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- access to all buildings and appurtenances used for detention;
- repetition of visits as needed.

On 25 June the President of the ICRC, accompanied by the regional delegate, returned to Teheran in order to hand to H.I.M. the Shahinshah the reports drawn up by the delegates. It was agreed that the delegates would make further visits in the second half of the year in order to see how their recommendations had been followed and how the new arrangements made by the Iranian authorities for the benefit of the prisoners were applied.

The second series of visits took place from 3 to 24 October. The delegates returned to seventeen prisons where they saw 2,449 "security detainees", approximately five hundred of whom were recent arrivals.

YEMEN ARAB REPUBLIC. — From 23 April to 15 May an ICRC delegate visited ten places of detention at Sanaa and in the provinces. There were about thirty "political prisoners" for whom, on the occasion of the visits, medicaments, clothing, blankets, mats, water tanks and other relief supplies were given to the prisons (see p. 33).

Operations support services

Relief

The tables given in this section illustrate ICRC activities in providing relief. In 1977, about fifty countries were beneficiaries, the total value of the supplies being 46.6 million Swiss francs.

The actions with special financing (see next column), undertaken by the ICRC alone (southern Africa, Chile, Comoros, Cyprus, Eritrea, Lebanon, Ogaden) or jointly with the League (Indo-China), with support from governments, National Societies and various organizations, comprised 11.6 million Swiss francs' worth of relief supplies of all kinds dispatched to the sphere of operations by the ICRC or by donors under the supervision of the ICRC.

The agreements between the European Economic Community (EEC) and the Swiss Confederation made it possible for the International Committee to provide aid in the form of food to 15 countries, to a total value of 43.1 million Swiss francs (see page 32).

Aid to "political detainees" and to those of their families in the greatest need accounted for a total sum of almost 653,000 Swiss francs (not including Chile) (see page 33).

Finally, as part of the activities of its regional delegates (see page 33), the ICRC supplied various types of assistance to about twenty National Societies, to a value of 112,680 Swiss francs.

Medical aid valued at 86,350 francs, was sent to the medical services or the humanitarian organizations of certain liberation movements.

ACTIONS WITH SPECIAL FINANCING

(relief in kind)	11.6 million Swiss francs
Southern Africa	Sw. fr. 1,273,800.—
Chile	Sw. fr. 206,700.—
Comoros	Sw. fr. 50,000.—
Cyprus	Sw. fr. 123,200.—
Eritrea	Sw. fr. 1,866,200.—
Indo-China	Sw. fr. 3,060,000.—
Lebanon *	Sw. fr. 3,281,400.—
Ogaden	Sw. fr. 1,757,100.—

* of this sum, Sw.fr. 143,800.— for Lebanese refugees in Syria

These entries do not include the aid in the form of food supplied by the EEC and the Swiss Confederation (see table, page 32).

The amounts given above represent the value of gifts in kind provided by various donors (governments, National Societies, other bodies) and the value of the relief supplies purchased by the ICRC or by the "Indo-China Bureau" by means of the cash contributions of donors.

TRANSPORTATION

1.4 million Swiss francs

The transportation of supplies, organized and financed by the ICRC (usually reimbursed later from the *ad hoc* budgets of the special actions) cost 1.42 million Swiss francs, divided up as shown below:

Means of transport	tons	Sw.fr.
1. Consignments sent by regular means of transport		
— by sea and land		
— by sea and land	907.6	326,615
— by air	43.6	216,624
2. Consignments sent by chartered transport		
— by ship	9,741	386,826
— by air freight	84.2	496,308
Total	10,776.4	1,426,373

It should be noted that the ICRC also spent more than 158,000 Swiss francs in insurance premiums for the consignments, and 11,959 Swiss francs for 33.5 tons of imported relief supplies (chiefly medicines).

* Distribution was often entrusted to the National Societies.

**AID TO DETAINEES
AND THEIR FAMILIES**

652,830 Sw. fr.

Africa	99,300
South Africa	13,000
Angola	2,100
Botswana	230
Burundi	15,250
Kenya	1,220
Rhodesia/Zimbabwe	67,300
Swaziland	50
Zambia	150
 Latin America	 109,410
Argentina	53,190
Bolivia	18,640
Guatemala	270
Paraguay	37,060
Peru	250
 Asia	 33,720
Indonesia	7,600
Malaysia	720
Philippines	18,400
Sri Lanka	3,000
Thailand	4,000
 Europe	 10,000
Portugal	10,000
 Middle East	 400,400
Israel and occupied territories	362,000
Jordan	1,500
Egypt	250
Yemen Arab Republic	36,650

**AID TO NATIONAL
SOCIETIES**

112,680 Sw. fr.

Africa	54,430
Botswana *	30,000
Burundi	90
Upper Volta	910
Mauritius	2,150
Malawi	6,850
Uganda	1,150
Rhodesia/Zimbabwe **	2,200
Rwanda	80
Swaziland	7,000
Togo	4,000
 Latin America	 4,550
Bahamas	230
Panama	4,320
 Asia	 33,800
Malaysia	30,800
Nepal	3,000
 Europe	 1,900
Bulgaria	1,500
Hungary	100
Romania	300
 Middle East	 18,000
Israel (for local Red Crescent Societies in occupied territories)	4,500
Jordan	1,500
Syria	3,500
People's Dem. Rep. of Yemen	8,500

* Aid to refugees.

** Including 1,820 francs taken over by the special action "Southern Africa".

Medical Division

A Medical Division was created within the Operations Department in 1977, to enable the ICRC to carry out and co-ordinate the medical aspect of its activities in the field.

This Division recruits, appoints and prepares the doctors who will serve the ICRC as medical delegates, for operations in progress or envisaged, whether in a protective function (as in visiting prisoners of war or "political detainees") or in assistance (in a hospital during hostilities). The same activities also require auxiliary medical personnel, who have to be trained.

The Medical Division is also responsible for the planning of each action before it is set in train: the needs must be listed, the number of people requiring help must be assessed, the sphere and the manner in which the ICRC can provide aid must be determined, bearing in mind local resources and the realities of the situation.

The Pharmaceutical Section forming part of the Medical Division deals with all matters concerning the purchase and storage of medicines and medical equipment. Transportation to the delegations and the reclamation of any residual supplies after an action are organized by the Pharmaceutical Section in collaboration with the Relief Division.

From 3 to 5 May, the Medical Division organized a training course for medical delegates, at Cartigny, near Geneva. It was the first course of the kind, and was intended to improve the

standard of medical service provided by the ICRC in the field, by allowing an exchange of views between doctors who had already carried out ICRC missions and candidates for such missions.

About fifty medical practitioners attended the seminar. The programme included general subjects, such as preventive and tropical medicine, but also technical questions relating to the organization of the work: the make-up of surgical teams, the role of the mobile teams, relief work and evaluation of needs, storage of medicines, distribution, etc. The protective aspect of the medical mission was likewise studied, in relation to visits to places of detention.

The head of the Medical Division carried out several missions of assessment as part of the ICRC actions in Lebanon and southern Africa (Rhodesia/Zimbabwe and Mozambique).

A total number of 37 persons (doctors, nurses and pharmacists) took part in ICRC activities in 1977, 14 of them in Lebanon, 8 in Africa (Rhodesia/Zimbabwe, South Africa, Ethiopia, Somalia, Comoros) and 8 in Latin America (Argentina, Chile, Peru, Bolivia, Paraguay), 3 in Iran, 2 in Indonesia, one in Israel and the occupied territories, and one in Spain.

Material assistance in the form of 114 tons of medicines and medical equipment, to the value of 2.7 million Swiss francs, were dispatched and distributed by the ICRC, most of it for the victims of the conflicts in southern Africa, Lebanon and the Ogaden.

MEDICAL FUNCTIONS

Under the guidance of the physician-in-chief, medical functions play an increasingly important part in the work of the ICRC. First and foremost, the physician-in-chief must study all the medical and para-medical problems which arise, and deal with them according to the humanitarian philosophy and activity of the Red Cross; he must follow up and encourage the development and dissemination of humanitarian law in the field of medical and health services; and he must take all practical measures to ensure, in the medical sphere, performance of the traditional ICRC duties of protection and assistance.

In order to do this, the physician-in-chief, who is responsible directly to the Executive Board, not only must collaborate closely with the various services of the ICRC, but has to remain in touch continuously with other international humanitarian bodies, with those in charge of medical activities in National Red Cross Societies, with army medical services, with national medical associations, universities, etc. By means of such contacts he will be able to organize the recruitment and training of medical staff, and, in the longer term, draw up plans and reorganize the medical activities of the International Committee.

Radiocommunications

Two new radio stations were opened by the ICRC during 1977: one in May, in Guatemala, location of the regional delegation for Central America and the Caribbean, and one in

June, in Nairobi, at the headquarters of the regional delegation for East Africa. The station at Limassol, Cyprus, was closed down in July, owing to the reduction of the ICRC's operations in Lebanon.

