

MYANMAR

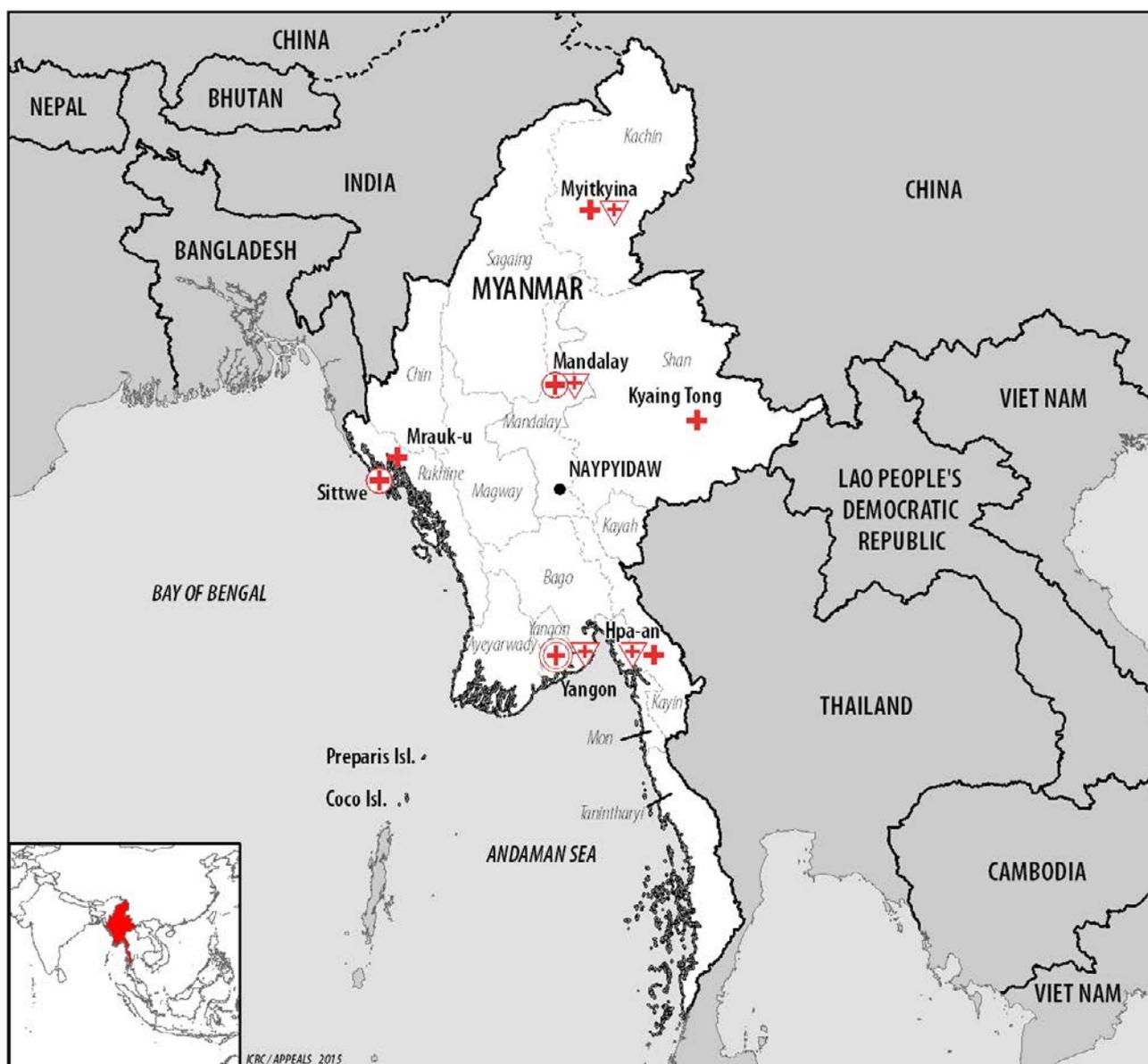
The ICRC began working in Myanmar in 1986. It visits detainees, offers them family-links services and helps improve conditions in places of detention; and promotes IHL and other international norms and humanitarian principles. Working with the Myanmar Red Cross Society in most cases, it responds to the needs of displaced persons and vulnerable communities in conflict/violence-prone areas. It supports health and hospital care and physical rehabilitation centres run by the Ministry of Health and the National Society to ensure quality services for mine victims and other disabled patients. It helps the Myanmar Red Cross build its operational capacities.

BUDGET IN KCHF

Protection	4,568
Assistance	19,405
Prevention	2,615
Cooperation with National Societies	1,948
General	229
Total	28,765
<i>Of which: Overheads</i>	<i>1,756</i>

PERSONNEL

Mobile staff	61
Resident staff (daily workers not included)	361



- ⊕ ICRC delegation
- ⊕ ICRC sub-delegation
- + ICRC office
- ⊖ ICRC-supported prosthetic/orthotic project

MAIN TARGETS FOR 2015

- ▶ wounded people in Kachin and Shan states receive treatment at government- or armed group-controlled hospitals, while all communities in Rakhine state access health care at Health Ministry facilities, all supported by the ICRC
- ▶ returnee and IDP households in Kachin, Rakhine and Shan states increase their income-generation/food production capacities through cash grants, cash-for-work incentives, agricultural supplies/equipment and livestock services
- ▶ detainees in jails and labour camps benefit from ICRC visits and from repairs to prison infrastructure, primarily water, sanitation and health facilities, carried out by the detaining authorities and the ICRC
- ▶ disabled persons gain access to rehabilitation centres run by the Myanmar Red Cross Society and the Health Ministry, including new facilities in Kachin and Shan states
- ▶ communities in Kachin and Shan states reduce their risks related to the presence of mines/explosive remnants of war through National Society/ICRC risk-awareness activities
- ▶ the authorities, weapon bearers and community/religious leaders support the ICRC's neutral, impartial and independent humanitarian activities, notably by allowing it to reach and assist violence-affected people in Rakhine state

ASSISTANCE		Targets (up to)
CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	32,500
Productive inputs	Beneficiaries	17,500
Cash	Beneficiaries	10,250
Work, services and training	Beneficiaries	2,535
Water and habitat activities	Beneficiaries	130,000
Health		
Health centres supported	Structures	10
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	10
Water and habitat		
Water and habitat activities	Number of beds	500
Physical rehabilitation		
Projects supported	Structures	4
Patients receiving services	Patients	2,500

CONTEXT

Reforms continue in Myanmar, with the government remaining open to better economic and political relations with neighbouring countries and beyond. Parliamentary elections and the nomination of the president are due to take place by the end of 2015.

Ceasefire negotiations between the government and 16 armed groups are in progress; however, clashes in the north-eastern states of Kachin and Shan persist and are reported to have displaced up to 100,000 people. It is estimated that 10 out of the 14 states in Myanmar, primarily Kachin and Shan, are affected by mines/explosive remnants of war (ERW).

In Rakhine state, Buddhist and Muslim residents, as well as an estimated 140,000 mostly Muslim IDPs, are still suffering the consequences of intercommunal violence that erupted in 2012. Fear and mutual distrust between the two communities prevent people from obtaining essential services and sometimes lead to clashes. International organizations face difficulties in implementing humanitarian activities owing to resistance from local groups.

HUMANITARIAN RESPONSE

Building on the expansion of its activities in Myanmar over the last two years, the ICRC in 2015 will aim to access and further assist conflict/violence-affected populations in Kachin, Rakhine and Shan states, as well as detainees.

Whenever possible, it will work with the Myanmar Red Cross Society, giving it various kinds of support to help en-

hance its emergency response, family-links, mine-risk education and dissemination capacities.

Establishing new relations and strengthening existing ones with the authorities, security forces, armed groups and civil society actors will be the ICRC's priority. With a view to ensuring their support and, in turn, gaining broader access to vulnerable people, dialogue with interlocutors will focus on humanitarian principles and IHL, notably the protection concerns of civilians, detainees and medical personnel/facilities, as well as the ICRC's activities. To supplement these efforts, the ICRC will organize emblem campaigns and tailor-made workshops/events and sponsor stakeholders' participation in IHL courses abroad.

To concretize the dialogue on its neutral, impartial and independent humanitarian activities, the ICRC – directly or with local partners – will endeavour to help all affected communities cope with the effects of conflict/violence.

People needing health, medical or rehabilitative care will benefit from ICRC-supported services. Through training, the ICRC will help boost the life-saving capacities of first-aid trainers, ambulance drivers and medical staff. It will provide equipment/consumables to health facilities and rehabilitate their infrastructure. In Rakhine state, the ICRC will focus on supporting Health Ministry-run preventive/curative health services for both Buddhist and Muslim communities. With the ICRC's technical, material and financial support, the National Society-run Hpa-an Orthopaedic Rehabilitation Centre (HORC) and Health Ministry facilities, including one in Kachin state, will provide more disabled patients with good-quality rehabilitative care. Services will include outreach programmes, a mobile repair workshop and the provision of assistive devices and social

reintegration assistance. Construction of an ICRC-supported Health Ministry centre in Shan state will commence.

Relief goods, as well as water and sanitation improvement projects, will enable IDPs and residents in violence-affected areas to ease their living conditions and maintain their health. Households will increase their income-generation and food production capacities and facilitate their early recovery with ICRC-provided agricultural and financial support, including cash-for-work incentives.

The National Society/ICRC will expand their weapon contamination-related activities. Through risk-education sessions, they will help communities living in areas affected by mines/ERW to stay safe. The ICRC will offer material/technical support for the clearance activities of the parties concerned.

Delegates will continue to visit people held at facilities run by the government and by one armed group. Visits will be conducted according to the ICRC's standard procedures – to monitor treatment and living conditions and to provide the authorities with confidential feedback. Through staff training, infrastructure rehabilitation and material support, the ICRC will work with the authorities to improve prison management and the general well-being of detainees, focusing on health care, water supply and sanitation. Detainees will benefit from family-links services facilitated by the local authorities, the National Society and/or the ICRC. The ICRC will help released detainees by covering their material needs while in transit, their travel expenses for the journey home and, where necessary, their medical treatment.

The ICRC will regularly coordinate with Movement partners and other humanitarian actors in areas of common interest to ensure effective service delivery and avoid duplication of effort.

HUMANITARIAN ISSUES AND ICRC OBJECTIVES

CIVILIANS

Clashes in Kachin and Shan states and intercommunal tensions in Rakhine state have displaced hundreds of thousands of persons, some repeatedly. The fighting leaves people prone to abuses, including sexual violence. Weapon bearers reportedly continue to recruit child soldiers.

The conflict/tensions hinder residents and IDPs from safely accessing livelihoods and essential services, particularly health care. When available, these services are often underdeveloped and inadequate. The presence of mines/ERW and frequent natural disasters exacerbate the situation. National capacity for clearing weapon-contaminated areas is minimal.

People separated from relatives owing to conflict/violence, detention and migration find it difficult to restore/maintain contact with them.

Released detainees struggle to reintegrate into society.

Objective

In areas affected by armed conflict or other situations of violence, people are respected and protected by both the authorities and weapon bearers in accordance with humanitarian principles and IHL. They have unhindered access to essential services and aid. Dispersed family

members are able to restore contact with one another. Violence-affected people are protected from the dangers of weapon contamination.

Plan of action and indicators

Protection

Kachin, Rakhine and Shan states

- ▶ through bilateral meetings and representations made on the basis of documented allegations of violations of humanitarian principles, IHL and other relevant international standards, urge the authorities and/or weapon bearers to:
 - adhere to the rules on the proper use of force during military or law enforcement operations
 - protect people and medical personnel/facilities (see *Actors of influence*); ensure people's access to essential services
 - release recruited child soldiers and minimize the use of minors in their operations

Restoring family links

- ▶ train and provide financial input to National Society staff to support them in strengthening their capacities in offering family-links services, including during emergencies
- ▶ with the National Society, enable people separated by conflict/violence, detention, natural disasters and migration to keep in touch with relatives through family-links services

Assistance

- ▶ help the National Society increase its capacity to assist conflict/violence-affected people by:
 - training staff to assess communities' water, sanitation and economic needs and supporting them to independently implement/monitor activities
 - rehabilitating/building a National Society office
 - providing material/technical/financial support to mine-risk education teams

Health

- ▶ assist the Health Ministry in enabling violence-affected communities, including Buddhist and Muslim residents and IDPs in 8 townships in Rakhine state, to obtain preventive, curative, and mother and child care, by:
 - conducting training courses for midwives/health staff; covering their transportation costs; providing basic equipment/medicines, such as refrigerators and vaccine carriers; and rehabilitating up to 10 rural health centres serving some 10,000 people
 - furnishing facilities with additional medical supplies during emergencies
 - providing support for emergency referrals for patients needing secondary-level care
- ▶ follow up former detainees previously visited by the ICRC in prisons and, where necessary, cover medical/psychological treatment costs for about 50

With the National Society:

Water and habitat

- ▶ by installing/rehabilitating water and sanitation infrastructure close to their homes and promoting good hygiene practices, enable around 80,000 returnees/residents in rural/urban areas to cover their household and agricultural/livestock water needs and improve sanitation conditions

- ▶ in case of emergencies, provide material assistance to help ensure that up to 40,000 people, including IDPs, benefit from clean drinking water and adequate sanitation facilities and temporary shelters

Economic security

- ▶ help ease living conditions for conflict/violence-affected people by:
 - providing up to 10,000 of them (2,000 households) with essential household items or cash grants to purchase necessities
 - distributing alternative fuel and cooking equipment to up to 22,500 people (4,500 households) in IDP camps and isolated villages in Rakhine state, thereby reducing their cooking expenditures and their need to gather firewood
- ▶ help conflict/violence-affected households boost/restore their income-generation and/or food production capacities by providing:
 - workers with cash for rehabilitating rural infrastructure, thereby benefiting their families (5,000 people) and communities
 - material support for community-based National Society livelihood projects for up to 500 households (2,500 people)
 - agricultural supplies/equipment, in-kind and conditional cash grants and/or training for up to 4,000 heads of IDP/resident households (20,000 people)
 - up to 500 heads of households (2,500 people) with free consultation services on livestock protection from some 10 trained/equipped animal health workers

Weapon contamination

- ▶ alert affected communities in both government- and armed group-controlled areas in Kachin and Shan states to the dangers posed by mines/ERW through risk-education sessions
- ▶ to protect communities more effectively, discuss with the Myanmar army and the Kachin Independence Army the need for humanitarian mine/ERW clearance and safe storage of ammunition; sponsor the participation of 1 government official in a regional seminar on mine clearance
- ▶ with the parties concerned, draft a contingency plan detailing ICRC technical/material support for clearance operations or, where necessary, for directing surveys/clearance

PEOPLE DEPRIVED OF THEIR FREEDOM

Tens of thousands of detainees in Myanmar contend with poor living conditions caused by overcrowding, dilapidated facilities and limited prison staff capacities. These conditions affect the provision of health-care services, such as TB/HIV management and control. Educational/recreational activities for detainees are minimal.

Inmates, including foreigners, have limited means of informing their families or embassies of their detention. Those held far from their homes or in areas where movement is restricted are unable to receive family visits or, upon their release, travel home safely.

Objective

Detainees are afforded treatment and living conditions, including respect for judicial guarantees, that are in accordance with international law and internationally recognized standards. They are able to maintain contact with their families.

Plan of action and indicators

Protection

- ▶ visit detainees in at least 25 prisons/labour camps and in armed group-controlled facilities, monitoring their treatment and living conditions in accordance with the ICRC's standard procedures
- ▶ after visits, discuss findings and any recommendations with the authorities, focusing on issues related to: vulnerable detainees, judicial guarantees, overcrowding and detainees' schooling/vocational training; urge the authorities to inform embassies, the families and the ICRC of the whereabouts of people arrested or transferred
- ▶ to help improve the management of detention facilities, sponsor the participation of officials in international workshops/study tours and support the Prison Department in drafting new prison guidelines
- ▶ while encouraging the Prison Department to enable detainees to use existing means of communication to stay in touch with relatives, with the National Society, help some 1,500 inmates contact their families/embassies through family-links services
- ▶ in coordination with state authorities, enable up to 600 detainees, including those at facilities in Rakhine state, to receive family visits

Assistance

- ▶ help up to 10,000 detainees at some 20 prisons boost their well-being by distributing hygiene, clothing and recreational items
- ▶ to improve prison health services, help the detaining authorities and the Health Ministry develop a prison health policy, including through the organization of a health in detention seminar; support them by:
 - providing medical equipment/drugs, training, and guidelines on medical ethics
 - assessing TB/HIV control, with a view to extending material/technical support where necessary
 - covering gaps in medical/nutritional needs during emergencies
- ▶ install/rehabilitate water, sanitation, kitchen and medical facilities and sleeping and outdoor areas, to help improve living conditions for roughly 10,000 inmates at up to 12 places of detention
- ▶ through material/technical support and national seminars, help prison staff become more adept at improving/maintaining facilities
- ▶ cover the transport costs home of around 250 released detainees and, if needed, their medical/psychological treatment (see *Civilians*); in Rakhine state, distribute material assistance to those waiting for police-provided transportation back to their villages

WOUNDED AND SICK

In north-eastern Myanmar, first-aid services are available but not equipped to respond to conflict-related injuries.

Security concerns, length of travel time and lack of information hamper access for wounded, sick and disabled people to hospitals and physical rehabilitation services, most of which have limited facilities, staff and supplies. National policies and coordinating platforms and social and economic reintegration programmes benefiting disabled persons are minimal.

Objective

People sick or wounded as a result of armed conflict or other situations of violence receive timely and adequate first aid and/or medical/surgical assistance. Amputees/mine victims have access to physical rehabilitation services.

Plan of action and indicators

Assistance

Medical

- ▶ through training and material support, help National Society first-aid trainers strengthen their capacities to teach life-saving techniques to emergency responders in north-eastern states
- ▶ to ensure that conflict/violence-affected patients receive proper and timely medical treatment:
 - at up to 10 hospitals in Kachin, Rakhine and Shan states, including 1 controlled by an armed group in Kachin state, upgrade water, sanitation and electrical facilities and provide training and medical equipment/consumables
 - conduct training in ambulance services, weapon-wound management and/or primary trauma care for ambulance crew and health personnel

Physical rehabilitation

- ▶ at the HORC and 3 Health Ministry facilities, offer management advice and in-country/international training courses to staff, provide material support and rehabilitate infrastructure, enabling:
 - around 2,500 disabled people living in the supported centres' catchment areas to learn about and obtain the services available through information campaigns, outreach activities, a mobile workshop and payment of patients' transport costs to/from the centres
 - some 2,500 patients to receive approximately 3,650 assistive devices and 6,500 locally produced prosthetic feet, as well as physiotherapy
 - up to 50 patients to participate in sports activities, thereby facilitating their social reintegration
 - staff members to enhance their skills, such as patient management
- ▶ ensure that more disabled patients benefit from physical rehabilitation services by constructing, with the Health Ministry, a new centre in Shan state
- ▶ encourage the Health Ministry to integrate physical rehabilitation services into its general policies and to establish a national coordination platform

ACTORS OF INFLUENCE

The armed forces are responsible for security in conflict-affected areas; they occasionally assist the police during law enforcement operations. Armed groups are negotiating a peace agreement with the government, but clashes still occur in parts of the country (see *Context*). Weapon bearers and members of civil society, primarily religious/community leaders, play a role in ensuring that people are respect-

ed and that humanitarian assistance for victims of conflict/violence can be provided safely.

The international community, academic institutions and the media help bring issues of concern to the attention of decision-makers.

The government's reform process provides an opportunity to discuss the ratification or domestic implementation of IHL treaties.

Objective

The authorities, armed and police forces, armed groups and key civil society actors know and respect IHL and other fundamental rules protecting people in armed conflict, other situations of violence and during law enforcement procedures and incorporate them into their decision-making processes. The media, academics and other circles of influence help foster awareness of humanitarian issues and principles and basic IHL rules among all those involved in these situations and the wider public, thus achieving greater respect for human dignity. All actors understand the ICRC's mandate and support the work of the Movement.

Plan of action and indicators

Prevention

With the National Society:

- ▶ to foster support for humanitarian principles, IHL, the Movement and the ICRC's neutral, impartial and independent humanitarian action, and thus facilitate the ICRC's access to conflict/violence-affected communities:
 - through briefings/dissemination sessions and by distributing pertinent publications, establish or further strengthen relations with government officials, the international community, regional organizations, the armed forces/police, armed groups and civil society representatives, particularly religious/community leaders in Rakhine state
 - organize workshops on the objectives of the Health Care in Danger project for health officials and professionals, including military training institutions
 - conduct campaigns promoting respect for the Movement's emblems
 - regularly provide the media with ICRC press releases/articles and enable journalists to attend events/workshops, with a view to encouraging accurate reporting on IHL and the ICRC
- ▶ promote understanding of and respect for IHL and other relevant norms (see also *Civilians*) by:
 - organizing courses for senior ministry and security officials and academics; sponsoring their participation in IHL workshops abroad
 - training military IHL instructors; providing them with reference materials and virtual tools for learning
 - pursuing dialogue with senior police officers on protection- and detention-related issues and with instructors on integrating internationally recognized policing standards into training courses
 - encouraging armed groups to include IHL provisions in their code of conduct
 - offering technical support to the authorities for acceding to IHL treaties and/or integrating them into domestic legislation

- making IHL resources available to university lecturers and students; enabling students to compete in international IHL events

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society's extensive network of branches across the country allows it to assist vulnerable populations, occasionally in partnership with the ICRC (see above). It aims to improve, with support from Movement partners, its emergency preparedness and response capacities.

The National Society works in an environment where respect for the Movement's Fundamental Principles and coordination among other humanitarian actors are crucial.

Objective

The National Society has a strong legal basis for independent action and is able to provide relief and health assistance in armed conflict, other situations of violence or natural disasters. It carries out effective activities to restore family links and promote IHL and the Movement's Funda-

mental Principles. The activities of all components of the Movement are coordinated.

Plan of action and indicators

Cooperation

- ▶ by providing resources, training and material support, help the National Society boost its capacities in:
 - organizational and operational management, enabling it to respond to the needs of communities affected by conflict/violence (see *Civilians* and *Wounded and sick*), in accordance with the Fundamental Principles, the Safer Access Framework and formalized partnership agreements
 - promoting awareness of humanitarian issues, basic IHL rules, and the Movement and its emblems (see *Actors of influence*)
- ▶ with the International Federation, support the National Society in revising the Red Cross Act; if passed, help promote it among National Society members
- ▶ hold coordination and contingency planning meetings with Movement partners to ensure that needs are met efficiently and duplication of services avoided