border-security forces, mostly in Jammu and Kashmir. At a specialized course, 40 other professionals learnt more about standard diagnostic and therapeutic procedures for managing trauma cases; nine of them also attended a train-the-trainer workshop to strengthen their ability to teach others.

At a Health Emergencies in Large Populations course in India, some 30 health specialists from Asia learnt how to manage humanitarian operations during conflicts and other crises; the course was organized in India by public health and disaster-management agencies, the Indian Red Cross and the ICRC.

All ICRC training sessions included discussions on the protection of medical services.

More people regain or improve their mobility

Close to 41,000 people in India – including over 600 club-footed children – regained or improved their mobility after treatment at seven ICRC-supported physical rehabilitation centres, including one new partner institution run by the Indian Red Cross branch in Gujarat. Patients received assistive devices manufactured at the centres with ICRC-supplied raw materials and equipment. The most vulnerable patients had the costs of their treatment, transport, food and accommodation covered. Four of the centres implemented an ICRC-designed system in which patients eligible for ICRC-funded treatment were also referred to government mechanisms providing pensions, employment assistance and other aid.

Technical staff from the centres and National Society personnel received training with ICRC help. Comments and suggestions from beneficiaries, technical evaluations and/or management training helped the centres improve their services.

The finalists of Enable Makeathon – a contest launched in 2015 to develop innovative assistive devices for people with disabilities – produced prototypes for testing. Some participants also received

support for their start-up companies from the organizers of the contest, which included technological, business and government organizations in India and abroad, and the ICRC. The Social Justice and Empowerment Ministry and the ICRC planned joint initiatives to develop protocols/guidelines and training programmes for physical rehabilitation professionals and to help other rehabilitation centres cover their operating costs; the plans were awaiting formal government approval.

Disabled people received ICRC support for their livelihood (see *Civilians*). Disabled athletes and their coaches trained for and participated in wheelchair-basketball tournaments organized to promote disabled people's social inclusion.

ACTORS OF INFLUENCE

Influential actors in the region help broaden awareness of IHL

The ICRC continued to liaise with the authorities, and others with influence in the region, to further understanding of and raise support for humanitarian principles, IHL and the Movement. At various ICRC events, key government officials – particularly from the foreign affairs and law ministries – military personnel and members of civil society in the countries covered, advanced their understanding of issues of humanitarian concern, such as sexual violence in armed conflict and protection for health-care services. These events included: a meeting organized with the Asian-African Legal Consultative Organization; a regional conference for judicial officials (see *Nepal*); and, with representatives from five other countries, a workshop on IHL hosted jointly with the Indian Society of International Law.

In India, the ICRC pursued efforts to engage key actors in dialogue on its neutral, impartial and independent humanitarian activities in the country and elsewhere. Government officials – from judiciary departments, the external affairs ministry and the national security council, for example – and civilian and military experts from research institutes exchanged views with the ICRC on new technologies in warfare and international laws regulating weapons, and other IHL-related topics; these discussions took place at seminars abroad (see *Beijing*), round-tables organized by India-based think-tanks and the ICRC, and events such as those held to launch IHL-related publications.

Navy and coastguard officers in South Asia learn more about IHL and humanitarian action at sea

Military officers and troops bound for peacekeeping missions – mostly from India but also from the first Bhutanese peacekeeping contingent – learnt more about humanitarian principles and the Movement's work from ICRC presentations at their predeployment briefings. Work continued on the development of virtual training tools for peacekeepers. At a regional workshop on peacekeeping operations, held in New Delhi, representatives from 30 countries discussed such issues as the protection of civilians, including children, during armed conflict.

At a seminar organized by the National Maritime Foundation of India and the ICRC, navy and coastguard officers from Bangladesh, India, the Maldives and Sri Lanka, along with defence officials at foreign missions and embassies in New Delhi, discussed IHL, maritime security in the Indian Ocean, and humanitarian action at sea.

Some 2,200 air force, army and navy officers from the countries covered, and 1,300 paramilitary and police officers from India,

strengthened their grasp of: IHL; basic human rights law; international standards for the use of force and firearms; and IHL-related issues, such as those raised by the Health Care in Danger project; they did so at workshops, dissemination sessions and briefings conducted by their training units, or by defence-related think-tanks, with ICRC support. The Indian army and police received ICRC encouragement to incorporate these norms in their codes of conduct. One senior officer attended a course in San Remo.

Law students in north-eastern India learn more about IHL

The ICRC sought to stimulate academic interest in IHL. To that end, it provided support for: teacher-training programmes and academic discussions on IHL instruction; student participation in national/regional moot court competitions; and events at academic institutions, such as the first IHL information sessions for law students ever held at a leading university in north-eastern India. Academics from India and five other Asian countries familiarized themselves with recent developments in IHL at an advanced training session held in India. ICRC support enabled Islamic scholars from India to attend an international conference on humanitarian issues (see *Islamic Republic of Iran*).

The public could learn about IHL and about the ICRC and its work through broadcast media and the ICRC New Delhi blog and other online channels, and from print publications – in English and local languages – available at the delegation’s resource centre. A media conference abroad (see *Bangladesh*) and a contest organized by the Press Institute of India and the ICRC aimed to help journalists cover humanitarian issues more fully and accurately.

Government officials from the countries covered learnt more about drafting legislation and the implementation requirements for IHL and IHL-related treaties, particularly the Geneva Conventions and the Biological Weapons Convention; they did so at a workshop for legal draftsmen (see *Sri Lanka*) and at meetings in Switzerland – for national IHL committees (see *International law and policy*) and in connection with the Strengthening IHL process.

RED CROSS AND RED CRESCENT MOVEMENT

The Indian Red Cross assists vulnerable people

The Indian Red Cross drew on ICRC technical, material and financial support to strengthen its ability to respond to emergencies in India and elsewhere in the region, and to improve its managerial and operational capabilities. It sought particularly to develop its capacity to: provide family-links services, livelihood support, first aid and physical rehabilitation services (see above); communicate with influential actors and the general public; and conduct youth-education sessions on proper hygiene and on the Fundamental Principles. It took steps to implement its action plan – drafted in 2015 with ICRC guidance – for incorporating the Safer Access Framework through nationwide or branch-level measures so that its personnel could do their work in safety.

With ICRC guidance, the Maldivian Red Crescent explored possibilities for increasing its financial resources, made contingency plans for the forthcoming elections, and pursued efforts to revise its statutes. Its volunteers improved their communication skills through ICRC training sessions.

The Bhutanese parliament passed a bill to establish a National Society; Movement partners continued to provide technical guidance for the process.

Movement components in the region worked to broaden support for humanitarian principles and the Movement at meetings and events organized by the National Societies and the ICRC with/for various parties (see *Actors of influence*). They shared information on matters of common interest and coordinated their activities, such as their response to massive flooding in Chennai, India. This helped to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
RCMs distributed		4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		125	35	15	30
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases closed positively (subject located or fate established)		5			
<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)		121	33	15	29
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		3			
Documents					
People to whom travel documents were issued		130			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		2,913	137	16	
			Women	Girls	Boys
Detainees visited and monitored individually		202			3
Detainees newly registered		79			3
Number of visits carried out		13			
Number of places of detention visited		13			
RCMs and other means of family contact					
RCMs collected		6			
RCMs distributed		3			
Detainees visited by their relatives with ICRC/National Society support		73			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	486	170	146
Cash	Beneficiaries	677	198	272
Services and training	Beneficiaries	486	170	146
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	27,500	8,250	16,500
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Physical rehabilitation				
Projects supported	Projects	7		
Patients receiving services	Patients	40,786	13,575	7,393
New patients fitted with prostheses	Patients	644	99	39
Prostheses delivered	Units	685	115	54
	<i>of which for victims of mines or explosive remnants of war</i>	3		
New patients fitted with orthoses	Patients	6,044	1,073	2,752
Orthoses delivered	Units	8,484	1,702	4,261
Patients receiving physiotherapy	Patients	13,290	3,190	4,049
Walking aids delivered	Units	4,224	1,038	289
Wheelchairs or tricycles delivered	Units	713	132	274