



# myanmar

The ICRC began working in Myanmar in 1986, providing physical rehabilitation for mine victims and other disabled people. Since 1999, delegates have regularly 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 CHF ,000)

Protection	<b>6,098</b>
Assistance	<b>6,082</b>
Prevention	<b>1,518</b>
Cooperation with National Societies	<b>752</b>
General	-

► **14,449**

of which: *Overheads* **882**

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>85.7%</b>
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## PERSONNEL

<b>54</b> expatriates
<b>278</b> national staff (daily workers not included)

## KEY POINTS

### In 2005, the ICRC:

- assessed the treatment and living conditions of detainees in 55 places of detention and labour camps and enabled them to exchange RCMs with, and receive visits from, family members;
- supported the prison authorities' efforts to improve inmates' health care, sanitation and material conditions; distributed soap and essential drugs to all detention places; implemented several projects to improve infrastructure in 3 major prisons; welcomed the inclusion of the prison system in the national programme to combat tuberculosis;
- carried out field missions in Shan, Mon and Kayin states and Thanintharyi division to assess the security and living conditions of the civilian population and, working closely with the residents, carried out health, water and sanitation projects;
- rehabilitated and provided supplies to hospitals in conflict-affected areas and continued to support all prosthetic/orthotic facilities in Myanmar, including a new centre in Shan state; referred 800 destitute amputees from remote areas to physical rehabilitation centres through the ICRC/National Society outreach programme; initiated a mine-risk education programme in Kayin state;
- promoted knowledge of its mandate, IHL and the Fundamental Principles and supported the capacity building of the National Society to deliver effective humanitarian services.

## CONTEXT

The dismissal of the prime minister and dismantling of the Military Intelligence apparatus in late 2004 brought about significant structural and policy changes within the ruling State Peace and Development Council (SPDC). The SPDC nevertheless reiterated its commitment to a seven-point road map towards national reconciliation and democracy, and reconvened the National Convention in February, which was expected to lay the foundations of the future constitution. Citing a need to focus on national reconciliation, the government announced it would waive its turn to chair the Association of Southeast Asian Nations in 2006.

The civilian population continued to be affected by the tense situation, particularly in Shan, Kayah, and Kayin states along the border with Thailand. The humanitarian situation in all border areas remained of serious concern, with continued insecurity, internal displacement, precarious socio-economic conditions and lack of access to essential services.

The SPDC implemented a new policy with regard to its cooperation with international humanitarian actors, imposing restrictions and conditions on their movements in most parts of the country. The difficulties met by international humanitarian and other actors in engaging in a policy-level dialogue with the government were further compounded by the transferral of the administrative capital to Pyimana, a remote location in central Myanmar, which began in November.

## MAIN FIGURES AND INDICATORS

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		CIVILIANS AND PEOPLE DEPRIVED OF THEIR FREEDOM		
Detainees visited	50,694	<i>Water and habitat</i>		
Detainees visited and monitored individually	3,181	Water-supply schemes and sanitation systems (completed projects)	Beneficiaries	7,900
Number of visits carried out	64	Habitat structures	Beneficiaries	2,250
Number of places of detention visited	55	<i>Health</i>		
<b>RESTORING FAMILY LINKS</b>		Health centres supported	Structures	6
<i>Red Cross messages (RCMs) and reunifications</i>		Immunizations	Activities	4,044
RCMs collected	10,762	<b>WOUNDED AND SICK</b>		
RCMs distributed	9,119	Hospitals supported	Structures	3
<i>Tracing requests, including cases of missing persons</i>		Admissions	Patients	25
People for whom a tracing request was newly registered	43	Operations	Operations performed	6
Tracing requests closed positively (persons located)	31	<i>Physical rehabilitation</i>		
Tracing requests still being handled at 31 December 2005	17	Patients receiving services	Patients	3,612
<i>Unaccompanied minors (UAMs) and separated children (SCs), including unaccompanied demobilized child soldiers</i>		Prostheses delivered	Pieces	2,181
UAMs/SCs cases still being handled at 31 December 2005	27	Orthoses delivered	Pieces	193
<b>DOCUMENTS ISSUED</b>				
People to whom a detention attestation was issued	172			

## ICRC ACTION

Despite restrictions imposed on its movements, the ICRC carried out its planned activities to protect people deprived of their freedom and civilians living in areas affected by armed conflict. Activities for people deprived of their freedom continued to combine the individual monitoring of security detainees and other vulnerable people with efforts to generate structural change in the prison system for the benefit of all detainees. The ICRC maintained its confidential dialogue with the prison authorities regarding its findings during prison visits and continued to provide training and technical support to stimulate and complement the Prison Department's own efforts. A positive step by the Ministry of Health was the decision to include prisons in the national tuberculosis programme. The distribution of RCMs and the family-visits programme ensured much-needed links between the detainees and their families. Towards the end of the year, ICRC detention teams faced increasing difficulties in conducting detention visits: the authorities had begun to challenge some of its standard working procedures from mid-2005. As a result, the ICRC was unable to visit detention facilities in December.

Access to civilians most affected by the conflict was hampered by restrictions imposed on the ICRC's movements. Nevertheless, ICRC teams managed to carry out some protection work, support health services, complete an immunization programme, implement water and sanitation projects and initiate mine-risk education. The bulk of these activities took place in Kayin state.

The ICRC continued to successfully support programmes providing physical rehabilitation services to mine victims, amputees and the war-wounded. Significant assistance was provided to all prosthetic/orthotic facilities in Myanmar through technician training and the supply of specialized equipment and prosthetic components. The ICRC coordinated and funded the prosthetic outreach programme of the Myanmar Red Cross Society, which complemented these efforts by referring amputees from remote areas to these facilities. The ICRC also covered the cost of treating vulnerable civilians with conflict-related injuries in hospitals visited by delegates. War-surgery seminars were held for military and civilian surgeons.

The ICRC pursued efforts to promote knowledge of its mandate, IHL and the Fundamental Principles through dissemination sessions for public servants, military personnel and civil society. Senior government officials, including military personnel, participated in IHL events and teaching sessions abroad and enrolled in a distance-learning postgraduate diploma in IHL sponsored by the ICRC.

The ICRC continued to build the capacities of the National Society not only in the field of dissemination, but also in tracing, conflict preparedness, referral of amputees and mine-risk education.

## CIVILIANS

Despite increased restrictions on access to conflict-affected areas, ICRC protection and assistance teams carried out 120 field missions in Shan, Mon and Kayin states and Thanintharyi division to assess the security and living conditions of the civilian population. At central level, the ICRC made successful representations regarding a few individual protection cases.

In August, an ICRC team was able to visit the Myawaddy transit camp (Kayin state) to assess the living conditions of illegal Myanmar migrant workers expelled from Thailand.

- ▶ 4,133 RCMs collected from and 4,304 delivered to civilians
- ▶ 43 tracing requests received; 31 people located; 17 cases still being processed
- ▶ 9 demobilized child soldiers registered; 27 cases still being processed

## Reducing mine injuries

The ICRC initiated a mine-risk education programme in Kayin state. The first phase of the programme focused on data collection and analysis of the scale of the problem so as to understand the patterns of risk-taking behaviour and identify the population most at risk. The next step would be to use this information to design an effective strategy to reduce the number of mine incidents in the future. Emphasis was placed on dissemination to improve civilians' understanding of the programme. For this purpose, the delegation created educational material, such as posters and leaflets conveying safety messages.

The National Society agreed to integrate safety briefings related to the risk of mines and explosive remnants of war into its community-based first-aid training sessions. The delegation conducted such sessions for first-aid trainers in Kayin and Kayah states, two areas with a high prevalence of mine incidents.

### Improving access to safe water

Four stream-catchment facilities were built in southern Shan state and in a remote northern area of Kayin state. In addition, the ICRC set up committees in the villages and trained them in the maintenance of existing water facilities. As part of the same programme, the ICRC supported projects to improve conditions in four schools in Shan and Kayin states. Wood and corrugated iron sheeting was given to villagers, who then performed the work themselves. At the same time, the ICRC constructed a block of three to four latrines in each school.

The ICRC organized a hygiene-promotion workshop at a high school in northern Kayin state. This was an opportunity to teach better hygiene and to inform a wider community audience about the ICRC's mandate, activities and objectives. Unfortunately, owing to movement restrictions from July onwards, this was the only school at which the ICRC could arrange this kind of session.

During the second half of the year, six water points were set up in areas of southern Kayin state affected by the persisting instability, where no other international agency had access. The ICRC also trained the villagers and provided them with material for the construction of well-reinforcement rings, enabling them to build their own protected wells.

- 7,900 people benefited from improved water and sanitation facilities
- 2,250 people benefited from an improved habitat

### Disease prevention and treatment

Two rounds of immunizations were conducted in 16 villages in southern Shan state, completing the four planned visits to the area, which was out of the reach of government health services because of insecurity. More than 75% of children under five were given three doses of the diphtheria, pertussis and tetanus vaccine, and 39 health-education sessions were conducted.

- 1,043 vaccine doses given to women of childbearing age
- 3,001 vaccine doses given to children under 5

In addition, the ICRC supported an emergency vaccination programme of the Ministry of Health in several townships in Kayin state close to the Thai border. It enabled vaccination teams from two rural health centres to buy ice to cool the vaccines, monitored the temperature and covered all transport costs.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to visit places of detention and labour camps under the authority of the Prison Department of the Ministry of Home Affairs. Following its visits, the ICRC submitted confidential reports, summarizing its findings and recommendations. The organization was able to follow up these reports in monthly meetings with Prison Department officials. Whenever necessary, the ICRC drew attention to the needs of particularly vulnerable detainees, such as security detainees, minors, those claiming foreign citizenship, the sick and the elderly.

The ICRC enabled detainees to restore and maintain contact with their next of kin and ran a programme to enable particularly vulnerable detainees to receive monthly visits from family members.

ICRC detention teams faced increasing difficulties towards the end of the year in conducting detention visits: the authorities had begun to challenge some of its standard working procedures from mid-2005. As a result, the ICRC was unable to visit detention facilities in December.

- 64 visits made to 50,694 detainees, including 1,261 newly registered and 3,181 monitored individually (197 women and 563 minors) in 55 places of detention
- 968 detainees received ICRC-funded visits from family members
- 6,629 RCMs collected from and 5,815 delivered to detainees

### Supporting the authorities in improving conditions

The ICRC supported the prison authorities' efforts to improve health care, sanitation and material conditions in detention facilities. It provided 50% of the necessary essential medicines, basic equipment and 50% of soap requirements and participated in a joint working group convened monthly, comprising medical officers from the Prison Department and Ministry of Health officials. The working group mobilized public-health actors and advocated changes in the prison health-care system.

During a meeting in March, the director-general of prisons and the head of the government's national tuberculosis programme committed themselves to including prisons in the programme in an effort to combat the epidemic. The ICRC, under the umbrella of the working group, then developed educational material specifically designed for prisons, emphasizing early diagnosis and prompt treatment.

To improve living conditions for detainees, the ICRC:

- completed projects in 2 prisons to improve the quantity and quality of the water supply: both the ICRC and the Prison Department contributed resources to the projects;
- completed several infrastructure projects in 3 major prisons, including one to separate minors from adult detainees: the young detainees benefited from improved sanitation, classrooms, a small dispensary and a covered area in which to eat;
- rehabilitated a dispensary in the female wing of one of the central prisons, and in another prison enlarged the section of the female wing that accommodated mothers and their infants.

### Training

The Prison Department continued to invite the ICRC to give lectures to prison staff attending internal training courses. Six such sessions enabled more than 200 prison staff to become better acquainted with the ICRC's working methods and internationally recognized prison standards. Furthermore, the ICRC sponsored for the first time the participation of officials of the Myanmar Prison Department in the annual Asian Pacific Conference of Correctional Administrators, held in the Republic of Korea in September.

### WOUNDED AND SICK

ICRC health teams visited hospitals in accessible areas along the border with Thailand where insecurity and armed conflict continued. The organization covered the cost of treating people with war-related injuries.

On two visits to Myanmar, the ICRC's chief surgeon organized war-surgery seminars for 90 military and civilian surgeons, with emphasis on amputation techniques, and gave presentations on war surgery at an annual military medical conference. He also operated on injured patients alongside Myanmarese surgeons and gave lectures to medical staff. After his visits, the ICRC

donated surgical and amputation instruments to two of the hospitals in which he had worked.

The ICRC kept up its support to hospitals rehabilitated in 2004, with the aim of ensuring the sustainability of its assistance projects through maintenance and the continuous training of local staff. The training sessions included instruction in waste-management in order to decrease the risk of contamination within the hospital and in the surrounding community.

The ICRC also rehabilitated five health structures with inpatient facilities (16 to 25 beds each) in Kayin and Shan states. It improved the water supply, sanitation, electricity supply and operating facilities and donated surgical materials.

- ▶ 3 hospitals supported
- ▶ 6 health facilities supported
- ▶ surgery costs of 12 war-wounded patients covered

### Physical rehabilitation

In conjunction with the National Society, the ICRC continued to run the Hpa-an physical rehabilitation centre. In addition, it supported the other six prosthetic/orthotic facilities in the country, run by the Ministries of Health and Defence. The ICRC either supplemented the wages of the staff or provided incentives based on productivity.

In Shan state, the Ministry of Defence inaugurated a new prosthetic unit at Aung Ban No. 2 military hospital. The ICRC decided to support the unit to help meet the needs of amputees in north-eastern Myanmar. It secured the agreement of the Ministry's medical services for the facility to admit civilian patients with war-related injuries for prosthetic fittings.

The ICRC and the National Society continued to run an outreach programme to identify, transport and accommodate vulnerable amputees, particularly those in remote border areas, and to provide them with free physical rehabilitation services at ICRC-supported centres.

The ICRC continued to subsidize the training of three Myanmar technicians at the Cambodian School of Prosthetics and Orthotics. Furthermore, it organized a two-day seminar in Yangon, bringing together the Ministry of Defence, the Ministry of Health and the National Society, with the aim of stimulating interaction between them and eventually creating a technical coordinating body for physical rehabilitation.

- ▶ 7 centres supported or run directly by the ICRC
- ▶ 3,612 patients received services at the centres (including 3,246 amputees)
- ▶ 1,129 new patients fitted with prostheses and 125 with orthoses
- ▶ 2,181 prostheses (1,532 for mine victims), 193 orthoses and 2,544 crutches delivered
- ▶ 800 patients benefited from the outreach prosthetic programme

### AUTHORITIES

Following the changes within the ruling SPDC in late 2004, exchanges with the authorities were predominantly concerned with establishing new relationships and ensuring the continuity of existing activities and openings for dialogue.

For the first time, the ICRC was able to brief the Ministry of Foreign Affairs and the Supreme Court on its legal advisory service and was invited to submit a model Geneva Conventions Act to the government for consideration.

- ▶ 4 representatives of the Ministries of Foreign Affairs, Defence and Education attended the South Asian Teaching Session on IHL and Refugee Law, held in India (see *New Delhi*)
- ▶ 15 government officials from the same ministries and the Supreme Court started a one-year distance-learning postgraduate diploma in IHL from the University of Law in Hyderabad, India
- ▶ the director of the legal division of the Ministry of Foreign Affairs attended the launch of the ICRC study on customary international humanitarian law in New Delhi (see *New Delhi*)

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

The ICRC held dissemination sessions at field level and sent two high-ranking officers on an IHL course in San Remo. This was the first time the government had accepted such an invitation since 2001.

Regular contact was maintained with representatives of insurgent groups in Thailand and with several armed ceasefire groups present in areas where the ICRC carried out activities for civilians. This contact aimed to secure respect for the ICRC's standard working methods and for the security of its teams during field activities and facilitated discussions on IHL-related matters, such as the protection of civilians living in the areas where the groups were operating.

### CIVIL SOCIETY

Two national newspapers occasionally reported on ICRC and Movement activities in different parts of the world. The delegation produced fact sheets and brochures in the Burmese, Karen and Shan languages and translated films and publications into these languages to increase awareness of the ICRC's activities, principles and history among the general public.

Contacts were developed with various community and religious leaders, in particular in conflict-affected areas where the ICRC was operating, in order to assess the humanitarian situation and to raise awareness of the scope and limits of ICRC action.

Law studies in Myanmar, including in military academies, were coordinated by the Yangon University law department, with which the ICRC had regular contact. IHL was taught in the final year of undergraduate studies in law and was also a compulsory component of postgraduate studies in international law. The ICRC held a two-day workshop on IHL teaching methodology for 30 university lecturers and tutors from university law and international relations departments.

## RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society covered the entire country with a network of branches in all 17 states and divisions and in all 326 townships. While there were no paid staff in any of these branches, the National Society could count on some 300,000 volunteers.

The National Society remained an important operational partner for the ICRC, in particular in the collection and distribution of RCMs and the referral of vulnerable amputees from remote areas to ICRC-supported physical rehabilitation centres.

Through material and financial support and technical assistance for training sessions, the ICRC, in close collaboration with the International Federation, supported the National Society's efforts to build its capacities in the areas of conflict preparedness, tracing, dissemination and mine-risk education.

The ICRC:

- financially supported 5 eleven-day courses on community-based first aid for 175 volunteers, and 4 six-day courses on disaster assessment and response for 210 volunteers; provided first-aid teaching kits to 25 township branches;
- following a series of bomb blasts in Yangon, conducted first-aid training for the National Society on mass-casualty management;
- trained 900 volunteers during 15 field visits;
- financed 10 three-day dissemination training courses at township level in 6 different states for 265 volunteers and police officers.