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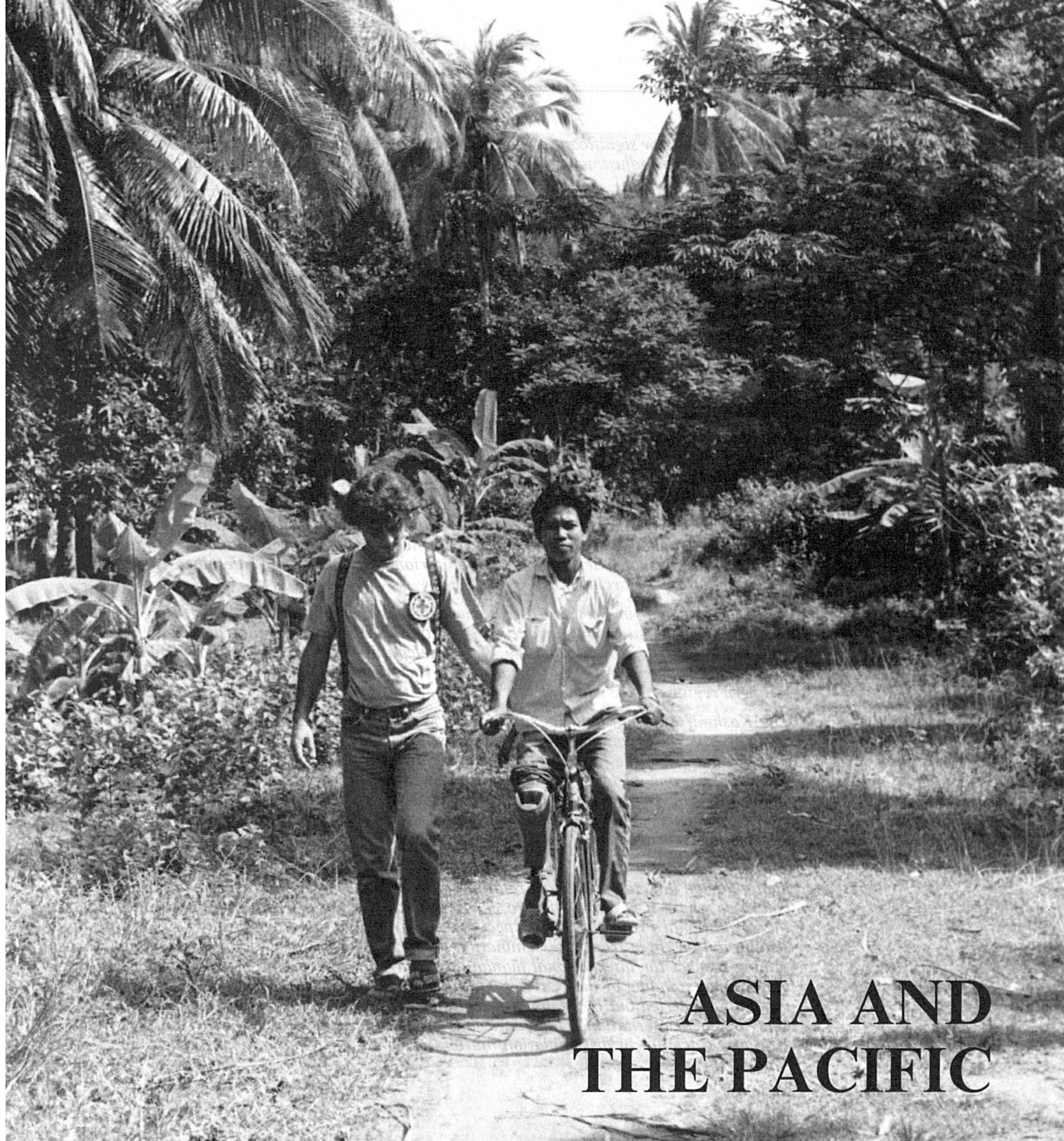
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**ASIA AND  
THE PACIFIC**

**Indian sub continent  
and Myanmar**

*ICRC delegations:*

Afghanistan  
Pakistan  
Sri Lanka

*ICRC regional delegation:*

New Delhi

**South East Asia**

*ICRC delegations:*

Cambodia  
Thailand

*ICRC regional delegation:*

Hanoi

**Far East**

*ICRC delegation:*

Philippines

*ICRC regional delegations:*

Hong Kong  
Jakarta  
Suva

**Staff**

ICRC expatriates\* : 195  
National Societies\* : 60  
Local employees\*\* : 1,849

**Total expenditure**

CHF 71,513,363

*The year 1992 saw significant changes in a number of situations in Asia. For the ICRC this meant that major adjustments were needed in two of its largest operations in the region.*

*The events that transformed the political landscape in Afghanistan prompted a major shift of attention in the ICRC's programmes, away from detention and towards medical activities. After the release of large numbers of security detainees following the fall of the Najibullah government, ICRC prison visits were no longer necessary for a while. The outbreak of heavy interfactional fighting, however, considerably increased medical needs across the country, and made it difficult to bring help to the victims. By August the security situation had deteriorated to such an extent that the ICRC decided to hand over its surgical hospital in Kabul to the local health authorities and was forced to seek new channels for its medical assistance. The return home of Afghan refugees from Pakistan enabled the institution substantially to reduce or phase out some of its activities in Pakistan.*

*As the long-awaited repatriation of Cambodian refugees from camps on the Thai border got under way, the ICRC increasingly focused its activities on Cambodia. Pending the full application of the Paris accord and the success of the peace process, its aim was to maintain a regular presence in areas traditionally plagued by tension. The gradual return of the refugee population implied scaling down ICRC involvement on the Thai border and redefining its role in Thailand in general.*

*The change of government in the Philippines did not immediately end armed confrontation. As in the past the ICRC endeavoured to protect the civilian population by following up alleged violations of international humanitarian law, and visited detainees in places of detention across the archipelago.*

*ICRC involvement in Sri Lanka remained high as the conflict mainly affecting the north and east of the country continued to defy solution. The south was still troubled by unrest originating in the tragic events of 1989. ICRC delegates continued to focus on detention activities, visiting large numbers of detainees in various places of detention in the central and southern regions of the island.*

*The Kashmir question and the situation in Myanmar were among the ICRC's major concerns in Asia. In Myanmar, the ICRC was still denied access to security detainees, and tension in the west of the country resulted in a flow of refugees into neighbouring Bangladesh. Nevertheless, one encouraging development was the accession of Myanmar to the Geneva Conventions in August. Another priority was East Timor, where the ICRC maintains a permanent presence, visits detainees, provides protection for civilians and runs a small water and sanitation programme.*

*Throughout 1992 the ICRC kept up its efforts to promote the dissemination of international humanitarian law, to consolidate relations with National Societies and the authorities in the countries where it is active, and to encourage ratification of the Geneva Conventions and their Additional Protocols. More specifically, in Asia and the Pacific the ICRC tackles dissemination on three fronts: dissemination as part of ICRC operations with the aim of obtaining respect for international humanitarian law and Red Cross principles, and ensuring better understanding of the ICRC's work and hence improved security for its delegates; dissemination carried out by regional delegations with the aim of training dissemination officers to teach international humanitarian law to the armed forces; and support given to National Societies in dissemination matters, such as participation in training courses and seminars.*

\* average numbers calculated on an annual basis

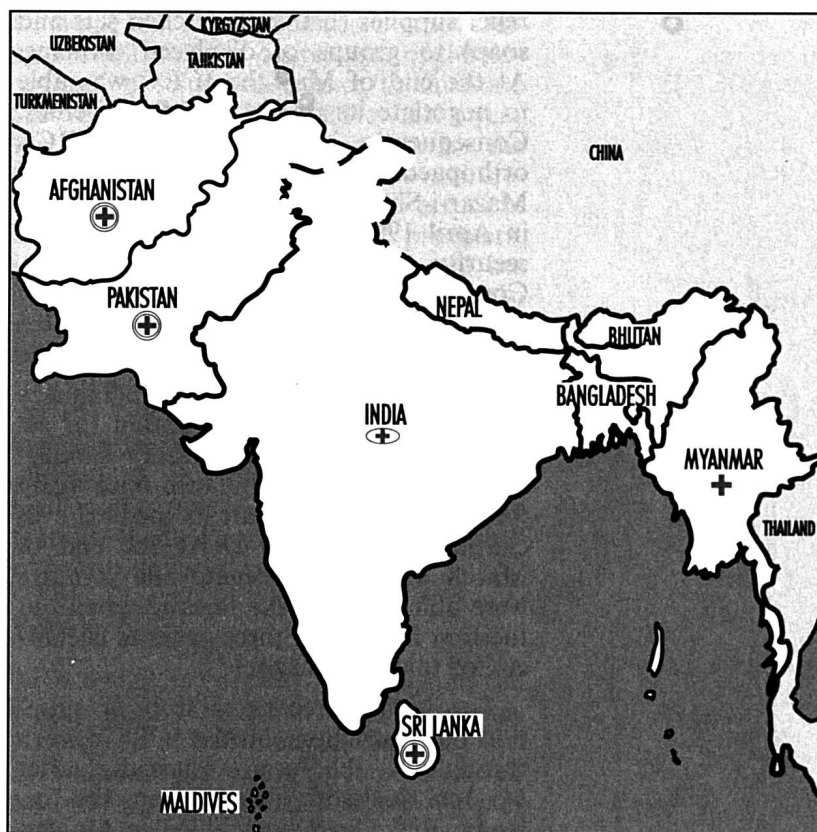
\*\* as at December 1992

## AFGHAN CONFLICT

The year under review saw the fall of the Najibullah government in April and the takeover of the capital by Mujaheddin groups. Far from ending the 14-year conflict, this plunged Afghanistan into new turmoil. Periodic fighting between rival factions throughout the rest of the year left large numbers dead or wounded, forced thousands to leave their homes, and caused terror among the civilian population. An uneasy cease-fire at the end of August did nothing to resolve the differences between the factions, and ethnic divisions deepened. The threat of further conflict and continuing full-scale civil war was still hanging over Afghanistan at the end of the year.

The events of April and their aftermath obliged the ICRC to review its whole operation. As all security detainees were released, ICRC visits were for a while no longer necessary. Instead, it concentrated on the enormous medical needs resulting from the bloody interfactional struggle. When the fighting was at its worst the ICRC was virtually the only international organization left in Kabul, its hospital treating record numbers of wounded. The increasingly ethnic nature of the conflict and deteriorating security conditions forced the ICRC to adopt a new approach in order to safeguard its neutrality and impartiality. It thus withdrew its expatriate staff from its hospital in Kabul, which it handed over to the local medical authorities while maintaining full support for the hospital's operation. At the same time the ICRC increased its assistance to another hospital in Kabul and established a presence in Jalalabad to support the main hospital's surgical service.

At the end of the year, with the return of some 1.3 million refugees from



⊕ ICRC regional delegation    ⊕ ICRC delegation    + ICRC office

Pakistan, the ICRC started to scale down its activities conducted from Peshawar and Quetta and focused its operation on Afghan soil.

### AFGHANISTAN

The ICRC maintained its delegation in Kabul, open since 1987, and two sub-delegations in Herat and Mazar-i-Sharif which were opened in 1989. Its activities at the sub-delegations had had to be suspended in July 1991 because of serious security problems. In March 1992 ICRC delegates undertook a mission from Geneva headquarters via Iran to the area west of Herat where they distributed

relief supplies (blankets, kitchen sets and soap) to groups of displaced civilians. At the end of May the ICRC was able to negotiate its return to the two cities. Consequently, in June 1992 the ICRC's orthopaedic programme resumed in Mazar-i-Sharif; it had started functioning in April 1991, only to be suspended for security reasons two months later. Construction of the orthopaedic centre in Herat was completed in December 1992.

Activities in the Maidan Valley, in the province of Wardak, resumed in January after a seven-month interruption for security reasons, but in February a bullet fired at an ICRC ambulance once again forced the ICRC to halt its medical evacuations in the region. At the end of March an ICRC delegate and a nurse were able to cross the lines to carry out the first mission in three years to the encircled town of Ghazni.

The highly precarious security situation put restrictions on the ICRC's work throughout the year, especially after Mr Jon Karlsson, a nurse from the Icelandic Red Cross, was killed in Maidan Shar, south of Kabul, on 22 April.

The fierce fighting beginning in April between rival factions in the bid for control of Kabul prompted the ICRC to launch an appeal to the warring parties on 5 May for respect for humanitarian rules. This did not prevent extensive bloodshed. At the height of the hostilities and on several occasions in the ensuing months the ICRC hospital received a flood of casualties. The ICRC maintained high-level contacts with the different factions in an attempt to obtain better security conditions in which to carry out its work. These included a mission to Kabul at the end of April by the Delegate General for Asia and the Pacific and appeals to the fighting factions on 20 July

and 14 August to respect the civilian population, medical establishments and the emblem of the Red Cross and the Red Crescent. The ICRC also increased its assistance to surgical facilities in the capital.

In August Kabul again became the theatre of heavy fighting. The city suffered the worst shelling since the outbreak of the war. Hospitals and shopping and residential areas everywhere in the city were hit indiscriminately. An estimated 200,000 of Kabul's residents fled to the surrounding countryside or to towns unaffected by the fighting. The delegation distributed essential relief items to displaced families who had sought shelter in the premises of the former Pul-i-Charki prison, and emergency medical supplies to a local clinic.

On 6 August the Delegate General and the deputy head of delegation met with the President of the Afghan government, Professor Burhanuddin Rabbani, to discuss the security situation around the ICRC hospital and questions concerning detention. On 12 August the Delegate General had talks on the same subjects with the Minister of Defence, Mr Ahmed Shah Massoud. However, when the situation showed no signs of improving, the ICRC finally took the decision to hand over to the local health authorities its own hospital in Kabul, located in the Karte Seh district, but to continue to support the facility as well as a second hospital in the Afghan capital, the Wazir Akbar Khan hospital. On 23 September the delegation signed a protocol agreement with the Ministry of Health regarding the Karte Seh hospital, followed by an agreement signed on 24 November concerning its continued support to the Wazir Akbar Khan hospital. In September the ICRC established a presence in the provincial city of Jalalabad.

General uncertainty and instability in Afghanistan persisted throughout the last part of the year. In December more clashes between rival factions broke out in Kabul and some provinces, taking a heavy toll among civilians and leading the ICRC to step up its assistance to surgical facilities in the capital once again.

At the end of 1992, following fluctuations in staff numbers dictated by the changing security situation, the delegation in Kabul and the two sub-delegations had nearly 300 Afghan employees and 26 expatriate staff, nine of whom were medical personnel mostly seconded by the National Societies of Australia, Canada, Finland, France, Germany, Norway and Sweden.

#### **Activities for detainees**

Detention-related activities underwent a major change in April 1992 as a result of the political developments. However, during the preceding months, ICRC visits to detainees followed the habitual pattern. An agreement with the authorities reached in December 1991 gave the ICRC unrestricted access to detainees held under the jurisdiction of the Ministry of State Security. In mid-January 1992 ICRC delegates began visits to Blocks I and II of Kabul's main prison, Pul-i-Charki. They were also able to proceed with visits to other places of detention run by the Ministry of State Security and the Ministry of the Interior in the capital and in Jalalabad, Faizabad (capital of the province of Badakhshan), Farah, Ghazni and Herat.

In all, delegates visited some 900 detainees in 13 places of detention in the first four months of 1992.

With the declaration of an amnesty for all political prisoners detained by the previous government, by the beginning of May most prisons in the country had

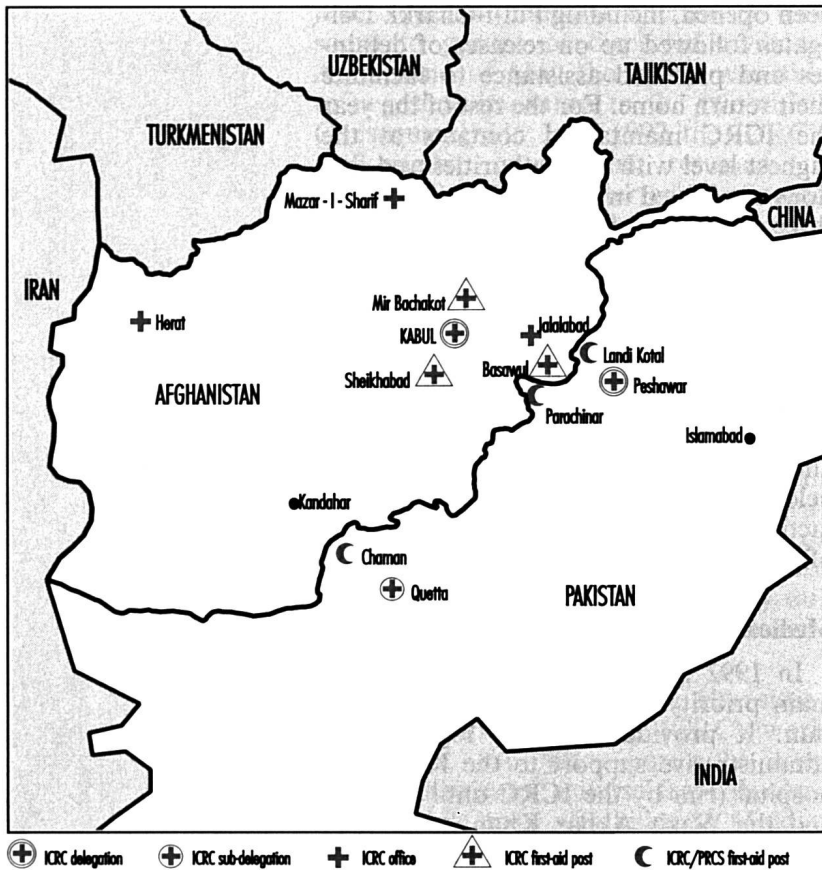
been opened, including Pul-i-Charki. Delegates followed up on releases of detainees and provided assistance to facilitate their return home. For the rest of the year the ICRC maintained contacts at the highest level with the authorities and factions concerned in order to gain access to three remaining categories of prisoners, i.e. ex-Soviet military personnel still believed to be held by certain Mujaheddin groups, members of the old regime thought to be detained, and prisoners captured by one group or the other during the fighting. Once in November and again in December, ICRC delegates were allowed to visit three ex-Soviet soldiers held in the north. None of the warring factions granted access to other categories of people detained.

#### **Medical assistance**

In 1992 the medical field became the main priority for the ICRC in Afghanistan. It provided massive logistic and administrative support to the Karte Seh hospital (run by the ICRC until August) and the Wazir Akbar Khan hospital in Kabul to ensure their ability to cope with emergencies. As fierce fighting broke out sporadically between rival factions in Kabul the ICRC increased its assistance to other medical facilities in the capital, all of which were suffering from a severe shortage of supplies.

In other regions of the country the ICRC concentrated on coping with the consequences of the 14-year conflict, which included treatment of mine victims.

To help meet the dire surgical and medical needs of the population in the province of Nangahar and surrounding provinces, and to develop a future alternative to the ICRC hospital in Peshawar, in September the ICRC set up a programme in Jalalabad to upgrade the



surgical and organizational capacity of the city's main civilian hospital. It supplied material and technical assistance in the form of new equipment, repair and maintenance programmes and training by expatriate medical staff.

In November the ICRC began a medical assistance programme in Pul-i-Khumri in the northern province of Baghlan, supplying existing health structures such as a Red Crescent dispensary for displaced people massed in the town. When violent fighting again erupted in Kabul in December, ICRC ambulances were provided for medical evacuations, sometimes carried out across the lines, which

required the consent of all the parties concerned. Furthermore, from May the ICRC organized regular convoys of medical supplies from Peshawar for distribution to medical facilities in Kabul and in the provinces.

*Karte Seh hospital in Kabul*

Until August 1992 the monthly admission figures at the ICRC's war surgery hospital in Kabul, the Karte Seh hospital, were considerably higher than in 1991, reflecting the violent developments. The three surgical teams permanently in place were joined by a fourth team in April. In August the ICRC handed over the hospital to the local health authorities. From then on it was run exclusively by local medical staff but continued to be supported by the ICRC.

Admission figures at the Karte Seh hospital for the entire year amounted to 4,697. A total of 10,211 operations were performed, and 10,281 outpatient consultations were given.

*First-aid posts*

During 1992 the ICRC was able to carry out evacuations and outpatient consultations at the first-aid posts of Mir Bachakot, north of Kabul, and Sheikhabad, south-west of the capital. The death on 22 April of Mr Jon Karlsson from the Icelandic Red Cross, and the downfall of President Najibullah's government shortly afterwards, obliged the ICRC to review its evacuation system. From then on wounded patients were transported to Kabul or nearby medical facilities from Mir Bachakot by Afghan staff in ICRC ambulances and from Sheikhabad by private means. The first-aid post at Mir Bachakot received 1,458 emergency cases, gave 5,406 outpatient consultations and carried out 796 evacuations in

1992. At Sheikabad there were 1,472 emergency cases, 2,180 outpatient consultations and 327 evacuations.

In July the ICRC decided to maintain only three of its six first-aid posts in Afghanistan, while continuing to give medical assistance to several Afghan hospitals.

#### *Orthopaedic programme*

At the beginning of 1992 the ICRC's new orthopaedic centre in Kabul, opened on 2 November 1991, was fully functional. It had to be closed down temporarily at the end of April and again at the beginning of August because of the unstable situation in the capital. The centre suffered heavy damage in July and August, including bombings which destroyed all its emergency stocks for distribution to various medical facilities. These had to be replenished by weekly ICRC road convoys from Peshawar. During the last quarter the centre did not take on any new patients for security reasons but continued to manufacture orthopaedic components and crutches. In 1992 it fitted 906 patients new to the ICRC and produced 966 prostheses, 246 orthoses, 3,961 pairs of crutches and 348 wheelchairs.

The workshop in Mazar-i-Sharif resumed production at the end of May with local technicians supervised by an expatriate specialist. In 1992 it fitted 407 patients and produced 448 prostheses, 31 orthoses and 70 pairs of crutches. The workshop in Herat was completed in December and immediately began manufacturing artificial limbs.

#### **Tracing activities**

At the beginning of the year the tracing office in Kabul underwent a major reorganization to improve the processing of information gathered during complete and follow-up visits to the places of de-

tention administered by the Ministry of State Security. The collection and distribution of Red Cross messages was, however, limited to the towns accessible from Kabul and to Kabul itself. The number of Red Cross messages collected in places of detention increased thanks to the new schedule of visits to Pul-i-Charki and to prisons in the provinces.

With the large-scale release of prisoners during the month of April, the work of the tracing agency centred on interviewing former detainees. Tracing delegates carried out a follow-up visit between 1 and 7 April to Block III of Pul-i-Charki, keeping track of the movements of detainees and distributing and collecting Red Cross messages. After that tracing activities were in sharp decline for the rest of the year, consisting mainly in the exchange of Red Cross messages and, because of the security situation, remaining limited to Kabul, Mazar-i-Sharif, Herat and Jalalabad.

#### **Activities for the civilian population**

In 1992 Afghanistan witnessed the return of over one million refugees from abroad, while people in Kabul were being displaced by the fighting. Some flooded back across the border into Pakistan in search of refuge. Towards the end of the year the civil war in Tajikistan prompted groups of people to flee into Afghanistan, where they camped out in harsh conditions in the provinces of Kunduz and Samangan and around Mazar-i-Sharif. The ICRC monitored the situation of all these displaced people. Together with the Afghan Red Crescent it set up limited relief programmes where other organizations were unable to cover existing needs. The delegation also built up emergency stocks of medicines, cooking utensils, mattresses, blankets and winter clothes.



### Logistics

In 1992, an ICRC-chartered aircraft logged 586 hours in Afghanistan and on cross-border missions to Peshawar, carrying 743 passengers and 101 tonnes of cargo. The aircraft helped to provide the ICRC hospital in Kabul with medical supplies. In road convoys from Peshawar to Kabul the ICRC transported 221 tonnes of medical supplies, and from Peshawar to Jalalabad, also by road, 34 tonnes of medical supplies.

### PAKISTAN

The course of events in Afghanistan in 1992 resulted in the return of large numbers of refugees from Pakistan to Afghanistan. The ICRC thus decided to shift the activities carried out from the delegation in Peshawar and the sub-delegation in Quetta gradually to Afghanistan itself.

The ICRC continued to work towards a renewed presence in the Kandahar region, where the military and political situation remained unstable. At the beginning of the year, delegates in Pakistan met regularly with the Pakistan authorities and Mujaheddin commanders from the province of Kandahar. In the absence of satisfactory security guarantees signed by local commanders, the ICRC did not feel able to resume activities in the province. Differences with another local commander in the province of Paktia also remained unresolved. Early in 1992 delegates made a field trip into the Ningarhar province, as far as the first-aid post at Basawul on the Afghan side.

The delegation in Peshawar continued to hold first-aid and dissemination courses. Dissemination sessions were also held for Mujaheddin fighters and their commanders. Other groups receiving basic information on international humanitarian law and the ICRC's principles and activities

were patients at the ICRC hospital and their relatives, released prisoners and specialists engaged in mine-clearing operations.

The ICRC also pursued its efforts of 11 years' standing with the Pakistan authorities to obtain the signature of a headquarters agreement, particularly in view of its plan to transfer its delegation to the capital Islamabad. From its future base in the capital, the ICRC hopes to promote contacts regarding matters other than the Afghan conflict such as dissemination activities among the Pakistan armed forces.

### Activities for detainees

As in the past, ICRC delegates carried out visits to Afghan nationals detained for security reasons by the Pakistan authorities in prisons in North West Frontier Province and Balochistan. In 1992, ICRC delegates twice conducted visits to five prisons under the authority of the Pakistan government. The ICRC continued its representations to the Pakistan authorities with a view to obtaining access to all detainees held in connection with the Afghan conflict.

### Medical assistance

#### *ICRC hospitals in Peshawar and Quetta*

The beginning of the year was marked by a lull at the ICRC hospital in Peshawar, with a gradual increase in activity at the end of February. The ICRC hospital in Quetta registered a significant influx of casualties, which reached a peak of 110 admissions in March when Kandahar and the surrounding area came under heavy shelling. With the approach of summer there was a predictable rise in admissions to the ICRC's hospital in Peshawar, which totalled 588 during the third quarter (as compared with 360 during the

first three months of the year). This high figure was due to the new outbreak of fighting in Kabul in August. During that period, more than half of the patients admitted to the hospital came from the Afghan capital. The workload also picked up considerably at the hospital in Quetta as the year went on, especially during the period from April to June when admissions totalled 418. The most significant change was in the pattern of injuries: there were many more mine blast injuries than other types of war wounds. The high incidence of mine injuries was due mainly to the return of hundreds of thousands of refugees to Afghanistan following the change of government in Kabul, and also to the generally increased mobility of the population.

In 1992, the hospitals in Peshawar and Quetta admitted 1,868 and 1,321 patients respectively. At Peshawar 4,642 surgical operations were performed and 5,771 outpatient consultations given. At the Quetta hospital medical staff carried out 3,183 surgical operations and gave 3,714 outpatient consultations.

#### *First-aid posts*

During the first half of 1992 the ICRC maintained seven first-aid posts, run jointly with the Pakistan Red Crescent, on Pakistan territory near the Afghan border. Local staff administered first aid to Afghan war-wounded and serious cases were evacuated to the ICRC hospitals in Peshawar and Quetta. The first-aid posts at Wana and Khar were closed at the end of June as other evacuation routes to Pakistan came into use.

The first-aid post at Miramshah was closed at the end of September, leaving the first-aid posts at Basawul, Landi Kotal and Parachinar to serve the ICRC's

hospital in Peshawar. Most of the hospital's patients came through Basawul. The majority of patients admitted to the hospital in Quetta were evacuated through the first-aid post at Chaman.

#### *Orthopaedic programme*

The orthopaedic workshop in Peshawar was active throughout 1992, producing prostheses and orthoses for disabled Afghan patients. It fitted 860 patients new to the ICRC, and manufactured 1,304 prostheses, 211 orthoses and 447 pairs of crutches.

The ICRC continued to provide technical and financial support to the Peshawar paraplegic centre, the only establishment of its type in the region, which is managed by the Pakistan Red Crescent. Half of the patients treated there are Pakistanis. The centre treated 347 patients and fitted 192 with orthoses, and produced 297 orthoses, 71 pairs of crutches and 298 wheelchairs in 1992.

The ICRC also continued to run a small orthopaedic repair workshop in Quetta, opened in 1991. As a result, amputees requiring this type of service no longer had to travel all the way to Peshawar.

#### **Tracing activities**

The major event for the tracing agency in January was the release of hundreds of former Afghan government soldiers captured by Mujaheddin groups during the battle of Khost in 1991. During the last week of January 1992 the tracing agency, together with field delegates and interpreters, interviewed 687 released prisoners, handed out financial assistance to help them return home and handled 395 Red Cross messages. Seventeen Afghan soldiers captured in September 1991 in

the battle of Gardez were also released in February. They were seen by ICRC delegates and received some modest assistance. Delegates again interviewed large numbers of Afghan prisoners released after the fall of the Najibullah government in April.

## SRI LANKA

The search for a solution to the conflict affecting the north and east of Sri Lanka made little progress in 1992, as neither side undertook any significant political initiative. Inter-communal violence, attacks on civilians and extensive military operations pitting government forces against the LTTE\* gave rise to severe tension and terrible suffering for the civilian population. A wave of military offensives on the Jaffna peninsula displaced thousands of people and tightened the government's hold on the region. The year was further marked by the death of General Kobbekaduwa, chief of the Northern Command, in a mine explosion on Kayts Island in August, and by the assassination of Navy Commander Clancey Fernando in Colombo in November.

For the ICRC, which opened its delegation in Colombo in October 1989, prison visits remained one of the most extensive activities.

In the south, the effects of the 1989 insurrection by the JVP\*\* were still being felt, with many detained for their involvement and new arrests still being made.

Throughout the year the ICRC continued to lend its protection to convoys transporting food and other essential items provided by the government for the civilian population of the Jaffna peninsula.

Apart from its delegation in Colombo, the ICRC had sub-delegations in Batticaloa and Jaffna and offices in Ampara, Anuradhapura, Kandy, Mannar, Matara, Trincomalee and Vavuniya.

### Activities for detainees

The delegation continued to visit people held in police stations, permanent places of detention and military detachment camps across the country under the Emergency Regulations and the Prevention of Terrorism Act.

In 1992 the ICRC visited almost 10,000 security detainees held by military and civilian authorities in 500 places of detention for reasons related to the conflict in the north and east and in the south. Since the beginning of its activities in Sri Lanka in 1989, the ICRC had registered more than 30,000 detainees.

The ICRC's tireless efforts to obtain a better understanding of its mandate by the authorities met with some success, particularly where ill-treatment of detainees or people reported missing in the context of the JVP conflict were concerned. These problems remained major concerns, however, in the context of the Tamil conflict in the north and east of Sri Lanka.

Delegates also conducted visits on a regular basis to 40 policemen and one soldier held by the LTTE, and pursued efforts to gain access to others believed to be held by the movement. They were eventually allowed to see six Sinhalese fishermen, without however being able to inspect their place of detention. The

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\* Liberation Tigers of Tamil Eelam, Tamil opposition

\*\* Janatha Vimukti Peramuna, Sinhalese opposition

LTTE did not grant access to other people it was holding.

### Tracing activities

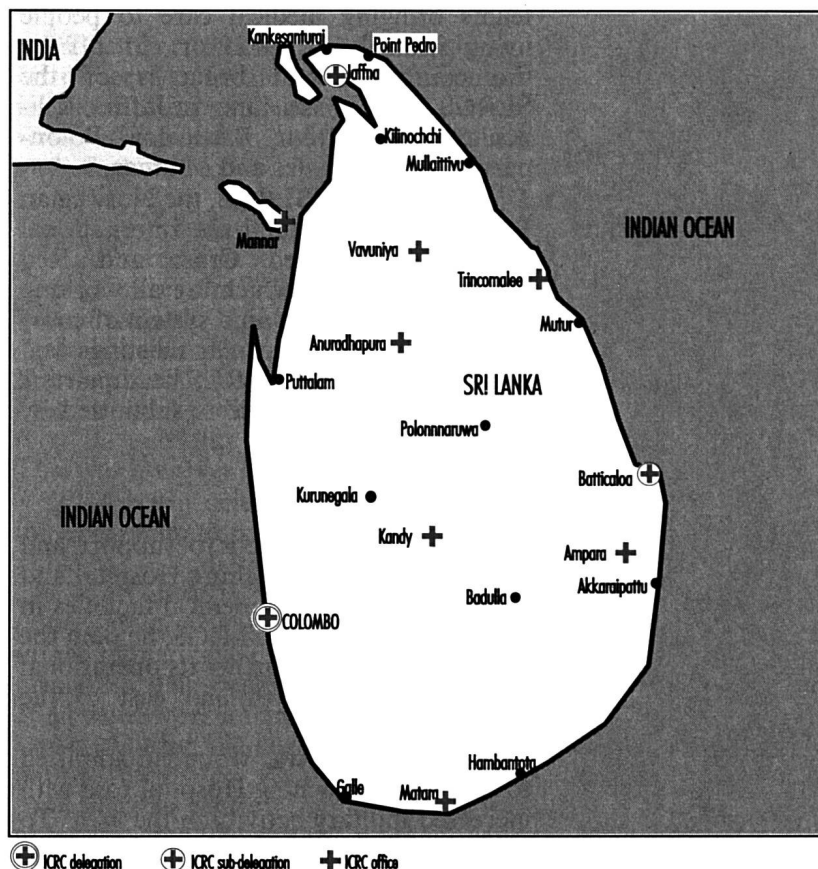
Mainly owing to the large numbers of detainees to be registered and visited, the workload for the tracing agency in Sri Lanka remained considerable. Tracing delegates kept track of detainees and helped them to get in touch with their relatives. Without the ICRC's help, many detainees would have been considered as missing by their families. The delegation set up a new computer programme enabling it to process tracing data more efficiently. To facilitate access to its offices for families, the tracing agency opened two new offices in Mutur and Akkarai-pattu in the east of the island. In 1992 the delegation opened 3,586 new tracing files and resolved 5,118 cases. Tracing staff handled 12,261 Red Cross messages and processed 3,639 urgent family messages.

As in the past, the ICRC extended its protection to unaccompanied children and elderly people who were being transported between Colombo and Jaffna to be reunited with their families.

### Activities for the civilian population

Failing other supply lines, food and various essentials provided by the government continued to reach the hard-pressed population of the Jaffna peninsula and other regions of northern Sri Lanka in ships and road convoys under ICRC protection. Stricken areas in the north received more than 70,000 tonnes of basic supplies in 1992, including 500 tonnes of medicines.

Through their presence, ICRC delegates provided protection for the civilian population in conflict zones. The ICRC reminded the authorities of their obligation to spare civilians during military offensives and negotiated the opening of



roads to allow the population access to basic services. As the army stepped up its military activity in the north and east in March, delegates visited several camps for displaced people on the Jaffna peninsula. An ICRC team went to evaluate the situation in Pondukulchenai following clashes in the region.

The ICRC supported and financed the programmes of the Sri Lanka Red Cross Society (SLRCS) for displaced people in the north and east of Sri Lanka. These included building and repairing huts, distributing food, clothes, sheets and cooking utensils, as well as digging wells and running a network of mobile health

teams bringing medical care to people living in isolated areas or cut off by the conflict. Local branches of the SLRCS received assistance in Jaffna, Kili-nochchi, Mulaittivu, Batticaloa, Polonnaruwa, Trincomalee and Mannar.

The ICRC, the SLRCS, the Norwegian Red Cross Society and the International Federation of Red Cross and Red Crescent Societies, which are all working in Sri Lanka, agreed on a system of coordination, including regular meetings and the centralization at SLRCS headquarters in Colombo of all projects submitted by the local branches.

#### **Medical assistance**

The ICRC continued to support and protect the Jaffna Teaching Hospital and supported other local medical facilities in cooperation with the SLRCS, helping the latter to strengthen further its operational capacity in the north and east of the country.

The number of war wounded admitted to the Jaffna Teaching Hospital rose with increased military activity in the area. To help meet additional needs, the ICRC furnished the hospital with emergency medical supplies from its buffer stock in Jaffna and handed over 40 barrels of fuel for the generators. Delegates set up a small office in the hospital to ensure a regular presence on the premises. The ICRC also provided medical supplies to other medical facilities in the conflict zones.

Ships sailing under ICRC protection enabled patients in need of special care to travel safely to Colombo for treatment and back to Jaffna.

#### **Dissemination**

Two years after the beginning of the ICRC's dissemination activities in Sri Lanka, directed mainly at the armed for-

ces and the police, the army high command gave its official agreement in January to the incorporation of the law of war into the training programme at four military academies of the Sri Lankan army. Courses and seminars on the ICRC's mandate and activities were held for members of the security forces throughout the year. The first seminar on the law of war for army instructors took place in May, with the ICRC present as an observer.

In February the ICRC held a seminar for junior officers of the LTTE and on this basis proposed the establishment of a regular programme. Thus a dissemination session was held in May for 26 high-level political and military figures in the LTTE.

The first seminar for members of the PLOTE\* took place at Vavuniya.

### **NEW DELHI**

#### **Regional delegation**

**(Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal)**

In 1992 the regional delegate based in New Delhi conducted several missions to the countries covered by his delegation.

From 23 February to 3 March, and again from 18 to 28 May, he undertook missions to Dhaka and Yangon to discuss with the authorities the situation concerning the flood of refugees from Myanmar, and to take up with the Bangladesh authorities the situation in the Chittagong Hill Tracts, where violence flared up again in April.

The ICRC continued its approaches to the governments of Myanmar, India

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\* People's Liberation Organization of Tamil Eelam, auxiliaries to the Sri Lankan army

(concerning the situation in the state of Jammu and Kashmir) and Nepal to negotiate access to security detainees and prisoners held under various security laws. The ICRC also broached the subject of visits to detainees with the government of Bhutan.

#### **BANGLADESH**

A seminar on the law of war was held in Dhaka from 13 to 16 July for 21 senior officers of the Bangladesh army, navy and air force.

#### **BHUTAN**

On 28 July and again on 5 October, ICRC President Cornelio Sommaruga met the Minister of Foreign Affairs, Lyonpo Dawa Tsering, and the Ambassador and Permanent Representative of Bhutan in Geneva, Dasho Paljor J. Dorji, to continue discussions regarding the development of ICRC activities in the country. As a result, the government of Bhutan invited the ICRC to send a mission, which was carried out by the regional delegate in late November. He had talks in the capital Thimpu with the Foreign Minister and the Home Secretary, Dasho Jigmi Y. Thinley, during which the groundwork was laid for ICRC visits to security detainees. The first round of visits was scheduled for the second half of January 1993. Following this mission, on 15 December the Delegate General for Asia and the Pacific addressed a letter to the Minister of Foreign Affairs via the Permanent Mission of Bhutan in Geneva formalizing the cooperation between the ICRC and the Bhutanese authorities in questions of detention. A memorandum of understanding was enclosed for signature.

#### **INDIA**

In October 1991 the ICRC made an offer of services to the Indian government in relation to people detained in connection with unrest in the state of Jammu and Kashmir, to which it did not receive an affirmative reply. Throughout 1992 the institution kept up its efforts to obtain authorization to visit these detainees and gain regular access to the region. When violence broke out in Uttar Pradesh between Muslims and Hindus in December following the destruction of a mosque in Ayodhya, the delegation offered its assistance to the local Red Cross. This was however declined.

In March a delegate organized a day-long dissemination session for 100 participants in the Indian state of Tamil Nadu. The ICRC held two more sessions in the same state in August, focusing on international humanitarian law and Red Cross principles. The sessions were attended by 163 health workers and refugees from Sri Lanka. During the last quarter a dissemination session on Red Cross principles took place in central Tamil Nadu. It was attended by 92 health workers and teachers from the camps for Sri Lankan refugees.

The tracing agency in New Delhi distributed 180 Red Cross messages and issued 283 travel documents for 532 refugees from Afghanistan, Tibet, Iran, Sri Lanka and Bhutan who had been accepted for resettlement by host countries.

#### **MYANMAR**

The government of Myanmar acceded to the Geneva Conventions of 1949 on 24 August. The ICRC raised the question of access to security detainees with officials in Yangon and also took the opportunity of the summit of non-aligned States in Jakarta and the United Nations

General Assembly in New York to discuss the matter with representatives from Myanmar. The institution's role in the context of the conflict between the armed forces and various groups of insurgents on the border between Thailand and Myanmar was also reviewed. Moreover, the ICRC voiced its concern regarding the Muslim refugees from Myanmar who had fled to Bangladesh.

Following Myanmar's accession to the four Geneva Conventions of 1949, the regional delegate went on a ten-day mission to Yangon in November. He proposed dissemination programmes for the armed forces and the Myanmar Red Cross Society, explained to the authorities the role the ICRC could play as neutral intermediary, for example when soldiers were captured by rebel forces, and reviewed problems relating to the situation of the civilian population in several of the country's regions, in particular Arakan.

On 5 January 1993 the ICRC received a declaration of intent from the National Council of Union of Burma, signed by representatives of the four member groups of this movement. In the declaration the National Council of Union of Burma expressed its willingness to comply with Article 3 common to the four Geneva Conventions and the rules of behaviour in combat in non-international armed conflict.

Under the agreement on orthopaedic activities signed by the Ministry of Health, the Ministry of Defence, the National Society and the ICRC, extended in 1991 and 1992, the ICRC's orthopaedic programmes went ahead in the two centres in Yangon and the Mandalay and Maymyo centres. ICRC-trained local orthopaedic technicians supervised by an ICRC expatriate fitted 947 patients and manufac-

tured 1,565 prostheses, 238 orthoses and 1,474 pairs of crutches. Most of the beneficiaries were from border areas.

## NEPAL

Delegates based in New Delhi carried out missions to Nepal in January, April, August and September. Contacts were established with the Ministries of the Interior, Defence and Foreign Affairs respectively, to discuss the situation of refugees from Bhutan in Nepal, the question of access to security detainees, ratification of the Additional Protocols and dissemination activities. In September a first seminar on international humanitarian law was held for 28 senior civil servants and members of political parties, police, army and human rights groups. The event was organized and conducted jointly by the ICRC and the Nepal Red Cross.

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## CONFLICT IN CAMBODIA

The year 1992 did not fulfil the hope for lasting peace in Cambodia born at the Paris Conference of October 1991. Repeated violations of the cease-fire and the failure of Democratic Kampuchea (the Khmer Rouge faction) to comply with the progressive demobilization called for under phase two of the Paris accord hampered the peace process and left a feeling of uncertainty in the air. Despite this, the return of Khmer refugees from the camps on the border with Thailand went ahead, with two-thirds repatriated by the end of the year.

The ICRC's diplomatic efforts continued in 1992 with a note sent in January to Prince Sihanouk, the Ministry of Foreign Affairs in Phnom Penh, the representative

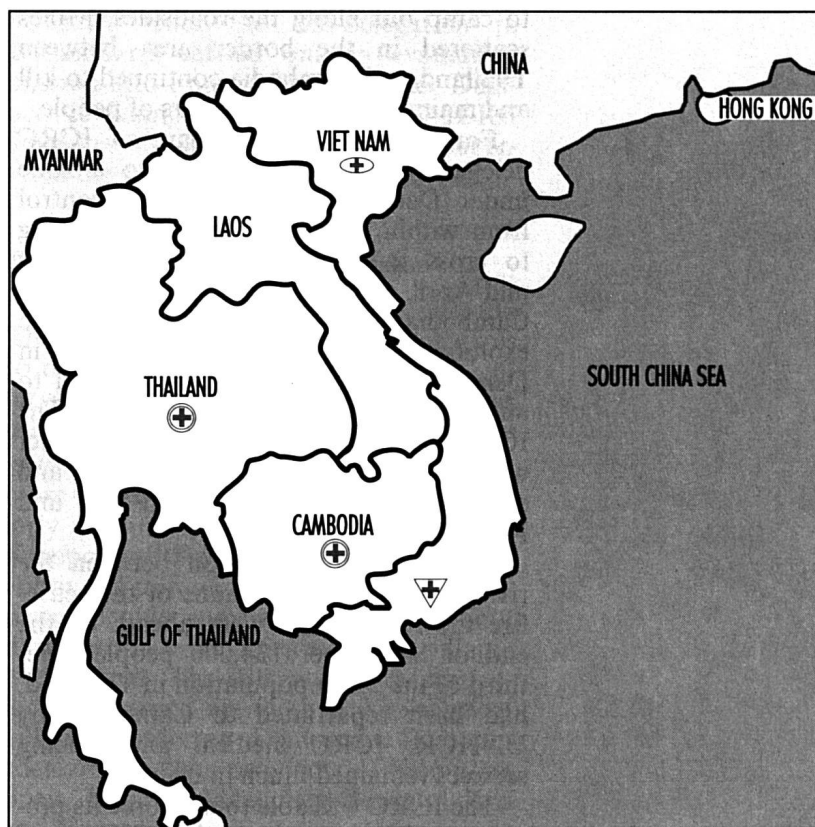
of the State of Cambodia on the Supreme National Council, and the KPNLF.\* Democratic Kampuchea and FUNCINPEC\*\* factions. In the note it reminded the parties of the conditions required by the ICRC to ensure application of Article 21 of the Paris accord, which expressly states the role to be played by the ICRC in the release of prisoners of war and civilian internees: "The release of all prisoners of war and civilian internees shall be accomplished at the earliest possible date under the direction of the International Committee of the Red Cross (ICRC) in coordination with the Special Representative of the Secretary-General, with the assistance of other appropriate international humanitarian organizations and the Signatories". In January a member of the Committee, Mr Rodolphe de Haller, and the head of the ICRC's Medical Division carried out a mission to Thailand and Cambodia to assess the situation of the camp population on the border and conditions inside Cambodia. Their findings allowed the ICRC to decide on the medical approach to be taken in the course of the year.

The Delegate General for Asia and the Pacific met in Phnom Penh with Prince Sihanouk, the Prime Minister, Mr Hun Sen, and Ministers Chea Sim and Hor Nam Hong, in order to support the ICRC delegation in negotiating programmes to be carried out in the months to come.

The ICRC was invited to participate as an observer in the conference on the reconstruction of Cambodia held on 22 June in Tokyo. This was an opportunity to give high-level representatives of 33 States, international organizations and the European Community a broad picture

\* Khmer People's National Liberation Front

\*\* National United Front for an Independent, Neutral, Peaceful and Cooperative Cambodia



⊕ ICRC regional delegation    ⊕ ICRC delegation    ▽ ICRC orthopaedic centre

of the ICRC's traditional activities in Cambodia and to stimulate interest in its blood collection and orthopaedic programmes. The Deputy Delegate General for Asia and the Pacific was also able to voice the ICRC's deep concern over the problem of landmines in Cambodia.

## CAMBODIA

Despite the cease-fire and prospects for peace in Cambodia, people were still being displaced within the country and more mines were planted in 1992. In the province of Kompong Thom, for example, heavy shelling drove some 25,000 people from their villages, forcing them



to camp out along the roadsides. Mines scattered in the border area between Thailand and Cambodia continued to kill and maim significant numbers of people.

For the first time a team of ICRC delegates was able to travel to a zone under Democratic Kampuchea's control from within Cambodia instead of having to cross the border from Thailand. In mid-April ICRC delegates stationed in Cambodia and Thailand conducted two exploratory missions to Pailin in Democratic Kampuchea territory, and to another area south of Sisophon. The ICRC was also able to establish contact with the faction in the north-west and ensure a regular presence in KPNLF and FUNCINPEC territory.

Despite political tension between the rival factions and violations of the ceasefire the repatriation went ahead: by the end of September 134,000 people, one-third of the camp population in Thailand, had been repatriated to Cambodia by UNHCR. ICRC medical and tracing services remained much in demand.

The ICRC was able to reinforce its presence and increase its activities in zones outside government control. It opened an office in Thmar Puok in the KPNLF zone, in the north of Battambang province, with a view to developing tracing work, dissemination of international humanitarian law and medical activities.

Within the framework of the demobilization process, in November the ICRC delegation launched a dissemination campaign on international humanitarian law for the State of Cambodia armed forces, the first in its 13 years of work in the country. The campaign reached thousands of soldiers and officers of the State of Cambodia, members of the KPNLF faction and demobilized FUNCINPEC soldiers in the capital and six adjacent provinces.

Towards the end of the year the situation in Cambodia deteriorated considerably owing to disagreements between UNTAC\* and the Khmer Rouge over the application of the Paris accord. The deadlock brought the process of demobilization of all the armed factions to a standstill, and the number of security incidents involving, among others, UNTAC troops and Khmer Rouge fighters increased.

By late December some 200,000 people, two-thirds of the camp population, had been repatriated from the border camps in Thailand. In addition to its tracing work, which enabled the returnees to contact their relatives in Cambodia, the ICRC assisted in the repatriation of extremely vulnerable individuals in need of medical assistance and unable to travel on their own.

The ICRC intensified its efforts in the conflict zones and areas controlled by Democratic Kampuchea, in particular in the provinces of Kampot and Banteay Meanchey. In Battambang, the sub-delegation kept a close watch on the situation of thousands of people displaced in December as a result of fighting around Bovel.

#### **Activities for detainees**

The ICRC's patient efforts and repeated offers of services over the years finally paid off in January 1992. On 11 January an agreement was concluded with the Vice-Ministries for Foreign Affairs and of the Interior in Phnom Penh, giving the ICRC access to all prisoners of war and security detainees and all places of detention, in accordance with the institution's standard criteria. For the first time in its 13 years in

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\* United Nations Transitional Authority in Cambodia

Cambodia the ICRC was permitted to visit detainees held for reasons related to the conflict. On 14 January delegates visited 290 detainees held in two prisons in the capital. These detainees were released the following day under the auspices of the ICRC as stipulated in Article 21 of the Paris accord.

Throughout the year, the ICRC carried on high-level negotiations with all Cambodian factions to obtain as wide an application of Article 21 of the Paris accord as possible, and to be authorized to carry out detention-related work not covered by Article 21 of the agreement. This meant the notification of detainees released without ICRC involvement and access to other categories of detainees held in a variety of places of detention (political detainees sentenced under common law, prisoners of war, persons arrested after the signing of the Paris accord and foreign detainees). By and large, visits by the ICRC to places of detention in Phnom Penh and in the provinces went ahead without major problems.

On 24 January 1992 delegates carried out a cross-line operation to escort 55 released prisoners at their request back to their homes in the zone controlled by the FUNCINPEC faction. It was the first time since the beginning of the conflict that a humanitarian organization was able to travel by road from the government-held zone to a zone held by an opposition faction. A similar operation took place from 1 to 3 February, involving the transport of 128 ex-detainees across the lines to KPNLF and FUNCINPEC zones. ICRC delegates from Thailand joined in the operation and performed a survey of humanitarian needs in the two zones. ICRC delegates from Phnom Penh and from Thailand carried out missions to two zones under Democratic Kampuchea control in April. In mid-July

delegates from the sub-delegation in Battambang carried out an evaluation mission into Phnom Chat, another Democratic Kampuchea zone. In all, ICRC delegates visited 666 detainees and supervised the release of 646 during the year.

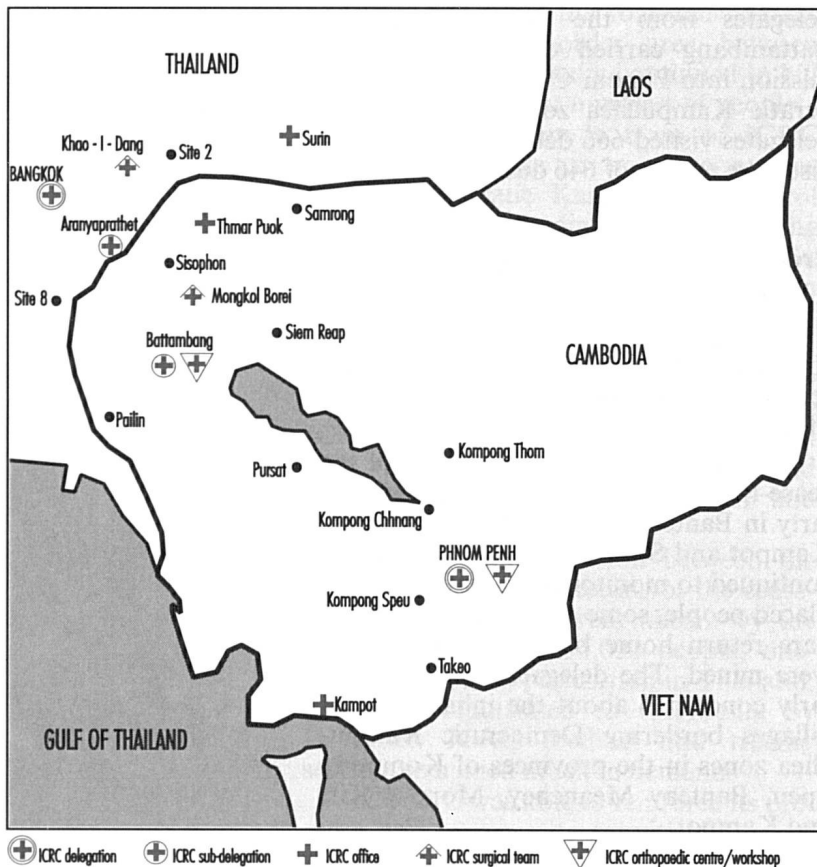
### **Protection of the civilian population**

Following heavy shelling in Kompong Thom the ICRC dispatched survey teams to the area on three occasions. ICRC intervention was not deemed necessary as other agencies were able to work there.

In view of continuing violations of the cease-fire in several provinces, particularly in Banteay Meanchey, Battambang, Kampot and Siem Reap, ICRC delegates continued to monitor the situation of displaced people, some of whom still did not dare return home because their villages were mined. The delegates were particularly concerned about the inhabitants of villages bordering Democratic Kampuchea zones in the provinces of Kompong Speu, Banteay Meanchey, Mondol Kiri and Kampot.

### **Tracing activities**

As the repatriation process began and the number of tracing requests from the border camps concerning people in Cambodia rose sharply, the ICRC together with the local Red Cross made efforts to extend its tracing network in the country itself. Between March and December two training seminars were held in Phnom Penh for participants from the provinces. The ICRC developed tracing activities in zones not under the control of the Phnom Penh government in north-western Cambodia, which enabled a number of people to restore links with relatives from whom they had not heard for up to 17 years.



Tracing delegates also registered detainees and supervised their release, recording hundreds of names and cross-checking numerous lists. Later in the year the tracing agency in Phnom Penh, together with the tracing agency in Bangkok, launched the first broad information campaign on the ICRC's tracing work within Cambodia and in the main countries of resettlement.

**Medical assistance**

In 1992 for the first time medical activities in Cambodia included visits to people in detention.

A field nurse continued working in villages and camps for the displaced in the north-western provinces, concentrating on the dispensaries set up and supplied by the ICRC, evacuating the wounded and sick to Mongkol Borei hospital, assessing the nutritional status of these groups and monitoring cases of tuberculosis among outpatients. At the end of May the ICRC, as in previous years, organized a two-day seminar on war surgery in Phnom Penh for more than 50 surgeons from all over Cambodia.

A series of first-aid courses with a dissemination component for members of the armed forces and the police took place in Banteay Meanchey province.

The ICRC provided logistic and administrative support to surgical teams from the Australian, Swedish and Swiss Red Cross Societies working in the provincial hospitals in Kompong Speu, Kompong Chhnang and Takeo. On 26 October, The International Federation of Red Cross and Red Crescent Societies confirmed that as of 1 November it would take over the ICRC's task of providing logistic and administrative services for foreign National Societies working in Cambodia.

*Hospitals*

During the first part of the year the surgical workload in the three provincial hospitals in Kampot, Mongkol Borei and Pursat remained light, which enabled the ICRC teams to set aside more time for the training of Khmer personnel. Meanwhile construction and rehabilitation work continued to upgrade sanitation and general working conditions. ICRC sanitary engineers together with UNICEF staff managed to drill for water on the premises of Mongkol Borei hospital and installed an electric pump for its well, enabling it to cover all its own water

needs. In June the onset of the rainy season led to more admissions of cases of malaria and dengue at the Mongkol Borei hospital. Given the difficulty for mine victims in Cambodia to reach the Khao-I-Dang hospital and its decision to shift activities away from the border and into Cambodia, the ICRC increasingly channelled evacuations to the Mongkol Borei hospital and began extending its capacity. Meanwhile, admissions rose steadily in proportion to the number of people returning to the region from the border. The ICRC therefore increased its medical staff to two surgical teams in August. ICRC surgeons regularly visited the hospital at Thmar Puok in the KPRLF-controlled zone to evaluate standards of care and to organize transfers of patients to Mongkol Borei when necessary. A second surgical ward was opened at the end of the year. In Banteay Meanchey the ICRC decided to provide medical and sanitation assistance to a 60-bed hospital run by Democratic Kampuchea.

In accordance with its objectives for 1992, which were redefined in the course of the year in view of the evolving situation, at the end of the year the ICRC withdrew from the provincial hospitals of Kampot and Pursat, having worked there for five and two-and-a-half years respectively. Support for the Pursat hospital was taken over by another organization.

#### *Blood bank*

The ICRC kept up its assistance to the National Blood Transfusion Centre in Phnom Penh, which collected an average of 450 blood units monthly. Prince Sihanouk visited the blood bank in the capital to congratulate donors and appeal publicly for more blood donations. In January 1992 a provincial blood bank was set up in Mongkol Borei, and at the end of June the

ICRC established a new blood bank in the provincial hospital of Kompong Chhnang where the Swedish Red Cross was running a support programme. The two centres managed to supply about one hundred units a month to their respective hospitals. A third provincial blood bank opened in Pursat in November.

#### *Orthopaedic programme*

The orthopaedic centre in Battambang, opened in September 1991, steadily increased its production to an average monthly rate of 150 prostheses. In 1992 it fitted 1,246 patients and produced 1,420 prostheses and four orthoses. As of May, the centre started receiving patients from zones controlled by other factions. The ICRC paid for the transport of these patients to and from the centre and for their food and lodging during treatment. In August the centre was transferred to new, larger premises. The inauguration took place on 21 September in the presence of the Vice-Minister for Labour and Social Affairs and the Governor of the province. Later in the year, the number of beds had to be increased to keep up with the influx of patients.

The two production units at the workshop in Phnom Penh, also set up in September 1991, continued to manufacture orthopaedic components. As in the previous year, the ICRC supplied orthopaedic components to other institutions with which it had concluded an agreement in 1991 (the American Friends Service Committee, Handicap International, the American Red Cross and Cambodia Trust).

#### **Sanitation**

At the beginning of April the ICRC initiated a sanitation programme for places

of detention. Its first task was to rehabilitate the water supply and waste water disposal system in the T3 prison in Phnom Penh.

At the end of the year, the ICRC held a seminar on sanitation in the prison environment for officials of the Ministry of Security.

### THAILAND

During the disturbances in Bangkok in mid-May the delegation increased its preparedness to take action in the event of a medical emergency by mobilizing its emergency stocks, ambulances and medical personnel. An excellent relationship was established with the Thai Red Cross Society, with which the ICRC participated in surveys, the planning of ambulance transport and the setting-up of first-aid posts. It also took steps to monitor the situation of persons detained or reported missing in connection with the events.

Following contacts in Bangkok and Geneva with representatives of the Thai government, at the beginning of the year the ICRC sent a note to the Thai Ministry of Foreign Affairs concerning accession to the Protocols additional to the Geneva Conventions. In view of developments in the region the ICRC judged it necessary to reorganize its presence in the region as from spring 1993. It decided to upgrade the delegation in Bangkok to a regional delegation, from which all its tracing, dissemination and protection activities in Thailand, Viet Nam and Laos would be conducted. The Thai authorities were approached at the end of the year and gave the necessary agreement, and the other governments and Red Cross Societies concerned were informed accordingly.

### THAI/CAMBODIAN BORDER

Thanks to improved protection measures taken by Thai military forces and Khmer police and to the arrival of UNHCR protection officers, the security situation in the camps improved during the first quarter of 1992, with the exception of an attack by armed bandits in Site 8 in late March. Although banditry and attacks on several Thai villages were reported along the border, on the whole the camps remained relatively safe. However, mines continued to claim numerous victims, almost always among the population on the Cambodian side of the border, which was also subject to increased banditry. Many wounded continued to cross the border into Thailand to receive treatment at the ICRC hospital in Khao-I-Dang.

Security conditions deteriorated significantly during the second quarter of the year, with an attack on Site B by armed bandits in April and unrest in June. In the third quarter, the decrease in the number of Khmer police and the growing presence of bandits made the situation in and around the camps still more dangerous. ICRC delegates monitored developments and made representations to the authorities concerned. On 20 September the first of the seven border camps, Site K, was closed. The closing of Otrao camp in October and Site B in December meant that there were fewer incidents in these areas, but special attention had to be paid to the situation in Site 2, where numerous attacks occurred during this period. The Sok Sann camp was also closed towards the end of the year, and the ICRC closed down its offices in Trat and Surin.

ICRC delegates periodically visited Khmer detainees (mainly penal law prisoners) held in various Thai detention cen-

tres and regularly exchanged information relevant to this matter with UNHCR in the context of the repatriation programme.

The developments in 1992 led the ICRC to focus increasingly on Cambodia itself, with less emphasis on the border area. The ICRC began scaling down its presence, particularly on the Thai border, and prepared to shift its medical activities to Mongkol Borei in Cambodia.

### Tracing activities

The ICRC continued its tracing work in Cambodia, along the border with Thailand and abroad with the help of the National Societies of the countries concerned. ICRC delegates in Thailand actively promoted the tracing agency services when Khmer refugees in border camps were informed of their imminent repatriation, and the monthly average of new requests for Cambodia tripled as compared with 1991. The tracing agency gave priority to requests made by people in border camps who wanted to find relatives in Cambodia so that they could return to their villages of origin more easily. About 80 per cent of these cases were successfully resolved, i.e. the people in question were located.

In the second half of the year there was a marked decrease in the number of such tracing requests as many refugees, impatient to return to Cambodia, chose not to wait for news from their family any longer. The tracing agency did its utmost to speed up the handling of cases so that there would be time for replies to reach the people concerned before their repatriation. As of September, the delegation no longer accepted new tracing requests and referred applicants to the tracing network inside Cambodia.

A few cases concerning Vietnamese land refugees were also handled by the ICRC in cooperation with the tracing and mailing service of the Thai Red Cross Society. In 1992 the ICRC opened new tracing enquiries concerning 10,566 people, and was able to resolve 11,467 such cases.

The ICRC remained the only official channel for inter-camp mail and also arranged for the exchange of mail between the camps and Cambodia. In 1992 it distributed 14,011 letters and Red Cross family messages.

With the consent of the Thai authorities, the ICRC transferred 58 Khmers from one camp to another for reasons of protection and reunited 52 Khmers with their families. It also arranged for nine Khmers from Cambodia to join relatives abroad.

### Medical assistance

The beginning of 1992 marked a turning point in the history of the border camps as the repatriation gathered momentum and the non-governmental organizations coordinated by UN agencies prepared to scale down their activities.

The ICRC's surgical hospital in Khao-I-Dang remained the only facility along the border providing surgical services for Khmers living in the area. At the beginning of the repatriations, the number of admissions remained fairly constant, and the proportion of patients treated for mine injuries showed no sign of decreasing until the onset of the rainy season brought a slight decline in numbers.

The number of surgical teams was reduced from three to two, and around 20 per cent of the hospital's Khmer work-force was repatriated during the second quarter of the year.

Later in the year the sharp decrease in the camp population had a significant impact on the workload at the ICRC hospital in Khao-I-Dang. The drop in numbers of war casualties and other emergencies allowed the ICRC to consider the possibility of closing the hospital to new admissions some time in early 1993 and transferring surgical cases to the ICRC-supported Mongkol Borei hospital in Cambodia itself.

In 1992, the ICRC hospital in Khao-I-Dang recorded 1,945 admissions, including 407 war-wounded patients, and performed 3,262 surgical operations.

#### **THAI/MYANMAR BORDER**

At the end of February delegates based in Bangkok conducted a mission to the Thai border with Myanmar. They assessed the medical and humanitarian needs of displaced civilians following clashes between the armed forces of Myanmar and various movements opposed to the Myanmar government. First-aid supplies were subsequently donated to support existing war surgery services. Another medical evaluation mission took place in September.

#### **HANOI Regional delegation (Laos, Viet Nam)**

#### **LAOS**

The regional delegate visited Laos in order to discuss with the local authorities and the Lao Red Cross the possibility of developing tracing and dissemination programmes.

#### **VIET NAM**

Despite continued efforts, including a visit by the Delegate General for Asia and the Pacific at the end of February, and despite the agreement in principle given by the authorities in 1990, the ICRC still did not gain access to security detainees in Viet Nam. During the Delegate General's mission a new cooperation agreement was signed on 29 February in Ho Chi Minh City between the ICRC and the Ministry of Labour, War Invalids and Social Welfare. The agreement stipulates that the ICRC will continue to produce artificial limbs in its orthopaedic production unit and may be renewed annually on the basis of joint evaluations by the signatories. In 1992 the ICRC workshop manufactured 2,024 prostheses and fitted 1,806 patients.

The ICRC established close cooperation with the National Society in order to help it consolidate its tracing service. An ICRC tracing delegate visited Red Cross branches throughout the provinces to assess the situation, evaluate needs, standardize procedures and disseminate basic knowledge about Red Cross and tracing agency principles. Tracing requests from abroad increased and the aim was achieved of enabling the National Society to handle all the tracing work on its own, the ICRC acting as an intermediary only in special cases. It continued to provide technical advice and material assistance. Since the start of this programme in 1989 the ICRC had provided 21 four-wheel-drive vehicles, 27 motorcycles and office equipment to the Viet Nam Red Cross.

From 11 to 18 March in Hanoi a seminar on international humanitarian law took place for senior officers of the Vietnamese armed forces. It was organized by the Department of Civil Affairs of the Ministry of Defence and was carried out in close co-

operation with the ICRC and the National Society. Thirty-six officers from northern and central parts of Viet Nam attended.

On 24 November the head of the regional delegation in Hanoi officially informed the authorities of the imminent transfer of the regional delegation to Bangkok.

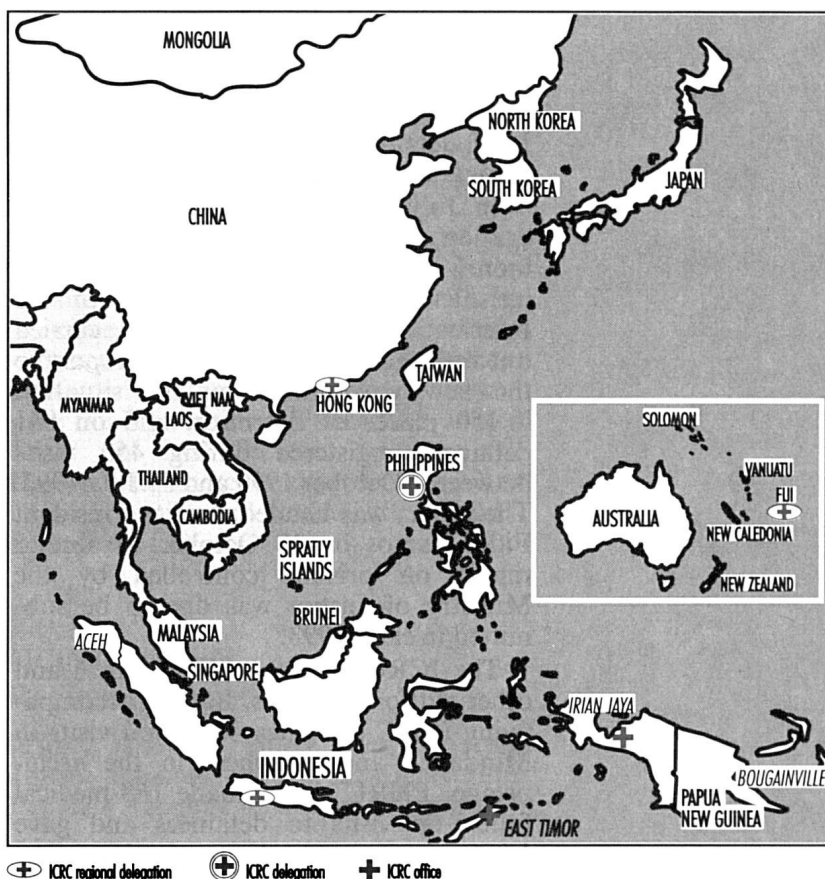
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## PHILIPPINES

Many of the Philippines' political, economic and security-related problems persisted in 1992. The new government's policy of "national reconciliation" did not bring to an immediate end the long-standing confrontation with various insurgent groups, and natural disasters continued to plague the country and its people. In this context of continuing armed violence the ICRC concentrated on visits to detainees and protection of the civilian population, while maintaining support for the activities conducted for conflict victims by the Philippine National Red Cross (PNRC), to which it had handed over most of its assistance programmes the previous year. Delegates also kept track of several thousand displaced civilians in Mindanao and Northern Luzon and carried out surveys in cooperation with the PNRC, resulting in emergency food distributions.

### Activities for the civilian population

On 8 January 1992 the ICRC handed over to President Corazon Aquino and the Ministry of Defence a report on cases of breaches of international humanitarian law which delegates had encountered in the course of their work. The report focused on the effects of violence and ill-



treatment on the civilian population and was widely circulated in military quarters. Another report on similar humanitarian issues was submitted to the National Democratic Front/New People's Army (NDF/NPA), the major armed opposition group. For the rest of the year delegates continued to monitor the situation of the civilian population in conflict zones and to follow up alleged violations of international humanitarian law.

### Activities for detainees

As in the past, delegates continued registering and visiting security detainees,



mainly those detained in connection with insurgency-related incidents, both in Manila and in the provinces. In 1992 delegates conducted 344 visits, seeing 1,348 detainees in 226 places of detention throughout the country.

In July a temporarily reinforced delegation concluded an intensive two-month series of visits to prisons under the jurisdiction of the Department of the Interior and Local Government, carried out with the aim of presenting a report to the new government on the situation in 150 places of detention and on 841 detainees registered during 450 visits between 1 October 1990 and 31 July 1992. The report was handed over to President Fidel Ramos on 13 October. A second report on prisons controlled by the Ministry of Justice was due to be submitted in early 1993.

The ICRC also provided medical and other aid for detainees. Besides accompanying ICRC delegates on prison visits in Mindanao and elsewhere in the archipelago, PNRC nurses made 168 medical follow-up visits to detainees and gave 1,075 private medical consultations. The ICRC conducted water and sanitation projects in several prisons.

Together with the PNRC, the ICRC kept up the programme of family visits which it was funding to enable people without resources to visit relatives in detention. Under this programme, 162 detainees received visits in 1992.

#### **Tracing activities**

The bulk of tracing activities in 1992 focused on detainees. The delegation continued to collect, process and file information relating to detainees. As in the past, detainees were able to apply to the ICRC for material, financial and other assis-

tance. The tracing agency handled the exchange of Red Cross messages and processed tracing enquiries concerning people missing in connection with events in the country or abroad. A total of 55 messages was exchanged, six tracing requests were processed, and 12 cases resolved.

The ICRC maintained its technical and financial support for the PNRC tracing service for Vietnamese boat people. Tracing and Mailing Services is a network set up by the ICRC with the National Societies of Indonesia, Malaysia, the Philippines and Thailand and the Hong Kong branch of the British Red Cross.

#### **Joint assistance programme**

Continuous military operations led to frequent population displacements, particularly in Mindanao and Luzon. People were usually, though not always, displaced in small groups and for short periods. In 1992 the ICRC's joint assistance programme with the Philippine National Red Cross Society covered 21,600 people affected by the fighting. They received 88 tonnes of emergency food, such as rice, oil and sardines, and other aid, mainly soap and blankets.

As the overall impact of the internal conflict on the civilian population diminished and the number of displaced people decreased over the past three years, while aid from other organizations and governmental services increased, the ICRC decided to terminate its Joint Relief Operation agreement with the PNRC at the end of the year. The delegation planned to run a limited assistance programme in the future, either directly or through local Red Cross chapters, but only for displaced people not taken care of by other local bodies.

The ICRC also donated 1.5 tonnes of rice for victims of natural disasters in 1992. This aid was mostly channelled through local PNRC chapters.

### **Medical assistance**

Displaced civilians continued to benefit from the medical and nutritional assistance programme run by the PNRC, with ICRC supervision and financing. Under the programme, nurses from the National Society's regional disaster action teams, working alone or together with ICRC delegates, visited wounded and sick civilians undergoing treatment in local hospitals, evacuating them when the health authorities were unable to provide them with the requisite treatment. These teams had taken over all such activities from ICRC nurses in 1991. In Davao del Norte, the ICRC was involved in the treatment and prevention of malaria among displaced people whom government health teams could not reach.

In 1992 ICRC/PNRC nurses and a few PNRC chapters carried out 145 surveys and hospital visits, including 230 consultations.

### **Dissemination**

The ICRC's main activity in this field lay in dissemination work for the armed forces and special police units. It held 97 seminars on international humanitarian law for 6,500 military personnel. For the first time, the ICRC participated in a national training course for 80 senior officers of the Command and General Staff College in Manila.

From 5 to 7 August the eighth Conference of Red Cross and Red Crescent Societies of ASEAN\* countries took place

in Manila, under the motto "reinforcing cooperation and partnership in the region". The ICRC was represented by the head of the Division for Principles and Relations with the Movement, who explained some of the institution's activities in the region, particularly on the Thai/Cambodian border and the border between Thailand and Myanmar, and emphasized the importance of Red Cross principles and the need for solidarity within the Red Cross and Red Crescent Movement. Other organizations present were the International Federation of Red Cross and Red Crescent Societies, the Danish, Japanese and American Red Cross Societies and several international organizations.

## **HONG KONG**

### **Regional delegation**

**(China, Taiwan, Hong Kong, Macao, Japan, Republic of Korea, Democratic People's Republic of Korea, Mongolia)**

In March 1992 the regional delegation based in Hong Kong carried out a series of missions to Japan, North and South Korea, mainland China and Taiwan. The main purpose of the visits was to introduce the new regional delegate to the Red Cross Societies and government authorities concerned. The new regional delegate accompanied a member of the ICRC Committee and the Delegate General for Asia and the Pacific on a mission to Japan in May and carried out visits in June to the Republic of Korea and Mongolia to make contact with the authorities and the National Societies. He also took part in the conference on the reconstruction of Cambodia, held in Tokyo from 20 to 22 June.

\* Association of South-East Asian Nations

The most important event for the ICRC in the region covered by the delegation in Hong Kong was the visit in September of ICRC President Cornelio Sommaruga, accompanied by the Deputy Delegate General for Asia and the Pacific, to the Republic of Korea, the People's Republic of China and the Democratic People's Republic of Korea at the invitation of the National Societies of these countries. Further information on the visits is given under each country heading.

A study and training course for senior officials of the Red Cross Societies of China, Mongolia, the Republic of Korea and the Democratic People's Republic of Korea took place at Geneva headquarters in October 1992.

### **CHINA**

On 2 April 1992 the Vice-President of the National Red Cross, accompanied by other representatives of the National Society and the government of the People's Republic of China, was received at Geneva headquarters by ICRC President Cornelio Sommaruga. In view of an amendment to national legislation concerning the Chinese Red Cross Society, discussions revolved around relations between the National Society and the government. In September, as part of his mission to the region, the ICRC President returned the visit and met with Prime Minister Li Peng and other top-level officials in Beijing. In his discussions he touched on topics such as international humanitarian law and the responsibility of States to respect and ensure respect for it, and the importance of respect for the Red Cross emblem, and dissemination to the armed forces. The President also reaffirmed the ICRC's willingness to carry out its traditional activities in the coun-

try, with the consent of the authorities. At the Diplomatic Institute he addressed some 150 students, professors and specialists in international law on the role of international humanitarian law today.

In Taipei, the regional delegate gave a presentation on international humanitarian law at a public ceremony to mark the International Red Cross and Red Crescent Day (8 May). Other events held in Taipei included a course on international humanitarian law for officers of the armed forces in October and, at the end of the year, an international symposium on international humanitarian law and human rights organized by the Chinese Association of Human Rights, the Society of International Law and the local Red Cross Society, in which the ICRC participated.

### **HONG KONG**

A workshop of experts representing the Chinese National Society, the Red Cross in Taipei and the University of Hong Kong was organized in Hong Kong from 20 to 22 August, with a view to preparing a standard basic Chinese glossary of international humanitarian law and Red Cross terminology.

In the latter part of the year the regional delegate undertook another series of missions to the countries in the region, mainly to discuss dissemination and cooperation projects with the National Societies.

The regional delegation maintained contacts with government officials and representatives of NGOs and organized an orientation course on 14 December for the Hong Kong members of the British Red Cross team working in Vietnamese refugee camps.

The Hong Kong branch of the British Red Cross continued to receive technical

and financial support from the ICRC in its activities for Vietnamese boat people, as part of the Tracing and Mailing Services coordinated by the Central Tracing Agency at ICRC headquarters in Geneva.

## JAPAN

From 27 May to 3 June a member of the ICRC Committee, Mr Pierre Languetin, accompanied by the Delegate General for Asia and the Pacific, the regional delegate and a delegate from headquarters, conducted a mission to Tokyo to discuss the current concerns of the ICRC with the authorities and the National Red Cross Society.

From 1 to 5 June a training seminar was held for Red Cross staff members in charge of youth programmes at the Fuji Red Cross Lodge, the National Society's training centre. ICRC delegates gave talks at the meetings.

On 22 June the conference on the reconstruction of Cambodia took place in Tokyo, attended by the Deputy Delegate General, the regional delegate and the medical coordinator from the delegation in Cambodia (for further details see *Cambodia*).

In September, at the request of the Japanese Red Cross Society, the head of the ICRC's Medical Division and a specialist in war surgery gave a course for National Society doctors and then went on to participate in the second Asian Pacific Conference on Disaster Medicine, held in Tokyo (the first such conference took place in 1988 in Osaka).

In November the regional delegate gave a talk on the relationship between international humanitarian law and human rights law at the annual conference of the Japanese Association of Human Rights Law.

## REPUBLIC OF KOREA

From 7 to 10 September ICRC President Cornelio Sommaruga visited the country. He met the President of the Republic, Mr Roh Tae Woo, and other top-level government and National Society officials. Among the topics discussed were current ICRC operational activities, the role of the International Red Cross and Red Crescent Movement and, most important, a possible role for the ICRC in resolving the issue of Korean families separated since the war. Later in the year, the regional delegation based in Hong Kong gave talks on international humanitarian law at Red Cross staff training courses held at Suwan and Pusan.

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

From 10 to 12 June the regional delegation organized a second training course for 54 senior officials of the National Society in Pyongyang.

From 15 to 19 September ICRC President Cornelio Sommaruga visited North Korea, the first President of the institution to do so. He was received by President Kim Il Sung, with whom he discussed the scope of the ICRC's mandate specifically in the Korean context and reaffirmed the ICRC's readiness to offer its services as a neutral and impartial intermediary. He met with other government officials and representatives of the armed forces and the National Society, and in a TV appearance had the opportunity to emphasize the importance of international humanitarian law. He also gave a speech at the National Library for about 100 people.

## MONGOLIA

From 19 to 24 October 1992 a training and dissemination seminar on interna-

tional humanitarian law took place in Mongolia. The first seminar of its kind to be held in the country, it was organized by the National Society with the help of the German and Japanese Red Cross Societies.

## **JAKARTA** **Regional delegation**

**(Brunei, Indonesia/East Timor, Malaysia, Singapore)**

From 1 to 6 September the tenth Conference of Heads of State or Government of Non-Aligned Countries took place in Jakarta. The ICRC was represented by the Director of Operations, the head of the International Organizations Division and the head of the regional delegation. They were able to raise a number of important operational matters with government ministers of various countries in the region.

## **INDONESIA**

In 1992 the ICRC continued visits to various categories of security detainees throughout the Indonesian archipelago and maintained its efforts to obtain access to all categories of people detained for security reasons. In May the Delegate General for Asia and the Pacific carried out a mission to Jakarta for high-level talks about the situation in East Timor and problems encountered by the ICRC in its detention-related work in Indonesia, particularly in Aceh.

In addition, the ICRC continued its traditional protection activities in the field. In Irian Jaya delegates surveyed

the needs of some 200 people who had left their homes to escape tension in the area.

## **Activities for detainees**

ICRC delegates conducted the annual series of visits to detainees arrested in connection with the *coup* attempt of 1965 (ex-G30S/PKI) and right-wing Muslim detainees (Ekstrim Kanan) between mid-July and late October. Two additional visits took place in December. Delegates saw 28 prisoners of the former category in ten prisons and 130 of the latter category in 15 places of detention.

In Aceh, a province in the far north of Sumatra where disturbances had been reported since 1989, ICRC delegates completed their second series of visits in January 1992. The series of visits had begun in December 1991. Delegates saw 89 prisoners, 55 registered for the first time, in seven detention centres. The conclusions drawn from the visits were presented to the military authorities. In July and August ICRC delegates carried out visits to 13 places of detention in Aceh. They saw 106 detainees altogether, of whom 33 were registered for the first time. The ICRC pursued negotiations concerning the possibility of an increased ICRC presence in the region.

In Irian Jaya delegates visited 39 detainees in seven places of detention, and they saw 57 Irianese prisoners in four places of detention in Java. The visits took place in August, September and December. The ICRC also organized and financed family visits for Irianese security detainees held in East Java. The first to benefit from the programme were a group of 12 people who visited their relatives in Kalisosok prison from 16 to 18 December. There

had been no family visits since the transfer of 70 Irianese prisoners from Irian Jaya to Surabaya in January 1991.

Material assistance was distributed to the entire prison population as needed. It included recreational items, soap, books and clothes.

### Tracing activities

The ICRC continued to provide financial and technical support to the Indonesian Red Cross for its work on behalf of Vietnamese boat people, as part of the network of tracing and mailing services coordinated by the Central Tracing Agency at ICRC headquarters in Geneva.

### Dissemination

In 1990 the ICRC and the Indonesian Red Cross set up a joint dissemination project including all National Society branches, which was completed in 1992 with four pilot seminars in Kalimantan, Java and Sumatra. The programme included various publications in the local language about fundamental Red Cross principles and international humanitarian law, produced jointly by the ICRC and the National Society.

## EAST TIMOR

### Activities for detainees

Following the tragic events at the Santa Cruz cemetery in Dili in November 1991 the ICRC obtained authorization to visit 89 people injured at that time and treated at the military hospital in Dili and 37 people detained at the police station in late November and early December 1991. In January 1992 reports on the findings of these visits were submitted to the Indonesian authorities.

On 6 February ICRC President Cornelio Sommaruga met with Mr Ali Alatas, the

Indonesian Minister for Foreign Affairs, in Geneva. The ICRC President stressed the importance the ICRC attaches to being allowed to visit all Timorese arrested in connection with the events in Dili, including those not held on the island, and handed over a note to that effect. He also took up the question of Indonesia's accession to the Additional Protocols and the opening of an ICRC office in Aceh. This had still not been possible, although the authorities had raised no major objections.

In the first five months of 1992 ICRC delegates carried out 25 visits to places of detention in East Timor. They saw 17 injured detainees and 73 others, more than half of whom had been arrested in connection with the Santa Cruz incident, and registered 17 people. Despite repeated representations to the Indonesian authorities, the ICRC all was not allowed to carry out visits to all the East Timorese students arrested in Jakarta in connection with the incident. Nor was it permitted to make a follow-up visit to the patients transferred from the military hospital in Dili to the one in Jakarta.

In August/September ICRC delegates visited eight Timorese detainees in Jakarta, four of them newly registered. They saw six other detainees, including two newly registered ones, in various places of detention in East Timor. On the whole, however, the ICRC had difficulty in carrying out its protection activities for detainees, as the military authorities once again questioned the conditions and procedures for ICRC visits.

On 20 November Xanana Gusmao, the leader of the armed opposition movement FRETILIN\* was captured in Dili. On

\* Revolutionary Front for the Independence of East Timor

7 December two delegates were permitted to visit him. The visit was the first step in a programme of visits outlined in Geneva on 4 December in a meeting between the ICRC President and the Indonesian Minister for Foreign Affairs. The head of delegation flew to East Timor on 10 December and met the highest military authorities there to discuss the programme in detail. Delegates started visiting detainees on the following day and had talked to 26 of them in private by 17 December, at which point the authorities interrupted the visits. According to the agreement reached with the authorities, the programme should have resumed on 21 December with visits to people detained outside Dili. In fact, it did not resume until mid-January 1993 and even then persistent obstacles remained.

The ICRC organized twice-yearly family visits for four East Timorese prisoners held far from their homes. Under this programme eight people from Dili were able to visit relatives in Cipinang prison in Jakarta for three days.

#### **Protection of the civilian population**

In March tension rose in Dili as the ferry "Lusitania Expresso", chartered by Portuguese students, approached the coast of East Timor. In case the situation deteriorated, ICRC delegates made several representations to the military authorities to discuss humanitarian issues. In the course of the year delegates paid several visits to various districts of East Timor to carry out protection activities, including the checking of releases, organization of family visits and exchange of Red Cross messages.

In the last three months of 1992 tension increased once again, particularly in Dili and Baucau. In incidents in Baucau at the

beginning of October at least two people were reported killed and a number of others were held for questioning or detained as a consequence of measures taken by the military authorities to prevent any demonstration marking the first anniversary of the Santa Cruz incident. The ICRC was not granted access to these detainees.

#### **Tracing activities**

In the first few months of the year the ICRC office in Dili received a large number of people anxious for news of their missing relatives and friends. The ICRC made enquiries into the whereabouts of 54 people (42 tracing enquiries were opened and two resolved). In all, 110 Red Cross messages were exchanged. Besides handling tracing requests and processing information concerning security detainees visited by delegates, the ICRC continued its repatriation programme for former government officials, sponsored persons and hardship cases. At the beginning of December the ICRC repatriated four families, 16 people in all, from East Timor to Portugal.

#### **Water and sanitation**

In connection with the water and sanitation programme, launched in 1988 in cooperation with the Ministry of Health in Timor, an ICRC sanitation engineer, a nurse and an Indonesian Red Cross team carried out an evaluation mission across the island. It was found that medical and sanitation needs, particularly in remote villages, justified the ICRC's continued involvement in the programme. The first project completed in 1992 was handed over to the local authorities in Asumano, Liquica, on 15 June. Work was well under way on a new project in Havana, Viqueque.

**Dissemination**

In October the ICRC, together with the Indonesian Red Cross, held four dissemination sessions on international humanitarian law for 180 officers of the Indonesian armed forces and police stationed in Dili, Baucau and Maliana.

**MALAYSIA**

Since 1988, despite repeated representations to the authorities, the ICRC has been unable to visit persons detained under the Internal Security Act. The ICRC raised with the Malaysian authorities the question of refugees from Aceh who had fled to Malaysia. In November ICRC delegates participated in a seminar on international humanitarian law held in Kuala Lumpur for senior army and police officers. The seminar was prepared by the department for army instruction and the National Society.

**SINGAPORE**

In March the ICRC organized the first East Asian Military Seminar on international humanitarian law for army officers, held in Singapore. The armed forces of 11 countries were represented. The head of the ICRC's Dissemination Division attended and had the opportunity to meet senior representatives of the Singapore authorities (Prosecutor General and Director of Legal Services of the Ministry of Defence). One of the matters raised was accession by Singapore to the Protocols additional to the Geneva Conventions. This seminar was followed in May by the visit of four representatives of the Singapore Ministry of Defence to ICRC headquarters in Geneva for further discussions on dissemination to the armed forces. In November the regional delegate and a delegate from headquarters participated

in a seminar on international humanitarian law organized by the Singapore armed forces and Red Cross Society.

**SUVA****Regional delegation**

**(Australia, Fiji, Kiribati, Nauru, New Zealand, Papua New Guinea, Western Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, autonomous States, territories and colonies in the Pacific)**

**SUVA**

In October 1991 the ICRC was authorized by the government of Fiji to open a regional delegation in Suva. However, operational needs and priorities arising from conflict situations in different parts of the world did not allow the ICRC to keep a regional delegate based there permanently in 1992 and routine activities were carried out by a local liaison officer. Several missions were also conducted from Jakarta and Geneva, mainly to support the region's National Societies in their dissemination work and staff training activities. The Delegate General for Asia and the Pacific undertook a mission to New Zealand, Australia and Fiji between 30 October and 11 November, meeting with representatives of the governments and National Societies of the three countries. In Fiji, he discussed the possibility of developing dissemination activities for the armed forces with the Commander-in-Chief and the Chief of Staff of the armed forces.

**AUSTRALIA**

An ICRC dissemination delegate participated in a youth camp organized in Perth by the Australian Red Cross. He reviewed the ICRC's activities around the world and organized practical exercises



on international humanitarian law. The ICRC also participated in "Kangaroo 92", a large-scale military exercise involving 12,000 Australian military personnel. The purpose of the ICRC's participation was to demonstrate the role of the institution in times of conflict.

#### PAPUA NEW GUINEA

The situation in Bougainville remained unstable throughout the year. The ICRC stayed in close touch with the various parties involved in the crisis. A first seminar on international humanitarian law was

held in August for 25 senior officers of the Papua New Guinea Defence Forces. Together with the Papua New Guinea Red Cross, the ICRC also organized four sessions on the Red Cross and Red Crescent Movement, which were attended by 200 police cadets and 96 prison guards.

#### SOLOMON ISLANDS

Two workshops on international humanitarian law and the Red Cross and Red Crescent Movement were held for members of the National Society and police forces.

### RELIEF SUPPLIES DISTRIBUTED BY THE ICRC IN 1992 ASIA AND THE PACIFIC

Countries	Medical (CHF)	Relief		Total (CHF)
		(CHF)	(Tonnes)	
Afghanistan.....	2,509,968	439,758	208.3	2,949,726
Cambodia .....	970,472	53,809	79.4	1,024,281
Indonesia .....	4,487	15,580	2.8	20,067
Myanmar.....	103,884			103,884
Pakistan (conflict in Afghanistan) .....	894,769	227,796	210.0	1,122,565
Philippines .....	7,479	98,589	100.3	106,068
Sri Lanka .....	110,358	486,070	224.6	596,428
Thailand (conflict in Cambodia) .....	401,332	19,580	3.0	420,912
Viet Nam .....	83,556			83,556
<b>TOTAL .....</b>	<b>5,086,305</b>	<b>1,341,182</b>	<b>828.4</b>	<b>6,427,487</b>