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ICRC/A. Vallet

The aftermath: the guns have fallen silent but the hidden menace remains. How many more generations will suffer the effects of careless and wanton scattering of landmines? In Asia the ICRC fitted 5564 amputees with artificial limbs in 1995, bringing hope of a more active and self-sufficient life. Thousands are still waiting...



## 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<sup>1</sup> : 166

National Societies<sup>1</sup> : 86

Local employees<sup>2</sup> : 1,606

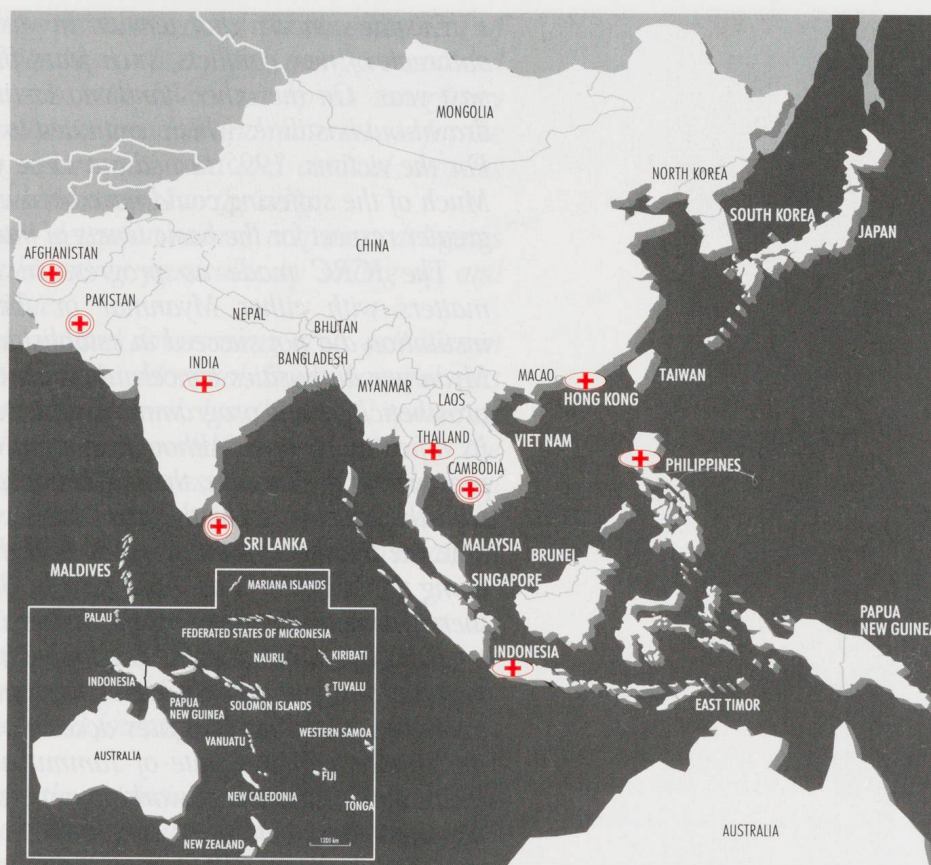
## Total expenditure

Sfr 66,164,392

## Expenditure breakdown

Sfr

Protection/Tracing:	22,427,920
Relief:	12,698,466
Medical assistance:	16,692,907
Cooperation with	
National Societies:	1,766,046
Dissemination:	2,330,725
Operational support:	6,520,872
Overheads:	3,727,456



✚ ICRC regional delegation

✚ ICRC delegation

ICRC / AR 12.95

# ASIA AND THE PACIFIC

<sup>1</sup> Average numbers calculated on an annual basis.

<sup>2</sup> Under ICRC contract, as at December 1995.



Despite concern that tension in various parts of Asia might lead to the outbreak of new conflicts, such fears proved unfounded in the course of the past year. On the other hand, no lasting settlement was found to the long-drawn-out hostilities which continued to plague several countries in the region. For the victims, 1995 turned out to be yet another year fraught with tragedy. Much of the suffering could have been avoided had the warring parties shown greater respect for the basic tenets of international humanitarian law.

The ICRC made no progress in its negotiations on detention-related matters with either Myanmar or the People's Republic of China. The institution did not succeed in establishing the terms of an agreement with the Myanmar authorities concerning visits to detainees and, having completed its prosthetic/orthotic programme for the war-disabled, the ICRC decided to close its office in Yangon. Although this put an end to the institution's permanent presence in the country, the ICRC hoped to be able to re-establish its dialogue with the authorities in the near future. In China, the government postponed sine die the third round of talks with the ICRC, which were to be conducted along the same lines as those held in Beijing in 1994. At the end of the year, there was no indication that the discussions might resume.

However, an important development took place in 1995 for the ICRC: its negotiations with the Indian government culminated in the signing of an agreement granting delegates access to all detainees held in connection with the situation in the state of Jammu and Kashmir. In accordance with the institution's customary working procedures, activities for the protection of prisoners and detainees continued in Afghanistan (for those held by the principal factions), Bhutan, Cambodia, Indonesia, the Philippines and Sri Lanka.

The ICRC was hard-pressed in its efforts to protect and assist civilians caught up in the turmoil of conflict, especially in Afghanistan. It took repeated steps — whether in Kabul, Kandahar or Jalalabad — to remind the parties of their obligations towards the civilian population. Delegates did their utmost to cover the vital needs of both the resident population and displaced persons throughout the country by supplying food and other essential items, conducting various agricultural programmes, providing large-scale assistance to medical and surgical facilities and fitting amputees with artificial limbs in four regional centres. Operations resumed in Kandahar and rehabilitation work began on the Mirwais hospital's surgical department with a view to the ICRC's eventual withdrawal from the hospital in Quetta (Pakistan).

In Sri Lanka, an unprecedented wave of violence swept the north of the country following the breakdown in the peace process. The ICRC itself was not spared: its ship was hit by a mine and sank off the Jaffna peninsula. The military campaign launched by the government towards the end of the year led



to the capture of Jaffna town by the army and caused the displacement of hundreds of thousands of people. Together with the few non-governmental organizations that remained on the spot, the ICRC set up an emergency operation to provide medical care, sanitation facilities and material aid for the victims, and made further efforts to ensure that food and medical supplies furnished by the government were regularly shipped to the area.

In East Timor, in addition to their detention-related activities, delegates continued to assist the civilian population, in particular by setting up and maintaining water and sanitation facilities.

Meanwhile, the ICRC pursued the gradual downscaling of its activities in Cambodia. Responsibility for support to the Mongkol Borei hospital was handed over to the Norwegian Red Cross in April, but the ICRC remained actively involved in the prosthetic/orthotic programme for war-disabled in the country. As in 1994, the institution gave extensive assistance to the National Blood Transfusion Centre in Phnom Penh, while seeking a partner to take over this vital task in the long term. In 1995 delegates were unable to establish contact with the Khmer Rouge.

In Viet Nam, the ICRC put an end to its permanent presence at the prosthetic/orthotic centre in Ho Chi Minh City in March, while continuing to provide material support for the numerous destitute amputees at the centre. Steps were taken to find a Viet Nam-based foundation to run this project in the long term.

Tracing activities for detainees and their relatives as well as for families split up as a result of conflict continued throughout Asia. However, the ICRC made no progress in its attempts to enable Korean family members separated for the past 45 years to exchange Red Cross messages.

The ICRC's efforts to raise awareness of international humanitarian law and the Fundamental Red Cross and Red Crescent Principles had a positive impact on various target audiences, such as the armed forces, academic circles and National Red Cross and Red Crescent Societies. As a result of steps taken to encourage States to become party to the instruments of humanitarian law, the Federated States of Micronesia acceded to the Geneva Conventions and their Additional Protocols in September and Mongolia ratified Additional Protocols I and II in December.



## Indian sub-continent and Myanmar

### AFGHAN CONFLICT

Despite various peace initiatives instigated in the course of the year, including those of the United Nations, the conflict in Afghanistan raged on. As in 1994, it was the civilian population, particularly that of Kabul, which bore the brunt of the fighting.

The battle between the warring parties for control of the Afghan capital dragged on into 1995. Kabulis were subjected to regular air attacks and civilians found themselves caught in the middle of artillery exchanges. The advance of the Taliban, a fighting force made up of Islamic students which had emerged in 1994, from Kandahar in the south-east towards the outskirts of Kabul resulted in a major shift in the front lines. The Taliban's progression into the south-west of the capital was short-lived, however. In May government troops pushed the front line to around

30 kilometres to the south, thereby putting Kabul practically out of reach of any opposition rocket attacks for the first time in almost three years.

The civilian population in the Afghan capital then enjoyed a short period of relative calm, with small businesses and bazars picking up as the summer approached. However, several residential areas remained uninhabitable and littered with mines and unexploded ordnance which claimed the lives of hundreds of civilians. Most Kabulis remained without basic infrastructure, such as sanitation, water or electricity. This situation was aggravated by the movement of many locally displaced people from public buildings to newly accessible front-line zones and the influx of 200,000 returnees from the eastern provinces and Pakistan.

After months of fighting for the control of the south-western provinces, the Taliban eventually gained the upper hand over the combined forces of Commander Massoud and Ismael Khan, the governor of Herat province. Both sides inflicted heavy losses and as the front lines shifted rapidly a large number



of civilians were killed or injured by mines. The Taliban succeeded in taking the provinces of Farah, Helmand and Nimroz and in September captured the historic city of Herat.

In the north forces loyal to the government clashed with General Dostum's Jumbesh militia. At one point almost all the provinces from Badghis to Baghlan were affected by the conflict.

Only the three eastern provinces administered by the Nangarhar *shura* remained quiet owing to their neutral and independent policy.

By the end of September Kabul had once again become the target of a major offensive led by the Taliban from the south. The presence of the government forces was then limited to the Afghan capital and four north-eastern provinces.

Renewed efforts to mobilize donor support for the rehabilitation of the ailing country failed to generate sufficient funds. The civilian population in large areas of Afghanistan, and particularly in Kabul, continued to pay the price for the ongoing conflict and the international community's lack of interest in their plight. As too often in the past, no political settlement was in sight and the conflict was destined to drag on into its 17th year.

## AFGHANISTAN

The ICRC maintained its presence on Afghan soil in 1995, along with a handful of other humanitarian organizations. A number of agencies, based in Pakistan, were also actively involved in emergency and development projects in Kabul and the provinces. In close cooperation with the Afghan Red Crescent Society (ARCS) and the International Federation of Red Cross and Red Crescent Societies, the ICRC developed a global approach of the whole Movement to meet the most urgent needs of the Afghan people. Discussions in 1995 were to lead to the signature of a Memorandum of Understanding by the Federation and the ICRC in January 1996 regarding the institutions' specific activities and mandate in relation to the Afghan context.

## Activities for the civilian population

The ICRC delegation made representations to the parties concerned on a number of occasions to protest against indiscriminate shelling, sniper fire and similar incidents. For instance, during the violence that raged in Kabul's Karte Seh area in March, medical facilities and personnel came under artillery fire and cases of looting and harassment of the population were reported. In November two aircraft dropped bombs on four key locations in the city, killing over 50 civilians and wounding 150 others, many of whom were children. The

### IN 1995 THE ICRC:

- provided medical assistance to some 65 hospitals and health facilities treating the war-wounded throughout the country;
- manufactured 3,710 prostheses and 558 orthoses in its prosthetic/orthotic centres in Kabul, Herat, Jalalabad and Mazar-i-Sharif and fitted 2,216 new patients with artificial limbs;
- distributed more than 12,000 tonnes of food and other assistance to around 160,000 vulnerable and displaced people in Kabul, Samarkhel camp and the eastern provinces, as well as in other locations on an ad hoc basis, depending on the needs created by the fighting;
- handed out 25 tonnes of seed to 446 families in Badakhshan province, while 65,000 families benefited from various agronomic programmes (tool and seed distribution, pest control, cleaning of irrigation systems) carried out around Kabul;
- visited 3,934 detainees in the hands of the government and all the major factions in 50 places of detention;
- collected and distributed some 14,000 Red Cross messages;
- carried out an extensive dissemination programme throughout the country, distributing over 60,000 publications on mine awareness, humanitarian principles and the Movement's activities;
- enhanced its efforts to consolidate the Afghan Red Crescent Society.



ICRC repeatedly appealed to all the parties to the conflict to observe the basic rules of international humanitarian law, and especially to respect the lives and possessions of civilians, medical facilities and personnel.

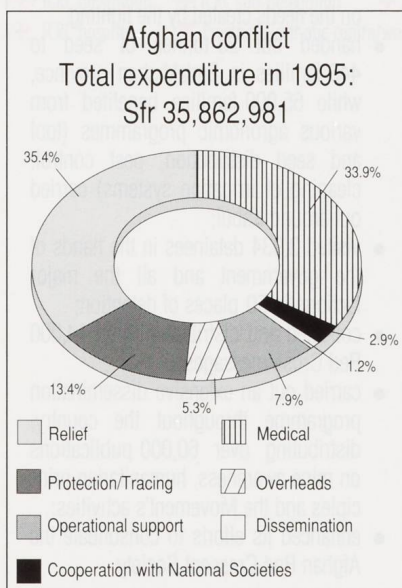
## Relief activities

The ICRC continued to transport food and relief goods from Peshawar (Pakistan) to Afghanistan. As in 1994, it spared no effort to negotiate the passage of convoys carrying emergency supplies. Despite a blockade imposed upon Kabul, private contractors hired by the ICRC were able to bring in relief items for distribution to the most vulnerable people in the city and the eastern provinces, including the Samarkhel refugee camp near Jalalabad. In April the running of this camp was handed over to the Swedish Red Cross as a project delegation, with the ICRC retaining overall responsibility. Some 7,200 families living there received monthly ICRC food rations, which were distributed by the ARCS.

Owing to the precarious security situation, many relief agencies were reluctant to take up activities in Kabul, although a number of organizations did run or prepare programmes in aid of the city's population. As most people who had been displaced within Kabul and returnees from Jalalabad and Pakistan had begun to go back to their former homes, the ICRC reoriented its relief programme for displaced people in April to meet the needs of the most vulnerable groups in the capital, such as the families of disabled breadwinners, widows, recent returnees and the utterly destitute. In May delegates carried out a survey which confirmed the nutritional needs revealed by the previous survey, conducted in January, and identified about 30,000 families as vulnerable. The ICRC then set up a joint programme with the ARCS, registered an initial 5,000 families whose breadwinners had been disabled, and supplied them with food. In all, the ICRC distributed some 3,300 tonnes of relief items in 1995 to 84,000 people living in Kabul. Despite these efforts the blockade imposed on the capital, rampant inflation and a lack of fuel continued to take their toll on the civilian population. Surveys conducted at the end of the year indicated that food and material needs, especially among widows and the poorest families, were not yet being met.

A programme providing food for 5,400 war-disabled people was carried out in Nangarhar and Laghman provinces. This was almost entirely run by the local ARCS branches.

In Bamyan, Badghis and Parwan provinces the ICRC, with the help of the local Red Crescent, conducted one-off assistance operations for about 4,000 families who had fled conflict areas.





## Agricultural programme

During the year the ICRC launched a series of experimental activities in the economic and agricultural sectors designed to enable the population to regain a degree of self-sufficiency and prevent a further decline in the precarious food situation in war-ravaged Afghanistan.

These agricultural and income-generating projects included centres for urban craftsmen producing farming tools, programmes aimed at raising the food production capacity of selected communities and making arable land usable again by restoring irrigation canals and wells. Seed and farming tools were also distributed. In Badakhshan province, hard hit by the effects of the conflict and natural disasters, an emergency seed distribution programme reached 450 vulnerable families in 30 villages in the north-east. In Baghram, to the north of Kabul, a farming complex was set up where 25 hectares of land were worked by 50 returnee families, with technical advice provided by the ICRC. In all, some 65,000 families benefited from these new projects.

## Activities for detainees

As front lines stabilized and security conditions improved in 1995 the ICRC succeeded in building up sufficient contacts with the government authorities and opposition groups to develop a programme of visits, already initiated in 1994, to detainees held in the north and in Kabul. It subsequently extended its visits to the rest of the country and was granted access to prisoners detained by all the major parties to the conflict. Delegates checked on conditions of detention, registered detainees and gave them the opportunity to write Red Cross messages to their families.

Before the onset of the bitterly cold winter months, the ICRC developed a programme to provide detainees throughout Afghanistan with blankets, mattresses and plastic sheeting.

In August the delegation organized a workshop in Kabul for prison directors and similar officials to discuss detention-related problems. At the end of the year a seminar on health issues was set up with the prison authorities and medical staff and was attended by several senior representatives of the ministries concerned. In order to improve the detainees' living conditions, the ICRC extended its material and medical assistance and carried out basic rehabilitation work, mainly in the field of water and sanitation.

## Medical activities

The offensives launched against Kabul continued to take a heavy toll among the civilian population. Almost 90 percent of casualties were non-combatants.

As a result of the hostilities during the first half of 1995, which reached a peak in March, more than 11,000 people with war-related injuries were admitted to the eight major surgical hospitals regularly assisted by the ICRC. The 280-bed Karte Seh hospital (in south-western Kabul) and the 250-bed Wazir Akbar Khan hospital (in the city centre) admitted 2,943 and 4,550 patients respectively in 1995, of whom 1,876 and 3,186 were war-wounded. Both hospitals were supported entirely by the ICRC.

Regardless of the political changes, the staff at the ICRC's first-aid post in Charasyab, a village to the south of Kabul, continued to operate under ICRC supervision. The first-aid post in Mir Bachakot, to the north of the capital, acted as a clearing centre for the transfer of wounded to hospitals in Kabul, while casualties arriving at the Charasyab, Pul-i-Alam and Sheikhabad first-aid centres were evacuated, sometimes across front lines, to hospitals in Ghazni, Kandahar and Quetta (Pakistan).

The ICRC continued to support the 240-bed surgical department of the Public Health Hospital in Jalalabad with medical supplies, food and fuel. An ICRC team was stationed there for six months to give extensive training in war surgery techniques.

The ICRC stepped up its medical assistance in the southern provinces. This included refurbishing the surgical department of the Ghazni provincial hospital to enable it to function as a referral hospital for war-wounded from the region. A second first-aid post, in addition to the one in Sheikhabad, was set up in Pul-i-Alam to cover the length of the front line.

In Kandahar a central facility was clearly required to take care of surgical emergencies in an area inhabited by some 1.5 million people. Work began in July to rehabilitate the town's hospital, which should include a 150-bed surgical ward. Pending completion, a first-aid post was opened to evacuate the war-wounded from the different front lines to the ICRC hospital in Quetta (Pakistan).

In northern Afghanistan, the ICRC provided assistance to seven hospitals and seven clinics, mainly in Mazar-i-Sharif and Pul-i-Khumri.

With the upsurge of hostilities in March and August in western Afghanistan, the ICRC stepped up its support for the military hospital at Shindand, where most of the fighting took place, and medical facilities in Ghor and Badghis provinces. In Herat ICRC staff distributed emergency supplies and helped in the hospitals receiving the war-wounded.

The ICRC also assisted two ARCS hospitals in Kabul and Kunduz and 36 clinics in the provinces. In all, more than 65 hospitals and health facilities treating the war-wounded throughout Afghanistan were given ICRC aid, irrespective of the party in control.





## Programme for the war-disabled

As the conflict escalated and the landmine scourge went on taking its fearful toll, the number of amputees steadily rose during the year. The ICRC ran prosthetic/orthotic centres in Kabul, Jalalabad, Herat and Mazar-i-Sharif, which produced orthopaedic appliances and fitted amputees with artificial limbs. As the Ali Abad centre in Kabul was badly damaged, the ICRC transferred its activities to the Wazir Akbar Khan hospital. The workshop there managed to increase its output of traditional components and orthopaedic appliances and supplied components and raw materials to the three workshops in the ICRC sub-delegations and to four other workshops not run by the ICRC. The in-patient department was in operation as from September. The centre in Jalalabad, which employs disabled staff, became fully operational in July. The centre in Herat covered not only the western region, but also provided prostheses and orthoses to many patients from Kandahar. The centre in Mazar-i-Sharif fitted amputees from the north-western provinces and its physiotherapy department offered treatment for polio and paraplegic patients which was not available elsewhere in the region.

## Water and sanitation

In view of the deteriorating sanitary conditions in Kabul, the ICRC continued its water and sanitation activities there. These consisted in digging and protecting wells, disposing of waste, constructing latrines and washing facilities, combating malaria and running health education programmes. In the summer, sanitation teams chlorinated and monitored 35,000 wells as part of a cholera prevention campaign and remained prepared to set up a 700-bed centre to accommodate cholera patients in the event of an outbreak. ICRC water and sanitation engineers also worked in ICRC-assisted health facilities and places of detention throughout Afghanistan.

## Tracing activities

In 1995 the number of Red Cross messages handled by the ICRC in Afghanistan increased almost tenfold over the previous year. This significant rise was partly due to the high level of detention-related activities which gave detainees the opportunity of contacting their relatives by means of Red Cross messages. Delegates also registered the detainees, entered their particulars into a database and followed up on each individual case.

As the national postal service had not yet been restored and new areas of Afghanistan became accessible to the ICRC, a network for the exchange of Red Cross messages was set up. This covered 19 of the country's 32 provinces and

was carried out in cooperation with some local ARCS branches. However, in 1995 the ICRC was still not in a position to accept tracing requests.

## Cooperation with the National Society and the Federation

Cooperation with the ARCS progressed considerably in 1995. As the National Society was present almost everywhere in the country, it was the ICRC's main partner. The institution's relief, medical, tracing and dissemination programmes were successfully carried out in close collaboration with the ARCS.

The ICRC provided material and financial assistance to Red Crescent provincial branches — including incentive bonuses for staff and the coverage of fuel and maintenance costs for vehicles — and gave logistic support to six dispensaries and four mobile clinics in Kabul run by the ARCS and funded by the Federation. The ICRC also financed rehabilitation work in Kabul's Marastoon and supplied food to this home for the destitute. Supervision of a joint ARCS/British Red Cross workshop for the maintenance of the Society's vehicles, opened in September 1994, was handed over to the British Red Cross in the form of a project delegation.

The ICRC's support for the ARCS public relations department was essential for the production of the first issue of a new quarterly magazine and a bi-monthly newsletter designed to strengthen the unity of the National Society, which underwent restructuring following the nomination of a new President and Secretary-General in July.

The ICRC also stepped up its coordination and cooperation with the Federation in the north, east and west of the country, where action to meet urgent development needs remained a priority.

## Dissemination

Together with the ARCS, the ICRC set up a dissemination network to spread knowledge of basic humanitarian rules among combatants, Red Crescent staff and the population in Kabul and the provinces. To adapt its message as much as possible to local values and customs, the ICRC worked in consultation with the region's universities, artists, journalists and radio and TV stations. To this end, the ICRC organized a seminar in Jalalabad in October, which was attended by 150 participants.

Messages to promote rules for combatants, respect for medical facilities, landmine awareness and knowledge of the ICRC's daily activities were broadcast by the British Broadcasting Corporation (BBC). The delegation contributed regularly to the BBC's Afghan Education Development Project in



Peshawar (Pakistan) by giving humanitarian input to the story lines for the serial *New Home, New Life*. Extracts from the cartoon series accompanying the radio programme and based on the popular figure of Ali Gul were compiled into a special issue published under the auspices of the BBC and the ICRC.

Several adaptations of ICRC publications into Dari and Pashto were completed in the course of the year, such as the institution's special brochure on Afghanistan, and 6,000 wall and 20,000 pocket calendars. Printed dissemination material was handed out at checkpoints and during seed distributions.

The problem of mines and unexploded devices in Kabul was of particular concern to the delegation. In cooperation with the city's municipality and with technical support from the Halo Trust, district officials were trained and mine awareness posters produced. All ICRC local staff received detailed briefings. Posters were also set up around Samarkhel camp to warn people gathering firewood in the surrounding area and children looking for play areas. A revised mine awareness brochure was also prepared.

## PAKISTAN

The ICRC in Pakistan continued to provide essential support for the institution's operations in Afghanistan. The delegation in Islamabad maintained close contacts with the Pakistan Red Crescent Society (PRCS), the authorities, diplomats and international organizations with a view to promoting the ICRC's role and work, particularly in Afghanistan, but also in the Indian state of Jammu and Kashmir.

As in 1994, the sub-delegation in Peshawar served as a logistics base and transit point for ICRC medical and relief operations for the Afghan conflict and secured regular access for road convoys to Kabul and Jalalabad. The ICRC continued to run the hospital in Quetta and support the paraplegic centre in Peshawar managed by the National Society.

With the ICRC returning to Kandahar (Afghanistan) after a four-year absence, the Quetta sub-delegation was involved in helping to resume activities and maintain a physical presence there until the delegation in Afghanistan was in a position to take over.

Between 5 and 10 April the Delegate General for Asia and the Pacific visited Pakistan, where he met the Acting Foreign Secretary to discuss the situation in Kashmir, the ratification of the Additional Protocols and the 1980 UN Weapons Convention. He also held talks regarding the situation in Afghanistan with the UN Secretary-General's Special Representative for Afghanistan.

## Medical activities

Given the continued fighting in Afghanistan and the increasing number of paraplegic and tetraplegic patients, the ICRC maintained its support for the PRCS paraplegic centre in Peshawar. The centre provided treatment for a monthly average of 60 patients and the ICRC covered the costs of treating all Afghan nationals and 15 Pakistani patients per month.

The ICRC surgical hospital in Quetta had one of its busiest years with a 60 percent increase in activity as compared with 1994. In October the hospital was stretched to its limits when a record number of war-wounded were evacuated from the Taliban front lines near Kabul. During this time the two surgical teams and ward nurses were reinforced by an additional surgeon, anaesthetist and nurse. In total, the hospital, which treated war casualties from south-western Afghanistan and Kandahar province, admitted 2,130 patients, carried out 5,024 surgical operations and gave 4,445 outpatient consultations. The hospital in Quetta was to be maintained until the Mirwais hospital in Kandahar became fully operational. With the establishment of the first-aid post in Kandahar in June 1995, the Chaman first-aid centre received fewer patients for evacuation to Quetta. However, it continued to prove useful for logistic and organizational purposes.

## Tracing activities

The delegation arranged for the exchange of 750 Red Cross messages, mostly in relation to the conflict in Afghanistan. It also issued travel documents for 885 refugees accepted for resettlement in host countries.

## Dissemination

The first jointly organized ICRC/PRCS seminar on humanitarian law for the armed forces was held in April 1995. It was attended by some 180 officers as well as the country's Chief Justice and the Chairman of the National Society. The final report in its printed form was widely circulated. Contacts were also maintained with the various authorities concerned in order to persuade Pakistan to ratify the Additional Protocols.



## SRI LANKA

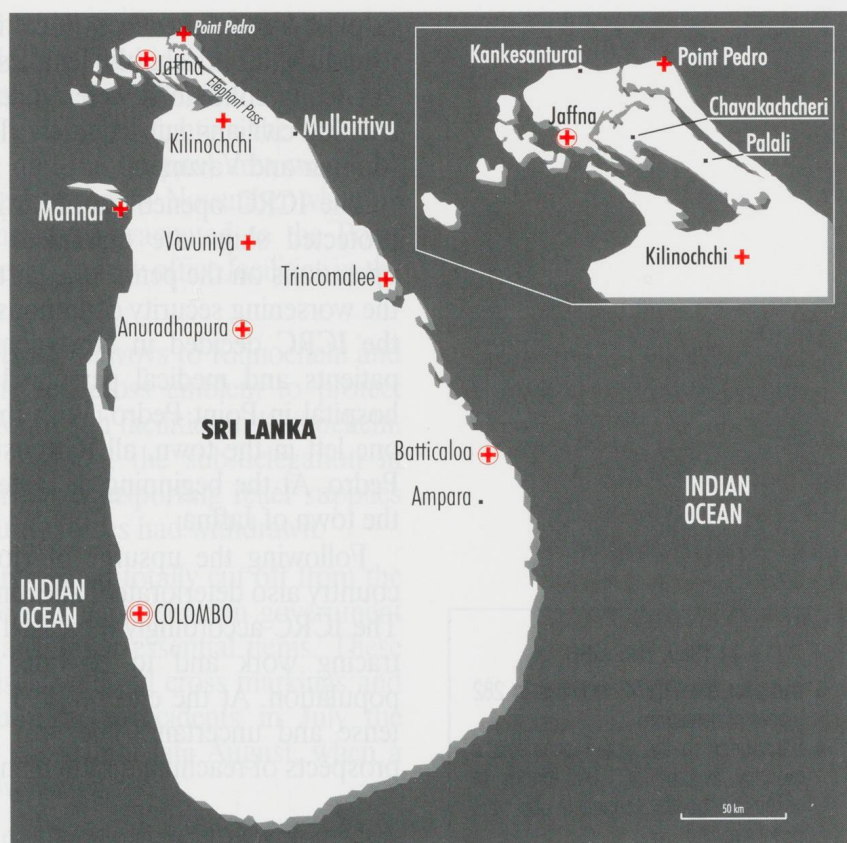
On 6 January 1995 an agreement, which led to a cessation of hostilities two days later, was signed between the Sri Lankan President and the LTTE\* leader. This was the culmination of talks held in the autumn of 1994 between the new government and the LTTE. During the negotiations the ICRC acted as a neutral intermediary in an exchange of correspondence between the two parties.

Hope that the situation in the country would finally improve was, however, short-lived. Intense fighting resumed after two vessels of the Sri Lankan navy were sunk in Trincomalee on 19 April in a suicide attack by LTTE commandos. The ICRC stepped up its activities in order to cope with this escalation of violence, particularly in the north.

The renewed outbreak of fighting had immediate effects on the delivery of supplies to the Jaffna peninsula. The government reimposed a ban on various items, including medicines, on which restrictions had been lifted during the truce. Civilians in Jaffna became increasingly dependent on the ICRC's neutral role in protecting government vessels transporting medicines, food and other essential goods.

Numerous clashes between the security forces and the LTTE broke out between July and September, particularly on the Jaffna peninsula. Tens of thousands of people fled their homes, and hundreds were killed or wounded. The Jaffna Teaching Hospital and the hospital in Point Pedro were stretched to the limit because of the heavy influx of casualties.

In October government troops launched a major offensive against the town of Jaffna. Some 300,000 to 400,000 civilians left their homes and most of them sought refuge in the area of Chavakachcheri, 15 kilometres south-east of Jaffna. The peninsula's metropolis became a ghost town. Many of the



ICRC / AR 12.95

\* LTTE: Liberation Tigers of Tamil Eelam, Tamil opposition



#### IN 1995, THE ICRC:

- had access to 1,974 detainees in 282 places of detention;
- transported to the Jaffna peninsula a monthly average of 8,000 tonnes of essential goods supplied by the government;
- located 316 persons, arranged for the exchange of 22,800 Red Cross messages, reunited 83 families and transported 595 people between the Jaffna peninsula and the south;
- assisted nine mobile health clinics and seven primary health centres run by the Sri Lanka Red Cross Society in conflict areas;
- conducted an extensive dissemination programme throughout the country, reaching 3,000 recruits and 468 instructors in army training centres and a total of 1,883 army, air force and police personnel and 142 members of the LTTE during field sessions; also distributed some 145,000 booklets on the law of war and 17,000 manuals for instructors to members of the armed forces and the LTTE.

displaced were taken in by local inhabitants while an estimated 100,000 others found shelter in schools, temples and huts in a number of small camps. Their dire living conditions were exacerbated by the lack of adequate shelter. Some 250,000 civilians subsequently fled further south to Kilinochchi, Mullaittivu, Mannar and Vavuniya.

The ICRC opened an office in Point Pedro (the small port where ICRC-protected ships are unloaded) to serve as a logistics base for all relief operations on the peninsula, particularly in zones held by the LTTE. Owing to the worsening security conditions and the risk of heavy fighting in Jaffna town, the ICRC decided in November to organize the transfer of the remaining patients and medical personnel from the Jaffna Teaching Hospital to the hospital in Point Pedro. With the Teaching Hospital empty and virtually no-one left in the town, all ICRC staff was relocated and operated out of Point Pedro. At the beginning of December government forces succeeded in taking the town of Jaffna.

Following the upsurge of violence security conditions in the east of the country also deteriorated, affecting both the Sinhalese and Tamil communities. The ICRC accordingly increased its expatriate staff to carry out detention and tracing work and to provide some degree of protection to the civilian population. At the end of 1995 the situation in the north and east remained tense and uncertain. The year ended on a sour note, with no immediate prospects of reaching a settlement to the internal armed conflict.

### Activities for the civilian population

In 1995 the protection of the civilian population remained a major concern for the ICRC. From April on several serious incidents, including the planting of explosive devices in Colombo, claimed large numbers of civilian victims. Delegates collected information on all these incidents and made oral and written representations to both parties. The ICRC reminded them of their obligation to respect humanitarian law, and in particular to spare civilians and their property during military operations.

As violence flared up again, the ICRC's role as a neutral intermediary became all the more vital for the civilian population since the institution was the sole independent link between government- and LTTE-controlled areas.

In August the government-run passenger ferry *Iris Mona* was hijacked off the coast of Mullaittivu. One passenger died in the assault, and 133 others were visited by the ICRC while they were held captive in Jaffna. When the passengers were freed, the ICRC organized their transport to the islands to the west of Jaffna or to Colombo. Two passengers and the ferry's eight crew members remained in LTTE custody at the end of the year.

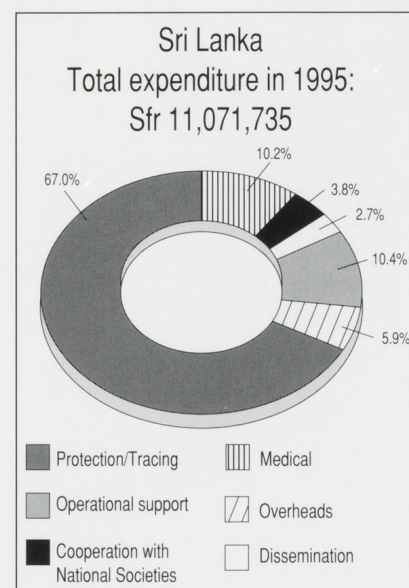


Until the army launched its offensive against the peninsula's main town in October, the ICRC continued to protect the Jaffna Teaching Hospital and the safety zone around it. This zone had been established in 1990 with the consent of all the parties in order to ensure that in the event of fighting the sick and wounded would have access to medical care and the hospital area would be spared from attack. This protection ceased *de facto* on 14 November when all the remaining patients and medical personnel were evacuated to the Point Pedro hospital and ICRC staff temporarily moved to new office facilities in the same area.

Although the ICRC had ceased its regular truck convoys to Kilinochchi and Mullaittivu in 1994, it occasionally used the red cross emblem to protect government trucks carrying medical supplies for health facilities in Kilinochchi. At the authorities' request in the autumn of 1995, the sub-delegation in Batticaloa started to protect government convoys transporting relief supplies for civilians living in areas from which the security forces had withdrawn.

As in previous years, the Jaffna peninsula remained totally cut off from the rest of the country, and the population there was dependent on government supplies, such as food, kerosene, medicines and other essential items. These were brought in by government-chartered vessels with red cross markings and sailing under ICRC protection. After a number of incidents in July the institution suspended its protection of these ships until late August, when a temporary agreement was reached with the government.

In February the ICRC chartered a ship called the *Sea Dancer*, which made a weekly round trip between Trincomalee and Point Pedro to transport medical supplies, as well as passengers requiring medical treatment in Colombo or wishing to be reunited with their families. The supplies were provided by the government for the Jaffna Teaching Hospital and the Regional Directorate of Health Services. On 4 June the *Sea Dancer* sank after hitting a mine as it entered the port of Kankasanturai, a navy base in the north of the Jaffna peninsula. One member of the crew was killed and two others were injured. The ICRC subsequently chartered another ship, the MV *Habarana*, which made its first trip on 5 August. The transport of patients had to be postponed, however, owing to the deterioration of the military situation in the north. In October the ship also began carrying flour supplied by the government. Following the army offensive on the peninsula, the *Habarana* set sail for Point Pedro with consignments of urgently needed relief supplies for the newly displaced. The supplies included 1,500 tonnes of flour, 40 tonnes of medicines provided by the Sri Lankan government, 10,000 square metres of plastic sheeting made available by the ICRC and relief goods for international organizations working in the area. The ICRC also sent cooking pots, jerricans,



soap, blankets and mats for the most vulnerable among the displaced, as well as large tents to accommodate dispensaries in the Chavakachcheri area.

## Medical activities

The resumption of hostilities led the delegation to propose a “medical package” to the government in June. It included sending surgical teams to the Jaffna Teaching Hospital and the government-run hospital in Trincomalee. On condition that their security would be guaranteed, the ICRC offered to evacuate the wounded from Kilinochchi to Vavuniya. It also stated its willingness to transport wounded members of the armed forces on its ship from the Jaffna peninsula to Trincomalee, but received no reply from the government. The ICRC, nevertheless, increased its stock of emergency medical supplies so as to enable government-assisted health facilities to cope with the influx of wounded.

When hundreds of thousands of civilians fled the Jaffna peninsula in October and November and patients and staff at the Jaffna Teaching Hospital were evacuated to Point Pedro hospital, water and sanitation work became a priority in order to prevent an outbreak of waterborne diseases among the displaced. An ICRC water and sanitation engineer conducted a survey in the densely populated Chavakachcheri area to check on access to clean water and waste disposal. Urgent supplies, including three tonnes of pipes, pumps, water reservoirs and other materials, were transported to the peninsula and used to construct water distribution points.

A mobile health team of the Sri Lanka Red Cross was active in the Chavakachcheri camps with support from the ICRC. A small number of medical personnel from the Jaffna Teaching Hospital worked under ICRC protection in the town’s small, overcrowded hospital. As further assistance was required, two ICRC nurses and a doctor were sent out to help cope with the influx of displaced people, to open dispensaries and support the hospital. Following a medical survey in Kilinochchi, an additional mobile health team was set up to try and meet the needs of the displaced.

## Activities for detainees

During the first three months of the year the number of arrests by the security forces decreased and several hundred suspects were set free. Fifteen policemen and one soldier held for almost five years by the LTTE were also released. However, the ICRC did not succeed in obtaining access to Tamil detainees held by the LTTE.



The renewed outbreak of hostilities resulted in a significant increase in the number of people detained under the Emergency Regulations, thus prompting the ICRC to step up its detention-related activities. Delegates carried out a number of visits to places of detention under government jurisdiction throughout the country, including prisons, police stations, army camps and other detention centres. They monitored conditions of detention, focusing on the way detainees were treated in physical and psychological terms. They checked the detainees' state of health, where necessary, and arranged for them to exchange Red Cross messages with their families. Oral and written representations were then made to the authorities concerned. The ICRC also visited 85 people held by the LTTE and conducted 17 visits to detainees held in connection with the JVP\* uprising of 1987-1990.

Towards the end of the year an ICRC team went to Palali army camp, in the north-west of the peninsula, to resume tracing services and to visit detainees held by the Sri Lankan security forces.

## Tracing activities

At the beginning of 1995 the level of tracing activities remained stable. Delegates accompanied children and elderly people who were transported between Jaffna and Colombo to be reunited with their families, as well as the sick or wounded in need of specialized medical treatment in the capital. If no notification had been given to detainees' families by the authorities, the ICRC informed them of their relatives' incarceration. Members of families split up by the conflict were able to contact each other through Red Cross messages.

From May onwards, because of the sharp rise in the number of arrests and the increased number of displaced, many more people approached the ICRC in search of news of their next of kin. No tracing requests were accepted, however, as it was not possible to carry out any active search among the displaced population.

## Cooperation with the National Society

As a result of internal problems which paralysed its headquarters, the leadership of the Sri Lanka Red Cross Society (SLRCS) changed twice during the year. Regular contact was maintained with the Federation to address this issue. However, the crisis did not affect the tasks carried out jointly by the ICRC and SLRCS branches in conflict areas.

The ICRC continued to support the Society's medical activities in conflict zones. Throughout the year it assisted and supervised nine mobile health

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\* JVP: Janatha Vimukti Peramuna party, Sinhalese opposition

teams in the north and east (two in Jaffna, two in Mullaittivu and one each in Kilinochchi, Trincomalee, Batticaloa, Ampara and on Mannar mainland), which provided medical care for civilians living far from any medical facility. The main diseases they dealt with were acute respiratory disorders, infestation with worms, anaemia, skin diseases and malaria. In addition, the teams offered health education and encouraged preventive medicine. A public health inspector oversaw hygiene conditions and sanitary installations and checked on the chlorination of wells. An additional mobile health team was set up in Kilinochchi to meet the medical needs of the displaced. The ICRC also provided both financial and material support to seven primary health care centres set up by the SLRCS on Mannar mainland and regularly supervised a training programme organized for the staff of these centres.

In cooperation with the local SLRCS branch in Jaffna, a small emergency stock of food was maintained to assist some 10,000 people, if necessary, during one month.

## Dissemination

The ICRC organized numerous sessions to promote knowledge of humanitarian law among the Sri Lankan armed forces, the police, the Special Task Forces and LTTE combatants. However, the resumption of hostilities in April made it difficult to reach combatants in the field.

In addition to the booklets on the law of war and manuals for instructors distributed to the armed forces and the LTTE, the delegation handed out 23,000 wall calendars with the slogan "Keep children out of war" and 160,000 pocket calendars on the ICRC's activities in Sri Lanka. Some 2,500 diaries containing information on humanitarian law and the ICRC's activities were also produced for distribution to officers.

## NEW DELHI

### Regional delegation

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

## BANGLADESH

In 1995 the truce, agreed upon in 1994, held between the army and the Shanti Bahini, who had been active in the area for the past 20 years. Despite improvements in the security situation, the number of refugees returning from the Indian state of Tripura remained very low. Material assistance was provided by the government and the Bangladesh Red Crescent Society to the



Jumma returnees. This was considered sufficient and there was no serious concern for their security.

At the end of September the regional delegate went to Dhaka and met high-ranking officials of the National Society and the Federation to discuss possible fields of cooperation and development for 1996.

## BHUTAN

In May and September an ICRC team conducted a round of visits to all people detained for “anti-national” activities. Delegates visited a total of 114 detainees, four of whom were seen for the first time, in two places of detention. The visits were carried out in full accordance with the terms of the Memorandum of Understanding signed by the government and the ICRC in 1993. Talks on matters related to detention were held before and after the visits with the authorities concerned. The team was also granted an audience with King Jigme Singye Wangchuck of Bhutan.

A half-day seminar on international humanitarian law and the Fundamental Principles was arranged for 20 senior representatives of the police, army, Ministry of Law and Justice and the Ministry of Home Affairs.

## INDIA

Following several discussions and working sessions with government representatives, on 22 June the ICRC signed a Memorandum of Understanding with the Indian government, which granted delegates access to all people arrested in connection with the situation in Jammu and Kashmir. Actual visits began on 30 October. To handle this new activity, the institution reinforced its expatriate staff in the New Delhi delegation.

The ICRC also pursued its dialogue with senior representatives of the Indian Red Cross Society (IRCS) concerning support for the National Society’s future work in Jammu and Kashmir.

The delegation continued to follow the situation in Tamil Nadu, where tens of thousands of Sri Lankan refugees live in camps. Dissemination sessions were organized for all NGOs involved in their rehabilitation.

## Activities for detainees

On 30 October delegates based in New Delhi began the first ICRC visit to detainees held in connection with the situation in Jammu and Kashmir. By the end of the year the ICRC had visited 693 detainees in ten places of detention. Teams of delegates, doctors and interpreters assessed the detainees’ material and psychological conditions of detention and the treatment accorded to them

following their arrest. Delegates also offered inmates the opportunity of contacting their families through Red Cross messages.

## Dissemination

The ICRC stepped up its efforts to spread knowledge of humanitarian law among various target groups in India. A specialist in dissemination to the armed forces, seconded by the British Red Cross, joined the delegation in June and immediately began work. Three courses on the basic provisions of humanitarian law and human rights law were organized for officers and instructors of the Border Security Forces, one of the main paramilitary forces in the country. In cooperation with the Indian Centre for Humanitarian Law and Research, the ICRC held seminars to promote knowledge of humanitarian law among university professors. The delegation also worked with the IRCS to organize one national and two regional workshops for the National Society's senior levels of management and dissemination officers. Following these workshops three other sessions were held jointly with state branches.

Several ICRC brochures and three video film scripts were translated and dubbed into the main languages spoken on the subcontinent. Some material was prepared especially for the Kashmiri context in order to support the work of delegates there. Leaflets were published, explaining the ICRC's standard procedures during visits to detainees and setting out the institution's general mandate.

University lecturers began research on Indian literature, folk art and theatre in order to pinpoint the existence of principles and ideas corresponding to the Movement's Fundamental Principles. This material was to be used to produce a series of posters.

## Media liaison office

Throughout the year the media liaison office, which had been opened in May 1994, developed a network of contacts among the international and Indian media and among the press attachés of diplomatic missions. The office also conducted a sustained media awareness campaign of ICRC institutional themes, especially regarding the ICRC's stand on anti-personnel mines. It assisted in the production of a 16-minute ICRC documentary film entitled *A Conscious Step*. The film draws attention to mine victims in Myanmar and highlights the joint ICRC/Myanmar Red Cross Society/Ministry of Health programme.

## MYANMAR

The ICRC held extensive talks with government representatives with the aim of concluding a Memorandum of Understanding on the question of visits to



detainees. However, by mid-1995 it became clear that delegates would not be allowed to visit prisoners in keeping with the ICRC's standard procedures and that the Memorandum would not be signed in the near future. The ICRC therefore decided to close its office in Yangon on 31 July 1995. The institution informed the authorities that it would always be ready and willing to resume the dialogue, should the State Law and Order Restoration Council (SLORC) decide to cooperate in this matter.

Following military operations against the Karen National Union strongholds in January and February, the ICRC approached the authorities with a proposal to conduct a survey in the area to assess medical needs, together with a representative of the Myanmar Red Cross Society (MRCS). Authorization was not granted, however.

Despite the progress made in promoting humanitarian law among military instructors in 1995, attempts to persuade the Department of Military Training to incorporate the law of war into its curriculum failed. In February and July the ICRC organized dissemination sessions in Mandalay and Yangon for National Society members involved in training. In cooperation with the MRCS, another dissemination session was held in April for the students of the capital's nursing college.

## Medical activities

The ICRC's project for the war-disabled in Myanmar drew to a close in June 1995, after ten years of work. The ICRC finished introducing the polypropylene technique into the four workshops (two civilian and two military) in Yangon, Mandalay, Mingaladon and Pyin-Oo-Lwin. This new technology helps to upgrade the quality of artificial limbs while increasing the productivity. A training programme organized by the ICRC enabled civilian and military technicians to produce prostheses on their own, which meant that ICRC technicians were no longer required. The institution informed the Myanmar authorities that it would, however, be prepared to send out one of its specialists on an ad hoc basis whenever necessary. In 1995, a total of 552 prostheses and 332 orthoses were manufactured and 478 new patients were fitted with artificial appliances. This brought to 12,750 the number of prostheses and orthoses produced for over 6,700 amputees since 1986.

In recent years the ICRC had helped establish a service whereby civilian amputees in outlying areas were selected, transported, housed and fitted with orthopaedic appliances. The Republic of Korea National Red Cross agreed to take over the funding of this programme implemented by the MRCS and the Myanmar Ministry of Health and supervised by the New Delhi regional delegation.

## NEPAL

The ICRC worked closely with the Nepal Red Cross Society to maintain a tracing and mail service between Bhutanese refugees in Nepal and their relatives in places of detention in Bhutan. A delegate visited the refugee camps in the north-east of the country (Jhapa district) where he held an information session on the ICRC's mandate and activities, which was also attended by camp social workers and National Society members.

The delegation conducted a training course on humanitarian law for Red Cross staff and organized a seminar for officers of the Royal Nepalese Army attending a course at the Command and Staff College near Kathmandu.

During the year the ICRC took formal steps to revive the discussion within the government on Nepal's accession to the Additional Protocols of 1977.



## South-East Asia

### CAMBODIA

As in 1994, occasional fighting between Khmer Rouge combatants and the Cambodian Royal Armed Forces in the north and north-west continued to hamper security. Small insurgent groups carried out sporadic attacks on roads, bridges and isolated military posts. Although no major offensives were launched in 1995, clashes near Anlong Veng and Preah Vihear occurred at the beginning of the year and hostilities increased at the end of the dry season.

The displaced population, which over the last two years had decreased to some 90,000 people, was concentrated in Battambang and Banteay Meanchey provinces, where the situation remained tense. Their needs were met by the World Food Programme and the Cambodian Red Cross Society (CRCS).

Anti-personnel mines, mainly scattered in the north and north-west, continued to take their deadly toll among the civilian population. The ICRC therefore supported initiatives to raise awareness of the danger of mines and to discourage their use by the armed forces and the Khmer Rouge. However, new mines were still being planted and thousands of civilians risked losing limbs or their lives while farming the land or looking for firewood or water.

In May the Delegate General for Asia and the Pacific visited Cambodia where he met King Sihanouk, the Second Prime Minister and the Minister for Foreign Affairs. His aim was to secure approval to use the horrendous effects of the countless landmines in the country as an example in support of the ICRC's efforts to achieve a total ban on mines at the Review Conference of the 1980 UN Weapons Convention. The Delegate General also reminded the authorities of the importance of acceding to the Protocols additional to the Geneva Conventions.

Despite the original deadline set for January 1995, Khmer Rouge combatants were still amnestied by the government throughout the year. Most



ICRC delegation

ICRC sub-delegation

ICRC office

Prosthetic/orthotic centre/workshop

#### IN 1995 THE ICRC:

- accepted tracing requests concerning 1,420 persons, resolved 367 tracing cases and arranged for the exchange of 3,790 Red Cross messages;
- had access to 60 prisoners held by the government;
- opened two provincial blood transfusion centres;
- manufactured 1,070 prostheses and 47 orthoses and fitted a total of 438 new patients with artificial limbs.



of the Khmer Rouge deserters met by delegates were either returned to civilian life or else integrated into the Royal Armed Forces.

The institution did its utmost to try and obtain access to all detainees held in connection with the ongoing conflict. However, it was unable to gain access to Khmer Rouge-controlled zones. All efforts by the ICRC delegations in both Cambodia and Thailand to resume a dialogue with the Khmer Rouge remained in vain.

Although the delegation maintained its core activities related to protection, tracing, dissemination and medical assistance, the ICRC downscaled its expatriate staff from 31 to 18 in order to maintain optimum efficiency. The institution continued to look for a partner to take over its blood transfusion programme and made plans for further rationalization of its tracing service.

## Activities for detainees

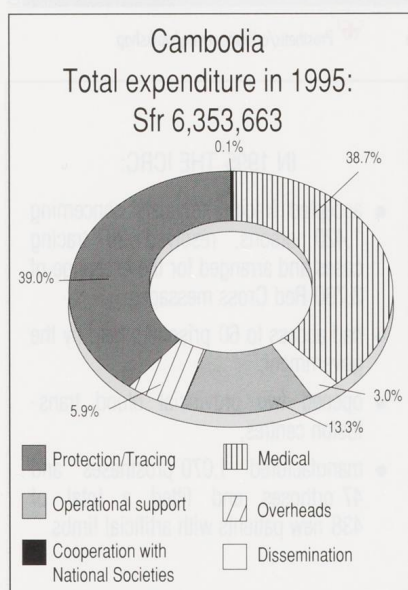
In 1995 delegates continued to visit detainees within the ICRC's mandate in places of detention under the authority of the Ministry of the Interior and the armed forces in Battambang, Banteay Meanchey and Siem Reap provinces. However, access to security detainees in Phnom Penh was regularly restricted. This prompted the ICRC to make written and oral representations to the relevant authorities. During their visits, delegates enabled all detainees, including common-law prisoners, to establish links with their families by exchanging Red Cross messages with them.

## Activities for the civilian population

Following clashes in the north and north-west of the country, some 23,000 people fled to Sisophon in June and July. In cooperation with the Cambodian Red Cross, the ICRC registered some of the displaced and distributed plastic sheeting for shelter. Food distributions were organized under the World Food Programme/CRCS food-for-work programme. In May the ICRC reduced its medical assistance to displaced people in Battambang and Banteay Meanchey provinces as their needs were largely covered by other non-governmental organizations.

## Tracing activities

Although the overall number of tracing requests decreased in 1995, especially within Cambodia, the ICRC's tracing service was still necessary to restore links between people living in the country and their relatives abroad. One quarter of the pending cases were resolved. Almost half of these were solved outside Cambodia with the help of the National Societies of Australia, France and the United States, while most of the others were settled thanks to





the network of local ICRC-trained staff working in the provinces. The delegation also did its utmost to facilitate the exchange of Red Cross messages between separated family members.

## Medical activities

After supporting the Mongkol Borei civilian hospital in Banteay Meanchey province for over four years, the ICRC withdrew at the end of March 1995. The Norwegian Red Cross took over the institution's medical activities there and launched a comprehensive development programme to assist the whole hospital for a minimum period of two years. The sub-delegation in Mongkol Borei became a local office in July, and activities in Banteay Meanchey province were coordinated from the sub-delegation in Battambang.

In view of the appalling conditions in certain military hospitals and the inadequate care given to wounded soldiers, the ICRC provided these hospitals with basic material assistance. In addition, an emergency stock was built up in Aranyaprathet so that Thai hospitals along the border could cope with a possible influx of Cambodian war-wounded.

Despite sustained mine-clearing efforts, landmines continued to take a heavy toll among the Cambodian population. Rehabilitation work for the war-disabled thus remained a priority for the ICRC. Its prosthetic/orthotic centre in Battambang went on assembling artificial limbs and fitting amputees. A total of 1,070 prostheses were manufactured in the course of the year. The ICRC's workshop in Phnom Penh stepped up its production of components used by various non-governmental organizations also making artificial limbs in Cambodia. In 1995 a total of 4,072 orthopaedic components were donated to these organizations.

In association with the Ministry of Health, the ICRC continued to run the National Blood Transfusion Centre in the capital and to supervise the 12 provincial centres, including two that were opened in 1995 in Kampot and Kompong Thom. In order to boost the recruitment of blood donors, an ICRC bus went from place to place in Phnom Penh collecting blood from donors. Steps were taken to find a reliable partner to take over this blood transfusion programme in the long term.

## Dissemination

During the course of the year the ICRC organized regular dissemination sessions for government troops and the police force. Several documents relating to humanitarian law and the Movement were translated into Khmer. As the ICRC did not have access to Khmer Rouge-controlled zones, delegates were unable to conduct any dissemination activities in these areas.

With the arrival of a dissemination delegate for Cambodia in August, the ICRC's efforts to promote understanding of and respect for humanitarian law and the Fundamental Principles among various target groups gained new momentum and a wide-ranging plan of action was drawn up. A basis for close cooperation was established with the National Society and other organizations, including the Federation and the United Nations Centre for Human Rights. In order to adapt dissemination messages to the country's social and cultural context, the ICRC initiated cross-cultural research with various Cambodian partners.

The ICRC produced a video on anti-personnel mines entitled *Crucial Steps*. Over 200 copies were distributed to ministries, government offices, embassies and non-governmental organizations. In addition, radio spots on the ICRC's prosthetic/orthotic programmes for the war-disabled were regularly broadcast in Battambang and Banteay Meanchey provinces.

Two dissemination seminars on the law of war and the red cross emblem were held in both Battambang and Siem Reap for officers and soldiers of the Cambodian Royal Armed Forces. A four-day dissemination workshop was also organized for 20 dissemination and development staff members from provincial Red Cross branches.

## BANGKOK

### Regional delegation

(Laos, Thailand, Viet Nam)

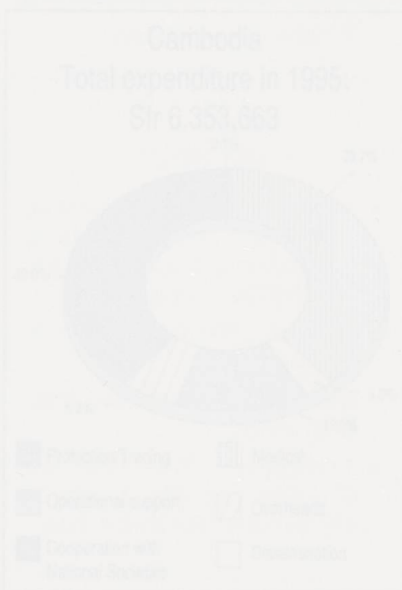
### LAOS

During a visit to Vientiane, the ICRC resumed contact with the authorities in order to develop a dialogue on possible visits to security detainees. During discussions in April with the Lao Red Cross, it raised the possibility of conducting dissemination seminars for National Society staff and the armed forces.

### THAILAND

The ICRC regional delegation in Bangkok continued to monitor the situation along the borders with Cambodia and Myanmar.

The normalization of relations between the Cambodian and Thai governments and the calm that ensued had a favourable impact on the humanitarian situation along the border between the two countries. Towards the end of the year the delegation therefore began to make the necessary preparations to close





the ICRC's set-up in Aranyaprathet. As the Thai government had officially cut off relations with the Khmer Rouge, it was no longer possible for delegates based in Bangkok or Phnom Penh to obtain access to Khmer Rouge-controlled zones via Thai territory, despite repeated representations to senior Thai officials.

The ICRC continued its visits to Cambodian illegal immigrants held in Thai prisons, to enable them to maintain links with their families by means of Red Cross messages. As from mid-April this programme was handed over to the tracing service of the Thai Red Cross Society (TRCS) and the authorities were informed accordingly.

In February and June two ICRC/TRCS teams carried out missions to transit sites along the stretch of Thai border running between Myanmar's Shan State to the north and Karen State to the south. The aim was to evaluate the humanitarian situation of some 90,000 displaced people from Myanmar. No ICRC assistance was considered necessary as needs were met by a number of NGOs and the Thai Red Cross. However, incursions into the camps by armed groups prompted the delegation to discuss this issue with the Thai authorities and organizations active in the area.

The delegation also approached Karen representatives in Bangkok to promote the fundamental rules of humanitarian law and to discuss how best to disseminate them. The ICRC planned to produce a publication on first aid and basic rules for behaviour in combat and distribute it to all combatants and leaders within the Karen movement.

Contact was re-initiated with the Ministry of Defence, the Faculty of Law of Chulalongkorn University and the Ministry of Foreign Affairs to promote Thailand's accession to the Additional Protocols. Discussions with the National Society centred on the ICRC's active support for the creation of an international humanitarian law study centre in Bangkok. A *Help 95* (Health Emergencies in Large Populations) course was organized in Bangkok by the ICRC Medical Division, in cooperation with the TRCS.

In 1995 the delegation recruited and trained a media liaison officer to cover the South-East Asia region. A network of contacts was developed with the international and Thai media to promote the ICRC's activities and image. Projects included media coverage of humanitarian issues in Cambodia, such as the effects of the landmine scourge.

## Tracing activities

Tracing activities in Bangkok consisted mostly in handling tracing requests for former Cambodian refugees and processing replies coming in from National Societies, particularly those of Australia, France and the United States.

The delegation also dealt with a small number of tracing requests and Red Cross messages relating to Thailand, Laos and Viet Nam.

## VIET NAM

Despite attempts made by the regional delegation in 1995 following the mission of the Delegate General for Asia and the Pacific in December 1994, no progress was achieved on the issue of visits to security detainees. Detention matters, the implementation of humanitarian law, including Viet Nam's accession to Additional Protocol II, as well as the campaign for a total ban on anti-personnel mines were discussed in meetings with representatives from the Ministries of the Interior and Foreign Affairs. Talks began with the Ministry of National Defence to introduce humanitarian law courses as part of military training.

In cooperation with the Defence Ministry and the Red Cross branch in Ho Chi Minh City, the ICRC was actively involved in a four-day dissemination seminar for 60 high-ranking officers of the Vietnamese army.

In 1995 the ICRC financed two tracing courses for over 100 people working in this sector in seven provinces. The delegation used this opportunity to promote humanitarian law among the participants, who included the Secretary-General of the Red Cross of Viet Nam.

In March the regional delegate was in Ho Chi Minh City to close the ICRC office there and to finalize the institution's withdrawal from the programme for the war-disabled. Attempts were made throughout the year to find an organization to take over this project, in which the ICRC had been actively involved for five years. Eventually the American Red Cross indicated its willingness to guarantee the continuation of the programme as from April 1996. Until then, the ICRC would continue to finance the production of prostheses and the fitting of destitute amputees (150 prostheses a month) through its Special Fund for the Disabled. A local employee served as liaison and the project was supervised regularly by the coordinator in Cambodia. In 1995 the centre fitted 2,432 patients with artificial limbs which had been manufactured there. At year's end some 4,000 people remained on the waiting list. The ICRC will continue to promote the establishment of a Viet Nam-based foundation to run this project on a long-term basis.



## 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)

As in previous years the regional delegation in Hong Kong focused on co-operation with the various National Societies and dissemination of humanitarian law among the armed forces, the media, civil servants and academic circles. To this end, numerous contacts were developed and a number of workshops and seminars were organized in the region. Countries which had not yet become party to the Additional Protocols were encouraged to do so.

The essay and drawing competition, "Red Cross in my mind", launched in China in November 1994, was a great success. In August the regional delegation organized a session in Beijing that brought together the final jury for this competition aimed at raising awareness of the Red Cross Principles and image among young people from China, Hong Kong and Macao. Out of the 7,600,000 entries, the jury selected 114 essays and 134 drawings. This project culminated in the publication of the winning entries and also served to increase contact between the Chinese National Society and the Red Cross branches of Hong Kong and Macao.

In cooperation with the relevant services at ICRC headquarters, the regional delegation prepared a study visit to Geneva for representatives of the National Societies of China, the Democratic People's Republic of Korea, the Republic of Korea, Mongolia and Viet Nam. The visit took place between 23 October and 3 November and the group attended presentations on the dissemination of humanitarian law and on the institution's mandate and activities throughout the world.

The Hong Kong delegation also coordinated tracing activities in the region, particularly in China, the two Koreas and Mongolia. These included dealing with tracing requests, issuing travel documents, facilitating the exchange of Red Cross messages and assisting the National Societies in developing their tracing services.

In order to optimize financial and human resources, the ICRC took the decision to transfer its regional delegation from Hong Kong to Bangkok in the course of 1996. It plans to maintain a sub-delegation in Hong Kong with one delegate in charge.

## PEOPLE'S REPUBLIC OF CHINA

Discussions between the Chinese authorities and the ICRC regarding visits to security detainees remained at a deadlock in 1995, since the process involving expert meetings on standard ICRC working procedures and national legal requirements was suspended *sine die*. However, ties with the headquarters and branches of the Red Cross Society of China (RCSC) were strengthened, particularly in the field of dissemination. In May the Vice-President of the National Society visited ICRC headquarters in Geneva and was received by the institution's Vice-President. They discussed relations between the ICRC and the Chinese Red Cross.

An ICRC mission was carried out to Fujian, Guangdong and Hunan provinces and to the autonomous region of Guangxi Zhuang to evaluate the material and training needs of tracing services there. In cooperation with the National Society, a training course on humanitarian law, the Movement and the Fundamental Principles was organized between 30 July and 5 August in Taiyuan (Shanxi province). This course was the third in a series begun in 1994. It was attended by 110 people, including the heads of 29 Red Cross branches, a dozen participants from the National Society's headquarters and its Secretary-General.

Discussions continued with representatives of the armed forces regarding training on humanitarian law for high-ranking officers. A course bringing together 40 participants was held at the naval academy in Canton in November, with the participation of an ICRC expert from the Division for Dissemination to the Armed Forces based in Geneva.

In addition to the essay and drawing competition (see above), six documents promoting humanitarian law were produced in China, including the *Basic rules of the Geneva Conventions and their Additional Protocols*.

The Hong Kong delegation was actively involved in the ICRC's preparations for the 4th UN World Conference on Women, which was held in Beijing in September.<sup>1</sup>

## HONG KONG

Contacts with the Hong Kong branch of the British Red Cross focused on its participation in the essay and drawing competition, statutory issues and the promotion of humanitarian law.

## JAPAN

The regional delegation's work in Japan centred on spreading knowledge of humanitarian law in cooperation with the Japanese Red Cross Society (JRCS),

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<sup>1</sup> See *The law and legal considerations*, p. 266.



particularly among academic circles. The regional delegate chaired meetings at a symposium entitled "The new dimensions of UN peace-keeping operations", which was organized in Tokyo by the UN University and the International Peace Academy under the patronage of the Japanese government. This event brought together several leading political and diplomatic figures from Japan and the UN.

On the 50th anniversary of the nuclear destruction of Hiroshima, the regional delegate gave a presentation on the ICRC to a session of the "Pugwash Science and World Affairs Conference", which was held in the city and attended by 200 participants from 39 countries.

The regional delegation did its utmost to persuade the Japanese government to ratify the Protocols additional to the Geneva Conventions, but no progress was made during the year.

Discussions continued with the National Society on the possibility of setting up an ICRC media liaison office in Tokyo.

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Despite the ICRC's efforts to find a new approach to the problem of the countless families separated since the Korean war, no Red Cross messages could be exchanged between North and South Korea.

The regional delegation and ICRC headquarters closely followed the naval incident that broke out between the two countries and made representations to the authorities concerned.

In cooperation with North Korea's National Society the ICRC issued two publications promoting humanitarian law and the Red Cross Principles.

A training course for high-ranking representatives of the National Society, scheduled for November, had to be postponed because of the heavy floods which struck the region.

## REPUBLIC OF KOREA

The ICRC stepped up its cooperation with South Korea's Red Cross, particularly in the field of dissemination and training. The institution participated in a training programme organized by the National Society for senior representatives of the provincial branches, and a seminar on humanitarian law was organized jointly for diplomats, and professors and students of the country's various law faculties. Publications were produced in Korean to heighten awareness of the Red Cross Principles.

In May the regional delegate accompanied a member of the Committee (the ICRC's governing body) to Seoul for the "First Convention on Voluntary Work for Asia and the Pacific", organized by the Republic's National Red Cross on

the occasion of its 90th anniversary. The Committee member addressed representatives of the 31 National Societies in the region during the opening ceremony.

Discussions with the authorities and Red Cross representatives focused on the exchange of Red Cross messages between the two Koreas and the naval incident involving North and South Korea.

## MACAO

Contacts were maintained with the Macao Red Cross, a branch of the Portuguese Red Cross, concerning a project for a university course on humanitarian law. This was prepared under the auspices of the territory's highest authorities, together with the regional delegation, the Macao branch of the Red Cross and the University of Macao. It was held in September and was attended by students and lecturers at the Faculty of Law, magistrates, lawyers and members of the military. The branch's participation in the competition "Red Cross in my mind" also ranked high on the regional delegation's agenda.

## MONGOLIA

The regional delegation kept up its relations with the authorities and the Red Cross of Mongolia regarding the promotion of humanitarian law. In March the regional delegate took part in an information workshop for the local media, conducted jointly by the ICRC and the National Society. Some 20 television and newspaper journalists attended this session, which was the first of its kind in the country.

In October the regional delegate ensured the smooth running of a training programme for Red Cross youth leaders, which was organized in conjunction with the Federation. He also made an introductory presentation on humanitarian law at the Faculty of Law of Ulan Bator University and at a private university in the capital.

The regional delegation worked closely with the Ministry of Foreign Relations and the Mongolian government to prepare for the country's ratification of the Additional Protocols. Mongolia became party to these instruments in December.

In December a civil servant attached to the Ministry of Foreign Relations underwent a period of training on humanitarian law with the ICRC.

## TAIWAN

In 1995 the ICRC increased its cooperation with the local Red Cross to promote both training and knowledge of humanitarian law. Together with local Red Cross representatives the ICRC participated in a meeting at the Ministry



of Foreign Affairs on dissemination of humanitarian law. In November further discussions on the matter were held in Taipei with the same participants.

## JAKARTA

### Regional delegation

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

## BRUNEI DARUSSALAM

ICRC and Federation representatives made a joint visit in September to the emerging Brunei Darussalam Red Crescent Society to discuss its admission to the International Red Cross and Red Crescent Movement. The ICRC and Federation regional delegations, in Jakarta and Kuala Lumpur respectively, intended to step up their cooperation with the "Brunei Red Crescent" to enable it to fulfil the Movement's statutory conditions for recognition in the near future.

## INDONESIA

Delegates conducted a visit once every six months to all categories of security detainee and provided the inmates with material and medical assistance whenever necessary. The ICRC maintained its presence in Aceh and its staff were able to move about quite freely. However, as in 1994, the institution's permanent presence in the northern Sumatran province remained subject to approval from the Indonesian authorities. Following the upsurge of violence in Irian Jaya, the ICRC carried out several missions to the region to monitor the situation there.

The Jakarta regional delegation made some progress regarding the promotion of humanitarian law among the troops and developed its contacts with academic circles and the National Society.

### Activities for detainees

In addition to their six-monthly visits to all categories of security detainees in Aceh, delegates also conducted their annual visit to security prisoners in Sulawesi, Kalimantan, Java and Irian Jaya.

In northern Aceh and Aceh Pidie the ICRC team visited former detainees in their villages. They also talked to families of detainees who were anxious about their relatives' whereabouts. The ICRC subsequently made the necessary

arrangements for family visits to security prisoners, which were organized for all detainees serving sentences far away from their homes, including Irianese detainees held in Java.

In all places visited delegates monitored conditions of detention, provided material and medical assistance when necessary and offered inmates the opportunity to write Red Cross messages to their families. In all, the ICRC visited a total of 170 detainees in 25 places of detention throughout Indonesia. Around 90 prisoners benefited from the family visits programme.

## Activities for the civilian population

The ICRC carried out two missions to the Mindiptana border region in Irian Jaya. In February delegates visited people who had previously been repatriated to Irian Jaya from UNHCR camps in Papua New Guinea. The regional delegate and the Secretary-General of the Indonesian Red Cross Society (PMI) joined the February mission. Their aim was to foster cooperation between the two institutions in that area and to evaluate the joint programmes carried out there, such as the development of PMI branches which provide the ICRC with logistic support, liaise with the civilian population and help organize family visits to security detainees. In late March the ICRC took part in a repatriation operation in the area. A delegate joined a mission comprising a UNHCR official from Papua New Guinea and clan leaders from refugee camps who travelled to Irian Jaya to evaluate conditions prior to a possible return of large numbers of refugees under the UNHCR Voluntary Repatriation Plan. Visits were also carried out to a number of Irianese families that had returned from Papua New Guinea to the Mamberamo area. In May and June the ICRC went to the Timika/Tembagapura area to try and establish the whereabouts of people who were said to have been arrested or to have surrendered to the authorities. A report containing the delegates' findings was submitted to the Indonesian authorities.

In July a survey was carried out in the Hoya area, which had experienced security problems, and a report on the ICRC's findings and recommendations was subsequently handed over to the Indonesian authorities. In December a follow-up mission in the same region showed that some of the recommendations had been implemented by the army. The ICRC distributed blankets and plastic sheeting to the civilian population and also provided some livestock.

In comparison with 1994, delegates maintained a more frequent presence in Aceh, where they focused on problems of humanitarian concern encountered by civilians. Whenever necessary, the ICRC informed the relevant authorities of matters requiring action on their part.



## Tracing activities

The ICRC's tracing service in Jakarta provided support for the regional delegation's detention-related activities, following up on each individual detainee. It concentrated its efforts on collecting allegations of disappearances and of civilians being separated from their families in Aceh and Irian Jaya.

## Dissemination

Following meetings with the armed forces' Legal Department, a working group was formed to study possible improvements in the teaching of humanitarian law as part of military training. The regional delegation attended the group's discussions in an advisory capacity.

The ICRC increased its cooperation with academic circles in Indonesia. The regional delegation presented the institution's activities and dissemination programme during a seminar on humanitarian law organized at the University of Trisakti, Jakarta, by the Centre of Studies of Humanitarian Law.

Ties were strengthened with the National Society regarding the promotion of humanitarian law in the country. A delegate gave talks on humanitarian law at two PMI seminars for 60 senior representatives of local Red Cross branches. In addition, the ICRC invited the Society's Secretary-General to attend a seminar on humanitarian law for National Society leaders, organized by the Henry Dunant Institute in Geneva.

## EAST TIMOR

In 1995 the situation in East Timor remained tense. When incidents occurred the ICRC rapidly went to the scene in order to act as a neutral intermediary between the authorities and the civilian population and to monitor respect for humanitarian law. In early January a dispute between a Timorese and a Sulawesi citizen in the town of Baucau resulted in unrest and the death of five people. Tension then spread to the territory's capital where a demonstration at the University of Dili led to several arrests. A few days later Indonesian troops killed six people in a village near Liquiza. Two soldiers were charged with violating regulations and convicted by a civil court to respectively four and four-and-a-half years' imprisonment for their responsibility in the killing. More arrests were subsequently made in connection with the deteriorating security situation. Whenever the need arose, the ICRC visited newly arrested individuals and maintained a dialogue with the central and provincial authorities.

Security measures were tightened between July and September to ensure that there would be no disruption of the 50th anniversary celebrations of Indonesian independence and the 20th anniversary of the Indonesian armed forces' intervention in East Timor. The period was marked by a string of

disturbances, which resulted in a number of deaths and arrests. In early September rioting spread across East Timor after an Indonesian official made a derogatory remark about Catholicism. Angry mobs burned and pillaged shops owned by Muslim immigrants in Dili, Viqueque and Bobonaro. The disturbances lasted for about one week. As from September a number of Timorese sought asylum in the embassies of France, Japan, the Netherlands and Russia. They were all subsequently transferred to Portugal under ICRC auspices.

### Activities for detainees

Delegates carried out frequent visits to security detainees in places of detention run by the armed forces, the police and the Ministry of Justice. They also saw Timorese detainees in Java. In 1995, a total of 166 detainees were visited in 19 places of detention.

In all the places visited, the delegates checked on conditions of detention and treatment, provided material and medical assistance where necessary and gave detainees the opportunity to contact their relatives by means of Red Cross messages. The ICRC also organized and financed two series of family visits for those held far from home.

### Activities for the civilian population

Delegates based in Dili were able to have access to the local population. In the course of their work, they assessed the situation and contacted the relevant authorities concerning security on the island.

### Tracing activities

As in previous years the ICRC's tracing service was responsible for the registration and individual follow-up of detainees. It also handled tracing requests concerning 141 people; these included cases relating to missing persons, many of which had been brought over from 1994. The ICRC transferred to Portugal 43 Timorese who had sought asylum in a number of embassies. Delegates organized their journey, issued travel documents for them and contacted the Portuguese Red Cross, which welcomed them on their arrival in Lisbon.

### Water and sanitation

The ICRC/PMI water and sanitation programme, launched in 1988, was consolidated in 1995. Projects ranged from the building of simple wells to the construction of distribution networks providing water to several hamlets



kilometres away from each other. Forty former projects, spanning the eight years since the programme began, underwent maintenance and repair work. An expatriate engineer provided technical advice, guaranteed quality and gave training. The communities concerned, which also participated in the work, received health education aimed primarily at mothers and children. A nutritional survey was carried out and the results were submitted to the authorities.

## Dissemination

Sessions to promote knowledge of humanitarian law and the Movement were regularly held for the armed forces, the police, students and National Society members and staff.

## MALAYSIA

The regional delegation focused on spreading awareness of humanitarian law and on training National Society staff.

In contrast to 1994, the ICRC did not conduct a round of visits to detainees held under the Internal Security Act. However, in May a seminar was organized in Sabah with National Society members and prison authorities, including the Director General of Prisons, with the aim of setting up a Red Crescent prison assistance programme including health education and material support to the worst-off detainees, mainly illegal immigrants.

Cooperation with the Malaysian Red Crescent Society (MRCS) continued in 1995, particularly in the field of dissemination to the armed forces and other target groups, such as diplomats and civil servants. In conjunction with a legal expert from ICRC headquarters, the regional delegation made a presentation in April to 150 cadets at the Staff College on the ICRC's mandate in modern armed conflicts. Although the majority of participants were Malaysian, some 17 countries were represented.

The ICRC and the MRCS continued to organize joint training seminars for senior staff from the National Society's headquarters and provincial branches. In January the regional delegate conducted a two-day mission to Kuala Lumpur where he met National Society representatives to finalize ICRC/MRCS projects. Discussions focused on the promotion of humanitarian law and the training of staff working in MRCS branches. In Ipoh two courses on humanitarian law were attended by a total of 60 participants, including 30 future instructors from various Red Crescent branches. The presentations also covered the structure of the Movement and ICRC and Federation activities. The Federation's regional information delegate took part in one of

the workshops. A third course for National Society staff was organized in November.

## SINGAPORE

The ICRC maintained contact with the Singapore Red Cross Society and the Ministry of Defence with a view to promoting instruction in humanitarian law among the military. Delegates took part in a training course organized for Red Cross volunteers from both Singapore and Malaysia.

The National Society donated orthopaedic material for the Calmette Hospital in Phnom Penh, Cambodia. This enabled the surgical staff at the hospital to carry out operations such as bone repairs and joint replacements and also facilitated the training of future Cambodian surgeons.

## MANILA

### Regional delegation

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

The regional delegation kept up its relations with National Societies and governments in the region to encourage adhesion to the Geneva Conventions and their Additional Protocols by those Pacific States which had not yet done so. In September the Federated States of Micronesia acceded to these treaties, which were ratified by Palau's parliament in August. At the end of the year, however, the relevant instruments had not yet been deposited with the Swiss government. Other topics of discussion included the 1980 UN Weapons Convention, the ICRC's activities worldwide and the 26th International Conference of the Red Cross and Red Crescent. The ICRC also offered support to the National Societies in their efforts to promote knowledge of and respect for humanitarian law.

## AUSTRALIA

The regional delegate conducted six missions to Australia in the course of the year. He discussed the ICRC's activities and mandate with members of the Australian Red Cross Society (ARCS), the Federation's representative in



Sydney, reporters from radio and television stations, and members of the written press.

During the "International Missing Persons Conference" in April, the regional delegate gave a speech on humanitarian law, and in May he participated as a guest speaker in the "National Law Week" organized by the ARCS in Sydney. In July he delivered a paper entitled "Fulfilment of the Humanitarian Mandate in the Context of Peace-Keeping" at a conference commemorating the UN's 50th anniversary, which was organized by the Trobe University in Melbourne for government officials, representatives from major international organizations and legal experts from Asian universities. A separate meeting was held with the Chief of Staff of the Australian Defence Force to discuss the ICRC's activities in contexts where peace-keeping forces had been in operation (for example, in Cambodia and the former Yugoslavia).

Together with key staff from the Australian Red Cross, the regional delegate took part in the "Kangaroo '95" military exercise held in Darwin in August. Through role-play he illustrated the ICRC's traditional function during hostilities. The exercise also included troops from the United States, the United Kingdom, Indonesia and other countries of the Asia-Pacific region.

During a trip to Perth in October the regional delegate conducted a seminar with some 30 participants from the Society's Western Australia Division and a round table on humanitarian law with the Committee members concerned. Another round table was held with the Commander and senior officers of the Australian Special Forces (SAS), based in the city, on the ICRC's working principles in field activities and the institution's relations with UN peace-keeping contingents.

The media liaison office in Sydney, opened in December 1994, took on the task of promoting the ICRC's image and activities in the Asia and Pacific region.

## FIJI

In February the regional delegate opened the second workshop on war injuries, which was financed by the ICRC and organized by the Fiji Red Cross Society. Participants came from the Fiji military and police forces scheduled to join UN peace-keeping contingents in Angola and the Middle East.

A three-day training seminar on humanitarian law was held in November and was attended by high-ranking officers of the defence forces of Tonga, Fiji, Vanuatu and Papua New Guinea. One officer from the Fiji armed forces was sent to participate in a course on humanitarian law held in San Remo, Italy.

The regional delegate also conducted two seminars on the Movement, humanitarian law, the Fundamental Principles and the red cross emblem for

civil servants from various government departments and members of the board and administration of the Fiji Red Cross.

## NEW ZEALAND

In May the regional delegate took part in a three-day basic training course for future delegates of the New Zealand Red Cross Society to be seconded to the ICRC or the Federation. He also participated in the opening ceremony of a poster competition sponsored by the National Society to draw attention to the scourge of landmines.

## PAPUA NEW GUINEA

The ICRC continued to monitor the situation in Bougainville, which remained the only security problem in the Pacific region. In January delegates went to two detention centres and visited 19 detainees held in connection with the crisis on the island.

During a joint mission Federation and ICRC representatives made extensive contacts at all levels of the Papua New Guinea Red Cross Society (PNGRCS) with the aim of strengthening personal and working relations, particularly with members of the Council and the administration.

The regional delegate carried out a one-month mission to Papua New Guinea in order to launch a joint ICRC/PNGRCS dissemination project. A dissemination department was set up and training provided for a newly appointed dissemination officer.

## PHILIPPINES

The Philippine government continued to hold peace talks with various opposition parties. A general agreement, granting unconditional amnesty to military rebels, was signed in October following three years of negotiations. The third round of formal peace talks between the government and the Moro National Liberation Front, held in Jakarta from 27 November to 3 December, produced tangible results on several key issues, but did not resolve the controversy regarding the setting up of an autonomous government in Mindanao.

Mindanao was especially tense in the wake of the raid on the town of Ipil, which left 53 dead, many wounded and the commercial centre in rubble. The island was subject to violence involving not only the army, the police, militias, and leftist and Moro armed groups, but also private armies and vigilantes.

Tens of thousands of people were displaced in 1995, mainly because of ongoing military operations against Muslim rebels who were reportedly strengthening their forces in Mindanao and on the islands of Basilan and Sulu.



Following a six-month impasse in negotiations, left-wing opposition groups agreed in principle to resume peace talks with the government in 1996. However, towards the end of the year an “all-out war” was declared against the “Alex Boncayao Brigade”, a communist group which admitted to the ambush-killing of two prominent Filipino-Chinese businessmen in Manila.

The situation in the Visayas remained relatively calm, but sporadic incidents continued to erupt in Luzon, particularly in Bicol, between left-wing groups and the security forces.

## Activities for detainees

The ICRC pursued its visits to all detainees held in connection with insurgency-related incidents. Delegates visited a total of 446 detainees, of whom 132 were registered for the first time. An ICRC field nurse followed the progress of all inmates with special medical problems and supervised the disinfection of some places of detention.

## Tracing activities

The tracing service continued to register and monitor the individual cases of security detainees. In all, the ICRC collected and distributed 74 Red Cross messages and issued travel documents for five refugees accepted by host countries for resettlement.

The family visits programme, run jointly by the ICRC and the Philippine National Red Cross, proceeded smoothly, enabling some 215 detainees to receive visits from their relatives.

## Dissemination

As all the country's military and police academies included humanitarian law in their curricula, the ICRC concentrated its dissemination efforts on other target groups, such as Red Cross staff, students and the media. Over 3,000 publications were distributed to these groups. In April the regional delegate and an ICRC legal expert on humanitarian law took part in a human rights workshop in Manila, which was organized by the Institute of Strategic and Development Studies for ASEAN member and would-be member countries.

At the end of September a five-day course on humanitarian law was held by the ICRC and the Philippines' Commission on Human Rights for over 50 participants, including army and police officers, jail personnel, as well as correction, military and prosecution officers. This course was held with the support of two Geneva-based legal and dissemination specialists at the Local Government Academy in Laguna province.

Over 9,000 copies of documents on international humanitarian law were provided to the Commission for its continuing series of seminars for officers of the air force, army and police. In addition, some 10,000 copies of the *Code of Conduct for Combatants* were printed for distribution to various sectors of the Philippine armed forces and to combatants of the Moro Islamic Liberation Front.

## SOLOMON ISLANDS

The regional delegate, together with the representative of the Federation, conducted a mission to the Solomon Islands to discuss the humanitarian situation in Bougainville, the conditions of Bougainville refugees in the Solomon Islands and their possible repatriation. These issues were also raised with the Permanent Secretary of the Ministry of Foreign Affairs and the Minister for Home Affairs.

## PHILIPPINES

The Philippine government, through the Department of Foreign Affairs, has been actively engaged in humanitarian efforts to assist the victims of the conflict in the Philippines. The Department has been providing humanitarian assistance to the victims of the conflict in the Philippines, including the provision of medical supplies, food, and shelter. The Department has also been providing humanitarian assistance to the victims of the conflict in the Philippines, including the provision of medical supplies, food, and shelter. The Department has also been providing humanitarian assistance to the victims of the conflict in the Philippines, including the provision of medical supplies, food, and shelter.



