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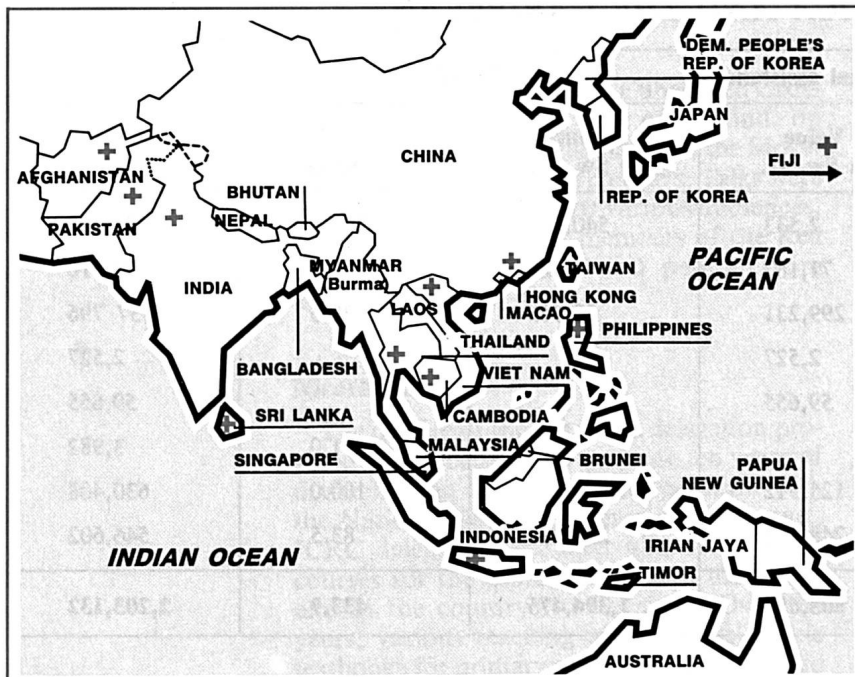
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## ASIA AND THE PACIFIC



### 6 delegations:

Afghanistan  
Cambodia  
Pakistan  
Philippines  
Sri Lanka  
Thailand

### 5 regional delegations:

Jakarta  
Hanoi  
Hong Kong  
New Delhi  
Suva

### Staff\*:

ICRC expatriates: 238  
National Societies: 288  
Local employees: 2,241

### Total expenditure:

81,682,400 Swiss francs

\* Average numbers calculated on an annual basis

*ICRC activities in Asia and the Pacific registered both advances and setbacks in accordance with various political developments in 1991. The main feature, however, was the consolidation of programmes already under way. The ICRC was able to step up its detention activities, particularly in Sri Lanka, and gain access to new categories of detainees in Afghanistan and Indonesia. In addition, the remaining 23 Vietnamese prisoners of war held in China were repatriated and, following the Paris peace agreement, there were some promising signs from the Cambodian authorities. However, at the end of the year the ICRC still had received no indication that it could visit security detainees in Viet Nam.*

*In view of the continued violence in numerous countries, large teams and substantial medical facilities had to be maintained to bring relief to conflict victims. In particular, the ICRC continued to perform war*

*surgery activities in its hospitals in Kabul (Afghanistan), Peshawar and Quetta (Pakistan) and Khao-I-Dang (Thailand), and in the government hospitals in Pursat, Kampot and Mongkol Borei (Cambodia). ICRC orthopaedic projects were also introduced or kept up in Afghanistan, Cambodia, Myanmar, Pakistan and Viet Nam.*

*During numerous missions in Asia and the Pacific, ICRC delegates maintained and stepped up negotiations with governments and National Societies to promote the dissemination of international humanitarian law and encourage ratification of the Geneva Conventions and the Additional Protocols thereto. For the first time, courses on the law of war for military officers were organized in China, the Democratic Republic of Korea and Japan.*

## AFGHAN CONFLICT

The events in the Gulf eclipsed the conflict in Afghanistan, where violent fighting nevertheless continued, claiming many civilian and military victims. The seizure of Khost (a town in the south-east of the country, near the Pakistan border) by opposition movements at the end of March marked the start of large-scale military operations which affected, in particular, the areas around Kabul, Herat, Kandahar, Jalalabad and Mazar-i-Sharif. Furthermore, abundant snowfalls cut off access to several places at the beginning of the year.

The ICRC pursued its work in Afghanistan and Pakistan, despite travel restrictions brought about by the worsening security situation. Several serious incidents occurred, including, in Afghanistan, two abductions (one of the delegates concerned was held for almost two weeks, four others were held for 75 days), three ambushes (one of which caused the death of two Afghan employees), the occupation and looting of a first-aid post and

several instances of shelling near ICRC premises. The security situation also hampered missions to Afghanistan from Pakistan and the work of first-aid posts. As a result, there were fewer evacuations of wounded people to the hospitals in Peshawar and Quetta than in 1990. Moreover, the work of expatriate staff was sometimes made more difficult by the strong feelings aroused among the population in Afghanistan and Pakistan by the Gulf conflict.

## AFGHANISTAN

The ICRC, which opened a delegation in Kabul in 1987 and two sub-delegations in Herat and Mazar-i-Sharif in 1989, is one of the few humanitarian organizations working in most parts of Afghanistan with the consent of both the government authorities and the opposition movements.

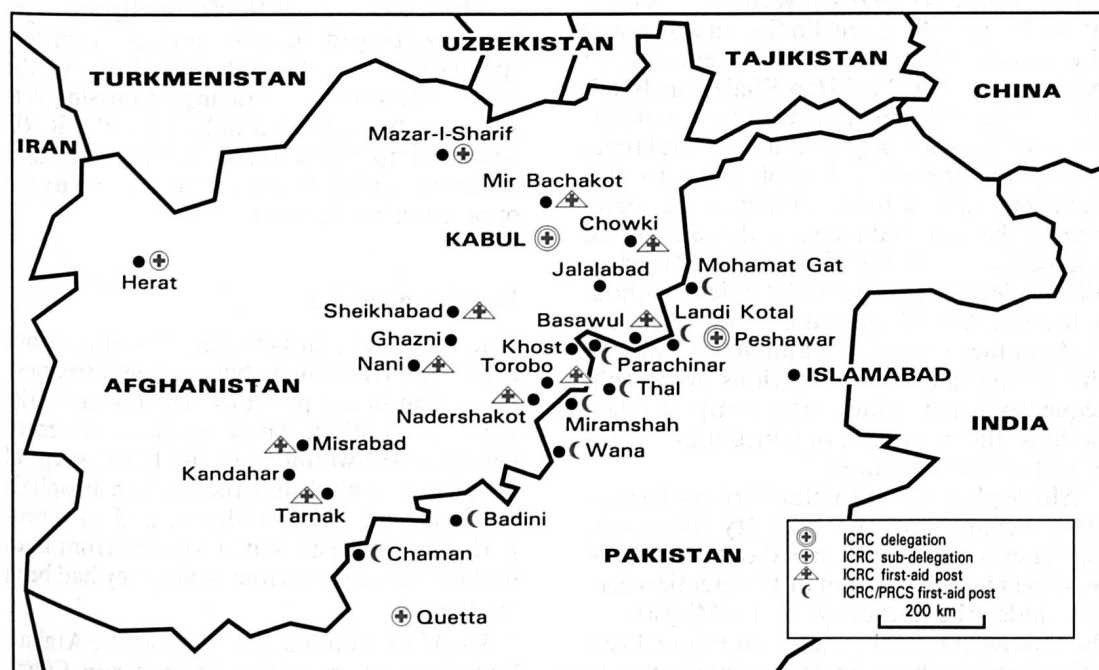
The institution nevertheless withdrew from the southern provinces of Kandahar and

Zabul following the kidnapping of four delegates in Kandahar at the beginning of the year.

In addition, work at the Herat and Mazar-i-Sharif sub-delegations was suspended as from July, and their expatriate staff withdrawn, following serious security incidents. The Mazar-i-Sharif orthopaedic workshop had just opened, while the one in Herat was under construction. The sub-delegations covered ten provinces.

Moreover, the ICRC was unable, as in previous years, to carry out missions to the north-eastern provinces under the control of Commander Massoud, on account of the intense military operations in the area.

These serious problems led the ICRC to cut back on its activities in many areas where it had succeeded in working after years of efforts. As a result, the missions conducted by the ICRC, with the consent of all the parties concerned, from government-controlled towns and regions to areas held by opposition groups were fewer than in 1990. However, towards



the end of the year there was some expansion in the orthopaedic sector, with the opening in November of the new centre in Kabul. On 24 November the ICRC Delegate General for Asia and the Pacific was received by the Minister of Defence, Mr. Mohammad Aslam Satanjar, who granted the institution permission for a dissemination campaign among the armed forces.

In 1991, the delegation in Kabul and the two sub-delegations had nearly 700 Afghan employees and over 70 expatriate staff, some two-thirds of whom were medical personnel seconded, for the most part, by the National Societies of various European countries, Australia, Canada and New Zealand.

#### Activities for detainees

ICRC delegates pursued their efforts to gain access to all persons detained by the authorities in Kabul. The situation of detainees held under the authority of the Ministry of State Security was raised in talks conducted at ICRC headquarters in Geneva on 27 September 1991 between the President of the ICRC, Mr. Cornelio Sommaruga, and the Prime Minister of the Republic of Afghanistan, Mr. Fazl Haq Khaleqiar. In addition, the Delegate General met senior officials of the Afghan government several times throughout the year. Authorization to visit the detainees had been granted at the beginning of the year, but the visits themselves had not begun, since the authorities refused to allow delegates to conduct interviews without witnesses. On 26 November, the Delegate General met President Najibullah to discuss the matter and all restrictions were subsequently lifted. Thus, after years of negotiations, the institution obtained unrestricted access to the detainees.

Although ICRC activities were cut back in 1991 because of the security situation, delegates nevertheless carried out 44 visits to prisoners in Afghanistan in 15 detention centres under the authority of the Ministry of the Interior (in Blocks 3 and 4 of Pul-i-Charki prison, and in the main provincial towns). In

addition, the ICRC distributed 38 tonnes of material aid to the detainees (blankets, winter clothing, soap, tea), worth a total of 486,000 Swiss francs, and visited persons detained by the opposition movements (see also *Pakistan*).

#### Tracing Agency

During their visits to places of detention in Afghanistan, ICRC delegates collected a large number of messages which they forwarded to prisoners' families, both in Afghanistan (in areas to which the ICRC had access) and Pakistan. After the offensive in Khost, the ICRC was contacted by many Afghans, primarily from the north of the country and the province of Paktia, who were without news of their relatives living in the Khost region. It often proved extremely difficult to forward messages from captives or replies to requests for news because of the worsening security situation. The number of such requests subsequently dropped, particularly after the suspension of activities at the Herat and Mazar-i-Sharif sub-delegations.

Altogether, nearly 18,000 family messages were exchanged in 1991 and 35 transfers (primarily to Pakistan) organized by the ICRC. However, the tracing of missing persons was brought to a halt, since the ICRC found it impossible to obtain replies on cases submitted either to the authorities or to the opposition movements.

#### Medical activities

In 1991, delegates continued their missions across the front lines, but on a less frequent basis than in the previous year owing to the security situation. These missions served to evacuate war wounded to the ICRC surgical hospital in Kabul and the civilian hospitals in Herat and Mazar-i-Sharif, and to return patients after treatment across the front lines to the first-aid posts from which they had been evacuated.

The ICRC continued to support the Afghan Red Crescent, providing logistic and finan-



cial aid to the National Society's 10 dispensaries in Kabul, until the programme was taken over by the International Federation of Red Cross and Red Crescent Societies.

In addition, the ICRC provided emergency medical aid to Afghan civilian hospitals and supplied the hospital in Herat with surgical supplies and other items, such as bedding and sanitation equipment.

### *ICRC hospital in Kabul*

Generally speaking, the monthly turnover at the ICRC war surgery hospital in Kabul fell in relation to 1990, since there were fewer attacks on the city. Three surgical teams and 18 nurses dispensing post-operative treatment were permanently stationed there. In 1991, the hospital admitted 3,048 patients, and its surgical teams performed 6,750 operations, collected 2,747 units of blood and gave 4,624 out-patient consultations. As in previous years, the hospital's workload was greatest during the summer.

### *First-aid posts*

Many people were wounded south of Kabul during the government's major military offensives in June and July. At the same time, the precarious security situation made it more difficult to evacuate them to hospitals from the first-aid posts. At the beginning of June, the road between the Sheikhabad first-aid post (south-west of the capital) and Kabul was blocked. An expatriate nurse was stranded in Sheikhabad for several weeks with 20 patients, and was only able to leave with the help of a team from Quetta. After the nurse's departure, Afghan employees kept the post open on their own until October. Evacuations to the hospital in Kabul were impossible throughout that period. They resumed when the road to Kabul was reopened in October, allowing the return of expatriate nurses who took over supervision of the post. In 1991, the Sheikhabad post evacuated around 400 patients to the ICRC hospital in Kabul.

At the Mir Bachakot first-aid post, north of Kabul, several serious incidents took place

during the year. These included, in April, a shell explosion a few hundred metres from the premises, which injured several people and caused material damage, and, in August, the kidnapping of a delegate for a period of 12 days. Apart from a temporary closure following those events, the post functioned normally throughout the rest of the year. About 1,200 war wounded were evacuated from the post to Kabul in 1991. A third first-aid post was to be set up in Mamaki, south of the capital near Maidan Shar, but the project had to be abandoned since the various opposition movements failed to agree on an appropriate site.

Plans to build first-aid posts and evacuate the wounded near Mazar-i-Sharif and Herat also had to be cancelled, owing to the suspension of the work of the sub-delegations.

### *Orthopaedic programme*

In Kabul, with the support of the Swiss Disaster Relief Unit, the ICRC built a new orthopaedic centre, which opened on 2 November. With a capacity of 100 patients, a staff of 160 Afghan employees and 7 expatriates, and an average monthly output of 130 prostheses and 30 wheelchairs, it is the largest centre of its type set up by the ICRC. The new centre, which took over all the activities of the old one (closed down at the beginning of November), is better equipped to assist the increasing number of patients, in particular the victims of mine-blast injuries. In 1991, the centre received 1,520 war disabled and produced over 1,600 prostheses, 197 orthoses (supports), nearly 4,500 pairs of crutches and 220 wheelchairs.

After years of negotiations, the Ministry of Health and the ICRC signed an agreement to set up a course for Afghan prosthetists. Student prosthetists will be given two years of basic instruction, followed by a year of advanced training. The course, which is taught by two ICRC prosthetists working full time, began in April with 20 students.

Activities at the Mazar-i-Sharif orthopaedic workshop and construction of the new or-

thopaedic centre in Herat were suspended for a period, following the temporary closure of the sub-delegations. The workshop operated from April (when it opened) to July, during which time five amputees were fitted with orthoses and 50 with prostheses.

### Logistics

In 1991, an ICRC-chartered aircraft logged 840 hours in Afghanistan and on cross-border missions to Peshawar, carrying over 1,300 passengers and 100 tonnes of cargo worth 1,844,000 Swiss francs. The aircraft evacuated the wounded and furnished the ICRC hospital in Kabul with medical supplies.

## PAKISTAN

In 1991, the ICRC pursued its activities across the border into Afghanistan from the delegation in Peshawar and the sub-delegation in Quetta. However, it gradually came up against security problems (see *Afghan conflict*). The Peshawar delegation also had to curtail its activities in Afghanistan, in the provinces of Kunar and Paktia, south of Kabul, owing to the intransigence of some of the people it had to deal with. Of the areas in which the ICRC had worked regularly since its first cross-border missions in October 1988, only the provinces of Ghazni and Nangarhar, south-east of Kabul, were still accessible from Peshawar or Quetta. This situation had an impact on the number of admissions to the ICRC hospitals in Pakistan, which dropped in relation to 1990, except in April and October when fighting flared near the border.

### 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 Baluchistan. They also visited detainees held by various factions of the Afghan opposition movements. However, fewer cross-border

missions for such visits were conducted than in 1990, because of the worsening security situation. The ICRC also continued to make representations to the Pakistan authorities with a view to gaining access to all the detainees held in connection with the Afghan conflict.

In 1991, the ICRC carried out 21 visits to eight prisons under the authority of the Pakistan government, and 39 visits to 24 detention centres run by the opposition movements, both on Afghan and Pakistan soil.

### Tracing Agency

In North West Frontier Province and Baluchistan, the ICRC continued its representations to the authorities concerned with a view to repatriating released prisoners (who had been visited by the ICRC in detention). In a number of cases, these representations bore fruit and the ICRC was able to take ex-detainees to Kabul by plane. Other categories of people were also repatriated by air, primarily amputees and disabled war wounded not requiring further treatment. The ICRC carried out 40 repatriation operations in all.

The Tracing Agency faced considerable demand immediately after the military offensive on Khost. During their visits on Afghan territory, ICRC delegates collected and delivered many Red Cross messages between detainees and their families. Messages were also collected throughout the year in the Afghan refugee camps in Pakistan.

Following the ICRC's withdrawal from certain areas of Afghanistan, some of the Red Cross messages collected by the delegation in Pakistan could not be delivered. Nevertheless, the total number of messages distributed during the year rose to nearly 13,000, more than three times the equivalent figure for 1990.

### Medical activities

During several missions across the border, ICRC delegates, accompanied by medical staff, took stock of the situation and held

talks with various officials with a view to obtaining security guarantees for the first-aid posts still in operation and administered by the Peshawar or Quetta delegations.

First-aid courses continued on the ICRC's premises in Peshawar and Quetta for Afghans from the interior of the country, but had to be interrupted on the Afghan side of the border due to the worsening security situation. The courses also provided an opportunity to explain the ICRC's activities and the basic principles of international humanitarian law (see also *Dissemination in Asia*).

### *ICRC hospitals in Peshawar and Quetta*

Overall, the turnover in the ICRC surgical hospitals in Peshawar and Quetta was lower in 1991 than in the two previous years. The occupancy rate in the two hospitals varied between 100 and 110 patients. Similarly, there was a drop in the number of wounded evacuated across the border. However, the occupancy rate and evacuations increased in the weeks following the seizure of Khost at the end of March, and after the military operations in Jalalabad in October. In April the hospital in Peshawar (which has a capacity of 230 beds) admitted 237 patients, registering the highest number of admissions since it opened. Altogether it treated 379 wounded.

For the year as a whole, 2,400 and 1,400 patients were admitted to the hospitals in Peshawar and Quetta, respectively, where surgical teams performed 5,758 and 3,349 operations, collected 1,919 and 884 units of blood and administered out-patient treatment to 6,936 and 1,381 patients. Two surgical teams were permanently stationed in Peshawar and two in Quetta. A third team worked in Peshawar during the peak period following the Khost offensive.

### *First-aid posts and evacuation facilities*

The seven first-aid posts on Pakistan territory, near the Afghan border, which are run jointly with the Pakistan Red Crescent, pursued their work throughout the year. Local staff administered first-aid to Afghan war

wounded, evacuating serious cases to the ICRC hospitals in Peshawar and Quetta. The northernmost post in Mohamet Gat was moved in 1991 to Khar Bajur, from where the communication routes to and from Afghanistan were better. Of the eight first-aid posts set up on Afghan territory and managed by the ICRC delegation in Pakistan, only those in Nani (Ghazni province) and Bazawul (Nangarhar province) remained operational throughout most of the year. Work at the Bazawul post was interrupted in October for two months, due to a shelling incident which slightly wounded an Afghan employee and caused considerable material damage. The three posts located in Kandahar province were closed following the kidnapping of four delegates at the beginning of the year. The two posts in Paktia province were also shut down after two Afghan workers, employed as chauffeur and watchman at one of the posts, were killed in an ambush on 9 July. The first-aid post in Kunar province was also closed after threats were made against the ICRC in June.

### *Orthopaedic centre, paraplegic centre and orthopaedic workshop*

With the systematic introduction of polypropylene, the ICRC orthopaedic centre in Peshawar was able to manufacture lighter, more resistant and more aesthetic prostheses, which are quicker to make and cost less. As a result, the monthly output rose to 110, as against 90 the previous year. In 1991 the centre produced 1,284 prostheses, 690 orthoses, 315 wheelchairs and 610 pairs of crutches, and fitted close to 700 patients.

The ICRC continued to provide technical 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.

In Quetta, the ICRC opened a small orthopaedic workshop to handle repairs. As a result, amputees requiring this type of service no longer have to travel to Peshawar.

## CONFLICT IN CAMBODIA

The negotiations undertaken with a view to drawing up a peace plan for Cambodia continued as the conflict in the country escalated in February and March 1991. Fighting started in the provinces near the border with Thailand, before spreading to the interior. The ICRC continued its work for victims on the Thai side of the border, while developing its activities within Cambodia. In 1991, the number of displaced people was estimated at nearly 200,000 in Cambodia and around 320,000 in Thailand.

On 1 May, the four factions<sup>1</sup> involved in the conflict signed a cease-fire agreement. Despite violations of the agreement in the months that followed, senior officials of the four factions continued discussions within the Supreme National Council (SNC), an assembly on which they are all represented.

The ICRC Deputy Delegate General for Asia and the Pacific, accompanied by the heads of the Phnom Penh and Bangkok delegations, was received by Prince Sihanouk, President of the SNC, in Pattaya, Thailand, during a preparatory meeting for the peace agreement on 24 August. He handed over to the Prince a document requesting that the ICRC be allowed to visit all detainees held by the four factions of the SNC.

On 31 August, at the invitation of Prince Sihanouk, the same ICRC delegation travelled to Pattaya for a working meeting. Subsequently, on 3 September, Prince Sihanouk launched an appeal to all the factions to cease laying mines in the country, in particular along the border with Thailand. He also called on them to facilitate ICRC access to all persons detained in connection with the conflict.

The second meeting of the Paris Conference on Cambodia, which was held

in October, was attended by Cambodia, represented by the SNC, 19 other States,<sup>2</sup> and the Secretary-General of the United Nations. The ICRC held various talks during the Conference and, on 22 October, its Deputy Delegate General for Asia and the Pacific handed Prince Sihanouk two memoranda concerning, respectively, the safety of displaced people in the camp at Site 8 and the protection of persons detained in Cambodia. The Conference led, on 23 October, to the signing of the peace agreement drawn up by the United Nations. Article 21 of the agreement expressly confirms 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". The term "civilian internee" is defined in Article 22 as follows: "The expression 'civilian internee' refers to all persons who are not prisoners of war and who, having contributed in any way whatsoever to the armed or political struggle, have been arrested or detained by any of the parties by virtue of their contribution thereto".

After the signing of the Paris peace agreement, sporadic fighting nevertheless continued in some provinces of Cambodia.

Throughout the year, the ICRC continued its approaches to the parties to the conflict, the SNC and the organizations concerned with the future repatriation of displaced people living in the camps in Thailand, so as to ensure that these people enjoy the necessary protection before and during their transfer, and once resettled in Cambodia. Particular emphasis was placed on the need to clear the resettlement

<sup>1</sup> State of Cambodia (SOC), Democratic Kampuchea (DK), Khmer People's National Liberation Front (KPNLF) and National United Front for an Independent, Neutral, Peaceful and Cooperative Cambodia (FUNCINPEC).

<sup>2</sup> Australia, Brunei, Canada, China, CIS, France, India, Indonesia, Ireland, Japan, Laos, Malaysia, Philippines, Singapore, Thailand, United Kingdom, United States, Viet Nam and Yugoslavia.

ment areas of mines and register everyone in the camps before their departure. The ICRC was also asked to participate in the Policy Advisory Group, a body which coordinates assistance to displaced people in Cambodia and on which the United Nations agencies concerned and five non-governmental organizations are represented.

In terms of logistics, the following important developments occurred in 1991:

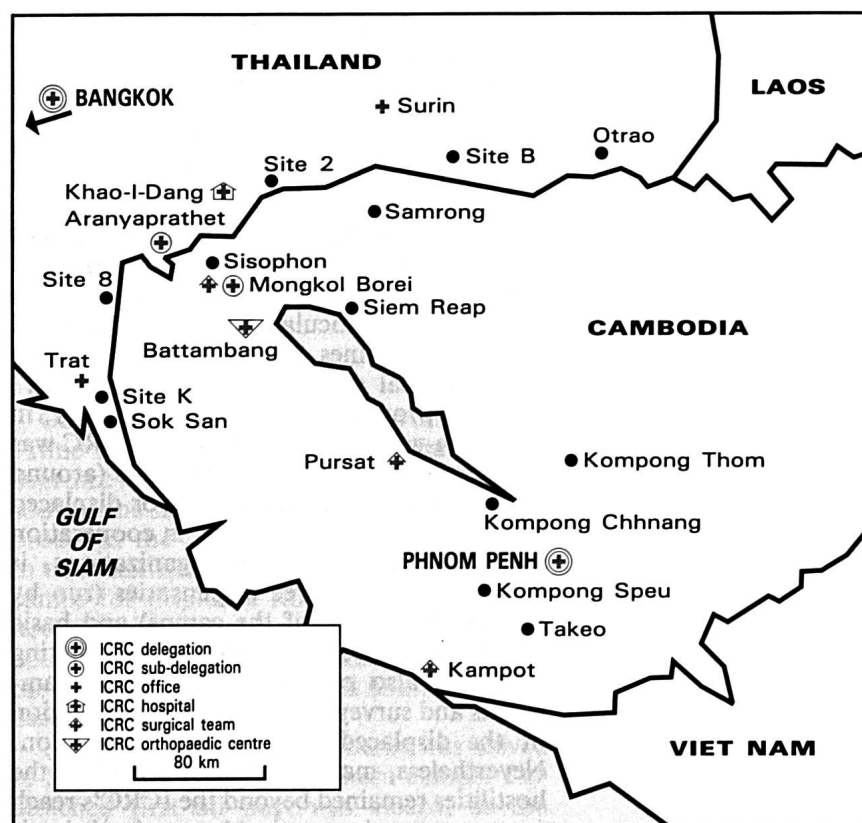
- On 20 February, after months of negotiations and waiting, the ICRC delegations in Bangkok and Phnom Penh received authorization from the governments concerned to communicate with one another by radio, both at their headquarters and in the field.
- At the end of June, the ICRC obtained permission from the Thai and Cambodian authorities to cross the border at the Poipet post (on the road from Aranyaprathet to Sisophon), in order to perform its humanitarian duties. A first convoy of two ambulances for the hospital at Mongkol Borei entered Cambodia on 3 July. It was the first time in 16 years that a road had been reopened between the two countries. By this route, the ICRC subsequently transported equipment and medicines to the hospitals, where its own teams and expatriates from various National Societies were at work.

## CAMBODIA

In view of the general expansion of its activities in Cambodia, the ICRC increased the number of its delegates stationed there. This brought its expatriate staff to 40 as compared with 18 in 1990. Half of the staff consisted of medical personnel, some of them seconded by National Societies.

### Activities for detainees

In September 1990, the Cambodian authorities had announced that the ICRC would in principle be granted access to de-



tainees held in connection with the situation in the country. In October 1991, shortly before the Paris peace agreement was signed, over 1,000 (figure quoted by the authorities) of those detainees were released without the ICRC being informed. The ICRC delegates in Phnom Penh immediately contacted the Ministry of Foreign Affairs to obtain a list of the prisoners released, stressing their wish to visit all detainees as soon as possible, most urgently those whose release was imminent. By the end of 1991, the requested list had not been provided and the matter of visits to detainees covered by the ICRC's mandate was still under discussion.

### Activities for people affected by the conflict

As one of the first humanitarian organizations authorized to work in the conflict zones in the north-west of the country, the ICRC



dealt with the problem of protection of both the resident and the displaced civilian population. ICRC delegates reviewed the living conditions awaiting Khmers on their return from the camps in Thailand, and those of persons displaced within Cambodia wishing to go back to where they used to live in the provinces of Banteay Meanchey and Battambang. They also drew the attention of the authorities and organizations concerned to the main problems observed, in particular, roads and farmland riddled with mines, banditry, malaria and a weak medical and sanitary infrastructure.

In the province of Banteay Meanchey, in the north-west of the country, the ICRC was able to assist some 7,000 families (around 22,000 people) in seven camps for displaced people near Sisophon, where, in cooperation with other humanitarian organizations, it helped to set up three dispensaries (run by the administration of the camps) and basic sanitary facilities (installing latrines, sinking wells). It also organized vaccination campaigns and surveyed the nutritional condition of the displaced and resident population. Nevertheless, many civilians affected by the hostilities remained beyond the ICRC's reach (access routes impracticable or mined, inadequate security).

In August, the ICRC team based in Kampot, in the south-west of the country, was able for the first time to visit four camps in the Kompong Trak district housing displaced people who had left their villages because of the mining of farmland and the precarious security situation.

In addition, in September the ICRC provided logistic, technical and material support for the local Red Cross and the International Federation of Red Cross and Red Crescent Societies to assist hundreds of thousands of victims of flooding in the provinces of Kompong Speu, Takeo and Kandal, in the south-west of the country.

### **Tracing Agency**

Tracing Agency activities in Cambodia, which were launched in 1989, progressed con-

siderably during the reporting period. Staff of the provincial branches of the local Red Cross, who had been trained by the ICRC, participated more and more actively in the tracing of missing people and the forwarding of family messages outside the capital. More than 7,000 tracing requests were processed in 1991 (as against 5,500 in 1990) and 4,000 cases resolved (as against 4,500 in 1990), representing a 66% success rate. Eight Khmer families were also reunited (seven in France and one in Switzerland) under ICRC auspices. In addition, the Central Tracing Agency organized in September a second Tracing Seminar in Phnom Penh for 32 employees from different branches of the local Red Cross. The first seminar had taken place in 1990.

### **Medical assistance**

The ICRC expanded its various medical programmes in Cambodia and improved its medical administration with the introduction of new logistic systems, including management of an independent warehouse in Phnom Penh.

Furthermore, the ICRC provided logistic and administrative support to three surgical teams from the Australian, Swedish and Swiss National Societies working in the provincial hospitals in Kompong Speu, Kompong Chhnang and Takeo. It also contributed to the anti-tuberculosis campaign run by the French Red Cross, making available to the National Societies as from June a specialist in tuberculosis pathology to evaluate the project and give it fresh impetus.

As in the previous year, the ICRC ran a seminar on war surgery at the Faculty of Medicine in Phnom Penh. The seminar was attended by Khmer surgeons from the capital and the provinces. In Pursat province, the ICRC also dispensed first-aid courses to civilians, members of the police force and military personnel.

### **Hospitals**

There was a sharp increase in medical activities during the first quarter of 1991,



owing to the strife in Kampot province and the provinces in the north-west. The hospitals in Pursat, Kampot and Mongkol Borei worked to full capacity throughout this period, and a surgical team was deployed to reinforce the personnel at Mongkol Borei. As the pace dropped during the second half of the year, following the cease-fire, efforts were concentrated on strengthening facilities (training of local staff, repair and improvement of premises). The end of the year saw an increase in the number of patients injured by mine explosions, as some civilians returned to the regions they had been obliged to flee. In 1991, 1,389 patients were admitted to the three hospitals where the ICRC was working and 2,263 surgical operations were carried out.

#### **Blood bank**

Further to an agreement signed with the Ministry of Health, the ICRC endeavoured to expand the activities of the National Blood Transfusion Centre in Phnom Penh. It also trained local staff and organized blood collection campaigns, publicized by radio, television and in the written press. Lectures were also given in military, secondary and vocational training schools. The success of these campaigns prompted the ICRC to extend this activity to the provinces.

#### **Orthopaedic programme**

At the beginning of the year, an ICRC survey showed that requirements for orthopaedic treatment and material far exceeded the aid which could be supplied by the organizations already working in Cambodia. On 2 October, the ICRC and the Ministry of Social Affairs and War Invalids signed an agreement relating to assistance for war amputees. In September, on the basis of a provisional agreement, the institution had already opened an orthopaedic workshop in Battambang and a unit for the production of orthopaedic components (mainly artificial knees and feet) in Phnom Penh. At the end of 1991, the Battambang workshop had already pro-

duced 210 prostheses and fitted 209 patients. In addition, an agreement was concluded between the American Friends Service Committee, *Handicap International* and the ICRC to harmonize orthopaedic techniques so that patients could be treated by any of the three organizations without distinction and so that the ICRC could supply the two other institutions with orthopaedic components.

### **THAILAND**

On 23 February 1991, the government of Prime Minister Chatichai Choonhavan was overthrown in a bloodless *coup d'état*. As soon as the situation permitted, delegates approached the new government with respect to their activities in Thailand, including in the camps for displaced Khmers. They also renewed their request for authorization to visit detainees covered by the ICRC's mandate. At the end of the year, they still had not gained access to such detainees.

The ICRC office at Kab Cherg was moved to Surin, closer to the northern camps. The attached first-aid post was closed, as the number of patients had dropped sharply. The Borai office and ambulance station were moved to Trat, so as to be closer to the southern border with Cambodia.

#### **Activities for the displaced population**

The situation in the camps for displaced people near the Cambodian border continued to be a matter of serious concern for the ICRC in 1991. Several dozen people died and more than a hundred were wounded in a series of violent internal incidents, revealing the existence of weapons (including grenades) in the camps, and in attacks perpetrated from the outside by armed bandits. Serious cases were evacuated by the ICRC to its hospital in Khao-I-Dang. Delegates reiterated their request to the authorities concerned to ensure the camp-dwellers' safety. The situation had improved significantly at the end of the year following measures taken by the Royal Thai Army, the

Displaced Persons Protection Unit (DPPU)<sup>3</sup> and the different factions.

In April, violent fighting broke out between Democratic Kampuchea and government forces in the region of Pailin, in Cambodia, displacing across the border to the south of Aranyaprathet in Thailand between 16,000 and 18,000 civilians who were living in provisional camps in the jungle. On 24 and 25 April, delegates conducted a medical survey and provided emergency assistance to these civilians. Around 20 sick people, mainly children and adolescents, were evacuated with their parents to the hospital at Site K. One wounded person was also transferred to Kao-I-Dang hospital. The civilians returned to Cambodia when the security situation permitted, in May.

On 29 August, five soldiers captured the previous year by the KPNLF were handed over to the ICRC in Thailand. The delegates based in Cambodia took charge of them at the border crossing, in Poipet, and escorted them to the military authorities in Sisophon.

Shortly before the Paris peace agreement was signed, changes were made in the management of the camp at Site 8, and rumours of forced repatriations to Cambodia sparked off grave concern among the Khmer population and within the international community. The ICRC registered over 800 requests for protection from people fearing disappearance or considering that their sole hope of safety lay in a transfer to Khao-I-Dang camp, which is run by UNHCR. United Nations agencies, non-governmental organizations and the ICRC quickly approached the authorities concerned. In particular, the head of the ICRC delegation in Thailand had talks on the subject with the new head of the DPPU, who had already lodged a firm protest with those responsible for Site 8 and undertaken efforts to strengthen security measures. The ICRC nonetheless failed to obtain authorization to transfer people to Khao-I-Dang. However, the situation improved in November.

<sup>3</sup> Special unit of the Thai armed forces in charge of security in the Khmer camps.

### Tracing Agency

Tracing activities in the camps for displaced people along the Cambodian border continued in 1991, in cooperation with the Phnom Penh Red Cross. In 1991, about 4,800 tracing requests were processed and nearly 1,500 persons located. The ICRC also pursued its efforts to reunite separated families, making 287 transfers from one camp to another. The ICRC remained the only official channel for intercamp mail and mail to and from abroad. Nearly 19,000 messages were exchanged, over 6,500 of them with Cambodia.

The ICRC also continued, in cooperation with the Thai Red Cross, to deal with some cases of Vietnamese refugees; 226 files were opened in this connection, of which 75 were resolved.

### Medical activities

The ICRC hospital in Khao-I-Dang remained the only facility along the border to provide surgical services for Khmers living in the area. Following the opening of the border and the revival of Poipet market, in the middle of the year, it treated numerous civilians from Cambodia who had been injured by mines as they travelled back to the area despite the fact that mine clearance operations had not yet begun. The hospital's workload was particularly heavy in February and March, with the fresh outbreak of hostilities on Cambodian territory. As from September, the volume of admissions dropped sharply and the ICRC decided to cut back the number of surgical teams from three to two with effect from January 1992. In 1991, a total of 2,708 patients, including 685 war wounded, were admitted to the hospital and 4,578 operations were performed there.

Over 350 people were evacuated each month from the border area to the ICRC hospital in Khao-I-Dang, and to other hospitals in Thailand, by the ICRC's ambulance fleets (12 ambulances each in Aranyaprathet, Surin and Trat).

In March, four qualified Thai laboratory technicians took over management of the Khao-I-Dang blood bank. The blood collection programme among camp-dwellers generated 300 to 600 units of blood a month, thereby covering the requirements of the various hospitals treating wounded and sick displaced Khmers.

#### Border with Myanmar

The delegates based in Bangkok also travelled to the border with Myanmar, to assess the situation of displaced Burmese and Karen civilians, following clashes between the armed forces of Myanmar and Karen rebels.

## PHILIPPINES

In 1991, the ICRC handed over most of its assistance programmes to the Philippine National Society. This enabled the institution to focus its efforts primarily on cases of violations of international humanitarian law, and on tasks for the protection and assistance of particularly vulnerable groups. As a result, it cut down the number of its delegates, henceforth grouping them all in Manila, and closed its offices and warehouses in Davao City and Ozamiz City (Mindanao Island).

In connection with the armed insurrection opposing the NDF/NPA<sup>4</sup> and government forces, the NDF Vice-President of International Affairs, Mr. Luis Jalandoni, sent the President of the ICRC a statement of intention dated 15 August 1991 and signed by the President of the NDF's National Council, Mr. Manuel Romero. In the statement, the NDF informed the ICRC of its desire to comply with international humanitarian law, in particular Article 3 common to the Geneva Conventions of 1949 and Additional Protocol II of 1977.

In 1991, the country was hit by three major natural disasters (including the eruption

of Mount Pinatubo in June), which affected over a million people and necessitated emergency aid. The ICRC provided assistance to the Philippine National Society before the arrival of international aid.

#### Activities for the civilian population

ICRC delegates systematically recorded all cases of breaches of international humanitarian law which they encountered in the course of their work. These cases were set out in two exhaustive reports, one for President Corazon Aquino, the other for the NDF/NPA.

#### Activities for detainees

As in the past, delegates continued visiting security detainees, including those imprisoned in connection with the *coup d'état* in December 1990, both in Manila and in the provinces. In 1991, delegates conducted 224 visits, seeing 1,288 detainees in 176 places of detention throughout the country. They also provided aid for the detainees (medical and other).

Together with the Philippine National Society, the ICRC kept up the programme of family visits which it is funding, to enable people without resources to visit relatives in detention. In 1991, more than 300 detainees benefited from this assistance.

#### Tracing Agency

The bulk of Tracing Agency activities in 1991 focused on detainees. As in the past, detainees were able to apply to the ICRC for material, financial, legal or other assistance. 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, including some in Kuwait, Saudi Arabia and Iraq during the Gulf conflict.

The ICRC maintained its technical and financial support for the Philippine Red Cross

<sup>4</sup> National Democratic Front/New People's Army.

Society's tracing service for Vietnamese Boat People.<sup>5</sup> The overall volume of these activities was slightly down as compared with the previous year: 630,500 messages were exchanged (as against nearly 750,000 in 1990), 6,900 tracing requests were processed and 2,000 cases resolved (as against about 8,500 and 3,900, respectively, the previous year).

#### Joint assistance programme

The hostilities continued to prompt frequent population displacements, in small groups and for short periods, particularly in Luzon and Mindanao. Under a joint ICRC/Philippine Red Cross assistance programme (with the National Society doing the bulk of the work), some 140 tonnes of emergency food and other aid were supplied in 1991 to 42,000 people affected by the fighting. These figures were lower than the equivalent figures for 1990, since governmental and non-governmental organizations on the spot had gradually adapted their assistance programmes to observed needs.

#### Medical activities

Civilians displaced by the unrest continued to benefit from the medical and nutritional assistance programme run by the Philippine Red Cross, 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 took over definitively from ICRC nurses in the course of the year.

<sup>5</sup> Tracing and Mailing Services (TMS), a network set up by the National Societies of Indonesia, Malaysia, the Philippines, Thailand and the Hong Kong branch of the British Red Cross.

## SRI LANKA

Since opening its delegation in Colombo in October 1989, the ICRC had concentrated on the protection of detainees suspected of belonging to the Janatha Vimukti Peramuna (JVP) in the centre and south of the island. The consequences in humanitarian terms of the repression of the JVP insurrection — which peaked in 1989 — continued to give rise to concern and prompted additional ICRC activities in 1991.

Two acts of terror perpetrated in Colombo in March and June 1991 led to numerous arrests in the Tamil community in Colombo.

In connection with the conflict in the north and east of the island, the Liberation Tigers of Tamil Eelam (LTTE) decreed a unilateral cease-fire in January 1991, to which the government in Colombo responded by suspending military operations. The truce was short-lived, however, and tension and violence mounted again in the north-east of the country, severely affecting the civilian population and prompting large population movements, particularly in Jaffna, where some 100,000 people arrived in less than a week in April.

In July, the LTTE attempted to seize the Elephant Pass military camp, a strategic site connecting the Jaffna peninsula with the rest of the country, provoking a three-week battle. On 23 October the Sri Lankan armed forces took control of the islands south-west of Jaffna and the last overland access route still open, via Pooneryn. As a result, more than 800,000 people living on the peninsula were cut off from the rest of the island.

The ICRC stepped up its work in the north and east in 1991, particularly as regards protection and assistance for detainees, displaced persons and civilians in combat-torn areas, and the transportation of emergency food and other aid.

In addition, ICRC delegates maintained regular contacts with the Sri Lankan authorities, which enabled them to develop dissemination activities among the armed forces (see also *Dissemination in Asia*).

Apart from its delegation in Colombo, the ICRC had sub-delegations in Batticaloa, Colombo-South, Jaffna and Kandy, and offices in Ampara, Anaradhapura, Mannar, Matara and Vavuniya (the latter was opened in the last quarter of 1991).

### Activities for detainees

The ICRC's main activity in the south was to protect and visit people arrested and detained under the Emergency Regulations and the Prevention of Terrorism Act, both decreed by the government after the JVP insurrection. These laws were still in force in 1991. In the north and east of the country, pursuant to the ICRC's mandate, delegates had access to all detainees held in connection with LTTE activities. However, they had only partial access to persons detained by the LTTE itself, and the approaches made with a view to visiting all prisoners were unsuccessful.

In 1991, ICRC delegates conducted 3,500 visits to 550 places of detention under the responsibility of the civilian or military authorities. They saw over 10,000 security detainees, of whom more than 5,000 were newly registered. Over the same period, they carried out 12 visits to 40 policemen and one soldier, all Sinhalese, in the hands of the LTTE. By 31 December 1991, the ICRC had registered 26,500 people detained by the Sri Lankan authorities and 58 policemen and one soldier held by the LTTE since starting its operation in Sri Lanka.

With the new infrastructure it set up at the end of 1990 to develop its activities for detainees, the ICRC was able to increase the frequency of its visits in various parts of the country. It also made representations to the authorities at all levels throughout the year. Access to detainees improved significantly, delegates encountered fewer problems in performing their duties, and the people they dealt with showed a greater understanding of their task. At the end of 1991, two government bodies were set up, namely a Presidential Commission of Enquiry and a Human Rights Task Force, to shed light on disappearances

and on the treatment of detainees, respectively.

Nevertheless, despite the efforts deployed by the government authorities to end violations of international humanitarian law and to cooperate with the ICRC, facilitating its access to all detainees and enabling it to register them, allegations of ill-treatment and disappearances following arrests remained a source of considerable concern to the institution in 1991.

### Tracing Agency

Sri Lanka was the country in Asia in which the ICRC Tracing Agency had the largest workload in 1991, owing to the numerous detainees registered and visited. The Agency, whose services are now well-known among the population, forwarded tracing enquiries about people presumed missing to the local authorities and to the central authorities in Colombo. Thanks to the introduction of a computerized system, work was streamlined and requests processed more expeditiously. This latter aspect is particularly important for information submitted to the Agency immediately after arrests, which can thus be acted upon without delay.

Over 9,400 tracing requests were processed concerning persons captured or missing as a result of the situation in the south, and nearly 8,000 in relation to the conflict in the north-east, of which 730 and 2,500 cases were resolved, respectively. In addition, more than 7,000 messages were exchanged between dispersed family members. Most of these messages came from the north-east of the country, where the postal service was no longer functioning.

The ICRC continued its work for the protection of unaccompanied children and elderly people who were being transported between Colombo and Jaffna to be reunited with their respective families.

### Medical activities

The Jaffna Teaching Hospital was still placed under the protection of the ICRC, which



continued to dispatch, under the protection of its emblem, medical supplies and medicines provided by the Ministry of Health. Most of these items were taken by boat from Colombo to Point Pedro; a permanent emergency stock was kept in warehouses in Colombo and Jaffna.

In July, a large-scale LTTE offensive against the Sri Lankan army camp at Elephant Pass left many people wounded, about 100 of whom were evacuated to Jaffna hospital. The ICRC emergency stock in Jaffna was used to supply the hospital during the military operations and ensuing curfew.

Throughout the year, the ICRC played an important role as a neutral intermediary between the parties to the conflict, which enabled it to transport patients from the Jaffna peninsula to various hospitals on the island. It took more than 1,200 patients by boat, under the protection of its emblem, primarily from Point Pedro to Colombo, since Jaffna hospital could not always administer appropriate treatment or cope with the influx of wounded.

The ICRC continued to support the Sri Lanka Red Cross in the north and east, for instance by assisting its mobile health units (providing escorts and backing for its programmes for displaced people). It also supported the State medical structures, in particular by cooperating with the Ministry of Health to bring medical relief to places which were inaccessible by ordinary means of transport.

#### **Assistance to the civilian population**

In April and May, with the escalation of military operations in several northern areas of the country, in particular on the islands of Kayts and Punkudutivu (west of Jaffna), more than 100,000 people were displaced on-

to the Jaffna peninsula in less than a week. In cooperation with the Sri Lanka Red Cross, the ICRC assisted the local authorities in organizing appropriate accommodation. In July, the curfew imposed following the Elephant Pass offensive made it impossible for the ICRC to transport food supplies to the peninsula, by sea or land, for several weeks. Similarly, the offensive on the islands south-west of Jaffna and on Pooneryn on 23 October cut off all access routes to the peninsula, isolating about a million people from the rest of the country and exacerbating the security situation.

As public and commercial transport had not been operating in the northern part of the country and the interior since the previous year, the ICRC continued to act as neutral intermediary by ensuring the protection of road and sea relief convoys sponsored by the government and non-governmental organizations to bring supplies to the civilian population. In 1991 the ICRC carried over 79,000 tonnes of food relief and more than 15,000 tonnes of other relief by sea or overland in connection with that situation.

Working in close cooperation with the Sri Lanka Red Cross, the ICRC continued to provide assistance to the most indigent displaced families, helping to finance, purchase and build traditional shelters for temporary housing, and distributing food parcels and clothing as needed. This aid was worth nearly one million Swiss francs.

The ICRC also made representations to the authorities to ensure that the civilians caught up in the fighting had access to food supplies, medical facilities and their places of work. In addition, delegates continued to carry mailbags of the official postal services under the protection of the Red Cross emblem between Colombo and Jaffna and to and from several destinations in the north of the country.



## REGIONAL DELEGATIONS

**JAKARTA (Brunei, Indonesia, Malaysia, Singapore)**

**INDONESIA** — In 1991, the ICRC visited 33 security detainees arrested in connection with the events of 30 September 1965 (ex-G.30 S/PKI category) in 11 places of detention, and obtained access to 156 detainees in a new category ("Ekstrim Kanan", right-wing Muslim extremists) in 12 prisons. During their visits, delegates provided medical and material aid, according to need. They also provided financial assistance to enable needy families to visit their relatives in detention.

In 1991, the ICRC continued its efforts to gain access to all categories of persons detained for security reasons. In mid-June, it received authorization to visit detainees in Aceh, a province in the extreme north of Sumatra, where disturbances had been reported since 1989. The first series of prison visits in the province took place from 5 to 17 July. The second series of visits, which was postponed several times, was finally conducted in December. In all, six visits were carried out to 78 detainees in four prisons and one military camp in the province. The ICRC requested government permission to open an office in Aceh, but a final decision on the subject had not yet been taken by the end of 1991.

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.

**Irian Jaya** — In 1991, ICRC delegates visited 128 Irian security detainees held in eight prisons and detention centres in Irian Jaya and Java, providing them with medical and material assistance. Families of Irian detainees held in Kalisosok (Java) also received finan-

cial aid to visit their relatives imprisoned some 3,000 km away from their homes.

ICRC delegates registered some 400 people throughout the province who had returned to Irian Jaya from Papua New Guinea, where they had sought refuge, and distributed a small amount of material assistance. They also visited nearly 600 people who had been previously registered on their return from Papua New Guinea, and facilitated the exchange of over 200 messages between separated family members in Irian Jaya and Papua New Guinea, including Irian detainees in Java.

**EAST TIMOR** — A delegate and a nurse stationed in Dili since March 1989 continued visiting security detainees and released detainees.

On 12 November, a gathering of civilians at the Santa Cruz cemetery in Dili was severely repressed by the Indonesian security forces, resulting in many deaths and injuries. The ICRC expressed its dismay at the event in a press release issued on 13 November and immediately contacted the authorities to request access to the injured in the military hospital in Dili and to the persons arrested in connection with the events. It also handed two *notes verbales* to the government, setting out the same request, addressed both to the Ministry of Foreign Affairs and to the Permanent Mission of Indonesia in Geneva, the first on 14 November and the second a week later. On 22 November, the ICRC received authorization to visit 88 patients in the hospital and interview them without witnesses. A doctor was allowed to examine them and determine the treatment they required. Delegates also registered 43 detainees in a police station in Dili and, during a subsequent visit, interviewed them without witnesses. Following the shooting, 30 civilians had sought refuge in the ICRC delegation in Dili. The military commander of Timor assured delegates that the

Red Cross emblem would be respected. A few days later, all the people in question were able to return home.

After the events in November, delegates carried out several missions to other parts of the island (Bacau, Los Palos, Viqueque, Ossu, Fatumara and Fuiloro), where they talked with representatives of the army, the church and the civilian population to ascertain that the incidents had not had any serious repercussions in those areas.

Also in connection with the events in Dili, delegates processed 170 requests for news. In addition, the Tracing Agency reunited a family of 15 members with close relatives in Portugal, received 35 tracing requests and exchanged 320 Red Cross messages.

On 10 December, the President of the ICRC, Mr. Cornelio Sommaruga, received the Ambassador and Permanent Representative of Indonesia to the United Nations in Geneva, Mr. Soemadi D.M. Brotodiningrat, and handed him a further *note verbale* concerning the events of 12 November.

At the end of 1991, the first stage of the water sanitation programme (collection, canalization and distribution of drinking water for some 20 villages) under way in East Timor was successfully completed. The project, executed in cooperation with the Ministry of Health in Timor, had been launched to prevent illness and improve public health in remote areas.

**MALAYSIA** — Since 1988, and despite repeated representations to the authorities, the ICRC has been unable to visit persons detained under the Internal Security Act.

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

**LAOS** — At the beginning of the year, the regional delegate was able for the first time to meet the Minister of Foreign Affairs in Vientiane. During their talks, he requested that the ICRC be allowed access to security detainees and be authorized to carry out tracing and dissemination activities.

**VIET NAM** — On 29 August, the remaining 23 Vietnamese prisoners of war held by the People's Republic of China were released (see under *China*).

On 28 January, Mr. Nguyen Luong, Permanent Representative to the United Nations in Geneva, was received by the President of the ICRC, Mr. Cornelio Sommaruga, at ICRC headquarters in Geneva. On 6 February, Mr. Nguyen Khan, Deputy Prime Minister, accompanied by Mr. Nguyen Luong, met the ICRC Director of Operations, also at headquarters. Discussions focused in particular on visits to security detainees. During the second set of talks, Mr. Nguyen Khan reiterated the agreement of principle in this regard given by the authorities in 1990. At the end of 1991, however, it had not yet been possible to start the visits.

The Tracing Agency delegate provided technical and material support for the Viet Nam Red Cross, enabling it to develop its tracing-related activities in Hanoi and the provinces, and provided training for the National Society's staff.

The orthopaedic programme continued on the basis of the cooperation agreement signed by the ICRC and the Ministry of Labour, War Invalids and Social Welfare. The institution completed the setting up of a unit for the production of orthopaedic components in Ho Chi Minh City, covering the requirements of the four government centres in the south of Viet Nam. However, some divergences of views on the ICRC's role and on who was to benefit by its services prompted the institution to slow down its work in the course of the year. In September, in an official written request, the ministry concerned nevertheless expressed its desire to see the ICRC pursue its assistance, in particular for the production of orthopaedic components (artificial feet, femurs, tibias), the fitting of amputees and further technical training of Vietnamese orthopaedists. The authorities also proposed ways to give the most needy Vietnamese amputees greater access to orthopaedic services.

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

**CHINA** — On 29 August, the remaining 23 Vietnamese prisoners of war held by the People's Republic of China were repatriated, in the presence of the military authorities and representatives of the National Societies of the two countries, as well as the heads of the ICRC regional delegations in Hong Kong and Hanoi. The prisoners had been visited by the ICRC in April, in three places of detention, and had been able to exchange 80 messages with their families in Viet Nam during the year.

On 26 April, the Secretary-General of the Chinese Red Cross, Mr. Han Changlin, was received at headquarters in Geneva by the President of the ICRC, Mr. Cornelio Sommaruga. The question of the repatriation by the authorities in Taipei of persons from mainland China who had entered Taiwan illegally was raised during the talks.

The regional delegate conducted several missions to mainland China and Taiwan. The same subject was raised in his discussions with representatives of several ministries, the Chinese National Society and the Red Cross in Taipei.

During a mission to Tibet in December, the regional delegate met representatives of the local Red Cross.

The Delegate General for Asia and the Pacific was in Beijing from 23 to 28 October, where he met representatives of the Ministry of Foreign Affairs, the Ministry of Public Health, the Political Department of the People's Liberation Army and the Chinese Red Cross.

As from December 1990, the Chinese National Society and the Red Cross in Taipei, which had established official relations, began to process tracing dossiers without recourse to the ICRC Tracing Agency in Hong Kong. The ICRC nevertheless continued to provide the two tracing services with technical

assistance and train their staff in tracing matters.

**HONG KONG** — The British Red Cross continued to receive technical and financial support from the ICRC for its activities to assist Vietnamese Boat People, as part of the Tracing and Mailing Services coordinated by the Central Tracing Agency at ICRC headquarters in Geneva.

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

In 1991, the regional delegate conducted several missions to the countries covered by his delegation, in order to maintain various contacts there.

**INDIA** — The ICRC, concerned by the situation in the State of Jammu/Kashmir in the last quarter of 1991, put forward a formal offer of services to the Indian government on 15 October, to visit people arrested in connection with the unrest. No written reply had been received by the end of the year.

During several missions to the State of Tamil Nadu, delegates examined the situation of Sri Lankan refugees, who were estimated to number more than 100,000. They processed tracing requests and forwarded family messages to and from relatives still in Sri Lanka.

**MYANMAR** — In October, the ICRC Delegate General for Asia and the Pacific travelled to Yangon, where he met representatives of the State Law and Order Restoration Council (SLORC) to continue talks on visits to security detainees. The regional delegate carried out several missions to Myanmar for the same purpose, but without result.

The agreement on orthopaedic activities signed by the Ministry of Health, the Ministry of Defence, the National Society and the ICRC was extended indefinitely in 1991. The ICRC carried on its activities in its four

centres (two in Yangon, one in Mandalay, in the centre of the country, and the other in Maymyo, east of Mandalay). Over a thousand patients (members of the armed forces and civilians in the conflict areas) were fitted with prostheses in the centres, which manufactured 1,260 prostheses, 260 orthoses and more than 1,000 pairs of crutches.

**NEPAL** — The ICRC continued its representations with a view to gaining access to those detained under emergency relations. In November, the authorities concerned gave their agreement in principle to ICRC visits.

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

In 1991, the ICRC received authorization from the government of Fiji to open a regional

delegation in Suva. The official agreement was signed on 23 October.

**PAPUA NEW GUINEA** — In 1991, ICRC delegates visited refugees from Irian Jaya province, in Indonesia, who are grouped in the camp in East Awin under the responsibility of UNHCR. They also forwarded family messages to and from the refugees and their relatives still in Irian Jaya.

In relation to the disturbances that occurred in Bougainville and Buka, the regional delegate travelled to the area in April to take stock of the situation following the blockade imposed by the Papua New Guinea armed forces, which was still in force in some places. He returned from 21 November to 1 December, in the company of a medical delegate from the International Federation of Red Cross and Red Crescent Societies, to carry out a survey of health structures on the west coast, in the south and in the centre of Bougainville island.

## DISSEMINATION IN ASIA AND THE PACIFIC

In 1991 dissemination activities in Asia and the Pacific continued to fall into three categories: those conducted in the framework of an ICRC operation, those conducted by a regional delegation, and those carried out by National Societies with ICRC support.

In situations of conflict or internal disturbances, as in Afghanistan, Pakistan, Sri Lanka, Thailand/Cambodia and the Philippines, the main purpose of dissemination was to foster immediate support for ICRC activities. Dissemination efforts were wholly directed towards improving understanding of international humanitarian law, the Movement's Fundamental Principles and ICRC work.

In order to ensure better protection for the victims, and greater security for Red Cross and Red Crescent delegates and volunteers, the ICRC approached the authorities and all the parties to the conflicts to enlist their support.

Through its regional delegations the ICRC set up dissemination programmes with the assistance of the National Societies. For this purpose it held training courses for officials and volunteers who will in turn pass on their knowledge to the other members of their National Society. The courses and dissemination material (pamphlets, films, etc.) were all translated into the local languages, with the ICRC's technical and financial support. Also, the National Societies often asked the ICRC to take part in their national and regional dissemination events.

### The Afghan conflict

Both in Afghanistan and Pakistan dissemination of international humanitarian law and the Fundamental Principles has been adapted to the target groups to be reached. Much hard work, directed mainly at the

governmental armed forces and opposition combatants, was put into dissemination in Kabul and in government and opposition-controlled areas. The ICRC also held dissemination sessions in its hospitals, for employees and for patients and their families, and in the first-aid posts near combat areas. Similar sessions were held in Pakistan.

### **Sri Lanka**

In Sri Lanka dissemination activities were directed mainly at the armed forces and the police. A handbook was produced for security forces instructors, and the ICRC took advantage of every opportunity it had to explain its activities to them. Publications and films were produced in English, Sinhalese and Tamil.

In the second half of the year the ICRC concentrated its work for dissemination of international humanitarian law on the police force, with particular reference to its visits to places of detention and the treatment of detainees.

Towards the end of the year a series of seminars was held in armed forces academies and training centres with a view to making the law of war part of the syllabus.

### **Thailand/Cambodia**

On the Thai border, the ICRC explained the Movement's principles and the basic rules to be observed by combatants during several dissemination sessions held for the Royal Thai Armed Forces. It also organized dissemination sessions for the various Khmer groups and for the camp inhabitants.

As part of its dissemination programme in Cambodia, the ICRC produced several publications which its delegates distributed on their missions throughout the country, and maintained contact with journalists and radio and television broadcasters with a view to spreading knowledge about its activities and improving the general public's understanding of them.

### **Philippines**

The ICRC project for the inclusion of international humanitarian law into university curricula in the social sciences, drawn up in cooperation with the National Society, was approved by the ministry concerned.

The ICRC also held several dissemination sessions, again with the cooperation of the Philippine National Red Cross, for the army and the navy, police officers and students from various universities.

### **India/Nepal**

In India the ICRC held a dissemination session at Jammu University for representatives of 15 universities in northern India. In southern India it held dissemination sessions in Tamil Nadu (for Tamil refugees from Sri Lanka), Krakhudi and Madras.

In Nepal the ICRC joined forces with the National Society to hold a four-day seminar on international humanitarian law for representatives of 17 local groups in the west of the country.

### **Indonesia**

Pursuant to the joint ICRC/National Society dissemination project set up in 1990 for the whole of Indonesia, three pilot seminars took place in 1991. The first was held in late February in Jakarta for members of 23 branches of the National Society in seven provinces; the second took place in June at Ujung Pandang for participants from Sulawesi, the Moluccas and Irian Jaya; the third was organized in October in Bali for dissemination officers from the National Society's branches in East Java, Bali, Lombok, Sumbawa, Flores, Sumba, Timor and Irian Jaya.

All three seminars were organized with the help of the governmental committee for the study and dissemination of international humanitarian law. Existing publications were adapted and translated into Indonesian.



### **Viet Nam**

With the cooperation of the National Society and the Federation, the ICRC held two dissemination seminars, respectively in Hanoi and Ho Chi Minh City, for about 100 representatives of the Red Cross from all provinces of Viet Nam. Among the topics discussed were the Fundamental Principles, the role of the ICRC, and international humanitarian law.

The National Society translated the seminar material into Vietnamese for use in the provinces. The videos used were also translated and a sound-track added.

### **The Far East**

The regional delegation in Hong Kong included several new ventures in its dissemination work of the past year.

In China a first-ever seminar on the law of war was held at Xian in May for about 50 senior officers. It was organized jointly by the Red Cross Society of China, the armed forces and the ICRC.

In the Republic of Korea the third dissemination course organized by the *Humanitarian Law Institute* (a National Society/ICRC institution) was attended by staff from the National Society's headquarters and nine of its branches. As on previous occasions, the National Society translated all the documents and videos used for the course into Korean.

For the first time ever, a seminar was held in September for the armed forces of the Democratic People's Republic of Korea. The seminar was organized jointly by the National

Society and the ICRC, which sent a specialist from Geneva, and was attended by some 20 officers.

In November, the Red Cross Society of Mongolia and the ICRC set up a first course on dissemination of international humanitarian law and the Movement's Principles. The course was attended by participants from 18 provinces. The National Society translated all the relevant documents into Mongolian.

Also in November, a first course on the law of war was held for officers of the Japan Defence Agency. The course was run by the ICRC delegate to the armed forces and organized by the Japanese Red Cross Society and the ICRC.

### **Pacific**

Through its newly opened regional delegation in Suva (Fiji), the ICRC continued to support the National Society's dissemination work among members of the armed forces.

In Papua New Guinea the ICRC put together a training programme for the National Society's dissemination officer. In addition, dissemination sessions were held for about 600 armed forces and police recruits and officers.

In New Zealand a delegate took part in a course on international humanitarian law held by the National Society for 24 Red Cross dissemination officers. The delegate took advantage of his visit to New Zealand to participate in a course for future delegates of the National Society.



**RELIEF SUPPLIES DISTRIBUTED BY THE ICRC IN 1991****ASIA AND THE PACIFIC**

Country (in French alphabetical order)	Medical assistance	Relief		Total
	Value in Sw. fr.	Value in Sw. fr.	(Tonnes)	Sw. fr.
Afghanistan .....	1,440,657	695,265	227.9	2,135,922
Cambodia .....	2,020,153	12,142	12.2	2,032,295
Indonesia .....	19,041	19,574	2.7	38,615
Myanmar .....	28,272			28,272
Pakistan (conflict in Afghanistan) .....	923,429	277,737	212.6	1,201,166
Philippines .....	18,334	176,853	204.9	195,187
Sri Lanka .....	256,328	1,047,247	508.3	1,303,575
Thailand (conflict in Cambodia) .....	612,921	19,676	4.0	632,597
Viet Nam .....	31,405			31,405
<b>TOTAL .....</b>	<b>5,350,540</b>	<b>2,248,494</b>	<b>1,172.6</b>	<b>7,599,934</b>