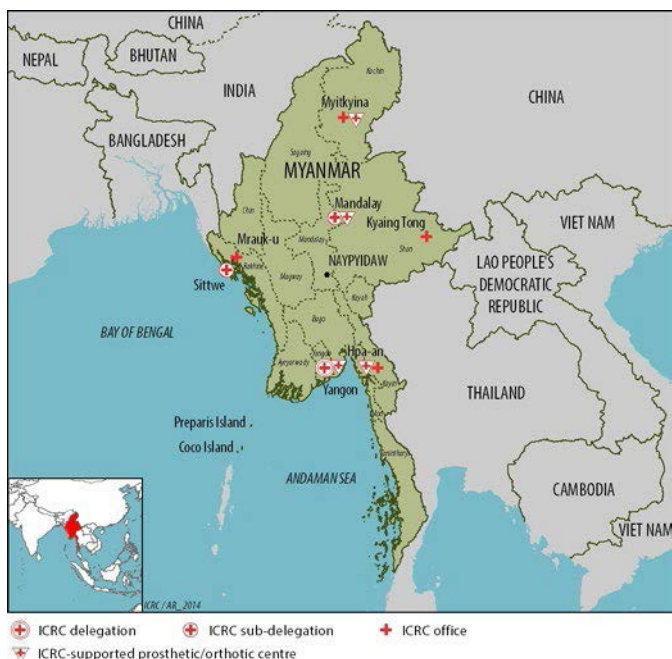


MYANMAR



The ICRC began working in Myanmar in 1986. It visits detainees, offers them family-links services and helps improve conditions in places of detention; and promotes IHL and other international norms and humanitarian principles. Working with the Myanmar Red Cross Society in most cases, it responds to the needs of displaced persons and vulnerable communities in conflict/violence-prone areas. 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.

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ wounded and sick people in Kachin and Rakhine states received better medical care at 16 hospitals, after the ICRC upgraded these hospitals' equipment and water and sanitation facilities
- ▶ few people in Rakhine state benefited from Myanmar Red Cross Society/ICRC medical evacuations, as both organizations curtailed/modified their operations after an attack on all aid groups' premises in March
- ▶ the Health Ministry and the ICRC agreed to establish 2 new physical rehabilitation centres in Kachin and Shan states to address the needs of disabled people in areas not yet covered by ICRC-supported centres
- ▶ heads of IDP and resident households in Kachin and Rakhine states added to their earnings using grants, supplies/equipment and training provided by the National Society/ICRC
- ▶ inmates at prisons and labour camps benefited from better conditions, either through direct ICRC assistance or as a result of steps taken by the prison authorities at the ICRC's recommendation
- ▶ the police and the military engaged in further discussions on internationally recognized policing standards and IHL, respectively, during national workshops and/or international conferences

EXPENDITURE (in KCHF)	
Protection	3,319
Assistance	12,863
Prevention	2,010
Cooperation with National Societies	1,488
General	-
	19,680

of which: Overheads 1,200

IMPLEMENTATION RATE	
Expenditure/yearly budget	81%

PERSONNEL	
Mobile staff	47
Resident staff (daily workers not included)	271

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	498
RCMs distributed	771
People located (tracing cases closed positively)	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	29,907
Detainees visited and monitored individually	333
Number of visits carried out	42
Number of places of detention visited	33
Restoring family links	
RCMs collected	1,838
RCMs distributed	635

ASSISTANCE	2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 7,500	35,355
Productive inputs	Beneficiaries 25,000	8,780
Cash	Beneficiaries	5,668
Work, services and training	Beneficiaries 30	
Water and habitat activities	Beneficiaries 70,108	226,451
Health		
Health centres supported	Structures 11	29
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 12	16
Water and habitat		
Water and habitat activities	Number of beds 450	1,315
Physical rehabilitation		
Centres supported	Structures 2	4
Patients receiving services	Patients 3,250	3,251

CONTEXT

Myanmar chaired the Association of Southeast Asian Nations (ASEAN) for the first time. Locally, the government continued to grant amnesties, leading to the release of over 10,000 detainees since the beginning of 2014; it also conducted a census, which covered the entire country except parts of Kachin and Rakhine states. A draft bill for the amendment of the 2008 constitution was completed by year-end.

The government and 14 armed ethnic groups continued cease-fire negotiations; however, sporadic clashes persisted between government forces and some armed groups in Kachin and Shan states. Fighting in these two states displaced thousands of civilians. Weapon contamination remained a source of concern in an estimated 10 out of 14 regions/states.

In Rakhine state, Buddhist and Muslim communities, including over 145,000 IDPs, continued to endure the consequences of the intercommunal violence that erupted in 2012. Fear and distrust between the two communities restricted people's access to basic services, such as health care, as well as damaged livelihoods and obstructed the delivery of humanitarian assistance. In March, Buddhist groups attacked the property and premises of all international aid organizations in the capital, Sittwe. The organizations cut back or temporarily suspended their activities, which made it even more difficult for the communities to address their basic needs.

Over 4,000 people in Mandalay region continued to be displaced as a result of intercommunal fighting in 2013.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the needs of victims of armed conflict and other situations of violence in Myanmar, particularly in Kachin and Rakhine states. In most cases, it worked with the Myanmar Red Cross Society to provide neutral, impartial and independent humanitarian assistance to communities. The ICRC also helped enhance the National Society's emergency response, dissemination and management capacities through various kinds of support.

An attack on the premises of international organizations in Rakhine state (see *Context*) forced the National Society/ICRC to curtail and adjust certain activities; they resumed their operations by the end of May.

The ICRC supported Health Ministry midwives/facilities in providing preventive health-care services, as well as the distribution of water and the rehabilitation of infrastructure, to enable people from both communities in Rakhine state to maintain their health. People needing hospital-level care were evacuated to a facility in Sittwe. Hospitals in Kachin and Rakhine states, including a centre in the armed group-controlled area of Kachin state, improved their services following repairs to infrastructure and/or the receipt of medical supplies/equipment. To reinforce these efforts, doctors and other hospital staff in these states and in Shan state were trained in emergency medical care. Disabled people, including children and mine victims, benefited from services at ICRC-supported physical rehabilitation centres. The Health Ministry and the ICRC agreed to establish two new centres in Kachin and Shan states – areas not covered by the centres currently supported. Preparations were already under way for the construction of the facility in Kachin state.

With the help of grants and supplies/equipment from the National Society/ICRC, heads of households in Kachin and Rakhine states became more capable of producing food and/or generating income for their families. The provision of essential items enabled households to cover their material needs, primarily cooking fuel.

ICRC delegates visited detainees to monitor their treatment and living conditions. Prison authorities strove to improve detention conditions and basic services, guided by the ICRC or by using information acquired during courses/study tours. The construction/rehabilitation of water, sanitation and other facilities and the provision of cleaning materials helped reduce detainees' health risks. Inmates eased the monotony of their incarceration with recreational/educational materials and restored/maintained contact with their relatives through the Movement's family-links network. Travel expenses were covered for some detainees going home after their release; others who could not return home because of security issues used ICRC material assistance to cover their needs. In the armed group-controlled area of Kachin state, the ICRC continued to visit people detained in relation to the conflict; it also gained access to people held at a police station, a drug rehabilitation centre and a civilian prison.

Dialogue, dissemination sessions and courses/workshops helped the authorities, security forces, other weapon bearers, academics and members of civil society further their understanding of humanitarian principles, IHL and the Movement. Following the above-mentioned attack in Rakhine state, the ICRC further strengthened its relations with the authorities and community leaders there to ensure uninterrupted implementation of its humanitarian activities. Workshops on specific subjects for the military and police forces urged them to systematically incorporate IHL and internationally recognized policing standards into their respective training and operations.

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

CIVILIANS

In parts of Rakhine and the north-eastern states, the authorities, community leaders, members of civil society and of armed groups, and the ICRC maintained dialogue on the need to protect civilians and medical staff/facilities, and to allow people access to humanitarian services, regardless of their affiliation. These discussions were reinforced in Rakhine state, where lack of acceptance – demonstrated by the attack in March (see *Context*) – forced the National Society/ICRC to delay or reduce some of their activities. By the end of May, the National Society/ICRC gradually resumed their regular – albeit adjusted – operations.

ICRC representations were made with the parties concerned about the cases of 10 minors who had allegedly been recruited; five of these cases remained pending.

With ICRC material, technical and financial assistance, National Society volunteers and two emergency response teams in Kachin and Rakhine states developed their capacities to respond to humanitarian needs related to family links, water and habitat facilities and economic security. The Safer Access Framework remained a part of training sessions and became increasingly incorporated into the National Society's strategic planning. National Society volunteers in southern Kachin state assessed the family-links needs of unaccompanied minors in IDP camps to help them keep in touch

with relatives. The process of designing a National Society office in Bhamo, Kachin state, was under way. Steps were taken to build the National Society's capacity to start mine-risk education campaigns.

Conflict/violence-affected children and mothers maintain their health through preventive care

The Health Ministry worked with the National Society and/or the ICRC to provide preventive health-care services for communities affected by conflict and other situations of violence. Staff from 189 Health Ministry centres had the costs of their transport covered by the ICRC; 29 of these facilities directly received ICRC financial and material support for their operations, such as, solar-powered fridges to ensure an adequate cold chain supply system. Buddhist and Muslim community members, among them IDPs, in six townships in Rakhine state benefited from these health services, which included monthly immunization campaigns. Mosquito nets and delivery kits were distributed to pregnant women to help them maintain their health. In Kachin and Shan states, 35 auxiliary midwives took a six-month Health Ministry training course, with a view to providing more effective services in remote areas.

Nearly 590 Buddhists and Muslims in and around Sittwe, including blood donors, had prompt and safe access to Sittwe General Hospital; this was made possible by round-the-clock emergency medical evacuation schemes supported or directly provided by the National Society/ICRC. Following the March attack, the National Society/ICRC scheme was handed over to the Health Ministry, with the National Society/ICRC providing support services.

After post-detention interviews with the ICRC, six former detainees were referred to an organization offering psychological support.

Over 87,000 IDPs in Rakhine state, notably in Sittwe, minimized their exposure to health hazards thanks to ICRC emergency interventions. Water-trucking/boating and the installation of water supply systems enabled them to access potable water. The withdrawal of some aid organizations in March necessitated the ICRC to provide ad hoc financial support and water pump fuel to the authorities, enabling them to continue water-boating services and cover the drinking needs of IDPs in Pauktaw, Rakhine state for one month. ICRC-provided tarpaulins for shelters kept people dry, and vector-control equipment helped local health officials limit the spread of dengue fever.

Approximately 133,700 Buddhists and Muslims in rural host communities and urban areas had access to drinking water and quality sanitation facilities after the installation of fences to protect ponds and the rehabilitation of water sources/systems. They included 100,000 people in Sittwe who benefited from ICRC-donated pumping equipment that helped improve wastewater management.

In Shan state, trained National Society volunteers helped 1,380 people obtain water and sanitation services more readily; they also conducted hygiene-promotion sessions. In Mandalay region, over 4,000 IDPs affected by communal violence in 2013 continued to benefit from ICRC-supported National Society water distribution schemes and health education sessions.

IDP households minimize their expenditures and risks from security incidents

In Kachin and Rakhine states, 16,534 IDPs (3,088 households) were better prepared for the winter season after receiving household essentials, including blankets and mattresses. Fuel sticks

were distributed to 14,882 IDPs (2,972 households) at three camps in Pauktaw enabled them to cover around 75% of their cooking-fuel needs. These also helped them cut their expenses by 30% and lower their exposure to risks associated with collecting firewood around camps.

Fighting-affected breadwinners generate additional income for their families

Buddhist and Muslim heads of household in Rakhine state, including those in isolated areas of four townships, began/resumed income-generating activities with the help of grants and supplies/equipment (benefiting a total of 12,132 people). Among them, around 590 breadwinners benefited from conditional cash grants; 406 fishermen received nets and canoes; and 1,153 farmers used seed and fertilizer from the Agriculture Department/ICRC to restore their family's food security.

Under the National Society's community-based projects offering productive inputs, cash-for-work initiatives and skills training, 383 heads of households in Kachin state, including those in IDP camps, generated additional income for themselves and their families (2,316 people).

PEOPLE DEPRIVED OF THEIR FREEDOM

More detainees in armed group-controlled area of Kachin state receive visits

Detainees in prisons and labour camps under the Home Affairs Ministry received ICRC visits according to the organization's standard procedures aimed at monitoring their treatment and living conditions, including access to health care.

Discussions among the director-general of the Prisons Department, the prison authorities and ICRC delegates on delegates' findings during visits resulted in improvements in detention conditions and service delivery. To reinforce these efforts, prison officials exchanged best practices with counterparts at national and international seminars on prison management, and, during a tour of Cambodian prisons, studied how the authorities there addressed overcrowding. ICRC guidance, technical training and an infrastructure manual on minimum recommendations translated to Myanmar helped Prisons Department senior staff and engineers strengthen their abilities to assess and address infrastructural needs. Dialogue with the authorities on detainees' vocational training continued; the implementation of projects in this connection was moved to 2015.

Construction/rehabilitation works resulted in some 19,780 inmates at 13 places of detention having better access to functioning water, sanitation and waste management systems, kitchens and medical infrastructure. In some of these places and elsewhere, the authorities helped 6,975 detainees maintain their health by eradicating pests and renovating facilities using ICRC-provided vector-control/basic construction materials. Approximately 35,000 detainees eased their living conditions and the monotony of their confinement with the help of hygiene kits and recreational and educational items.

Support in the form of drugs/medical consumables helped some prison clinics take better care of ailing detainees. ICRC initiatives related to TB/HIV in prisons were postponed to 2015.

Inmates established/maintained contact with relatives with the help of National Society/ICRC family-links services. They sent 1,838 and received 635 RCs, and 129 detainees spoke with

relatives during ICRC-facilitated family visits. Coverage of their transport costs allowed 76 newly released detainees to return home. In Rakhine state, those released but unable to go home because of security issues addressed their needs while staying in IDP camps with material assistance from the ICRC.

In the armed group-controlled area of Kachin state, detainees arrested in relation to the armed conflict continued to receive ICRC visits. The authorities there also allowed the ICRC to visit people held at police stations, a civilian prison and a drug rehabilitation centre.

WOUNDED AND SICK

Doctors and other hospital staff in tension-prone areas boost their trauma-care capacities

At first-aid workshops conducted by trained National Society volunteers, around 1,500 members of 51 communities, including Buddhist and Muslim IDPs in Rakhine state, learnt more about providing first-level care.

Wounded and sick people in violence-prone areas received better hospital care from staff/facilities supported by the ICRC. Sixteen hospitals in Kachin and Rakhine states improved their services after the rehabilitation/renovation of their water, sanitation and medical-waste-management facilities; they also benefited from medical/surgical equipment and supplies provided and/or upgraded by the ICRC. These hospitals included one in armed group-controlled Laiza, Kachin state, that provided consultations to around 7,300 people since the beginning of ICRC support in February; rehabilitated toilets on the hospital's second level limited the need for patients, notably amputees, to walk far to access the facility.

During seminars/training courses, most of which were organized with the Health Ministry, 135 doctors and other hospital staff in Kachin, Rakhine and Shan states strengthened their ability to care for trauma/weapon-wounded patients. Technical books and medical posters helped bolster the knowledge of more than 200 nursing and midwifery students in Kachin state.

More mine victims and disabled children benefit from rehabilitation services

Roughly 3,250 disabled people improved their mobility at ICRC-supported physical rehabilitation centres. They included patients who benefited from assistive devices and physiotherapy, and mine victims who received 49% of the prostheses delivered. The foot production units of one centre run by the Health Ministry and another by the National Society manufactured 3,737 prosthetic feet. ICRC assistance to another Health Ministry facility focused solely on the facility's production of assistive devices, in view of another organization already taking over support for the centre.

Amputees in some parts of the country learnt about these centres through dissemination sessions and informational materials. National Society/ICRC outreach activities, including a summer programme for children needing prosthesis, referred 304 patients from south-eastern Myanmar to the National Society-run Hpa-an Orthopaedic Rehabilitation Centre (HORC), and 158 from central and northern Myanmar to the Health Ministry centre near Mandalay. A mobile workshop provided foot and strap repair services to 1,046 patients who were unable to travel to the HORC.

To further improve the quality and reliability of HORC's services, five staff members continued to refine their professional skills

through prosthetic/orthotic or physiotherapy courses abroad. The construction/installation of suspended ceilings, fire alarms and a fire-fighting system helped ensure a safer environment for patients and staff.

To address the needs of more disabled people, the Health Ministry and the ICRC agreed to establish two new centres in Eastern Shan and Kachin states. Preparations for the construction of the centre in Myitkyina, Kachin state, were under way.

ICRC-funded meetings in connection with the formation of the Myanmar Prosthetics and Orthotics Society resulted in the registration of 15 members. Although dialogue continued with the Social Welfare, Relief and Resettlement Ministry on setting up a national coordinating body for prosthetic/orthotic services, no concrete steps were taken.

ACTORS OF INFLUENCE

With violence/conflict persisting in parts of Myanmar, dialogue with the authorities, armed groups, civil society leaders and community members, especially those in Rakhine state, helped them deepen their understanding of humanitarian principles, IHL and the Movement's neutral, impartial and independent humanitarian action (see *Civilians*).

Some 2,600 people, including community leaders, teachers and students, attended dissemination sessions on IHL, the Movement and its emblems, and the Fundamental Principles conducted by trained National Society staff; leaflets and newsletters supported these efforts.

The media helped raise public awareness of the plight of communities affected by conflict/violence by producing over 120 articles with the help of information provided by ICRC news releases and web clips. Journalists participated in briefings and workshops on reporting during conflict situations; they included two editors who attended an international conference (see *Kuala Lumpur*).

The ICRC's resource centres in Mandalay and Yangon provided reference works on IHL for students pursuing law degrees.

Military officers discuss IHL at national and international levels

At various workshops, nearly 150 senior police officers furthered their understanding of internationally recognized policing standards, particularly for crowd management, arrest and detention; at a seminar organized jointly with the European Union, 25 trainers sharpened their skills in instructing their colleagues in these norms. These activities prepared the forces to better respond to violent situations, including possible tensions during the 2015 elections.

To encourage the military to systematically integrate humanitarian principles and IHL into their training and operations, 27 commanders from all regions/states participated in a national workshop on those subjects, while one army and two naval officials discussed best practices with their counterparts at international events on rules governing military operations and on the law of armed conflict at sea, respectively (see *International law and policy* and *Kuala Lumpur*). The donation of IHL books to training institutions furthered these aims. The army expressed interest in other forms of cooperation with the ICRC, particularly in addressing weapon contamination.

During a training session on the subject, 20 senior officers of the Kachin Independence Army understood more clearly the necessity of incorporating IHL into their code of conduct. Representatives of other Myanmar armed groups attended similar sessions in Thailand (see *Bangkok*).

With ICRC support, nine government officials participated in regional IHL teaching sessions (see *Nepal* and *Philippines*) and 12 others began an online postgraduate IHL course offered by a law university in India; this gave them a better understanding of the importance of acceding to and implementing IHL treaties. The government ratified the Biological Weapons Convention.

RED CROSS AND RED CRESCENT MOVEMENT

With help from Movement partners, the Myanmar Red Cross Society continued to strengthen its preparedness and its ability to respond to the needs of people affected by conflict/violence and natural disasters (see *Civilians* and *Wounded and sick*). Around 350 National Society volunteers participated in ICRC training sessions to bolster these capacities, as well as their leadership and dissemination skills.

Trained volunteers further enhanced the National Society's efforts to raise awareness of the Movement and its emblems, the Fundamental Principles and IHL, particularly in Rakhine and the north-eastern states (see *Actors of influence*).

No progress was made in adopting the Red Cross Act that would strengthen the National Society's legal base.

To reinforce cooperation/response, meetings on the Movement's strategy and operations took place regularly.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		498			
RCMs distributed		771			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		6		1	3
People located (tracing cases closed positively)		3			
Tracing cases still being handled at the end of the reporting period (people)		3			2
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		5			5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		29,907	4,239	616	
			Women	Girls	Boys
Detainees visited and monitored individually		333	21	5	20
Detainees newly registered		250	18	5	18
Number of visits carried out		42			
Number of places of detention visited		33			
Restoring family links					
RCMs collected		1,838			
RCMs distributed		635			
Detainees visited by their relatives with ICRC/National Society support		129			
People to whom a detention attestation was issued		8			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	35,355	21%	25%
	<i>of whom IDPs</i>	Beneficiaries		
		34,964		
Productive inputs	Beneficiaries	8,780	27%	49%
Cash	Beneficiaries	5,668	26%	50%
	<i>of whom IDPs</i>	Beneficiaries		
		348		
Water and habitat activities	Beneficiaries	226,451	40%	25%
	<i>of whom IDPs</i>	Beneficiaries		
		91,050		
Health				
Health centres supported	Structures	29		
Average catchment population		887,000		
Referrals to a second level of care	Patients	586		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	34,884		
Water and habitat activities	Beneficiaries	26,753		
Health				
Number of visits carried out by health staff		29		
Number of places of detention visited by health staff		25		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
	<i>of which provided data</i>	Structures		
		1		
Admissions	Patients	1,009	550	163
	<i>of whom weapon-wounded</i>	Patients		1
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
	<i>of whom medical cases</i>	Patients		
	<i>of whom gynaecological/obstetric cases</i>	Patients		
		353		
Operations performed		73		
Outpatient consultations	Patients	7,322		
	<i>of which surgical</i>	Patients		
	<i>of which medical</i>	Patients		
	<i>of which gynaecological/obstetric</i>	Patients		
		6,060		
		494		
Water and habitat				
Water and habitat activities	Number of beds	1,315		
Physical rehabilitation				
Centres supported	Structures	4		
Patients receiving services	Patients	3,251	306	125
New patients fitted with prostheses	Patients	291	31	16
Prostheses delivered	Units	1,027	97	58
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		502		
New patients fitted with orthoses	Patients	12	4	2
Orthoses delivered	Units	23	7	10
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		1		
Patients receiving physiotherapy	Patients	689	58	41
Crutches delivered	Units	1,889		
Wheelchairs delivered	Units	25		