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A mother and child at the Provincial Hospital of Mongkol Borei, Cambodia, which is actively supported by the ICRC.

**Indian sub-continent and Myanmar**

**ICRC delegations:**

Afghanistan  
Pakistan  
Sri Lanka

**ICRC regional delegation:**

New Delhi

**South East Asia**

**ICRC delegation:**

Cambodia

**ICRC regional delegation:**

Bangkok

**Far East**

**ICRC regional delegations:**

Hong Kong, Jakarta, Manila

**Staff**

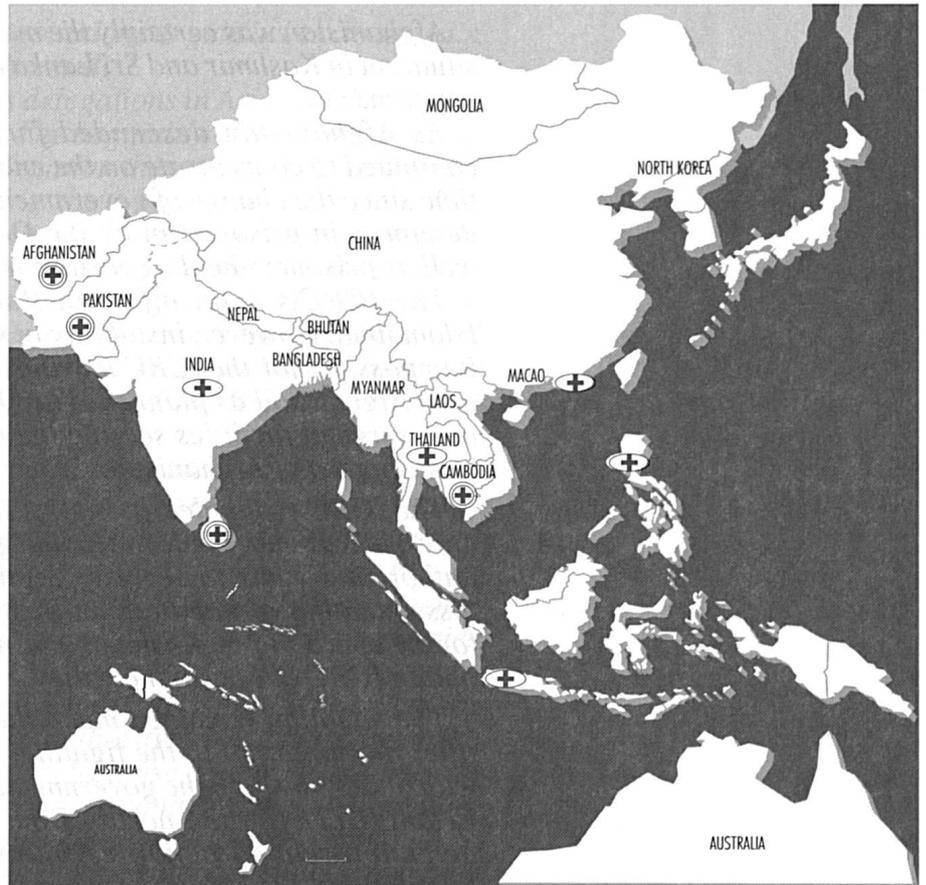
ICRC expatriates\* : 168  
National Societies\* : 34  
Local employees\*\* : 1,642

**Total expenditure**

CHF 56,895,164

**Expenditure breakdown CHF**

Protection/Tracing: 15,138,248  
Relief: 2,462,673  
Medical assistance: 22,078,936  
Cooperation  
with National Societies: 243,029  
Dissemination: 1,491,056  
Operational support: 12,265,764  
Overheads: 3,215,458



ICRC / AR 12.93

# ASIA AND THE PACIFIC

\* Average numbers calculated on an annual basis.

\*\* Under ICRC contract, as at December 1993.

*Afghanistan was certainly the main trouble spot in Asia in 1993. The situation in Kashmir and Sri Lanka also gave the ICRC cause for grave concern.*

*As Afghanistan descended further into total chaos, the ICRC continued to concentrate on the enormous medical needs. For the first time since the change of government in Kabul, the ICRC had access to detainees in prisons run by the Department of National Security, as well as prisoners held by various mujaheddin groups.*

*The ICRC's main office in Pakistan moved from Peshawar to Islamabad. However, instability in some of the Afghan provinces made it impossible for the ICRC to transfer all of its activities on the border onto Afghan soil as planned. The Quetta hospital remained one of the only surgical facilities serving the needs of the wounded in the south-western part of Afghanistan.*

*The ICRC redoubled its efforts to gain access to the victims of the unrest in Kashmir. While the Indian government remained hesitant about authorizing visits to security detainees, it accepted the principle of dissemination of international humanitarian law to the paramilitary forces operating in Kashmir and negotiations were still going on to obtain ICRC access to the valley.*

*The situation remained much the same for the ICRC in Sri Lanka. After an initial lull in the fighting, the year came to a murderous end with attacks by both the government and the Liberation Tigers of Tamil Eelam (LTTE) in the north of the country. The ICRC reoriented its detention-related activities following changes in the Emergency Regulations, the closure of some of the detention camps, the decline in the numbers of JVP detainees and the increase in the number of arrests of LTTE suspects in the Colombo area. The ICRC continued to protect the transport of mainly government supplies for the civilian population in conflict zones in the north.*

*Elections in Cambodia in May set the seal on the peace process begun in October 1991. The ongoing conflict with the Democratic Kampuchea (Khmer Rouge) faction, however, meant that there were still considerable needs for ICRC assistance. For the first time the ICRC had access from within Cambodia to areas controlled by Democratic Kampuchea. Meanwhile, certain parts of its medical operation were progressively handed over to other organizations.*

*There were some other developments for the ICRC in Asia in 1993. The Chinese government publicly indicated its willingness to resume discussions with the institution concerning visits to security detainees. In Myanmar, a dissemination programme for the armed forces got under*

*way for the first time, but ongoing negotiations to gain access to security detainees did not bring any tangible results.*

*The ICRC restructured some of its delegations in Asia and the Pacific following developments in the area. The beginning of the peace process in the Philippines meant that the delegation there could be transformed into a regional delegation covering the whole Pacific region. The regional delegation in Suva, Fiji, became a local office. The repatriation of all Cambodian refugees from Thailand and the phasing out of ICRC activities on the Thai-Cambodian border also meant that the delegation in Bangkok could become a regional delegation serving Laos, Thailand and Viet Nam. The regional delegation in Hanoi was therefore transferred, but the orthopaedic centre in Ho Chi Minh City remained operational.*

*At the end of 1993 the ICRC ceased to finance the Tracing and Mailing Services (TMS) for Vietnamese boat people set up in 1979 in partnership with the National Societies of Indonesia, Malaysia, the Philippines and Thailand and the Hong Kong branch of the British Red Cross. For 15 years the service was coordinated by the ICRC's Central Tracing Agency in Geneva and carried out by the National Societies in the countries concerned.*

*In all the countries where it was active the ICRC consolidated relations with the National Societies and the authorities and encouraged the ratification of the Additional Protocols by those countries that had not already done so. ICRC delegations and National Societies throughout Asia and the Pacific took active part in the worldwide campaign to raise awareness of the issues underlying the International Conference for the Protection of War Victims held in Geneva at the end of August.*

# Indian sub-continent and Myanmar

## AFGHAN CONFLICT

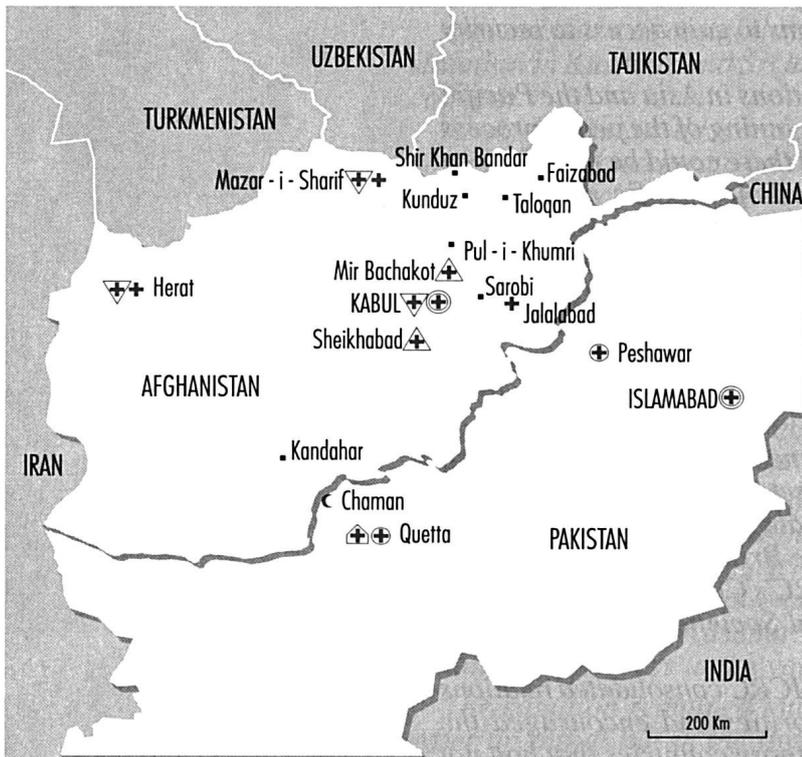
The armed conflict in Afghanistan persisted throughout the year, characterized by a general atmosphere of uncertainty and lack of stability. As the year progressed the situation developed into a stalemate on both the political and military fronts, with none of the main parties or factions vying for power in Kabul able to gain the upper hand. Two successive agreements between the main parties did not lead to any real peace.

The capital, carved up into fiefdoms controlled by different factions, continued to be a focal point of discord. Through regular contacts with the highest authorities and representatives of all the parties, as well as with local commanders, the ICRC was able to move freely about the city, crossing front lines to bring assistance to medical structures and evacuate the wounded.

Control of some of the provinces was also violently disputed by rival groups. Fighting was particularly heavy in March-April and in August in Kandahar, in the south-western part of the country. The Nangarhar province, long considered to be calm and stable, was nevertheless affected by fighting in September. The situation on the northern border with Tajikistan was also a cause for concern; thousands of Tajiks sought refuge in Afghanistan and sporadic border clashes occurred.

### AFGHANISTAN

Two major battles ravaged Kabul in February and May 1993. In May, according to ICRC estimates, more than 1,000 people lost their lives in 11 days of violent fighting. Despite indiscriminate bombing, the hospitals were able to function and admitted over 6,500 wounded. In addition to medical assistance, delegates distributed relief in the form of blankets, mattresses, provisions and fuel and evacuated the wounded to hospitals when security conditions allowed. Many wounded from Kabul's suburbs were also evacuated to the Jalalabad hospital.



⊕ ICRC delegation   ⊕ ICRC sub-delegation   + ICRC office   ⊕ ICRC first-aid post   ⊕ ICRC/PRCS first-aid post  
 ⊕ ICRC hospital   ⊕ ICRC orthopaedic centre

#### IN 1993, THE ICRC:

- recorded 13,945 admissions, 9,283 of which were war-wounded, at ICRC-supported hospitals in Kabul and Jalalabad, which carried out 21,020 surgical operations and 83,549 out-patient consultations;
- treated 1,462 patients, performed 3,159 surgical operations and treated 2,992 out-patient cases at its hospital in Quetta (Pakistan);
- fitted 1,445 new patients with orthopaedic appliances and produced 1,921 prostheses.

On several occasions during the bouts of violent fighting in Kabul, the ICRC-assisted Karte Seh and Wazir Akbar Khan hospitals came under fire, resulting in the death or injury of civilians and damage to the installations. The delegation made written protests to the highest authorities and reminded all sides involved in the fighting of their obligation under international humanitarian law to respect medical installations and spare the lives of civilians.

On 9 July the new Afghan Minister of Foreign Affairs was received in Geneva by the ICRC President, the Vice-President and the Delegate General for Asia and the Pacific. The Minister thanked the ICRC for its commitment in Afghanistan, particularly since the change of government. For its part the ICRC stressed the necessity for all the parties to respect the red cross emblem and medical facilities and requested the support of the Minister in resuming its activities on behalf of detainees in the hands of all the parties concerned.

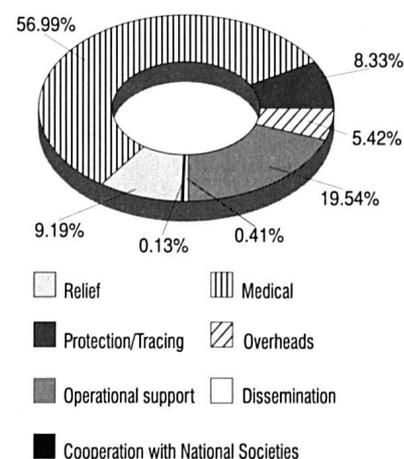
Delegates undertook various missions to the provinces in the course of the year. A first survey was carried out in Kunduz in north-eastern Afghanistan in early 1993. An ICRC team evaluated the situation of large numbers of refugees who had fled the hostilities in neighbouring Tajikistan (see also under *Tajikistan*). Contact was taken up with the various humanitarian organizations present in the area, such as United Nations agencies, the International Federation of Red Cross and Red Crescent Societies and the Afghan Red Crescent Society (ARCS).

In March the medical coordinator and a delegate went to Pul-i-Khumri to evaluate the situation of around 10,000 displaced people who had fled Kabul during the fighting. They distributed supplies to dispensaries providing medical care for the displaced people.

Between August and September the ICRC carried out three missions to the north-eastern provinces to assess medical needs and gauge the impact of the fighting along the Tajikistan-Afghanistan border. First, delegates returned to Kunduz where they found the situation to be calm. The main concern there was the situation of the 40,000 Tajik refugees who had been left to fend for themselves with the aid of the local Afghan community. The second evaluation mission was to Faizabad, in Badakhshan province, and the third to Taloqan in Takhar province, where 8,000 Tajik refugees were living without need of outside assistance. In the course of these missions delegates provided several medical facilities with substantial amounts of surgical and other medical supplies, including medicines for the treatment of cholera.

Fierce fighting broke out at the beginning of November in the Tagab valley, north of the town of Sarobi. Dozens of people died and many fled the area in the direction of Jalalabad and Pakistan. An ICRC team went to Sarobi several times, distributed medical assistance to the clinic which had received an influx of patients and evacuated a number of war-wounded, some of whom were transferred to Jalalabad and others to Kabul.

Afghan Conflict  
Total expenditure in 1993:  
CHF 23,570,000



Also in November clashes erupted around the town of Shir Khan Bandar. The ICRC immediately dispatched a team to the Kunduz province to assess the situation. During this mission the delegates visited captured combatants.

To keep check on the situation in south-western Afghanistan, especially in the region of Kandahar, which was particularly hard hit by the conflict, delegates continued to make every effort to find a safe way to reach the province.

The ICRC maintained its delegation in Kabul, open since 1987, and offices in Herat, Jalalabad and Mazar-i-Sharif.

### Activities for detainees

The ICRC regularly approached the parties and detaining authorities in Kabul, Herat, Mazar-i-Sharif and Jalalabad to discuss access to detainees. At the end of April the Head of the Department of National Security accepted the principle of ICRC visits to people detained by the government in Kabul.

The visits started in September, and by the end of the year the ICRC had visited 56 detainees in two places of detention in Kabul. The visits enabled detainees to re-establish contact with their families. Some material assistance was distributed at the end of the visits.

In addition, 89 prisoners in the hands of various parties were visited in accordance with standard ICRC procedures. The majority consisted of combatants captured by the warring parties during fighting around Shir Khan Bandar. They were visited in November and December in Kunduz and Mazar-i-Sharif.

Delegates continued to visit three ex-Soviet soldiers held in the north until their release on 19 September. Two other ex-Soviet soldiers were released in early March. A group of 12 wounded prisoners was handed over to the delegation by the Hezb-i-Islami in January; on 29 May and 6 June the Hezb-i-Wahdat party released three groups of prisoners (a total of 19 people) and handed them over to ICRC delegates.

### Medical assistance

The periodic battles in Kabul resulted in thousands of casualties. Coping with the large numbers of wounded presented a major challenge for the ICRC, accentuated by the severe constraints linked to the ethnic nature of the conflict and the fact that medical facilities themselves had not always been spared. Yet, despite the risks and difficulties, delegates managed to distribute medical assistance to health facilities treating the wounded in the capital and elsewhere. They were also frequently called upon to evacuate the wounded to hospitals across front lines.

In mid-July certain areas of Kabul were struck by an outbreak of gastro-enteritis and in some cases cholera, the spread of which was accelerated by the poor state of the water mains and sewage system, as well as the living conditions

of displaced people. Similar problems developed in Pul-i-Khumri, Kunduz and Mazar-i-Sharif in the north-east, and later in and around Herat. The ICRC helped the Ministry of Public Health to overcome the crisis and provided the main medical facilities in the affected areas with much-needed intravenous fluids.

The ICRC organized weekly convoys carrying medical supplies from Peshawar to Kabul via Jalalabad. When four UN workers were killed in January on their way from the Pakistan border to Jalalabad, the ICRC stopped using that route, switching to air transport and private transport firms instead. As of May, such convoys became possible again. Trucks setting out for Kabul from Jalalabad were put under ICRC protection and accompanied by a delegate.

In 1993 an ICRC-chartered aircraft made 214 flights from Peshawar to the four ICRC offices in Afghanistan, carrying 106,719 kg of medical and other supplies. ICRC road convoys from Peshawar transported 447,101 kg of medical supplies to Kabul and 247,711 kg to Jalalabad.

#### *ICRC-assisted hospitals in Kabul*

Throughout the year and in particular during the fighting in Kabul, the ICRC gave substantial support to the Karte Seh hospital (in the south-west of Kabul) and the Wazir Akbar Khan hospital (in the city centre) by providing medical supplies, food, fuel and transport and funding employees' allowances. At the end of 1993 the ICRC renewed its standing agreement with the Ministry of Public Health to assist these two hospitals, since the Ministry was still not in a position to assume full financial and administrative responsibility for them.

The ICRC's former surgical hospital in Karte Seh regularly treated numbers of patients exceeding its 280-bed capacity, and the five local surgeons were able to handle the situation without major difficulties.

The delegation distributed emergency medical supplies to eight other hospitals and medical facilities in the capital, and to nine clinics outside Kabul.

#### *Jalalabad Public Health Hospital*

The ICRC carried on with the reconstruction and reorganization of the surgical department of the Jalalabad Public Health Hospital, begun at the end of September 1992, as well as the training of its staff in war surgery. As the hospital's badly damaged and neglected buildings were restored to working order, many patients could be admitted who would otherwise have been evacuated to Peshawar. By June 1993 the number of operations being carried out by the surgical department had increased sevenfold. Ninety per cent of these were performed entirely by the Afghan staff, the expatriate team merely acting as advisers. At the beginning of September the ICRC withdrew its expatriate surgical team, leaving a medical administrator and two ward nurses. During an outbreak of fighting in Jalalabad itself in September, the hospital proved to be functional and coped well with the increased workload. Repair work on the hospital was completed at the end of the year.

The hospital received war casualties and other patients requiring general surgery from several provinces – Nangarhar, Kunar, Laghman and Logar – and the Sarobi district of Kabul province, as well as some of the overflow of patients from Kabul itself.

Another 15 medical facilities in Laghman, Logar and Nangarhar provinces received ICRC assistance on a regular basis.

#### *Other medical facilities*

The ICRC provided three clinics in Mazar-i-Sharif with monthly supplies for their out-patient consultations and kept medical stocks in Pul-i-Khumri that were managed and distributed by an ICRC nurse. The clinics were mainly visited by displaced people who had fled the fighting in Kabul and had gathered in and around Mazar-i-Sharif and at Pul-i-Khumri. An ICRC nurse based in Mazar-i-Sharif provided medical assistance to local hospitals according to need.

Following the clashes along the border with Tajikistan, three surveys were carried out in the north-eastern provinces. Medicines and war-surgery material were distributed. Supplies were also sent to Kandahar through the Ministry of Public Health.

#### *First-aid posts*

The ICRC first-aid posts at Mir Bachakot and Sheikhabad continued to act as clearing centres for the transfer of wounded to hospitals in Kabul. In 1993 medical staff at the two posts treated 3,900 out-patients and evacuated 780 war-wounded, usually across front lines.

#### *Orthopaedic programme*

Security conditions made it impossible for the Ali Abad orthopaedic centre in Kabul (the ICRC's largest orthopaedic project worldwide) to resume production of artificial limbs for amputees. Heavy fighting in the neighbourhood early in the year prompted the ICRC to move most of the equipment from the centre closer to the delegation. This turned out to be a fortunate decision, as the centre was seriously damaged by rockets in May. The production unit resumed its activities in the new premises and manufactured orthopaedic components and crutches for the workshops in Mazar-i-Sharif and Herat. However, in view of the immense needs of the disabled, the ICRC decided to install a temporary workshop for the manufacture of prostheses within the compound of the Wazir Akbar Khan hospital and production of a small number of prostheses (mainly for children, women and double amputees) began before the workshop had been completed. By November this provisional centre was capable of handling up to 50 amputees a month.

The ICRC set up regular cooperation programmes with other organizations working in the same field: the Disabled Afghan Project (DAP) in Taloqan (Takhar) was supplied monthly, for instance, with artificial feet and knees, as well as with

raw materials. In addition, the production of crutches and wheelchairs for hospitals and dispensaries went well.

In Mazar-i-Sharif production continued apace, meeting the needs not only in the town itself but also in surrounding villages and the northern provinces.

The ICRC's orthopaedic centre in Herat was officially inaugurated on 21 June but had already begun fitting patients in January. The centre consists of workshops for the manufacture of artificial limbs, physiotherapy rooms, refectories, a kitchen and dormitories. By the second half of the year production had reached a steady rhythm. Amputees from the western and south-western provinces of Afghanistan were treated at the centre.

### Tracing activities

For most of the year the ICRC's tracing activities were limited to the occasional delivery of Red Cross messages from abroad. After visits to places of detention resumed in September the tracing agency kept track of registered detainees and forwarded a number of Red Cross messages between the detainees and their families. In 1993 a total of 191 Red Cross messages were collected and 171 distributed.

### Cooperation with the Federation and the National Society

An ICRC field nurse took over monitoring the ARCS dispensaries supported by the Federation, which withdrew from Kabul in February when security conditions deteriorated sharply. The ICRC's delegation in Mazar-i-Sharif also provided medical supplies to the local branches of the ARCS in the northern provinces.

After several thousand people fled Kabul and other towns affected by the fighting, the ICRC gave support to the ARCS in its assistance programmes for the displaced. When torrential rain set off landslides in Kabul in June, the ICRC, together with the ARCS, distributed food and blankets to the survivors.

From April on the ICRC provided material assistance (food, clothing, medical supplies) to the Marastoon psychiatric hospital run by the ARCS. At the beginning of November, at the request of the ARCS, the ICRC evacuated the female patients for security reasons to a rented building in the centre of town. Meanwhile the ICRC financed repairs to the Marastoon hospital so that it would be in a fit state for the winter.

The ICRC also gave direct assistance to the National Society by financing repairs to its headquarters and maintenance of its fleet of vehicles.

### Dissemination

Military and medical personnel and civilians took part in dissemination sessions presenting the ICRC's activities in Afghanistan and the various components of the International Red Cross and Red Crescent Movement.

## PAKISTAN

The ICRC's delegation in Islamabad was officially installed at the beginning of March, with the aim of strengthening contacts with the government of Pakistan, as well as with embassies and international organizations based in Islamabad. In the course of its work it also approached the Pakistan authorities with a view to setting up a dissemination programme for the armed forces.

The delegation continued to provide vital support for the ICRC's activities in connection with the Afghan conflict. The ICRC maintained a sub-delegation in Peshawar, essentially a logistics base for the organization of regular convoys carrying medical supplies for Jalalabad and Kabul. The activities of the sub-delegation in Quetta were mainly linked to the surgical hospital treating war-wounded from south-western Afghanistan.

### Activities for detainees

In 1993 delegates carried out two series of visits to 94 Afghan nationals detained by the Pakistan authorities. They collected messages from them for their families and distributed the replies.

### Medical assistance

During 1993 the ICRC gradually transferred some of its medical activities onto Afghan soil. The move was prompted by the return of tens of thousands of refugees from Pakistan and the opening up of opportunities to develop assistance programmes for Afghan hospitals treating war-wounded, such as the one in Jalalabad.

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

The reconstruction of the Jalalabad Public Health Hospital and the training of its staff in war surgery increased the hospital's capacity and the efficiency of its medical services. As the number of wounded admitted to the ICRC-assisted hospital in Jalalabad rose, the number of admissions to the Peshawar hospital decreased accordingly. The 390-bed Peshawar hospital therefore stopped taking in new patients as of 1 March and was closed shortly afterwards, after 12 years of activity. Most of the medical equipment was transferred to the Jalalabad hospital.

The prevailing insecurity in Kandahar prevented the ICRC from proceeding with a programme similar to the one in Jalalabad, and as a result the ICRC's hospital in Quetta continued to receive war-wounded from the south-western provinces of Afghanistan. It was therefore decided to keep the Quetta hospital running at least until the end of the year.

In April, after some of the worst fighting in ten years flared in Kandahar, the ICRC had to supplement its medical staff in Quetta with a third surgical team in order to deal with the large influx of wounded reaching the hospital.

*First-aid posts*

The two first-aid posts run from Peshawar, at Landi Kotal and Basawul, were closed in early March. Given the number of patients still being admitted to the ICRC hospital in Quetta, the ICRC decided to maintain the first-aid post at Chaman.

*Orthopaedic programme*

The ICRC's orthopaedic centre in Peshawar stopped taking new patients as of 1 February and closed at the same time as the hospital.

The ICRC continued to provide technical and financial support to the paraplegic centre in Peshawar, managed by the Pakistan Red Crescent Society and which is the only establishment of its kind in southern Asia. In all, 499 patients were treated at the centre in 1993, half of them Afghans.

**Tracing activities**

The tracing agency's main activity was to follow up on Afghan nationals detained in Pakistan and registered by the ICRC.

The delegation collected and distributed 412 Red Cross messages and handled 12 tracing requests. It also issued 339 travel documents for refugees who had been accepted for resettlement in host countries, in cooperation with UNHCR.

**SRI LANKA**

There was little in the way of improvement in the armed conflict opposing the government and the LTTE\* in the north and east of Sri Lanka in 1993.

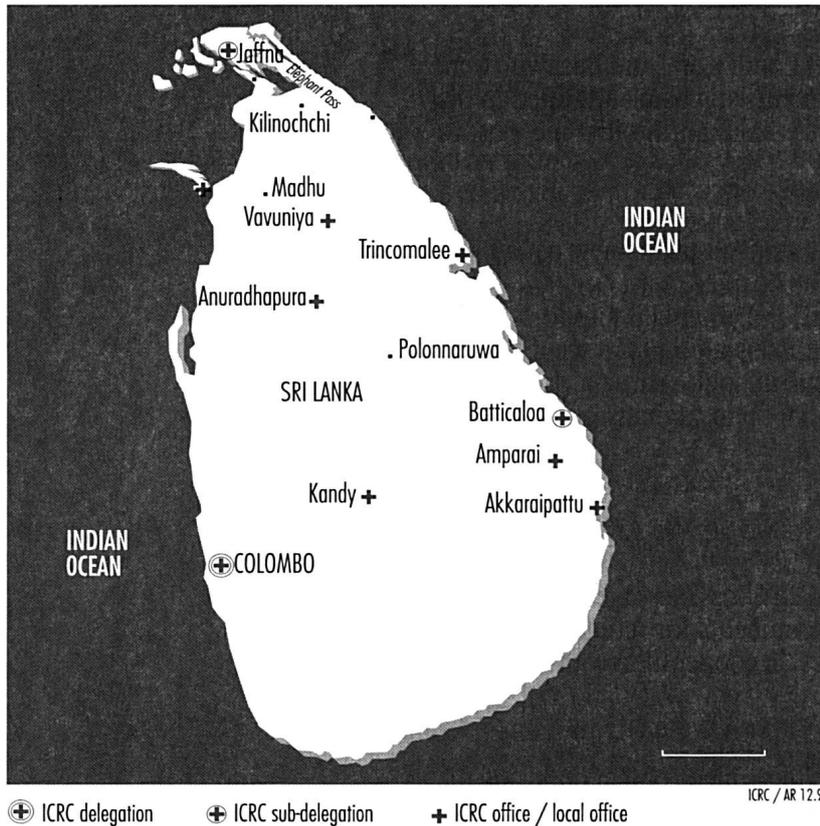
The year was marked by the assassination of President Ranasinghe Premadasa on 1 May in a bomb attack that killed 24 people. He was succeeded by Mr Dingiri Banda Wijetunga. The assassination did not lead to any major political upheaval. As part of the government's drive to ensure better security in Colombo, more than 1,000 Tamils were screened and a number of people arrested. There were, however, fewer arrests registered in connection with the aftermath of the JVP\*\* uprising of 1988-1990 in the centre and south of the island.

The political situation in the north and east of the country remained tense. The army maintained administrative control of the east in anticipation of municipal elections due in the spring of 1994.

On the military front, the first six months of the year were relatively calm, except for a few isolated attacks by the LTTE and army reprisals. Then, on 28 September, government forces launched an offensive on the Jaffna peninsula, reaching Kilali before retreating a week later to their previous position at Elephant

\* Liberation Tigers of Tamil Eelam, Tamil opposition.

\*\* Janatha Vimukthi Peramuna, Sinhalese opposition.



Pass. During the military operation, the army kept up a sustained shelling of Jaffna town, and the peninsula was put under curfew.

The LTTE attacked an army base in Pooneryn on 10 November, killing, wounding and capturing many of the servicemen stationed there. The army was able to retake the base three days later, but not without heavy loss of life on both sides.

The ICRC acted as neutral intermediary on a number of occasions: during the hunger strike of 39 prisoners in Jaffna; with regard to the handover by the LTTE of the bodies or ashes of soldiers who had fallen in attacks in July, August and November; and during the evacuation of 60 people who wished to leave Mannar mainland.

In addition to its delegation in Colombo, opened in 1989, the ICRC also maintained sub-delegations in Batticaloa and Jaffna, and offices in Amparai, Anuradhapura, Kandy, Mannar, Trincomalee and Vavuniya. As in the past, the delegation concentrated its activities on visits to detainees throughout the island, the protection of the

civilian population, the protection of vessels and road convoys transporting essential items to the north, the protection of the Jaffna Teaching Hospital and the dissemination of international humanitarian law.

### Activities for detainees

Delegates continued to visit places of detention across the country, including prisons, detention camps, police stations and military camps. They monitored conditions of detention, focusing their attention on the way detainees were physically and psychologically treated. The delegates also checked on the detainees' state of health and facilitated the exchange of news between them and their families by means of Red Cross messages. When necessary, they accompanied released detainees back to their homes.

Although the number of people arrested by the security forces decreased over the year, the total number of detainees visited by the ICRC remained constant. Many JVP suspects held in detention camps were either released, transferred to rehabilitation camps or sentenced to prison. Activities for these detainees

#### IN 1993, THE ICRC:

- carried out 4,278 visits to 483 places of detention, saw 5,529 detainees and registered 2,770;
- opened 1,040 new tracing files and resolved 1,225 cases;
- forwarded 17,422 Red Cross messages;
- organized the transport or repatriation of 2,988 people;
- reunited 313 families.

remained a large part of the ICRC's work, however, since they still amounted to about half of the total population of security detainees visited.

There was a slight decrease in the ICRC's protection activities for people arrested by the security forces in connection with the conflict in the north and east. This was mainly because of the quieter military situation in the Eastern Province. The ICRC pursued its efforts to obtain information rapidly on all people arrested by the security forces and requested unrestricted access to them.

In the second half of the year, delegates paid particular attention to arrests in the Colombo area following large-scale search and control operations among the population. While the majority of those arrested were released after their identity had been established, some were held in detention for further investigation under the Emergency Regulations. Problems arose in getting information on the whereabouts of certain people arrested in this context and in gaining access to them. By the end of the year these problems had still not been solved.

In the east the ICRC continued its visits at much the same frequency as before, concentrating on the treatment of detainees. In particular, delegates kept a close eye on conditions of detention in Batticaloa Prison and visited detainees in STF\* camps.

Delegates were also allowed to visit detainees in the hands of the PLOTE\*\* in Vavuniya. Steps were taken to alert the authorities to the problem of the arrest and detention of people by the armed branches of Tamil parties opposed to the LTTE.

The ICRC again repeatedly sought to gain access to all people in the hands of the LTTE. Delegates in Jaffna continued to visit 38 Sinhalese policemen and one soldier held by the group. In June these detainees went on hunger strike in a bid to gain their release. With the agreement of both the government and the LTTE, the ICRC arranged for 78 of their relatives to visit them. Negotiations between a government envoy and LTTE representatives collapsed after the release of six of the detainees.

At the end of March the LTTE allowed an ICRC team to see five Muslim prisoners, who were subsequently handed over to the ICRC and accompanied home by delegates.

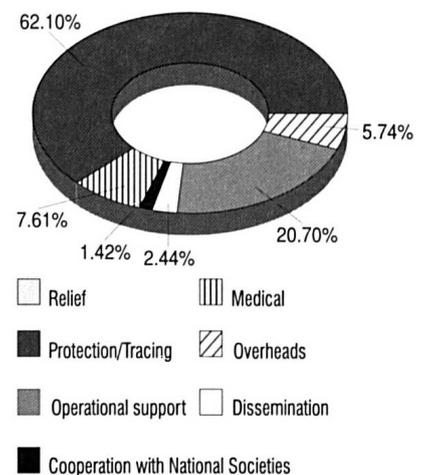
The ICRC acted as a neutral intermediary between the government and the LTTE after 12 Indian fishermen were intercepted by the LTTE. ICRC delegates handed them over to the Sri Lankan authorities, who in turn repatriated them to India.

Following an LTTE attack on an army and naval base in Pooneryn in November, the ICRC made repeated requests to have access to all people captured by the group. At the end of December the ICRC was allowed to see 17 members of the Sri Lankan armed forces held by the LTTE, including five being treated at

\* Special Task Force, police unit.

\*\* People's Liberation Organization of Tamil Eelam, used as an auxiliary to the Sri Lankan army.

Sri Lanka  
Total expenditure in 1993:  
CHF 10,050,000



the Jaffna Teaching Hospital. The captives wrote Red Cross messages to their families.

### Tracing activities

Working procedures were revised, with the centralization in Colombo of the activities of some local tracing offices and the upgrading of the computer system.

Tracing work decreased in the course of the year as a result of the more stable military situation in the east, the introduction by the police and the army of notification of detainees to the ICRC and modifications to the Emergency Regulations. The registration of detainees and the forwarding of Red Cross messages nonetheless remained a major activity for the ICRC. The institution continued to receive tracing requests concerning missing persons, especially in connection with the situation in the north and east of the country and in Colombo.

As in the past, the ICRC accompanied children and elderly people who were transported between Colombo and Jaffna to be reunited with their families. ICRC-protected ships also transported to Colombo patients who were in need of specialized medical care not available in Jaffna. In addition, the delegation issued detention certificates, as well as travel documents.

### Activities for the civilian population

Through their presence ICRC delegates provided protection for the civilian population in the conflict zones. Whenever necessary, the ICRC reminded the authorities and the LTTE of their obligation to spare civilians during military offensives. In the last quarter of the year the ICRC reinforced its presence in the northern districts of Mullaittivu and Kilinochchi to improve contact with the local population and to monitor the mobile health teams run by the Sri Lanka Red Cross Society.

In the east delegates kept the situation of the civilian population and displaced people under observation and brought any problems concerning their safety or living conditions to the attention of the security forces and the civilian authorities. The ICRC's role as an independent observer was accepted and delegates' representations on behalf of the civilian population began to yield results.

Ships sailing under ICRC protection transported government goods to the Jaffna peninsula. While maintaining its ban on the transport of forbidden items to the north, the government provided food and other essentials for the population in Jaffna. In 1993 the ICRC transported by ship and by road convoy a monthly average of 9,500 tonnes of goods supplied by the government to the north of Sri Lanka, as well as medical supplies for the Jaffna hospital.

The shipping of supplies was briefly suspended in late August after an LTTE attack on a naval vessel at Point Pedro at the same time as an ICRC-protected ship was unloading. The ICRC immediately made a written representation to the LTTE and the government, calling for renewed security guarantees. The

operation resumed a week later, after the ICRC had received the necessary guarantees.

Similarly, the ICRC convoyed relief and other essential goods by truck to the northern districts, in particular Kilinochchi and Mullaittivu.

## Medical activities

The ICRC's medical activities included taking part in visits to detainees, acting as a link between the Ministry of Health in Colombo and the Jaffna Teaching Hospital, and supervising the National Society's eight mobile health teams in the north.

The ICRC continued to protect the Jaffna Teaching Hospital and monitor a safety zone around it, to ensure that in the event of fighting the sick and war-wounded would have access to medical care and that fighting or shelling would not spread to the hospital area.

However, on 8 December, during an artillery attack on Jaffna, a shell exploded within the perimeter of the hospital safety zone, wounding one civilian. The following day, three more shells exploded near the entrance to the hospital, fortunately without causing any casualties. The ICRC head of delegation wrote to the Ministry of Defence to protest against this violation of the safety zone, the third in the space of three months. He demanded an enquiry and insisted that the government renew its pledge to show full respect for the hospital and safety zone.

The ICRC acted as a link between the Jaffna Teaching Hospital and the civilian and military authorities in Colombo in order to ensure that the Ministry of Health made sufficient supplies available to the hospital. These were transported to Jaffna by ICRC-protected ships. Other public health facilities also benefited from the ICRC's efforts to keep the supply lines open.

The Jaffna Teaching Hospital, with the ICRC's support and its own two surgical teams well versed in war surgery, was able to provide the Jaffna population with adequate medical care. When there were large influxes of war-wounded in August and December, the ICRC supplied the hospital with medical requisites from its emergency stocks. The ICRC also assisted the local hospital in Anuradhapura.

## Cooperation with the National Society

The ICRC supported Sri Lanka Red Cross Society branches in the north-east of the country, including Jaffna, Mannar, Kilinochchi, Mullaittivu, Trincomalee and Batticaloa, thereby enabling the various branches to respond to some of the needs of displaced people. Assistance took the form of emergency food supplies, kitchen utensils and clothing, the construction and repair of shelters and the cleaning of wells. The ICRC also gave financial support and supplied medicines

to the National Society's mobile health teams in conflict zones in the north and east of the country where the population did not have access to medical care.

On the basis of an *ad hoc* agreement between the ICRC and the Federation, Red Cross assistance to victims of the conflict outside the conflict zones in Sri Lanka, in particular displaced people, as well as support to the National Society's activities there, was entrusted to the Federation.

The ICRC played no direct part in the repatriation of refugees from India, which was carried out by UNHCR, but supported the National Society in its programme of emergency assistance for returnees in the first few days after their arrival in Sri Lanka.

## Dissemination

The ICRC continued its efforts to promote understanding of and respect for international humanitarian law among all the parties involved in the conflict.

Regular courses were held for all levels of the Sri Lankan security forces. Training centres for military and paramilitary forces began integrating international humanitarian law into their training courses for new recruits. The dissemination delegate was able to observe training in progress and visit training centres to plan and discuss programmes. The dissemination programme for operational units was expanded to reach more combatants in the north and east of the country. Furthermore, five high-ranking officers of the Sri Lankan armed forces were invited by the ICRC to participate in seminars on the law of war in Katmandu, San Remo and Geneva.

A special effort was made to increase dissemination to the LTTE and its forces and to make sure that the LTTE incorporated basic notions of international humanitarian law into its training. In April the delegation was able to organize a course for 50 members of the LTTE in Madhu, in the Mannar district in the north-west of the island.

In May delegates held a dissemination session for around 20 members of the TELO.\* The main subject covered was the treatment of civilians and detainees under international humanitarian law.

The delegation produced a special edition of the ICRC's *Rules for Behaviour in Combat* printed in Colombo in the form of a booklet incorporating an ICRC calendar. Eighty thousand copies of the booklet were distributed to combatants on both sides. In addition, the delegation distributed 30,000 Red Cross comics, in Sinhalese and Tamil, as well as 20,000 wall calendars and 90,000 pocket calendars.

In all, the ICRC reached a total of 8,000 combatants (including 2,000 officers) and 500 members of opposition forces through direct dissemination sessions.

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\* Tamil Eelam Liberation Organization, pro-government Tamil group.

## NEW DELHI

### Regional delegation

(Bangladesh, Bhutan, India, Myanmar, Nepal)

## BANGLADESH

After some violent incidents in 1992, the security situation in the Chittagong Hill Tracts improved in 1993. The cease-fire with the Shanti Bahini was extended and the return of Chakmas refugees from Tripura (India) was put on the agenda of talks between the Indian and Bangladesh governments.

The regional delegate carried out a mission to Bangladesh from 16 to 22 May. He visited Rohingya refugee camps and had discussions with the Bangladesh Red Crescent Society on various subjects, including cooperation in the fields of tracing and dissemination.

## BHUTAN

The groundwork for ICRC visits to security detainees in Bhutan had been laid during a mission by the regional delegate in November 1992. The first visits took place as scheduled in January. On 19 January an ICRC team was granted an audience with King Jigme Singye Wangchuck of Bhutan, followed by meetings with the Minister of Foreign Affairs, the Minister of Home Affairs and several other government officials. The delegates then visited all people held as “anti-national” detainees in Chamgang and Thimphu prisons.

While in Bhutan, ICRC delegates organized a dissemination seminar on the history and development of the International Red Cross and Red Crescent Movement, international humanitarian law and ICRC activities. It was attended by 27 officials from the Ministry of Home Affairs, Ministry of Foreign Affairs, Royal Bhutan Army and the Police, a district magistrate and a journalist.

On 29 January the Bhutanese Minister of Foreign Affairs visited ICRC headquarters in Geneva. In April the regional delegate handed over to the Bhutanese Ambassador in New Delhi the report on the first visits conducted in Bhutan.

In May and November the ICRC carried out further visits to “anti-national” detainees. In the course of the three series of visits delegates registered a total of 203 detainees. A mailing system was set up with the assistance of the Nepal Red Cross Society; this made regular correspondence possible between detainees visited by the ICRC in Bhutan and their families living in refugee camps in Nepal (see also *Nepal*).

In November a Memorandum of Understanding was signed with the Bhutanese government. Under the terms of the Memorandum, the ICRC was granted regular

access to all “anti-national” detainees in Bhutan, in accordance with its standard procedures for visits.

## INDIA

Concern over the unrest in the State of Jammu and Kashmir prompted the ICRC to approach the Indian authorities once again on the subject of ICRC access to the region. The Delegate General for Asia and the Pacific was received by the Indian Minister of Home Affairs and by the Minister of External Affairs on 9 and 10 March. Besides discussing the troubles in Kashmir and the ICRC’s willingness to be of assistance, the Delegate General raised the question of India’s possible ratification of the Additional Protocols with the Minister of External Affairs.

On 6 April the regional delegate handed over to both ministries written proposals for ICRC assistance to the civilian population and dissemination of international humanitarian law among paramilitary forces, and offered the ICRC’s services to visit people arrested in connection with the situation in Kashmir.

During his visit to New Delhi for a press conference on the protection of war victims, the Delegate General met the Secretary of the Ministry of Home Affairs and the Acting Minister of External Affairs on 25 and 26 August. He reminded them of the written offer of services that the ICRC had made in April concerning the situation in Kashmir.

In their reply, the Indian government officials indicated that, for the time being, the ICRC’s request for authorization to assist the civilian population and visit detainees could not be granted. The officials were nonetheless willing to discuss the possibility of cooperating with the ICRC in the dissemination of international humanitarian law among paramilitary forces.

At the time of the siege of the Hazratbal Mosque in Srinagar, the ICRC informed the Ministry of External Affairs on 19 October of its willingness to be of assistance should the need arise. The government replied that the ICRC’s services were not required at that point.

On 17 December the Delegate General undertook another mission to Delhi, where he once again raised the issue of Kashmir with the Ministers of External Affairs and Home Affairs. Some progress was made with regard to a possible ICRC mission to Kashmir to evaluate needs for assistance to the civilian population, although there was still no question of visits to detainees arrested in connection with the events in Kashmir. Meanwhile a programme of dissemination for the paramilitary forces was approved by the authorities and dates were fixed for the beginning of February 1994.

On 11 December the ICRC regional delegate organized a symposium on international humanitarian law and its implementation for law professors at the

Jawaharlal Nehru University, Delhi University and Jamia Millia Islamia. A total of 25 lawyers were present at this first symposium of a series scheduled to take place in India in 1994.

Throughout the year the regional delegation monitored the situation of some 175,000 refugees from Sri Lanka living in some 130 camps in Tamil Nadu, and kept them informed of ICRC activities in their home country.

The ICRC continued to provide tracing services for refugees who had been separated from their families and to issue ICRC travel documents to various refugees temporarily residing in India and accepted for permanent resettlement in third countries.

## MYANMAR

Relations between the ICRC and the Myanmar authorities in 1993 were conducive to progress in the orthopaedic and dissemination programmes. Meanwhile, the ICRC kept up its efforts to gain access to security detainees and captured combatants, though without success. The institution also remained watchful for potential humanitarian problems arising from the internal violence in the border areas.

In October the Delegate General for Asia and the Pacific met the Minister for Foreign Affairs in New York. On 19 November, during a mission to Myanmar, the regional delegate met the Minister for Home Affairs to discuss the question of ICRC visits to security detainees. A memorandum explaining the ICRC's general conditions and procedures for visits was handed over at the meeting. In December the Ministry of Home Affairs contacted the ICRC office in Yangon to inform it that the question had been raised by the Minister with members of the SLORC,\* but that no response had as yet been given. This was still the case at the end of the year.

## Dissemination

Following Myanmar's accession to the Geneva Conventions in August 1992, the ICRC embarked on a programme aimed at assisting the authorities in their task to spread knowledge of international humanitarian law within the armed forces.

To this end the ICRC organized a three-day introductory seminar on the law of war for 27 high-ranking officers of the Myanmar Defence Forces in April. This was the first time such an event had taken place in Myanmar. Later in the year, from 15 to 19 November, a five-day course on the law of war for tactical commanders of the Myanmar armed forces was held in Yangon. Thirty officers attended the course given by the Geneva-based delegate specializing in dissemination to the armed forces.

\* State Law and Order Restoration Council.

At the beginning of the year the ICRC initiated a programme to strengthen knowledge of the ideals and principles of the International Red Cross and Red Crescent Movement, as well as the basic rules of international humanitarian law, among volunteers of the Myanmar Red Cross Society. Three three-day courses and five one-day sessions were held in the greater Yangon area.

### Medical activities

An ICRC expatriate continued to supervise production at four orthopaedic workshops in Myanmar: those in Mingaladon and Maymyo run by the Ministry of Defence and those in Yangon and Mandalay run by the Ministry of Health.

The ICRC kept up its joint programme with the Ministry of Health and the National Society whereby civilian amputees from the border areas were selected, transported, housed and fitted with orthopaedic appliances. At the end of November 50 amputees from the Chin state and Sagaing division were selected for rehabilitation in Mandalay and Yangon in 1994.

The ICRC's support to the four orthopaedic workshops was evaluated by the ICRC's Geneva-based head of physical rehabilitation during a mission to Yangon in July. An agreement to upgrade the techniques for the manufacture of artificial limbs was reached during the regional delegate's visit in September. In 1993 the workshops fitted 582 new patients and manufactured 1,489 prostheses.

Together with the Myanmar Directorate of Medical Services of the Defence Forces, the ICRC organized a workshop on war surgery from 8 to 10 November. It was attended by 30 military and civilian surgeons, as well as representatives from the ICRC's Medical Division. The workshop provided a forum for the exchange of views and experiences and was judged a great success.

### NEPAL

The regional delegation carried out two missions to the refugees from Bhutan in eastern Nepal in March and May. The aim of the first mission was to restore family links between detainees visited by the ICRC in Bhutan in January and their next of kin in the refugee camps. During the second mission, the ICRC worked out a mailing system between the detainees and their families. The system provided for the distribution and collection of mail by the Nepal Red Cross Society.

In January the ICRC, together with the National Society, held a dissemination seminar in Katmandu for the Nepalese media. It was attended by 18 journalists.

The ICRC held the first regional military seminar for southern Asia on the law of war from 26 to 30 April in Katmandu. The seminar was attended by 13 senior army officers from Bangladesh, Nepal, Pakistan and Sri Lanka.

The deputy regional delegate carried out a mission to Nepal in August to assess the situation, as a large number of people had reportedly been arrested during disturbances at the end of June and in early July. He found that most of

those arrested had already been released. The delegate also had talks with the Minister of Foreign Affairs and other officials, as well as representatives of the Nepal Red Cross Society. The delegate returned to Nepal in early December where he met the Minister of Home Affairs and had contact with the Ministry of Foreign Affairs about the possible ratification by Nepal of the Additional Protocols.

## South East Asia

### CAMBODIA

Two major events, closely related, took place in 1993. The first was the re-establishment of an internationally recognized government in Phnom Penh, marking the final phase of the peace process begun in October 1991 with the signing of the Paris Agreement. The second was the withdrawal by 15 November of all UNTAC\* personnel, having completed most of their task of overseeing the implementation of the Paris Agreement.

Although the Democratic Kampuchea (DK) party, also known as the Khmer Rouge, had pulled out of the Paris Agreement by refusing to participate in the election process, 90 per cent of the registered electorate voted in the May elections. The results gave the FUNCINPEC\*\* only a slight majority of seven seats over their former adversaries, the CPP\*\*\*. To begin with, a transitional parliament was formed comprising the four parties that had won seats in the elections. Subsequently, a new constitution was drafted, reinstating the monarchy and appointing a government headed by two Prime Ministers from each of the leading parties, thus taking into account the closeness of the election result.

By October a process of national reconciliation had begun and a unified army, the Cambodian Royal Armed Forces (CRAF), was created, including soldiers from three of the former factions, plus any Khmer Rouge defectors who wished to join. The new government turned its attention to restoring law and order, normalizing relations with neighbouring countries and stabilizing the economy.

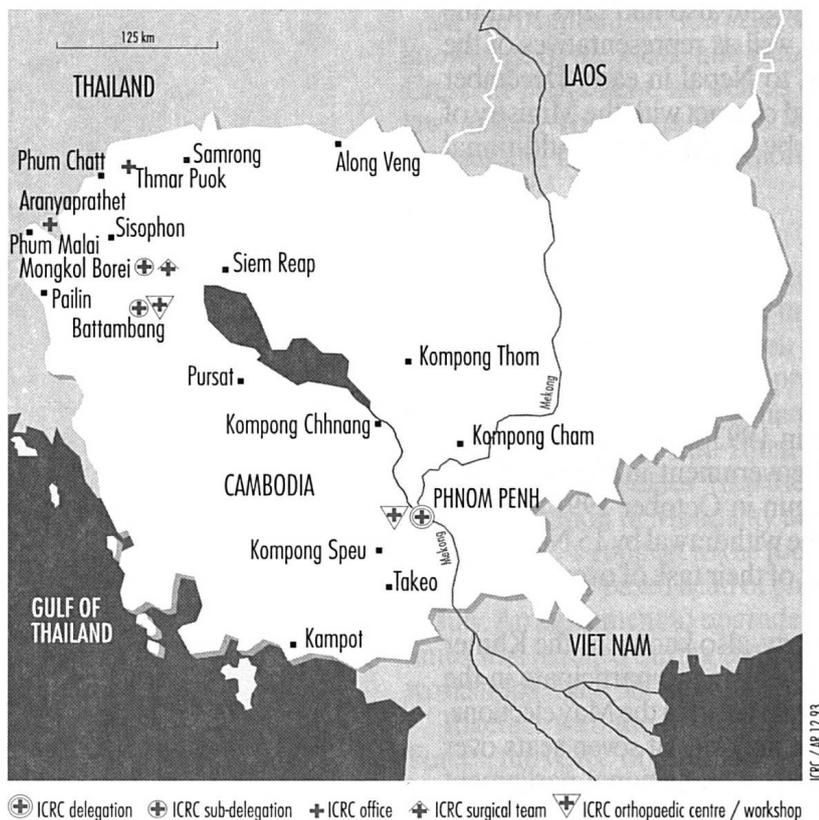
The armed conflict between Khmer Rouge and government forces remained at a level comparable to that of 1992, with the CRAF regaining control of part of the northern provinces in offensives on DK-controlled zones in August. Despite this, a political rather than a military settlement appeared to be the favoured way to achieve national reconciliation.

In 1993 the ICRC delegation extended and consolidated its activities in

\* United Nations Transitional Authority in Cambodia.

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

\*\*\* Cambodian People's Party.



Cambodia. These included tracing, medical assistance (including creating and maintaining a network of blood banks, producing orthopaedic devices and fitting amputees), the protection of the civilian population (distribution of relief supplies to the displaced), visiting places of detention and dissemination of international humanitarian law.

The ICRC's delegation in Cambodia was able to work in the DK-held zones, mainly in northern Banteay Meanchey province, but also in the southern province of Kampot and to a limited extent in Kompong Cham. Delegates began with the cross-line transfer of amputees to the rehabilitation centre in Battambang and continued with medical assistance to the civilian population.

During the election period the ICRC continued to be accepted in DK-held zones and remained virtually the only organization to maintain operational contacts with the faction in the field. Tracing and dissemination activities were also accepted in certain places under DK control.

The ICRC delegation, together with the Federation, gave active support and encouragement to the efforts of the Federative Committee of the Cambodian Red Cross to form a united National Society. The work accomplished included the drafting of new statutes for the Cambodian Red Cross, to be submitted to the ICRC and the Federation in Geneva, and the creation of a secretariat to prepare for the Society's first General Assembly, due to take place in 1994.

With the departure of UNTAC forces, banditry and crime became an increasingly serious problem in Cambodia in general and in Phnom Penh in particular. The ICRC was the target of several thefts and attacks, as were most other international and non-governmental organizations working in the country. The ICRC, together with all the organizations and embassies concerned, alerted the authorities and took steps to ensure the security of its staff and property.

### Activities for detainees

Since the phase of the peace process concerning the release of prisoners had been completed, the ICRC concentrated on visits to all the known places of

#### IN 1993, THE ICRC:

- opened 2,450 tracing cases and resolved 717;
- forwarded 3,472 Red Cross messages;
- made 63 visits to 28 places of detention (including police stations), saw 30 detainees and registered 25;
- treated 442 war-wounded and carried out 2,777 operations at the Mongkol Borei hospital;
- fitted 1,067 new patients with prostheses.

detention in Cambodia, as well as the registration of detainees falling within its mandate. Delegates found few cases of direct concern to the ICRC, but the visits nonetheless enabled them to pinpoint the various problems necessitating direct or indirect intervention by the institution.

In March the Vice-Minister for Security in Phnom Penh authorized ICRC delegates to visit without prior notice any prison or police station under his jurisdiction, and to do so without the presence of a liaison officer. Two teams of detention delegates were thus able to work in parallel and increase the frequency of their visits.

The ICRC paid particular attention to instances of detention by the military following the various outbreaks of fighting. The delegation also visited some detainees held by UNTAC.

Following a meeting with a DK liaison officer in Battambang at the beginning of February, the ICRC made a new offer of services which included a request to visit government soldiers captured by DK fighters during the government offensives. The offer was turned down and the ICRC was not able to carry out its detention-related activities in DK-controlled zones.

#### *Khmer Rouge defectors*

After the government offensives in August, more than 3,000 Khmer Rouge fighters defected. The ICRC was notified of these defections and delegates visited those concerned in camps, mainly in Kompong Thom, Kompong Chhnang and Kandal provinces, where they were awaiting integration into the CRAF or their transfer home. They were given the opportunity to contact their families and received medical assistance if required.

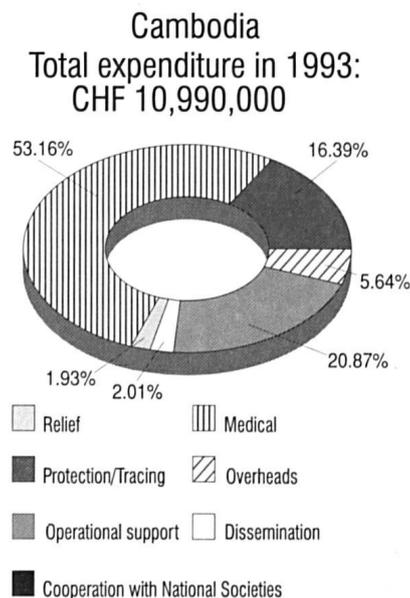
#### Activities for the civilian population

In cooperation with the UNTAC human rights component the ICRC carefully monitored the situation of people newly displaced within Cambodia and made efforts to bring this issue to the attention of political circles.

Although the elections took place without major incident, there were a few cases where violence led to the displacement of people. Delegates kept the situation under close observation throughout the troubled period and remained ready to respond to needs as they arose.

The government offensives against DK-controlled zones in Banteay Meanchey in August forced civilians to flee their villages. Up to 900 people were transferred by the authorities to a reception centre in Sisophon. The ICRC backed up the efforts of other agencies to improve the living conditions of the displaced people by carrying out water and sanitation projects and by providing mats and mosquito nets.

There was an alarming rise in attacks against the Vietnamese minority in the country. After a number of massacres of people of Vietnamese origin, several



thousand fled across the border into Viet Nam where they were given temporary shelter in camps.

## Tracing activities

The closure of the camps on the Thai/Cambodian border meant that tracing activities for Cambodian refugees previously carried out on the border could be transferred to within Cambodia itself. Before and during the repatriation of the camp residents, the tracing agency managed to resolve most pending tracing cases, by obtaining information on the fate or whereabouts of family members and in many cases enabling families to be reunited once they were on Cambodian soil.

The tracing agency redefined its priorities and concentrated on developing the network of tracing offices in Cambodia, carrying out an extensive information campaign about the availability of tracing services within the country. Tracing activities in the north-western zone outside government control intensified, particularly the forwarding of Red Cross messages to and from the provinces controlled by the government. In the meantime, the DK-held zones were no longer totally inaccessible.

The exchange of family news remained an important activity for the tracing agency, as the postal service in Cambodia was still not fully functional.

As there was no longer a need for tracing services on the frontier, the Bangkok delegation ceased to coordinate tracing activities concerning Cambodia, and the tracing agency in Phnom Penh took over the handling of cases within Cambodia and enquiries from Cambodia concerning people abroad. To deal with the new workload a standard ICRC data base was introduced in Phnom Penh.

## Medical assistance

The ICRC's medical activities took a new turn over the 12-month period, as it became possible to carry out medical assistance programmes in the field, both for district hospitals in areas under government control and in DK-controlled zones (Mebon, Kokobar, Phum Chatt, Phum Malai, Dangtung, Chupkaki).

### *Hospitals*

The ICRC ended its medical activities at the hospitals in Pursat and Kampot in late 1992, concentrating instead on the Mongkol Borei hospital, which largely covered the region's surgical needs.

The ICRC handed over non-surgical activities at the Mongkol Borei hospital to the American Refugee Committee at the beginning of June, but agreed to

continue providing medicines and other medical supplies until the end of the year. It nevertheless continued to support the hospital's surgical activities, although in September the number of ICRC surgical teams at the hospital was reduced from two to one.

When the ICRC hospital in Khao-i-Dang over the border in Thailand closed on 3 February, following the departure of most of the refugees, the transfer of patients to the Mongkol Borei hospital became routine procedure.

The ICRC also assisted in the rehabilitation of the hospital in Kokobar, in the DK-held zone.

### *Blood banks*

The National Blood Transfusion Centre (CNTS) in Phnom Penh worked smoothly and coordinated the activities of four blood banks in the provinces, Kompong Chhnang, Mongkol Borei, Pursat and Battambang. Two further blood banks were opened in Takeo and Siem Reap in 1993.

Owing to the unstable situation in Cambodia it became more and more difficult to find blood donors. The ICRC, together with the CNTS, organized a National Blood Donation Day on 26 March. After the general election some ministries which had previously been reluctant to support the blood programme began to allow blood collections to take place on their premises. The army, too, gave the blood collection team access to its bases. This increased quite considerably the number of potential blood donors in Phnom Penh.

### *Orthopaedic programme*

The orthopaedic centre in Battambang, which opened in October 1991, kept up the production of 1,400 prostheses in 1993. It was also able to extend its services to amputees from the DK-controlled zone in the north-west, and in March for the first time treated DK amputees from the province of Kampot.

The ICRC's production unit in Phnom Penh supplied components to various other non-governmental organizations also producing prostheses: Cambodia Trust, Indochina Project and Handicap International. In November the ICRC signed an agreement with the Swiss Disaster Relief Unit to build a workshop for the production of orthopaedic components in Phnom Penh, thus replacing the existing one which had become too small.

## Sanitation

One of the main problems identified during visits to places of detention was the poor sanitary conditions. As a result the ICRC launched a water supply and sanitation programme in about a dozen places of detention. Most of the work was carried out by the detainees themselves, while the ICRC provided the necessary materials and tools and acted in an advisory capacity.

In 1993 sanitation projects were completed in Phnom Penh and provincial places of detention in Kompong Thom, Kompong Cham and Sisophon.

## Dissemination

The ICRC carried on its dissemination programme for the armed forces along the lines already established in 1992. To begin with, delegates aimed to reach demobilized soldiers from three of the former factions, starting with government forces and continuing with FUNCINPEC and KPNLF\* forces. Following an agreement with the Ministry of Defence in Phnom Penh in January and negotiations with the KPNLF, the ICRC was able to organize dissemination sessions for soldiers on active duty.

A special effort was made with regard to members of UNTAC contingents, mainly targeting officers and medical personnel.

The ICRC was also able for the first time to reach people in the DK-controlled zone. In February the ICRC received the green light to begin a programme of dissemination in the regions of Chupkapi and Samrong Tiep.

In the second week of March dissemination delegates made a four-day tour of villages north of Banteay Chmar (Banteay Meanchey province) showing a video programme which explained the importance of the red cross emblem, ICRC activities and basic rules of international humanitarian law to community leaders, combatants and the local population.

## BANGKOK

### Regional delegation

(Laos, Thailand, Viet Nam)

Following the ICRC's decision to reorganize its presence in the region in early 1993, the delegation in Bangkok became a regional delegation, from which all tracing, dissemination and protection activities in Laos, Thailand and Viet Nam were conducted.

## LAOS

At the end of November a tracing delegate organized a tracing course in Vientiane for the Lao Red Cross. It was the first such course given by the ICRC in Laos and was attended by 21 people. While in Vientiane the delegate also organized a dissemination session on the ICRC, the Movement and international

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\* Khmer People's National Liberation Front.

humanitarian law for four top government officials and six high-ranking officials of the National Society, including the President and the Secretary General.

## THAILAND

The repatriation of Khmer refugees from the Thai border proceeded as planned, leading to the closure of Site 8 and Khao-i-Dang camps in January and March respectively. At the end of March UNHCR and the Thai Minister of Foreign Affairs declared the last camp, Site 2, officially closed.

The ICRC hospital in Khao-i-Dang, set up to cater for the needs of Cambodian refugees in the Thai border camps, closed on 3 February, following the departure of most of the refugees. A small hospital unit for emergencies was set up at the Thai Red Cross Society branch in Aranyaprathet. It worked until mid-March, when UNHCR and the Aranyaprathet Civilian Hospital took charge of medical care for the remaining refugees.

By 30 April all Khmer refugees in Thailand had been repatriated, with the exception of those detained by the Thai authorities, i.e. some 140 people held in provincial prisons and police stations. The ICRC visited them regularly, mainly to help them keep in contact with their families.

The ICRC kept a small office run by Thai staff in Aranyaprathet close to the Cambodian border in order to maintain contacts along the border and to provide operational support for the ICRC delegation in Phnom Penh and the sub-delegations in Mongkol Borei and Battambang.

The regional delegation no longer had any operational activities in Thailand, but it kept an eye on the situation in three areas: the south of the country (in the mainly Muslim provinces of Yala, Narthiwat and Pattani, which had experienced some unrest) and the borders with Myanmar and Cambodia.

The Delegate General for Asia and the Pacific went to Thailand at the end of January. He met the Minister of Foreign Affairs, with whom he discussed the imminent end of the ICRC's operation on the Thai-Cambodian border, the plan to transform the ICRC delegation in Bangkok into a regional delegation and the situation in Myanmar. The Delegate General also met the Secretary General of the Thai Red Cross Society.

On 8 May, World Red Cross and Red Crescent Day, the ICRC President was present at the ceremonies to mark the National Society's 100th anniversary and attended a "Marathon for Humanity" organized by the National Red Cross and Red Crescent Societies of the Philippines, Indonesia, Singapore, Malaysia, Brunei and Thailand.

The following day the President handed over the sub-delegation in Aranyaprathet, close to the Cambodian border, to Princess Maha Chakri Sirindhorn, Executive Vice-President of the Thai Red Cross Society.

At the President's invitation, Princess Sirindhorn visited ICRC headquarters

on 15 July. She was accompanied by Thailand's Permanent Representative in Geneva and was received by the President and members of the ICRC staff. Several subjects were discussed during the visit, including the possible ratification by Thailand of the Additional Protocols, dissemination to the armed forces and the International Conference for the Protection of War Victims.

## Tracing activities

The ICRC tracing agency in Bangkok still handled tracing requests for Cambodian refugees and processed replies coming in from the National Societies around the world. It also continued to act as a record for all the tracing activities carried out since 1975 in connection with the conflict in Cambodia. Its work was facilitated by the integration of the data bank concerning the UNHCR repatriation, as well as a list of names of people held by the Khmer Rouge at the Tuol Sleng prison between 1975 and 1979. The Bangkok tracing office also dealt with tracing requests relating to Laos and Viet Nam.

## VIET NAM

The ICRC closed its regional delegation in Hanoi on 30 March 1993, leaving only a liaison office staffed by a local employee. From then on the country was covered by the regional delegation in Bangkok, without any major change in the ICRC's activities in the country.

After the closure of the delegation in Hanoi, the orthopaedic centre continued its work under the supervision of the regional delegation in Bangkok. In March 1993 the cooperation agreement between the ICRC and the Vietnamese Ministry of Labour, War Invalids and Social Welfare was extended on the same terms as before. Between April 1992 and the end of 1993, 7,443 requests for artificial limbs were registered. In 1993 itself, 2,145 new patients were fitted with prostheses, and 2,651 prostheses were manufactured.

The tracing delegate, accompanied by the head of the Red Cross of Viet Nam's tracing service, made three visits to the northern, central and southern provinces in April, June-July and November, to evaluate the work carried out by the provincial branches of the National Society after the ICRC's four-year training programme.

In April and October the regional delegate went on mission to the capital to pursue the dialogue with the Vietnamese authorities on the question of visits to security detainees. No agreement was reached on the ways and means of carrying out such visits.

At the end of August the regional delegate took part in a seminar on international humanitarian law organized in Hue by the Ministry of National Defence and attended by some 60 high-ranking officers.

## Far East

### HONG KONG

#### Regional delegation

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

The main focus of the Hong Kong regional delegation in 1993 continued to be cooperation with the various National Societies and dissemination of international humanitarian law, in particular among the armed forces but also for other specific groups. To this end, contacts were made and numerous workshops and seminars organized in the region. The delegation also devoted much effort to encouraging countries in the region that had not yet done so to ratify the Additional Protocols.

In early November, representatives from the Red Cross Societies of China, the Democratic People's Republic of Korea, the Republic of Korea and Mongolia took part in a study trip to ICRC headquarters in Geneva.

### PEOPLE'S REPUBLIC OF CHINA

Delegates went on several missions to China in the course of 1993. They met government officials and had discussions with representatives of the Red Cross Society of China on projects for joint cooperation, including training and the publication of dissemination materials in Chinese.

The ICRC took part in the Fourth Asia and Pacific Regional Conference of Red Cross and Red Crescent Societies, which was held in Beijing from 24 to 29 May, and reported on its activities in Asia and the Pacific between 1985 and 1992. The National Societies of the area discussed disaster preparedness, dissemination of international humanitarian law, and development and health issues.

From 30 August to 12 September an ICRC team carried out a mission to the autonomous region of Xinjiang. It was the first time an ICRC team had visited the area. The delegates, accompanied by members of the National Society, had meetings with the provincial authorities in the capital Urumqi and met representatives of the local "Autonomous Association of the Red Cross and Red Crescent". The team also visited the towns of Turpan, Kaxgar and Altay, where they met the local authorities to discuss humanitarian issues. The mission culminated in a meeting with the Secretary General and other representatives of the National Society at which discussions centred on projects of mutual interest.

The regional delegation helped to prepare Chinese officers for a meeting of experts in Geneva on the law of war at sea, and to organize a study trip by officials of the National Society, which took place in November.

In statements to the press on 9 and 11 November, the Minister of Foreign Affairs invited the ICRC to open a dialogue on the subject of visits to detainees. For many years the ICRC had repeatedly expressed its willingness to carry out such visits. Shortly after, the Delegate General for Asia and the Pacific, the Deputy Delegate General and the desk officer concerned met the Permanent Representative of the People's Republic of China on 17 November in Geneva and explained the ICRC's role, mandate and procedures for visits.

On 22 December the Delegate General had another meeting with the Permanent Representative in Geneva and was informed that the Chinese authorities, through the Chinese Red Cross, were ready for an exchange of views with the ICRC on international humanitarian law and areas of possible cooperation with the institution.

From 22 to 26 November a training course on international humanitarian law was organized for 30 high-ranking military personnel by the Political Commission of the People's Liberation Army at the Army Political Academy in Nanjing.

## HONG KONG

The Governor of Hong Kong received the regional delegate on 3 June. Discussions centred on the ICRC's mandate and its work in the region.

From 21 to 27 August a surgeon from the ICRC's Medical Division in Geneva took part in International Surgical Week held in Hong Kong. The congress, the most important international event on the subject of surgery, brought together 2,500 participants. During a session on wounds inflicted by bullets and missiles, which was attended by 150 people, he gave a statistically based presentation on the ICRC's activities for war-wounded. An ICRC stand served as a contact point for any surgeons interested in ICRC war surgery, and publications on the subject were distributed.

The regional delegate had several discussions with the local Red Cross about the 1997 transition of Hong Kong to Chinese sovereignty and questions of joint cooperation, particularly in tracing. He also had several meetings with the local authorities and diplomatic representatives of other countries, as well as with UNHCR, non-governmental organizations and the media.

## JAPAN

From 13 to 17 June the ICRC President, accompanied by the Delegate General for Asia and the Pacific and the regional delegate, made an official visit to Tokyo. On 15 June he had a private audience with Emperor Akihito and Empress

Michiko. The President of the ICRC also discussed humanitarian issues with the Prime Minister, the Minister of Foreign Affairs and senior officials of the Ministry of Foreign Affairs. He met the President and high-level representatives of the Japanese Red Cross Society and gave interviews to the media.

At the beginning of October the regional delegation took part in the Conference on Development and Cooperation in Africa (TICAD) held in Tokyo. A further mission took place between 14 and 16 December to finalize cooperation projects with the Ministry of Foreign Affairs following the International Conference for the Protection of War Victims. On both occasions delegates also had talks with representatives of the National Society.

The regional delegate went to Tokyo from 14 to 16 December to take up contact with the newly appointed Ministry of Foreign Affairs team responsible for matters relating to the ICRC.

## DEMOCRATIC REPUBLIC OF KOREA

The regional delegation maintained contacts with the National Society, with whose help it completed a provisional version in Korean of the *Basic Rules of the Geneva Conventions and their Additional Protocols*.

On 17 March the ICRC President, the Delegate General for Asia and the Pacific and the desk officer met the North Korean Ambassador in Geneva. The main topic discussed was the current tension between the two Koreas. The ICRC reiterated its willingness to assist in any matters of humanitarian concern, in particular to help resolve the cases of separated families.

From 15 to 19 November, during a period of rising tension in the Korean peninsula, a training course on international humanitarian law was organized by the regional delegation, together with a representative from ICRC headquarters, for 30 high-ranking officers of the North Korean army. At the same time delegates held meetings with the Red Cross Society of the Democratic People's Republic of Korea to establish a programme of cooperation for 1994 and discuss certain operational questions, mainly concerned with tracing.

## REPUBLIC OF KOREA

The regional delegate based in Hong Kong went to South Korea from 6 to 9 April primarily to carry out dissemination projects.

During his visit the delegate was invited to give a talk on "Neutrality and the Red Cross" to members of the Neutral Commission for Control of the Armistice. Several high-ranking officers from the United States, Canada, France and the Philippines, as well as a South Korean member of the commission, attended this meeting, which was held in Panmunjom, in the demilitarized zone between the two countries. A series of meetings with the President, the Secretary General and other officials of the Republic of Korea Red Cross enabled a programme of cooperation for the year to be put in place.

The regional delegate was one of the speakers at a training course held for some 60 Korean diplomats on 9 June in Seoul. The course was organized by the Institute of Foreign Affairs and National Security. Topics on the agenda included the ICRC and its mandate, international humanitarian law and human rights. The delegate also met representatives of the Ministry of Foreign Affairs, with whom he discussed matters such as the International Conference for the Protection of War Victims held soon after in Geneva and the consequences in humanitarian terms of the rise in tension on the Korean peninsula. He also met the President of the National Society.

## MACAO

The ICRC was in regular contact with the Red Cross in Macao and the authorities in order to promote dissemination of international humanitarian law and the Red Cross principles and to prepare joint projects, especially cooperation in the field of tracing.

## MONGOLIA

Delegates went on several missions to the country to establish closer ties with the Red Cross Society of Mongolia and to raise humanitarian issues with the Mongolian authorities.

During missions in March and July the regional delegate met members of the Mongolian government. He discussed with them the question of ratification by Mongolia of the Additional Protocols, the organization of a course on international humanitarian law for military personnel and the participation of representatives from Mongolia in international humanitarian events.

Delegates also set up joint cooperation projects with the National Society or took part in dissemination events. From 5 to 9 July the first seminar on international humanitarian law was held for the military and high-level officials of the Ministries of Defence, of Law and of Foreign Relations. It was attended by 23 people. Four publications covering international humanitarian law were translated for this event.

From 14 to 18 October the regional delegation, along with the National Society, organized a training course in Ulan Bator for the heads of Red Cross branches in the provinces. Half the provinces were represented.

Three publications were coproduced in Mongolian by the regional delegation and the National Society.

## TAIWAN

The regional delegation in Hong Kong carried out a mission to Taiwan from 4 to 6 August for discussions with the local Red Cross. The delegate also met

the Head of the International Organizations Department of the Ministry of Foreign Relations, as well as the Secretary General of the Commission on Human Rights.

In September the regional delegation oversaw the repatriation of two Taiwanese fishermen who had been swept off course in rough weather and had landed in the Chinese province of Fujian. The operation took place with the cooperation of the local Red Cross.

The first training course on international humanitarian law and Red Cross principles took place in Taipei from 8 to 10 December, organized by the regional delegation and the local Red Cross. Some 30 heads of provincial Red Cross branches participated. Two publications in Chinese were coproduced for this event.

## JAKARTA

Regional delegation

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

## BRUNEI DARUSSALAM

The ICRC built up contact with the emergent Brunei Red Crescent Society in order to facilitate its integration into the Movement.

## INDONESIA

The ICRC President made an official visit to Indonesia and East Timor from 1 to 7 May. Together with the Delegate General for Asia and the Pacific and the regional delegate, he met the Indonesian President, the Minister of Foreign Affairs, the Coordinating Minister for Political Affairs and Security and the Chairman of the Indonesian Red Cross Society (PMI). In the course of their discussions which centred on the situation in East Timor, Aceh and Irian Jaya, a confidential memorandum on the ICRC's activities in East Timor between 1975 and 1993 was handed over and the ICRC President reiterated the ICRC's willingness to expand its activities in Aceh (northern Sumatra).

The ICRC President also had talks with senior representatives of the military authorities on problems encountered by ICRC delegates in the field, visits to detainees in Aceh and a course on international humanitarian law for the armed forces.

The ICRC closed its local office in Jayapura, Irian Jaya, in mid-1993 but continued to make regular missions to the province from Jakarta.

## Activities for detainees

The main priority of the regional delegation in Indonesia remained visits to all categories of security detainees, including those in Aceh and in Irian Jaya.

In the course of their annual round of visits to security detainees in Indonesia, ICRC delegates made 25 visits to 25 prisons throughout the Indonesian archipelago (excluding Aceh). They saw a total of 197 detainees falling within the ICRC's mandate. Various categories of detainees were seen, including people detained in connection with the *coup* attempt of 1965 and Irianese detainees.

The ICRC's scheduled fourth series of visits to detainees held in connection with the disturbances in the province of Aceh was postponed until mid-April. The series of visits began on 14 April, was interrupted between 2 and 31 May, and was finally completed on 16 June. In the course of the visits delegates saw some 125 detainees, of whom 47 were newly registered. A new series of visits began on 15 December.

The ICRC also arranged family visits for detainees held far from their homes. Between 18 January and 5 March the ICRC organized and financed family visits for Irianese detainees held in East Java, enabling six groups of people (98 persons) to spend three days with relatives detained in Surabaya and Madiun.

In all places visited the delegates assessed the conditions of detention and evaluated needs in terms of medical care, family visits and leisure activities. Assistance was distributed jointly with the Indonesian Red Cross to the benefit of all the inmates in these prisons.

## Activities for the civilian population

The ICRC kept a close watch on the situation of returnees in Irian Jaya. In 1993 more than 200 people opted for repatriation under the auspices of UNHCR, which gave the number of Irianese refugees still in Papua New Guinea as approximately 3,700. Three missions took place, in June, September and October, to check on the welfare of Irianese returnees living in camps pending their transfer to their home villages.

## Tracing activities

The ICRC tracing agency in Jakarta provided support for the delegation's detention-related activities. In 1993, 407 tracing cases were opened and 9 resolved, 510 Red Cross messages were handled and 47 travel documents issued (figures include all of Indonesia and East Timor).

## Dissemination

The main focus continued to be the dissemination of international humanitarian law to the armed forces. Meanwhile, a joint Indonesian Red Cross/

ICRC working group finalized a dissemination kit for National Society volunteers, including a manual, a set of posters and case studies.

The regional delegates based in Jakarta and Hong Kong represented the ICRC at the second Workshop on Human Rights, held in Jakarta in January. It was organized by the United Nations Centre for Human Rights and the Indonesian government.

## EAST TIMOR

Despite some serious obstacles in the first half of the year, the ICRC was eventually able to carry out most of its activities to protect and assist the civilian population in East Timor in 1993. These activities included visits to detainees, tracing, and water and sanitation programmes.

On 5 May, for the first time ever, the ICRC President visited East Timor, where he met several local officials and the Bishop of Dili. On his way to the Baucau area he was shown one of the ICRC's sanitation projects.

### Activities for detainees

After the suspension of visits in early February the ICRC made every effort to gain access to all people detained in connection with the situation in East Timor.

Planned series of visits to security detainees for which prior approval had been obtained from the authorities were interrupted on two occasions, 25 May and 17 June, shortly after they had started. On 22 June the ICRC issued a communication to the press in which it deplored the persistent difficulties encountered in gaining access to detainees.

At the end of July the ICRC reached an agreement with the Indonesian authorities which allowed for the resumption of visits to security detainees in East Timor. Between 30 July and 21 September ICRC delegates visited 11 places of detention (including two outside East Timor) where East Timorese detainees were held. The visits took place in accordance with standard ICRC procedures.

### Activities for the civilian population

From March on ICRC delegates in East Timor met increasing difficulties in carrying out activities outside Dili. The ICRC repeatedly approached the authorities in order to regain unimpeded access to the civilian population on the island. This issue was also raised by the ICRC President when he was in Jakarta for talks with the Indonesian authorities in May. Field missions were resumed successfully from October.

### Tracing activities

The main focus in 1993 was on the programme for the repatriation to Portugal of former civil servants, members of families to be reunited and hardship cases.

Under this programme the ICRC was able to organize the repatriation to Portugal of 44 people, including seven East Timorese students on 29 December who had briefly sought shelter in the Finnish and Swedish embassies in Jakarta in July. The ICRC provided them with the necessary travel documents.

As before, the delegation organized and financed family visits for East Timorese detainees, thus enabling a group of ten people to see relatives detained in Jakarta.

## Water and sanitation

A water and sanitation programme for remote villages was launched in 1988 together with the Indonesian Red Cross and in cooperation with the Ministry of Health in East Timor. Between 1988 and 1993, 32 water projects were completed in 23 municipalities. Surveys were undertaken in 1993 to identify future projects with a view to expanding this programme in 1994. Maintenance and repair work was also carried out on completed projects.

## MALAYSIA

The ICRC President, accompanied by the Delegate General for Asia and the Pacific, visited Malaysia from 9 to 11 May. He met the Prime Minister and other government ministers, and raised the question of visits to security detainees held under the Internal Security Act. Such visits, the last of which had been carried out in 1988, had long been a matter of concern for the ICRC. He also met the National Vice-Chairman and the Secretary General of the Malaysian Red Crescent Society.

Following the agreement reached between the Prime Minister and the ICRC President, the regional delegation finalized plans with the authorities to resume visits to security detainees before the end of the year. An ICRC team was thus able to begin visits on 30 November. By 11 December the team had completed the first phase of the programme, during which they visited three prisons in Sabah State (north Borneo).

In August the ICRC and the National Society were the guests of the Military Staff College in Kuala Lumpur where they gave a lecture on international humanitarian law to more than 150 officers from 16 countries.

## SINGAPORE

The ICRC maintained contacts with the Singapore Red Cross Society with a view to increasing its participation in ICRC activities, including cooperation in the medical field.

## MANILA

### Regional delegation

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

As the peace process in the Philippines had significantly reduced the level of violence and the military operations in the country, the ICRC converted its delegation in Manila into a regional delegation covering the Philippines and the Pacific region. In August the ICRC reduced the size of its delegation and adapted the range of its activities accordingly.

With the exception of Bougainville, the situation remained calm in the Pacific region. The ICRC maintained and developed contacts with National Societies and governments, encouraged the ratification of the Geneva Conventions and the Additional Protocols by some of the Pacific States, and supported the National Societies of the region in their dissemination efforts. The ICRC transformed its regional delegation in Suva into a liaison office run by a locally recruited employee reporting to the regional delegation in Manila.

## AUSTRALIA

The ICRC President made an official visit to Australia from 13 to 16 September, where he met the Australian Governor-General, the Minister for Foreign Affairs and other members of the Australian government. In Canberra he delivered a speech at the 90th Conference of the Inter-Parliamentary Union, focusing mainly on international humanitarian law and its implementation through national legislation.<sup>1</sup>

During the second part of his visit the President was the guest of the Australian Red Cross Society and was awarded the Medal of Honour, the National Society's highest distinction.

The President's visit provided an opportunity to review the contributions by both the government and the Australian Red Cross Society to the ICRC's activities and the part each played in the promotion of international humanitarian law.

## FIJI

Two missions took place to Fiji in May and November to discuss dissemination programmes implemented by the Fiji Red Cross Society and funded by the ICRC. The missions also served as an occasion to encourage ratification of the Additional Protocols by the government.

<sup>1</sup> See *introduction to Operational Activities*.

## NEW ZEALAND

After his mission to Australia, the ICRC President paid a short visit to New Zealand from 17 to 18 September. He had meetings with the Prime Minister, the Minister of Foreign Affairs, the Minister of Defence and other members of the government, as well as representatives of the New Zealand Red Cross Society, during which the subjects discussed included the contributions made both by the government and the National Society to the ICRC's activities and to the promotion of international humanitarian law.

## PAPUA NEW GUINEA

The ICRC intensified its efforts to gain access to the island of Bougainville, torn by conflict since 1989.

On 14 May the ICRC renewed the offer of services it had made to the Papua New Guinea authorities in March 1992 concerning visits to people held in connection with the situation on Bougainville.

On 9 June the Minister of State for Bougainville visited ICRC headquarters, where he had discussions with the ICRC President on issues relating to the conflict on Bougainville.

Between August and December the regional delegation carried out three missions to Papua New Guinea to discuss the Bougainville crisis with the authorities. The main topics broached with the authorities centred on gaining proper access to the island of Bougainville, as well as to possible detainees.

After repeated attempts the regional delegate was able to go to Bougainville on 13 October, along with the Deputy National Chairperson of the Papua New Guinea Red Cross Society. On the Society's behalf the delegate handed over some assistance to displaced people at Wakunai and medical assistance to the Buka hospital. The ICRC also gave one-off assistance to the National Society's local office, which had just reopened, in order to reinforce its operational capacity.

The ICRC concentrated its efforts on gaining authorization to visit people detained in connection with the conflict, as well as access to the civilian population affected by the fighting.

## PHILIPPINES

Throughout the year military operations dwindled, as the different parties were waiting for the outcome of their respective negotiations. Sporadic fighting nonetheless occurred in a few areas, notably northern Luzon, Bicol, Panay and some parts of Mindanao.

The National Unification Commission pursued its numerous contacts both with the various opposition groups as well as with the different sectors of Philippine society, and on 30 June submitted to the President of the Philippines its final recommendations on how to achieve lasting peace throughout the country.

Three government panels subsequently continued talks with the three opposition groups.

The Delegate General for Asia and the Pacific visited the Philippines from 7 to 10 December where he met high-level representatives of the National Society. He also had talks with the Secretary of National Defence, with whom he discussed the situation in the region, the future role of the ICRC in the Philippines, and the need for the government to continue the ICRC's dissemination programme for the armed forces. He also broached the subject of ratification by the Philippines of Additional Protocol I and the 1980 UN Convention on weapons regarded as inhumane, particularly in connection with its Protocol II on the problem of landmines.

### Activities for detainees

As in the past, the delegation's main activities centred on people detained in connection with the activities of armed opposition groups.

In general, delegates did not encounter any problems in gaining access to detainees falling within the ICRC's mandate, and visits were carried out with the full cooperation of the authorities and the armed forces. The number of detainees decreased owing to the various amnesties declared as part of the peace process.

On 17 March the delegation submitted to the Secretary of Justice a report on conditions of detention observed by ICRC delegates during visits to places of detention under his jurisdiction. The report covered 52 ICRC visits to seven places of detention, carried out between July 1989 and December 1992.

In 1993 delegates conducted 328 visits to places of detention during which they saw 1,004 detainees, of whom 192 were newly registered. At the end of the year 496 detainees of concern to the ICRC were still detained.

### Tracing activities

The ICRC tracing agency continued to collect, process and file information related to detainees. They kept track of registered detainees and handled correspondence between detainees and their families. The Family Visits Programme run jointly with the Philippines National Red Cross continued to enable detainees to be visited by their relatives with financial assistance from the ICRC. In 1993, a total of 321 detainees benefited from this programme.

The tracing agency opened 12 tracing requests, closed 14 others, collected and distributed 57 Red Cross messages and issued 176 travel documents for refugees accepted for resettlement by a host country.

### Activities for the civilian population

With the gradual decline in armed clashes between the government and insurgent groups, there were fewer calls on ICRC delegates to check on alleged

violations of international humanitarian law or to provide assistance to civilians displaced by the fighting.

This, combined with an improvement in government relief assistance, meant that the ICRC's own involvement was limited. In all, 3,157 people received food and other relief items through ICRC/Philippines National Red Cross channels.

### Medical assistance

The ICRC monitored the health of detainees and gave medical consultations in places of detention when necessary. In addition, the institution kept up its assistance to civilians wounded during insurgency-related incidents, mainly in Mindanao.

### Dissemination

The ICRC organized 235 dissemination sessions for nearly 12,000 participants from the Philippines armed forces and police. Dissemination material, such as the texts of the Geneva Conventions and their Additional Protocols and handbooks on the law of war, was distributed to army and police units and schools.

The two-year dissemination programme came to an end in December. Since all the military academies were ready to include international humanitarian law into their existing curricula and two officers had been trained in the teaching of it at the International Institute of Humanitarian Law in San Remo, the direct participation of the delegation was no longer required.

In addition to this programme, ICRC delegates took part in various dissemination sessions organized by non-governmental organizations.

### SOLOMON ISLANDS

Two missions were undertaken in May and November to Honiara in the Solomon Islands to establish contacts with the government and meet the staff of the Solomon Islands Red Cross. The ICRC distributed a small amount of assistance to refugees from Bougainville living in the Solomon Islands and assisted by the National Society. Dissemination programmes were also discussed.

A delegate furthermore met a representative of the Bougainville Revolutionary Army, with whom he discussed a possible mission to opposition-held territory on Bougainville.

### VANUATU

The ICRC granted formal recognition to the Vanuatu Red Cross Society in September and the National Society was officially admitted to the Federation at the Ninth Session of the General Assembly of the International Federation of Red Cross and Red Crescent Societies in Birmingham, 25-28 October.

