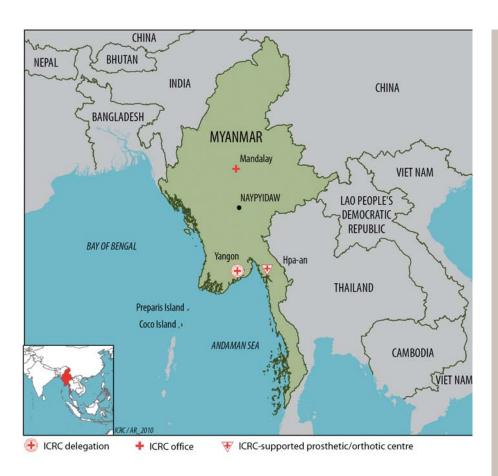
MYANMAR



The ICRC began working in Myanmar in 1986, providing physical rehabilitation for mine victims and other disabled people. Between 1999 and 2005, delegates visited detainees, assisted and protected civilians in conflict areas, and provided supplies to hospitals treating the wounded. By the end of 2005, restrictions imposed on the ICRC's ability to work according to its standard procedures had led to a progressive downsizing of activities. The ICRC actively seeks dialogue with government authorities with a view to resuming priority activities. It also works with the International Federation to enhance the effectiveness of the Myanmar Red Cross Society.

Protection	1,317
Assistance	972
Prevention	583
Cooperation with National Societies	756
General	

▶ 3,628 of which: Overheads **221**

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Expatriates	5
National staff	107
(daily workers not included)	

KEY POINTS

In 2010, the ICRC:

- ▶ facilitated family visits for 673 detainees
- assessed ways of improving water and power supply in 3 prisons and submitted proposals for infrastructure rehabilitation to the authorities
- with the Myanmar Red Cross Society, provided services to 5,515 patients at the Hpa-an Orthopaedic Rehabilitation Centre
- organized 36 dissemination sessions with the National Society for over 3,000 government and local authority officials, members of social organizations, teachers, students and Red Cross volunteers
- arranged for 11 government officials and 4 Myanmar Red Cross representatives to attend training events abroad
- ▶ facilitated the discharge of 8 minors from the Myanmar Army and their reunification with their families

CONTEXT

The first general elections in Myanmar in 20 years took place on 7 November in a relatively calm environment. The government-backed Union Solidarity and Development Party won 76% of seats in the two-chamber national parliament and 14 regional assemblies. The opposition National League for Democracy had decided not to participate and been dissolved in accordance with new election laws. The party's leader, Aung San Suu Kyi, was released from house arrest on 13 November.

The population in areas of Kayin and Shan States and eastern Bago Division continued to suffer the effects of low-intensity armed conflict between government forces and various armed groups. Apart from the Democratic Kayin Buddhist Army (DKBA), the main groups that had accepted a ceasefire continued to reject government ultimatums to transform into a border guard force under army control. A faction that had broken away from the DKBA

over the border guard issue clashed with government forces in Kayin State. There were also armed clashes between government troops and the Shan State Army (North).

During the dry season, months of extreme heat led to reduced energy supply and shortages of drinking water countrywide, causing a rise in chronic illnesses and morbidity among the population.

Recovery and reconstruction efforts continued in the areas hit by Cyclone Nargis in May 2008. In October 2010, Cyclone Giri struck Rakhine State, leaving at least 45 people dead or missing and over 100,000 homeless, according to official reports.

Myanmar maintained relations with a range of countries, particularly member States of the Association of Southeast Asian Nations (ASEAN) and its neighbours India and China. It also received delegations from the United States of America and the UN to discuss bilateral engagements and human rights issues.

MAIN FIGURES AND INDICATORS				
PROTECTION				
CIVILIANS (residents, IDPs, returnees, etc.)				
Tracing requests, including cases of missing persons	Total	Women	Minors	
People for whom a tracing request was newly registered	59	9		
People located (tracing cases closed positively)	69			
Tracing cases still being handled at 31 December 2010 (people)	28	5		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links	Total			
Detainees visited by their relatives with ICRC/National Society support	673			
People to whom a detention attestation was issued	20			

ASSISTANCE				
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat		Total	Women	Children
Water and habitat activities	Beneficiaries	10	40%	
WOUNDED AND SICK				
Hospitals		Total	Women	Children
Hospitals supported	Structures	22		
Water and habitat				
Water and habitat activities	Number of beds	35		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	5,515	730	397
New patients fitted with prostheses	Patients	806	75	17
Prostheses delivered	Units	1,454	118	57
of which for victims of mines or explosive remnants of war	Units	869		
New patients fitted with orthoses	Patients	635	219	168
Orthoses delivered	Units	1,325	352	559
of which for victims of mines or explosive remnants of war	Units	17		
Crutches delivered	Units	2,133		
Wheelchairs delivered	Units	11		

ICRC ACTION AND RESULTS

Government restrictions imposed on the ICRC remained in place and continued to prevent the organization from fully discharging its mandate in accordance with its internationally recognized working methods, which the Myanmar authorities had accepted until the end of 2005. Despite sustained efforts to re-establish a dialogue

with the authorities on issues of humanitarian concern, no tangible progress was made in obtaining access to vulnerable civilians living in violence-affected border areas or in resuming visits to detainees.

A number of ongoing programmes could nonetheless continue, primarily family visits for detainees and support to the Orthopaedic Rehabilitation Centre run by the Myanmar Red

Cross Society in Hpa-an. Additional government representatives attended ICRC conferences and teaching sessions abroad, with ICRC sponsorship, to strengthen their knowledge of IHL and the organization's role and mandate.

A first ICRC technical survey was conducted in three Nargis-affected places of detention, focusing on power- and water-related structural problems. Discussions ensued with the authorities on possible ICRC support, and proposals for projects to rehabilitate prison infrastructure were submitted, which were still pending approval at year-end.

Medical consumables were provided to health structures in Yangon and southern Shan State found to have urgent basic medical needs.

The Myanmar Red Cross and the ICRC conducted joint dissemination sessions on IHL and basic humanitarian principles for various target audiences across the country. In addition, both partners put particular emphasis on improving emergency response and coordination capacities in the cities of Yangon and Mandalay as well as in the Thai-Myanmar border areas of southern and eastern Shan State. These activities led to an ICRC presence in some of the most conflict/tension-prone areas for the first time since 2005–6.

The National Society and the International Federation received ICRC logistics support for their joint Nargis recovery operation.

CIVILIANS

Owing to the existing government restrictions (see *ICRC action and results*), civilians in sensitive areas along the Thai-Myanmar border did not benefit from any direct ICRC activities. The ICRC sought to re-establish a substantive dialogue with the central Myanmar authorities on humanitarian issues, without much success.

Meanwhile, people affected by armed conflict continued to approach the ICRC for help in locating relatives who were unaccounted for. Written representations were submitted to the authorities regarding an additional 12 minors who had allegedly been recruited into the armed forces. By year-end, eight of them had been reunited with their families, while seven remaining cases were still being handled.

To boost national capacity to respond to emergencies, 24 water and sanitation engineers and technicians and Red Cross volunteers received ICRC training in operating and maintaining water purification units during an International Federation/Myanmar Red Cross emergency preparedness course. A representative of the Defence Ministry and one National Society staff member took part in a regional workshop on disaster-victim identification in Indonesia (see *Jakarta*), while 12 national NGOs attended ICRC briefings on human-remains management.

Joint Myanmar Red Cross/ICRC assessment missions and dissemination sessions across the country led to an ICRC presence in some of the most conflict/tension-prone areas for the first time since 2005–6 (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees had not received ICRC visits, aimed at assessing their treatment and living conditions, since December 2005, as the authorities would no longer allow the organization to carry out visits in accordance with its standard procedures. Nonetheless, 673 detainees benefited from ICRC-supported visits from their families, often in remote areas of the country. Upon their release, 39 former inmates had the cost of their journey home covered by the ICRC.

The Prisons Department and the ICRC pursued dialogue on possible improvements to water and sanitation infrastructure in places of detention. In May, a preliminary technical survey conducted in three Nargis-affected prisons in Ayeryarwady, Mon and Kayin States found acute power and water supply problems owing to weak infrastructure compounded by decreasing rainfall. Proposals for rehabilitation projects were submitted to the Ministry of Home Affairs and were still pending approval at year-end.

The Director General of the Prisons Department and one other staff member learnt more about international water and habitat standards in places of detention at an ICRC regional seminar in Indonesia (see *Jakarta*). As much of the authorities' energies were absorbed elsewhere in the build-up to the elections, ICRC plans to support training for prison health staff in Myanmar could not be realized. Similarly, the recently reactivated Joint Working Group, comprising the Prison Department, the Ministry of Health and the ICRC, did not meet.

WOUNDED AND SICK

A joint assessment carried out with the National Society in southern Shan State (see *Red Cross and Red Crescent Movement*) led to the identification, with the local authorities, of some urgent basic medical needs in hospitals. As a result, 21 township hospitals increased their capacities to treat the wounded and sick following the distribution, via the local Myanmar Red Cross branch, of ICRC dressing kits for 4,000 patients and surgical material with infusions for 1,000 hospitalized patients.

A general public hospital in Yangon also received sufficient medical consumables for 1,500 hospitalized patients.

Some 5,500 physically disabled people, mainly from south-eastern Myanmar, continued to receive services at the Hpa-an Orthopaedic Rehabilitation Centre, run by the Myanmar Red Cross with ICRC managerial, technical, financial and training support. In addition to the annual delivery of raw materials for the production of prostheses, orthoses and walking aids, the construction of a new outdoor gait-training area (capacity: 35 patients) improved conditions for patients learning to use their new devices. New user guides, translated and adapted to the local context, instructed patients on caring for their stumps and prostheses. Victims of landmines were the recipients of 64% of the prostheses produced.

One physiotherapist and one prosthetist enhanced their expertise at the Special Fund for the Disabled training centre in Addis Ababa, Ethiopia, while two other of the centre's employees enrolled in a three-year course at the Cambodian School of Prosthetics and Orthotics. Prosthetic/orthotic technicians from the Ministries of Health and Defence for the first time shared their experiences during a two-day workshop funded by the ICRC.

A total of 162 patients were referred to the Hpa-an centre thanks to the National Society/ICRC outreach prosthetic programme. Joint assessments were conducted in Kayah State, Thanintharyi Division and eastern Bago Division with a view to extending the outreach programme.

A survey was conducted to determine the efficiency of the ICRC-supported physical rehabilitation programme, although the small sample of patients polled made for inconclusive results. Planned follow-up visits to three prosthetic units run by the Ministries of Health and Defence in Mandalay Division to monitor the continuity of services since the end of ICRC support in 2007, could not take place owing to the government restrictions. The ICRC could however visit the National Rehabilitation Hospital in Yangon.

AUTHORITIES

Every opportunity was sought to engage the Myanmar government in a substantive dialogue in order to overcome differences and clarify possible misunderstandings. Two high-ranking officials were met to explain and promote the ICRC's mandate and activities.

Eight officials from various government ministries, the Supreme Court and the Attorney-General's Office, as well as three National Society representatives, took part in ICRC regional IHL conferences and teaching sessions held in Bangladesh and India (see *New Delhi*) and in Malaysia (see *Kuala Lumpur*).

In addition, national and local government officials learnt more about IHL, humanitarian principles and the Movement at dissemination sessions run by the Myanmar Red Cross with ICRC support (see *Red Cross and Red Crescent Movement*).

Following discussions on the integration of IHL into the training of the Myanmar Armed Forces, the Office of the Judge Advocate-General received a standard IHL library kit.

Despite these efforts, however, there was no resumption of meaningful exchange with the authorities.

Representatives of ASEAN and the wider international community regularly received public information about the ICRC and humanitarian concerns in Myanmar to bolster support for the organization's work.

CIVIL SOCIETY

The media in Myanmar picked up ICRC press releases, relaying information on the organization's humanitarian activities in Myanmar and worldwide to the general public. In their contacts with the ICRC, civil society groups, such as NGO networks and think-tanks, learnt more about IHL, the Movement, the Fundamental Principles and the emblem. Some 48 journalists and 25 members of local NGOs improved their knowledge of similar topics during, respectively, a media workshop organized by the Myanmar Red Cross and an ICRC dissemination day.

Dissemination sessions for members of the public and Red Cross volunteers were enlivened by a documentary on IHL translated into Myanmar language.

Undergraduate law students and military officers doing post-graduate degrees in international law made a total of 140 visits to the ICRC's resource centres in Yangon and Mandalay, which were kept stocked with the latest IHL literature. Student access to such material was further increased by the provision of reference works to university law libraries. One lecturer attended a regional IHL teaching session in India (see *New Delhi*). However, further dialogue on IHL promotion in Myanmar did not take place with the Ministry of Education at central level.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross remained mostly engaged in recovery activities in Nargis-affected areas, with the support of the International Federation and other Movement partners. At the same time, it pursued its efforts to define a transition plan from Nargis-related operations to strategic and organizational development.

From October on, the National Society prepared for and responded swiftly to the destruction caused by Cyclone Giri, with the support of the International Federation.

In order to enhance the National Society's preparedness for crisis situations and to support branch development, joint ICRC/Myanmar Red Cross teams conducted assessments in conflict/tension-prone areas. Infrastructure support and volunteer training strengthened coordination and emergency response capacities.

- ▶ 86 Red Cross volunteers in southern Shan State trained in leading a Red Cross branch and in vulnerability and capacity assessment
- Red Cross branches in Yangon, Mandalay and southern Shan State repaired their ambulances and renovated their office buildings with ICRC support

The Yangon branch provided emergency medical services to people injured during bomb explosions in April.

With ICRC technical, financial and logistical support, the Myanmar Red Cross conducted 36 dissemination sessions across the country and produced Red Cross literature for distribution. These sessions enabled a total of 3,023 government and local authority officials, members of social organizations, teachers, students and Red Cross volunteers to better understand the basic rules of IHL and humanitarian principles, the Movement, the Fundamental Principles and the emblem.

The National Society improved the capacity of its family-links service within the framework of an Australian Red Cross-supported project, with the ICRC providing technical advice. Dissemination sessions conducted by the National Society included briefings on this service.

Two ICRC second-hand vehicles were donated to the Myanmar Red Cross to enhance national coordination.

The National Society, the International Federation and the ICRC held regular meetings to strengthen Movement coordination. However, no progress was made in revising the Red Cross Act, as the focus of the government for most of the year was on the elections.