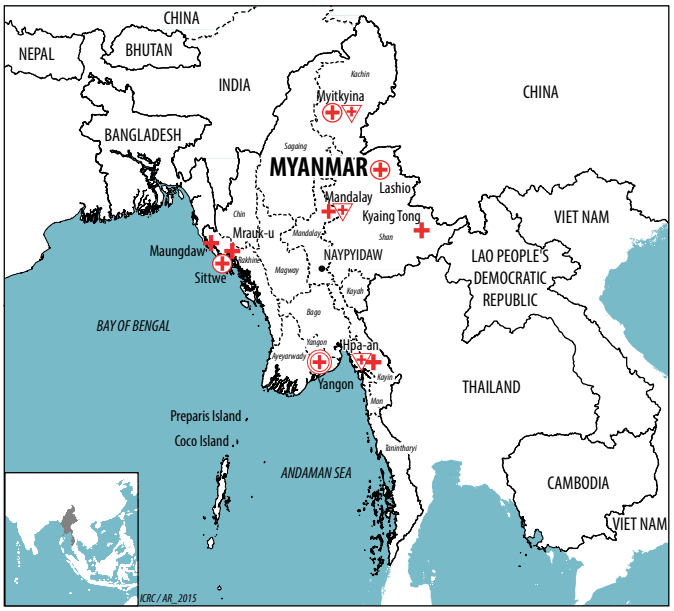
MYANMAR



ICRC delegation ICRC sub-delegation ICRC office
ICRC-supported prosthetic/orthotic project

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary health-care, hospital and physical rehabilitation services, and repairing water, health and prison infrastructure. It conducts protection activities in favour of affected communities, visits detainees in places of permanent detention and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It works with the Myanmar Red Cross Society in many cases and helps it build its operational capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action	HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- Victims of Cyclone Komen in Rakhine state and clashes in Kachin and Shan states covered their urgent food, water and household needs with the aid of the Myanmar Red Cross Society and the ICRC.
- Breadwinners in Kachin and Shan states, and heads of cyclone-affected households in Rakhine state, used conditional cash grants and supplies/equipment to earn money or produce food for their families.
- Health facilities improved their services with comprehensive ICRC support. Disabled persons obtained rehabilitative care at ICRC-supported centres, a mobile workshop or community-based technicians.
- With ICRC input, the authorities improved detainees' treatment and living conditions. Over 26,000 inmates benefited from upgrades to water, sanitation and other facilities that helped reduce their health risks.
- At National Society/ICRC education sessions, around 700 people in Kachin state learnt how to minimize the risks they faced from the presence of mines or explosive remnants of war.
- The armed forces, police and armed groups deepened their knowledge of the application of IHL or internationally recognized policing standards, during ICRC workshops/training courses.

EXPENDITURE IN KCHF

Protection	4,773
Assistance	17,429
Prevention	2,308
Cooperation with National Societies	1,707
General	179
Total	**26,398**
Of which: Overheads	**1,610**

IMPLEMENTATION RATE

Expenditure/yearly budget	92%

PERSONNEL

Mobile staff	65
Resident staff (daily workers not included)	358

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,247
RCMs distributed	1,898
People located (tracing cases closed positively)	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	38,119
Detainees visited and monitored individually	545
Number of visits carried out	70
Number of places of detention visited	39
Restoring family links	
RCMs collected	3,604
RCMs distributed	1,397

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries		51,426
Essential household items	Beneficiaries	32,500	52,931
Productive inputs	Beneficiaries	17,500	12,959
Cash	Beneficiaries	10,250	68,812
Services and training	Beneficiaries	2,535	41
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	130,000	177,183
Health			
Health centres supported	Structures	10	25
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	10	17
Water and habitat			
Water and habitat activities	Number of beds	500	313
Physical rehabilitation			
Projects supported	Structures	4	3
Patients receiving services	Patients	2,500	3,093

CONTEXT

Myanmar's general elections in November concluded with the opposition winning majority of the contested seats.

The government conducted ceasefire negotiations with various armed ethnic groups, which resulted in an agreement with eight of them. However, clashes between government forces and some armed groups in Kachin and Shan states persisted or broke out; the government increased its military presence and declared martial law in northern Shan when fighting intensified there. Clashes in these two north-eastern states displaced tens of thousands of civilians. Mines/explosive remnants of war (ERW) remained a source of concern in a reported 10 out of the country's 14 states/regions.

In Rakhine state, Buddhist and Muslim communities, including around 140,000 IDPs, continued to endure the consequences of the communal violence that had erupted in 2012. Government efforts to help IDPs return to their homes or resettle elsewhere got under way, but progress was slow. In some areas, the persistence of fear and distrust between the two communities hampered people's access to basic services.

Cyclone Komen, which struck Myanmar at the end of July, caused floods in most of the country; Rakhine and three other states/regions were the most affected. Almost 1.7 million people were reportedly displaced and 1.15 million acres of agricultural land damaged.

ICRC ACTION AND RESULTS

The ICRC built on its strengthened relationships with the authorities, armed groups and civil society in Myanmar to expand its activities for victims of armed conflict or other situations of violence in Kachin, Rakhine and Shan, particularly northern and central Shan where fighting erupted during the year.

Whenever possible, it worked with the Myanmar Red Cross Society to provide humanitarian assistance to communities. Various forms of ICRC support also helped the National Society strengthen – in line with the Safer Access Framework – its capacities in emergency response and information dissemination. The ICRC worked with Movement partners and other humanitarian actors to coordinate activities and prevent duplication of efforts, particularly while dealing with the consequences of Cyclone Komen.

It responded to the disaster by increasing its assistance activities in Rakhine during the latter part of the year; this resulted in a higher number of beneficiaries than targeted for 2015, but also in the postponement of some planned assistance activities. The ad hoc response consisted of two phases: emergency relief, which covered people's material and health needs; and early recovery, which enabled heads of households to earn money.

To help households in three states cope with the effects of conflict/violence, the ICRC provided them with in-kind assistance – such as clean drinking water and cooking fuel – and financial support. Breadwinners produced food and/or generated income for their families using conditional cash grants and supplies/equipment.

The ICRC's comprehensive support for health facilities/staff – including such facilities as hospitals in areas controlled by armed groups – sought to ensure that communities had better access to all levels of the health-care system. Training courses strengthened the capacities of auxiliary midwives in mother and child care, and of emergency responders in first aid. In Sittwe township, Rakhine, people obtained emergency or specialized care at the main hospital, with the help of ICRC-supported transportation/referral schemes. Disabled people, including mine victims, regained their mobility at two ICRC-supported physical rehabilitation centres; a mobile workshop and community-based technicians repaired the devices of people living in remote areas. To help protect them from mines/ERW, the National Society/ICRC conducted risk-education sessions for people in Kachin.

Detainees continued to receive ICRC visits, conducted in accordance with the organization's standard procedures. The prison authorities worked to improve detention conditions and the provision of services, often with the ICRC's technical/material assistance. Construction/rehabilitation of water, sanitation and other facilities helped reduce the risk to detainees' health. Prison health staff became more capable of dealing with health concerns; notably, they conducted a scabies-treatment campaign in one prison. Inmates coped with the effects of incarceration with the help of recreational/educational materials and family-links services provided by the ICRC. The organization also continued to visit people held by an armed group in Kachin.

To promote respect for humanitarian principles, IHL and the Movement, the ICRC held bilateral dialogue with and workshops for the authorities, military/police and armed groups. At seminars organized by the health ministry and the National Society/ICRC, health professionals from government and civilian institutions discussed issues and experiences related to the safe provision of health care during conflict/violence. The public learnt more about the ICRC's activities through an ICRC social media account in the local language and from media articles.

CIVILIANS

In areas affected by conflict/violence, the authorities, armed groups, members of civil society, and the ICRC discussed humanitarian principles and various provisions of IHL, including the need to protect civilians. These discussions helped facilitate the ICRC's access to communities, but the security situation, especially in the north-east, sometimes delayed the organization's delivery of aid.

With ICRC assistance, National Society volunteers developed their capacity to assess and respond to various humanitarian needs. Workshops on the Safer Access Framework prepared some of them to assist vulnerable communities safely and effectively. Construction of a National Society office in Bhamo, Kachin, was ongoing.

Women and children in Rakhine obtain health-care services

Health ministry facilities continued to work with the ICRC to provide basic health care for communities affected by conflict/violence, including those in remote areas. Nearly 200 health staff and auxiliary midwives in Kachin, Shan and Rakhine attended training courses in mother and child care or in the diagnosis and treatment of malaria.

With ICRC financial/logistical support, staff from 197 health ministry facilities provided health care for people in six townships in Rakhine. Twenty-five of these facilities received equipment, such as delivery beds and solar lamps. Buddhist and Muslim community members, among them IDPs, benefited from these services, which included measles/rubella and polio vaccination campaigns for children and ante/post-natal care for women. Medical-waste management at a rural health facility improved after the ICRC renovated infrastructure there; construction of a health sub-centre got under way.

In Sittwe, roughly 1,100 people from both communities – including blood donors and around 400 pregnant women – obtained treatment at the general hospital in a timely and safe manner through the health ministry's ICRC-supported emergency transport system. After the hospital implemented a new outpatient referral scheme, nearly 560 Muslim IDPs with chronic illnesses received specialized treatment, and had the expenses they incurred in travelling from IDP camps to the hospital paid for by the ICRC.

Four released detainees accessed psychosocial care with ICRC financial support.

Over 167,300 people minimized their exposure to health hazards thanks to distributions of potable water and repairs to shelters and water and sanitation facilities. They included victims of the fighting in central and northern Shan – areas previously unreached by the ICRC – and of Cyclone Komen in Rakhine (see below). In the Mandalay region, over 3,500 IDPs affected by communal violence in 2013 benefited from ICRC-supported National Society activities until March.

Displaced Muslim households in Rakhine lower their cooking expenditures

Nearly 9,100 IDPs (1,694 households) in Kachin, Rakhine and Shan, including those in central and northern Shan, covered their basic needs with National Society/ICRC-provided household essentials. One-off/monthly cash grants enabled 5,629 people (1,054 households) to buy these items themselves.

Approximately 19,200 Muslim IDPs (3,654 households) at four camps in Rakhine met half of their cooking-fuel needs with fuel sticks made of rice husks, regularly distributed by the ICRC; during the four-month-long rainy season, increased ICRC provisions covered up to 75% of their needs. In addition to helping households lower their daily expenditures, the fuel sticks helped mitigate people's risk of facing security incidents when they collected firewood, and the degradation of the environment.

Households in the north-east save money by growing their own vegetables

Conditional cash grants and business skills training helped over 1,300 breadwinners (benefiting 6,750 people) in Rakhine and in government- and armed group-controlled areas in Kachin and northern Shan start or resume income-generating and food-producing activities, such as handicrafts and livestock breeding. Some beneficiaries in Rakhine increased their income and used their savings to buy food and repay debts. In north-eastern states, around 2,100 households (10,375 people) saved money by consuming vegetables they had grown themselves in backyard gardens after receiving seed, fertilizer and tools. Community-based National Society livelihood projects, supported by the ICRC, benefited another 250 households in Kachin.

During training courses run by the Livestock Breeding and Veterinary Department/ICRC, over 40 community-based animal health workers in Kachin and Rakhine learnt to provide veterinary services to livestock breeders, including the ICRC beneficiaries mentioned above.

Cyclone-affected people in Rakhine cover their most pressing needs

The effects of the floods caused by Cyclone Komen on communities in Rakhine prompted the ICRC to increase its assistance activities in the area. This shift in focus resulted in the ICRC having to postpone certain assistance activities planned for August until December.

Immediately after the floods, roughly 51,400 people (9,858 households) covered their food requirements with the help of two-week food rations. Over 22,400 of them bought household items using cash; others received these items in-kind. The cleaning or rehabilitation of contaminated/damaged water sources, and the distribution of rainwater harvesting kits to communities living far from these sources, enabled nearly 122,000 people to have clean drinking water or regain access to it.

Health ministry mobile clinics, with logistical support from the ICRC, treated 820 people during the two weeks following the disaster; hospitals received ad hoc material assistance (see *Wounded and sick*). Over 1,300 community members learnt about health and hygiene practices from 21 health instructors trained by Movement partners.

To help them recuperate from the cyclone's impact on their livelihoods, nearly 3,500 heads of households (17,373 people) earned money by rehabilitating flood-damaged community infrastructure, including water sources (see above). Nearly 3,000 breadwinners started/resumed income-generating activities with the help of conditional cash grants (benefiting 16,155 people).

Members of dispersed families keep in touch

Members of families dispersed by conflict/violence, detention, natural disasters and migration kept in touch with relatives through the Movement's family-links network. They included casualties of the fighting in northern Shan and Bangladeshi migrants who disembarked in Rakhine after being stranded in the Andaman Sea. A total of 27 people separated from their relatives by Cyclone Komen rejoined their families.

People in weapon-contaminated areas of Kachin learn safe practices

In Kachin, around 700 people living in areas affected by mines/ERW learnt more about methods of self-protection at education sessions conducted by ICRC-trained National Society volunteers and from National Society/ICRC informational materials. Discussions took place between the army, other parties concerned and the ICRC on ways to address weapon contamination, for instance, through support for humanitarian demining.

PEOPLE DEPRIVED OF THEIR FREEDOM

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. Confidential discussions between the director-general of the Prisons Department, other prison authorities and ICRC delegates, on the findings of these visits and on such issues as overcrowding in prisons and vocational training for detainees, contributed to improvements in detention conditions and basic services.

Prison officials and staff endeavoured to reinforce these improvements with the help of an ICRC manual on supplementary infrastructure and by participating in various national and regional ICRC events (see *Kuala Lumpur*). The Prisons Department/ICRC organized the 4th Asian Conference of Correctional Facilities Architects and Planners, which served as an opportunity for

managers, engineers and architects from 11 countries to discuss humanitarian issues and internationally recognized standards for prison infrastructure. Discussions began between the Prisons Department and the ICRC on the drafting of guidelines for prison health services and infrastructure.

Detainees become less exposed to health risks

Over 21,200 inmates in 17 places of detention benefited from the construction/rehabilitation of water/sanitation systems, kitchens and medical facilities; upgraded sewerage systems eliminated the need for inmates to manually empty septic tanks on a daily/weekly basis. ICRC donations of construction/cleaning materials helped the authorities at other prisons/labour camps make improvements to facilities serving 5,261 detainees. All these helped reduce detainees' health risks. Approximately 38,100 inmates eased their living conditions or the monotony of their confinement with hygiene, recreational and educational items.

With ICRC material/technical support, prison health staff strengthened their ability to respond to detainees' health concerns; in one prison, they conducted a scabies-treatment campaign. At an ICRC seminar, nearly 30 prison doctors and health/home ministry officials learnt more about internationally recognized best practices for addressing health issues in prisons. The Prison Department's Chief Medical Officer, with guidance from the ICRC, designed a medical entry screening form and introduced it in one prison. The ICRC's TB assessments did not take place owing to financial/staff constraints.

Inmates established/maintained contact with their relatives by sending/receiving over 5,000 RCMs; 574 detainees met with their relatives through ICRC-sponsored family visits.

The ICRC's coverage of their transport costs enabled 803 released detainees to return home. In Rakhine, those released but unable to go home because of movement restrictions used ICRC provisions to meet their needs while waiting for police-provided transportation in IDP camps.

People held in four places of detention in armed group-controlled areas of Kachin also received ICRC visits.

WOUNDED AND SICK

National Society/ICRC-trained instructors conduct first-aid training for schoolchildren in Kachin

Around 150 National Society volunteers and 470 community members in five states/regions strengthened their ability – at National Society and/or ICRC training sessions – to provide, or teach others to provide, life-saving care. In armed group-controlled Laiza, Kachin, nurses and teachers who attended these sessions went on to train nursing students and schoolchildren, and lobbied for the inclusion of first-aid training in the school curriculum. Health personnel elsewhere developed their capacities at a training course in basic trauma care.

Wounded/ailing people had access to improved hospital care at 17 ICRC-supported facilities in Rakhine and north-eastern states – some of which were under the authority of armed groups in Kachin and Shan. The ICRC's support included the rehabilitation of water/sanitation facilities, the provision of medical/surgical equipment, and training for staff in standard treatment guidelines and waste-management techniques. After Cyclone Komen, four of the supported hospitals in Rakhine benefited from ad hoc donations of medical supplies.

Disabled persons have less need to travel long distances for repairs to their assistive devices

At two ICRC-supported physical rehabilitation centres – the Hpa-an Orthopaedic Rehabilitation Centre (HORC), run by the National Society, and a health ministry facility – around 3,100 disabled people regained their mobility with the help of assistive devices and physiotherapy. Mine victims received 44% of the prostheses delivered, while the most vulnerable patients had their transportation and treatment costs covered. ICRC infrastructural upgrades for both centres, and sponsorship of five HORC staff to attend specialized courses abroad, sought to improve the quality and reliability of these centres' services.

Amputees in parts of the country learnt about these centres' services through dissemination sessions and informational materials. National Society/ICRC outreach activities, including a summer programme for children needing prostheses, referred nearly 700 people from the central and north-eastern regions to the closest supported centre or service provider. Over 1,500 disabled persons living far from the HORC had less need to travel to the centre, thanks to foot-and-strap repair services provided by a mobile repair workshop or eight ICRC-trained technicians stationed near their communities.

Two centres in Kachin and Shan were under construction.

Managers of physical rehabilitation facilities participated in leadership courses organized by Management Sciences for Health, the ICRC and a partner foreign university. Discussions between the Ministry of Social Welfare, Relief and Resettlement and the ICRC, on the creation of a national coordinating body for prosthetic and orthotic services, continued. The authorities in Kayin state created a division for disabled persons in the state's commission on sports.

ACTORS OF INFLUENCE

Military IHL instructors and legal advisers add to their practical knowledge of IHL

Twenty-four military officers, most of them IHL instructors and legal advisers, added to their practical knowledge of IHL during an ICRC training course; the development of virtual-reality tools as training materials was under way. At events abroad, three military and navy officials discussed with their counterparts the application of IHL to their duties (see *Bangkok* and *International law and policy*).

During ICRC-facilitated workshops, 240 senior police officers and police trainers, including border guards stationed in Rakhine, enhanced their knowledge of internationally recognized policing standards, such as in relation to arrests and detention; they also acknowledged the ICRC's work in places of detention. A study tour and an international conference in Denmark helped senior police officials further their understanding of the application of these standards. The police received reference materials in the local language.

During information and/or training sessions, representatives of armed groups, including those from Kachin and Shan, learnt more about the application of IHL in their training and operations.

Health professionals discuss the safe provision of health care during emergencies

To bolster their knowledge of IHL, seven government officials and one law professor took part in regional events on the subject (see *Beijing* and *Kuala Lumpur*). Seven other officials enrolled in an online post-graduate diploma course sponsored by the ICRC.

A working group, set up to translate the Geneva Conventions and their Additional Protocols into the local language, commenced its activities. Myanmar acceded to the Chemical Weapons Convention.

At seminars organized by the health ministry and the National Society/ICRC, 322 health professionals from the ministry, the military medical service and civilian health institutions shared their experiences and identified issues related to the safe delivery of health care during conflict/violence.

The general public learns more about ICRC activities through social media

Around 3,200 people – including members of parliament, university professors, medical personnel and National Society volunteers – learnt more about IHL, the Movement and its emblems, the Fundamental Principles and the Health Care in Danger project during dissemination sessions conducted by National Society staff and/or the ICRC; leaflets and newsletters supported these efforts.

Drawing on what they had learnt during ICRC information sessions and regional conferences (see *New Delhi*), and from news releases, field trips and Web clips, journalists wrote about the plight of communities affected by violence and Cyclone Komen, helping broaden public awareness of the issue. A social media account in the local language, featuring the ICRC's activities in Myanmar, helped the organization inform and engage with civil society representatives and the wider public.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross continued to strengthen its capacity to respond to conflict/violence (see *Civilians* and *Wounded and sick*), and to promote humanitarian principles, IHL and the Movement (see *Actors of influence*). It did this with technical/material/financial support from Movement partners, which included training for 1,100 staff and volunteers.

In August, the parliament approved the revised Red Cross Law that aimed to strengthen the National Society's legal base.

Movement partners held coordination meetings on strategic/operational/technical issues regularly. They worked closely to carry out relief activities for the victims of Cyclone Komen.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		**UAMs/SC***		
RCMs collected	1,247			
RCMs distributed	1,898			
Tracing requests, including cases of missing persons		**Women**	**Girls**	**Boys**
People for whom a tracing request was newly registered	8	1	1	
including people for whom tracing requests were registered by another delegation	5			
People located (tracing cases closed positively)	8			
including people for whom tracing requests were registered by another delegation	5			
Tracing cases still being handled at the end of the reporting period (people)	3			1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		**Women**	**Minors**	
Detainees visited	38,119	5,071	575	
		Women	**Girls**	**Boys**
Detainees visited and monitored individually	545	52	2	15
Detainees newly registered	387	43	1	9
Number of visits carried out	70			
Number of places of detention visited	39			
Restoring family links				
RCMs collected	3,604			
RCMs distributed	1,397			
Detainees visited by their relatives with ICRC/National Society support	574			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	51,426	28%	48%
of whom IDPs	Beneficiaries	551		
Essential household items	Beneficiaries	52,931	36%	29%
of whom IDPs	Beneficiaries	41,825		
Productive inputs	Beneficiaries	12,959	26%	49%
of whom IDPs	Beneficiaries	11,770		
Cash	Beneficiaries	68,812	27%	49%
of whom IDPs	Beneficiaries	18,978		
Services and training	Beneficiaries	41	27%	49%
of whom IDPs	Beneficiaries	6		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	177,183	40%	30%
of whom IDPs	Beneficiaries	8,859		
Health[1]				
Health centres supported	Structures	25		
Referrals to a second level of care	Patients	1,755		
Health education	Sessions	433		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	38,119		
Cash	Beneficiaries	803		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	26,507		
Health				
Number of visits carried out by health staff		24		
Number of places of detention visited by health staff		22		
Number of health facilities supported in places of detention visited by health staff		4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	17		
of which provided data	Structures	1		
Admissions	Patients	1,222	618	258
of which weapon-wounded	Patients	2		
(including by mines or explosive remnants of war)	Patients	2		
of which other surgical cases	Patients	260		
of which internal medicine and paediatric cases	Patients	557		
of which gynaecological/obstetric cases	Patients	403		
Operations performed		154		
Outpatient consultations	Patients	13,853		
of which surgical	Patients	1,110		
of which internal medicine and paediatric	Patients	11,383		
of which gynaecological/obstetric	Patients	1,360		
Water and habitat				
Water and habitat activities	Number of beds	313		
Physical rehabilitation				
Projects supported	Structures	3		
Patients receiving services	Patients	3,093	278	160
New patients fitted with prostheses	Patients	197	28	14
Prostheses delivered	Units	802	70	77
of which for victims of mines or explosive remnants of war	Units	351		
New patients fitted with orthoses	Patients	21	4	5
Orthoses delivered	Units	39	7	10
of which for victims of mines or explosive remnants of war	Units	3		
Patients receiving physiotherapy	Patients	743	73	78
Crutches delivered	Units	2,064		
Wheelchairs delivered	Units	27		

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