



myanmar

The ICRC began working in Myanmar in 1986, providing physical rehabilitation for mine victims and other disabled people. Since 1999, delegates have visited detainees and monitored the situation of civilians in conflict areas. Where weakened infrastructure, isolation and the security situation have made the population particularly vulnerable, the ICRC meets basic health, water and sanitation needs in villages deemed a priority in protection terms, assists hospitals in treating the wounded and seeks dialogue with government authorities on the protection of civilians. The ICRC also raises awareness and promotes the teaching of IHL and works in coordination with the International Federation to enhance the effectiveness of the National Society.

EXPENDITURE (IN KCHF)

Protection	3,262
Assistance	4,910
Prevention	1,294
Cooperation with National Societies	1,001
General	-

► **10,467**

of which: *Overheads* 639

IMPLEMENTATION RATE

Expenditure/yearly budget	72%
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PERSONNEL

32 expatriates
253 national staff (daily workers not included)

KEY POINTS

In 2006, the ICRC:

- was informed that ICRC visits to detainees would not be allowed to resume and that its field offices would have to close; after a public statement in November on the current difficulties, the government informed the ICRC that its offices could stay open;
- enabled 745 detainees to receive monthly visits from family members; forwarded 997 RCMs from family members for distribution by the prison authorities, and continued to monitor the situation in places of detention by various means;
- carried out some 113 field missions in border areas to assess the security and living conditions of the civilian population, supported local health services and implemented water and sanitation projects (activities put on hold in October owing to increased restrictions on access to these areas);
- continued to support all 7 prosthetic/orthotic facilities in Myanmar and, with the Myanmar Red Cross Society, referred some 1,000 destitute amputees from remote areas to physical rehabilitation centres;
- provided technical, financial and material assistance to hospitals treating weapon-wounded patients and held 2 emergency room trauma courses for military and civilian surgeons;
- continued to build the capacity of the National Society to deliver effective humanitarian services, in line with the Movement's Fundamental Principles.

CONTEXT

The ruling State Peace and Development Council completed the move of most of its administrative headquarters to the new site of Naypyidaw. The National Convention, which was expected to lay the foundation of the future constitution, was convened in October before being adjourned at the end of the year.

Leader of the National League for Democracy Aung San Suu Kyi was still under house arrest. She was visited twice by UN Under-Secretary-General Ibrahim Gambari in May and November 2006.

Low-intensity armed conflict between government forces and various armed groups continued to affect the population in large areas of Shan and Kayin states and eastern Bago division. Other violence of varying intensity also persisted, mainly in Kayah and Mon states, as well as Sagaing

and Thanintharyi divisions. Following a rise in tension in northern Kayin state, the armed forces launched a military campaign in April against the Karen National Liberation Army. An estimated 2,000 people fled across the border to Thailand and many more were displaced within Myanmar. Negotiations between the Myanmar government and the Karen National Union had not brought tangible results by the end of the year.

The restrictions imposed on humanitarian organizations at the beginning of 2006 continued to limit their capacity to respond to humanitarian needs in the country. These restrictions were given more concrete form later in the year when the authorities issued a set of guidelines governing the activities of international organizations in Myanmar.

MAIN FIGURES AND INDICATORS

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		CIVILIANS AND PEOPLE DEPRIVED OF THEIR FREEDOM		
Detainees visited	0	<i>Economic security, water and habitat</i>		
Number of visits carried out	0	Water supply schemes and sanitation systems (completed projects)	Beneficiaries	630
RESTORING FAMILY LINKS		Health		
<i>Red Cross messages (RCMs) and reunifications</i>		Health centres supported	Structures	11
RCMs collected	615	Immunizations	Activities	15,651
RCMs distributed	1,716	WOUNDED AND SICK		
<i>Tracing requests, including cases of missing persons</i>		Hospitals supported	Structures	4
People for whom a tracing request was newly registered	33	Admissions	Patients	24
Tracing requests still being handled at 31 December 2006	49	Operations	Operations performed	22
DOCUMENTS ISSUED		Physical rehabilitation		
People to whom a detention attestation was issued	60	Patients receiving services	Patients	6,099
		Prostheses delivered	Pieces	2,636
		Orthoses delivered	Pieces	1,028

ICRC ACTION

In 2006, ICRC activities in Myanmar, which included visiting detainees and assisting vulnerable populations in sensitive border areas, were subject to increasing restrictions. Late in the year, the government of Myanmar ordered the ICRC to close its five field offices in the country (Hpa-an, Kyaing Tong, Mandalay, Mawlamyine and Taunggyi), effectively making it impossible for the organization to carry out most of its assistance and protection work benefiting civilians living in difficult conditions in border areas.

Owing to the ICRC's increased inability to do effective work in Myanmar and to the deterioration, and subsequent cessation, of dialogue with the government, the organization's activities had to be scaled down towards the end of the year to a few limited projects in the field of physical rehabilitation for amputees. In addition, assistance activities for civilians in sensitive border areas were first severely hampered then prevented completely. The order to close down the field offices was rescinded in December, but no agreement was reached on the ICRC's future activities in Myanmar.

In the first half of the year, despite restrictions on its movements, the ICRC continued activities to protect and assist civilians living in sensitive areas in eastern Shan and Kayin states. Its level of access to those most affected further deteriorated compared with that of 2005, but ICRC teams supported local health facilities and immunization programmes, and implemented water and sanitation projects in close consultation with local communities.

Towards the end of 2005, ICRC teams had faced growing difficulties in conducting detention visits: the authorities began to challenge some of the ICRC's standard working procedures. As a result, the ICRC was unable to visit detention facilities; this continued in 2006. In late 2006, the ICRC was officially informed that it would no longer be allowed to carry out its detention visits in accordance with its standard working procedures. Despite the limitations, the delegation continued to enable registered detainees to receive monthly visits from family members and to facilitate the return of released detainees to their places of origin.

As a result of the reduction in activities for detainees and in the various field offices, the delegation gradually reduced its expatriate and national staff set-up in Yangon and in the field.

The ICRC continued to provide substantial assistance to the country's seven physical rehabilitation facilities. This included training prosthetic/orthotic technicians and supplying specialized components and equipment. The ICRC coordinated with and funded the prosthetic outreach programme of the Myanmar Red Cross Society, which complemented ICRC efforts by referring amputees from remote areas to the aforementioned facilities. The ICRC also covered the cost of treating weapon-wounded, provided hospitals with technical and material assistance and held two courses on emergency room trauma for military and civilian surgeons.

Efforts to promote knowledge of the ICRC mandate, IHL and the Fundamental Principles were constrained by the authorities' move to the new capital. Nevertheless,

senior government officials continued to participate in IHL-related events and activities organized by the ICRC. Significant efforts were made to inform government decision-makers about the ICRC's role and mandate through a series of printed materials translated into the Myanmar language, letters, informal briefing papers, and meetings. Two summary reports on humanitarian issues of concern to the ICRC were submitted to the government.

ICRC dissemination activities took place at field level and often in coordination with the Myanmar Red Cross Society. The ICRC continued to build up the capacity of the National Society, not only in the field of dissemination, but also in tracing, conflict preparedness, referral of amputees, first aid and mass casualty management. The leadership of the Myanmar Red Cross Society changed in November.

CIVILIANS

With regard to the situation in northern Kayin state, the ICRC reminded the belligerent parties of their obligations under IHL and offered its services to assist them in its application.

Improving living conditions for civilians affected by the hostilities

In order to assess the humanitarian situation and to carry out assistance activities in certain areas of eastern and southern Shan state, Kayin state, Mon state and Thanintharyi division, the delegation undertook more than 70 field missions between January and May, while only 43 field missions could be carried out in the second part of the year. The constraints faced by the ICRC in carrying out

its activities for civilians in sensitive border areas increased significantly in the second half of 2006. While waiting for clarification from the government regarding the implementation of its mandate in these areas, the ICRC's field activities were put on hold in October. The organization was not able to gain access to Kayah state and certain other areas affected by hostilities during the year.

- ▶ 615 RCMs collected from and 719 distributed to civilians
- ▶ new tracing requests registered for 33 people (2 women); 49 people (6 women) still being sought

The cold chain in Kayin state received ICRC logistical support. Community health volunteers in Hlaing Bwe received assistance, including basic medical kits and the means to diagnose and treat malaria.

In the 11 ICRC-supported health centres (catchment population: 22,165), 15,651 vaccine doses were administered (10,929 to children aged five or under and 4,722 to women of childbearing age).

People in the southern part of Kayin state had improved access to a safe water supply thanks to new or rehabilitated boreholes. The same people learned how to improve hygiene practices during ICRC-run information sessions in seven villages. In eastern Shan state, 280 children benefited from two wells, an improved gravity-fed water supply, a hygiene area, four double latrines and a rehabilitated school. Another village of 41 households was provided with a 2.5 km gravity-fed water supply.

- ▶ 10,670 people benefited from completed (630 people) and ongoing (10,040 people) water and sanitation projects
- ▶ 980 people benefited from ongoing habitat/shelter projects

Reducing mine injuries

The delegation continued to gather information on the use of landmines from several sources, such as field assessments and data from the physical rehabilitation programme. However, aside from posters distributed in areas of Kayin state, lack of access to the mine-affected population led the delegation to suspend its mine-risk education programme.

PEOPLE DEPRIVED OF THEIR FREEDOM

Towards the end of 2005, ICRC teams had faced increasing difficulties in conducting

detention visits, and the authorities had begun to challenge some of its standard working procedures. As a result, the ICRC was unable to visit detention facilities. This situation remained unchanged during the year. Nonetheless, the delegation continued to monitor the situation in places of detention through reliable and trusted sources. Relevant authorities received a report summarizing ICRC findings regarding the conditions of detention observed during visits to prisons and labour camps between 1999 and 2005.

Detainees continued to benefit from monthly family visits supported by the ICRC. Furthermore, in the first half of the year, RCMs collected by the ICRC during detention visits in 2005 continued to be delivered to families by the National Society, and replies were forwarded to the Prisons Department for distribution to the detainees concerned.

The joint working group, which aimed to mobilize public health actors and advocate changes in the prison health care system, met three times in 2006. It was an occasion for the relevant authorities to commit themselves to addressing the issue of tuberculosis in prisons.

- ▶ 745 ICRC-registered detainees (18 females, 19 minors) received visits from family members
- ▶ 711 RCMs collected from detainees in 2005 delivered to their families
- ▶ 997 RCMs from family members (615 of which were collected in 2006) given to the Prison Department for delivery to detainees
- ▶ 60 certificates of detention issued for former detainees or their families
- ▶ construction of a water supply system for Hpa-an prison (560 inmates) in Kayin state was ongoing

WOUNDED AND SICK

Owing to restricted access, the ICRC was unable to systematically visit hospitals located in sensitive border areas. However, weapon-wounded patients had the costs of their medical care covered, civilian and military medical facilities were given supplies, and medical personnel attended training events.

- ▶ 4 hospitals supported with supplies treated 24 weapon-wounded, including 23 injured by mines/explosive remnants of war
- ▶ 41 patients, all landmine victims, given financial assistance for their medical care

- ▶ 4 medical facilities (81 beds) in Kayin, Mon and southern Shan states benefited from rehabilitation or maintenance work and for 1 medical facility (50 beds) in Kayin work was ongoing
- ▶ 2 military surgeons attended an ICRC war-surgery seminar in Geneva, Switzerland
- ▶ 26 military and 4 civilian surgeons and anaesthetists attended 2 courses to improve management of trauma patients in emergency rooms
- ▶ information collected on 145 victims of hostilities

Physical rehabilitation

The National Society and the ICRC continued to run the Hpa-an physical rehabilitation centre. The other six prosthetic/orthotic facilities in Myanmar run either by the Ministry of Health or the Ministry of Defence received equipment, orthopaedic components and raw materials from the ICRC. Technicians in the units run by the Ministry of Health were given monetary incentives.

Following the successful opening of the prosthetic/orthotic unit of Aung Ban No. 2 military hospital (southern Shan state) to civilian patients with weapon injuries, the Ministry of Defence agreed to the ICRC's proposal to open the Pyin Oo Lwin No. 1 military hospital (Mandalay division) to civilian patients.

The three Myanmar students whose training at the Cambodian School of Prosthetics and Orthotics was sponsored by the ICRC passed their final examination and returned to Myanmar; they were reintegrated into the joint National Society/ ICRC-run Hpa-an physical rehabilitation centre. Furthermore, technicians from prosthetic/orthotic units managed by the Ministries of Defence and of Health attended regular refresher courses on the manufacture of prostheses.

The National Society/ICRC outreach prosthetic programme continued to identify vulnerable amputees throughout the country, in particular from remote border areas. Patients were then transported, accommodated, and provided with free prosthetic treatment at ICRC-supported centres.

- ▶ 6 physical rehabilitation centres supported by the ICRC and 1 run directly by the ICRC/National Society
- ▶ 6,099 patients (589 women and 346 children) received services at the 7 centres
- ▶ 1,097 patients benefited from improved access to prosthetic services through the outreach prosthetic programme

- ▶ 841 new patients (89 women and 35 children) fitted with prostheses and 1,006 (211 women and 236 children) with orthoses
- ▶ 2,636 prostheses (192 for women and 88 for children; 1,741 for mine victims), 1,028 orthoses (213 for women and 401 for children; 7 for mine victims), 3,392 crutches and 34 wheelchairs delivered

AUTHORITIES

Following the government's order in October to close down the ICRC's five field offices and its announcement that detention visits would not be allowed to resume, the ICRC publicly raised its concerns regarding the humanitarian consequences of these decisions in a press release.

The previous difficulties in building new relationships with the authorities after various government reshuffles were compounded by the move of the capital to the new site of Naypyidaw. Initially, foreigners were not permitted to visit the new capital and phone lines were unreliable, making contact with government officials extremely difficult. Towards the end of the year, the situation improved as foreign ambassadors and representatives of UN agencies and NGOs were occasionally allowed to pay working visits to the capital, and the government held two press conferences.

The ICRC made formal representations to the government to remind it of its responsibilities under IHL. Efforts to inform decision-makers about the ICRC's role and mandate continued through the production of documentation in the Myanmar language, a series of official letters, informal briefing papers, and meetings. Two summary reports on humanitarian issues of concern to the ICRC were submitted to the government.

Government officials from the Ministries of Foreign Affairs and Defence, the Attorney-General's Office and the Supreme Court participated in IHL-related events organized or sponsored by the ICRC, such as:

- ▶ the 8th South Asian Teaching Session on IHL and Refugee Law in Bangalore, India (see *New Delhi*);
- ▶ a round-table on customary IHL in China (see *Beijing*);
- ▶ a regional IHL seminar in Hanoi, Viet Nam (see *Bangkok*);
- ▶ presentations on IHL and international human rights law;

- ▶ a distance-learning postgraduate diploma in IHL from the University of Hyderabad, India.

Contact was maintained with leaders of Karen and Karenni opposition groups in Thailand on issues pertaining to the ICRC's role and IHL.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Officials from the Ministry of Defence and the ICRC maintained contact over the year. Members of the armed forces attended presentations on IHL during field dissemination sessions and regional IHL seminars.

Through its delegation in Bangkok, the ICRC kept up regular contact with representatives of Myanmar armed groups in Thailand, present in areas where the Myanmar delegation carried out activities for civilians. This contact contributed to securing respect for the ICRC's standard working methods and for the security of its teams during field activities. It also facilitated discussions on IHL-related matters, such as the protection of civilians living in the areas in which the groups were operating.

CIVIL SOCIETY

The media in Myanmar covered ICRC activities elsewhere in the world. Local events, such as physical rehabilitation services, also received coverage.

- ▶ 3 universities received IHL reference libraries
- ▶ a professor of international law at Yangon University attended an ICRC-organized round-table on customary IHL in Beijing, China (see *Beijing*)
- ▶ representatives of Myanmar's Maternal and Child Welfare Association, a government-affiliated group run by the wives of government and military officials, attended a presentation on the ICRC's mandate and activities
- ▶ 48 individuals, including teachers and students majoring in law and international relations from Yangon and Dagon universities, students from the Myanmar Institute of Theology and government officials from the Supreme Court and the Attorney-General's Office received ICRC and IHL literature from the ICRC resource centre

RED CROSS AND RED CRESCENT MOVEMENT

Less than two years after it came into office, the leadership of the National Society was replaced in November. The new leadership and the ICRC pursued discussions on cooperation.

The National Society remained an important operational partner of the ICRC in the implementation of the outreach prosthetic programme (see *Wounded and sick*). National Society project officers in the nine priority branches completed their first training session, and new information leaflets were distributed in these areas.

In order to promote understanding of and respect for the Fundamental Principles among the National Society's leadership, staff and volunteers, capacity-building events in the fields of communication and dissemination continued to receive ICRC funding and support.

The National Society's tracing service continued to benefit from ICRC financial and technical support, albeit on a reduced scale given the interruption of prison visits and thus the cessation of RCM collection (see *People deprived of their freedom*).

- ▶ 25 township branches provided with first-aid teaching kits
- ▶ 70 volunteers attended 2 courses on community-based first aid
- ▶ 63 volunteers attended 2 courses on disaster assessment and response
- ▶ 28 volunteers from 9 branches attended the first training session on amputee referral procedures
- ▶ 335 volunteers and police officers participated in 9 dissemination training courses at township level in 5 provinces