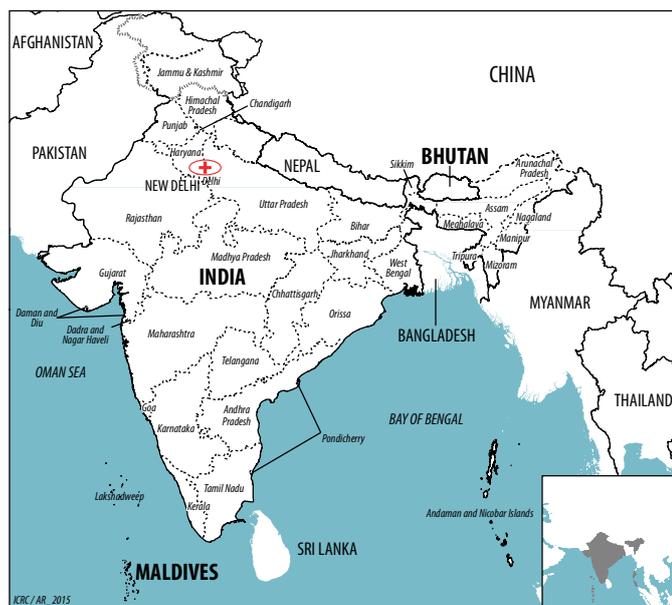


# NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC regional delegation

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

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. It supports the development of the region's Red Cross and Red Crescent Societies. In India, the ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir.

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ In Jammu and Kashmir, India, prison/health officials, with ICRC support, sought to improve detainees' health by introducing mental-health care in some prisons and better check-up procedures for new inmates.
- ▶ Following political unrest that led to mass arrests, almost 1,380 detainees in the Maldives received visits, during which their treatment and living conditions were monitored by ICRC delegates.
- ▶ In India, more disabled people than planned received good-quality rehabilitation services, which stood to benefit from a project encouraging innovation; participation in sports promoted their social inclusion.
- ▶ Influential actors and the ICRC sought to encourage discussions on and further understanding of IHL, for instance by publishing a journal on cyber warfare and by organizing a regional seminar on peacekeeping.
- ▶ The Indian Red Cross Society, with ICRC support, provided emergency assistance/family-links services to people in need, such as victims of floods in India and of the earthquake in Nepal.

## EXPENDITURE IN KCHF

Protection	2,308
Assistance	5,028
Prevention	2,532
Cooperation with National Societies	880
General	141
<b>Total</b>	<b>10,889</b>
<i>Of which: Overheads</i>	<b>665</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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## PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	135

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	1
RCMs distributed	9
People located (tracing cases closed positively)	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	5,798
Detainees visited and monitored individually	284
Number of visits carried out	32
Number of places of detention visited	22
<b>Restoring family links</b>	
RCMs collected	9
RCMs distributed	4

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Cash	Beneficiaries 2,100	645
Vouchers	Beneficiaries	12,624
Services and training	Beneficiaries	1
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries 10,000	55,320
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 1	3
<b>Physical rehabilitation</b>		
Projects supported	Structures 6	6
Patients receiving services	Patients 1,500	37,224

## CONTEXT

India continued to tackle various economic, social and security issues, while developing regional and global relationships. The Jammu and Kashmir region continued to be the site of discord between security forces and militants even as it recovered from the floods at the end of 2014. In parts of central, eastern and north-eastern India, confrontations between government forces and armed/ethnic groups continued to take place, resulting in casualties and displacement. India's relations with some of its neighbours remained tense, for instance, with regard to border issues. However, after over 40 years, Bangladesh and India signed a major agreement on "adversely-held enclaves". The Indian prime minister also visited Pakistan for the first time in a decade.

In the Maldives, political unrest, especially after the arrest of the former president in 2015, led to mass arrests.

Economic development remained the Bhutanese government's main priority.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in New Delhi maintained its activities in India for people deprived of their freedom, particularly those held in relation to the situation in Jammu and Kashmir; similar ICRC activities resumed in the Maldives following political unrest. Detainees' treatment and living conditions formed the basis of confidential dialogue with the authorities concerned. The ICRC continued to provide support for closer coordination between prison and health authorities, which helped improve health services for detainees. Inmates at some prisons benefited from regular visits from local psychiatrists. Released detainees and families of inmates in Jammu and Kashmir started livelihood activities using ICRC cash grants, which facilitated their socio-economic reintegration. Referrals to professional medical care for newly released detainees helped them resettle into civilian life. ICRC-supported family visits for detainees in Bhutan and India continued.

The Indian Red Cross Society drew on ICRC support to respond to the needs of vulnerable people. It distributed relief items that enabled vulnerable people affected by the floods of 2014 in Jammu and Kashmir to cover their basic needs. It offered family-links services to help victims of the floods, and of the Nepal earthquake, contact their relatives. The National Society obtained the authorities' approval to offer these services for detained migrants in the Indian state of West Bengal.

The National Society/ICRC continued to help first responders in violence-prone areas to broaden their capabilities. Training sessions focused on teaching life-saving skills and on encouraging participants to pass on what they learnt to their colleagues or to their communities, especially where access to emergency medical services was limited. ICRC-trained National Society/health ministry staff facilitated training sessions on first aid and/or emergency-room trauma care for students, community members, journalists and medical personnel. Health-care and disaster-management professionals and National Society staff in the region learnt more about responding to large-scale emergencies and complex crises at a two-week course in India. The Indian Red Cross drew up an action plan for promoting/implementing the Safer Access Framework.

The ICRC continued to support physical rehabilitation centres and to develop partnerships with various stakeholders, helping to ensure uninterrupted and sustainable services for more people with disabilities. It worked with technological, business and government organizations from India and abroad to launch "Enable Makeathon", a contest for developing innovative aids for disabled people. Together with Indian sports and social welfare agencies, it continued to promote social inclusion through sports by providing training for and facilitating the participation of people from more states in India's national wheelchair basketball tournament.

The delegation also strove to promote understanding of and support for humanitarian principles, IHL and the Movement throughout the region, primarily in India. Efforts to engage the Indian authorities in dialogue continued; cooperation with civil society actors, the media, academic institutions and multi-lateral organizations – for instance, the Asian-African Legal Consultative Organization (AALCO) – was strengthened. The ICRC organized – with others – and participated in local and regional initiatives/events on subjects of common concern, such as cyber warfare, the media's role in humanitarian action and mechanisms to facilitate the development of domestic legislation for implementing IHL treaties. It also provided support for actors of influence to attend or involve themselves in these events/initiatives. As in the past, dissemination sessions and presentations helped Indian security forces personnel learn about IHL and/or internationally recognized policing standards; seminars for military legal advisers helped advance the incorporation of IHL in military operations. Peacekeeping personnel from 10 countries learnt more about humanitarian principles at the first regional seminar on peacekeeping and IHL organized by an Indian training centre and the ICRC.

## CIVILIANS

### Members of dispersed families restore/maintain contact through Movement family-links services

People in India and abroad restored contact with relatives through the Movement's family-links network. Initiatives to incorporate family-links services in the Indian Red Cross's regular activities progressed. The National Society obtained the authorities' permission to offer these services for detained migrants (see *People deprived of their freedom*). It assisted families dispersed by floods in south India and the earthquake in Nepal; the ICRC supplied body bags to help National Society personnel manage human remains. Staff from the Maldivian Red Crescent learnt more about family-links activities at an ICRC-facilitated information/training session.

Nearly 450 refugees in India without identification papers resettled in third countries using travel documents issued by the ICRC in coordination with IOM or UNHCR.

### Flood-affected households in Jammu and Kashmir meet their needs for shelter and safe water

In parts of Jammu and Kashmir still recovering from the 2014 floods, some 2,100 severely affected/vulnerable households (12,600 people) met their needs for winter clothes/shelter using vouchers distributed by the National Society/ICRC. Some flood-affected communities also benefited from water purification tablets provided by the National Society/ICRC. Over 55,000 people, including schoolchildren, had access to potable water thanks to ICRC-donated water filters installed in 700 schools by trained personnel from a local organization. Some 3,000 students,

900 teachers and 35 education officials learnt more about safe water and sanitation at dissemination sessions.

Government agencies, NGOs, the National Society and the ICRC discussed solutions to water and sanitation-related issues at meetings held for that purpose; with ICRC input, the National Society's youth programme strengthened its community outreach activities – tackling hygiene promotion and household water treatment – in four states.

### Former detainees and families of detainees supplement their income with cash grants

Referrals to specialists providing physical/mental health care, or for medical assistance, and coverage of their transportation/accommodation costs eased the return to civilian life for 36 newly released detainees in Jammu and Kashmir.

To help ease their socio-economic reintegration, released detainees and families of detainees (totalling 645 people) were given cash grants, with which to begin income-generation activities – setting up small shops, breeding livestock and handloom weaving. Over 150 families who received these grants in 2014 and 2015 reported that they had improved their household income by 50%, on average. With ICRC support, Indian Red Cross staff carried out needs assessments among other economically vulnerable groups; they advanced their skills in this regard at a training course in Nepal.

Dialogue with the Indian authorities on the humanitarian consequences of violence in parts of the country – including on addressing the needs of victims of weapon contamination – remained limited. Some discussions with government ministries and/or local organizations did, however, take place, mainly about protecting health-care personnel/facilities and about the possibility of undertaking activities to improve the management of human remains in emergencies. One specialist strengthened his capacities in forensic odontology at an ICRC course in Sri Lanka.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Detainees in Jammu and Kashmir, and in the Maldives, receive visits from the ICRC

Over 4,400 people detained in relation to the situation in Jammu and Kashmir, and held within the state or in other Indian states, as well as 1,379 detainees arrested in the Maldives following political unrest, received visits from ICRC delegates, conducted in accordance with standard ICRC procedures. The authorities concerned

and the ICRC had confidential discussions on the delegates' findings and recommendations concerning the treatment and living conditions of detainees, and their access to legal assistance; particular attention was paid to minors, women and foreigners.

In India, the ICRC continued to discuss, with detaining authorities, the possibility of securing full access to people held in relation to the situation in Jammu and Kashmir.

In the Maldives, the authorities and the National Society learnt more about the ICRC's detention-related activities during delegates' visits to detainees there.

### Detainees in more Indian jails benefit from psychiatrists' visits

With ICRC encouragement, Indian prison and health authorities continued to discuss means to strengthen coordination, with a view to providing better health services for detainees. They improved medical check-up procedures for new arrivals; the ICRC followed up the implementation of these procedures and shared its findings periodically with the authorities. Inmates in two prisons in Jammu and Kashmir received mental-health care from psychiatrists, some of whom had been newly assigned to these facilities by health officials, on the ICRC's recommendation. Former detainees continued to receive medical treatment after their release (see *Civilians*).

The authorities in the region were encouraged to use existing means of communication to help inmates maintain/restore contact with relatives; in West Bengal, the National Society obtained permission from the authorities to visit detainees and offer family-links services, such as RCMS. The ICRC-facilitated family-visits programme enabled 53 inmates held far from home in India, and 18 detainees in Bhutan, to receive visits from relatives, some of whom travelled from Nepal.

## WOUNDED AND SICK

### First-aiders and medical personnel in India pass their skills on to their communities

Their ICRC-sponsored training enabled volunteers from a branch of the Indian Red Cross to provide first aid for more than 3,000 people during large gatherings, and to help rescue some 60 pilgrims from drowning during an event. In another state, trained National Society volunteers manning first-aid posts in ten communities were ready to assist around 1,500 people.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bhutan	India	Maldives
<b>ICRC visits</b>			
Detainees visited		4,419	1,379
		200	49
		19	11
Detainees visited and monitored individually		283	1
		2	
Detainees newly registered		81	1
		2	
Number of visits carried out		27	5
Number of places of detention visited		17	5
<b>Restoring family links</b>			
RCMs collected		9	
RCMs distributed	3	1	
Detainees visited by their relatives with ICRC/National Society support	18	53	
People to whom a detention attestation was issued	1		

First-aiders and medical personnel, including from the National Society, strengthened their ability to provide life-saving care to wounded/sick people. About 900 community members, teachers, students, paramedics and other representatives of civil society in seven states learnt first aid at 26 ICRC-supported National Society training sessions. Over 60 doctors, health ministry staff, Indian Red Cross personnel and NGO representatives in Jammu and Kashmir were better prepared for emergencies after attending courses in emergency-room trauma care and/or basic life support, organized by the Directorate of Health Services with ICRC support.

Instructors from various organizations, including those mentioned above, and others who had benefited from ICRC training, were urged to pass their skills on to their peers and their communities, especially where access to emergency medical services was limited. These instructors added to their knowledge at refresher/advanced courses and train-the-trainer workshops. Health ministry officials taught 900 people – including health-care personnel, students and journalists covering the Srinagar Valley – to provide first aid. People who had taken trauma-management courses in 2014 shared what they had learnt with 80 health ministry staff stationed in district and sub-district hospitals in Kashmir.

The Government Medical College (GMC) in Srinagar and the ICRC jointly assessed the state of the emergency rooms in three GMC hospitals; all three hospitals received an ad hoc donation of basic supplies.

Health and disaster-management professionals and National Society staff in the region learnt how to tackle large-scale emergencies and complex crises at a two-week Health Emergencies in Large Populations (HELP) course in India. Some 25 participants from Bhutan, India, Indonesia, the Maldives, Nepal, Timor-Leste and the United States of America attended the course, which was organized by the Public Health Foundation of India, the National Institute of Disaster Management, WHO, the Indian Red Cross and the ICRC.

### **More beneficiaries than planned regain/improve their mobility**

Over 37,000 patients in India regained/improved their mobility after treatment at six ICRC-supported physical rehabilitation centres. Among those treated were 101 club-footed children from Jammu and Kashmir. The most vulnerable patients had the costs of their treatment, transport, food and accommodation covered. Others who lived far from the centres benefited from outreach programmes or had the costs of their treatment elsewhere paid for by the ICRC. Patients received assistive devices, manufactured at the six centres with ICRC-supplied raw materials and equipment. Three other centres also provided services with ad hoc ICRC assistance.

Technical staff from the centres and National Society personnel benefited from ICRC-facilitated courses in such subjects as general prosthetics/orthotics, polypropylene technology and wheelchair manufacture; participants from Myanmar also attended these courses. Responses from beneficiaries, technical evaluations and/or strategic planning exercises also helped the centres improve their services.

Progress was made in the effort to engage with public/private organizations, the Indian National Society and other parties concerned with strengthening the national physical rehabilitation sector. For example, a partnership involving several technological,

business and government organizations from India and abroad, and the ICRC launched “Enable Makeathon”, a contest for developing innovative aids for disabled people. Out of 140 applicants, 32 were selected to develop prototypes for final testing in early 2016.

More states than in 2014 participated in the national wheelchair basketball tournament, organized by Indian sports and social welfare agencies, with ICRC support, to promote disabled people’s social inclusion. Athletes, coaches, referees and officials attended training sessions before the competition.

## **ACTORS OF INFLUENCE**

### **Influential actors in the region help to broaden awareness of IHL**

The ICRC expanded its engagement with the authorities and other influential actors in the region, as furthering understanding of and fostering support for humanitarian principles, IHL and the Movement remained essential. Bhutanese and Maldivian actors worked with the ICRC to hold events in their own countries, such as: a foreign ministry-led information session for foreign service workers in Bhutan; and a workshop on contemporary challenges facing IHL, organized by the Maldivian Red Crescent. On several occasions, officials from the foreign/law ministries in the region, the pertinent National Society and the ICRC discussed humanitarian action and IHL-related issues, in preparation for the 32nd International Conference.

In India, ICRC pursued its efforts to engage high-level contacts in bilateral dialogue on the organization’s neutral, impartial and independent humanitarian activities in the country and elsewhere.

Academic institutions, multilateral organizations and the ICRC expanded cooperation in research and dialogue on IHL and international human rights law. Think-tanks and NGOs – for instance, the Observer Research Foundation – invited the ICRC to contribute to local and regional events on matters of common interest, such as the protection of the civilian population. Strengthened cooperation with AALCO led to a seminar for defence officials and the publication/development of journals on such subjects as cyber warfare and IHL.

### **University scholars engage in discussions of contemporary IHL issues in South Asia**

Support for academic institutions, and courses/dissemination sessions/lectures held at them, stimulated interest in IHL among university students and lecturers and furthered their understanding of it. At the World Congress on International Law, post-graduate and research scholars strengthened their grasp of IHL during a panel discussion/workshop organized by the Indian Society of International Law and the ICRC. Law professors in India and the region continued to bolster their IHL teaching capacities through ICRC-supported training events, including the Advanced IHL South Asian Academics Training Programme. Students added to their knowledge of IHL and the ICRC through participation in extracurricular activities, including the delegation’s internship programme and national/regional moot court competitions (*see Beijing*).

Some 20 senior editors from 10 Asian countries debated the media’s role in humanitarian action at a conference in New Delhi. Media professionals and journalism students in India learnt more about humanitarian reporting and related ethical standards at national competitions and talks/workshops, including several organized by local Red Cross branches. Two humanitarian

organizations drew on the ICRC's expertise for training their personnel in media relations.

People learnt more about IHL, the ICRC and its work in the country and beyond, from the ICRC New Delhi blog and online/print publications – including in local languages – available at the delegation's library and resource centre.

#### **Military/police forces in the region learn more about IHL**

Military officers and troops bound for peacekeeping missions, particularly from India, learnt more about humanitarian principles, such as those linked to the Health Care in Danger project, and the Movement's work. Personnel from 10 countries learnt more about these matters at a regional seminar on peacekeeping and IHL, organized by a peacekeeping training centre in India and the ICRC.

In India, over 3,000 officers from the air force/army/navy, and 1,300 paramilitary/police officers, strengthened their grasp of IHL, basic human rights and/or internationally recognized standards for the use of force and firearms, at workshops, dissemination sessions and predeployment briefings conducted by their training units or by defence-related think-tanks. Senior officers participated in ICRC-sponsored training in San Remo and in Algeria (see *International law and policy*). Legal advisers attended a two-day IHL seminar that enabled them to have a better understanding of their roles in providing counsel to military commanders during operational decision-making.

Bhutanese army/police personnel added to their knowledge of IHL/internationally recognized policing standards at seminars in Bhutan.

The Bhutanese, Indian and Maldivian governments took steps to accede to IHL instruments and to enact implementing legislation. They received technical guidance from the ICRC and at IHL events abroad, for instance, a workshop on developing IHL-related legislation (see *Sri Lanka*) and a meeting of officials and National Societies from Member States of the Commonwealth of Nations (see *Suva*). Over 30 participants from Afghanistan, Bangladesh, Bhutan, India, the Islamic Republic of Iran, Nepal, Maldives and Sri Lanka furthered their understanding of IHL at the 27th South Asia Teaching Session on IHL, held in New Delhi.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Indian Red Cross assists vulnerable people**

The Indian Red Cross drew on ICRC technical/material/financial support to strengthen its ability to respond to emergencies in India and elsewhere in the region – in particular, its ability to provide family-links services (see *Civilians*) and administer first aid (see *Wounded and sick*) – and to conduct youth-education sessions on water, sanitation and hygiene. Following ICRC workshops in seven states on the Safer Access Framework, the National Society drafted an action plan for bolstering its staff's ability to safely assist those in need. National Society staff members participated in ICRC-organized national and regional training sessions, with a view to improving their managerial and operational capabilities.

Maldivian Red Crescent staff learnt more about the Safer Access Framework at an information session. The National Society adopted its Strategic Development Plan 2016–18, for which the ICRC provided technical advice.

The working committee for the formation of a National Society in Bhutan learnt more about the process at the 32nd International Conference and at orientation meetings organized by other Movement partners in New Delhi.

The Indian and Maldivian National Societies and the Bhutanese working committee promoted support for humanitarian principles and the Movement at meetings/events with/for various parties concerned (see *Actors of influence*), for instance, Indian Red Cross events in celebration of World Red Cross and Red Crescent Day (8 May).

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

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		1			
RCMs distributed		9			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		3	1		
<i>including people for whom tracing requests were registered by another delegation</i>		1			
People located (tracing cases closed positively)		1			
Tracing cases still being handled at the end of the reporting period (people)		3	1		
<i>including people for whom tracing requests were registered by another delegation</i>		2			
<b>Documents</b>					
People to whom travel documents were issued		448			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		5,798	249	30	
			Women	Girls	Boys
Detainees visited and monitored individually		284			2
Detainees newly registered		82			2
Number of visits carried out		32			
Number of places of detention visited		22			
<b>Restoring family links</b>					
RCMs collected		9			
RCMs distributed		4			
Detainees visited by their relatives with ICRC/National Society support		71			
People to whom a detention attestation was issued		1			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Cash	Beneficiaries	645	29%	36%
Vouchers	Beneficiaries	12,624	35%	30%
	<i>of whom IDPs</i>	1,241		
Services and training	Beneficiaries	1		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	55,320	1%	99%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Health</b>				
Number of visits carried out by health staff		301		
Number of places of detention visited by health staff		16		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
<b>Physical rehabilitation</b>				
Projects supported	Structures	6		
Patients receiving services	Patients	37,224	11,826	6,164
New patients fitted with prostheses	Patients	512	89	46
Prostheses delivered	Units	685	122	68
	<i>of which for victims of mines or explosive remnants of war</i>	15		
New patients fitted with orthoses	Patients	3,968	795	1,705
Orthoses delivered	Units	7,049	1,384	3,483
Patients receiving physiotherapy	Patients	10,170	2,175	3,274
Crutches delivered	Units	4,023		
Wheelchairs delivered	Units	379		