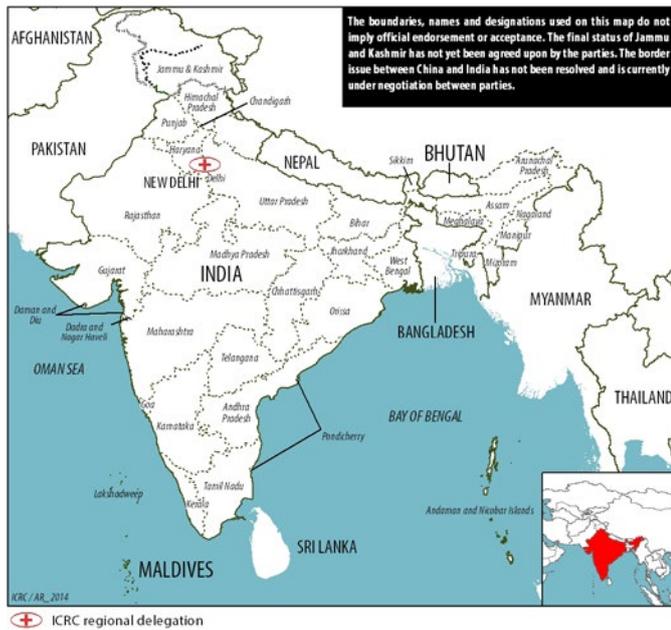


NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



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. The ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir (India). With the Indian Red Cross Society, it seeks to assist civilians affected by violence. It supports the development of the region's Red Cross and Red Crescent Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ people detained in relation to the prevailing situation in Jammu and Kashmir, India, continued to receive visits from ICRC delegates who monitored their treatment and living conditions, including access to medical care
- ▶ in India, more disabled people than planned received quality rehabilitation services, such as the provision of assistive devices
- ▶ legal advisers from the Institute of Military Law in India learnt more about their role in military decision-making at an IHL seminar that they attended for the first time
- ▶ civil society, academic and multilateral institutions worked with the ICRC to raise awareness of challenges to IHL in the region, and to encourage discussion of these matters

EXPENDITURE (in KCHF)	
Protection	2,614
Assistance	3,957
Prevention	2,289
Cooperation with National Societies	909
General	-
	9,770
	<i>of which: Overheads 596</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	79%
PERSONNEL	
Mobile staff	22
Resident staff (daily workers not included)	133

PROTECTION	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	382
Detainees visited and monitored individually	363
Number of visits carried out	37
Number of places of detention visited	19
Restoring family links	
RCMs collected	1
RCMs distributed	8

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)¹			
Essential household items	Beneficiaries	3,000	
Cash	Beneficiaries	3,000	453
Work, services and training	Beneficiaries	20	
Water and habitat activities	Beneficiaries	10,000	5,000
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	
Water and habitat			
Water and habitat activities	Number of beds	100	
Physical rehabilitation			
Centres supported	Structures	2	6
Patients receiving services	Patients	245	31,256

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.

CONTEXT

India's newly elected government faced a number of economic, social and security issues. Protests were frequent in the Kashmir Valley, and a surge in clashes between security forces and militants resulted in casualties and arrests. In September, floods devastated large parts of Jammu and Kashmir. In central, eastern and north-eastern states, security forces intensified their operations against armed groups; in December, a series of attacks by an armed group in Assam led to civilian casualties and, reportedly, the displacement of 7,000 villagers. Government reports stated that more clashes took place along the India-Pakistan border than at any point since 2003. The border with China remained tense.

In the Maldives, parliamentary elections took place despite tensions, with the ruling party winning the majority of the seats. Economic development was uppermost on the agenda of the Bhutanese and Maldivian governments.

ICRC ACTION AND RESULTS

The regional delegation in New Delhi maintained its activities for people deprived of their freedom, particularly those held in connection with the prevailing situation in Jammu and Kashmir. Detainees' treatment and living conditions formed the basis of confidential dialogue with the authorities concerned. Prison and health authorities continued to discuss ways to reinforce their coordination to improve health services for detainees; a psychiatrist visited inmates at three facilities regularly. Newly released detainees in Jammu and Kashmir settled back into civilian life with the help of mental and physical health care and cash grants to kick-start livelihood activities, which helped some of them increase their household income by 70%. ICRC-supported family visits for detainees in Bhutan and India continued. No ICRC detention visits were conducted in the Maldives.

Drawing on ICRC support, the Indian Red Cross Society and other local actors responded to the needs of vulnerable people; the National Society made family-links services available to members of dispersed families. Through local partners, the ICRC provided water purification tablets, vouchers and/or essential household items for victims of floods in Jammu and Kashmir.

The Indian Red Cross and the ICRC continued to help first responders in violence-prone areas enhance their capacities, and encouraged these people to pass on what they learnt to their colleagues or their communities. In cooperation with the authorities concerned in Jammu and Kashmir, the ICRC conducted courses to strengthen the ability of medical officers and instructors to train others in emergency room trauma care; people who attended these courses in 2013 were already sharing their knowledge with hospital staff. In Kashmir, these efforts contributed to patients receiving better hospital-level care from trained Health Ministry staff and at newly opened emergency rooms. Flood-affected hospitals in Srinagar benefited from ICRC material assistance to help them maintain their services. The ICRC supported more physical rehabilitation centres than in the past, which helped ensure uninterrupted and sustainable services for more disabled people than planned. Partnerships with various stakeholders contributed to promoting social inclusion for the disabled, which was done by enabling their participation in sports and by other means.

The ICRC pursued a number of activities to promote understanding of and support for humanitarian principles, IHL and the

Movement throughout the region, especially in India. Cooperation with civil society actors, academic institutions and multilateral organizations grew; efforts to engage in dialogue with the Indian authorities continued despite the national elections. The ICRC helped organize or participated in local/regional events – and/or supported the attendance of actors of influence at such events – on topics of common concern, such as sustainable water technologies for communities, reporting on emergency situations, cyber-warfare, autonomous weapons systems and domestic IHL implementation. A draft bill on juvenile justice, that sought to prohibit the recruitment of minors by fighting forces and contained provisions of an ICRC model law on the issue, awaited approval by the Indian parliament. Dissemination sessions/presentations helped security forces personnel in India and the Maldives learn about IHL and/or internationally recognized policing standards; workshops for specialist staff facilitated the incorporation of IHL in military training and operations.

CIVILIANS

Some families in India keep in touch with relatives through Movement family-links services

Dialogue with the Indian authorities on the humanitarian consequences of violence in parts of the country remained limited; however, some discussions with government ministries and/or local organizations on civilians' access to health care took place. Members of a relief agency, and of its partner organizations involved in projects assisting violence-affected women and children, learnt more about professional standards for protection work from the ICRC during a workshop organized by the agency.

People in India and abroad made use of the Movement's family-links services to restore contact with relatives. With ICRC technical support, the Indian Red Cross Society boosted its capacity to help restore/maintain links between members of dispersed families, but incorporation of these services in the National Society's regular activities remained pending.

New government employees, as well as some Indian Red Cross volunteers, received training in the management of human remains. Meetings with disaster management authorities took place in the interest of implementing human remains management guidelines.

Some 560 refugees in India resettled in third countries with the help of travel documents issued by the ICRC.

Flood-affected people in Jammu and Kashmir cope with their situation

A planned evaluation of the ICRC's hand-pump projects in Chhattisgarh, which were halted in 2013, did not take place. Instead, the Institution of Public Health Engineers and the ICRC organized a workshop, at which some 100 representatives of government agencies and NGOs discussed how solar-powered water pumping and treatment systems could address communities' need for water.

Following the floods that devastated parts of Jammu and Kashmir, 5,000 people accessed clean drinking water with the help of ICRC-provided and National Society-distributed water purification tablets and bleaching powder. Lack of access to some areas, and absence of needs, prevented the ICRC from reaching as many water-and-habitat beneficiaries as planned. Around 8,600 people used vouchers to purchase household essentials, including winter clothes. The local authorities and the National Society also received

75,000 blankets, 3,300 solar lanterns, an inflatable boat and other items from the ICRC to help them assist more people.

The National Society received 1000 emergency kits to help households affected by floods and violence in Assam.

Released detainees and their families boost their household income by 70%

Newly released detainees in Jammu and Kashmir settled back into civilian life with the help of referrals to physical and mental health-care specialists and medical assistance. Over 40 of them benefited from such support; 2 received surgical treatment.

To help ease their social and economic reintegration, 100 released detainees and their families (totalling 576 individuals) used cash grants to begin income-generating activities, such as sheep breeding and handloom weaving. Over 200 families who received these grants in 2013 and 2014 reported an improvement in household income, by an average of 70%.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees restore/maintain contact with relatives through family-links services

Over 380 people, including minors and foreigners, detained in connection with the prevailing situation in Jammu and Kashmir, and held within the state or in other Indian states, received visits from the ICRC. Delegates' findings/recommendations – on detainees' treatment, living conditions, access to medical care and judicial guarantees – were discussed confidentially by the authorities concerned and the ICRC. Detaining authorities were encouraged to use existing means of communication to help inmates restore/maintain contact with relatives. The ICRC pursued dialogue with the authorities on gaining full access to inmates held in connection with the prevailing situation in Jammu and Kashmir.

Nearly 70 inmates in India and 13 in Bhutan benefited from visits from relatives, some of whom came from Nepal, with help from an ICRC-facilitated family-visits programme.

No ICRC prison visits took place in the Maldives.

Detainees access mental-health services

Following an ICRC health care in detention seminar held in 2013, prison and health authorities continued discussions on reinforcing their coordination to improve health services for detainees. Inmates at two central jails and one district facility in Jammu and Srinagar

enhanced their mental well-being with the help of a local psychiatrist. The specialist shared that the Kashmiri Directorate of Health Services had requested psychiatrists covering three other districts to also provide mental-health services to detainees there. Based on ICRC recommendations, the local authorities covered shortages in medical supplies at some prisons; donations of medical drugs were provided by the ICRC to Srinagar prison's referral hospital. The ICRC did not have to cover any other material needs of detainees.

WOUNDED AND SICK

Medical officers are better prepared for emergencies

Over 1,600 medical officers, teachers, civil society representatives and Indian Red Cross Society staff/volunteers added to their first-aid skills during ICRC-supported National Society courses and other activities, such as mock drills. Training for National Society volunteers focused on encouraging them to pass on their knowledge to their communities; thus, residents of one village in Maharashtra, who only had limited access to medical services, learnt more about first-level care, enabling them to respond to emergencies. The authorities received support from trained National Society volunteers during relief efforts for flood-affected communities in Jammu and Kashmir.

Training for health specialists in Jammu and Kashmir continued, but the planned Health Emergencies in Large Populations course was postponed. Nearly 40 medical officers and six potential instructors participated in emergency room trauma courses, organized by the Directorate of Health Services and/or the Government Medical College in Srinagar, with ICRC support. Medical officers who had attended similar courses in 2013 shared their knowledge with Health Ministry staff stationed at district and sub-district hospitals in the region. These efforts contributed to patients in Kashmir receiving better hospital-level care from trained Health Ministry staff and at newly opened emergency rooms. Four flood-affected hospitals in Srinagar requested and received mattresses, wound-dressing materials and other basic equipment from the ICRC, enabling them to ensure continued services for patients.

More disabled people receive quality rehabilitation services

Six physical rehabilitation centres received raw materials, equipment and technical support from the ICRC, including two facilities newly supported by the ICRC's physical rehabilitation programme. Despite the floods in Jammu and Kashmir temporarily suspending ICRC support for centres there, some 31,000 disabled people accessed quality assistive devices and other rehabilitation services at the six facilities. People learnt about the services available at the

PEOPLE DEPRIVED OF THEIR FREEDOM	BHUTAN	INDIA
ICRC visits		
Detainees visited		382
		<i>of whom minors</i>
		3
Detainees visited and monitored individually		363
		<i>of whom boys</i>
		3
Detainees newly registered		98
		<i>of whom boys</i>
		1
Number of visits carried out		37
Number of places of detention visited		19
Restoring family links		
RCMs collected		1
RCMs distributed	8	
Detainees visited by their relatives with ICRC/National Society support	13	67
People to whom a detention attestation was issued	3	

centres through information campaigns and referral networks. The most vulnerable had the costs of their treatment, transportation, food and accommodations covered. Others who lived far from these supported facilities had the costs of their treatment elsewhere paid for by the ICRC.

Four technical staff from some of the supported centres strengthened their capacities at a conference on best practices on rehabilitation therapy. Two centres in Srinagar that were damaged by floods benefited from ICRC infrastructure rehabilitation.

Partnerships with State representatives, various organizations and other stakeholders helped promote the disabled's social inclusion across the country, for instance via the first national tournament in wheelchair basketball.

ACTORS OF INFLUENCE

University scholars and lecturers engage in discussions on contemporary IHL issues in South Asia

Despite national elections, efforts to engage in bilateral dialogue with the authorities on the organization's neutral and impartial humanitarian activities throughout the world continued.

Cooperation with civil society actors, particularly academic institutions and multilateral organizations, expanded. At an event organized jointly with the Asian-African Legal Consultative Organization (AALCO), 100 people, including diplomats from AALCO member States and IHL experts, discussed domestic IHL implementation and the applicability of IHL to the use of remotely piloted aircraft. Think-tanks and NGOs invited the ICRC to discussions at local/regional events on matters of common interest, such as contemporary challenges to IHL and the relationship between cyber-warfare and IHL.

The Advanced IHL South Asian Academics Training Programme in India, organized jointly with the National Law University, gathered 25 law scholars and lecturers from six South Asian countries to discuss the relevance of IHL to particularly resonant issues in the region. Indian law professors continued to bolster their IHL teaching capacities through training programmes; students demonstrated their grasp of the subject via regional moot court (see *Beijing*) and essay-writing competitions.

At workshops/lectures, media professionals from Bhutan, India and the Maldives, as well as Urdu-language writers and journalists from Afghanistan, learnt more about reporting during emergencies, and about the ICRC and its mandate. Two senior Indian journalists furthered their understanding of humanitarian issues at an international conference (see *Kuala Lumpur*) and through a field trip to observe ICRC operations in Nepal. At a Press Institute of India/ICRC event, five journalists received awards for their coverage of humanitarian issues during emergencies.

People in India learnt more about humanitarian principles, IHL and the ICRC through radio spots and the delegation's library and documentation centre. Publications in local languages and the ICRC New Delhi blog drew attention to the Health Care in Danger project, the issue of sexual violence and the potential humanitarian consequences of migration.

Legal advisers enhance their knowledge of their role in the Indian military's decision-making process

During dissemination sessions and predeployment briefings,

representatives of think-tanks and Indian security forces personnel – troops departing on peacekeeping missions, female police officers among them, and over 2,600 military officers and trainees – learnt about humanitarian principles, IHL and the Movement. Presentations in India and in the Maldives helped around 1,500 Indian paramilitary and police officers and the Maldivian police enhance their knowledge of basic human rights and internationally recognized standards for the use of force and firearms. Planned dissemination sessions at some Indian police stations and training centres could not take place, owing to limited contact with the authorities concerned.

Forty-five legal advisers from India's Institute of Military Law attended, for the first time, a three-day IHL seminar that enabled them to further their understanding of their role in operational decision-making processes. Three Indian army officers took courses abroad on the integration of IHL into their operations, thanks to ICRC sponsorship (see *International law and policy*). With a view to facilitating the inclusion of IHL in all courses offered by the Military Police School, 25 lecturers underwent a train-the-trainer workshop. Faculty and staff from defence/security-related think-tanks and 50 army officers participated in a panel discussion on the intersection between IHL and international human rights law. The police officials concerned received ICRC recommendations for refining the code of conduct for police personnel.

Indian authorities seek to prohibit recruitment of child soldiers through a bill on juvenile justice

The Bhutanese, Indian and Maldivian governments pursued efforts to accede to IHL instruments and to facilitate domestic IHL implementation. At a regional workshop (see *Sri Lanka*), representatives from Bhutan and the Maldives exchanged ideas for developing IHL-related legislation; other officials from these countries participated in an IHL conference that focused on the issue of sexual violence (see *Nepal*).

The Indian parliament received for its approval a draft bill on juvenile justice that sought to prohibit recruitment of children by fighting forces; the bill contained some provisions of an ICRC model law. During a seminar on the "Strengthening IHL" process, Indian officials familiarized themselves with various mechanisms for bringing domestic legislation in line with IHL. Government officials and the ICRC discussed various issues related to the use of autonomous weapon systems.

RED CROSS AND RED CRESCENT MOVEMENT

Indian Red Cross Society promotes awareness of humanitarian principles and the Movement

The Indian Red Cross Society drew on ICRC financial, technical and material support and worked with the organization to enhance its capacities to provide first-aid and family-links services (see *Civilians* and *Wounded and sick*). It also promoted awareness of humanitarian principles and the Movement (see *Actors of influence*) through, for example, its improved youth education programmes that oriented 347 counsellors from schools in seven states, and blood donation camps and a photo exhibit to mark World Red Cross and Red Crescent Day.

To strengthen its managerial and operational capabilities, the Indian Red Cross finalized its strategic development plan for the period 2014–17; in addition, its legal adviser attended an annual meeting in Switzerland, which included discussions on IHL and the emblem. It organized meetings with branch leaders to review the implementation of activities and to find solutions to identified challenges.

The Maldivian Red Crescent, with ICRC support, developed its capacities in volunteer management and drafted a communication strategy.

Movement partners in the region coordinated their activities to maximize impact and prevent duplication of efforts.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered		2	Women	Girls	Boys
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		8			2
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Documents					
People to whom travel documents were issued		561			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹					
ICRC visits					
Detainees visited		382	Women	Minors	
				3	
			Women	Girls	Boys
Detainees visited and monitored individually		363			3
Detainees newly registered		98			1
Number of visits carried out		37			
Number of places of detention visited		19			
Restoring family links					
RCMs collected		1			
RCMs distributed		8			

* Unaccompanied minors/separated children

1. Bhutan, India

MAIN FIGURES AND INDICATORS: ASSISTANCE ¹		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)²				
Cash	Beneficiaries	453	29%	36%
Water and habitat activities	Beneficiaries	5,000	41%	10%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Number of visits carried out by health staff		25		
Number of places of detention visited by health staff		17		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Water and habitat				
Water and habitat activities	Number of beds	100		
Physical rehabilitation				
Centres supported	Structures	6		
Patients receiving services	Patients	31,256	11,031	3,050
New patients fitted with prostheses	Patients	396	61	35
Prostheses delivered	Units	650	125	49
<i>of which for victims of mines or explosive remnants of war</i>	Units	27		
New patients fitted with orthoses	Patients	1,971	438	877
Orthoses delivered	Units	3,592	903	1,601
Patients receiving physiotherapy	Patients	5,786	1,337	950
Crutches delivered	Units	3,309		
Wheelchairs delivered	Units	304		

1. India

2. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.