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OPERATIONAL ACTIVITIES

The ICRC's early warning system could have prevented this scene, but when timely access to victims is denied or dry rations don't reach the most vulnerable, community kitchens and feeding centres can save countless lives. In 1998, an estimated 3,8 million people benefited from ICRC programmes.

ICRC and the Norwegian Red Cross/ H.F. Lauritzen





Operational challenges in 1998

The year under review was marked by a great deal of uncertainty in all spheres of activity. To no one's great surprise, the process of globalization, by overriding national economies, is having a divisive effect. It is resulting in different rates of development and accentuating disparities within societies, between different regions of the same country and between States. The concept of the Nation State is changing as some States become weakened or fall apart. Formerly the primary, legitimate and sovereign authority over political and economic issues, the State and its role now need to be redefined. Globalization has done away with the already blurred demarcation line between politics and economics. Transnational and global organizations limit the State's sovereignty and capacity to take action, and its legitimacy is frequently challenged by its own population, which cannot identify with the order and values it represents.

Without making value judgements, we have to acknowledge the existence of a two-tier society characterized by growing economic and social problems which are the source of a general upsurge in violence and crime.

The way in which conflict situations develop is also subject to these influences. Although most of today's conflicts are internal and seem to be dominated by local concerns, neighbouring countries, regional powers and economic interests occasionally have a decisive effect on the course they take.

The number of armed conflicts and situations of violence in the world has increased, and it is salutary to bear in mind just how hard it has become to anticipate them. Developments in 1998 give ample proof of this. The most conspicuous feature of these events was their unpredictability, which has obliged the ICRC to adopt a more flexible operational approach so as to respond more effectively to needs. There was no foretelling the Eritrean-Ethiopian war, the violence in Guinea-Bissau, the Indonesian crisis or the all-out attacks on US embassies, which prompted an armed response against Sudan and Afghanistan. As for Kosovo, although a crisis was foreseeable, no one could have predicted the savagery of the conflict.

A further tendency is that of conflicts to engulf whole regions, as in the case of the war in the Democratic Republic of the Congo involving several foreign armies as well as an unknown number of armed groups. A similar situation prevails in West Africa, with Sierra Leone as its epicentre. Equally striking is the way hostilities tend to drag on interminably, as in Somalia, Sudan, Afghanistan, Colombia and the Caucasus. Lastly, former conflicts such as those in Angola and the Republic of the Congo have, alas, flared up yet again.

Despite the rise in the number of conflicts and theatres of violence, there was no quantitative increase in the ICRC's field operations in 1998. Lack of respect for the rules of international humanitarian law and for the mission of the ICRC, whose task it is to implement those rules in the field, are making it difficult to gain access to victims, either because of political opposition to humanitarian action or because conditions on the ground are far too dangerous.

The proliferation of groups involved in violence, both known and unknown, and the ever greater unpredictability of their goals and methods of operation have complicated the task of assessing and anticipating events that might pose a threat to the security of humanitarian workers, and hence to that of the people needing their help. Whenever possible, the ICRC has adapted its approach and its efforts to reach victims to the constantly changing circumstances.

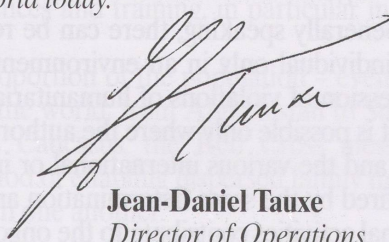
Indifference or impotence on the part of States, a collective abdication of moral responsibility, the ignorance or opportunism of the media – all these have been cited as factors in the current situation. Unfortunately, globalization is still marked by a kind of egocentrism. This is demonstrated all too clearly by the difference in the degree of political interest shown in certain regions, like the Balkans or the Middle East, as compared with Africa or Asia.

For the ICRC there are no forgotten conflicts, and no "good" or "bad" victims. There are merely human beings in need of protection and assistance. Whether deep in the jungle or in the inner city, in the most hostile or isolated environments imaginable, or in the spotlight of prime-time television, no effort is spared to ensure compliance with the principles governing the conduct of hostilities and respect for victims' rights. To this end, the ICRC seizes every opportunity to initiate a dialogue with all those involved in armed violence.

Although the immunity of non-combatants is a basic principle of both international humanitarian law and customary law, civilians are all too frequently subjected to all manner of atrocities and abuse. The rules relating to respect for the civilian population that are taught to those bearing arms are very often seen as no more than abstract notions with no binding force. Worse still, civilians continue to be deliberately targeted in the most brutal of attacks.

And yet there are too many cases in which the ICRC has remained powerless, either because the authorities have refused to allow it to take action or because its delegates have been threatened or attacked on account of their humanitarian role. In all such instances, the target has been the concept of humanity itself.

Humanitarian action is not immune from the effects of globalization. Issues left unresolved today contain the seeds of future crises which may have direct and severe consequences for countries currently spared the evils of warfare, disaster and underdevelopment. Greater international solidarity is crucial if we are to rise to the humanitarian challenges facing the world today.



Jean-Daniel Tauxe
Director of Operations

One aim, one method

The ICRC's mission is to protect and assist victims of conflict. The notion of protection encompasses any activity that pursues one of the following aims: to protect people who are in a situation of conflict or violence from all the dangers to which they are exposed, to safeguard their rights, to provide them with support and to enable them to make their voices heard.

ICRC delegates work close to the victims of conflict and violence, giving preference to confidential dialogue with the authorities, whether these are States or unofficial bodies. On the basis of data collected in the field and analysed in the light of international humanitarian law and humanitarian principles, they take whatever steps are necessary to prevent violations of this body of law, or to put a stop to them. At the same time, the ICRC comes directly to the aid of the populations concerned, providing them with food aid, agricultural or medical assistance and so on.

A diversified strategy

The protection needs of populations in situations of conflict or violence, or individuals deprived of their freedom in these situations, may derive from causes as varied as a deliberate intention to harm them, failure to respect their rights, inadequate training of the security forces, a breakdown in the chain of command and in State institutions, or insufficient resources.

In parallel with the formal representations it makes to the authorities, the ICRC engages in activities such as:

- ◆ providing assistance to anticipate or meet needs;
- ◆ restoring and maintaining family links and tracing people who have been reported missing or whose relatives have no news of them;
- ◆ spreading knowledge of humanitarian law and principles among the police and armed forces;
- ◆ educational programmes on humanitarian matters for civil society, in co-operation with the local media;
- ◆ technical or material cooperation with certain prison administrations;
- ◆ acting as a neutral intermediary.

Generally speaking, there can be respect for human dignity and the rights of the individual only in an environment that is favourable to the prevention and repression of violations of humanitarian law and human rights. Such an environment is possible only where the authorities, civil society, the international community and the various international or intergovernmental organizations concerned are fired by the same determination and combine their efforts. The ICRC's operational activities contribute to the ongoing construction of this environment.

Nonetheless, it is the responsibility of the authorities, whether official or otherwise, to ensure full respect for the rights of the individuals under their control – first and foremost, their right to physical integrity and dignity.

Protection of the individual requires consultation between humanitarian agencies

One of the most striking features of the contemporary humanitarian scene is the proliferation of agencies working in the field. This makes it possible to cover many protection needs more fully, with due regard to the specific role of each organization, but it also creates a growing risk of duplication of effort and contradictory messages, and even mutually contradictory projects. Today more than ever before, consultation between all those involved is an ethical, legal and operational necessity, imposed by people's right to enjoy maximum protection. In 1998, in the context of its relations with the international organizations, the ICRC therefore established closer contacts with other humanitarian agencies in order to ensure better protection. In particular, it encouraged dialogue with non-governmental organizations with a view to drawing up an ethical frame of reference and common professional standards in that regard. A similar exercise, this time focused specifically on aid to unaccompanied children, took place on two occasions in Nairobi, Kenya.

A world-wide network to protect family links

In these times of globalized telecommunications, the ICRC's Central Tracing Agency endeavours to restore and maintain family links in all situations of conflict or violence. Whether displaced, refugees, prisoners or missing persons, there are hundreds of thousands of people in the ICRC's tracing files. When someone is found, he or she is put in touch with his or her family thanks to the worldwide network supported by the ICRC and also comprising over 120 National Red Cross and Red Crescent Societies.

Cooperation between the ICRC and the National Societies was considerably extended in 1998. The ICRC continued its efforts to develop their capacity, offering training and support for the development of their tracing services and providing them with material and financial support. It organized several seminars offering opportunities for exchanges of experiences and training, in particular in the Horn of Africa, Moscow and Geneva.

While in Kosovo, for example, a tiny proportion of the population – even the displaced – had mobile phones, in most of the world, from Afghanistan to Sudan and from Sierra Leone to the southern Caucasus, the Red Cross message remains the most simple and effective method of enabling dispersed family members to keep in touch or resume contact with one another.

IN 1998 THE ICRC:

- ◆ collected 307,473 Red Cross messages and distributed over 295,605;
- ◆ reunited 5,077 families;
- ◆ located 2,997 people sought by their relatives;
- ◆ received 14,799 new tracing requests.

For detainees, receiving news of their families is always an important event. In a great many situations the ICRC gave prisoners of war, civilian internees and security detainees the chance to communicate with their loved ones.

Reuniting families and the problem of unaccompanied children

To preserve the unity of one's family is a universal right guaranteed by law. The ICRC does all in its power to reunite people who have been separated by events, seeking them actively and arranging to bring them together again.

In the course of 1998 the ICRC continued its activities aimed at locating people whose relatives had no news of them, and reuniting them with their families across front lines, as in Afghanistan, or national borders, as between East Timor and Portugal.

The issue of unaccompanied children is also one of the key concerns of the ICRC. In the African Great Lakes region its efforts to help them find their families continued with some success, and in November 1998 the 700th unaccompanied child was reunited with his grandmother thanks to the "photo-tracing" programme. This programme, which was launched in May 1997, still has on its lists 1,200 children who are too young or too traumatized to provide the minimum amount of information needed to identify and locate their parents. In cooperation with UNICEF, the ICRC published three albums containing 1,655 photos, and distributed over 10,000 copies of the albums throughout Rwanda. At the same time the ICRC continued to seek the families of around 6,400 unaccompanied children who have meanwhile been placed in orphanages or with foster families. Recently, 26 of these were repatriated from Goma in the Democratic Republic of the Congo.

The ICRC travel document: a safe-conduct for the future

Sometimes, only a travel document supplied by the ICRC will allow a needy person with no identity papers to join his or her family who have settled in a third country. Owing to the swelling numbers of refugees and asylum-seekers, the ICRC is issuing more and more travel documents for people authorized to settle in host countries. In 1998, almost 5,000 such documents were issued in the four corners of the earth, including over 3,000 in countries such as Egypt, Syria, Jordan, Pakistan and India where whole families of displaced people or refugees found themselves destitute and without any identity papers whatsoever.

A haunting problem: the missing

Even when the guns fall silent, war continues to haunt the families of people who have disappeared – are they still alive? Are they wounded, or imprisoned? These families have the right to know. International humanitarian law imposes an obligation on all parties to a conflict to provide answers to their questions.

The experience of recent years, however, has shown how difficult it is to set the mechanisms for elucidating the fate of missing people in motion.

In the former Yugoslavia, while the process established by the ICRC for collecting information from the authorities was considered indispensable, and it is unanimously agreed that it has begun to yield results, the number of replies given by the parties concerned has not been satisfactory. The year was marked by a great many exchanges with other partners involved with a view to setting up a permanent national institution.

As for the people who disappeared during the Gulf war, the Tripartite Commission, chaired by the ICRC, continued its work to shed light on what happened to them, but results did not come up to expectations.

A situation of acute vulnerability

To be deprived of one's freedom is in itself to be in a vulnerable situation vis-à-vis the detaining authorities and the prison environment. This vulnerability is particularly acute in a context of conflict and violence, where excessive and illegal recourse to force may become commonplace and where the effects of structural deficiencies – especially on the functional level – are exacerbated.

For the ICRC, what must be done is to prevent or put an end to disappearances and summary executions, torture, ill-treatment and the severing of family links, and to improve conditions of detention, taking the context into account.

Visits to detainees are carried out in accordance with the ICRC's particular *modus operandi*: delegates meet the detainees in their places of detention, in private. Each case is examined in relation to those of all the detainees in the same situation, to whom the ICRC must also have access, wherever they may be. Delegates take full details of the identity of the detainees, whose individual cases are then monitored until their release. The detainees talk to the delegates about the problems facing them, the delegate informs the authorities concerned, and comprehensive measures are taken to try to solve those problems. Depending on the circumstances, this may involve confidential representations, an assistance programme and/or action to restore family links.

IN 1998 THE ICRC:

- ◆ visited 1,546 places of detention in 59 countries;
- ◆ visited 212,076 people deprived of their freedom – prisoners of war, civilian internees or detainees in a situation of conflict or violence – and monitored 174,688 of them throughout their period of detention;
- ◆ provided detainees and their families with material and medical assistance worth 13.6 million Swiss francs.

Respect for physical integrity and dignity is the main objective of the ICRC's activities on behalf of people deprived of their freedom. While refraining from taking any stand on the reasons for arrest or capture, the ICRC spares no effort to ensure that these people enjoy the judicial guarantees enshrined in international humanitarian law and customary law.

The right to life is first and foremost the right to survival

In 1998, the disastrous level of detention conditions in several countries was only too evident. In clear contravention of the spirit and the letter of the applicable provisions of international law, men, women and children continue to survive or to die in inhumane and degrading conditions. Overcrowding due to a policy of mass arrests and/or the paralysis of the administration of justice, lack of resources, indifference or negligence – these are the most frequent causes of the deplorable conditions that prevail in many cases.

In some theatres of operations, because of the acknowledged inability of the authorities to shoulder their responsibilities, the entire prison population proved to be in such dire need in humanitarian terms that the ICRC was compelled to take action on a massive scale to save lives.

In Rwanda, given the large number of detainees, overcrowding and the high mortality rate in places of detention, the ICRC continued to distribute food, medicines and other basic necessities and to improve infrastructure such as latrines, stoves and water supply systems. This work was undertaken to supplement the efforts made by the authorities whose capacity and resources were inadequate to cope with the gravity of the situation.

In some places of detention in Afghanistan, for example, the ICRC distributed basic essentials and took part in work on the infrastructure which enabled detainees to survive an extremely harsh winter.

In Tajikistan, where severe cases of malnutrition were observed among the prison population, the ICRC launched a food-aid programme in prisons in 1996. In June 1998, however, it was forced to suspend the programme because of lack of cooperation from the authorities. In both Tajikistan and in Azerbaijan, the authorities have still not granted the ICRC access to all persons detained on security grounds. In the southern Caucasus, by contrast, large-scale programmes to combat tuberculosis in prisons were pursued (Azerbaijan and Georgia) or are in the process of being set up (Armenia).

New developments

In 1998 the ICRC gained access to detainees it had never visited before. In Nepal, for example, it reached an agreement with the government allowing it to visit people detained in connection with the tensions prevailing in some parts of the country. The first visits began in December.

In the autonomous Palestinian territories, the ICRC was authorized to visit detainees being held by the military intelligence service. Throughout the year, delegates continued to visit people detained under the responsibility of the security forces.

In Cambodia, detainees depending on the Ministries of National Defence and of the Interior – in other words, who are held in military camps, police stations and centres of the *Gendarmerie royale* – are now receiving ICRC visits under the terms of an agreement signed with the government in March 1998 (this is in addition to visits to prisons). In Myanmar, on the other hand, there has been no progress in regard to the ICRC's request to visit detainees.

In Africa, many favourable developments helped the ICRC discharge its mandate more fully, in relation to both prisoners taken in international conflicts and people detained in connection with internal conflicts or tensions. In November, Cameroon and Nigeria decided to release all prisoners of war and civilian internees captured during their conflict over the Bakassi peninsula. Nigeria finally granted the ICRC access to its Cameroonian prisoners with a view to a comprehensive repatriation. This operation, which took place under the auspices of the ICRC, involved 124 Nigerian nationals and 88 Cameroonians, including the body of one person who had died.

In the context of the international armed conflict between Eritrea and Ethiopia, the ICRC carried out its treaty-based humanitarian work. In Ethiopia it began to visit Eritrean prisoners of war and civilian internees, and 70 Ethiopian prisoners of war were repatriated under its auspices. At times of cross-border population movements – whether voluntary departures or expulsions – the ICRC offered its services as a neutral intermediary in order to ensure acceptable conditions of dignity and safety. Nevertheless, the ICRC was not able to carry out its mandate fully in Eritrea, especially in relation to Ethiopian prisoners of war.

In Lesotho, against the background of the intervention by the armed forces of the SADC,* the ICRC obtained permission from the parties concerned to visit people captured or arrested in connection with the events of September 1998. In Zambia, ICRC delegates had access to people arrested following the attempted *coup d'état* in 1997.

* SADC: Southern Africa Development Community

IN 1998 THE ICRC

- ♦ dispatched water and sanitation teams to 15 countries to provide displaced people with safe water, to repair water treatment and distribution systems in towns and regions affected by conflict.
- ♦ launched or completed 6 water and sanitation programmes by means of projects delegated to the National Red Cross Societies of Austria, Australia, Belgium, the United Kingdom and the United States of America.
- ♦ implemented water and sanitation projects in 143 African States.

Following the outbreak of the conflict in the Democratic Republic of the Congo in August, the ICRC obtained permission from the government to visit different categories of people deprived of their freedom. Visits were carried out in Kinshasa and Katanga. An agreement on visits was also signed with the Congolese Democratic Rally (*Rassemblement congolais pour la démocratie* – RCD), and the ICRC subsequently saw people detained in Goma, Kindu and Kisangani. Efforts are currently being made to gain access to places of detention that have not yet been visited.

In addition, the ICRC visited 82 Rwandan prisoners of war under Zimbabwean responsibility in the Democratic Republic of the Congo, where a Ugandan prisoner of war was also seen, and 43 in Zimbabwe. In December, the ICRC visited 15 Zimbabwean prisoners of war in Kigali, and five Chadian prisoners of war under Ugandan responsibility in the Democratic Republic of the Congo.

In the Republic of the Congo, negotiations currently under way between the authorities and the ICRC should lead to the signing of an agreement on visits to security detainees. In Equatorial Guinea, on the other hand, the ICRC is still not allowed to visit people arrested on security grounds in accordance with its customary procedures.

The ICRC welcomed the developments in 1998 relating to the conflict between Iran and Iraq. In April, over ten years after the conflict ended, 5,584 Iraqi prisoners of war detained in Iran and 319 Iranians held in Iraq (including three prisoners of war) were repatriated under ICRC auspices. At the end of the year a further 196 Iraqi prisoners of war were repatriated as well as 16 people of various other nationalities. The ICRC also repatriated the mortal remains of one Iraqi prisoner of war. Since August, the ICRC has visited 3,497 Iraqi prisoners of war in Iran with a view to finally securing the repatriation of all prisoners of war who want to return home, in accordance with the Third Geneva Convention.

In Western Sahara, over 1,900 Moroccan soldiers in the hands of the Polisario Front – most of them for over 20 years – continued to be detained despite the signing of a cease-fire in 1991.

Assistance: a holistic approach

The ICRC engages in activities to assist people directly and indirectly affected by armed conflict and other situations of violence on the basis of its mandate defined by the Geneva Conventions, its right of initiative in humanitarian matters, the victims' right to receive assistance and the Fundamental Red Cross and Red Crescent Principles. The ICRC's assistance goes first and foremost to the

direct victims of conflict: the wounded, disabled or sick, prisoners, the displaced, and the civilian population of occupied areas or besieged towns. In practice, and especially in long-drawn-out conflicts, the entire population suffers, the distinction between direct and indirect victims of the situation tends to become blurred, and assistance work must be adjusted to meet the needs of the ever more numerous vulnerable groups. The mission of the Health and Relief Division consists in preserving or restoring acceptable living conditions for victims of armed conflict so as to reduce their dependence on outside aid. Protecting health by means of assistance is part of the more general framework of protection, by international humanitarian law, of the fundamental rights and dignity of the individual in armed conflicts.

Activities are carried out in accordance with an order of priorities designed to reduce as rapidly and effectively as possible morbidity and mortality among the victims of armed conflict. Essentially this means giving precedence to access to water, food and basic necessities for survival with regard to local customs, and to satisfactory conditions of hygiene and shelter before concentrating on health services as such.

In the course of 1998, the Health Division and the Relief Division were merged to promote synergy between the services they offered. The new Division is organized into three units which are grouped under unifying concepts and function together: water and habitat, economic security, and health services.

Water supply and housing

The aim of the Water and Habitat Unit is to maintain or restore living conditions – in terms of water supply and housing – that will preserve the health of conflict victims. Its areas of activity include building, engineering, access to water, hygiene and environmental protection. These are mutually complementary, and in the field they often call for the same technical approach. The Unit has expertise in hydraulics and hydrogeology, electricity, and civil, chemical and environmental engineering. In 1998, its water and sanitation specialists were particularly in demand in Iraq (to maintain and repair water treatment plants), in Afghanistan (to repair latrines and maintain wells in Kabul) and in Somalia where, in addition to work to prevent cholera in Mogadishu, the ICRC took action after the floods to disinfect water, maintain wells and control the vectors of disease.

IN 1998 THE ICRC:

- ◆ dispatched water and sanitation teams to 15 countries to provide displaced people with safe water and/or to repair water treatment and distribution systems in towns and regions affected by conflict;
- ◆ launched or completed 5 water and sanitation programmes by means of projects delegated to the National Red Cross Societies of Austria, Australia, Belgium, the United Kingdom and the United States of America;
- ◆ provided and/or installed water supply and sanitation equipment worth 14.3 million Swiss francs.

IN 1998 THE ICRC:

- ◆ distributed medicines and medical supplies worth 36.6 million Swiss francs, in 51 countries;
- ◆ supplied most of the medicines, medical material and equipment for 12 hospitals in Africa and Asia, which admitted a total of 34,541 patients and where 163,694 people received outpatient treatment;
- ◆ sent medical teams to work in 5 hospitals for the whole year and in 5 hospitals for part of the year.

IN 1998 THE ICRC:

- ◆ fitted 11,977 amputees in its 23 limb-fitting centres in 11 countries, including 6,996 victims of anti-personnel mines;
- ◆ made 15,172 components (artificial knees and feet and various appliances) for other organizations working with amputees;
- ◆ provided materials worth 2.3 million Swiss francs for its workshops' production of prosthetic/orthotic appliances.

Access to adequate health care

The ultimate aim of the Health Services Unit is to give a population access to basic preventive and curative health care that meets universally recognized standards of quality and provides an adequate level of cover. Its objective is to assist the national or local health services and, where necessary, to substitute for them temporarily. To do this, the Unit offers the following services and support: surgical services, community health, prison health and orthopaedic rehabilitation services, and support in the areas of pharmacy and hospital care techniques, epidemiology, integration of staff and general training. In 1998 the ICRC opened a hospital in Freetown, Sierra Leone, to admit and treat the war-wounded, especially those who could not be treated by local facilities, notably the Connaught hospital. In southern Sudan, the ICRC was able to resume its assistance activities, in particular in the sphere of nutritional support, and an expatriate surgical team returned to the Juba hospital after an absence of over 18 months.

In the southern Caucasus, where tuberculosis remains a problem which is all the more disturbing in that strains resistant to the usual antibiotics have been observed, the ICRC continued its programme to treat TB patients among the detainees. This work is carried out in conjunction with WHO's* efforts to control the epidemic. In Kosovo, after meeting the most pressing needs of the groups displaced because of the conflict, the ICRC worked to support the existing health system.

Rehabilitating the war-disabled

The ICRC's rehabilitation centres for the war-disabled produced some 15,000 appliances (prostheses and orthoses). Three new centres were set up, in Uganda, the Democratic Republic of the Congo and Tajikistan. The ICRC's 22 prosthetic/orthotic centres make artificial limbs and other appliances, house the amputees throughout their rehabilitation and provide follow-up (repairs, adjustments, etc.). In addition, local staff are given appropriate training.

A vocational training programme has also started in the centres in Baku (Azerbaijan), Tbilisi and Gagra (Georgia). This programme, intended for around 30 trainees working in these centres, covers both theory and practice. The basic course will last for two years and aims at a level recognized by the International Society for Prosthetics and Orthotics (ISPO). A manual covering the theoretical part, written by a prosthetics instructor based in Gagra, is currently in preparation. It will be translated into Russian, Georgian and Azeri.

* WHO: World Health Organization

Economic security: an innovative concept

The Economic Security Unit is concerned primarily with the means of production that are intended to cover all of a household's basic economic needs as defined by the physiology, environment and culture of the population affected by armed conflict. Its aim is to bring the means of production in line with basic economic needs. To restore or preserve the economic self-sufficiency of war victims and to provide them with the goods and services essential for their survival when they are no longer able to obtain them through their own efforts, the Unit has expertise in nutrition, agronomy, veterinary science, economics and relief techniques.

The concept of economic security arose out of a comparison between the ICRC's nutrition, agronomy and relief activities. While each of these three areas has its own particular technical aspects and practices, their aims coincide. At the start, agronomic assistance was aimed mainly at restoring the means of agricultural production, then it diversified its aims and began to encourage all of a household's productive activities that could also generate income. The nutritionists, for their part, were interested in people's access to food and made recommendations to help them survive when they could no longer do so using their own means of production. Relief activities put the nutritionists' recommendations into practice but, in addition to food, non-food items essential to survival were supplied. The point of convergence between these aims is that, each in its own field, they aim to reinforce household¹ economy.

This economy may be analysed as follows:

- ◆ A household must have the time and means of production in order to engage in regular activities to produce goods and services intended for its own consumption and to be exchanged for income. The means of production are the work force, skills, production tools, property, animal resources, funds for investment, social status and production inputs.
- ◆ Production activities must make it possible to cover all the household's basic needs, which dictate compulsory expenditure defined by the physiology, environment and culture of the population group in question. They must therefore allow the household on the one hand to obtain goods such as food, housing,

¹ The household is the reference social denominator, as it is the smallest entity in a society that produces and consumes, and it is the smallest viable social entity.

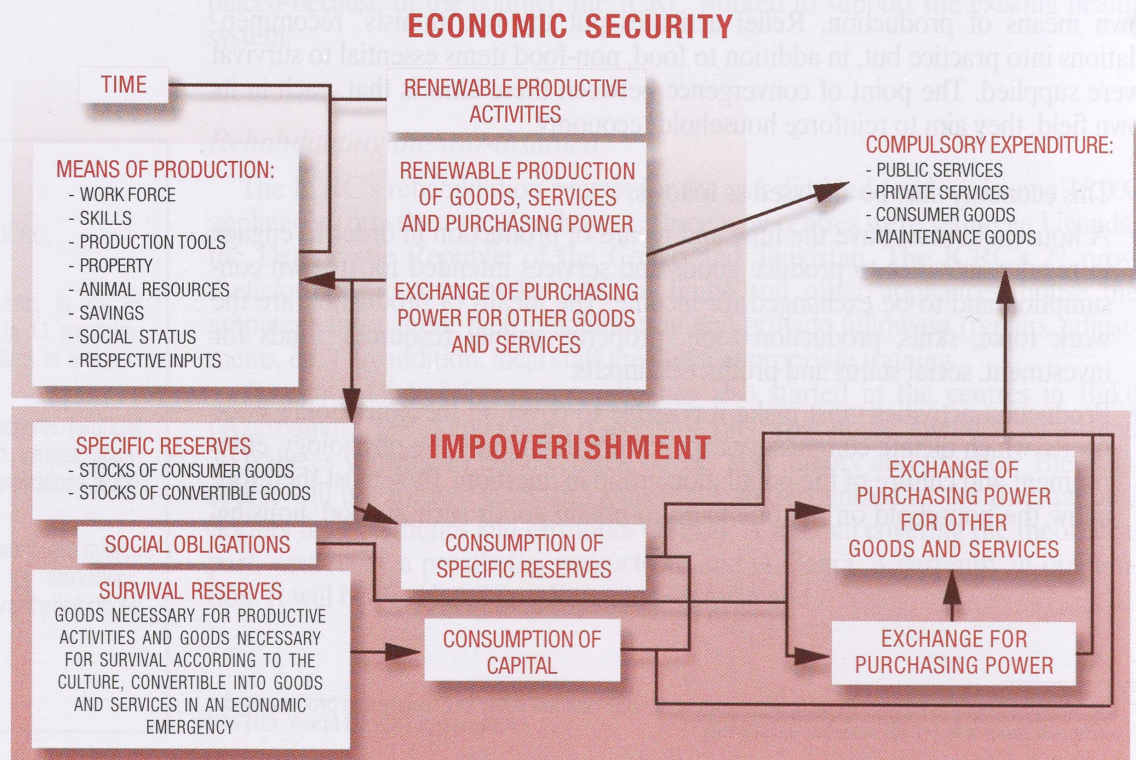
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household equipment, furniture, production tools and energy, and to renew them as they are consumed or used, and on the other to have access to services such as education, health, transport, communication and administrative services.

- ♦ The balance between the means of production and productive activities on the one hand and compulsory expenditure on the other determines a household's economic security. Economic security means that the household is self-sufficient and can meet its own basic economic needs.
- ♦ When the means of production and/or productive activities are no longer sufficient to meet basic economic needs, households compensate for this deficit first of all by using up their specific reserves (stocks of consumer goods and convertible goods), then by relying on solidarity, and finally by using their survival reserves. When this happens, the household economy is heading for impoverishment in a process whose first phase involves loss of capital, followed by destitution.

This approach to household economy is illustrated in the figure below.

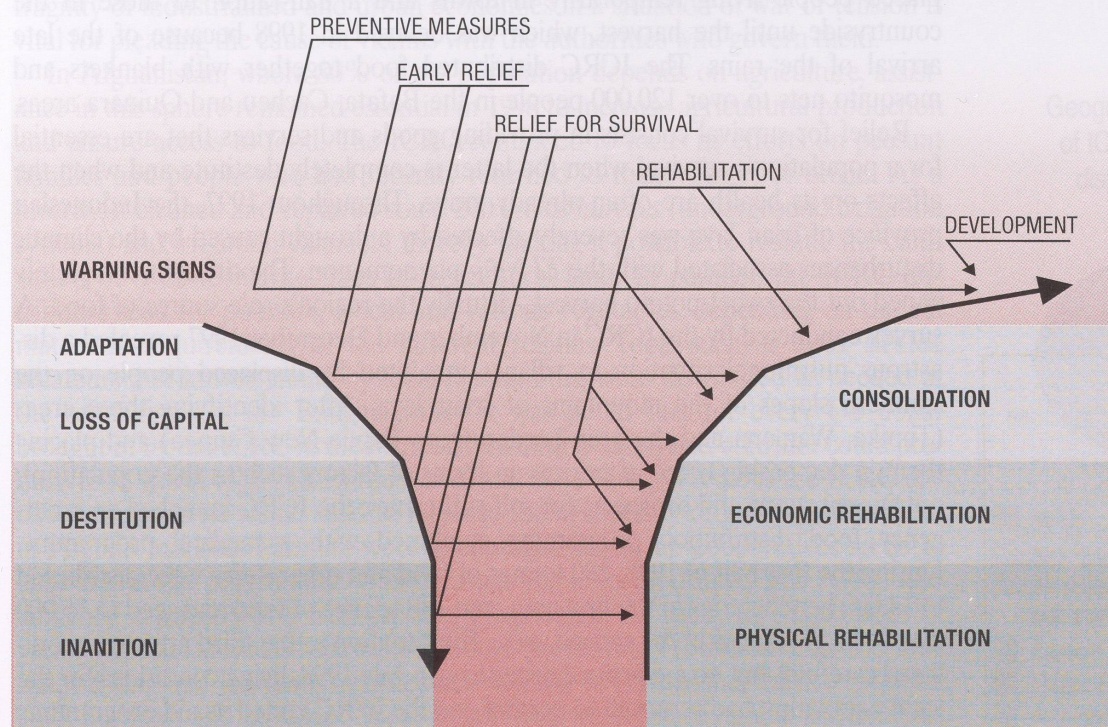


Taking into account all basic economic needs

Why talk about economic security rather than using the term in vogue, "food security"? It is obvious that some basic needs – water and food, for instance – are far more vital than others. Nevertheless, the fact remains that an irreducible part of expenditure will always go on services and non-food goods, such as housing, clothing, kitchen utensils and fuel, and this is too often overlooked in crisis situations. It is therefore vital to look at a household's economy from the angle of economic security, which takes into account all basic economic needs, rather than from the excessively restrictive angle of food security, which tends to ignore the fact that human beings need more than food to live on.

The aim of the Economic Security Unit is to make sure that the activities of its agronomists and nutritionists and the relief supplies distributed, both food and non-food, complement one another in such a way that a population affected by war does not lose its economic self-sufficiency in circumstances where this is threatened, and that it can survive and recover its self-sufficiency if it has been lost. The following diagram illustrates the types of action taken in crisis situations.

TYPES OF ACTION TAKEN IN CRISIS SITUATIONS



These different measures call for some comment.

Preventive measures denote the political negotiations that the ICRC engages in to prevent the occurrence of events and abuses that would plunge the affected population into a crisis situation.

Early relief consists in giving the population the means to avoid sliding into disaster pending the dissipation of the factors contributing to the crisis. Food distributions to support the economy, aid designed to diversify and intensify production, the protection of livestock by appropriate veterinary services: all these are early relief measures. In 1998 the ICRC took action in Guinea-Bissau, where the conflict that broke out in June caused over 350,000 people to flee the city of Bissau and take refuge in the country's rural areas, most of them returning to their villages of origin. The "hungry" period between harvests lasts from July to September, and the population lives off the income from its cashew harvest. This harvest, however, was poorer than usual and the borders were closed, which restricted trading. There was great concern in the countryside about the nutritional situation. The agricultural and food assessments carried out by the ICRC showed that while the countryside could absorb the displaced people, this would mean reduced rations for everybody, and above all would leave many families destitute. The ICRC therefore decided to distribute a full food ration to displaced people living temporarily in towns and a half-ration to those in the countryside until the harvest, which was delayed in 1998 because of the late arrival of the rains. The ICRC distributed food together with blankets and mosquito nets to over 120,000 people in the Bafata, Cacheu and Quinara areas.

Relief for survival consists in providing goods and services that are essential for a population's survival when the latter is completely destitute and when the effects on its health are often already grave. Throughout 1997, the Indonesian province of Irian Jaya was severely affected by a drought caused by the climatic disturbances associated with the *El Niño* phenomenon. The drought completely wiped out the sweet potato harvest, virtually the region's sole source of food. A survey conducted by the ICRC in November and December 1997 revealed a disastrous nutritional situation in villages inhabited by displaced people on the southern slopes of the mountains of Irian Jaya. After identifying three areas (Timika, Wamena and the area bordering on Papua-New Guinea) and placing them in decreasing order of priority in terms of factors such as the population's nutritional status and prospects for self-sufficiency, the ICRC launched an emergency food distribution programme combined with a medical programme. During the first half of 1998, 280 tonnes of food and other items were distributed to 14,000 beneficiaries in the first area, and 388 tonnes of food and seed to 15,000 people in 36 villages in the second area. The situation in the third area was monitored carefully, but no aid proved necessary. In July 1998, living conditions for the local population had returned to normal and the ICRC ended its aid programme.

IN 1998 THE ICRC:

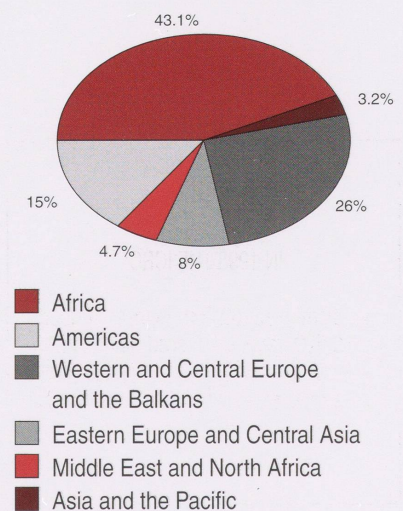
- ◆ distributed 60,000 tonnes of food, 6,520 tonnes of seed and 41,500 tonnes of other relief supplies worth a total of 85.3 million Swiss francs.

The notion of "survival" is preferable to that of "emergency" which, in humanitarian circles, denotes a serious situation. The term "emergency" means that steps have to be taken quickly to prevent something disastrous from happening. If this definition is accepted, it is urgent to take the necessary measures to prevent a crisis from erupting. When it is no longer possible to adapt to the impact of the crisis factors, it is urgent to take early relief measures to prevent the population from being overwhelmed by the crisis and sliding into a downward spiral of loss of capital, destitution, inanition and perhaps death. When a population has survived a crisis, it is urgent to enable it to rebuild its economy, so as to avoid reducing it to permanent dependence on outside aid.

Rehabilitation consists in restoring the means of production to a level where they ensure a household's economic self-sufficiency. While the ICRC is capable of setting up large-scale and effective programmes for the primary sector of the economy, its resources are extremely limited in the secondary and tertiary sectors. In the primary sector, in fact, a small investment gives a high yield, as it is nature that takes care of the essentials: sun, water and land. The secondary and tertiary sectors, on the other hand, depend on economic parameters: a competitive market, investment security, demand in excess of supply, start-up money, industrial infrastructure and means of transport. That being so, an analysis of the fragility of industrialized and urban economies in a situation of war or tension is vital for pleading the cause of victims with the authorities who govern them.

In Afghanistan, where 80% of the population depends on agriculture, assistance in this sphere remained essential in 1998 to increase agricultural production and ensure access to food. The ICRC continued to focus its efforts on peasant families and people who had recently returned to their villages of origin. As a priority, it cleaned and repaired some 200 km of *karez*es (underground irrigation systems) and irrigation channels, thereby making it possible to resume the cultivation of over 15,000 hectares of agricultural land. In parallel, the ICRC distributed seed for potatoes, wheat and various vegetables, depending on the climate and requirements of the different regions. Tools such as hoes, sickles, secateurs and knives, made by local blacksmiths, were distributed as needed at the same time. In the Badghis valley it was noted that for every US dollar brought in by the ICRC in the form of agricultural assistance, a farmer could produce food worth US\$ 8.6. In the Kabul and Bala Murgab regions the ICRC distributed improved wheat seed to increase the availability of good-quality wheat in Afghan markets. Farmers were encouraged to set up cooperatives so as to ensure that the programme would remain viable in the future. The ICRC also launched a forestry and fruit-growing programme. As many as 62,000 trees of various species intended for reforestation, preventing erosion and, in the long run, heating and building, were made available to private individuals, common land, hospitals and mosques. Some 47,000 fruit trees (mostly apple and apricot)

Geographical breakdown of ICRC relief supplies dispatched in 1998:



were grafted, and 314 hectares of orchards were planted as a result. These programmes were supplemented by various measures to control insects that cause damage to fruit trees, support bee-keeping, vaccinate livestock and train agricultural extension personnel.

Economic development does not fall within the scope of the ICRC, at least in the sense of reducing vulnerability to potential crises. Nevertheless, those who have analysed the vulnerability of a population in a crisis situation have a responsibility to ensure as far as possible that development agencies take charge of helping the fragile population once the crisis has passed. They also have a duty to ensure that rehabilitation programmes are followed by development programmes which genuinely consolidate the economic security of the populations concerned.

Evaluation, the key to the future

The ICRC has drawn up an evaluation policy and established an evaluation unit which will enable it to develop its activities in this sphere. The aim is constantly to improve the quality of its work for conflict victims by tailoring its responses more closely to humanitarian problems it faces. Both emergency action and longer-term projects must be evaluated, in all the ICRC's areas of activity. These evaluations may lead to changes in the way malnourished children are treated, or in methods of teaching humanitarian law in secondary schools. They may lead to the development of humanitarian law as regards regulation of the production and use of certain weapons, or to a review of certain prophylactic measures recommended for expatriate staff.

Ongoing evaluations

In 1998, for example, several studies on resistance to anti-tuberculosis drugs among detainees were conducted in Azerbaijan² on the basis of observations made by ICRC doctors. Some of the results were published in 1998. Following the evaluation of the TB control programme, the ICRC, in cooperation with WHO, published a brochure entitled *Guidelines for the Control of Tuberculosis in Prisons*. This brochure is intended to help those responsible for running such programmes to implement effective strategies for combating the disease, in particular short-term treatment under direct supervision, or DOTS.* In addition, two seminars for doctors in charge of TB control programmes were organized in Tbilisi and Myanmar.

² See p. 238.

* DOTS: Directly observed treatment, short course strategy

In the context of the Afghan conflict and its humanitarian implications, several evaluations are currently under way: a case-control study to gauge the impact of a latrine-building programme on the incidence of infantile diarrhoea in Kabul, and a review of the files of all patients who underwent abdominal surgery following war injuries in Peshawar between 1986 and 1993. The agricultural assistance programme in Afghanistan³ is also the subject of a study, to assess its impact on the local economy.

In Africa, a vaccination campaign carried out by the ICRC in Mozambique was evaluated and the results published in 1998 in the *Journal of Tropical Pediatrics*. Another study dealt with the programme set up to help unaccompanied children in the Great Lakes region find their parents or other relatives, after the large-scale and repeated displacements of civilians that began in Rwanda in 1994.

Policies for action and training

The ICRC is keen to develop its policies for action. A seminar on primary health care was held in Nairobi to define the organization's policy in this sphere more precisely. A seminar on water and environmental hygiene was given in Geneva for professionals from humanitarian agencies working in this area; the aim was to harmonize policies and the type of equipment used.

Training remains a priority for the ICRC. In 1998 HELP* courses on public health were run in Pretoria, Geneva, Baltimore, Montreal and Hong Kong. A course for engineers on environmental problems was given at the Neuchâtel Institute of Hydrogeology in Switzerland, and a course for health professionals from National Societies was organized in London. Seminars were also held within the framework of NOHA* in Aix-en-Provence and Uppsala. The ICRC helped prepare the multi-faculty programme on humanitarian action which began in November at the University of Geneva. The ICRC took full responsibility for teaching a two-week module of this one-year programme, which leads to a postgraduate diploma.

The ICRC's experience in the sphere of war surgery is widely recognized. A seminar on care for the war-wounded, designed for military and civilian surgeons, took place in March 1998. Given the success of this seminar in previous years, it was also held for American military surgeons in Baltimore (USA), in April 1998.

³ See pp. 162-167.

* HELP: Health Emergencies in Large Populations

* NOHA: Network on Humanitarian Assistance

An expert workshop aimed at defining guiding principles for pre-hospital care was organized in November, in order to measure more precisely the impact of this type of care on the mortality of the war-wounded. A book entitled *Hospitals for War-Wounded* was published by the ICRC during the year. This is a practical guide for setting up and running a surgical hospital in an area of armed conflict.

The impact of ICRC studies

It was an epidemiological study carried out by ICRC surgeons on wounds caused by anti-personnel mines that created worldwide awareness of the suffering caused by these deadly weapons and that led to the adoption of the Ottawa treaty⁴ banning their manufacture, stockpiling and use. By the end of the year, 58 States had ratified the treaty. The SIrUS* project, launched in 1997, continues to develop, and several medical organizations have already endorsed its recommendations. This project, aimed at determining which weapons cause superfluous injury or unnecessary suffering, proposes a logical approach for the application of humanitarian law to all existing weapons systems and for addressing the complex problem of "non-lethal" weapons. The criteria applied are based largely on clinical observations made by the ICRC's medical staff in the field. The study will be submitted to government experts in May 1999, in advance of the 27th International Conference of the Red Cross and Red Crescent which is due to be held next November.

The ICRC also carried out a study, commissioned by the 26th International Conference of the Red Cross and Red Crescent, on the relationship – confirmed by experience – between the easy availability of weapons on the one hand and violations of humanitarian law and the worsening plight of civilians on the other.

Cooperation with National Societies in the field

The ICRC's partnership with National Societies consists in cooperating with them to assist victims of conflict and internal strife while at the same time helping to develop their capacity to respond to humanitarian needs.⁵ In 1998, in accordance with the 1997 Seville Agreement, the ICRC consistently sought to involve National Societies in its response to the needs of victims. In operations carried out jointly with National Societies, the ICRC incorporated various capacity-building measures, mainly in the areas of operational management and the development of human resources.

⁴ See also pp. 319-321.

⁵ See also pp. 351-352.

* SIrUS: Superfluous injury or unnecessary suffering

Working together in emergency situations ...

In the Democratic Republic of the Congo, for instance, the National Society, with the support of the ICRC, set up 14 first-aid posts throughout Kinshasa to treat the victims of the uprising. The first-aid posts were equipped with emergency kits and supplies. In the interests of security, VHF handsets, Red Cross vests, storage batteries and vehicles were supplied to the National Society, which provided excellent services to the wounded.

In Afghanistan, the Afghan Red Crescent was one of the first organizations to respond to the February and May earthquakes. Some 50 volunteers and staff from Faizabad, Rostaq and the National Society's Kabul headquarters took part in the relief operations, and provided the victims with emergency medical and other assistance with the support of the ICRC and the Federation. In order to strengthen the Society's management capacity and knowledge about the Movement, training sessions on dissemination and tracing activities were held for presidents, staff and volunteers of all the branches involved.

... and planning for the future

In India, a total of 250 senior Red Cross staff from the 31 state and Union Territory branches took part in a series of eight emergency preparedness workshops. These were organized by the ICRC to provide training in the preparation and conduct of humanitarian operations in situations of violence and internal strife (communal riots, militancy, inter-ethnic violence), a particular concern in several of the country's states. A dissemination programme in Nagaland placed emphasis on the basic principles of humanitarian law and the ICRC's traditional activities, in the context of the prevailing situation in the north-east.

In 1998 the ICRC introduced a new system of project management, monitoring and control at field level which allows both headquarters and field personnel to follow more closely and systematically the implementation of activities carried out in cooperation with National Societies.

Delegated and bilateral projects

The ICRC also works closely with National Societies in a position not only to provide financial support but also to take part in programmes by seconding staff or carrying out entire projects. In 1998, 32 projects relating to primary health care, public health, water and sanitation, community kitchens and home assistance, prosthetics/orthotics, dissemination of international humanitarian law and so on were delegated to 13 National Societies.⁶ Another 21 projects were carried

⁶ See Azerbaijan, Bosnia-Herzegovina, Brasilia regional delegation, Buenos Aires regional delegation, Colombia, Dakar regional delegation, Georgia, Rwanda, Sri Lanka and Yemen.

IN 1997 THE ICRC:

- ◆ distributed medicines and other medical supplies worth 20 million Swiss francs in 43 countries;
- ◆ was the major supplier of medicines, medical materials and equipment to 9 hospitals in Asia and Africa where a total of 33,682 patients were admitted and 176,639 people given out-patient treatment;
- ◆ deployed medical teams in 4 hospitals throughout the year and, for part of the year, in 9 hospitals;
- ◆ fitted a total of 7,503 amputees with artificial limbs in its 20 prosthetic/orthotic workshops;
- ◆ produced for its workshops 11,354 prostheses, including 7,201 for land-mine victims;
- ◆ manufactured and provided for other organizations that fit amputees more than 19,000 prosthetic/orthotic components (artificial knees and feet, and various appliances).

In many conflict-ridden areas, ICRC aid consisted in supplying medical and surgical equipment and medicines to hospitals and other health centres.

The ICRC surgical hospital in Lokichokio/Lopiding, opened in 1987 on the border between Kenya and Sudan, admitted 2,163 patients and performed 4,858 operations in 1997. The hospital's prosthetic/orthotic workshop, opened in 1992, fitted 180 amputees.

During the year, the ICRC ran 20 prosthetic/orthotic workshops and provided thousands of components to other organizations, including Handicap International, the Cambodia Trust and Veterans International, which also fit amputees. In order to ensure that its limb-fitting projects continue after its withdrawal, to support similar projects run by other organizations, to pass on its techniques (notably the use of polypropylene) and to help train prosthetists, the ICRC administers a Special Fund for the Disabled, which runs a training centre in Addis Ababa, finances projects in various countries and follows up former ICRC projects. In 1997, some 30 prosthetists from 10 countries were trained and 20 evaluation and technical assistance missions were carried out in workshops in Africa, Latin America and Asia with backing from the Fund.¹

Evaluation of activities, training

The work of the ICRC in Mali and its programme for treating detainees with tuberculosis in Azerbaijan were the subject of special evaluations in 1997. The programme in Azerbaijan provided both material for a study on drug-resistant TB and data on the problem of TB in prisons. These findings were presented at various meetings of specialists and concerned organizations (WHO*, MSF*), notably in Baku. A statement underlining the magnitude and seriousness of the problem was drawn up and later published in the British Medical Journal (29 November). The ICRC is currently writing a manual on the treatment of TB in prisons, in cooperation with WHO.

A consultant from the Relief Division carried out an evaluation of the impact of a micro-credit programme in Azerbaijan, thus making it possible to develop a methodology that will be useful for future work.

Furthermore, a study on the impact of the numerous agricultural programmes conducted in Angola confirmed the validity of the activities undertaken, although it pointed to some weaknesses when it came to procedures for concluding and handing over programmes. The study also analysed the effects of mines on agricultural production and survival strategies. The data gathered should

¹ See *Special funds*, p. 370.

* WHO: World Health Organization

* MSF: Médecins sans frontières

Consultation and contacts with other humanitarian agencies

In order to make their efforts on behalf of victims of armed conflict as effective as possible, humanitarian organizations are expected to harmonize their responses. The ICRC therefore continued to support several initiatives intended to step up consultation among such organizations.

As a standing invitee of the IASC,* the United Nations coordination mechanism, the ICRC voiced its opinions on humanitarian issues and shared information on its operations. It also took part in numerous working groups on operational matters and other issues. Close relations were maintained with OCHA* and the Humanitarian Liaison Working Group in both Geneva and New York. In the field, the ICRC made a substantial contribution to UN-led inter-agency coordination efforts and supported ad hoc arrangements designed to take rapidly changing circumstances into account. ICRC representatives also attended several meetings on the issue of coordination, for instance the Symposium on Humanitarian Coordination in Stockholm which brought together UN agencies and programmes, NGOs, donor States and States receiving humanitarian assistance. Finally, the ICRC participated in a number of UN-led joint training initiatives.

On the bilateral level, the ICRC continued its dialogue with several UN agencies and bodies, including UNICEF and WHO. High-level meetings took place notably with UNHCR, the WFP* and UNHCHR.* A first technical meeting was held with FAO.*

The ICRC actively pursued its exchanges with non-governmental organizations. A notable initiative taken in March was the holding of the second workshop on protection, entitled "Toward Professional Standards". Its purpose was to make progress towards the establishment of a common ethical frame of reference for protection work. In December the ICRC held an annual seminar for NGOs on humanitarian standards and cultural differences. In addition, a conference dealing with the issue of security for relief workers was organized jointly by ECHO* and the ICRC.

The ICRC also took an active part in NGO fora on various topics and continued its bilateral contacts with major NGOs working in the field. It paid particular attention to its relationship with the Steering Committee for Humanitarian

* IASC: Inter-Agency Standing Committee

* OCHA: Office for the Coordination of Humanitarian Affairs

* WFP: World Food Programme

* UNHCHR: Office of the UN High Commissioner for Human Rights

* FAO: Food and Agriculture Organization

* ECHO: European Community Humanitarian Office

Response, with a view to forging closer links in the future. The ICRC followed, as an observer, the "Sphere Project", a collaborative process initiated by a consortium of humanitarian organizations with the aim of developing a set of standards relating to core areas of humanitarian assistance. At field level, the ICRC observed initiatives to formulate operational guidelines in different contexts, in particular in Africa. At the same time it continued to promote the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, which by the end of 1998 had been endorsed by over 140 NGOs.

In June, the ICRC convened the second Humanitarian Forum in Wolfsberg, Switzerland. On the agenda of the informal consultations were "Political and humanitarian action: key issues and priorities" and "Frameworks and mechanisms for supportive strategies between political and humanitarian actors". The Forum was attended by high-level representatives of donor governments, the main UN humanitarian, political and economic agencies, other international organizations, and NGOs.

Humanitarian issues in international fora

The ICRC continued its efforts to raise awareness of humanitarian issues in different fora. While taking due account of the respective areas of competence of humanitarian and political players, it endeavoured to promote mutual understanding of objectives and working methods through dialogue, and thus to develop complementarity. By providing concrete information about the needs of victims of armed conflict, for instance, it facilitated the incorporation of humanitarian considerations in political and military decision-making processes. The focus of the ICRC's humanitarian diplomacy remained improvement of compliance with international humanitarian law and the preservation of independent humanitarian action.

Over the past few years humanitarian issues have occupied a more prominent place on the agendas of political bodies such as the UN Security Council, the OAU, the OAS,* the OSCE,* the Non-Aligned Movement and the Organization of the Islamic Conference. This is clearly reflected in their increasing openness and their interest in direct interaction with humanitarian organizations. The ICRC maintained regular contacts with all these bodies. As in previous years, it took part in debates on topics within its sphere of interest at the UN General Assembly and its committees. It also followed closely the adoption of numerous resolutions expressing support for humanitarian law and humanitarian activities. In addition, it took part in tripartite meetings between the OSCE, the Council of

* OAS: Organization of American States

* OSCE: Organization for Security and Co-operation in Europe

Europe and the UN. Close links were also maintained with several African sub-regional organizations, including ECOWAS,* the Inter-Governmental Authority on Development and the Southern African Development Community.

The ICRC perceives a pressing need to bridge the gap between emergency assistance, rehabilitation, reconstruction and development. It therefore endeavoured to strengthen its dialogue with development-oriented organizations, such as the World Bank and UNDP.* It also established closer relations with organizations dealing with security matters, such as NATO and the Western European Union. It attended various seminars and conferences on civil-military relations and peace support operations and organized, together with the Belgian Ministry of Foreign Affairs, a symposium on the relationship between humanitarian action and political-military action, held in Brussels in February.

Cooperation with the legislative authorities of a large number of countries is an essential dimension of the ICRC's work to promote humanitarian law. At conferences of the Inter-Parliamentary Union and in regional parliamentary associations it drew the attention of parliamentarians to humanitarian issues, in view of their role in the process of ratification and national implementation of humanitarian law.

* ECOWAS: Economic Community of West African States

* UNDP: United Nations Development Programme