

Operational activities

Objekttyp: **Group**

Zeitschrift: **Annual report / International Committee of the Red Cross**

Band (Jahr): **- (1995)**

PDF erstellt am: **29.05.2024**

Nutzungsbedingungen

Die ETH-Bibliothek ist Anbieterin der digitalisierten Zeitschriften. Sie besitzt keine Urheberrechte an den Inhalten der Zeitschriften. Die Rechte liegen in der Regel bei den Herausgebern.

Die auf der Plattform e-periodica veröffentlichten Dokumente stehen für nicht-kommerzielle Zwecke in Lehre und Forschung sowie für die private Nutzung frei zur Verfügung. Einzelne Dateien oder Ausdrucke aus diesem Angebot können zusammen mit diesen Nutzungsbedingungen und den korrekten Herkunftsbezeichnungen weitergegeben werden.

Das Veröffentlichen von Bildern in Print- und Online-Publikationen ist nur mit vorheriger Genehmigung der Rechteinhaber erlaubt. Die systematische Speicherung von Teilen des elektronischen Angebots auf anderen Servern bedarf ebenfalls des schriftlichen Einverständnisses der Rechteinhaber.

Haftungsausschluss

Alle Angaben erfolgen ohne Gewähr für Vollständigkeit oder Richtigkeit. Es wird keine Haftung übernommen für Schäden durch die Verwendung von Informationen aus diesem Online-Angebot oder durch das Fehlen von Informationen. Dies gilt auch für Inhalte Dritter, die über dieses Angebot zugänglich sind.

OPERATIONAL ACTIVITIES

War leaves desolation and sorrow in its wake. The ICRC endeavours to bring hope to all victims of conflict throughout the world. In 1995 it helped people in more than 50 countries overcome the worst of their trials and set them on the road to recovery.

ICRC/T. Gassmann





The past year brought a few favourable developments which suggested that the world might be entering a period of relative calm. Significant progress was made in efforts to find lasting solutions to long-drawn-out conflicts, such as those in Angola and the former Yugoslavia; other situations in which the ICRC had been involved for so many years (Mozambique, South Africa, Israel, the occupied territories and the autonomous territories) were no longer on its list of emergency operations.

Any optimism must, however, be guarded. Indeed, if peace is to take hold, emergency action must quickly be followed by rehabilitation and development work. Has the international community the will — and is it in fact demonstrating the necessary resolve — to transform years of war, tension and total lack of understanding into lasting peace, founded on reconciliation and collective well-being?

Although there appears to be a trend towards relative stability, a great deal of uncertainty remains. The ICRC therefore attaches great importance to the post-conflict period. A successful transition from emergency aid to assistance after the end of hostilities requires a thorough knowledge of local culture and traditions. Even in the midst of a crisis the ICRC always endeavours to plan its aid operations with an eye to the post-war phase, by launching programmes that are designed to achieve realistic goals and are geared to each specific context. This is why in recent years there has been such an increase in the number of seed distribution programmes and projects designed to provide people with the equipment and materials they need to regain self-sufficiency. When tension eases, the ICRC also takes advantage of this more propitious environment to implement programmes aimed at spreading awareness of international humanitarian law and the Fundamental Red Cross and Red Crescent Principles, for lack of knowledge is partly to blame for present-day failures to respect the rules of humanitarian law.

The signing of a peace agreement does not necessarily bring peace, and the ICRC cannot therefore disregard the immediate consequences of war. A peace accord should logically facilitate the settling of humanitarian issues arising from conflict, for example by making it easier to trace missing persons and restore links between dispersed family members. War leaves lasting scars, however, and it is crucial to move without interruption from the emergency to the rehabilitation phase.

In 1995 the ICRC worked together with the secretariat of the International Federation of Red Cross and Red Crescent Societies to develop guidelines for a consistent response by the entire International Red Cross and Red Crescent Movement to humanitarian needs in times of relative calm.

The ICRC's main concern was to ensure that in every situation the Movement was able to work with complete impartiality. To achieve this, it is essential that its various components operate in a truly complementary fashion.

The humanitarian environment is becoming increasingly complex. Moreover, the issue is further compounded by selective media coverage of conflicts, the politicization of humanitarian action and the tendency to incorporate humanitarian work in more comprehensive political and military operations. All those factors have strengthened the ICRC's conviction that the Movement needs to develop its capacity for action by reaffirming its independence and enhancing solidarity among its members.

Relations with international organizations

In 1995 the ICRC continued to develop its relations with international organizations, the United Nations (and its programmes and specialized agencies) and major regional and non-governmental organizations. Its two principal aims were to encourage concerted effort to improve compliance with international humanitarian law and complementary action to ensure that conflict victims received more effective assistance. During the ceremony marking the fiftieth anniversary of the United Nations, the ICRC President made the following statement on the subject of complementarity between the UN and the ICRC: "Although the respective nature and goals of the United Nations and of the ICRC are completely different, the two institutions nevertheless spring from the same humanist philosophy. For the founders of the United Nations in 1945, as for the ICRC in 1864 and again in 1949, the aim was to cast out the demons of war in the aftermath of a devastating and deadly conflict by striving to define and express in tangible form universal values capable of bringing all peoples together."

Implementation of international humanitarian law and support for the ICRC

Through its International Organizations Division at headquarters and its representatives in New York, Washington, Addis Ababa and Kuwait, the ICRC attended the numerous meetings of intergovernmental organizations that took place in 1995. Its delegates thus followed the proceedings of the Organization for Security and Co-operation in Europe (OSCE), the Organization of American States (OAS), the Organization of African Unity (OAU), the Organization of the Islamic Conference (OIC), the Inter-Parliamentary Union (IPU) and the Conference of Heads of State or Government of Non-Aligned Countries. Thanks to the broad recognition it enjoys, the ICRC is able to develop a properly structured multilateral dialogue with the States and to advance the cause of humanitarian law.

Many of the resolutions adopted within those various fora dealt with subjects of vital concern to the ICRC. They included texts aimed at promoting adherence to the 1977 Protocols additional to the Geneva Conventions, respect for and dissemination of humanitarian law, and the setting up of an international criminal court for the prosecution of war crimes. In addition, resolutions calling for a ban on anti-personnel landmines were adopted by the OAU and the OIC, in response to the ICRC's campaign against such weapons.¹

The Fifty-first Session of the United Nations Commission on Human Rights adopted a resolution (1995/89) on the former Yugoslavia, urging the parties in

¹ See *The law and legal considerations*, p. 261 and 268-270.

conflict to notify the ICRC of the location of all camps, prisons and other detention facilities, and calling for the ICRC and the Special Rapporteur of the UN Secretary-General and other organizations to be given access to such places; other resolutions dealt with southern Lebanon and the western Bekaa plain, Chechnya (southern Russia) and East Timor, respectively. The Council of Europe adopted a resolution requesting that the ICRC be granted access to people captured in Srebrenica and Zepa (Bosnia and Herzegovina), and the OSCE urged that the ICRC be allowed to visit all detainees held in connection with the events in Chechnya and Nagorny Karabakh.

ICRC representatives also took part in the World Summit for Social Development in Copenhagen and in the Fourth UN World Conference on Women, held in Beijing.

Finally, the ICRC pursued its efforts to make humanitarian law better known in diplomatic circles and among international civil servants by organizing seminars in New York, Geneva, Addis Ababa and Washington.

Concerted action and preserving the neutrality and impartiality of humanitarian action

“The factor which limits the ICRC’s involvement in these mechanisms is its independence, which it must preserve in every context, in order to perform its recognized role as a neutral humanitarian intermediary. Only by taking decisions independently and by retaining its independent financial structure can the ICRC continue to fulfil the mandate conferred on it by the international community.” It was in those terms that the ICRC reaffirmed its position on the strengthening of humanitarian coordination within the United Nations at the UN General Assembly meeting on 28 November 1995. At the same time the ICRC continued to stress the need for an absolute distinction to be drawn between political and military action, on the one hand, and humanitarian work, on the other. In that connection a resolution adopted by the 93rd Inter-Parliamentary Conference in Madrid “calls on the international community to take into consideration the fact that humanitarian activities, politics and military action must retain their own dynamics and separate objectives and tasks, in order to preserve the independence, neutrality and impartiality of humanitarian action”.

As in 1994, the ICRC continued to cooperate in the effort to achieve greater complementarity with certain United Nations programmes and agencies. For example, it maintained close contacts with the Office of the United Nations High Commissioner for Refugees (UNHCR) and attended the meeting of its Executive Committee, where it stressed that “only a concerted approach by States and international and local humanitarian organizations, taking into account the wishes of civil society and of the victims themselves, will make it

possible to meet the enormous challenge of resolving them". Numerous exchanges of views took place with the World Food Programme (WFP), the United Nations Development Programme (UNDP) and UNICEF. The World Health Organization (WHO) and UNESCO granted the ICRC observer status, thus recognizing its specific nature.

The ICRC also strengthened its operational coordination with non-governmental organizations, particularly within the context of its campaign against anti-personnel landmines.

Activities for people deprived of their freedom

Visits to people deprived of their freedom

The situation in Rwanda and the tragic consequences of the conflict in the former Yugoslavia accounted for a large part of the ICRC's activities in 1995 and, because of the magnitude of the needs, mobilized a considerable share of the institution's resources.

Following the events that had plunged Rwanda into chaos in 1994 and the mass arrests made after the massacres, the ICRC launched one of its largest operations ever for detainees held in some 250 detention facilities and lock-ups in the country. More than 60 delegates and several dozen health experts were involved in registering, supplying drinking water and food, providing medical care and improving hygiene conditions for over 60,000 inmates. The ICRC maintained close contacts with the authorities, regularly informing them of the situation and of the problems encountered during its visits to detainees. The alarming level of overcrowding and the steadily increasing numbers of prisoners prompted the ICRC, with the support of UN specialized agencies, to install facilities in a temporary detention site, which was handed over to the Rwandan Ministry of Justice in September. That exceptional measure was intended to relieve the Rwandan authorities temporarily of their obligations, until they themselves set up new places of detention.

In connection with the conflict in the former Yugoslavia, the ICRC visited around 5,300 detainees during the year under review. In Bosnia and Herzegovina, the scale of the fighting and a hardening of positions among the belligerents made it increasingly difficult for the institution to gain access to detainees in camps, particularly to people captured in successive military operations during the year. Nevertheless, delegates visited a total of 2,500 detainees in 1995 and at year's end were being granted relatively regular access to some 800 individuals still in detention. By that time, however, the ICRC had ample information pointing to the fact that many detainees were being deliberately withheld from its delegates during their visits. Moreover,

IN 1995 THE ICRC:

- visited 2,282 places of detention in 58 countries;
- visited 146,585 detainees and monitored the movements of 107,407 of them within the detention system;
- handed out over 14 million Swiss francs' worth of material and food aid in detention facilities;
- submitted eight offers of services to governments and factions, outside the context of international armed conflict.

throughout the conflict several hundred civilians had been forced to do dangerous work or had been captured solely for exchange purposes; such practices are in flagrant violation of international humanitarian law. The International Tribunal for the former Yugoslavia formally invited the ICRC to carry out visits, in accordance with its standard working procedures, to persons detained under the Tribunal's responsibility.

As in the past, in 1995 the ICRC repeated its visits to people deprived of their freedom in all countries where its presence was still needed. In Afghanistan there was a considerable increase in the number of combatants and civilians captured; for the first time delegates gained access to persons detained by the Taliban militia. The situation in Peru, Sri Lanka and Burundi required a constant ICRC presence in places of detention.

New developments

During the year under review the ICRC made progress on several humanitarian issues to which no satisfactory solution had previously been found.

In June the institution signed an agreement with the Indian government authorizing it to visit all persons detained in connection with the situation in the state of Jammu and Kashmir. The visits began in Srinagar in October.

In Papua New Guinea the ICRC gained access in January to 19 people held in relation with the crisis on the island of Bougainville.

Early in the year, the ICRC organized family visits and arranged for the exchange of messages between detainees and their families in the Israeli-occupied zone in southern Lebanon. In October it was able for the first time to visit the Khiam detention centre run by the South Lebanon Army.

In the Russian Federation, the eruption of the internal armed conflict in Chechnya led to the capture and detention of hundreds of combatants and civilians. Despite a few difficulties in securing acceptance for its standard working procedures, the ICRC was able to visit a number of detainees held on either side.

In Georgia, regular visits were made to all persons detained in relation with the Abkhaz conflict. After several months of negotiation the ICRC gained access to several dozen security detainees held in this connection. Offers of services were made to the Armenian and Azerbaijani governments for visits to similar categories of detainees.

Implementation of humanitarian agreements

In accordance with its specific role as a neutral intermediary, the ICRC continued to propose its good offices to assist in the implementation of humanitarian agreements or to help parties meet their obligations (for example as regards release and repatriation operations). The institution thus lent its

services in the release of persons detained by the Revolutionary United Front in Sierra Leone; the repatriation of prisoners of war and civilian internees held by Peru and Ecuador; and the release and return of prisoners detained by the Polisario Front. ICRC delegates were also present during the release and repatriation of 100 Iraqi prisoners of war, who were freed by the Islamic Republic of Iran and handed over to the Iraqi authorities, pursuant to the provisions of Article 118 of the Third Geneva Convention. Since the cease-fire signed between the parties to the Iran-Iraq conflict on 20 August 1988, however, some 19,000 of the 100,000 prisoners registered by the ICRC are still awaiting release and the institution has still not been authorized to visit them or organize their repatriation.

As regards the conflict in Bosnia and Herzegovina, the ICRC was requested by the parties to the Dayton Agreement of 21 November 1995 to implement the humanitarian provisions of the peace treaty, in particular those regarding supervision of the release and repatriation of all detained combatants and civilians.

Protection of the civilian population

The ICRC stepped up its activities in behalf of civilians affected by hostilities, particularly those exposed to abuse on the part of fighting units or the forces of law and order. It drew the attention of parties in conflict to the impact of their operations in humanitarian terms and called on them to respect the rules governing the conduct of hostilities.

Military operations in various regions of the former Yugoslavia — which led to several of these areas changing hands — had tragic consequences for civilians forced to flee the war zones. Some communities were subjected to numerous repressive measures and acts of reprisal which caused large-scale population movements. The ICRC repeatedly reminded the warring parties of the absolute need to respect the immunity of the civilian population, to honour the commitments they had made in May and June 1992³ and to take all proper precautions during military operations. In the same spirit it submitted to the Croatian government a summary report on the problems arising from the taking of former Sectors West, North and South in Croatia. Following the military operations conducted in Srebrenica (Bosnia and Herzegovina), the ICRC handed the Bosnian Serb authorities several thousand first-hand accounts concerning people who had been captured, gathered from relatives who had fled the town; it requested that everything be done to shed light on the fate of

³ See the ICRC's 1992 Annual Report, p. 93.

presumedly detained individuals whom the ICRC had not managed to locate and who were therefore unaccounted for.

ICRC delegates were also active in conflict situations in other parts of the world. In Colombia, for instance, the institution handed over reports containing humanitarian observations to the authorities and to the armed opposition during the year, and it submitted a report to the Turkish government on the humanitarian consequences of Turkish military operations in northern Iraq. Similar approaches were made to the authorities of the Russian Federation concerning the hostilities in Chechnya and their effects on the civilian population.

Humanitarian mobilization to enhance the protection of people deprived of their freedom

In keeping with the spirit of Article 1 of the Third Geneva Convention, the ICRC systematically renewed its appeals to the States to respect their obligations in all situations where the fate of detainees coming within its mandate gave particular cause for concern. On the occasion of the Ninth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held in Cairo, the ICRC drew attention to the plight of thousands of penal law detainees held in countries where crisis had resulted in a deterioration of detention conditions. It urged that all people deprived of their freedom be treated humanely.

Restoration of family links

The Central Tracing Agency (CTA) is the operational unit within the ICRC which does everything possible to facilitate the restoration of family ties severed during conflicts and thus enable the institution to fulfil the mandate entrusted to it in this respect by the international community. Several International Conferences of the Red Cross and Red Crescent have adopted specific resolutions highlighting the importance of this special field of humanitarian action for the Movement as a whole.

The 26th International Conference, held in Geneva in early December 1995, also devoted much of its work to the subject of restoring family links. It adopted a resolution on the issue of reuniting families, which should do much to ease the task of National Red Cross and Red Crescent Societies. The substance of the resolution stemmed from a symposium on this topic, held under the auspices of the Henry Dunant Institute in Budapest (Hungary) in November 1994. The text was endorsed by 25 National Societies from all continents.

While it is accepted within the Movement that the CTA acts as a coordinator and technical adviser to National Societies, the Societies themselves play a primary role in organizing and carrying out activities to restore family links.

IN 1995 THE ICRC:

- forwarded 3,450,519 Red Cross messages, including 1,670,980 in connection with the conflict in the former Yugoslavia and 1,305,197 in connection with the situation in Rwanda;
- reunited 11,217 families;
- traced 14,687 people;
- received 93,428 new tracing requests.

Over 100 National Societies all over the world were thus involved in operating the family message network which, in the former Yugoslavia, helped tens of thousands of people to maintain or re-establish contacts with relations from whom they had been separated as a result of the war.

The year was also marked by a major effort on the part of the main organizations involved in matters relating to children, such as UNHCR, UNICEF, the Save the Children Fund and the International Federation of Red Cross and Red Crescent Societies. Mechanisms for cooperation and the coordination of activities to help children in times of emergency were set up to prevent duplication and wasting of resources and facilities; these mechanisms were implemented in particular during the international operation conducted in the Great Lakes region of Africa following the conflict and the appalling massacres of civilians in Rwanda.

A meeting held in London in September under the auspices of the European Community Humanitarian Office (ECHO) brought together the principal humanitarian organizations working in behalf of children in Africa for an in-depth exchange of views on the methods to be applied in emergency situations and on the appropriate coordination and cooperation mechanisms.

Health activities

The Medical Division at ICRC headquarters plans and supports health activities in the field, which are closely linked with relief programmes: they include emergency preparedness, training of personnel, initial assessment of health problems in conflict situations, implementation of medical programmes for war victims (the wounded, prisoners, the civilian population, war-disabled) and evaluation of the results. The Division has specialists in water supply and sanitation, nutrition, pharmacology, prosthetics, war surgery and health problems specific to detainees.

Health activities conducted by ICRC and National Society staff in the field are not limited to providing medical care or taking action in areas such as sanitation, nutrition and rehabilitation. The ICRC's policy is to encourage the people it assists to achieve autonomy, especially by supporting or strengthening local medical facilities.

War and health: a complex interaction

Individual and collective health in a society depends not only on preventive and curative medical care and surgical facilities but also — and especially — on access to food and drinking water and on environmental sanitation. All the above presupposes the proper functioning of social and economic systems,

IN 1995 THE ICRC:

- fitted 7,836 amputees with artificial limbs;
- manufactured 13,094 prosthetic and orthotic appliances, 13,363 pairs of crutches and 561 wheelchairs;
- distributed medicines and other medical supplies worth 51,876,994 million Swiss francs;
- deployed health teams in 20 countries to provide drinking water for displaced people and/or repair water treatment facilities and distribution systems in towns and regions affected by conflict.

which become increasingly complex (and vulnerable) the higher a society's level of development.

Conflicts have a profound and lasting impact on such systems and hence on health as a whole. War does not simply mean an influx of wounded into hospitals and the bombing and destruction of vital infrastructures; it also means a breaking down of essential services and a siphoning off for the war effort of human and material resources normally devoted to peacetime activities. To the inhabitants of a country at war, particularly the disadvantaged sectors of the population and vulnerable groups, access to care, food and sometimes even drinking water becomes a problem. Malnutrition and poor hygiene conditions can lead to epidemics. The difficulties are worst when entire populations are forced to flee the fighting or abuse on the part of belligerents.

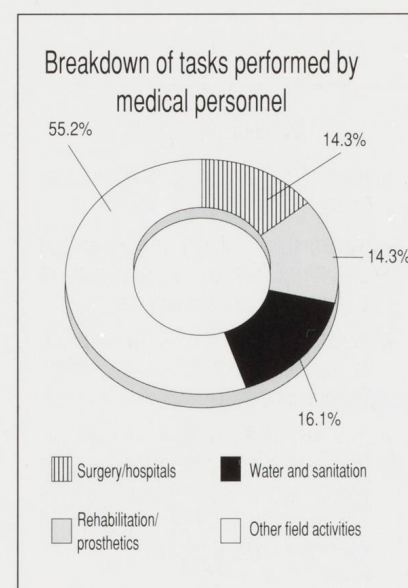
Once a conflict sets in, even if it drops in intensity, or when its effects are prolonged by economic sanctions, society as a whole becomes more vulnerable, and while needs increase the resources available to meet them are ever fewer.

A comprehensive approach

The magnitude and diversity of health problems directly or indirectly caused by conflict call for a comprehensive approach on the part of humanitarian organizations. Indeed, to be effective the humanitarian agencies should not see their task as a mere juxtaposition of material and medical assistance programmes, however elaborate these may be. If they are to achieve their objective they must adopt a consistent working method that aims to meet people's needs (vital needs first), while guaranteeing respect for certain fundamental rights of war victims. The end of hostilities does not mean that life will immediately return to normal and it is often necessary to continue the humanitarian effort throughout the post-conflict period: every emergency operation must be followed by rehabilitation work.

In its health activities for war victims (the wounded, the sick, the disabled, prisoners, displaced persons, civilians affected by famine or denied access to water or health care), the Medical Division strives to adopt a comprehensive approach, as does the ICRC as a whole.

In parallel with its operational work, the Division is responsible for gathering, analysing and structuring information gained through the ICRC's experience of health activities and specific health problems in conflict situations; assessing the impact of those activities and passing on know-how to medical personnel working both within and outside the institution; and supporting ICRC campaigns to alert public opinion to the effects of, say, anti-personnel mines and blinding laser weapons. In 1995 the Division employed at headquarters



13 doctors, two surgeons, five sanitary engineers, two nutritionists, and administrative staff to support and coordinate action in the field.

Health of detainees

During the year under review ICRC medical activities in prisons combined the provision of assistance with the protection of detainees.

In Rwanda, the extreme overcrowding in places of detention following the arrest of over 60,000 individuals suspected of taking part in the genocide led to a mortality rate in some prisons of five to nine deaths per 10,000 detainees a day (in disaster situations, a rate of two deaths per 10,000 inmates per day is regarded as bordering on the intolerable). Since the authorities were unable to cope with the situation, the ICRC initiated a complex if unusual operation to provide food and firewood for cooking, repair prison water supply systems, latrines and showers, organize a system for treating and evacuating the sick, and distribute medicines. As a result, the mortality rate fell to 0.15-0.4 deaths per 10,000 detainees a day, and it was possible to prevent the outbreak of epidemics.

The disturbing prevalence of tuberculosis in prisons in Azerbaijan and Ethiopia prompted the ICRC to set up programmes for treating the disease, in cooperation with the detention authorities. Not only did this benefit sick detainees, but the health of other prisoners was protected because the risk of contagion had fallen.

An outbreak of beriberi (lack of vitamin B₁ as a result of malnutrition) in some places of detention in Haiti was halted by a combination of medical and nutritional assistance.

In Yemen, the ICRC implemented a project to upgrade water supply facilities and waste water disposal systems in prisons and, together with the National Red Crescent Society, launched a programme to provide medical and psychiatric care for mentally ill detainees.

In Zaire and Madagascar, the countries' National Societies and local non-governmental organizations carried out water supply and sanitation programmes in prisons, supplemented by food aid for the detainees. The programmes were conducted with support from the ICRC.

Assistance for the war-wounded and war-disabled

The ICRC's programme for the distribution of surgical supplies and medicines to treat the war-wounded in the former Yugoslavia continued throughout 1995, reaching 82 hospitals and surgical units. According to the beneficiaries themselves, the programme covered 80 percent of their surgical requirements. The value of monthly distributions varied between 650,000 and 880,000 Swiss francs during the relatively quiet period from January to March and from one million to 1.5 million when the fighting resumed between May

and October, before falling back to 890,000 Swiss francs in November (fighting halted following the signature of the Dayton Agreement). Those fluctuations reflected the constant matching of aid to needs.

The ICRC hospitals in Quetta (Pakistan) and Lokichokio (Kenya), which care for people wounded in the conflicts in Afghanistan and southern Sudan, respectively, reported sustained activity, with 3,924 wounded admitted and 10,273 surgical operations performed during the year. While a surgical team was maintained at the Juba hospital in Sudan, the ICRC handed over responsibility for surgical activities in the hospitals in Jalalabad, Afghanistan, and Mongkol Borei, Cambodia, which it had rehabilitated, to local partners and a National Society, respectively. A first-aid post was opened in Kandahar, Afghanistan, pending completion of rehabilitation work on the town's surgical hospital in 1996.

The ICRC's prosthesis workshops where war amputees are fitted with artificial limbs must continue operating beyond the emergency phase, so it is important to ensure that their activities can carry on after the ICRC's withdrawal; this often proves difficult owing to the lack of reliable partners to take over responsibility for the task. During 1995 twelve projects of this type were handed over to different organizations (National Societies, non-governmental organizations and local foundations) in Myanmar, Mozambique, Lebanon, Syria and Eritrea. Four new projects were launched in Afghanistan and Angola. At year's end the ICRC was running 19 projects for the rehabilitation of the war-disabled in nine countries. Two former ICRC projects (i.e. the workshop in Ho Chi Minh City and the training centre in Addis Ababa) carried on with the support of the ICRC's Special Fund for the Disabled.

In June, a meeting of experts, organized in Phnom Penh by the International Society for Prosthetics and Orthotics and USAID, endorsed the technical approach adopted by the ICRC for the production of prostheses in developing countries. The institution's workshop in the Cambodian capital continued to supply components for prostheses to various non-governmental organizations working in the country.

ICRC support for health facilities also includes the supply of basic medicines to dispensaries, polyclinics and hospitals, since in conflict-stricken areas it is important to ensure that the sick as well as the wounded have access to proper medical care. In 1995 such assistance had to be provided in most of the countries covered by ICRC operations.

Water and sanitation

The ICRC's water and sanitation activities form an integral part of health programmes and are steadily expanding. In 1995, ICRC and National Society sanitary engineers and technicians were working in 20 countries, supplying

emergency drinking water to displaced people and rehabilitating complex water treatment and distribution systems covering towns and even entire regions. They also carried out numerous sanitation and water supply projects in health facilities and places of detention.

Nutrition

During the year, ICRC nutritionists conducted surveys in Rwanda, Somalia, Sierra Leone, Angola, Indonesia/East Timor, Chechnya (southern Russia) and Abkhazia (Georgia) to assess the nutritional situation there. Their missions helped to identify needs and plan the provision of food aid.

Training, assessment and communication

There was a steady rise in the number of ICRC training programmes based on experience acquired through operational activities. In 1995 four HELP (Health Emergencies in Large Populations) courses were held in Geneva, Budapest, Bangkok and Baltimore. The latter was the first such course given at the Public Health School of Johns Hopkins University, with the participation of the Harvard Public Health School, the Atlanta Center for Disease Control, the John Burns Faculty of Medicine (Manoa-Hawaii) and the American Red Cross. This was an important step forward in the ICRC's cooperation with academic circles, which are becoming increasingly interested in setting up multidisciplinary training programmes for people wishing to prepare for work in the humanitarian field.

Specialists from the Medical Division continued to organize training activities in their respective fields throughout the year, holding seminars and courses in war surgery, sanitation and the manufacture of prostheses.

The ICRC doctors in charge of detention-related matters took part in the work of various organizations dealing with prison medicine and issues of medical ethics in connection with the institution's medical activities in prisons.

Lastly, ICRC surgeons and doctors published numerous articles in scientific journals and actively supported the institution's campaign against anti-personnel mines.

Relief

The General Relief Division at headquarters plans and supervises all relief activities in the field. Its Geneva-based team comprises over 30 specialists in purchasing, food aid, transport, agronomy, construction and veterinary medicine. At the end of 1995 an additional 170 ICRC and National Society expatriates with expertise in relief, logistics and various types of technology were working in the field to carry out material assistance programmes.

- Tables showing details of relief supplies dispatched and distributed, contributions received in kind and purchases made by the ICRC in 1995 appear on pp. 339-342.

The Division is in charge of obtaining all the resources the ICRC needs for its relief work; these are either purchased by the institution or received in the form of donations. Staff at headquarters organize the dispatch of supplies by air or by sea and manage stocks in Geneva, in northern Europe and in the field. The Division also manages a fleet of more than 2,200 vehicles used by the ICRC in its field operations.

Continuing the previous year's trend, 1995 brought a further decrease in the volume of relief activities. Whereas some 206,800 tonnes of material aid had been provided in 1994, the supplies dispatched in 1995 amounted to only 115,228 tonnes, 66 percent of which went to Africa (mainly Rwanda and Angola), while another 33 percent was divided almost equally between Afghanistan, the former Yugoslavia and the Caucasus region. The only new assistance programme was the Chechnya operation in southern Russia, which started in early 1995.

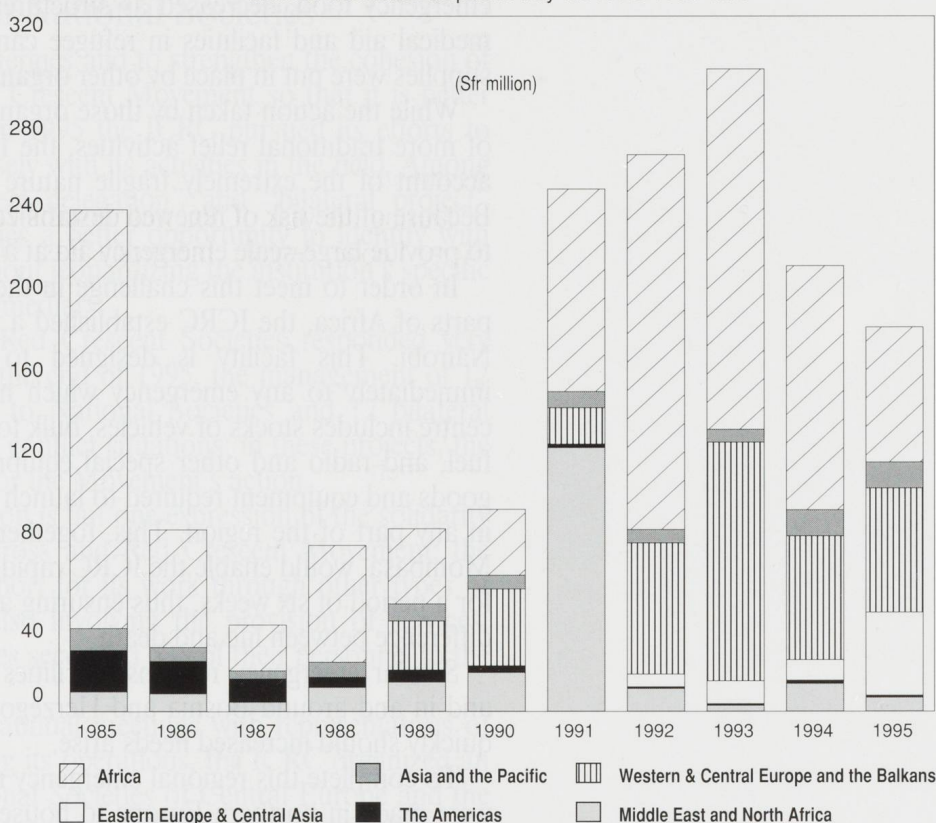
Besides the major operations mentioned above, the ICRC continued its assistance activities in Burundi, southern Sudan and Zaire, as well as in parts of West Africa.

Unlike previous years, the bulk of relief and medical supplies (in terms of expenditure) did not go to Africa: 54 percent of the total value of assistance provided was devoted to Central and Eastern Europe, while 35 percent was allocated to Africa. No major variations were observed in the other regions. The chart above shows the breakdown of assistance by year and by region for the period 1985-1995.

Establishing an emergency response system

The continuing reduction in ICRC material assistance to Africa concerned mainly food aid. Many ongoing conflicts (for example in Rwanda, Burundi and Sudan) had become long-drawn-out situations where needs, in particular for

Material assistance dispatched by the ICRC 1985-1995



IN 1995 THE ICRC:

- delivered 108,500 tonnes of material and medical assistance (including 44,628 tonnes received as gifts in kind) worth 177 million Swiss francs to 52 countries;
- distributed 115,228 tonnes of medical and material assistance;
- was afforded the use of aircraft and trucks worth 1 million Swiss francs.

emergency food, decreased as structures for providing nutritional assistance, medical aid and facilities in refugee camps and for delivering other essential supplies were put in place by other organizations.

While the action taken by those organizations led to a general scaling-down of more traditional relief activities, the ICRC still faced a major challenge on account of the extremely fragile nature of any steps taken to restore peace. Because of the risk of renewed destabilization, it had to stand ready at all times to provide large-scale emergency aid at a moment's notice.

In order to meet this challenge in the volatile situation prevailing in many parts of Africa, the ICRC established a permanent regional logistics centre in Nairobi. This facility is designed to enable the institution to respond immediately to any emergency which may arise in the region. The logistics centre includes stocks of vehicles, bulk food, non-food items, medical supplies, fuel, and radio and other special equipment, in other words all the essential goods and equipment required to launch a full-scale emergency relief operation in any part of the region. This, together with the stocks of bulk food kept in Mombasa, would enable the ICRC rapidly to meet the needs of 200,000 people for a period of six weeks, thus ensuring a swiftness of action that can mean the difference between life and death.

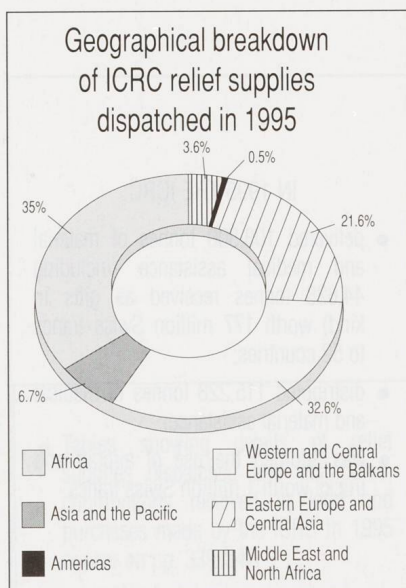
Similar emergency response facilities were set up in the Caucasus region and in and around Bosnia and Herzegovina so as to enable the ICRC to act quickly should increased needs arise.

To complete this regional emergency response approach, new arrangements were made in northern Europe to house the ICRC's emergency stocks, which had thus far been kept in various decentralized locations. All logistic means, as well as emergency medical and relief stocks, are now centralized in special warehouse facilities in the port of Brussels.

Training as a backbone for successful emergency action

Over the past ten years, the complexity and scale of ICRC relief operations have grown tremendously. This has increased the need for greater professionalism in the field and a higher degree of specialization. The training unit within the General Relief Division in Geneva offers a wide range of specialized courses dealing with every aspect of assistance. All new delegates leaving for the field on their first mission receive, in addition to their basic training courses, a two-day introduction to ICRC relief operations.

A number of specialized management courses are also run by the training unit. These include the relief management course for more experienced field staff, the security course for all ICRC technical construction staff and the head of vehicle fleet course. All these courses are held on an annual basis either in Geneva or in one of the regional delegations.



Operational cooperation with National Societies

The ICRC is seeking to develop synergies and to strengthen the cohesion of the International Red Cross and Red Crescent Movement so that it is better prepared to deal with new realities. In 1995 the ICRC pursued its efforts to associate National Societies more closely with its activities in the field. Among other things it developed the "project delegation" and "bilateral project" concepts, which give National Societies a better opportunity to identify with ICRC action in conflict situations without jeopardizing the institution's specific role as a neutral and independent intermediary.

Several National Red Cross and Red Crescent Societies responded very favourably to this new approach. By the end of 1995, the management of 12 specific projects had been delegated to National Societies and 12 bilateral projects were being developed in eight conflict situations; in these projects, the ICRC assumed overall responsibility for the Movement's action.

This constructive form of cooperation is but one expression of the solidarity which binds the International Red Cross and Red Crescent Movement: the ICRC also received considerable support for its work through other types of collaboration, mostly financial but also involving the provision of services. Thus in 1995, twenty National Societies seconded 538 of their personnel to the ICRC.

In addition to the two customary annual meetings with representatives of the main National Societies supporting its operations, the ICRC organized an information seminar for several National Societies of Central Europe and the Balkans. The objective was to define new ways for them to participate in the ICRC's international activities, since they had expressed interest in becoming involved but had only limited means of cooperating because of the social and economic situation in their respective countries.